SA 340. Mr. McCONNELL (for Mr. DAINES) proposed an amendment to amendment SA 267 proposed by Mr. McCONNELL to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 341. Mr. UDALL (for himself, Ms. CANTWELL, Ms. CORTEZ MASTO, Ms. HEITKAMP, Mr. FRANKEN, Mrs. MURRAY, Mr. SCHATZ, Ms. STABENOW, Mr. TESTER, and Mr. MURKLEY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 342. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 343. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 344. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 345. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 346. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 347. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 348. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 349. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 350. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 351. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 352. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 353. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 354. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 355. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 356. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 357. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 358. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 359. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 360. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 361. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 362. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 363. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 364. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 365. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 366. Ms. Kaine (for himself, Mr. Blumenthal, Mr. Carper, and Mrs. Shaheen) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 367. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 368. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 369. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 370. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 371. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 372. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 373. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 374. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 375. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 376. Ms. Duckworth (for herself, Mr. Durbin, Mrs. Ernst, and Mr. Grassley) submitted an amendment intended to be proposed by her to the bill H.R. 2810, supra; which was ordered to lie on the table.
SA 377. Mr. Menendez (for himself, Mr. Durbin, Mr. Booker, and Mr. Heinrich) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table.
SA 378. Mr. Markley submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 379. Mr. Markey submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 380. Mr. Markey submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 381. Mr. Markey submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 382. Mr. Markey submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 383. Mr. Markey submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 384. Mr. Manchin (for himself, Mr. Murphy, Mr. Whitehouse, Mr. King, Ms. Klobuchar, Mr. Nelson, Ms. Heitkamp, Mrs. Shaheen, Ms. Baldwin, Mr. Blumenthal, and Ms. Warren) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.
SA 385. Mr. Manchin (for himself and Mr. Blumenthal) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 386. Mr. Manchin (for himself, Mr. Blumenthal, Mr. Warner, Mr. Kaine, Mr. Coons, and Mr. Casey) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 387. Mr. Cardin (for himself, Mr. Carper, Mr. Nelson, Ms. Warren, Mr. Blumenthal, Mr. Brown, Mr. Van Hollen, Ms. Stabenow, Ms. Duckworth, and Mr. Markley) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 388. Mr. Crapo (for himself and Mr. Risch) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table.
SA 389. Mr. Strange submitted an amendment intended to be proposed by him to the bill H.R. 2810, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table.
SA 390. Mr. Blunt submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.
SA 391. Mr. Graham (for himself and Mr. Cassidy) submitted an amendment intended to be proposed by him to the bill H.R. 1628, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS
SA 281. Mr. Paul submitted an amendment intended to be proposed by amendment SA 267 proposed by Mr. McConnell to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.
the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the end of title I, insert the following:

SEC. 122. SMALL BUSINESS HEALTH PLANS.

(a) TAX TREATMENT OF SMALL BUSINESS HEALTH PLANS.—A small business health plan (as defined in section 801(a) of the Employee Retirement Income Security Act of 1974) shall—

(i) a group health plan (as defined in section 2791 of the Public Health Service Act (42 U.S.C. 300gg-91)) for purposes of applying title 26 of the Internal Revenue Code of 1986, for purposes of applying sections 4980B and 5000 and chapter 100 of the Internal Revenue Code of 1986; and

(ii) a self-employed group health plan, whose sponsor is described in subsection (b).

(b) SPONSOR.—The sponsor of a group health plan is described in this subsection if—

(1) a participating employer is not in connection with a group health plan.

(c) ELIGIBLE INDIVIDUAL.—The term 'eligible individual' means any individual who—

(1) is a member of a sponsor; and

(2) is employed or self-employed; or

(3) is not employed or self-employed; or

(4) FRANCHISOR; FRANCHISEE.—The terms 'franchisor' and 'franchisee' have the meanings given such terms in section 733.

(5) INDIVIDUAL MARKET.—The requirements of this subsection are met with respect to a small business health plan if, under the terms of the plan—

(1) each participating employer must be—

(A) a member of a sponsor; or

(B) the sponsor; or

(2) an affiliated member of the sponsor, except that, in the case of a sponsor which is a professional association or other individual-based association, if at least one of the officers, directors, or employees of the employer, or at least one of the individuals who are partners in an employer and who actively participates in the business, is a member or such an affiliated member of the sponsor, participating employers may also include such employer.

(3) a participating employer is not deemed to be a plan sponsor in applying requirements relating to coverage renewal; and

(4) the plan does not meet requirements for the State involved with respect to such sponsor.

(6) PROHIBITION OF DISCRIMINATION AGAINST CERTIFIED SMALL BUSINESS HEALTH PLANS.—The requirements of this subsection are met with respect to a small business health plan if—

(1) the plan does not discriminate against individuals based on age, gender, race, color, national origin, disability, or health status; and

(2) the plan meets requirements for the State involved with respect to such sponsor.

SEC. 801. SMALL BUSINESS HEALTH PLANS.

(a) IN GENERAL.—For purposes of this part, the term 'small business health plan' means—

(1) a fully insured group health plan, offered by a health insurance issuer in the large group market; or

(2) a self-employed group health plan, whose sponsor is described in subsection (b).

(b) SPONSOR.—The sponsor of a group health plan is described in this subsection if such sponsor—

(1) is a qualified sponsor and receives certification by the Secretary;

(2) is organized and maintained in good faith, with a constitution or bylaws specifically stating its purpose and providing for periodic meetings on at least an annual basis; and

(3) is established as a permanent entity, and

(4) does not condition membership on the basis of a minimum group size.

SEC. 802. FILING FEE AND CERTIFICATION OF SMALL BUSINESS HEALTH PLANS.

(a) FILING FEE.—A small business health plan shall pay to the Secretary at the time of filing an application for certification under subsection (b) a filing fee in the amount of $5,000, which shall be available to the Secretary for the sole purpose of administering the certification procedure applicable with respect to small business health plans.

(b) CERTIFICATION.—

(1) IN GENERAL.—Not later than 6 months after the date of enactment of this part, the Secretary shall prescribe by interim final rule a procedure under which the Secretary—

(A) will certify a qualified sponsor of a small business health plan, upon receipt of an application that includes the information described in paragraph (2); and

(B) may provide for continued certification of small business health plans under this part.

(2) shall provide for the revocation of a certification if the applicable authority finds that the small business health plan involved fails to comply with the requirements of this part.

(3) shall conduct oversight of certified plan sponsors, including periodic review, and consistent with section 504, applying the requirements of sections 519, 520, and 521; and

(E) will consult with a State with respect to a small business health plan domiciled in such State.

(2) INFORMATION TO BE INCLUDED IN APPLICATION.—An application for certification under this part must meet the requirements of sections 502 and 504.

(3) CERTIFIED PLANNERS TO PARTICIPATE.—The requirements of the subsection are met with respect to a small business health plan if—

(1) the plan does not discriminate against individuals based on age, gender, race, color, national origin, disability, or health status; and

(2) the plan meets requirements for the State involved with respect to such sponsor.

(4) PROHIBITION OF DISCRIMINATION AGAINST CERTIFIED SMALL BUSINESS HEALTH PLANS.—The requirements of this subsection are met with respect to a small business health plan if—

(1) the plan does not discriminate against individuals based on age, gender, race, color, national origin, disability, or health status; and

(2) the plan meets requirements for the State involved with respect to such sponsor.

SEC. 804. DEFINITIONS; RENEWAL.

For purposes of this part:

(1) AFFILIATED MEMBER.—The term 'affiliated member' means, in connection with a sponsor—

(A) a person who is otherwise eligible to be a member of the sponsor, but who is not an affiliated member of the sponsor, or

(B) an individual with whom a sponsor of a group health plan is associated.

(2) APPLICABLE AUTHORITY.—The term 'applicable authority' means, in connection with a plan—

(A) the State insurance commissioner or official or officials designated by the State to enforce the requirements of title XXVII of the Public Health Service Act for the State involved with respect to such plan; and

(B) the Secretary.

(3) ELIGIBLE INDIVIDUAL.—The term 'eligible individual' means any individual who—

(1) is a member of a sponsor, and

(2) is employed or self-employed; or

(3) is not employed or self-employed; or

(4) FRANCHISOR; FRANCHISEE.—The terms 'franchisor' and 'franchisee' have the meanings given such terms in section 733.

(5) INDIVIDUAL MARKET.—The requirements of this subsection are met with respect to a small business health plan if, under the terms of the plan—

(1) each participating employer must be—

(A) a member of a sponsor; or

(B) the sponsor; or

(C) an affiliated member of the sponsor, except that, in the case of a sponsor which is a professional association or other individual-based association, if at least one of the officers, directors, or employees of the employer, or at least one of the individuals who are partners in an employer and who actively participates in the business, is a member or such an affiliated member of the sponsor, participating employers may also include such employer.

(2) a participating employer is not deemed to be a plan sponsor in applying requirements relating to coverage renewal; and

(3) the plan does not meet requirements for the State involved with respect to such sponsor.

(6) PROHIBITION OF DISCRIMINATION AGAINST CERTIFIED SMALL BUSINESS HEALTH PLANS.—The requirements of this subsection are met with respect to a small business health plan if—

(1) the plan does not discriminate against individuals based on age, gender, race, color, national origin, disability, or health status; and

(2) the plan meets requirements for the State involved with respect to such sponsor.

(7) HEALTH PLAN TERMS.—The terms 'group health plan', 'health insurance coverage', and 'health insurance issuer' have the meanings given such terms in section 733.

(8) INDIVIDUAL MARKET.—The term 'individual market' means the market for health insurance coverage offered to individuals other than in connection with a group health plan.

(9) TREATMENT OF SMALL BUSINESSES.—

(1) IN GENERAL.—Subject to clause (ii), such term includes coverage offered in connection with a group health plan that has fewer than 2 participating employers or participants described in section 732(d)(3) on the first day of the plan year.
(1) STATE EXCEPTION.—Clause (i) shall not apply in the case of health insurance coverage offered in a State if such State regulates the coverage described in this clause in the same manner and to the same extent as the coverage in the small group market (as defined in section 2791(e)(5) of the Public Health Service Act) is regulated by such State.

(7) PARTICIPATING EMPLOYER.—The term ‘participating employer’ means, in connection with a small business health plan, any employer, partner, or self-employed individual who is an employee of such employer, a partner in such employer, or a self-employed individual who is such employer, including a self-employed individual without employees, as defined under the terms of the plan, of such individual as such an employee, partner, or self-employed individual in relation to the plan.

(a) Exception.—Section 111 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144) is amended by adding at the end the following:

"(4) In general.—Not later than 60 days after the date of the enactment of this Act, the Secretary of Labor shall first issue all regulations necessary to carry out the amendments made by this section with respect to covered beneficiaries described in subsection (a), of the increase in cost-sharing amounts under section 1074(g)(a)(6) of title 10, United States Code, on covered beneficiaries described in subsection (b).

(5) Effective date.—The amendments made by this section shall take effect 1 year after the date of the enactment of this Act, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1110. EXCEPTION TO INCREASE IN COST-SHARING REQUIREMENTS FOR TRICARE PHARMACY BENEFITS PROGRAM FOR BENEFICIARIES COVERED IN THE DISTRICT OF COLUMBIA.

No such increase shall apply in the case of health insurance coverage offered in the District of Columbia if such State and the Federal Government enter into a cooperative agreement under which the District of Columbia is treated as a State for purposes of this section.

SA 266. Mr. KENNEDY submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1110. EXPLANATION OF BENEFITS.

"Each health insurance issuer offering health insurance coverage in the individual market or group market shall include the Current Procedural Terminology ("CPT") code with each explanation of benefits.

SA 269. Mr. KENNEDY submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1110. EXPLANATION OF BENEFITS.

"Each health insurance issuer offering health insurance coverage in the individual market or group market shall include the Current Procedural Terminology ("CPT") code with each explanation of benefits.

SA 285. Mr. KENNEDY submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1110. EXPLANATION OF BENEFITS.

"Each health insurance issuer offering health insurance coverage in the individual market or group market shall include the Current Procedural Terminology ("CPT") code with each explanation of benefits.

SA 286. Mr. KENNEDY submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1110. EXPLANATION OF BENEFITS.

"Each health insurance issuer offering health insurance coverage in the individual market or group market shall include the Current Procedural Terminology ("CPT") code with each explanation of benefits.

SA 287. Mr. KENNEDY submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 1110. EXPLANATION OF BENEFITS.

"Each health insurance issuer offering health insurance coverage in the individual market or group market shall include the Current Procedural Terminology ("CPT") code with each explanation of benefits.

SA 288. Mr. KENNEDY submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of the month in which the 60-day period described in subparagraph (A) ends;
"(B) an individual who is under 19 years of age;
(C) an individual who is a regular participant in a drug addiction or alcoholic treatment program;
(D) an individual who is the only parent or caretaker relative in the family of a child who has not attained 6 years of age or who is the only parent or caretaker of a child with disabilities;
(E) an individual who is married or a head of household and has not attained 20 years of age and:
(i) maintains satisfactory attendance at secondary school or the equivalent; or
(ii) participates in education directly related to employment.

SA 288. Mr. HELLER submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... SENSE OF THE SENATE.
It is the Sense of the Senate that—
(1) the committee of jurisdiction of the Senate—
(a) should review the issue of Medicaid expansion and coverage for low-income Americans, and the incentives such expansion provides States for certain services;
(b) should consider legislation that provides incentives for States to prioritize Medicaid services for individuals who have the greatest medical need, including individuals with disabilities;
(c) should not consider legislation that reduces or eliminates benefits or coverage for individuals who are currently eligible for Medicaid;
(d) should not consider legislation that prevents or discourages a State from expanding its Medicaid program to include groups or individuals, or types of services that are operational under current law; and
(E) should not consider legislation that shifts costs to States to cover such care;
(2) Obamacare should be repealed because it increases costs, limits patient choice of health plans and doctors, forces Americans to buy insurance that they do not want, cannot afford, or may not be able to access, increases taxes on middle class families, which is evidenced by the facts that—
(A) premiums for health plans offered on the Federal Exchange have doubled on average over the last 4 years, and those increases are projected to continue;
(B) 70 percent of counties have only a few options for Obamacare insurance in 2017, and at least 40 counties are expected to have zero insurers planning on their Exchange for 2018;
(C) 2,300,000 Americans on the Exchange are projected to have only one insurer to choose from for plan year 2018; and
(D) the Joint Committee on Taxation has identified significant and widespread tax increases on individuals earning less than $200,000; and
(3) Obamacare should be replaced with patient-centered legislation that—
(A) provides quality, affordable private health care coverage for Americans and their families by increasing competition, State flexibility, and individual choice; and
(B) strengthens Medicaid and empowers States through increased flexibility to best meet the needs of each State’s population.

SA 289. Mr. DAINES submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 290. Ms. WARREN (for herself, Mr. MARKEY, Mr. CARPER, Mr. DURBIN, Ms. STABENOW, Ms. HIRONO, Mr. VAN HOLLEN, and Mr. BROWN) submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 291. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would lead to an increased out-of-pocket prescription drug costs, or allow States to apply for waivers to drop prescription drug coverage from the list of essential health benefits, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 292. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would reduce coverage or prescription drug benefits, lead to increased out-of-pocket prescription drug costs, or allow States to apply for waivers to drop prescription drug coverage from the list of essential health benefits, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 293. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 294. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would harm individuals with Alzheimer’s disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 295. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:
At the appropriate place, insert the following:

SEC. ... NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would lead to an increased out-of-pocket prescription drug costs, or allow States to apply for waivers to drop prescription drug coverage from the list of essential health benefits, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 296. Ms. WARREN submitted an amendment intended to be proposed by
her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a person with breast cancer to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 297. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a person with cervical cancer to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 298. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a victim of human trafficking to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 299. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a person with a rare disease shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 300. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a pregnant woman to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 301. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for a person seeking treatment for opioid addiction to access health care, shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 302. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for people with a disability shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 303. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for people seeking treatment for opioid addiction shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 304. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for people living in a nursing home shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 305. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for people with any substance use disorder shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 306. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for people living in a nursing home shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 307. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for people seeking treatment for opioid addiction shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 308. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. __. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would make it harder for people with any substance use disorder shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 309. Ms. WARREN submitted an amendment intended to be proposed by
her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people seeking mental health care shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 310. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for veterans shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 314. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with multiple sclerosis shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 315. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with ALS shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 316. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with multiple sclerosis shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 317. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with diabetes shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 318. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people receiving Social Security benefits, including SSI and SSDI shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 319. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with heart disease shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 320. Ms. WARREN submitted an amendment intended to be proposed by her to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for people with prostate cancer shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 321. Mr. NELSON submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ______. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would threaten to make health insurance unaffordable for businesses engaged in fraud or illegal transactions.—Subsection (c) of section 162 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

(130) 10-YEAR PROHIBITION ON DEDUCTION OF TRADE OR BUSINESS EXPENSES.—In the case of a taxpayer subject to a criminal penalty for
engaging in fraud, an illegal bribe or kickback, or any other illegal transaction (as such term is defined by the Secretary) under any law of the United States, or under any law of any State (generally enforced), no deduction shall be allowed under subsection (a) for any taxable year during the 18-year period subsequent to the date on which such criminal penalty was imposed.’.’.

(b) Health Care Fraud Penalties.—Section 1347(a) of title 18, United States Code, is amended by inserting in the matter following paragraph (2)—

(1) by striking ‘‘10 years’’ and inserting ‘‘15 years’’;

(2) by striking ‘‘20 years’’ and inserting ‘‘25 years’’.

(c) Establishment of Health Care Fraud Excise Tax.—(1) Health care fraud excise tax.—

(A) In general.—Subchapter C of chapter 96 of title 26, Internal Revenue Code of 1986 is amended by adding at the end the following new section:

‘‘§ 9835. Health care fraud excise tax. ’’

(a) In general.—In the case of any payment relating to health care benefits, items, or services which is made by health insurance issuer shall not be required to have knowledge of the violation under section 1347(a) of title 18, United States Code, there is hereby imposed a tax equal to 20 percent of such payment.

(b) Knowledge Requirement.—With respect to the tax imposed under subsection (a), the health insurance issuer shall not be required to have knowledge of the violation under this section.

(c) Effective date.—The amendments made by this paragraph shall apply to payments made after the date of the enactment of this Act.

(2) Health care fraud trust fund.—

(A) In general.—Subchapter A of chapter 22 of the Internal Revenue Code of 1986 is amended by adding at the end the following new item:

‘‘Sec. 2293. Health care fraud excise tax. ’’

(B) Clerical Amendment.—The table of sections for such subchapter is amended by adding at the end the following new item:

‘‘Sec. 2293. Health care fraud excise tax. ’’

(C) Effective date.—The amendments made by this paragraph shall apply to payments made after the date of the enactment of this Act.

(2) Health care fraud trust fund.—

(A) Creation of trust fund.—There is established in the Treasury of the United States a trust fund to be known as the ‘Health Care Fraud Trust Fund’, consisting of amounts appropriated or credited to the trust fund as provided in this section or section 9602(b).

(B) Transfers to trust fund.—There is hereby appropriated to the Health Care Fraud Trust Fund amounts equivalent to the revenues received in the Treasury from the tax imposed by section 9835.

(C) Expenditures.—Amounts in the Health Care Fraud Trust Fund shall be available, without further appropriation, to the Secretary of Health and Human Services for providing grants to—

(1) local law enforcement authorities for health care fraud prevention efforts, with priority given to authorities operating in areas experiencing high rates of health care fraud or drug abuse, and

(2) qualified drug addiction treatment centers.

(D) Definitions.—

(1) Local law enforcement authority.—The term ‘local law enforcement authority’ means an officially recognized law enforcement agency legally organized under a political subdivision of a state or possession of the United States.

SA 322. Mr. HEinRICH submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

‘‘SEC. 3. POINT OF ORDER AGAINST LEGISLATION THAT WOULD DECREASE MEDICAL CHIMP ENROLLMENT OF CHILDREN. ’’

(a) Point of Order.—It shall not be in order in the Senate to consider any bill, joint resolution, amendment, amendment between the Houses, or conference report that, as determined by the Director of the Congressional Budget Office, would result in the number of children enrolled in Medicaid under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) or the Children’s Health Insurance Program under title XXI of such Act (42 U.S.C. 1397aa et seq.).

(b) Waiver and Appeal.—Subsection (a) may be waived, or the MD in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 323. Mr. HEinRICH submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

‘‘SEC. 5. POINT OF ORDER AGAINST LEGISLATION THAT WOULD AFFECT ADVERSELY IMPACT UNINSURED INDIVIDUALS IN RURAL AREAS. ’’

(a) Point of Order.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would result in an increase in the number of uninsured individuals in rural areas, a decrease in Medicaid enrollment or a reduction in the scope of Medicaid benefits offered in rural areas, reduced wages or a shortage of employment opportunities in the health care profession for prospective health care professionals and employees and previously insured individuals living in rural areas, or a decrease in revenue or Federal funds available to rural health care providers, including hospitals, clinics, and community health centers.

(b) Waiver and Appeal.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

SA 324. Mr. HEinRICH (for himself and Mr. Udall) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title XXII, add the following:

‘‘SEC. 3116. PLUTONIUM CAPABILITIES. ’’

(a) Report.—Not later than 30 days after the date of the enactment of this Act, the Administrator for Nuclear Security shall submit to the congressional defense committees, the Secretary of Defense, and the Director of Cost Assessment and Program Evaluation a report on the recommended alternative endorsed by the Administrator for recapitalization of plutonium science and production capabilities in the nuclear sector. The report shall identify the recommended alternative endorsed by the Administrator and contain the analysis of alternatives, including costs, upon which the Administrator relied in making such endorsement.

(b) Certification.—Not later than 60 days after the date on which the Secretary of Defense receives the memorandum under subsection (a), the Chairman of the Nuclear Weapons Council shall submit to the congressional defense committees the written certification of the Chairman regarding whether the recommended alternative endorsed by the Administrator—

(1) is acceptable to the Secretary of Defense and the nuclear weapons council and meets the requirements of the Secretary for plutonium pit production capability and capability;

(2) is likely to meet the pit production timelines and milestones required by section 4219 of the Atomic Energy Defense Act (50 U.S.C. 2538(a));

(3) is likely to meet pit production timelines and requirements responsive to military requirements; and

(4) is cost effective and has reasonable near-term and lifecycle costs that are minimized, to the extent practicable, as compared to other alternatives, and has tested and documented the baselined and cost estimates for each alternative to risks and changes in key assumptions;

(5) contains minimized and manageable risks as compared to other alternatives; and

(6) can be acceptably reconciled with any differences in the conclusions made by the Office of Cost Assessment and Program Evaluation of the Department of Defense in the business case analysis of plutonium pit production capability issued in 2013; and

(7) has documented the assumptions and constraints used in the analysis of alternatives.

(c) Failure to Certify.—If the Chairman is unable to submit the certification under subsection (b), the Chair shall submit to the congressional defense committees the written notification describing why the Chairman is unable to make such certification.

(d) Assessment.—Not later than 120 days after the date on which the Director of Cost Assessment and Program Evaluation receives the notification under subsection (a), the Director shall provide to the congressional defense committees a briefing containing an assessment of the Chairman of the analysis of alternatives conducted by the Administrator to select a preferred alternative for recapitalizing plutonium science and production capabilities.

