

115TH CONGRESS  
2D SESSION

# H. R. 4820

To extend funding for certain public health programs, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 18, 2018

Mr. MCEACHIN (for himself, Ms. ROYBAL-ALLARD, Mr. CLAY, Mr. SERRANO, Mr. ESPAILLAT, Mr. DEUTCH, Mrs. NAPOLITANO, Mr. POCAN, Mr. LANGEVIN, Mr. RICHMOND, Mr. HUFFMAN, Mr. SCHRADER, Ms. ADAMS, Mr. MCNERNEY, Mr. GRIJALVA, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. CARSON of Indiana, Mr. SABLAN, Ms. BONAMICI, Mr. LARSON of Connecticut, Ms. JUDY CHU of California, Ms. DELBENE, Ms. NORTON, Mr. SCOTT of Virginia, Mr. COHEN, Mr. SEAN PATRICK MALONEY of New York, Ms. BARRAGÁN, Ms. MATSUI, Ms. SCHAKOWSKY, Mr. VEASEY, Mr. SOTO, Ms. JAYAPAL, Mr. KEATING, Mr. AL GREEN of Texas, Mr. LOWENTHAL, Ms. WILSON of Florida, Ms. HANABUSA, Ms. CASTOR of Florida, Ms. SEWELL of Alabama, Mr. GOMEZ, Mr. LOEBSACK, Ms. WASSERMAN SCHULTZ, Mrs. WATSON COLEMAN, Mr. THOMPSON of California, Mr. COURTNEY, Ms. ROSEN, Mr. TAKANO, Ms. PINGREE, Ms. KUSTER of New Hampshire, Mr. KHANNA, Mr. PANETTA, and Mr. KIHUEN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To extend funding for certain public health programs, and  
for other purposes.

1        *Be it enacted by the Senate and House of Representa-*  
2        *tives of the United States of America in Congress assembled,*

**1 SECTION 1. SHORT TITLE.**

**2** This Act may be cited as the “Advancing Seniors and  
**3** Kids Act” or the “ASK Act”.

**4 SEC. 2. TABLE OF CONTENTS.**

**5** The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.

**TITLE I—CHILDREN’S HEALTH INSURANCE PROGRAM**

- Sec. 100. Short title.
- Sec. 101. Permanent extension of the Children’s Health Insurance Program.
- Sec. 102. Extension of certain programs and demonstration projects.
- Sec. 103. Extension of outreach and enrollment program.
- Sec. 104. Extension and reduction of additional Federal financial participation for CHIP.

**TITLE II—MEDICARE AND OTHER HEALTH EXTENDERS**

**Subtitle A—Medicare Extenders and Related Policies**

- Sec. 201. Extension of work GPCI floor.
- Sec. 202. Permanent repeal of the therapy caps.
- Sec. 203. Ground ambulance services cost reporting requirement.
- Sec. 204. Ground ambulance services cost reporting study.
- Sec. 205. Extension of ground ambulance services extenders.
- Sec. 206. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals.
- Sec. 207. Extension of the Medicare-Dependent Hospital (MDH) program.
- Sec. 208. Specialized Medicare Advantage plans for special needs individuals.
- Sec. 209. Expanding supplemental benefits to meet the needs of chronically ill Medicare Advantage enrollees.
- Sec. 210. Extension of consensus-based entity funding.
- Sec. 211. Extension of certain MIPPA funding provisions.
- Sec. 212. Extension of home health rural add-on.

**Subtitle B—Medicaid and Public Health Extenders**

- Sec. 221. Extension for community health centers and the National Health Service Corps.
- Sec. 222. Extension for special diabetes programs.
- Sec. 223. Reauthorization of program of payments to teaching health centers that operate graduate medical education programs.
- Sec. 224. Extension for family-to-family health information centers.
- Sec. 225. Extension of abstinence education; extension of personal responsibility education program.
- Sec. 226. Extension of health workforce demonstration projects for low-income individuals.
- Sec. 227. Delay of reduction to Medicaid DSH allotments.
- Sec. 228. Delay of Bipartisan Budget Act of 2013 third-party liability provisions.

Subtitle C—Continuing the Maternal, Infant, and Early Childhood Home Visiting Program

- Sec. 231. Continuing evidence-based home visiting program.  
 Sec. 232. Continuing to demonstrate results to help families.  
 Sec. 233. Reviewing statewide needs to target resources.  
 Sec. 234. Improving the likelihood of success in high-risk communities.  
 Sec. 235. Option to fund evidence-based home visiting on a pay for outcome basis.  
 Sec. 236. Data exchange standards for improved interoperability.  
 Sec. 237. Allocation of funds.