SA 325. Mr. HEinRICH (for himself and Mr. Udall) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subsection (a), insert the following:

‘‘(1) of the President and the Secretary of Defense; ’’.

SEC. 3114. PLUTONIUM CAPABILITIES. ’’

(a) Report.—Not later than 30 days after the date of the enactment of this Act, the Administrator for Nuclear Security shall submit to the congressional defense committees, the Secretary of Defense, and the Director of Cost Assessment and Program Evaluation a report on the recommended alternative endorsed by the Administrator for recapitalization of plutonium science and production capabilities in the nuclear sector. The report shall identify the recommended alternative endorsed by the Administrator and contain the analysis of alternatives, including costs, upon which the Administrator relied in making such endorsement.

(b) Certification.—Not later than 60 days after the date on which the Secretary of Defense receives the memorandum under subsection (a), the Chairman of the Nuclear Weapons Council shall submit to the congressional defense committees the written certification of the Chairman regarding whether the recommended alternative endorsed by the Administrator—

(1) is acceptable to the Secretary of Defense and the nuclear weapons council and meets the requirements of the Secretary for plutonium pit production capability and capability;

(2) is likely to meet the pit production timelines and milestones required by section 4219 of the Atomic Energy Defense Act (50 U.S.C. 2538(a));

(3) is likely to meet pit production timelines and requirements responsive to military requirements; and

(4) is cost effective and has reasonable near-term and lifecycle costs that are minimized, to the extent practicable, as compared to other alternatives, and has tested and documented the baselined and cost estimates for each alternative to risks and changes in key assumptions;

(5) contains minimized and manageable risks as compared to other alternatives; and

(6) can be acceptably reconciled with any differences in the conclusions made by the Office of Cost Assessment and Program Evaluation of the Department of Defense in the business case analysis of plutonium pit production capability issued in 2013; and

(7) has documented the assumptions and constraints used in the analysis of alternatives.

(c) Failure to Certify.—If the Chairman is unable to submit the certification under subsection (b), the Chair shall submit to the congressional defense committees the written notification describing why the Chairman is unable to make such certification.

(d) Assessment.—Not later than 120 days after the date on which the Director of Cost Assessment and Program Evaluation receives the notification under subsection (a), the Director shall provide to the congressional defense committees a briefing containing an assessment of the Chairman of the analysis of alternatives conducted by the Administrator to select a preferred alternative for recapitalizing plutonium science and production capabilities.
At the end of subtitle E of title X, add the following:

SEC. 3. AIR FORCE PILOT PROGRAM ON EDUCATION AND TRAINING AND CERTIFICATION OF SECONDARY AND POST-SECONDARY STUDENTS AS AIRCRAFT TECHNICIANS.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of the Air Force shall carry out a pilot program to assess the feasibility and advisability of—

(A) certifying individuals who have successfully completed education and training under the pilot program as aircraft technicians for the Air Force at the applicable skill level; and

(B) certifying individuals who successfully complete education and training under the pilot program as aircraft technicians for the Air Force at the applicable skill level.

(2) DESIGNATION.—The pilot program carried out pursuant to this section may be known as the “Air Force Dual Credit Maintainers Program” (in this section, referred to as the “pilot program”).

(b) ELIGIBLE PARTICIPANTS.—Individuals eligible to participate in the pilot program are individuals in secondary or post-secondary school who—

(1) have education, skills, or both appropriate for certification and training leading to certification as an aircraft technician of the Air Force; and

(2) seek to pursue education and training under the pilot program in order to become certified as aircraft technicians of the Air Force.

(c) SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program through secondary schools and institutions of higher education selected by the Secretary for purposes of the pilot program.

(2) LOCATIONS.—The secondary schools and institutions of higher education selected pursuant to paragraph (1) shall, to the extent practicable, be located in the vicinity of installations of the Air Force at which there is, or is anticipated to be, a shortfall in aircraft technicians with skill levels 3-5.

(3) COORDINATION.—The pilot program may be carried out at a secondary school only with the approval of the local educational agency and shall be carried out at an institution of higher education only with the approval of the board of trustees or other appropriate leadership of the institution.

(d) GRANTS.—In carrying out the pilot program, the Secretary may award grants to any secondary school or institution of higher education participating in the pilot program for purposes of providing education and training under the pilot program.

(e) EMPLOYMENT AS AIR FORCE AIRCRAFT TECHNICIANS.—As part of the pilot program, the Secretary may employ, and may afford an emphasis on employment, in the Department of the Air Force as aircraft technicians of the Air Force any individuals who obtain certification under the pilot program as aircraft technicians of the Air Force.

(f) EMPLOYMENT AS AIR FORCE AIRCRAFT TECHNICIANS.—As part of the pilot program, the Secretary shall support curriculum development by secondary and post-secondary education participating in the pilot program and training equipment, to be used in providing education and training under the piloting equipment pursuant to subsection (d).

(g) FUNDING.—

(1) IN GENERAL.—The amount authorized to be appropriated for fiscal year 2018 for the Department of Defense, as specified in this subsection, is hereby increased by $5,000,000, with the amount of the increase to be available for the pilot program, including for the award of grants pursuant to subsection (c) and for support of the development of curriculum and training equipment pursuant to subsection (d).

(2) OFFSET.—The amount authorized to be appropriated for fiscal year 2018 by section 301 is hereby reduced by $5,000,000, with the amount of the reduction to be applied against amounts available for operation and maintenance, Defense-wide, for SAG 4GTV Office of the Inspector General.

SEC. 326. MR. LANKFORD (for himself, Mr. Cruz, Mrs. Fischer, and Mr. Inhofe) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 326. AIR FORCE PILOT PROGRAM ON EDUCATION AND TRAINING AND CERTIFICATION OF SECONDARY AND POST-SECONDARY STUDENTS AS AIRCRAFT TECHNICIANS.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of the Air Force shall carry out a pilot program to assess the feasibility and advisability of—

(A) certifying individuals who obtain certification under the pilot program as aircraft technicians of the Air Force; and

(B) certifying individuals who successfully complete education and training under the pilot program as aircraft technicians for the Air Force at the applicable skill level.

(2) DESIGNATION.—The pilot program carried out pursuant to this section may be known as the “Air Force Dual Credit Maintainers Program” (in this section, referred to as the “pilot program”).

(b) ELIGIBLE PARTICIPANTS.—Individuals eligible to participate in the pilot program are individuals in secondary or post-secondary school who—

(1) have education, skills, or both appropriate for certification and training leading to certification as an aircraft technician of the Air Force; and

(2) seek to pursue education and training under the pilot program in order to become certified as aircraft technicians of the Air Force.

(c) SECONDARY SCHOOLS AND INSTITUTIONS OF HIGHER EDUCATION.—

(1) IN GENERAL.—The Secretary shall carry out the pilot program through secondary schools and institutions of higher education selected by the Secretary for purposes of the pilot program.

(2) LOCATIONS.—The secondary schools and institutions of higher education selected pursuant to paragraph (1) shall, to the extent practicable, be located in the vicinity of installations of the Air Force at which there is, or is anticipated to be, a shortfall in aircraft technicians with skill levels 3-5.

(3) COORDINATION.—The pilot program may be carried out at a secondary school only with the approval of the local educational agency and shall be carried out at an institution of higher education only with the approval of the board of trustees or other appropriate leadership of the institution.

(d) GRANTS.—In carrying out the pilot program, the Secretary may award grants to any secondary school or institution of higher education participating in the pilot program for purposes of providing education and training under the pilot program.

(e) EMPLOYMENT AS AIR FORCE AIRCRAFT TECHNICIANS.—As part of the pilot program, the Secretary may employ, and may afford an emphasis on employment, in the Department of the Air Force as aircraft technicians of the Air Force any individuals who obtain certification under the pilot program as aircraft technicians of the Air Force.

(f) EMPLOYMENT AS AIR FORCE AIRCRAFT TECHNICIANS.—As part of the pilot program, the Secretary shall support curriculum development by secondary and post-secondary education participating in the pilot program and training equipment, to be used in providing education and training under the pilot program.

(g) FUNDING.—

(1) IN GENERAL.—The amount authorized to be appropriated for fiscal year 2018 for the Department of Defense, as specified in this subsection, is hereby increased by $5,000,000, with the amount of the increase to be available for the pilot program, including for the award of grants pursuant to subsection (c) and for support of the development of curriculum and training equipment pursuant to subsection (d).

(2) OFFSET.—The amount authorized to be appropriated for fiscal year 2018 by section 301 is hereby reduced by $5,000,000, with the amount of the reduction to be applied against amounts available for operation and maintenance, Defense-wide, for SAG 4GTV Office of the Inspector General.

SEC. 327. Mrs. SHABEEB (for herself and Mr. Sasse) submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title XII, add the following:

SEC. 327. SYRIA STUDY GROUP.

(a) ESTABLISHMENT.—There is hereby established a working group to be known as the “Syria Study Group” (in this section referred to as the “Group”).

(b) PURPOSE.—The purpose of the Group is to examine and make recommendations with respect to the military and diplomatic strategy of the United States with respect to the conflict in Syria.

(c) COMPOSITION.—

(1) MEMBERSHIP.—The Group shall be composed of 8 members appointed as follows:

(A) One member appointed by the chair of the Committee on Armed Services of the Senate.

(B) One member appointed by the ranking minority member of the Committee on Armed Services of the Senate.

(C) One member appointed by the chair of the Committee on Foreign Relations of the Senate.

(D) One member appointed by the ranking minority member of the Committee on Foreign Relations of the Senate.

(E) One member appointed by the chair of the Committee on Armed Services of the House of Representatives.

(F) One member appointed by the ranking minority member of the Committee on Armed Services of the House of Representatives.

(G) One member appointed by the chair of the Committee on Foreign Affairs of the House of Representatives.

(H) One member appointed by the ranking minority member of the Committee on Foreign Affairs of the House of Representatives.

(2) CHAIRS.—

(A) The chair of the Committee on Armed Services of the Senate, the chair of the Committee on Armed Services of the House of Representatives, the chair of the Committee on Foreign Relations of the Senate, and the chair of the Committee on Foreign Affairs of the House of Representatives shall jointly designate one member of the Group to serve as co-chair of the Group.

(B) The ranking minority member of the Committee on Armed Services of the Senate, the ranking minority member of the Committee on Armed Services of the House of Representatives, the ranking minority member of the Committee on Foreign Relations of the Senate, and the ranking minority member of the Committee on Foreign Affairs of the House of Representatives shall jointly designate one member of the Group to serve as co-chair of the Group.
(3) Period of Appointment; Vacancies.—Members shall be appointed for the life of the Group. Any vacancy in the Group shall be filled in the same manner as the original appointment.

(d) Duties.—

(1) Review.—The Group shall review the current situation with respect to the United States military and diplomatic strategy in Syria, including a review of current United States objectives in Syria and the desired end state in Syria.

(2) Assessment and Recommendations.—The Group shall—

(A) conduct a comprehensive assessment of the current situation in Syria, its impact on neighboring countries, resulting regional and geopolitical threats to the United States, and current military, diplomatic, and political efforts toward a stable Syria;

(B) develop recommendations on a military and diplomatic strategy for the United States with respect to the conflict in Syria.

(c) Cooperation From United States Government.—

(1) In General.—The Group shall receive the full and timely cooperation of the Secretary of Defense, the Secretary of State, and the Director of National Intelligence in providing the Group with analyses, briefings, and other information necessary for the discharge of the duties of the Group.

(2) Liaison.—The Secretary of Defense, the Secretary of State, and the Director of National Intelligence shall each designate at least one officer or employee of their respective organizations to serve as a liaison officer to the Group.

(3) Period of Appointment; Vacancies.—

(a) Members shall be appointed for the life of the Group.

(b) The Group shall terminate six months after the date on which it submits the report required by subsection (f)(1).

(c) Funding.—Of the amounts authorized to be appropriated for fiscal year 2018 for the Department of Defense by this Act, $1,500,000 is available to fund the activities of the Group.

SA 328. Mrs. Shaheen Submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for defense production, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 10. Foreign Agents Registration.

(a) Short Title.—This section may be cited as the “Foreign Agents Registration Modernization and Enforcement Act.”

(b) Civil Investigative Demand Authority.—The Foreign Agents Registration Act of 1938 (22 U.S.C. 1651 et seq.) is amended—

(1) by redesignating sections 8, 9, 10, 11, 12, 13, and 14 as sections 9, 10, 11, 12, 13, 14, and 16, respectively; and

(2) by inserting after section 7 (22 U.S.C. 1671) the following:

“Civil Investigative Demand Authority

“SEC. 8. (a) Whenever the Attorney General has reason to believe that any person or entity has violated or is about to violate the provision of law applicable to such violation;

(1) describe the class or classes of documentary material required to be produced and the reason for identifying and certifying as to permit such material to be fairly identified;

(3) determine that the demand is immediately returnable or prescribe a return date which will provide a reasonable period within which the material may be assembled and made available for inspection and copying or reproduction; and

(4) identify the custodian to whom such material shall be made available.

(b) A demand under subsection (a) may not—

(1) contain any requirement that would be considered unreasonable if contained in a subpoena duces tecum issued by a court of the United States in aid of grand jury investigation of such alleged violation; or

(2) require the production of any documentary evidence that would be privileged from disclosure if demanded by a subpoena duces tecum issued by a court of the United States in aid of grand jury investigation of such alleged violation.

(c) Informational Materials.—

(1) Definitions.—Section 1 of the Foreign Agents Registration Act of 1938, as amended (22 U.S.C. 1651 et seq.), is further amended by adding after section 14, as redesignated by subsection (b)(1), the following:

“Fees

“SEC. 15. The Attorney General shall—

(1) establish and collect a registration fee, as part of the initial filing requirement, to help defray the expenses of the FARAS Registration Unit; and

(2) credit such fees to the amount appropriated to carry out the activities of the National Security Division, which shall remain available until expended."

(e) Reports to Congress.—Section 12 of the Foreign Agents Registration Act of 1938, as amended, is redesignated by subsection (b)(1), is amended to read as follows:

(B) In subsection (b)(1), by striking “It shall” and inserting “Except as provided in paragraph (2), it shall”;

and

(ii) by striking “, not later than forty-eight hours after the beginning of the transitory period,” and inserting “and its con- stitutional and political landscape, including options for a gradual political tran- sition of any interim recommendations developed by the Group as of the date of the brief- ing,” after “United States military and diplomatic strategy in Syria.”
"REPORTS TO CONGRESS"

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."

SA 329. Ms. BALDWIN (for herself, Mr. REED, Mr. KAIN, and Ms. WARREN) submitted an amendment intended to be proposed by her to the bill H.R. 2310, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle P of title VIII, add following:

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."

SA 330. Mr. TILLIS (for himself, Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."

SA 333. Mr. COONS (for himself and Mr. BLUMENTHAL) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."

SA 334. Mr. COONS (for himself and Mr. BLUMENTHAL) submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."

SA 335. Mr. KING (for himself, Mr. BLUMENTHAL, Mr. CASEY, Mrs. SHAHEEN, and Mr. COONS) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."

SA 336. Mr. KING (for himself, Mr. BLUMENTHAL, Mr. CASEY, Mrs. SHAHEEN, and Mr. COONS) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."

"SEC. 12. The Assistant Attorney General for National Security, through the FARA Registration Unit of the National Security Division, shall submit a semiannual report to Congress regarding the administration of this Act. Each report under this section shall include, for the applicable reporting period, the identification of—

(1) registrations filed pursuant to this Act;
(2) the nature, sources, and content of political propaganda disseminated and distributed by agents of foreign principals;
(3) the number of investigations initiated based upon a perceived violation of section 3; and
(4) the number of such investigations that were referred to the Attorney General for prosecution."
proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017 which was ordered to lie on the table; as follows: At the appropriate place, insert the following:

SEC. 2. DEFINITIONS AND TERMS.

There are authorized to be appropriated, and there are appropriated, for each of fiscal years 2017 through 2026, $400,000,000 to carry out the National Health Service Corps program under subpart II of part D of title III of the Public Health Service Act (42 U.S.C. 254d et seq.) and the scholarship program and loan repayment program under subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254I et seq.).

SA 337. Mr. KING (for himself, Mr. BLUMENTHAL, and Mrs. SHAHEEN) submitted an amendment intended to be proposed to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017 which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 11. PRESERVATION OF RIGHT TO MAINTAIN EXISTING COVERAGE.

In general.—Section 2251 of the Patient Protection and Affordable Care Act (42 U.S.C. 18011) is amended:

(1) in subsection (e), by inserting “other than a plan or coverage described in subsection (f)” before the period; and

(2) by adding at the end the following:

“(f) PRESERVATION OF EXISTING OPTIONS.—In the case of a group health plan or health insurance coverage (other than a plan or coverage offered on an exchange established pursuant to this Act) offered to the members of an agricultural organization exempt from taxation under section 501(c)(5) of the Internal Revenue Code of 1986, in existence since 1918, that has been pro-

viding health coverage to members since 1970, to the extent permitted by applicable State law—

“(1) this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply, and

“(2) such plan or coverage shall not be subject to any requirement of this Act that does not apply to such plan or coverage. This subsection shall apply to such plan or coverage, including with respect to new enrollees.”.

(b) EFFECTIVE DATE.—This section shall be effective for plan and policy years beginning on or after January 1, 2018.

SA 340. Mr. MCCONNELL (for Mr. DAINES) proposed an amendment to amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; as follows:

In lieu of the matter proposed to be inserted, insert the following:

1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Expanded & Improved Medicare For All Act”.

(b) TABLE OF CONTENTS.—The table of contents for this Act as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Definitions and terms.

TITLE I—ELIGIBILITY AND BENEFITS

Sec. 101. Eligibility and registration.
Sec. 102. Benefits and portability.
Sec. 103. Qualification of participating providers.
Sec. 104. Prohibition against duplicating coverage.

TITLE II—FINANCES

Subtitle A—Budgeting and Payments
Sec. 201. Budgeting process.
Sec. 202. Payment of providers and health care clinicians.
Sec. 203. Payment for long-term care.
Sec. 204. Mental health services.
Sec. 205. Payment for prescription medications, medical supplies, and medically necessary assistive devices.
Sec. 206. Consultation in establishing reimbursement levels.

Subtitle B—Funding
Sec. 211. Overview: funding the Medicare For All Program.
Sec. 212. Appropriations for existing programs.

TITLE III—ADMINISTRATION

Sec. 301. Public administration; appointment of Director.
Sec. 302. Office of Quality Control.
Sec. 303. Regional and State administration; employment of displaced clerical workers.
Sec. 304. Confidential electronic patient record system.
Sec. 305. National Board of Universal Quality and Access.

TITLE IV—ADDITIONAL PROVISIONS

Sec. 401. Treatment of VA and IHS health programs.
Sec. 402. Public health and prevention.
Sec. 403. Reduction in health disparities.

TITLE V—EFFECTIVE DATE
Sec. 501. Effective date.

SEC. 2. DEFINITIONS AND TERMS.

In this Act:

(1) MEDICARE FOR ALL PROGRAM; PROGRAM.—The terms “Medicare For All Program” and “Program” mean the program of benefits provided under this Act and, unless the context otherwise requires, the Secretary with respect to functions relating to carrying out such program.

(2) NATIONAL BOARD OF UNIVERSAL QUALITY AND ACCESS.—The term “National Board of Universal Quality and Access” means such Board established under section 305.

(3) REGIONAL OFFICE.—The term “regional office” means a regional office established under section 303.

(4) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

(5) DIRECTOR.—The term “Director” means, in relation to the Program, the Director appointed under section 301.

SEC. 3. ELIGIBILITY AND REGISTRATION.

In general.—All individuals residing in the United States (including any territory of the United States) are covered under the Medicare For All Program entitling them to a universal, best quality standard of care. Each such individual shall receive a card with a unique number in the mail. An individual’s Social Security number shall not be used for purposes of registration under this section.

(b) REGISTRATION.—Individuals and families shall receive a Medicare For All Program Card in the mail, after filling out a Medicare For All Program application form at a health care provider. Such application forms shall be no more than one page.

(c) PRESUMPTION.—Individuals who present themselves for covered services from a participating provider shall be presumed to be eligible for benefits under this Act, but shall complete an application for benefits in order to receive a Medicare For All Program Card and fee payment made for such benefits.

(d) RESIDENCY CRITERIA.—The Secretary shall promulgate a rule that provides criteria for determining residency for eligibility purposes under the Medicare For All Program.

(e) COVERAGE FOR VISITORS.—The Secretary shall promulgate a rule regarding visitors from other countries who seek pre-medicated non-emergency surgical procedures. Such a rule should facilitate the establishment of country-to-country reimbursement arrangements or self-pay arrangements between the visitor and the provider of care.

SEC. 102. BENEFITS AND PORTABILITY.

In general.—The health care benefits under this Act cover all medically necessary services, including at least the following:

(1) Primary care and prevention.
(2) Approved dietary and nutritional therapies.
(3) Inpatient care.
(4) Outpatient care.
(5) Emergency care.
(6) Prescription drugs.
(7) Durable medical equipment.
(8) Long-term care.
(9) Palliative care.
(10) Mental health services.
(11) The full scope of dental services, services, including periodontics, oral surgery, and endodontics, but not including cosmetic dentistry.
(12) Substance abuse treatment services.
(13) Chiropractic services, not including electrical stimulation.
(14) Basic vision care and vision correction (other than laser vision correction for cosmetic purposes).
(15) Hearing services, including coverage of hearing aids.
(16) Podiatric care.

(b) PORTABILITY.—Such benefits are available through any licensed health care clinician anywhere in the United States that is legally qualified to provide the benefits.
(c) No Cost-Sharing.—No deductibles, co-payments, coinsurance, or other cost-sharing shall be imposed with respect to covered benefits.

SEC. 103. QUALIFICATION OF PARTICIPATING PROVIDERS.

(a) Requirement To Be Public or Non-Profit.—

(1) IN GENERAL.—No institution may be a participating provider unless it is a public or not-for-profit institution. Private physicians, private clinics, and private health care providers shall continue to operate as private entities, but are prohibited from being investor owned.

(2) Conversion of Investor-Owned Providers.—For-profit providers of health care to participate shall be required to convert to not-for-profit status.

(3) Private Delivery of Care Requirement.—For-profit providers of care that convert to non-profit status shall remain privately owned and operated entities.

(b) Compensation for Conversion.—The owners of such for-profit providers shall be compensated for reasonable financial losses incurred as a result of the conversion from for-profit to non-profit status.

(5) Salaried Positions within Group Practices.—For profit payments as specified in section 202.

(c) Collaboration.—The Secretary shall promulgate a rule to provide a mechanism to further the timely, efficient, and feasible conversion of for-profit providers of care.

(6) Requirements.—The payments to owners of converting for-profit providers shall occur during a 15-year period, through the sale of U.S. Treasury Bonds. Payment for conversions under paragraph (3) shall not be made for loss of business profits.

(7) Mechanism for Conversion Process.—The Secretary shall promulgate a rule to provide a mechanism to further the timely, efficient, and feasible conversion of for-profit providers of care.

(b) Billing Standards.—

(1) In General.—Health care delivery facilities must meet State quality and licensing guidelines as a condition of participation under such program, including guidelines regarding safe staffing and quality of care.

(c) Licensure Requirements.—Participating physicians must be licensed in their State of practice and meet the quality standards for their area of care. No clinician whose license is under suspension or who is under disciplinary action in any State may be a participating physician.

(c) Participation of Health Maintenance Organizations.—

(1) In General.—Non-profit health maintenance organizations that deliver care in their own facilities and employ clinicians on a salaried basis may participate in the program and receive global budgets or capitation payments as specified in section 202.

(2) Exclusion of Certain Health Maintenance Organizations.—Other health maintenance organizations which principally contract for services delivered by non-employees shall be classified as insurance plans. Such organizations shall not be participating providers, and are subject to the regulations promulgated by reason of section 104(a) relating to prohibition against duplicating coverage.

(d) Friends of Choice.—Patients shall have free choice of participating physicians and other clinicians, hospitals, and inpatient care facilities.

SEC. 104. PROHIBITION AGAINST DUPLICATING SERVICE.

(a) In General.—It is unlawful for a private health insurer to sell health insurance coverage that duplicates the benefits provided under this Act.

(b) Construction.—Nothing in this Act shall be construed as prohibiting the sale of

other advanced practice clinicians as licensed and regulated by the States by the following payment methods:

(A) Fee for service payment under paragraph (2).

(B) Salaried positions in institutions receiving global budgets under paragraph (3).

(C) Salaried positions within group practices, or other health maintenance organizations receiving capitation payments under paragraph (4).

(2) Fee for Service.

(A) IN GENERAL.—The Program shall negotiate a simplified fee schedule that is fair and optimal with representatives of physicians and other clinicians, after close consultation with the National Board of Universal Quality and Regional State directors. Initially, the current prevailing fees or reimbursement would be the basis for the fee negotiation for all professional services covered under this Act.

(b) Considerations.—In establishing such schedule, the Director shall take into consideration the following:

(i) The need for a uniform national standard.

(ii) The goal of ensuring that physicians, clinicians, pharmacists, and other medical professionals be compensated for work which reflects their expertise and the value of their services, regardless of geographic region and patient services.

(ii) State Physician Practice Review Boards.—The State director for each State, in consultation with representatives of the physician community of that State, shall establish and appoint a physician practice review board to assure quality, cost effectiveness, and fair reimbursements for physician delivered services.

(b) Final Guidelines.—The Director shall be responsible for promulgating final guidelines to all providers.

(c) Billing.—Under this Act physicians shall submit bills to the regional director on a simple form, or via computer. Interest shall be paid to providers who are not reimbursed within 30 days of submission.

(f) No Balance Billing.—Licensed health care clinicians who accept any payment from the Medicare For All Program may not bill a patient for any services, regardless of geographic region and patient services.

(g) Uniform Computer Electronic Billing System.—The Director shall create a uniform computerized electronic billing system, including all those areas of the United States where electronic billing is not yet established.

(3) Salaries Within Institutions Receiving Global Budgets.—

(A) In General.—In the case of an institution, such as a hospital, health center, group practice, community and migrant health center, or a home care agency that elects to be paid a monthly global budget for the delivery of health care as well as for education and prevention programs, physicians and other clinicians employed by such institutions shall be reimbursed through a salary included as part of such a budget.

(b) Salary Quotes.—Salary ranges for health care providers shall be determined in the same way as fee schedules under paragraph (2).

(c) Salaries Within Capitated Groups.—

(A) IN GENERAL.—Health maintenance organizations, group practices, and other institutions may elect to be paid capitation payments to cover all outpatient, physician, and medical home care individuals enrolled to receive benefits through the organization or entity.

(b) Scope.—Such capitation may include the costs of services rendered, home and other licensed, independent practitioners provided to inpatients. Other costs of

...
inpatient and institutional care shall be excluded from capitation payments, and shall be covered under institutions' global budgets.

(C) Prohibition of Selective Enrollment.—Patients shall be permitted to enroll or disenroll from such organizations or entities without discrimination and with appropriate notice.

(D) Health Maintenance Organizations.—Under this Act:

(i) health maintenance organizations shall be required to reimburse physicians based on a salary; and

(ii) financial incentives between such organizations and physicians based on utilization are prohibited.

SEC. 203. Payment for Long-Term Care.

(a) Allotment for Regions.—The Program shall provide for each region a single budget to cover all regional long-term care services under this Act.

(b) Regional Budgets.—Each region shall provide a global budget to local long-term care providers for the full range of needed services, including in-home, nursing home, and community based care.

(c) Basis for Budgets.—Budgets for long-term care services under this section shall be based on past expenditures, financial and clinical data, past performance, utilization, and projected changes in service, wages, and other related factors.

(d) Favoring Non-Institutional Care.—All efforts under this Act shall be made to provide long-term care in a home- or community-based setting, as opposed to institutional care.

SEC. 204. Mental Health Services.

(a) In General.—The Program shall provide coverage for all medically necessary mental health care on the same basis as the coverage for other conditions. Licensed mental health clinicians shall be paid in the same manner as specified for other health professionals, as provided for in section 202.

(b) Favoring Community-Based Care.—The Medicare For All Program shall cover supported residences, occupational therapy, and ongoing mental health and counseling services outside the hospital for patients with serious mental illnesses. In all cases the highest quality and most effective care shall be provided, and, for some individuals, this may mean institutional care.

SEC. 205. Payment for Prescription Medications, Medical Supplies, and Medically Necessarily Assistive Devices.

(a) Negotiated Prices.—The prices to be paid each year under this Act for covered pharmaceuticals, medical supplies, and medically necessary assistive equipment shall be negotiated annually by the Program.

(b) Prescription Drug Formulary.—

(1) In General.—The Program shall establish a prescription drug formulary system, which shall encourage best-practices in prescribing and discourage the use of ineffective, dangerous, or excessively costly medications when better alternatives are available.

(2) Promotion of Use of Genérics.—The formulary shall promote the use of generic medications but allow the use of brand-name and off-formulary medications.

(3) Formulary Updates and Petition Rights.—The formulary shall be updated frequently and clinicians and patients may petition their region or the Director to add new pharmaceuticals or to remove ineffective or dangerous medications from the formulary.

SEC. 206. Consultation in Establishing Reimbursement Levels.

Reimbursement levels under this subtitle shall be set after close consultation with regional and State Directors and after the annual meeting of National Board of Universal Quality and Access.

Subtitle B—Funding

SEC. 211. Overview; Funding the Medicare For All Program.

(a) In General.—The Medicare For All Program is to be funded as provided in subsection (c)(1).

(b) Medicare For All Trust Fund.—There shall be established a Medicare For All Trust Fund in which funds provided under this section are deposited and from which expenditures under this Act are made.

(c) Funding.—

(1) In General.—There are appropriated to the Medicare For All Trust Fund amounts sufficient to carry out this Act from the following sources:

(A) Existing sources of Federal Government revenues for health care.

(B) Increasing personal income taxes on the top 5 percent income earners.

(C) Instituting a modest and progressive excise tax on payroll and self-employment income.

(D) Instituting a modest tax on unearned income.

(E) Instituting a small tax on stock and bond transactions.

(2) System Savings as a Source of Financing.—Funding otherwise required for the Program is reduced as a result of—

(A) vastly reducing paperwork;

(B) coordinating billing and reimbursement with physicians and health care providers; and

(C) allowing for a salary; and

(3) Additional Annual Appropriations to Medicare for All Program.—Additional sums are authorized to be appropriated annually to maintain maximum quality, efficiency, and access under the Program.

SEC. 212. Appropriations for Existing Programs.

Notwithstanding any other provision of law, there are hereby transferred and appropriated to carry out this Act, amounts from the Treasury equivalent to the amounts the Secretary estimates would have been appropriated and expended for Federal public health care programs, including funds that would have been appropriated under the Medicare program under title XVIII of the Social Security Act, under the Medicaid program under title XIX of such Act, and under the Children's Health Insurance Program under title XXI of such Act.

Title III—Administration

SEC. 301. Public Administration; Appointment of Director.

(a) In General.—Except as otherwise specifically provided, this Act shall be administered by the Secretary through a Director appointed by the Secretary.

(b) Long-Term Care.—The Director shall appoint a director for long-term care who shall be responsible for administration of this Act and ensuring the availability and accessibility of high quality long-term care services.

(c) Mental Health.—The Director shall appoint a director for mental health who shall be responsible for administration of this Act and ensuring the availability and accessibility of high quality mental health services.

SEC. 302. Office of Quality Control.

The Director shall appoint a director for an Office of Quality Control. Such director shall, after consultation with State and regional directors, provide annual recommendations to the President, the Secretary, and other Program officials on how to ensure the highest quality health care service delivery. The director of the Office of Quality Control shall conduct an annual review on the adequacy of medically necessary services, and shall make recommendations of any proposed changes to the Congress, the President, the Secretary, and other Medicare For All Program officials.

SEC. 303. Regional and State Administration; Employment of Displaced Clerical Workers.

(a) Establishment of Medicare For All Program Regional Offices.—The Secretary shall establish and maintain Medicare For All regional offices for the purpose of distributing and providing services. When possible, the Secretary should incorporate pre-existing Medicare infrastructure for this purpose.

(b) Appointment of Regional and State Directors.—In each such regional office there shall be—

(1) one regional director appointed by the Director; and

(2) for each State in the region, a deputy director (in this Act referred to as a “State Director”) appointed by the governor of that State.

(c) Regional Office Duties.—Regional offices of the Program shall be responsible for

(1) coordinating funding to health care providers and physicians; and

(2) coordinating billing and reimbursement with physicians and health care providers through a State-based reimbursement system.

(d) State Director’s Duties.—Each State Director shall be responsible for the following duties:

(1) Providing an annual State health care needs assessment report to the National Board of Universal Quality and Access, and the regional board, after a thorough examination of health needs, in consultation with public health officials, clinicians, patients, and patient advocates.

(2) Health planning, including oversight of the placement of new hospitals, clinics, and other health care delivery facilities.

(3) Health planning, including oversight of the purchase and placement of new health care equipment to ensure timely access to care and to avoid duplication.

(4) Submitting global budgets to the regional director.

(5) Recommending changes in provider reimbursement or payment for delivery of health services in the new system.

(6) Establishing a quality assurance mechanism in the State in order to minimize both under utilization and over utilization and to assure that all providers meet high quality standards.

(7) Reviewing program disbursements on a quarterly basis and recommending needed adjustments in fee schedules needed to achieve budgetary targets and assure adequate access to needed care.

SEC. 304. Training and Job Placement; 2 Years of Salary Parity Benefits.—The Program shall provide that clerical, administrative, and billing personnel in insurance companies, doctors offices, hospitals, and other facilities whose jobs are eliminated due to reduced administration shall have priority in retraining and job placement in the new system; and

(2) shall be eligible to receive two years of Medicare For All employment transition benefits with each year’s benefit equal to salary earned during the last 12 months of employment, but shall not exceed $100,000 per year.

(b) Establishment of Medicare For All Employment Transition Fund.—The Secretary shall establish a trust fund from
which expenditures shall be made to recipients of the benefits allocated in subsection (e).

(g) ANNUAL APPROPRIATIONS TO MEDICARE FOR ALL AMERICAN HEALTH PROGRAM FUND.—Sums are authorized to be appropriated annually as needed to fund the Medicare For All American Health Program Fund. Nothing in this section shall be construed as a waiver of Medicare For All American Health Program.

(h) S ECRETARY AND THE DIRECTOR ON A REGULAR BASIS TO AT LEAST TWICE PER YEAR AND SHALL ADVISE THE SECRETARY, THE DIRECTOR, AND THE PRESIDENT.

(c) COMMISSION, ET AL.—The following provisions of section 1805 of the Social Security Act shall apply to the Board in the same manner as they apply to the Medicare Payment Advisory Commission; except that any reference to the Commission or the Commissioner General shall be treated as references to the Board and the Secretary, respectively:

(1) Subsection (c)(4) (relating to compensation of Board members).

(2) Subsection (c)(5) (relating to chairman and vice chairman).

(3) Subsection (c)(6) (relating to meetings).

(4) Subsection (d) (relating to director and staff; experts and consultants).

(5) Subsection (e) (relating to powers).

T I T L E I V — A D D I T I O N A L P R O V I S I O N S

T I T L E I V — A D D I T I O N A L P R O V I S I O N S

S E C . 4 0 1 . T R E A T M E N T O F VA A N D H I S HEALTH PROGRAMS.

(a) VA H E A LT H PROGRAMS.—This Act provides for the establishment of the Department of Veterans' Affairs to initially remain independent for the 10-year period that begins on the date of the establishment of the Medicare For All American Health Program. The Board shall reevaluate whether such programs shall remain independent or be integrated into the Medicare For All American Health Program.

(b) I N D I A N H E A LT H S E R V I C E P R O G R A M S.—This Act provides for the establishment of the Indian Health Service program for the provision of health care to American Indians and Alaska Natives. The Board shall reevaluate whether such programs shall remain independent or be integrated into the Medicare For All American Health Program.

S E C . 4 0 2 . P U B L I C H E A LT H A N D P R E V E N T I O N .

It is the intent of this Act that the Program at all times stress the importance of good public health through the prevention of diseases.

S E C . 4 0 3 . R E D U C T I O N I N H E A LT H D I S P A R I T I E S.

It is the intent of this Act to reduce health disparities by race, ethnicity, income and geographic region, and to provide high quality, cost-effective, culturally appropriate care to all individuals regardless of race, ethnicity, sexual orientation, and age.

T I T L E V — E F F E C T I V E D A T E

S E C . 5 0 1 . E F F E C T I V E D A T E.

Except as otherwise specifically provided, this Act shall take effect on the first day of the first year that begins more than 1 year after the enactment of this Act, and shall apply to items and services furnished on or after such date.

S A 3 4 1 . M R . U D A L L (for himself, Ms. CANTWELL, Ms. CORTEZ MASTO, Ms. HEITKAMP, Mr. FRANKEN, Mrs. MURRAY, Mr. SCHATZ, Ms. STABENOW, Mr. TESTER, and Mr. MERKLEY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC . P R O T E C T I O N O F I N D I V I D U A L S' H E A LT H PLANS.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in increased deductibles under employer-sponsored insurance.

S A 3 4 7 . M R . M U R P H Y submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC . P R O T E C T I O N O F I N D I V I D U A L S' H E A LT H PLANS.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in increased deductibles under employer-sponsored insurance.
SA 345. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO OPIOID ADDICTION.**

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in the loss of mental health and substance use disorder services, including behavioral health treatment (including counseling and psychotherapy) under qualified health plans.

SA 346. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO OPIOID ADDICTION.**

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in the loss of mental health and substance use disorder services, including behavioral health treatment (including counseling and psychotherapy) under qualified health plans.

SA 347. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.**

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of women who are victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 348. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.**

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of women who are victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 349. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.**

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of women who are victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 350. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.**

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of women who are victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 351. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.**

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of women who are victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 352. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.**

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of women who are victims of domestic violence. Funds appropriated under this section shall remain available until expended.

SA 353. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. 211. SUPPORT FOR STATE RESPONSE TO DOMESTIC VIOLENCE.**

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of women who are victims of domestic violence. Funds appropriated under this section shall remain available until expended.
SEC. 221. SUPPORT FOR STATE RESPONSE TO MENTAL ILLNESS.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with mental illness. Funds appropriated under this section shall remain available until expended.

SA 358. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO HEART DISEASE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with heart disease. Funds appropriated under this section shall remain available until expended.

SA 359. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO ALZHEIMER'S DISEASE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with Alzheimer's disease. Funds appropriated under this section shall remain available until expended.

SA 360. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO BREAST CANCER.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with breast cancer. Funds appropriated under this section shall remain available until expended.

SA 361. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO POST-TRAUMATIC STRESS DISORDER.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with post-traumatic stress disorder. Funds appropriated under this section shall remain available until expended.

SA 362. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO PARKINSON'S DISEASE.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with Parkinson’s disease. Funds appropriated under this section shall remain available until expended.

SA 363. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

On page 129, strike lines 3 through 10 and insert the following:

SEC. 221. SUPPORT FOR STATE RESPONSE TO DIABETES.

There is authorized to be appropriated, and is appropriated, out of monies in the Treasury not otherwise obligated, $10,000,000,000 for fiscal year 2018 to the Secretary of Health and Human Services to provide grants to States to support treatment of individuals with diabetes. Funds appropriated under this section shall remain available until expended.

SA 364. Mr. MURPHY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 221. PROTECTION OF INDIVIDUALS' HEALTH CARE.

This Act (and the amendments made by this Act) shall not take effect until the Chief Actuary of the Centers for Medicare & Medicaid Services certifies to Congress that the implementation of this Act (and amendments) will not result in the loss of medical health and substance use disorder services, including behavioral health treatment (including counseling and psychotherapy) under the Medicaid program.

SA 365. Mr. Kaine (for himself, Mr. Blumenthal, Mr. Carper, and Mrs. Shaheen) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017; which was ordered to lie on the table; as follows:

Strike subtitles B through C of title I.

SA 366. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

On page 312, strike line 21 and all that follows through page 313, line 9.

SA 368. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

Strike section 821.

SA 369. Ms. Duckworth submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle H of title V, add the following:

SEC. 237. REPORT ON POSSIBLE IMPROVEMENTS TO PROCESSING RETIREMENTS AND MEDICAL DISCHARGES.

(a) REPORT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Defense shall, in consultation with the Secretary of Veterans Affairs, submit to the congressional defense committees and the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on possible improvements to the transition of members of the Armed Forces to veteran status.
(b) ELEMENTS.—The report under subsection (a) shall address the following:

(1) Feasibility of requiring members of the Armed Forces to apply for benefits administered by the Secretary of Veterans Affairs before such members complete discharge from the Armed Forces.

(2) Feasibility of requiring members of the Armed Forces to undergo compensation and pension examinations (to be administered by the Secretary of Defense) for purposes of obtaining benefits described in paragraph (1) before such members complete discharge from the Armed Forces.

(3) Possible improvements to the timeliness of the process for transitioning members with service-connected disabilities to care provided by the Secretary of Veterans Affairs.

SA 370. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title VII, add the following:

SEC. 711. PROVISION OF SUPPORT BY DEPARTMENT OF DEFENSE TO DEPARTMENT OF VETERANS AFFAIRS REGARDING ELECTRONIC HEALTH RECORD SYSTEM.

(a) IN GENERAL.—The Secretary of Defense shall ensure that the electronic health record system developed by the Department of Veterans Affairs incorporates and interfaces with the electronic health record system of the Department of Defense and the Department of Veterans Affairs that—

(1) is capable of interoperability between the electronic health record systems of the Department of Defense and the Department of Veterans Affairs in support of the Secretary of Defense and the Secretary of Veterans Affairs to exchange useful results to one or more systems.

(2) achieves complete interoperability with the Department of Defense's electronic health record system that—

(i) is a component of the Military Health System Genesis.

(ii) is interoperable with the Department of Defense's electronic health record system.

(iii) is interoperable with the Department of Veterans Affairs electronic health record system.

(b) ANNUAL REVIEW.—The Secretary of Defense shall jointly conduct an annual review of the efforts undertaken by the Secretary of Defense and the Secretary of Veterans Affairs to achieve complete interoperability between the electronic health record systems of the Department of Veterans Affairs and the Department of Defense, and the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the Committee on Armed Services of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the review.

(c) TERMS.—As used in this section, the term "interoperability" means the ability of different electronic health records systems or software to meaningfully exchange information in real time and provide useful results to one or more systems.

SA 371. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title VII, add the following:

SEC. 721. COUNSELING AND TREATMENT FOR SUBSTANCE USE DISORDERS AND CHRONIC PAIN MANAGEMENT FOR MEMBERS WHO SEPARATE FROM THE ARMED FORCES.

Section 116(a)(6)(B)(i) of title 10, United States Code, is amended—

(1) in subclause (I)—

(A) by inserting "substance use disorder," after "post-traumatic stress disorder;" and

(B) by striking "and" at the end;

(2) by redesignating subclause (II) as subclause (III); and

(3) by inserting after subclause (I) the following new subclause (II):—

(II) chronic pain management services, including counseling and treatment of co-occurring mental health disorders and alternatives to opioid analgesics, and".

SA 373. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

(2) RESPONSIBILITIES OF COMMERCIAL MARKET REPRESENTATIVES.

Section 4(b) of the Small Business Act (15 U.S.C. 637) is amended—

(2) by inserting in subsection (a) the following:

(b) COMMERCIAL MARKET REPRESENTATIVES.—
(1) Duties.—The principal duties of a commercial market representative employed by the Administrator and reporting to the senior official appointed by the Administrator with responsibilities under sections 16, 15, 31, and 36 (or the designee of the official) shall be to advance the policies established in section 8(d)(1) relating to subcontracting, including—

(A) helping prime contractors to find small business concerns that are capable of performing subcontracts; and

(B) for contracts awarded contracts containing the clause described in section 8(d)(3), providing—

(i) counseling on the responsibility of the contractor to maximize subcontracting opportunities for small business concerns;

(ii) instruction on methods and tools to identify potential subcontractors that are small business concerns; and

(iii) assistance to increase awards to subcontractors that are small business concerns through visits, training, and reviews of past performance;

(C) providing counseling on how a small business concern may promote the capacity of the small business concern to contractors awarded contracts containing the clause described in section 8(d)(3); and

(D) conducting periodic reviews of contracts awarded contracts containing the clause described in section 8(d)(3) to assess compliance with subcontracting plans required under section 8(d)(6).

(2) Compliance requirements.—

(A) in general.—Consistent with the requirements of subparagraph (B), a commercial market representative referred to in section 15(o)(6) shall have a Level I Federal Acquisition Certification in Contracting (or any successor certification) or the equivalent Department of Defense certification.

(B) certification requirement.—The certification described in subparagraph (A) is not required—

(i) for any person serving as a commercial market representative on the date of enactment of the National Defense Authorization Act for Fiscal Year 2018, until the date that is 1 calendar year after the date on which the person was appointed as a commercial market representative; or

(ii) for any person serving as a commercial market representative on or before November 25, 2025.

(3) Job posting requirements.—The duties and certification requirements described in this subsection shall be included in any initial and all subsequent job postings of a commercial market representative.

SA 374. Ms. DUCKWORTH submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows: At the end of subtitle B of title VIII, add the following:

SEC. 812. OPTIMIZATION OF MICRO-PURCHASE THRESHOLDS TO INCREASE GOVERNMENT EFFICIENCY.

(a) Increase in threshold.—Section 1902(a)(1) of title 41, United States Code, is amended—

(1) by striking “sections 2338 and 2339” and inserting “section 2339”; and

(2) by striking “$3,000” and inserting “$10,000.”

(b) Conforming and clerical amendments.—

(1) Section 2338 of title 10, United States Code, is repealed.

(2) The table of sections at the beginning of chapter 137 of such title is amended by striking the item relating to section 2338.

(c) Convenience checks.—A convenience check may not be used for an amount in excess of one half of the micro-purchase threshold under section 1902(a) of title 41, United States Code, or a lower amount set by the head of the agency. Use of convenience checks shall comply with controls prescribed in Office of Management and Budget Circular A-122, Appendix I.