TITLE III—STRENGTHENING PROTECTIONS FOR SOCIAL SECURITY BENEFICIARIES ACT OF 2018

- Sec. 300. Short title.

Subtitle A—Strengthening Oversight and Beneficiary Protection

- Sec. 301. Stronger monitoring of representative payees.  
 Sec. 302. Reducing the burden on families.  
 Sec. 303. Protecting beneficiaries through information sharing.  
 Sec. 304. Clarifying overpayment liability for child in child welfare system.  
 Sec. 305. Reports.

Subtitle B—Improving Payee Selection and Quality

- Sec. 311. Advance designation of representative payees.  
 Sec. 312. Prohibition on individuals convicted of certain crimes serving as representative payees.  
 Sec. 313. Prohibition on individuals with representative payees serving as representative payees.  
 Sec. 314. Reassessment of payee selection and replacement policies.

1 **TITLE I—CHILDREN’S HEALTH**  
 2 **INSURANCE PROGRAM**

3 **SEC. 100. SHORT TITLE.**

4 This title may be cited as the “Keeping Kids’ Insur-  
 5 ance Delivery Stable Act” or the “KIDS Act”.

6 **SEC. 101. PERMANENT EXTENSION OF THE CHILDREN’S**  
 7 **HEALTH INSURANCE PROGRAM.**

8 (a) FUNDING.—

9 (1) IN GENERAL.—Section 2104(a) of the So-  
 10 cial Security Act (42 U.S.C. 1397dd(a)), as amend-  
 11 ed by section 3201(a) of the CHIP and Public

1 Health Funding Extension Act (division C of Public  
2 Law 115–96), is amended—

3 (A) in paragraph (20)(B), by striking “;  
4 and” and inserting a semicolon; and

5 (B) by striking paragraph (21) and insert-  
6 ing the following new paragraphs:

7 “(21) for fiscal year 2018, \$21,500,000,000;

8 “(22) for fiscal year 2019, \$22,600,000,000;

9 “(23) for fiscal year 2020, \$23,700,000,000;

10 “(24) for fiscal year 2021, \$24,800,000,000;

11 “(25) for fiscal year 2022, \$25,900,000,000;

12 “(26) for fiscal year 2023, \$27,000,000,000;

13 “(27) for fiscal year 2024, \$28,100,000,000;

14 “(28) for fiscal year 2025, \$29,200,000,000;

15 “(29) for fiscal year 2026, \$30,300,000,000;

16 “(30) for fiscal year 2027, \$31,400,000,000;

17 and

18 “(31) for fiscal year 2028 and each subsequent  
19 fiscal year, the amount provided for the previous fis-  
20 cal year, increased by the product of—

21 “(A) 1 plus the percentage increase in the  
22 projected per capita amount of National Health  
23 Expenditures from the calendar year in which  
24 the previous fiscal year ends to the calendar  
25 year in which the fiscal year involved ends, as

1 most recently published by the Secretary before  
2 the beginning of the fiscal year; and

3 “(B) 1 plus the percentage increase (if  
4 any) in the national population of children from  
5 July 1 in the previous fiscal year to July 1 in  
6 the fiscal year involved, as determined by the  
7 Secretary based on the most recent published  
8 estimates of the Bureau of the Census before  
9 the beginning of the fiscal year involved, plus 1  
10 percentage point.”.

11 (2) PREVENTION OF DUPLICATE APPROPRIA-  
12 TIONS FOR FISCAL YEAR 2018.—Notwithstanding any  
13 other provision of law, insofar as funds have been  
14 appropriated under subsection (a)(21) of section  
15 2104 of the Social Security Act (42 U.S.C. 1397dd),  
16 as such subsection is in effect on the day before the  
17 date of the enactment of this Act, to provide allot-  
18 ments to States under the State Children’s Health  
19 Insurance Program established under title XXI of  
20 the Social Security Act (42 U.S.C. 1397aa et seq.)  
21 (whether implemented under title XIX, XXI, or  
22 both, of the Social Security Act) for fiscal year  
23 2018—

24 (A) any amounts that are so appropriated  
25 that are not so allotted and obligated before the

1 date of the enactment of this Act, are re-  
2 scinded; and

3 (B) any amount provided for CHIP allot-  
4 ments to a State under this section (and the  
5 amendments made by this section) for such fis-  
6 cal year shall be reduced by the amount of such  
7 appropriations so allotted and obligated before  
8 such date.