SA 376. Ms. DUCKWORTH (for herself, Mr. DUNCAN, Ms. ENSINN, and Mr. GRASSLEY) submitted an amendment intended to be proposed by her to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows: At the end of subtitle B of title XXVIII, add the following:

SEC. 823. OPTIMIZATION OF micro-PURCHASE THRESHOLDS TO INCREASE GOVERNMENT EFFICIENCY.

(a) Increase in threshold.—Section 1902(a)(1) of title 41, United States Code, is amended—

(1) by striking “sections 2338 and 2339” and inserting “section 2339”; and

(2) by striking “$3,000” and inserting “$10,000.”

(b) Conforming and clerical amendments.—

(1) Section 2338 of title 10, United States Code, is repealed.

(2) The table of sections at the beginning of chapter 137 of such title is amended by striking the item relating to section 2338.

(c) Convenience checks.—A convenience check may not be used for an amount in excess of one half of the micro-purchase threshold under section 1902(a) of title 41, United States Code, or a lower amount set by the head of the agency. Use of convenience checks shall comply with controls prescribed in Office of Management and Budget Circular A-122, Appendix I.

SEC. 832. Optimized micro-purchase thresholds to increase government efficiency.

(a) Increase in threshold.—Section 1902(a)(1) of title 41, United States Code, is amended—

(1) by striking “sections 2338 and 2339” and inserting “section 2339”; and

(2) by striking “$3,000” and inserting “$10,000.”

(b) Conforming and clerical amendments.—

(1) Section 2338 of title 10, United States Code, is repealed.

(2) The table of sections at the beginning of chapter 137 of such title is amended by striking the item relating to section 2338.

(c) Convenience checks.—A convenience check may not be used for an amount in excess of one half of the micro-purchase threshold under section 1902(a) of title 41, United States Code, or a lower amount set by the head of the agency. Use of convenience checks shall comply with controls prescribed in Office of Management and Budget Circular A-122, Appendix I.
At the appropriate place, insert the following:

SEC. 201. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would reduce the Federal Government's financial commitment to current and active duty, successful Medicare waivers under section 1115 of the Social Security Act that are promoting the objectives of title XIX of such Act shall be null and void and shall not be applied and administered as if such provisions and amendments had never been enacted.

SA 379. Mr. MARKNEY (for himself, Ms. WARREN, Mr. CARPER, Mr. CASEY, Mr. BROWN, Ms. HIRONO, Ms. STABENOW, Mr. MENENDEZ, and Mr. VAN HOLLEN) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 202. NULLIFICATION OF CERTAIN PROVISIONS.

If the Congressional Budget Office determines that the provisions of, or the amendments made by, this Act would increase the amount of uncompensated care provided by hospitals, such provisions or amendments shall be null and void and this Act shall be applied and administered as if such provisions and amendments had not been enacted.

SA 380. Mr. MARKNEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 203. MEMBERS OF CONGRESS.

Notwithstanding any other provision of law, if, as a result of the enactment of this Act, the rate of uninsured individuals in the United States is higher on the date that is 1 year after the date of enactment of this Act than it was on the date of enactment of this Act, Members of Congress shall not be eligible for an employer contribution to their health plan premiums until the rate of uninsured individuals in the United States is equal to or lower than such rate on the date of enactment of this Act.

SA 381. Mr. MARKNEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 204. NULIFICATION OF CERTAIN PROVISIONS.

If the Congressional Budget Office determines that the provisions of, or the amendments made by, this Act that would increase the average premium or out-of-pocket health care costs for individuals who have attained 50 years of age, such provisions or amendments shall be null and void and this Act shall be applied and administered as if such provisions and amendments had not been enacted.

SA 382. Mr. MARKNEY submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 205. REPEAL OF CERTAIN PROVISIONS IF PERCENTAGE OF UNINSURED INCREASES.

Not later than 30 days after the date that is 1 year after the date of enactment of this Act, the Director of the Congressional Budget Office shall report to Congress if, during that 1-year period as a result of changes made by this Act, effective as of the date of such determination, the provisions of, and the amendments made by, this Act that terminate the Medicaid expansion and impose Medicaid per capita caps shall be null and void and this Act shall be applied and administered as if such provisions and amendments had never been enacted.

SA 383. Mr. FRANKEN (for himself, Mr. CORNYN, Ms. HEITKAMP, and Ms. BALDWIN) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle B of title V, add the following:

PART II—RESERVE COMPONENT

SEC. 206. ELIGIBILITY OF RESERVE Composition MEMBERs FOR PRE-MOBILIZATION HEALTH CARE.

Section 137f(d)(2) of title 10, United States Code, is amended by striking "in support of a contingency operation" and inserting "section 12304b of this title or".

SEC. 207. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR TRANSITIONAL HEALTH CARE.

Section 114a(1)(B) of title 10, United States Code, is amended by striking "in support of a contingency operation" and inserting "section 12304b of this title or a provision of law referred to in section 101(a)(13)(B) of this title".

SEC. 208. CONSIDERATION OF SERVICE ON ACTIVE DUTY TO REDUCE AGE FOR ELIGIBILITY FOR RETIRED PAY FOR NON-REGULAR SERVICE.

Section 12733(c)(2)(B)(i) of title 10, United States Code, is amended by striking "under section 12304 of this title or a provision of law referred to in section 101(a)(13)(B) of this title".

SEC. 209. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR HIGH-DEPLOYMENT ALLOWANCE FOR LENGTHY OR NUMEROUS DEPLOYMENTS AND FREQUENT MOBILIZATIONS.

Section 436(a)(2)(C)(ii) of title 37, United States Code, is amended by striking "section 12304(d) of this title or a provision of law referred to in section 101(a)(13)(B) of this title".

SEC. 210. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR POST-9/11 EDUCATIONAL ASSISTANCE.

Section 3301(1)(B) of title 38, United States Code, is amended by striking "section 12304b of title 10".

SEC. 211. ELIGIBILITY OF RESERVE COMPONENT MEMBERS FOR NONREDUCTION IN PAY WHILE SERVING IN THE UNIFORMED SERVICES OR NATIONAL GUARD.

Section 5530(a)(1) of title 5, United States Code, is amended in the matter preceding paragraph (1) by inserting "members who return to active duty" for "members who have returned to active duty".

SEC. 212. EFFECT OF ORDER TO SERVE ON ACTIVE DUTY IN CONSEQUENCE OF USE OF CERTAIN MILITARY BENEFITS.

(a) EXCEPTION TO VOLUNTARY SEPARATION PAY.—The requirement for Members Who Return to Active Duty.—Section 1175a(j)(2) of title 10, United States Code, is amended by striking "or 12304" and inserting "section 12304, 12304a, or 12304b".

(b) TIME LIMITATION FOR TRAINING AND REHABILITATION.—Section 3103(f) of title 38, United States Code, is amended by inserting "section 12304, 12304a, or 12304b".

SEC. 213. RETROACTIVE APPLICABILITY OF AMENDMENTS.

The amendments made by this part shall apply with respect to any order for a member of a reserve component to serve on active duty under section 12304a of title 10, United States Code, issued on or after January 1, 2012.

SA 384. Mr. MANCHIN (for himself, Mr. MURPHY, Mr. WHITEHOUSE, Mr. KING, Ms. KLOBUCHAR, Mr. NELSON, Ms. HEITKAMP, Mrs. SHAHEEN, Ms. BALDWIN, Mr. BLUMENTHAL, and Ms. WARREN) submitted an amendment intended to be proposed by amendment SA 267 proposed by Mr. MCCONNELL to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 401. STEWARDSHIP FEE ON OPIOID PAIN RELIEVERS.

(a) IN GENERAL.—Subchapter E of chapter 32 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

"section 4192. OPIOD PAIN RELIEVERS.

"(a) in GENERAL.—There is hereby imposed on the sale of any active opioid by the manufacturer, producer, or importer a fee equal to 1 cent per milligram so sold.

"(b) ACTIVE OPIOID.—For purposes of this section—

"(1) IN GENERAL.—The term 'active opioid' means any controlled substance (as defined in section 102 of the Controlled Substances Act, as in effect on the date of the enactment of this section) which is opium, an opiate, or any derivative of opium, the case of a product that includes an active opioid and another ingredient, subsection (a) shall apply only to the portion of such product that is an active opioid.

"(2) EXCLUSION FOR CERTAIN PRESCRIPTION MEDICATIONS.—Such term shall not include any prescribed drug which is used exclusively for the treatment of opioid addiction as part of a medically assisted treatment effort.

"(3) EXCLUSION OF OTHER INGREDIENTS.—In the case of a product that includes an active opioid and another ingredient, subsection (a) shall apply only to the portion of such product that is an active opioid.

"(b) CLERICAL AMENDMENT.

(1) The heading of subchapter E of chapter 32 of the Internal Revenue Code of 1986 is amended by striking "Medical Devices" and inserting "Other Medical Products.

(2) The table of subchapters for chapter 32 of such Code is amended by striking the item
relating to subchapter E and inserting the following new item:

"(A) establishing new addiction treatment facilities, residential and outpatient, including covering capital costs;

"(B) establishing sober living facilities;

"(C) recruiting and increasing reimbursement for certified mental health providers providing substance abuse treatment in medically underserved communities or communities with high rates of prescription drug abuse;

"(D) expanding access to long-term, residential treatment programs for opioid addicts (including 30-, 60-, and 90-day programs);

"(E) establishing or operating support programs that offer employment services, housing, and other support services to help recovering addicts transition back into society;

"(F) establishing or operating housing for children whose parents are participating in substance abuse treatment programs, including capital costs;

"(G) establishing or operating facilities to provide care for babies born with neonatal abstinence syndrome, including capital costs; and

"(H) other treatment programs, as the Secretary determines appropriate; and

"(2) recruiting and operating substance use disorder professionals to work in rural and medically underserved communities.

"(d) ADDITIONAL FUNDING.—Section 1920a(1)(B) of the Public Health Service Act (42 U.S.C. 300x–33(a)(1)(B)(i)) is amended by inserting ", and, as applicable, for carrying out section 1923A" before the period.

"(e) NONFRAUDIBILITY OF PREVENTION PROGRAM PROVISION.—Section 1922(a)(1) of the Public Health Service Act (42 U.S.C. 300x–22(a)(1)) is amended by inserting "except with respect to amounts made available as described in section 1923A."

"(f) OPIOID TREATMENT PROGRAMS.—Subpart II of part B of the Public Health Service Act (42 U.S.C. 300x–21 et seq.) is amended by inserting after subsection 1923A the following:

"SEC. 1923A. ADDITIONAL SUBSTANCE ABUSE TREATMENT PROGRAMS.

"(A) funding agreement for a grant under section 1921 is that the State involved shall provide a total of any amounts made available by any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 1921 of the Internal Revenue Code of 1986, reduced by any amounts rebated or discounted under section 1921 of the Act (as described in section 1933(a)(1)(B)(i)) by using exclusively for supporting and increasing opioid abuse treatment efforts in the State, including—

"(1) treatment programs—

"(A) establishing new addiction treatment facilities, residential and outpatient, including covering capital costs;

"(B) establishing sober living facilities;

"(C) recruiting and increasing reimbursement for certified mental health providers providing substance abuse treatment in medically underserved communities or communities with high rates of prescription drug abuse;

"(D) expanding access to long-term, residential treatment programs for opioid addicts (including 30-, 60-, and 90-day programs);

"(E) establishing or operating support programs that offer employment services, housing, and other support services to help recovering addicts transition back into society;

"(F) establishing or operating housing for children whose parents are participating in substance abuse treatment programs, including capital costs;

"(G) establishing or operating facilities to provide care for babies born with neonatal abstinence syndrome, including capital costs; and

"(H) other treatment programs, as the Secretary determines appropriate; and

"(2) recruiting and operating substance use disorder professionals to work in rural and medically underserved communities.

"SEC. 1923A. ADDITIONAL SUBSTANCE ABUSE TREATMENT PROGRAMS.

"(A) funding agreement for a grant under section 1921 is that the State involved shall provide a total of any amounts made available by any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 1921 of the Internal Revenue Code of 1986, reduced by any amounts rebated or discounted under section 1921 of the Act (as described in section 1933(a)(1)(B)(i)) by using exclusively for supporting and increasing opioid abuse treatment efforts in the State, including—

"(1) treatment programs—

"(A) establishing new addiction treatment facilities, residential and outpatient, including covering capital costs;

"(B) establishing sober living facilities;

"(C) recruiting and increasing reimbursement for certified mental health providers providing substance abuse treatment in medically underserved communities or communities with high rates of prescription drug abuse;

"(D) expanding access to long-term, residential treatment programs for opioid addicts (including 30-, 60-, and 90-day programs);

"(E) establishing or operating support programs that offer employment services, housing, and other support services to help recovering addicts transition back into society;

"(F) establishing or operating housing for children whose parents are participating in substance abuse treatment programs, including capital costs;

"(G) establishing or operating facilities to provide care for babies born with neonatal abstinence syndrome, including capital costs; and

"(H) other treatment programs, as the Secretary determines appropriate; and

"(2) recruiting and operating substance use disorder professionals to work in rural and medically underserved communities.

"(a) GUIDELINES.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall issue guidelines that require States to provide health education and literacy training to Medicaid enrollees. The guidelines shall include information on the following:

"(1) Making healthy choices, including nutrition, exercise, and smoking cessation.

"(2) How to manage chronic diseases.

"(3) How to navigate the healthcare system, including finding a primary care physician and addressing barriers to care.

"(4) Helping Medicaid enrollees select a primary care physician and make appointments, when appropriate.

"(b) STATE IMPLEMENTATION.—Not later than 2 years after the date of enactment of this Act, each State with a State Medicaid plan under title XIX of the Social Security Act shall submit to the Secretary a report demonstrating its ability to implement the guidelines issued under subsection (a) and demonstrate to the Secretary that enrollees are receiving the health education and literacy training required under such guidelines. In implementing such guidelines, a State shall take into consideration barriers to enrollee participation, including transportation, health status, language barriers, and other barriers as the Secretary may designate.

SA 386. Mr. MANCHIN (for himself, Mr. BROWN, Mr. WARNER, Mr. KAIN, Mr. COONS, and Mr. CASEY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 7. NULLIFICATION OF CERTAIN PROVISIONS.

The provisions of, and the amendments made by, this Act that would weaken the financial viability of the Black Lung Clinics and the Black Lung Hospital, including any provision that would cause an increase in the rate of uninsured individuals in the communities served by those clinics, shall be null and void and this Act shall be null and void and of no effect.

SA 387. Mr. CARDIN (for himself, Mr. CARPER, Mr. NELSON, Ms. WARREN, Mr. BLUMENTHAL, Mr. BROWN, Mr. VAN HOLLEN, Ms. STABENOW, Ms. DUCKWORTH, and Mr. MARKEY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. 8. STRIKING PROVISIONS THAT WEAKEN THE ACCESSIBILITY AND AFFORDABILITY OF HEALTH BENEFITS AND SERVICES.

Any provision of this Act that would weaken access to essential health benefits, reduce access to affordable preventive services, or undermine the prohibition of annual and lifetime limits and caps on out-of-pocket expenditures for health insurance plans shall be null and void and of no effect.

SA 388. Mr. CRAPO (for himself and Mr. RISCH) submitted an amendment intended to be proposed by him to the bill H.R. 2810, to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and
for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle C of title XXVIII, add the following:

**SEC. 2826. LAND CONVEYANCE, MOUNTAIN HOME AIR FORCE BASE, IDAHO.**

(a) CONVEYANCE AUTHORIZED.—The Secretary of the Air Force may convey, without consideration, to the City of Mountain Home, Idaho (in this section referred to as the "City") all right, title, and interest of the United States in and to a parcel of real property, including improvements thereon, consisting of approximately 4.25 miles of railroad right-of-way, and approximately 1,300 acres of land surrounding the Mountain Home Air Force Base, Idaho, as further described in subsection (b), for the purpose of economic development.

(b) MAP AND LEGAL DESCRIPTION.—(1) FINALIZING LEGAL DESCRIPTIONS.—As soon as practicable after the date of the enactment of this Act, the Secretary of the Air Force shall finalize a map and the legal description of the property to be conveyed under subsection (a).

(2) MINOR ERRORS.—The Secretary of the Air Force may correct any minor errors in the map or the legal description.

(3) AVAILABILITY.—The map and legal description shall be on file and available for public inspection.

(c) PAYMENT OF COSTS OF CONVEYANCE.—(1) PAYMENT REQUIRED.—The Secretary may require the City to cover all costs (except costs for environmental remediation of the property) to be incurred by the Secretary, or to reimburse the Secretary for costs incurred by the Secretary to carry out the conveyance under this section, including survey costs, costs for environmental documentation, and any other administrative costs related to the conveyance. If amounts are collected from the City in advance of the Secretary incurring the actual costs, and the amount collected exceeds the costs actually incurred by the Secretary to carry out the conveyance, the Secretary shall refund the excess amount to the City.

(2) TREATMENT OF AMOUNTS RECEIVED.—Amounts under paragraph (1) shall be credited to the fund or account to which the costs are chargeable, but any amount paid by the Secretary to the City under this subsection shall be subject to the same conditions and limitations, as amounts in such fund or account.

(d) USE RESERVATION.—The Secretary may reserve for the United States, in the discretion of the Secretary, any property described in subsection (a) to cover the same purpose or purposes for which the conveyance is made.

(e) ADDITIONAL TERMS AND CONDITIONS.—The Secretary may require such additional terms and conditions in connection with the conveyance described in subsection (a) as the Secretary considers appropriate to protect the interests of the United States.

**SA 389. Mr. STRANGE submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for 2017; which was ordered to lie on the table; as follows:**

At the appropriate place, insert the following:

**SEC. 1. PREMIUM ASSISTANCE FOR LOW INCOME INDIVIDUALS.**

(a) IN GENERAL.—Subsection (b) of section 2105 of the Social Security Act (42 U.S.C. 1397ee), as amended by this Act, is amended to read as follows:

'(b) SHORT-TERM ASSISTANCE TO ADDRESS COVERAGE AND ACCESS DISRUPTION AND PROVIDE SUPPORT FOR STATES AND DIRECT PREMIUM ASSISTANCE.—(1) APPROPRIATION.—There are authorized to be appropriated, and are appropriated, out of monies in the Treasury not otherwise obligated—

'(A) $15,000,000,000 for each of calendar years 2018 and 2019, and $10,000,000,000 for each of calendar years 2020 and 2021, to make the premium assistance payments described in paragraph (2);

'(B) such sums as are necessary for calendar year 2019 and each calendar year thereafter, with respect to each individual enrolled in a qualified health plan (as defined in section 130(a) of the Patient Protection and Affordable Care Act) for whom an advance payment has been determined under section 1412 of such Act (as reported by the Secretary under subsection (c)(4)(B) of such section), the Administrator shall pay to the issuer of such plan the amount described in subsection (c)(4)(D) of such section.

'(2) PREMIUM ASSISTANCE PAYMENTS.—For calendar year 2019 and each calendar year thereafter, with respect to each individual enrolled in a qualified health plan, the Administrator shall pay to the issuer of such plan the amount described in subsection (c)(4)(D) of such section.

'(3) PARTICIPATION REQUIREMENTS.—(A) GUIDANCE.—Not later than 30 days after the date of enactment of this subsection, the Administrator shall issue guidance to health insurance issuers regarding how to submit a notice of intent to participate in the program established under this subsection.

'(B) NOTICE OF INTENT TO PARTICIPATE.—To be eligible for funding under this subsection, a health insurance issuer may provide the Administrator a notice of intent to participate at such time (but, in the case of funding for calendar year 2019, not later than 90 days after the date of enactment of this subsection), and in the case of funding for any subsequent calendar year, not later than March 31 of the previous year) and in such form and manner specified by the Administrator and containing—

'(i) a certification that the health insurance issuer will use the funds in accordance with the requirements of paragraph (6); and

'(ii) such information as the Administrator may require to carry out this subsection.

'(4) PROCEDURE FOR DISTRIBUTION OF FUNDS.—The Administrator shall determine an appropriate procedure for providing and distributing funds under this subsection that includes reserving an amount equal to 1 percent of the amount appropriated under paragraph (1)(A) for a calendar year for providing and distributing funds to health insurance issuers in States where the cost of insurance premiums are at least 75 percent higher than the national average.

'(5) NO MATCH.—Neither the State percentage applicable to States under subsection (1)(B) nor any other matching requirement shall apply to funds provided to health insurance issuers under this subsection.

'(6) USE OF FUNDS.—Funds provided to a health insurance issuer under paragraphs (1) and (2) shall be subject to the requirements of paragraphs (1)(D) and (7) of subsection (1) in the same manner as such requirements apply to States receiving payments under paragraphs (1) and (2) for the activities specified in paragraph (1)(A)(i) of subsection (1) or, in the case of funds provided under paragraph (2), for reducing the amounts the premiums charged to individuals as amounts in such fund or account.

'(7) MISUSE OF FUNDS.—If the Administrator determines that a health insurance issuer is not using funds provided under this section in a manner with the requirements applicable to such funds, the Administrator may withhold payments, reduce payments, or recover previous payments to such health insurance issuer under this subsection as the Administrator deems appropriate.''

(b) PASS-THROUGH OF FUNDS.—Subsection (1) of section 2105 of the Social Security Act (42 U.S.C. 1397ee), as added by this Act, is amended by adding at the end the following:—

'(8) PASS-THROUGH OF FUNDS.—Beginning in calendar year 2019, notwithstanding the other requirements of funds provided to health insurance issuers, the requirements of paragraphs (1)(D) and (7), with respect to a State waiver under section 1332 of the Patient Protection and Affordable Care Act, under which, due to the structure of the State plan, individuals would not qualify for advance payments under section 1412 of such Act (or under which the amount of payments would be reduced), the Secretary shall provide for an alternative means by which the aggregate amount of such payments which would have been paid on behalf of participants in the Exchange established under such Act for or by the State if the State had not received such a waiver, shall be paid to the State for the purpose of assisting in the purchase of health benefits coverage by implementing the State plan under the waiver. Such amount shall be determined annually by the Secretary, taking into consideration the experience of other States with respect to participation in an Exchange and payments provided under such section to residents of the other States. A State may request that all or any portion of the amount determined under this paragraph for the State for a year be paid to the State as described in subsection (h)(2)."

(c) CONFORMING AMENDMENTS.—

(1) Section 2101(a) of the Social Security Act (42 U.S.C. 1397aa(a)), as previously amended by this Act, is amended—

'in the matter preceding paragraph (1), by striking "short-term assistance"';

(2) Section 2105(c)(1) of the Social Security Act (42 U.S.C. 1397ee(c)(1)), as previously amended by this Act, is amended by striking "short-term assistance"; and

(3) Section 1332(a) of the Patient Protection and Affordable Care Act (42 U.S.C. 18052(a)), as previously amended by this Act, is amended—

'in paragraph (2), by adding at the end the following new subparagraph:

'(E) Section 2105(h)(1) of the Social Security Act;"'; and

'in paragraph (3), by striking subparagraphs (A) and redesignating subparagraphs (B) and (C) as subparagraphs (A) and (B), respectively.

(d) PRAXIS OF TAX CREDITS.—

In section 36B of the Internal Revenue Code of 1986, as amended by section 102, is further amended:
by adding at the end the following new paragraph: “(4) PHASEDOWN OF PREMIUM ASSISTANCE CREDIT AMOUNT IN YEARS AFTER 2018.—In the case of a taxable year beginning after 2018, the premium assistance credit amount is 1/10 of the amount determined under paragraph (1) (without regard to this paragraph).

(b) EFFECTIVE DATE.—The amendment made by this paragraph shall take effect to taxable years beginning after December 31, 2017.

SEC. 102. PREMIUM TAX CREDIT.

(a) PREMIUM TAX CREDIT.—

(1) IN GENERAL.—Subsection (h) of section 36B of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(a) FULL-TIME EMPLOYER EXCEPTION FOR DISSOLVING CORPORATION.—Paragraph (4) of section 4980H(c) of the Internal Revenue Code of 1986 is amended—

(1) by redesigning subparagraph (B) as subparagraph (C), and

(2) by inserting after subparagraph (A) the following new subparagraph:

“(B) EXCEPTION FOR SEASONAL EMPLOYEES.—Such term shall not include any seasonal employee.”.

(b) APPLICABLE LARGE EMPLOYER.—Subparagraph (B) of section 4980H(c)(2) of the Internal Revenue Code of 1986 is amended to read as follows:

“(B) EXCEPTION FOR SEASONAL EMPLOYEES.—For purposes of this paragraph, seasonal employee means an employee that is not employed during the calendar year beginning after 2018.

(c) SEASONAL EMPLOYEE.—Subsection (c) of section 4980H of the Internal Revenue Code of 1986 is amended—

(1) by redesignating paragraphs (5), (6), and (7) as paragraphs (6), (7), and (8), respectively, and

(2) by inserting after paragraph (4) the following new paragraph:

“(5) SEASONAL EMPLOYEE.—The term ‘seasonal employee’ means an employee who is employed in a position for which the customary annual employment is not more than 6 months, and which requires performing labor or services which are ordinarily performed at certain seasons or periods of the year.”.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in section 1513 of the Patient Protection and Affordable Care Act.

SA 391. Mr. GRAHAM (for himself and Mr. CASSIDY) submitted an amendment intended to be proposed by him to the bill H.R. 1628, to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, which was ordered to lie on the table; as follows:

Strike all after the enacting clause and insert the following:

“TITLES I

SEC. 101. ELIMINATION OF LIMITATION ON RECAPTURE OF EXCESS ADVANCE PAYMENTS TO ELIGIBLE HEALTH PLANS WHICH INCLUDES COVERAGE FOR ABORTION.

(a) PREMIUM TAX CREDIT.—

(1) MODIFICATION OF DEFINITION OF QUALIFIED HEALTH PLAN.—

(A) IN GENERAL.—Section 36B(c)(3)(A) of the Internal Revenue Code of 1986 is amended by inserting ‘‘after the credit’’ before the end thereof.

(B) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2018.

(b) DISALLOWANCE OF SMALL EMPLOYER HEALTH INSURANCE EXPENSE CREDIT FOR PLANS WHICH INCLUDES COVERAGE FOR ABORTION.

(1) IN GENERAL.—Subsection (b) of section 45R of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(C) Section 45R shall not apply with respect to amounts paid or incurred in taxable years beginning after December 31, 2019.”.

(b) EFFECTIVE DATE.—The amendment made by this subsection shall apply to taxable years beginning after December 31, 2019.

SEC. 103. MODIFICATIONS TO SMALL BUSINESS TAX CREDIT.

(a) SUNSET.—

(1) IN GENERAL.—Section 45R of the Internal Revenue Code of 1986 is amended by striking subparagraph (A).

(2) EFFECTIVE DATE.—The amendment made by this section shall take effect as if included in section 1513 of the Patient Protection and Affordable Care Act.

SEC. 104. INDIVIDUAL MANDATE.

(a) IN GENERAL.—Section 5000A(c) of the Internal Revenue Code of 1986 is amended—

(1) in paragraph (2)(B)(1), by striking “$695” and inserting “$995”, and

(2) in paragraph (3) (A) by striking “$485” in subparagraph (A) and inserting “$605”.

(b) EFFECTIVE DATE.—The amendments made by this subsection shall apply to taxable years beginning after December 31, 2018.

SEC. 105. EMPLOYER MANDATE.

(a) IN GENERAL—
As specified by the Administrator, that contains the following:

"(A) A description of how the funds will be used to do 1 or more of the following:

(ii) To establish, maintain, or expand a program or mechanism to help high-risk individuals in the purchase of health benefits coverage, including by reducing premium costs for such individuals.

(iii) To establish or maintain a program or mechanism to help individuals purchase health benefits coverage by stabilizing premiums and promoting State health insurance market participation and choice in plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(iv) To provide health insurance coverage by funding assistance to reduce out-of-pocket costs of such coverage, and deductibles, of individuals enrolled in plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(v) To establish or maintain a program or mechanism to help individuals purchase health benefits coverage, including by reducing premium costs for plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(vi) To provide health insurance coverage to low-income individuals enrolled in programs described in section 1931 of the Social Security Act, described in section 2105 of the Social Security Act, and described in section 1397ee of the Internal Revenue Code of 1986.

(vii) for calendar year 2020,

[Redacted for $149,000,000,000;]

(viii) for calendar year 2021,

[Redacted for $155,000,000,000;]

(ix) for calendar year 2022,

[Redacted for $158,000,000,000;]

(x) for calendar year 2023,

[Redacted for $165,000,000,000;]

(xi) for calendar year 2024,

[Redacted for $172,000,000,000;]

(xii) for calendar year 2025,

[Redacted for $178,000,000,000;]

(xiii) for calendar year 2026,

[Redacted for $185,000,000,000.]

(4) MARKET-BASED HEALTH CARE GRANT PROGRAM.

"(A) APPROPRIATION.—For the purpose of providing allotments to States under this subsection, there is appropriated, out of any money in the Treasury not otherwise appropriated—

(i) for calendar year 2020,

[Redacted for $20,000,000,000;]

(ii) for calendar year 2021,

[Redacted for $24,000,000,000;]

(iii) for calendar year 2022,

[Redacted for $28,000,000,000;]

(iv) for calendar year 2023,

[Redacted for $32,000,000,000;]

(v) for calendar year 2024,

[Redacted for $36,000,000,000;]

(vi) for calendar year 2025,

[Redacted for $40,000,000,000;]

(vii) for calendar year 2026.

(5) DETERMINATION OF ALLOTMENT AMOUNTS.—

(A) CALENDAR YEAR 2020.—Subject to subparagraph (B), the amount determined under this paragraph for a calendar year that has ended shall be equal to the sum of each of the following component amounts which is applicable to the State:

(i) With respect to each State, an amount equal to 20 percent of the amount appropriated for calendar year 2020 under paragraph (4)(A) multiplied by the ratio of—

(1) the number of individuals in the State whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 210(b)(3)(A)) applicable to a family of the size involved; over

(2) the number of individuals in all States whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 210(b)(3)(A)) applicable to a family of the size involved;

(ii) With respect to each State, an amount equal to 20 percent of the amount so appropriated multiplied by the ratio of—

(1) the number of individuals in the State who are not less than 45 and not more than 64 years old, and

(2) the number of individuals in all States who are not less than 45 and not more than 64 years old.

(2) Procedure for distribution of funds.—The Administrator shall determine an appropriate procedure for providing and distributing funds under this subsection.

(3) Use of funds.—Funds provided to a State under this subsection shall be subject to the requirements of paragraphs (1)(D) and (7) of subsection (i) in the same manner as such requirements apply to States receiving payments under subsection (i) and shall be used only for the activities specified in paragraph (1)(A)(ii) of subsection (i).

(4) Application and certification requirements.—To be eligible for an allotment under this subsection, a State shall submit to the Administrator an application, not later than March 31, 2019, in the case of allotments for calendar year 2020, and not later than March 31, 2020, in the case of allotments for any subsequent calendar year and in such form and manner as specified by the Administrator, that contains the following:

(A) A description of how the funds will be used to do 1 or more of the following:

(i) To establish, maintain, or expand a program or mechanism to help high-risk individuals in the purchase of health benefits coverage, including by reducing premium costs for such individuals.

(ii) To establish or maintain a program or mechanism to help individuals purchase health benefits coverage by stabilizing premiums and promoting State health insurance market participation and choice in plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(iii) To establish or maintain a program to assist in the purchase of health benefits coverage by stabilizing premiums and promoting State health insurance market participation and choice in plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(iv) To provide health insurance coverage by funding assistance to reduce out-of-pocket costs of such coverage, and deductibles, of individuals enrolled in plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(v) To establish or maintain a program or mechanism to help individuals purchase health benefits coverage, including by reducing premium costs for plans offered in the individual market (within the meaning of section 5000A(f)(1)(C) of the Internal Revenue Code of 1986).

(vi) To provide health insurance coverage to low-income individuals enrolled in programs described in section 1931 of the Social Security Act, described in section 2105 of the Social Security Act, and described in section 1397ee of the Internal Revenue Code of 1986.

(5) Allocation of amounts.—

(A) IN GENERAL.—In the case of a State with an application approved under this subsection with respect to a year, the Administrator shall allot to the State for the year, from amounts appropriated for such year under paragraph (A), the amount determined for the State and year under paragraph (5).

(B) AVAILABILITY OF ALLOTMENTS; UNUSED AMOUNTS.—

(i) IN GENERAL.—Amounts allotted to a State for a calendar year under this subparagraph shall remain available for obligation by the State through March 31 of the second calendar year following the year for which the allotment is made.

(ii) UNAVAILABILITY OF ALLOTMENTS; UNUSED AMOUNTS.—

(A) In General.—Amends allotted to a State for a calendar year under this subparagraph shall remain available for obligation by the State through March 31 of the second calendar year following the year for which the allotment is made.

(B) Unavailable amounts to be used for deficit reduction.—Amounts allotted to a State for a calendar year that remain unobligated on April 1 of the following year shall be deposited into the general fund of the Treasury and shall be used for deficit reduction.

(C) LIMITATION.—In no case may a State use more than 10 percent of the amount allotted to the State for a year under this subparagraph for the purpose described in clause (vi) of paragraph (1)(A).

(6) Determination of allotment amount.—

(A) California.—Subject to subparagraph (B), the amount determined under this paragraph for a calendar year that has ended shall be equal to the sum of each of the following component amounts which is applicable to the State:

(B) California.—Subject to subparagraph (B), the amount determined under this paragraph for a calendar year that has ended shall be equal to the sum of each of the following component amounts which is applicable to the State:
amount equal to 25 percent of the amount so appropriated multiplied by the ratio of—

(i) the number of individuals in the State whose income for calendar year 2019 was not less than 138 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved; over

(ii) the number of individuals in all States that, for calendar year 2019, had an average population density of fewer than 15 individuals per square mile, but not less than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(iv) With respect to each State that, for calendar year 2019, had an average population density of fewer than 15 individuals per square mile, but not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(v) With respect to each State that, for calendar year 2019, had an average population density of fewer than 15 individuals per square mile, but not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(c) CALENDAR YEARS AFTER 2020 AND BEFORE 2026.—For calendar years after 2020 and before 2026, the amount determined under this paragraph for a State and year shall be equal to—

(i) the amount determined for the State under subparagraph (A) (after adjustment under subparagraph (B), if applicable) or this subparagraph for the previous year; increased by

(ii) the percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) from October 1 of the previous calendar year to October 1 of the calendar year involved.

(d) APPLICABILITY.—Subject to subparagraph (E), the amount determined under this paragraph for a State for calendar year 2026 shall be equal to the sum of each of the following component amounts which is applicable to the State:

(i) With respect to each State, an amount equal to 15 percent of the amount so appropriated multiplied by the ratio of—

(I) the number of individuals in the State whose income for calendar year 2025 was not less than 138 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved; over

(ii) the number of individuals in all States that, for calendar year 2025, had a State average per capita income for calendar year 2025 which was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved; over

(iii) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(ii) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(iii) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(iv) With respect to each State that, for calendar year 2025, had a State average per capita income that did not exceed $52,500, whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(v) With respect to each State that, for calendar year 2025, had a State average per capita income that did not exceed $52,500, whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(vi) With respect to each State that, for calendar year 2025, had a State average per capita income that did not exceed $52,500, whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(vii) With respect to each State that, for calendar year 2025, had a State average per capita income that did not exceed $52,500, whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(viii) With respect to each State that, for calendar year 2025, had a State average per capita income that did not exceed $52,500, whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(ix) With respect to each State that, for calendar year 2025, had a State average per capita income that did not exceed $52,500, whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(x) With respect to each State that, for calendar year 2025, had a State average per capita income that did not exceed $52,500, whose income for calendar year 2019 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(e) FORMULA.—Subject to subparagraph (F), the amount determined under this paragraph for a State for calendar year 2026 shall be equal to—

(A) the ratio of—

(I) the number of individuals in the State whose income for calendar year 2025 was not less than 138 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved; over

(ii) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved; divided by the number of such States.

(B) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(C) the number of individuals in the State whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved; over

(D) the amount of Federal payments made to the State for calendar year 2016 for medical assistance provided to individuals under section 1902(a)(10)(A) (including medical assistance provided to individuals who are newly eligible for medical assistance under section 1902(a)(10)(D) and who become eligible for medical assistance through the Exchange established under subparagraph (C) or distribution under subparagraph (G)) shall in no case be—

(i) greater than 5.5 times the sum of—

(I) the amount of Federal payments made to the State for calendar year 2016 for medical assistance provided to individuals under section 1902(a)(10)(A) (including medical assistance provided to individuals who are newly eligible for medical assistance under section 1902(a)(10)(D) and who become eligible for medical assistance through the Exchange established under subparagraph (C) or distribution under subparagraph (G)) shall in no case be—

(ii) for calendar year 2025—

(I) the number of individuals in the State under this subparagraph for the previous year; increased by

(ii) the amount of Federal payments made to the State for calendar year 2016 for medical assistance provided to individuals under section 1902(a)(10)(A) (including medical assistance provided to individuals who are newly eligible for medical assistance under section 1902(a)(10)(D) and who become eligible for medical assistance through the Exchange established under subparagraph (C) or distribution under subparagraph (G)) shall in no case be—

(i) greater than 3 times the sum of—

(I) the amount of Federal payments made to the State for calendar year 2016 for medical assistance provided to individuals under section 1902(a)(10)(A) (including medical assistance provided to individuals who are newly eligible for medical assistance under section 1902(a)(10)(D) and who become eligible for medical assistance through the Exchange established under subparagraph (C) or distribution under subparagraph (G)) shall in no case be—

(ii) equal to 35 percent of the amount so appropriated divided by the number of such States.

(B) the number of individuals in all States that were expansion States for calendar 2017 whose income for calendar year 2016 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(C) the number of individuals in all States whose income for calendar year 2016 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(D) the number of individuals in all States whose income for calendar year 2026 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved.

(E) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(F) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(G) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(H) the number of individuals in all States whose income for calendar year 2026 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as so defined) applicable to a family of the size involved.

(I) the amount of Federal payments for cost-sharing reductions provided for calendar year 2016 under section 1402 of such Act to individuals who purchased insurance through the Exchange established for or by the State pursuant to title I of such Act; and

(J) the amount of Federal payments for cost-sharing reductions provided for calendar year 2016 under section 1402 of such Act to individuals who purchased insurance through the Exchange established for or by the State pursuant to title I of such Act; or

(k) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved.

(l) the amount of Federal payments for cost-sharing reductions provided for calendar year 2016 under section 1402 of such Act to individuals who purchased insurance through the Exchange established for or by the State pursuant to title I of such Act; and

(m) the number of individuals in all States whose income for calendar year 2025 was not less than 100 percent, and not greater than 138 percent, of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved.
all States for the year by more than 10 percent or is below such mean amount by not less than 10 percent in such a manner that the low income per capita allotment for each such State (after the adjustment under this clause) is within 10 percent of such mean amount.

"(iii) Low Income Per Capita Allotment Amount."—The term 'low income per capita allotment amount' means, with respect to a State and year—

"(I) the State's allotment for the year, as determined under subparagraph (C); divided by—

"(II) the number of individuals in the State; and

"(aa) whose income for the previous calendar year did not exceed 138 percent of the poverty line (as defined in section 2121(c)(5)) applicable to a family of the size involved; and

"(bb) who, during the previous calendar year were not enrolled under the State plan under title XIX (except that, in the case of an individual who is enrolled under the State plan under clause (i)(VIII), (ii)(XX), or (ii)(XXXIII) of section 1902(a)(10)(A) as is described in any such clause and is enrolled under a waiver of such plan, shall not be considered to be enrolled under such State plan for purposes of this clause).

"(iv) Rules of Application.—

"(I) Nonapplicability to Low-Density States.—This paragraph shall not apply to any State that has a population density of less than 15 individuals per square mile, based on the most recent data available from the Bureau of the Census.

"(G) Distribution of Unallotted Funds.—To the extent that any funds appropriated for a calendar year under paragraph (4)(A) remain after the determinations and adjustments made under the preceding subparagraphs of this paragraph, the Secretary shall increase the allotments so determined and adjusted for States that have a low income per capita allotment amount that is below the mean low income per capita allotment amount for all States in a manner that does not result in a net increase in Federal payments under this section for such year, and if the Secretary cannot adjust such expenditures in such a manner there shall be no adjustment under this paragraph for such year.

"(II) Nonapplicability to Low-Density States.—This paragraph shall not apply to any State that has a population density of less than 15 individuals per square mile, based on the most recent data available from the Bureau of the Census.

"(H) Expansion State Defined.—In this paragraph, the term 'expansion State' means, with respect to a State and year, a State that provided for eligibility for medical assistance under the State plan established under title XIX on the basis of clause (i)(VIII) or (ii)(XX) of section 1902(a)(10)(A) (or provision for eligibility for individuals described in either such clause under a waiver approved under section 1115) during calendar year 2017.

"(6) Payments.—

"(A) Annual Payment of Allotments.—Subject to subparagraph (B), the Administrator shall pay to each State that has an applicable program for the fiscal year beginning on October 1, 2017, an amount equal to the Federal percentage of such State's expenditures for the fiscal year.

"(B) State Expenditures Required Beginning 2022.—For purposes of subparagraph (A), the Federal percentage is equal to 100 percent of the State's expenditures for the fiscal year, and the State's percentage is equal to—

"(i) in the case of calendar year 2020, 3 percent;

"(ii) in the case of calendar year 2021, 3 percent;

"(iii) in the case of calendar year 2022, 4 percent;

"(iv) in the case of calendar year 2023, 4 percent;

"(v) in the case of calendar year 2024, 5 percent;

"(vi) in the case of calendar year 2025, 5 percent; and

"(vii) in the case of calendar year 2026, 5 percent.

"(C) Advance Payment; Retrospective Adjustment.—

"(I) In General.—If the Administrator deems it appropriate, the Administrator shall make payments under this subsection for each year on the basis of advance estimates of expenditures submitted by the State and such other investigation as the Administrator shall find necessary, and shall reduce or increase the payments as necessary to adjust for any overpayment or underpayment for prior years.

"(II) Misuse of Funds.—If the Administrator determines that a State is not using funds paid under this subsection in a manner consistent with the description provided by the State in its application approved under paragraph (1), the Administrator may withhold payments, reduce payments, or recover previous payments to the State under this subsection as the Administrator deems appropriate.

"(D) Flexibility in Submission of Claims.—Nothing in this subsection shall be construed as preventing a State from claiming as expenditures in the year expenditures that were incurred in a previous year.

"(E) Exemptions.—Paragraphs (2), (3), (5), (6), (8), (10), and (11) of subsection (c) do not apply to payments under this subsection.

"(B) Other Title XXI Amendments.—

"(1) Section 2101 of such Act (42 U.S.C. 1397a) is amended—

"(A) in subsection (a), in the matter preceding paragraph (1), by striking "the purpose" and inserting "except with respect to short-term assistance activities under section 2105(b) and the Mark-Based Health Care Cost Containment Program established in section 2105(c), the purpose"; and

"(B) in subsection (b), in the matter preceding paragraph (1), by inserting "subject to subsection (a)" before "section 2105(b)".

"(2) Section 2105(c)(1) of such Act (42 U.S.C. 1397e(c)(1)) is amended by striking "and may not include" and inserting "to carry out which are otherwise eligible to be included under subsection (b) or the Mark-Based Health Care Cost Containment Program established in subsection (i) and, except in the case of funds made available under subsection (h) or (i), may not include".

"(3) Section 2106(a)(1) of such Act (42 U.S.C. 1397f(a)(1)) is amended by inserting "subject to subsection (a) or (e) of before "section 2105(b)".

"SEC. 107. BETTER CARE RECONCILIATION IMPLEMENTATION FUND.

"(a) In General.—There is hereby established a Better Care Reconciliation Implementation Fund (referred to in this section as the "Fund") within the Department of Health and Human Services to provide for Federal administrative expenses in carrying out this Act.

"(b) Funding.—There is appropriated to the Fund, out of any funds in the Treasury not otherwise appropriated, $2,000,000,000.

"SEC. 108. REPEAL OF THE TAX ON EMPLOYEE HEALTH INSURANCE PREMIUMS AND HEALTH PLAN BENEFITS.

"(a) In General.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by striking "the tax" and inserting "the tax on health- .

"(b) Effective Date.—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 2019.

"SEC. 109. REPEAL OF TAX ON OVER-THE-COUNTER MEDICATIONS.

"(a) HSAs.—Subparagraphs (c)(4)(A) of section 223(c)(4)(A) of the Internal Revenue Code of 1986 is amended by striking "Such term" and all that follows that period.

"(b) Archer MSAs.—Section 223(c)(4)(A) of section 223(c)(4)(A) of the Internal Revenue Code of 1986 is amended by striking "Such term" and all that follows the period.

"(c) Health Flexible Spending Arrangements and Health Reimbursement Arrangements.—Section 106 of the Internal Revenue Code of 1986 is amended by striking subsection (f).

"(d) Effective Date.—

"(1) Distributions from Savings Accounts.—The amendments made by subsections (a) and (b) shall apply to amounts paid with respect to taxable years beginning after December 31, 2016.

"(2) Reimbursements.—The amendment made by subsection (c) shall apply to expenses incurred with respect to taxable years beginning after December 31, 2016.

"SEC. 110. REPEAL OF TAX ON HEALTH SAVINGS ACCOUNTS.

"(a) HSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking "20 percent" and inserting "10 percent".

"(b) Archer MSAs.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking "20 percent" and inserting "15 percent".

"(c) Effective Date.—The amendments made by this section shall apply to distributions made after December 31, 2016.

"SEC. 111. REPEAL OF MEDICAL DEVICE EXCISE TAX.

"Section 4191 of the Internal Revenue Code of 1986 is amended by striking "10 percent" and inserting "5 percent".

"(b) Effective Date.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

"SEC. 112. REPEAL OF ELIMINATION OF DEDUCTION FOR EXPENSES ALLOCABLE TO MEDICARE PART D PREMIUMS.

"(a) In General.—Section 223A of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

"(d) Applicability.—The tax imposed under subsection (a), (b), or (c) shall not apply to sales or services provided under title XIX of the Social Security Act (42 U.S.C. 1396a) made by this section shall apply to taxable years beginning after December 31, 2016.

"(e) Effective Date.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

"SEC. 113. REPEAL OF CHRONIC CARE TAX.

"(a) In General.—Section 213 of the Internal Revenue Code of 1986 is amended by striking "the tax" and inserting "the tax on health-

"(b) Effective Date.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

"SEC. 114. PURCHASE OF INSURANCE FROM HEALTH SAVINGS ACCOUNTS.

"(a) In General.—Paragraph (2) of section 223(d) of the Internal Revenue Code of 1986 is amended—

"(5) Repeal of Tax.—The tax on health- .

"(d) Effective Date.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.
thereof of such individual' in subparagraph (A) and inserting ‘‘any dependent (as defined in section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof) of such individual and any child (as defined in section 152(f)(1)) of such individual who has not attained the age of 27 before the end of such individual’s taxable year’’.

(2) by striking subparagraph (B) and inserting the following:

‘‘(B) HEALTH INSURANCE MAY NOT BE PURCHASED FROM ACCOUNT.—Except as provided in paragraph (C), no individual may purchase health insurance with amounts placed in a health savings account for a qualified medical expense if the purchase is made by an individual who has not attained the age of 27 before the end of such individual’s taxable year’’,

(3) by striking ‘‘or’’ at the end of subparagraph (C) and inserting ‘‘and’’, and

(4) by adding at the end the following:

‘‘(v) a high deductible health plan but only to the extent of the portion of such expense in excess of—

‘‘(I) any amount allowable as a credit under section 36B for the taxable year with respect to such coverage,

‘‘(II) any amount allowable as a deduction under section 162(l) with respect to such coverage, or

‘‘(III) any amount excusable from gross income with respect to such coverage under section 106 (including by reason of section 125) or 402(l).’’.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to amounts paid for expenses incurred for, and distributions made for, coverage under a high deductible health plan beginning after December 31, 2017.

SEC. 115. PRIMARY CARE ENHANCEMENT.

(a) TREATMENT OF DIRECT PRIMARY CARE SERVICE ARRANGEMENTS.—Section 223(e) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

‘‘(6) TREATMENT OF DIRECT PRIMARY CARE SERVICE ARRANGEMENTS.—An arrangement under which an individual is provided coverage restricted to primary care services in exchange for a fixed periodic fee or payment for such services—

‘‘(A) shall not be treated as a health plan for purposes of paragraph (1)(A)(i), and

‘‘(B) shall be considered insurance for purposes of subsection (d)(2)(B).’’.

(b) CERTAIN PROVIDER FEES TO BE TREATED AS MEDICAL CARE.—Section 223(d)(4) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

‘‘(D) PERIODIC PROVIDER FEES.—The term ‘medical care’ shall include periodic fees paid under section 162(l) with respect to such coverage, and any child (as defined in section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof).’’.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2016.

SEC. 116. MAXIMUM CONTRIBUTION LIMIT TO HEALTH SAVINGS ACCOUNT INCREASED TO AMOUNT OF DEDUCTIBLE AND OUT-OF-POCKET LIMITATION.

(a) SKILL-ONLY COVERAGE.—Section 223(b)(2)(A) of the Internal Revenue Code of 1986 is amended by striking ‘‘$2,500’’ and inserting ‘‘the amount in effect under subsection (c)(2)(A)(i)(I)’’.

(b) FAMILY COVERAGE.—Section 223(b)(2)(B) of such Code is amended by striking ‘‘$4,150’’ and inserting ‘‘the amount in effect under subsection (c)(2)(A)(i)(II)’’.

(c) COST-OF-LIVING ADJUSTMENT.—Section 223(c)(11) of such Code is amended—

(1) by striking ‘‘subsections (b)(2) and (b)’’ both places it appears and inserting ‘‘subsection’’, and

(2) by striking paragraph (B), by striking ‘‘determined by’’ and all that follows through ‘‘calendar year 2003’’, and inserting ‘‘determined by substituting ‘calendar year 2003’ for ‘calendar year 2002’ in subparagraph (B) thereof.’’.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2017.

SEC. 117. ALLOW BOTH SPOUSES TO MAKE CONTRIBUTIONS TO THE SAME HEALTH SAVINGS ACCOUNT.

(a) IN GENERAL.—Section 223(b)(5) of the Internal Revenue Code of 1986 is amended to read as follows:

‘‘(5) TREATMENT OF CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF HEALTH SAVINGS ACCOUNT.—

‘‘(A) in General.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

‘‘(D) TREATMENT OF CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF ACCOUNT.—If a health savings account is established during the 60-day period beginning on the date that coverage of the account beneficiary under a high deductible health plan begins, then, solely for purposes of determining whether an amount paid for a qualified medical expense, such account shall be treated as having been established on the date that such coverage begins.’’.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.

SEC. 118. SPECIAL RULE FOR CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF HEALTH SAVINGS ACCOUNT.

(a) IN GENERAL.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

‘‘(D) TREATMENT OF CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF ACCOUNT.—If a health savings account is established during the 60-day period beginning on the date that coverage of the account beneficiary under a high deductible health plan begins, then, solely for purposes of determining whether an amount paid for a qualified medical expense, such account shall be treated as having been established on the date that such coverage begins.’’.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.

SEC. 119. EXCLUSION FROM ISAS OF HIGH DEBTOR HEALTH PLANS INCLUDING COVERAGE FOR ABDUCTIONS.

(a) IN GENERAL.—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following flush text:

‘‘A high deductible health plan shall not be treated as described in clause (v) if such plan includes coverage for abductions (other than any abduction necessary to save the life of the abducted person) or for a pregnancy that is the result of an act of rape or incest.’’.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to coverage under a high deductible health plan beginning after December 31, 2017.

SEC. 120. FEDERAL PAYMENTS TO STATES.

(a) IN GENERAL.—Notwithstanding section 504(a), 1902(a), 1903(a), 2001, 2005(a)(4), 2102(a)(7), or 2108(a)(1) of the Social Security Act (42 U.S.C. 702(a), 1396b(a), 1397a, 1397a(d)(4), 1397b(a)(7), 1397e(a)(1)), or the terms of any Medicaid waiver in effect on the date of enactment of this Act that are applied under section 1115 or 1115 of the Social Security Act (42 U.S.C. 1315, 1396a), for the 1-year period beginning on the date of enactment of this Act, no Federal funds provided under section 1922, or any other high deductible health plan coverage under a high deductible health plan as of the first day of any month—

‘‘(i) the limitation under paragraph (1) shall be applied by not taking into account any other high deductible health plan coverage of either spouse (and if such spouses both have family coverage under separate high deductible health plans, only one such coverage shall be applied for the taxable year),

‘‘(ii) such limitation (after application of clause (i)) shall be reduced by the aggregate amount paid to Archer MSAs of such spouses for the taxable year,

‘‘(iii) such limitation (after application of clauses (i) and (ii)) shall be divided equally between the spouses unless they agree on a different division.

(b) DEFINITIONS.—In this section:

(1) PROHIBITED ENTITY.—The term ‘‘prohibited entity’’ means an entity, including its affiliates, subsidiaries, successors, and clinics—

(II) that, as of the date of enactment of this Act—

(i) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 exempt from tax under section 501(a) of such Code;

(ii) is an essential community provider described in section 156.233 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and

(iii) provides for abortions, other than an abortion—

(II) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and

(III) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and

(II) for which the total amount of Federal and State expenditures under the Medicaid program under title XIX of the Social Security Act in fiscal year 2014 made directly to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity as part of a nationwide health care provider network, exceeded $1,000,000.

(2) DIRECT SPENDING.—The term ‘‘direct spending’’ has the meaning given that term under section 250(c) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900(c)).

SEC. 121. MEDICAID.

The Social Security Act (42 U.S.C. 501 et seq.) is amended—

(1) in section 1902—

(A) in subsection (a)(10)(A), in each of clauses (i)(VIII) and (ii)XX, by inserting ‘‘and ending December 31, 2019’’ after ‘‘January 1, 2014,’’; and

(B) in subsection (a)(47)(B), by inserting ‘‘and provided that any such election shall cease to be effective on January 1, 2020, and no such election shall be made after that date’’ before the semicolon at the end;

(2) in section 1905—

(A) in the first sentence of subsection (b), by inserting ‘‘(50 percent on or after January 1, 2020)’’ after ‘‘5 percent’’;

(B) in subsection (y)(1), by striking the section at the end of subsection (y)(1) and all that follows through ‘‘thereafter’’; and

(C) in subsection (2)—
SEC. 122. REPEAL OF MEDICAID EXPANSION.

TITLE XIX OF THE SOCIAL SECURITY ACT (42 U.S.C. 1396 et seq.) is amended—

(a) IN GENERAL.—Section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14)) is amended by striking “and subsequent years is 80 percent”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) apply to medical assistance under the State plan under this title for fiscal year 2020 and each subsequent fiscal year.

SEC. 123. REDUCING STATE MEDICAID COSTS.

(a) IN GENERAL.—

(1) STATE PLAN REQUIREMENTS.—Section 1902(a)(34) of the Social Security Act (42 U.S.C. 1396a(a)(34)) is amended by striking “in or after the third month before the month in which the recipient makes application for assistance” and inserting “in or after the third month before the month in which the recipient makes application for assistance, or, in the case of a recipient who is 65 years of age or older or who is eligible for medical assistance on the basis of blindness or disability, in or after the third month before the month in which the recipient makes application for assistance.”

(b) EFFECTIVE DATE.—The amendments made by subsection (a) apply to medical assistance under the State plan under this title for fiscal year 2020 and each subsequent fiscal year.

SEC. 124. ELIGIBILITY REDETERMINATIONS.

(a) IN GENERAL.—Section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14)) is amended by striking “and subsequent years is 80 percent”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) apply to medical assistance under the State plan under this title for fiscal year 2020 and each subsequent fiscal year.

SEC. 125. OPTIONAL WORK REQUIREMENT FOR NONDISABLED, NONELDERLY, NONPREGNANT INDIVIDUALS.

(a) IN GENERAL.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by striking “in or after the third month before the month in which the recipient makes application for assistance” and inserting “in or after the third month before the month in which the recipient makes application for assistance, or, in the case of a recipient who is 65 years of age or older or who is eligible for medical assistance on the basis of blindness or disability, in or after the third month before the month in which the recipient makes application for assistance.”

(b) EFFECTIVE DATE.—The amendments made by subsection (a) apply to medical assistance under the State plan under this title for fiscal year 2020 and each subsequent fiscal year.

SEC. 126. PROVIDER TAXES.

Section 1903(w)(4)(C) of the Social Security Act (42 U.S.C. 1396w(4)(C)) is amended by striking “and each subsequent fiscal year” and inserting “and each calendar quarter for which the State receives payment under such subsection.”

SEC. 127. PER CAPITA ALLOTMENT FOR MEDICAL ASSISTANCE.

(a) IN GENERAL.—Title XIX of the Social Security Act is amended—

(1) in section 1901 (42 U.S.C. 1396b) —

(A) in subsection (a), in the matter before paragraph (1), by inserting “and section 1902(a)(34)” after “42 U.S.C. 1396a(a)(34);” and

(B) in subsection (b), by striking “to which such plan was in effect on June 1, 2017, appears;”.

(2) in subsection (c), in the matter before paragraph (1), by inserting “and section 1902(a)(34)” after “42 U.S.C. 1396a(a)(34);” and

(B) in subsection (d), by striking “to which such plan was in effect on June 1, 2017, appears;”.

SEC. 128. INCREASE IN MATCHING RATE FOR IMPLEMENTATION OF MEDICAID EXPANSION.

Section 1905 of the Social Security Act (42 U.S.C. 1396b) is amended by adding at the end the following:

“(aa) The Federal matching percentage otherwise applicable under subsection (a) with respect to State administrative expenditures during a calendar quarter for which the State receives payment under such subsection shall, in addition to any other increase to such Federal matching percentage, be increased for such calendar quarter by 5 percentage points with respect to State expenditures attributable to activities carried out by the State (and approved by the Secretary) to implement subsection (oo) of section 1902.”

SEC. 129. INCREASE IN MATCHING RATE FOR IMPLEMENTATION OF MEDICAID EXPANSION.

Section 1905 of the Social Security Act (42 U.S.C. 1396b) is amended by adding at the end the following:

“(bb) The Federal matching percentage otherwise applicable under subsection (a) with respect to State administrative expenditures during a calendar quarter for which the State receives payment under such subsection shall, in addition to any other increase to such Federal matching percentage, be increased for such calendar quarter by 5 percentage points with respect to State expenditures attributable to activities carried out by the State (and approved by the Secretary) to implement subsection (oo) of section 1902.”

SEC. 130. PAYMENTS FOR MEDICAL ASSISTANCE EXPENDITURES.

Title XIX of the Social Security Act (42 U.S.C. 1396a) is amended by striking “and subsequent years is 80 percent”.

SEC. 131. APPLICATION OF PER CAPITA CAP ON PAYMENTS FOR MEDICAL ASSISTANCE EXPENDITURES.

(a) IN GENERAL.—If a State which is one of the States or the District of Columbia has excess aggregate medical assistance expenditures (as defined in paragraph (2) for a fiscal year (beginning with fiscal year 2020), the Federal share of the total payment to the State under section 1903(a)(1) for each quarter in the following fiscal year shall be reduced by 1/4 of
the excess aggregate medical assistance payments (as defined in paragraph (3)) for that previous fiscal year. In this section, the term ‘State’ means only the 50 States and the District of Columbia.

‘(2) EXCESS AVERAGE MEDICAL ASSISTANCE EXPENDITURES.—In this subsection, the term ‘excess aggregate medical assistance payments’ means, for a State for a fiscal year, the amount (if any) by which—

(a) the amount of the adjusted total medical assistance expenditures (as defined in subsection (a)(1)) for the State and fiscal year; exceeds

(b) the amount of the target total medical assistance expenditures (as defined in subsection (c)) for the State and fiscal year.

‘(3) EXCESS AVERAGE MEDICAL ASSISTANCE PAYMENTS.—In this subsection, the term ‘per capita base period’ means, with respect to any fiscal year, the ratio (expressed as a percentage) of—

(1) the amount of the Federal payments that would be made to the State under section 1903(a)(1) for medical assistance expenditures for calendar quarters in the fiscal year if paragraph (1) did not apply; to

(2) the amount of the medical assistance expenditures for the State and fiscal year.

‘(4) FEDERAL AVERAGE MEDICAL ASSISTANCE MATCHING PERCENTAGE.—In this subsection, the term ‘Federal average medical assistance expenditures’ means, for a State and fiscal year, the ratio that the number of quarters in the base period bears to 4.

‘(A) the amount of the Federal payments that would be made to the State under section 1903(a)(1) for medical assistance expenditures for calendar quarters in the fiscal year if paragraph (1) did not apply; to

(B) the amount of the target total medical assistance expenditures (as defined in paragraph (3)) for the State and fiscal year.

‘(B) MAXIMUM AMOUNT OF ADJUSTMENT.—In this subsection, the term ‘excess aggregate medical assistance payments’ means, for a State for a fiscal year, the amount (if any) by which—

(a) the amount of the adjusted total medical assistance expenditures (as defined in paragraph (2)) for the State for the fiscal year; exceeds

(b) the Federal average medical assistance matching percentage, the term ‘excluded expenditures’ means, for a State and fiscal year, the ratio (expressed as a percentage) of—

(1) the amount of the medical assistance expenditures (as defined in paragraph (2) and adjusted under paragraph (5)) for the State and period, reduced by the amount of any excluded expenditures (as defined in paragraph (3) and adjusted under paragraph (5)) for the State and period; to

(2) the amount of the target total medical assistance expenditures (as defined in paragraph (3)) for the State and fiscal year that is attributable to 1903A enrollees, reduced by the amount of any excluded expenditures (as defined in paragraph (3) and adjusted under paragraph (5)) for the State and period.

‘(C) PARAMETRIC.—In selecting a per capita base period under this paragraph, a State shall—

(i) only select a period of 8 or, in the case of a State selecting a period under subparagraph (D), not less than 4 consecutive fiscal quarters that begins with a fiscal year later than the third fiscal quarter of 2017.

(ii) not select any period of 8 or, in the case of a State selecting a period under subparagraph (D), not less than 4 consecutive fiscal quarters that begins not later than the first quarter of fiscal year 2014 or ends with a fiscal quarter later than the third fiscal quarter of 2017.

‘(D) BASE PERIOD FOR LATE-EXPANDING STATES.—

(i) IN GENERAL.—In the case of a State that did not provide for medical assistance for the 1903A enrollee category described in subsection (e)(2)(D) as of the first day of the fourth fiscal quarter of fiscal year 2015 but which provided for such assistance for such category in a subsequent fiscal quarter that is not later than the fourth quarter of fiscal year 2016, the State may select a per capita base period that is less than 8 consecutive fiscal quarters, but no such period selected be less than 4 consecutive fiscal quarters.

(ii) APPLICATION OF ANOTHER REQUIREMENT WHERE PER CAPITA BASE PERIOD IS A PERIOD OF 8 CONSECUTIVE FISCAL QUARTERS.—In the case of an otherwise eligible State, if a fiscal year in which the requirements of this subsection were applicable to any of the following:

(A) DSH payments, payments made for disproportionate share hospitals under section 1923.

(B) MEDICARE COST-SHARING.—Payments made for medicare cost-sharing (as defined in section 1905(p)(3)).

(C) SAFETY NET PROVIDER PAYMENT ADJUSTMENTS IN NON-EXPANSION STATES.—Payment adjustments under subsection (a) of section 1923A for which payment is permitted under subsection (c) of such section.

(D) EXPENDITURES FOR PUBLIC HEALTH EMERGENCIES.—Any expenditures that are subject to a public health emergency exclusion under paragraph (6).

‘(E) 1903A BASE PERIOD POPULATION PERCENTAGE.—In this subsection, the term ‘1903A base period population percentage’ means, for a State, the Secretary’s calculation of the percentage of the State’s total medical assistance expenditures (as required under this subsection) that were attributable to 1903A enrollees for the fiscal year or portion of a fiscal year that is attributable to 1903A enrollees and additional block grant payments for that fiscal year or portion of a fiscal year.

(1) IN GENERAL.—During the period that begins on January 1, 2020, and ends on December 31, 2024, the Secretary may exclude, from a State’s medical assistance expenditures for a fiscal year or portion of a fiscal year, an amount that shall not exceed the amount determined under subparagraph (a) for the State or portion of a fiscal year.

(ii) a public health emergency declared by the Secretary pursuant to section 319 of the Public Health Service Act existed within the State during such year or portion of a year; and

(iii) the Secretary determines that such an exemption would be appropriate.

(B) MAXIMUM AMOUNT OF ADJUSTMENT.—The amount excluded for a State and fiscal year or portion of a fiscal year under this paragraph shall not exceed the amount by which—

(i) the amount of State expenditures for medical assistance for 1903A enrollees in the period described in subparagraph (A) exceed $5,000,000,000.00.

(B) EXPENDITURES FOR PUBLIC HEALTH EMERGENCIES.—Any expenditures that are subject to an emergency exclusion under this subsection are met.
"(c) Target Total Medical Assistance Expenditures.—

"(1) Calculation.—In this section, the term 'target total medical assistance expenditures' for a State for a fiscal year means the sum of the products, for each of the 1903A enrollee categories (as defined in subsection (e)(2)), of—

"(A) the target per capita medical assistance expenditures (as defined in paragraph (2)) for the enrollee category, State, and fiscal year; and

"(B) the number of 1903A enrollees for such enrollee category, State, and fiscal year, as determined under subsection (e)(4).

"(2) Target Per Capita Medical Assistance Expenditures.—In this subsection, the term 'target per capita medical assistance expenditures' means, for a 1903A enrollee category and State—

"(A) for fiscal year 2020, an amount equal to—

"(i) the provisional FY19 target per capita amount for such enrollee category (as calculated under subsection (d)(5)) for the State; increased by

"(ii) the applicable annual inflation factor (as defined in paragraph (3)) for fiscal year 2020; and

"(B) for each succeeding fiscal year, an amount equal to—

"(i) the target per capita medical assistance expenditures (as defined in subparagraph (A) or this subparagraph) for the 1903A enrollee category and State for the preceding fiscal year, increased by

"(ii) the applicable annual inflation factor for that succeeding fiscal year.

"(3) Applicable Annual Inflation Factor.—In paragraph (2), the term 'applicable annual inflation factor' means—

"(A) for fiscal years before 2025—

"(i) for each of the 1903A enrollee categories described in subparagraphs (C), (D), and (E) of subsection (e)(2), the percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) from September of the previous fiscal year to September of the fiscal year involved; and

"(ii) for each of the 1903A enrollee categories described in subparagraphs (A) and (B) of subsection (e)(2), the percentage increase described in clause (i) plus 1 percentage point; and

"(B) for fiscal years after 2024, for all 1903A enrollee categories, the percentage increase described in the consumer price index for all urban consumers (U.S. city average) from September of the previous fiscal year to September of the fiscal year involved, plus

"(1) for each of the 1903A enrollee categories described in subparagraphs (A) and (B) of subsection (e)(2), the percentage increase described in clause (i) plus 1 percentage point; and

"(2) for fiscal years after 2024, for all 1903A enrollee categories, the percentage increase described in the consumer price index for all urban consumers (U.S. city average) from September of the previous fiscal year to September of the fiscal year involved.

"(4) Adjustments to State Expenditures Targets to Promote Program Equity Across States.—

"(A) In General.—Beginning with fiscal year 2020, the target per capita medical assistance expenditures for a 1903A enrollee category, State, and fiscal year, as determined under subsection (d)(2), shall be adjusted (subject to subparagraph (C)(i)) in accordance with this paragraph.

"(B) Adjustment Based on Level of Per Capita Spending for 1903A Enrollee Categories.—Subject to subparagraph (C), with respect to a State, fiscal year, and 1903A enrollee category, if the State's per capita medical assistance expenditures (as defined in subparagraph (D)) for the State and category in the preceding fiscal year—

"(i) exceed the mean per capita categorical medical assistance expenditures (as defined in paragraph (2)) for all States for such preceding year by not less than 25 percent, the State's target per capita medical assistance expenditures for the fiscal year involved shall be reduced by a percentage that shall be determined by the Secretary but which shall not be less than 0.5 percent or greater than 2 percent; or

"(ii) are less than the mean per capita categorical medical assistance expenditures (as defined in paragraph (2)) for each of the preceding 4 years by not less than 25 percent, the State's target per capita medical assistance expenditures for such category for the fiscal year involved shall be reduced by a percentage that shall be determined by the Secretary but which shall not be less than 0.5 percent or greater than 2 percent.

"(C) Rules of Construction.—

"(i) Budget Neutrality Requirement.—In determining the appropriate percentages by which the adjusted total medical assistance expenditures for a category and fiscal year under this paragraph, the Secretary shall make such adjustments in a manner that does not result in a net increase in Federal payments under this section for such fiscal year, and if the Secretary cannot adjust such expenditures in such a manner there shall be no adjustment under this paragraph for such fiscal year.

"(ii) Assumption Regarding State Expenditures.—For purposes of clause (i), in the case of a State target per capita medical assistance expenditures for a 1903A enrollee category and fiscal year increased under this paragraph, the Secretary shall assume that the total medical assistance expenditures (as defined in subparagraph (D)(ii)) for such State, category, and fiscal year will equal such increased target medical assistance expenditures.

"(iii) Nonapplication to Low-Density States.—This paragraph shall not apply to any State that has a population density of less than 15 individuals per square mile, based on the most recent data available from the Bureau of the Census.

"(iv) Disregard for Adjustment.—Any adjustment under this paragraph to target medical assistance expenditures for a State, 1903A enrollee category, and fiscal year shall be disregarded when determining the target medical assistance expenditures for such State and category for a succeeding year under paragraph (2).

"(v) Application for Fiscal Years 2020 and 2021.—In fiscal years 2020 and 2021, the Secretary shall apply this paragraph by deeming all categories of 1903A enrollees to be a single category.

"(D) Per Capita Categorical Medical Assistance Expenditures.—

"(i) In General.—In this paragraph, the term 'per capita categorical medical assistance expenditures' means, with respect to a State, 1903A enrollee category, and fiscal year, an amount equal to—

"(1) the categorical medical expenditures (as defined in clause (ii)) for the State, category, and year, divided by

"(ii) the number of 1903A enrollees for the State, category, and year; divided by

"(iii) the mean per capita categorical medical assistance expenditures (as defined in paragraph (2)) for the 1903A enrollee categories and fiscal year involved, plus

"(iv) the additional categorical medical assistance expenditures (as defined in paragraph (2)) for the 1903A enrollee categories and fiscal year that are attributable to expenditures described in clause (iii) or non-DSH supplemental expenditures (as defined in clause (ii)), multiplied by the term 'non-DSH supplemental expenditure' means a payment to a provider under the State plan (or under a waiver of the plan) that—

"(1) is not made under section 1933;

"(II) is not made with respect to a specific item or service for an individual;

"(III) is in any additional payments made to the provider under the plan (or waiver) for any such item or service; and

"(IV) complies with the limits for additional payments to providers under the plan (or waiver) imposed by section 1902(a)(30)(A), including the regulations specifying upper payment limits under the State plan in part 447 of title 42, Code of Federal Regulations (or any successor regulations).

"(ii) Computation.—The term 'categorical medical assistance expenditures' means, with respect to a State, category, and fiscal year, the sum of the products, for each 1903A enrollee category and fiscal year under this paragraph, the total medical assistance expenditures (as defined in paragraph (2)) for the State and fiscal year that are attributable to enrollees in the category, excluding any excluded expenditures (as defined in paragraph (3)) for the fiscal year and the 4 years following the fiscal year that are attributable to 1903A enrollees in that category.

"(E) Calculation of FY19 Provisional Target Amount for Each 1903A Enrollee Category Subject to subsection (g), the following shall apply:

"(1) Calculation of Base Amounts for Per Capita Base Period.—For each 1903A enrollee category, the Secretary shall calculate for each State the following:

"(A) The amount of the adjusted total medical assistance expenditures (as defined in subsection (b)(1)) for the State for the State's per capita base period.

"(B) The number of 1903A enrollees for the State in the State's per capita base period.

"(C) The average per capita medical assistance expenditures for the State for the State's per capita base period equal to—

"(i) the amount calculated under subparagraph (A); divided by

"(ii) the number calculated under subparagraph (B).

"(2) Fiscal Year 2019 Average Per Capita Amount Based on Inflating the Per Capita Base Period Amount Fiscal Year 2019 By CPI-Metropolitan.—The Secretary shall calculate a fiscal year 2019 average per capita amount for each State equal to—

"(A) the average per capita medical assistance expenditures for the State for the State's per capita base period (calculated under paragraph (1)(C)); increased by

"(B) the percentage increase in the medical care component of the consumer price index for all urban consumers (U.S. city average) from the last month of the State's per capita base period to September of fiscal year 2019.

"(3) Aggregate and Average Expenditures Per Capita for Fiscal Year 2019.—The Secretary shall calculate for each State the following:

"(A) the amount of the adjusted total medical assistance expenditures (as defined in subsection (b)(1)) for the State for fiscal year 2019.

"(B) the number of 1903A enrollees for the State in fiscal year 2019 (as determined under subsection (e)(4)).

"(4) Per Capita Expenditures for Fiscal Year 2019 for Each 1903A Enrollee Category.—The Secretary shall calculate (and provide notice to each State not later than January 1, 2020, of) the following:

"(A)(i) For each 1903A enrollee category, the amount of the adjusted total medical assistance expenditures (as defined in subsection (b)(1)) for the State fiscal year 2019.

"(B) The number of 1903A enrollees for the State in fiscal year 2019 (as determined under subsection (e)(4)).

"(5) Provisional Target Amounts for Fiscal Year 2019.—For each 1903A enrollee category, the Secretary shall calculate a provisional target amount for each 1903A enrollee category for the fiscal year 2020 (as determined under subsection (e)(4)).
(C) For the State’s per capita base period, the State’s non-DSH supplemental and pool payment percentage is equal to the ratio (expressed as a percentage) of—

(i) the adjusted total amount of non-DSH supplemental expenditures (as defined in subparagraph (A)(ii) and adjusted under subparagraph (E)) and payments described in subparagraph (D) and payments described in subparagraph (E) for the State for the per capita base period; to

(ii) the amount described in subparagraph (b)(1)(B) and (b)(3) of the State for the State’s per capita base period.

(D) For each 1903A enrollee category an average medical assistance expenditures per capita for the State for fiscal year 2019 for the enrollment category equal to—

(i) the amount calculated under subparagraph (A) for the State, increased by the non-DSH supplemental and pool payment percentage for the State (as calculated under subparagraph (C)); divided by

(ii) the number calculated under subparagraph (B) for the State for the enrollment category.

(E) For purposes of subparagraph (C)(i), in calculating the total amount of non-DSH supplemental expenditures and payments described in subparagraph (A)(iii) for a State for the per capita base period, the total amount of such expenditures and the total amount of payments for the State and fiscal year shall each be divided by 2.

(5) PROVISIONAL FY19 PER CAPITA TARGET AMOUNT FOR EACH 1903A ENROLLEE CATEGORY.—Subject to subsection (d)(2), the Secretary shall calculate for each State a provisional FY19 per capita target amount for each 1903A enrollee category equal to the average medical assistance expenditures per capita for the State for fiscal year 2019 (as calculated under paragraph (4)(D)) for such enrollment category multiplied by the ratio of—

(A) Required for—

(i) the fiscal year 2019 average per capita amount for the State, as calculated under paragraph (2); and

(ii) the number of 1903A enrollees for the State in fiscal year 2019, as calculated under paragraph (3)(B); to

(B) the amount of the adjusted total medical assistance expenditures for the State for fiscal year 2019, as calculated under paragraph (3)(A).

(e) 1903A ENROLLEE; 1903A ENROLLEE CATEGORY—

(1) 1903A ENROLLEE.—The term ‘1903A enrollee’ means, with respect to a State for a month, an individual who is eligible for medical assistance under this title under the following circumstances:

(i) is a child under 19 years of age; and

(ii) is eligible for medical assistance under this title on the basis of being blind or disabled.

(2) 1903A ENROLLEE CATEGORY.—The term ‘1903A enrollee category’ means each of the following:

(A) ELDERLY.—A category of 1903A enrollees who are 65 years of age or older.

(B) BLIND AND DISABLED.—A category of 1903A enrollees (not described in a previous subparagraph) who—

(i) are 19 years of age or older; and

(ii) are eligible for medical assistance under this title on the basis of being blind or disabled.

(C) CHILDREN.—A category of 1903A enrollees (not described in a previous subparagraph) who are children under 19 years of age.

(D) EXPANSION ENROLLEES.—A category of 1903A enrollees (not described in a previous subparagraph) who are eligible for medical assistance under this title only on the basis of clause (i)(VIII), (ii)(XX), or (ii)(XXIII) of section 1902(a)(10)(A).

(E) OTHER NONELDERLY, NONDISABLED, NONEXPANSION ADULTS.—A category of 1903A enrollees who are not described in any previous subparagraph.

(F) MEDICAID ENROLLEE.—The term ‘Medicaid enrollee’ means, with respect to a State for a month, an individual who is eligible for medical assistance for items or services under this title and enrolled under the State plan (or a waiver of such plan) under this title for the month.

(G) DEFINITION OF NUMBER OF 1903A ENROLLEES.—The number of 1903A enrollees for a State and fiscal year or the State’s per capita base period, and, if applicable, for a fiscal year, is the average monthly number of Medicaid enrollees for such State and fiscal year or base period (and, if applicable, in such category) that are reported through the CMS-64 report under (and subject to audit under) subsection (h).

(H) SPECIAL PAYMENT RULES.—

(1) EXPANSION ENROLLEES IN CASE OF RESEARCH AND DEMONSTRATION PROJECTS AND OTHER WAIVERS.—In the case of a State with a waiver of the State plan approved under section 1115, section 1904, or another provision of this title, this section shall apply to medical assistance expenditures and medical assistance payments under the waiver, in the same manner as if such expenditures and payments had been made under a State plan under this title and the limitations on expenditures under this section shall supersede any other limitations or provisions (including limitations based on a per capita limitation) otherwise applicable under such a waiver.

(2) TREATMENT OF STATES EXPANDING COVERAGE AFTER JULY 1, 2016.—In the case of a State that did not provide for medical assistance for the 1903A enrollee category described in subsection (a)(4)(D) before July 1, 2016, but which subsequently provides for such assistance for such category, the provisional FY19 per capita target amount for such enrollee category under subsection (d)(5) shall be equal to the provisional FY19 per capita target amount for the 1903A enrollee category described in subsection (e)(2)(E).

(3) IN CASE OF STATE FAILURE TO REPORT NECESSARY DATA.—If a State for any fiscal year (beginning after fiscal year 2019) fails to satisfactorily submit data on expenditures and enrollees in accordance with subsection (h)(1), for such fiscal year and any subsequent fiscal year, all such data are not satisfactorily submitted—

(A) the Secretary shall calculate and apply subsections (a) through (e) with respect to the State as if such enrollees were not included in the State’s enrollment categories for which such expenditure and enrollee data were not satisfactorily submitted were a single 1903A enrollee category; and

(B) the growth factor otherwise applied under subsection (c)(2)(B) shall be decreased by 1 percentage point.

(J) AUDITING OF CERTAIN AMOUNTS FOR DATA ERRORS.—The amounts and percentage calculated under paragraphs (1) and (4)(C) of subsection (d) for a State for the per capita base period, and the amounts of the adjusted total medical assistance expenditures calculated under subsection (b) and the number of Medicaid enrollees for a State for subsection (e)(4) for a State’s per capita base period, fiscal year 2019, and any subsequent fiscal year, may be adjusted by the Secretary based upon an appeal (filed by the State in such a form, manner, and time, and containing such information relating to data errors that support such appeal, as the Secretary specifies) that the Secretary determines to be valid, except that any adjustment by the Secretary under this subpart to such enrollees who are 65 years of age or older, and an increase in the target total medical assistance expenditures exceeding 2 percent, is required by an auditing, the Secretary—

(1) IN GENERAL.—In the case of CMS-64 data, the Secretary shall conduct for each State an audit of the number of individuals and expenditures reported through the CMS-64 report for the State’s per capita base period, fiscal year 2019, and each subsequent fiscal year, which audit may be conducted on a representative sample (as determined by the Secretary).

(2) AUDITING OF DATA.—The Inspector General of the Department of Health and Human Services shall conduct an audit (which shall be conducted using random sampling, if determined by the Inspector General) of each State’s spending under this section not less than once every 3 years.

(K) TEMPORARY INCREASE IN FEDERAL MATCHING PERCENTAGE FOR CERTAIN ADMINISTRATIVE EXPENSES.—(A) APPLICABILITY OF INCREASE.—The Federal matching percentage subject to support improved data reporting systems for fiscal years 2018 and 2019.—In the case of any State that selects as its per capita base period the most recent fiscal year for which the data necessary to make the determinations required under this section is available, for amounts expended during calendar quarters beginning on October 1, 2017, and before October 1, 2019—

(i) the Federal matching percentage applied under section 1903(a)(3)(A)(i) shall be increased by 10 percentage points to 100 percent; and

(ii) the Federal matching percentage applied under section 1903(a)(3)(B) shall be increased by 25 percentage points to 100 percent.

(3) IHS REPORT ON ADOPTION OF T-MHSI DATA.—Not later than January 1, 2025, the Secretary, in consultation with the Inspector General of the Secretary of Health and Human Services, shall submit a report to the Congress, making recommendations as to whether data from the Transformed Medicaid Statistical Information System can be used nationwide by States.
Information System would be preferable to CMS–64 report data for purposes of making the determinations necessary under this section.

(b) Ensuring Access to Home and Community Based Services.—Section 1915 of the Social Security Act (42 U.S.C. 1396n) is amended by adding at the end the following new subsection:

"(i) Incentive Payments for Home and Community-Based Services.—

"(A) IN GENERAL.—As a condition of receiving the increased Federal medical assistance percentage described in paragraph (4)(B), each eligible State shall collect and report information to the Secretary, for the purposes of providing Federal oversight and evaluating the State's compliance with the health and welfare and financial accountability safeguards taken by the State under subsection (c)(2)(A).

"(B) FORMS.—Expenditures by eligible States on HCBS payment adjustments shall be separately reported on the CMS–64 Form and in T–MSIS.

"(6) Definitions.—In this subsection:

"(A) Eligible State.—The term 'eligible State' means an HCBS payment adjustment—

"(i) is one of the 50 States or the District of Columbia;

"(ii) has in effect—

"(I) a waiver under subsection (c) or (d); or

"(II) a State plan amendment under subsection (i);

"(iii) submits an application under paragraph (2)(A); and

"(iv) is selected by the Secretary to participate in the demonstration project.

"(B) HCBS Payment Adjustment.—The term 'HCBS payment adjustment' means an HCBS payment adjustment made by an eligible State to the amount of payment otherwise provided under a waiver under subsection (c) or (d) of section 1915 of the Act (as described in section 1903A(e)(1)) which is in the enrollee category described in subparagraph (A) or (B) of section 1903A(c)(2).

SEC. 128. FLEXIBLE BLOCK GRANT OPTION FOR STATES.

Title XIV of the Social Security Act, as previously amended, is further amended by inserting after section 1903A the following new section:

"SEC. 1903B. MEDICAID FLEXIBILITY PROGRAM.

"(a) In General.—Beginning with fiscal year 2020, any State (as defined in subsection (e)) that has an application approved by the Secretary under subsection (b) may conduct a Medicaid Flexibility Program to provide targeted health assistance to program enrollees.

"(b) State Application.—

"(1) In General.—To be eligible to conduct a Medicaid Flexibility Program, a State shall submit an application to the Secretary demonstrating that the State has the capacity to support the administration of the program and comply with reporting requirements under this section.

"(2) Contents of Application.—An application under this subsection shall include the following:

"(A) A description of the proposed Medicaid Flexibility Program and how the State will satisfy the requirements described in subsection (b); and

"(B) The proposed conditions for eligibility of program enrollees.

"(C) The applicable program enrollee category (as defined in section 1903A(a)(13)); and

"(D) A description of the types, amount, duration, and scope of services which will be offered as targeted health assistance under the program, including a description of the package of services which will be provided to program enrollees to whom the State would otherwise be required to make medical assistance available under section 1902(a)(10)(A)(ii).

"(E) A description of how the State will notify individuals currently enrolled in the State plan medical assistance under this title of the transition to such program.

"(F) Statements certifying that the State agrees to—

"(i) submit regular enrollment data with respect to the program to the Centers for Medicare & Medicaid Services at such time and in such manner as the Secretary may require;

"(ii) submit timely and accurate data to the Transformed Medicaid Statistical Information System (T–MSIS);

"(iii) report annually to the Secretary on adult health quality measures implemented under the program and information on the expenditures by eligible States to implement the program; and

"(iv) provide data to the Secretary as the Secretary determines is necessary for monitoring, evaluation, or program integrity purposes, including—

"(I) survey data, such as the data from Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys;

"(II) birth certificate data; and

"(III) clinical patient data for quality measurements which may not be present in a claim, such as laboratory data, body mass index, and blood pressure; and

"(v) on an annual basis, conduct a report evaluating the program and make such report available to the public.

"(G) An information technology systems plan demonstrating that the State has the capacity to support the administration of the program and comply with reporting requirements under this section.

"(H) A statement of the goals of the proposed program, which shall include—

"(i) goals related to quality, access, rate of growth targets, consumer satisfaction, and outcomes;

"(ii) a plan for monitoring and evaluating the program to determine whether such goals are being met; and

"(iii) a proposed process for the State, in consultation with the Centers for Medicare & Medicaid Services, to take remedial action to make progress on unmet goals.

"(I) Such other information as the Secretary may require.

"(3) STATE NOTICE AND COMMENT PERIOD.—

"(a) In General.—Before submitting an application under this subsection, a State shall make the application publicly available for a 30 day notice and comment period.

"(b) Notice and Comment.—During the notice and comment period described in subparagraph (A), the State shall provide opportunities for a meaningful public input, which shall include public hearings on the proposed Medicaid Flexibility Program.

"(4) Federal Notice and Comment Period.—The Secretary shall not approve of any application under this subsection to conduct a Medicaid Flexibility Program that would begin in the next fiscal year at any time, subject to subparagraph (B).

"(5) Timeline for Submission.—

"(a) In General.—A State may submit an application under this subsection to conduct a Medicaid Flexibility Program that would begin in the next fiscal year, but such deadline shall not be earlier than 60 days after the date that the Secretary publishes the amounts of State block grants required under subsection (c)(4).

"(b) Financing.—

"(1) In General.—For each fiscal year during which a State is conducting a Medicaid Flexibility Program, the State shall receive, instead of amounts otherwise payable to the State under this title for medical assistance
for program enrollees, the amount specified in paragraph (3)(A).

(2) AMOUNT OF BLOCK GRANT FUNDS.—(A) IN GENERAL.—The block grant amount under paragraph (2) for a State and year shall be equal to the sum of the amounts determined under subparagraph (B) for each 1903A enrollee category included in the applicable program enrollee category for a Medicaid Flexibility Program conducted by the State, the amount determined under this subparagraph for the State, year, and category shall be equal to the Federal average medical assistance percentage for the applicable program enrollee category as defined in section 1903A(a)(4) for the State and year multiplied by the product of—

(i) the target per capita medical assistance expenditures (as defined in section 1903A(c)(2)) for the State, year, and category; and

(ii) the number of 1903A enrollees in such category for the State for the second fiscal year preceding such first fiscal year, increased by the percentage increase in State population from such second preceding fiscal year to such first fiscal year, based on the best available estimates of the Bureau of the Census.

(B) ENROLLEE CATEGORY AMOUNTS.—(1) FOR INITIAL YEAR.—Subject to subparagraph (B) for the first fiscal year in which a 1903A enrollee category is included in the applicable program enrollee category for a Medicaid Flexibility Program conducted by the State, the amount determined under this subparagraph for the State, year, and category shall be equal to the Federal average medical assistance percentage (as determined under section 1903A(a)(4)) for the State and year under paragraph (2); and

(ii) the enhanced FMAP described in the first sentence of section 2105(b) for the State and year.

(2) REDUCTION IN BLOCK GRANT AMOUNT FOR STATES FAILING TO MEET MOR REQUIREM.—(1) IN GENERAL.—In the case of a State conducting a Medicaid Flexibility Program that makes expenditures for targeted health assistance under the program for a fiscal year in an amount that is less than the required amount under paragraph (2) for the State and year determined under paragraph (2) and by the amount by which such expenditures are less than such required amount.

(2) TERMINATION.—In the case of a State that terminates the State Medicaid Flexibility Program under paragraph (2), any reduction made under this subparagraph to a State’s block grant amount in a previous fiscal year shall be disregarded.

(3) APPLICATION TO STATES THAT TERMINATE PROGRAM.—In the case of a State described in clause (i) that terminates the State Medicaid Flexibility Program under subsection (3)(B) and such termination is effective with the end of the fiscal year in which the State fails to make the required amount of expenditures under subparagraph (B), the reduction amount determined for the State and succeeding fiscal year under clause (i) shall be treated as an overpayment under this paragraph.

(4) TERMINATION FOR NONCOMPLIANCE.—If the Secretary determines that a State conducting a Medicaid Flexibility Program is not operating in accordance with the requirements of this section, the Secretary may withhold payments, reduce payments, or recover previous payments to the State under this section as the Secretary considers necessary.

(E) ADDITIONAL FEDERAL PAYMENTS DURING PUBLIC HEALTH EMERGENCY.—(1) IN GENERAL.—In the case of a State and fiscal year for which the Secretary has excluded expenditures under section 1903A(b)(6), if the State has uncompensated targeted health assistance expenditures for which the additional payment was made were made for the purposes of ensuring that the health care needs of program enrollees in areas affected by a public health emergency are met.

(F) DETERMINATION AND PUBLICATION OF BLOCK GRANT AMOUNT.—Beginning in 2019 and each year thereafter, the Secretary shall determine for each State, regardless of whether the State is conducting a Medicaid Flexibility Program or has submitted an application to conduct such a program, the amount of the block grant for the State under paragraph (2) which would apply for the upcoming fiscal year if the State were to conduct such a program in such fiscal year, and shall publish such determinations not later than June 30 of each year.

(4) PROGRAM REQUIREMENTS.—(A) IN GENERAL.—A State Medicaid Flexibility Program approved under subsection (b)—

(i) shall be conducted for not less than 1 program period; and

(ii) at the option of the State, may be continued for succeeding program periods without resubmitting an application under subsection (b), provided that—

(I) the State provides notice to the Secretary of its decision to continue the program; and

(ii) no significant changes are made to the program; and

(iii) shall be subject to termination only by the State, which may terminate the program upon making an election under subparagraph (B).

(B) ELECTION TO TERMINATE PROGRAM.—(1) IN GENERAL.—Subject to clause (ii), a State conducting a Medicaid Flexibility Program may elect to terminate the program effective with the first day after the end of the
program period in which the State makes the election.

(ii) TRANSITION PLAN REQUIREMENT.—A State may not elect to terminate a Medicaid Flexibility Program unless the Secretary has first approved in a transition plan under section 1903A(f) a plan for a transition period beginning on the last day of a program period ending during which the State conducts the program; or

(iii) EFFECT OF TERMINATION.—If a State elects to terminate a Medicaid Flexibility Program, the per capita cap limitations under section 1903A shall apply effective with the day described in clause (i), and such limitations shall be applied as if the State had never conducted a Medicaid Flexibility Program.

(b) PROVIDE OF TARGETED HEALTH ASSISTANCE.—

(A) IN GENERAL.—A State Medicaid Flexibility Program shall provide targeted health assistance and such assistance shall be instead of medical assistance which would otherwise be provided to the enrollees under this title.

(B) CONDITIONS FOR ELIGIBILITY.—

(i) IN GENERAL.—A State conducting a Medicaid Flexibility Program shall establish conditions for eligibility of program enrollees, which would otherwise be required to make medical assistance available under section 1902(a)(10)(A)(i).

(ii) MAG—Any determination of income necessary to establish the eligibility of a program enrollee for purposes of a State Medicaid Flexibility Program shall be made using modified adjusted gross income in accordance with section 1902(e)(14).

(C) BENEFITS AND SERVICES.—

(A) REQUIRED SERVICES.—In the case of program enrollees to whom the State would otherwise be required to make medical assistance available under section 1902(a)(10)(A)(i), a State conducting a Medicaid Flexibility Program shall provide as targeted health assistance the following types of services:

(1) Inpatient and outpatient hospital services.

(2) Laboratory and X-ray services.

(3) Nursing facility services for individuals aged 21 and older.

(4) Inpatient psychiatric services.

(5) Home health care services (including home nursing services, medical supplies, equipment and appliances).

(6) Rural health clinic services (as defined in section 1905(i)(1)).

(7) Federally-qualified health center services (as defined in section 1905(i)(2)).

(8) Family planning services and supplies.

(9) Nurse midwife services.

(iii) EMERGENCY MEDICAL TRANSPORTATION.

(iv) NON-COSMETIC DENTAL SERVICES.

(v) PREGNANCY-RELATED SERVICES, INCLUDING POSTPARTUM SERVICES FOR THE 12-WEEK PERIOD BEGINNING ON THE LAST DAY OF A PREGNANCY.

(vi) BENEFICIARY PROTECTIONS.—Establish a fair and unbiased appeals process and a fair and unbiased grievance process.

(vii) EFFECT OF TERMINATION.—In the case of a State described in clause (i) that terminates its program under subsection (2)(B), any waiver or amendment which was limited pursuant to subparagraph (A) shall cease to be so limited effective with the effective date of such termination.

(D) NONAPPLICATION OF PROVISIONS.—With respect to the design and implementation of Medicaid Flexibility Programs conducted under this section, paragraphs (1), (10)(B), (17), and (23) of section 1902(a), as well as any other provision of this title (except for this section and as otherwise provided by this section) that the Secretary deems appropriate, shall not apply.

(e) DEFINITIONS.—For purposes of this section:

(A) APPLICABLE PROGRAM ENROLLEE CATEGORY.—The term ‘applicable program enrollee category’ means, with respect to a State Medicaid Flexibility Program for a program period, any one of the enrollee categories specified by the State for the period in its application under subsection (b):

(B) 2 ENROLLEE CATEGORIES.—Both of the enrollee categories described in subparagraphs (D) and (E) of section 1903A(e)(2).

(C) EXPANSION ENROLLEES.—The 1903A enrollee category described in subparagraph (B) of section 1903A(e)(2).

(D) NONELIGIBLE, NONDISABLED, NONEXPANSION ADULTS.—The 1903A enrollee category described in subparagraph (B) of section 1903A(e)(2).

(E) 2 MEDICAID FLEXIBILITY PROGRAM.—The term ‘Medicaid Flexibility Program’ means a State program for providing targeted health assistance to program enrollees funded by a block grant under this section.

(F) PROGRAM ENROLLEES.—

(A) IN GENERAL.—The term ‘program enrollees’ means, with respect to a State that is conducting a Medicaid Flexibility Program for a program period, an individual who is a noninstitutionalized individual who is a 1903A enrollee (as defined in section 1902(a)) who is in the applicable program enrollee category specified by the State for the period.

(B) RULE OF CONSTRUCTION.—For purposes of section 1903A(e)(3), eligibility and enrollment of an individual under a Medicaid Flexibility Program shall be deemed to be eligibility and enrollment under a State plan (or waiver of such plan) under title XIX.

(C) CONFIDENTIALITY.—The term ‘Medicaid Flexibility Program’ means a State program for providing targeted health assistance to program enrollees funded by a block grant under this section.

(G) SEC. 129. MEDICAID AND CHIP QUALITY PERFORMANCE BONUS PAYMENTS.

Section 1903 of the Social Security Act (42 U.S.C. 1396u), as previously amended, is further amended by adding at the end the following new subsection:
SEC. 130. OPTIONAL ASSISTANCE FOR CERTAIN MEDICAL ASSISTANCE EXPENDITURES.

(a) STATUTORY OPTION.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)—

(A) in paragraph (16)—

(i) by striking ‘‘(4)’’ and inserting ‘‘(3)’’; and

(ii) by inserting before the semicolon at the end the following: ‘‘, and (C) subject to subsection (h)(4), qualified inpatient psychiatric hospital services as medical assistance under subsection (a)(16)(A) and (B) in the subdivision (B) that follows paragraph (29), by inserting ‘‘other than services described in subparagraph (C) of paragraph (16) for individuals described in such subparagraph’’ after ‘‘patient in an institution for mental diseases’’; and

(2) in subsection (b), by adding at the end the following new paragraphs:

‘‘(3) For purposes of subsection (a)(16)(C), the term ‘qualified inpatient psychiatric hospital services’ means medical assistance as medical assistance under section 1915(m) for qualified inpatient psychiatric hospital services (as defined in subparagraph (A) of paragraph (29)) for that fiscal year determined in section 1903A(e)(2)(E)).’’.

(b) SPECIAL MATCHING RATE.—Section 1905(b) of the Social Security Act (42 U.S.C. 1396d) is amended by adding at the end the following:

‘‘(4) As a condition for a State including qualified inpatient psychiatric hospital services (as medical assistance under subsection (a)(16)(A) and (B) in the subdivision (B) that follows paragraph (29), by inserting ‘‘other than services described in subparagraph (C) of paragraph (16) for individuals described in such subparagraph’’ after ‘‘patient in an institution for mental diseases’’; and

(2) in subsection (b), by adding at the end the following new paragraphs:

‘‘(3) For purposes of subsection (a)(16)(C), the term ‘qualified inpatient psychiatric hospital services’ means medical assistance as medical assistance under section 1915(m) for qualified inpatient psychiatric hospital services (as defined in subparagraph (A) of paragraph (29)) for that fiscal year determined in section 1903A(e)(2)(E)).’’.

SEC. 131. ENHANCED FMAP FOR MEDICAL ASSISTANCE TO ELIGIBLE INDIANS.

Section 1902(a) of the Social Security Act (42 U.S.C. 1396a) is amended, in the third sentence, by inserting ‘‘and with respect to amounts expended by a State as medical assistance for services provided by any other provider under the State plan to an individual who is a member of an Indian tribe or Alaska Native village or corporation eligible under the State plan before the period.’’

SEC. 132. SMALL BUSINESS HEALTH PLANS.

(a) TAX TREATMENT OF SMALL BUSINESS HEALTH PLANS.—A small business health plan (as defined in section 801(a) of the Employee Retirement Income Security Act of 1974) shall be treated—

(1) as a group health plan (as defined in section 7705(h)(1)) for purposes of applying title XXII of the Public Health Service Act (42 U.S.C. 300gg et seq.) and title XXVII of such Act (42 U.S.C. 2651 et seq.); and

(2) as a group health plan (as defined in section 5000(b)(1) of the Internal Revenue Code of 1986); and

(b) RULES.—Subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.) is amended by adding at the end the following new part:

‘‘PART 8—RULES GOVERNING SMALL BUSINESS RISK SHARING POOLS

SEC. 801. SMALL BUSINESS HEALTH PLANS.

(a) IN GENERAL.—For purposes of this part, the term ‘small business health plan’ means a fully insured group health plan, offered by a health insurance issuer in the large group market that is a nonprofit entity and is described in subsection (b).

(b) REQUIREMENTS.—Paragraphs (1) through (4) of subsection (b) are amended by adding at the end the following:

‘‘(5) is established as a permanent entity;’’

SEC. 802. FILING FEE AND CERTIFICATION OF SMALL BUSINESS HEALTH PLANS.

(a) FILING FEE.—A small business health plan shall pay to the Secretary at the time of filing an application for certification under subsection (b) a filing fee in the amount of $5,000, which shall be available to the Secretary for the administration of this part.

(b) CERTIFICATION.—Section 733(a)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1051) is amended by adding at the end the following:

‘‘(4) a small business health plan as described in subsection (b).’’.

SEC. 803. SMALL BUSINESS HEALTH PLANS.

(a) IN GENERAL.—For purposes of this section, the term ‘small business health plan’ means a fully insured group health plan, offered by a health insurance issuer in the large group market that is a nonprofit entity and is described in subsection (b).

(b) REQUIREMENTS.—Paragraphs (1) through (4) of subsection (b) are amended by adding at the end the following:

‘‘(5) is established as a permanent entity;’’

SEC. 804. SMALL BUSINESS HEALTH PLANS.

(a) FILING FEE.—A small business health plan shall pay to the Secretary at the time of filing an application for certification under subsection (b) a filing fee in the amount of $5,000, which shall be available to the Secretary for the administration of this part.

(b) CERTIFICATION.—Section 733(a)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1051) is amended by adding at the end the following:

‘‘(4) a small business health plan as described in subsection (b).’’.

(c) EFFECTIVE DATE.—The amendments made by this section apply to qualified inpatient psychiatric hospital services furnished on or after October 1, 2018.
fails to comply with the requirements of this part;
"(D) shall conduct oversight of certified plan sponsors, including periodic review, and consider any measurements described in section 504, applying the requirements of sections 518, 519, and 520; and
"(E) will consult with the State with respect to a small business health plan domiciled in such State to enforce the requirements under this part and other enforcement authority under sections 502 and 504.

(2) INFORMATION TO BE INCLUDED IN APPLICATION FOR CERTIFICATION.—An application for certification under this part meets the requirements of this section only if it includes, in a manner and form which shall be prescribed by the applicable authority by regulation, at least the following information:

"(A) identifying information;
"(B) States in which the plan intends to do business;
"(C) Bonding requirements;
"(D) Plan documents;
"(E) Agreements with service providers.

(3) REQUIREMENTS FOR CERTIFIED PLAN SPONSORS.—Not later than 6 months after the date of enactment of this part, the Secretary shall by interim final rule require the following requirements for certified plan sponsors that include requirements regarding—

"(A) structure and requirements for boards of trustees or insurers;
"(B) notification of material changes; and
"(C) notification for voluntary termination of the plan.

(4) FILING NOTICE OF CERTIFICATION WITH STATE.—A certification granted under this part to a small business health plan shall not be effective unless written notice of such certification is filed by the plan sponsor with the applicable State authority of each State in which the small business health plan operates.

(5) EXPEDITED AND DEEMED CERTIFICATION.—

"(1) IN GENERAL.—If the Secretary fails to act on a complete application for certification under this section within 90 days of receipt of such complete application, the application for certification shall be deemed effective for the purpose for which the application was made.

"(2) PENALTY.—The Secretary shall first issue all regulations necessary to carry out the provisions of this part, franchisor or franchisee participating in such a group health plan which is certified under part 8.

(6) PLAN SPONSOR.—Section 3(16)(B) of such Act (29 U.S.C. 102(16)(B)) is amended by adding after the end thereof the following:

"Such term also includes a person serving as the sponsor of a small business health plan under part 8.

(7) SAVINGS CLAUSE.—Section 731(c) of such Act is amended by inserting ‘‘or part 8’’ after ‘‘this part’’.

(8) EFFECTIVE DATE.—The amendments made by this section shall take effect 1 year after the date of the enactment of this Act.

TITLE II

SEC. 201. THE PREVENTION AND PUBLIC HEALTH FUND.

Subsection (b) of section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 5201) is amended—

"(1) in paragraph (3), by striking ‘‘each of fiscal years 2018 and 2019’’ and inserting ‘‘fiscal year 2018’’;
"(2) by striking paragraphs (4) through (8).

SEC. 202. COMMUNITY HEALTH CENTER PROGRAM.

Effective as if included in the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114–129, Stat. 87), paragraph (1) of section 221(a) of such Act is amended by inserting ‘‘, and an additional $2,200,000,000 for fiscal year 2017’’ after ‘‘January 1, 2016’’.

SEC. 203. CHANGE IN PERMISSIBLE AGE VARIATION IN HEALTH INSURANCE PREMIUM RATES.

Section 2701(a)(1)(C) of the Public Health Service Act (42 U.S.C. 300gg–11(1)) is amended by inserting ‘‘or for plans effective on or after January 1, 2019, 5 to 1 for adults (consistent with section 2707(c)) or such other coverage in the small group market (as defined in section 2706(e)(5) of the Public Health Service Act) is regulated by such State.’’

SEC. 803. PARTICIPATION AND COVERAGE REQUIREMENTS.

"(a) COVERED EMPLOYERS AND INDIVIDUALS.—The requirements of this subsection relate to a small business health plan domiciled in such State to enforce the requirements under this part and other enforcement authority under sections 502 and 504.

(b) PARTICIPATING EMPLOYERS.—In applying the requirements of this subsection, a participating employer shall not be deemed to be a plan sponsor.

(c) PROHIBITION OF DISCRIMINATION AGAINST EMPLOYERS AND EMPLOYEES ELIGIBLE TO PARTICIPATE.—The requirements of this subsection are met with respect to a small business health plan if—

"(1) under the plan, no participating employer may provide health insurance coverage in the individual market for any employee not covered under the plan, if such exclusion of the employee from coverage under the plan is based on a health status-related factor with respect to the employee and such employee would, for such exclusion on such basis, be eligible for coverage under the plan; and

"(2) information regarding all coverage options available under the plan is made readily available to any employer eligible to participate.

SEC. 804. DEFINITIONS; RENEWAL.

"For purposes of this part:

"(1) AFFILIATED MEMBER.—The term ‘affiliated member’ means, in connection with a sponsor—

"(A) a person who is otherwise eligible to be a member of the sponsor but who elects an affiliated status with the sponsor, or
"(B) in the case of a sponsor with members who are partners in an employer and who acquire an affiliated status with the sponsor, or the employee of any such association and elects an affiliated status with the sponsor.

"(2) APPLICABLE STATE AUTHORITY.—The term ‘applicable State authority’ means, with respect to a health insurance issuer in a State, the State insurance commissioner or official or officials designated by the State to enforce the requirements of title XXVII of the Public Health Service Act for the State involved with respect to such issuer.

"(3) FRANCHISOR; FRANCHISEE.—The terms ‘franchisor’ and ‘franchisee’ have the meanings given such terms in sections 436.2(a) through 436.2(c) of title 16, Code of Federal Regulations (including any such amendments to such regulations after the date of enactment of this part) and, for purposes of this part, franchisor or franchisee means the person who is a member of the sponsor but who elects an affiliated status with the group health plan shall not be treated as the employer, co-employer, or joint employer of the employees of another participating franchisor or franchisee employer for any purpose.

"(4) HEALTH PLAN TERMS.—The terms ‘group health plan’, ‘health insurance coverage’, ‘health insurance issuer’ have the meanings given such terms in section 733.

"(5) INDIVIDUAL MARKET.—

"(A) IN GENERAL.—The term ‘individual market’ means the market for health insurance coverage offered to individuals other than in connection with a group health plan.

"(B) TREATMENT OF VERY SMALL GROUPS.—

"(i) IN GENERAL.—Subject to clause (ii), such term includes coverage offered in connection with a group health plan that has fewer than 2 participants as current employees or former employees who are eligible to participate under the plan.

"(ii) STATE EXCEPTION.—Clause (i) shall not apply in the case of health insurance coverage offered in connection with a state plan if such state is a state plan if such plan is required to be covered in the small group market (as defined in section 2706(e)(5) of the Public Health Service Act) is regulated by such State.

"(6) PLAN SPONSOR.—Section 3(16)(B) of such Act (29 U.S.C. 102(16)(B)) is amended by adding after the end thereof the following:

"Such term also includes a person serving as the sponsor of a small business health plan under part 8.

"(7) SAVINGS CLAUSE.—Section 731(c) of such Act is amended by inserting ‘‘or part 8’’ after ‘‘this part’’.

"(8) EFFECTIVE DATE.—The amendments made by this section shall take effect 1 year after the date of the enactment of this Act.
ratio for adults (consistent with section 2707(c)) as the State may determine.

SEC. 204. WAIVERS FOR STATE INNOVATION.
(a) IN GENERAL.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18002) is amended—
(1) in subsection (a)—
(A) in paragraph (1)—
(i) in subparagraph (B)—
(B) by amending clause (i) to read as follows:—
(1) a description of how the State plan meeting the requirements of a waiver under this section would, with respect to health insurance coverage within the State—
(I) would meet the requirements described in paragraph (2) that are waived; and
(II) provide for alternative means of, and requirements for, increasing access to comprehensive coverage, reducing average premiums, providing consumers the freedom to purchase the health insurance of their choice, and increasing enrollment in private health insurance; and
(ii) in clause (ii), by striking “that is budget neutral for the Federal Government” and inserting “, demonstrating that the State plan does not increase the Federal deficit;”;
and
(iii) in subparagraph (C), by striking “the law” and inserting “a law or has in effect a certification;”;
(B) in paragraph (3)—
(i) in the first sentence, by inserting “or would qualify for reduction in” after “would not qualify for;”;
(ii) by adding after the second sentence the following:—
“A State may request that all of, or any portion of, such aggregate amount of such credits or reductions be paid to the State as described in the first sentence.”;
(iii) in the paragraph heading, by striking “PASS THROUGH OF FUNDING” and inserting “FUNDING”;
(iv) by striking “With respect” and inserting the following:
(A) PASS THROUGH OF FUNDING.—With respect;”;
and
(v) by adding at the end the following:
(B) ADDITIONAL FUNDING.—There is authorized to be appropriated, to the Secretary of Health and Human Services, out of monies in the Treasury not otherwise obligated, $2,000,000,000 for fiscal year 2019, to remain available until the end of fiscal year 2019, to provide grants to States for purposes of submitting an application for a waiver granted under this section and implementing the State plan under such waiver.
(C) AUTHORITY TO USE MARKET-BASED HEALTH CARE ALLOTMENT FUNDING.—Any State that has an application for an allotment under section 2105(c) of the Social Security Act for the plan year, the State may use the funds from the allotment for the plan year to carry out the State plan under this section, so long as such use is consistent with the requirements of paragraphs (1) and (2) of section 2105(c) of such Act (other than paragraph (1)(B) of such section). Any funds used to carry out a State plan under this subparagraph shall not be considered in determining whether the State plan increases the Federal deficit;”;
and
(C) in paragraph (4), by adding, at the end the following:
(D) EXPEDITED PROCESS.—The Secretary shall establish an expedited application and approval process that may be used if the Secretary determines that such expedited process is responsive to an urgent or emergency situation with respect to health insurance coverage within a State.”;
(2) in subsection (b)—
(A) in paragraph (1)—
(i) in the matter preceding subparagraph (A)—
(1) by striking “may” and inserting “shall;”;
and
(2) by striking “only if” and inserting “unless;”;
and
(ii) by striking “plan—” and all that follows through the period at the end of subparagraph (D) and inserting “application is missing a required element under subsection (a)(1) or that the State plan will increase the Federal deficit (such as taking into account any amounts received through a grant under subsection (a)(3)(B));”;
(B) in paragraph (2)—
(i) in the paragraph heading, by inserting “of certification;”;
(ii) in subparagraph (A), by inserting before the period “,” and a certification described in this paragraph is a document, signed by the Governor, and the State insurance commissioner, of the State, that provides authority for State actions under a waiver under this section, including the implementation of the State plan under subsection (a)(1);”;
(iii) in subparagraph (B)—
(I) in the subparagraph heading, by striking “OF OPT OUT” and
(II) by striking “may repeal a law” and all that follows through the period at the end of subparagraph (A);”;
and
(B) by adding, after the end of subsection (b), the following:
(1) repealing a law described in subparagraph (A);”;
(i) terminating a certification described in subparagraph (A), through a certification for such termination signed by the Governor, and the State insurance commissioner, of the State.”;
(3) in subsection (d)(2)(B), by striking “and the reasons therefore,” and inserting “and the reasons therefore, and provide the data on which such determination was made;”;
and
(4) in subsection (e), by striking “No waiver” and all that follows through the period at the end inserting the following: “A waiver under this section—
(1) shall be in effect for a period of 8 years unless the State requests a shorter duration;”;
(2) may be renewed for unlimited additional 8-year periods upon application by the State; and
(3) may not be cancelled by the Secretary before the expiration of the 8-year period (including any renewal period under paragraph (2)).”;
(b) APPLICABILITY.—Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18022) shall apply as follows:
(1) in the case of a State for which a waiver under such section was granted prior to the date of enactment of this Act, such section 1332, as in effect on the day before the date of enactment of this Act shall apply to the waiver and State plan;
(2) in the case of a State that submitted an application for a waiver under such section prior to the date of enactment of this Act, and which application the Secretary of Health and Human Services has not approved prior to such date of enactment of this Act, such section 1332, as in effect on the day before the date of enactment of this Act, or such section 1332, as amended by subsection (a), apply to such application and State plan.
(3) In the case of a State that submits an application for a waiver under such section on or after the date of enactment of this Act, such section 1332, as amended by subsection (a), shall apply to such application and State plan.

SEC. 205. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH INSURANCE IN THE INDIVIDUAL MARKET THE OPTION TO PURCHASE A LOWER PREMIUM CATASTROPHIC PLAN.
(a) IN GENERAL.—Section 1332(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(e)) is amended by adding at the end the following:
(1) in paragraph (1), by inserting “and including, with respect to plan years beginning on or after January 1, 2019, paragraph (1)(A) shall not apply with respect to any plan offered in the State.”;
(b) RISK POOLS.—Section 1321(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(c)) is amended—
(1) in paragraph (1), by inserting “and including, with respect to plan years beginning on or after January 1, 2019, enrollees in catastrophic plans described in section 1321(e)” after “Exchange”; and
(2) in paragraph (2), by inserting “and including, with respect to plan years beginning on or after January 1, 2019, enrollees in catastrophic plans described in section 1321(e)” after “Exchange.”

SEC. 206. APPLICATION OF ENFORCEMENT PENALTIES.
(a) IN GENERAL.—Section 2723 of the Public Health Service Act (42 U.S.C. 300gg-22) is amended—
(1) in subsection (a)—
(A) in paragraph (1), by inserting “and of section 1332 of the Patient Protection and Affordable Care Act” after “this part”;
and
(B) in paragraph (2), by inserting “or in such section 1332” after “this part”; and
(2) in subsection (b)—
(A) in paragraphs (1) and (2)(A), by inserting “or section 1332 of the Patient Protection and Affordable Care Act” after “this part”;
and
(B) in paragraph (2)(C)(ii), by inserting “and section 1332 of the Patient Protection and Affordable Care Act” after “this part”;

SEC. 207. FUNDING FOR COST-SHARING PAYMENTS.
There is appropriated to the Secretary of Health and Human Services, out of money in the Treasury not otherwise appropriated, such sums as may be necessary for refunds for cost-sharing reductions authorized by the Patient Protection and Affordable Care Act (including any adjustments to any prior obligations for such payments) for the period beginning on the date of enactment of this Act and ending December 31, 2019. Notwithstanding any other provision of this Act, payments and other actions for adjustments to any obligations incurred for plan years 2018 and 2019 may be made through December 31, 2020.

SEC. 208. REPEAL OF COST-SHARING SUBSIDY PROGRAM.
(a) IN GENERAL.—Section 1402 of the Patient Protection and Affordable Care Act is repealed.
(b) EFFECTIVE DATE.—The repeal made by subsection (a) shall apply to cost-sharing reductions (and payments to issuers for such reductions) for plan years beginning after December 31, 2019.

PRIVILEGES OF THE FLOOR
Mr. SCHUMER. Mr. President, I ask unanimous consent that Bruce King, Charlie Ellsworth, Veronica Duron, and Matthew Fuentes of my staff be given all-access passes to the floor during the consideration of H.R. 1628.