9 (b) ALLOTMENTS.—Section 2104(m) of the Social  
10 Security Act (42 U.S.C. 1397dd(m)), as amended by sec-  
11 tion 3201(b) of the CHIP and Public Health Funding Ex-  
12 tension Act (division C of Public Law 115–96), is amend-  
13 ed—

14 (1) in paragraph (2)(B)—

15 (A) in the matter preceding clause (i), by  
16 striking “(19)” and inserting “(31)”; and

17 (B) in clause (ii)—

18 (i) in the matter preceding subclause  
19 (I), by striking “and paragraph (10)”; and

20 (ii) in subclause (I), by inserting “(or,  
21 in the case of fiscal year 2018, under para-  
22 graph (4))” after “clause (i)”; and

23 (2) in paragraph (5), by striking “, 2017, or  
24 2018” and inserting “or 2017”;

25 (3) in paragraph (7)—

1 (A) in subparagraph (A), by striking “and  
2 ending with fiscal year 2017”;

3 (B) in subparagraph (B), in the matter  
4 preceding clause (i), by inserting “(or, in the  
5 case of fiscal year 2018, by not later than the  
6 date that is 60 days after the date of the enact-  
7 ment of the KIDS Act)” after “before the Au-  
8 gust 31 preceding the beginning of the fiscal  
9 year”; and

10 (C) in the matter following subparagraph  
11 (B), by striking “or fiscal year 2016” and in-  
12 serting “fiscal year 2016, or any succeeding  
13 even-numbered fiscal year”;

14 (4) in paragraph (9), by striking “, 2017, or  
15 2018” and inserting “or 2017”; and

16 (5) by striking paragraph (10).

17 (c) EXTENSION OF THE CHILD ENROLLMENT CON-  
18 TINGENCY FUND.—Section 2104(n) of the Social Security  
19 Act (42 U.S.C. 1397dd(n)) is amended—

20 (1) in paragraph (2)—

21 (A) in subparagraph (A)(ii), by striking  
22 “2010, 2011, 2012, 2013, 2014, and 2016”  
23 and inserting “2010 through 2014, 2016, 2018,  
24 and each subsequent fiscal year”; and

1 (B) in subparagraph (B), by striking  
2 “2010, 2011, 2012, 2013, 2014, and 2016”  
3 and inserting “2010 through 2014, 2016, 2018,  
4 and each subsequent fiscal year”; and

5 (2) in paragraph (3)(A), in the matter pre-  
6 ceding clause (i), by striking “or a semi-annual allot-  
7 ment period for fiscal year 2015 or 2017” and in-  
8 serting “or in fiscal year 2018 or any subsequent  
9 fiscal year (or a semi-annual allotment period for  
10 fiscal year 2015, or 2017)”.

11 (d) EXTENSION OF QUALIFYING STATES OPTION.—

12 (1) IN GENERAL.—Section 2105(g)(4) of the  
13 Social Security Act (42 U.S.C. 1397ee(g)(4)) is  
14 amended—

15 (A) in the heading, by striking “THROUGH  
16 2017” and inserting “AND SUBSEQUENT FISCAL  
17 YEARS”; and

18 (B) in subparagraph (A), by striking “for  
19 any of fiscal years 2009 through 2017” and in-  
20 serting “for fiscal year 2009 or any subsequent  
21 fiscal year”.

22 (2) TECHNICAL AMENDMENTS.—Section  
23 2104(f)(2)(B)(ii) of the Social Security Act (42  
24 U.S.C. 1397dd(f)(2)(B)(ii)), as amended by section  
25 3201(e) of the CHIP and Public Health Funding



1 Extension Act (division C of Public Law 115–96), is  
2 amended—

3 (A) in subclause (I), by striking “for the  
4 month (as defined in subclause (II))” and in-  
5 serting “(as defined in subclause (II)) for the  
6 month”;

7 (B) in subclause (II), by inserting “, as in  
8 effect on the day before the date of the enact-  
9 ment of the KIDS Act,” after “section  
10 2105(g)(4)(A)”; and

11 (C) in subclause (VI)—

12 (i) by inserting “, as in effect on the  
13 day before the date of the enactment of the  
14 KIDS Act” after “, section 2105(g)(4)”;  
15 and

16 (ii) by inserting “, as so in effect”  
17 after “under section 2105(g)(4)”.

18 (e) EXTENSION OF EXPRESS LANE ELIGIBILITY OP-  
19 TION.—Section 1902(e)(13) of the Social Security Act (42  
20 U.S.C. 1396a(e)(13)) is amended by striking subpara-  
21 graph (I).

22 (f) ASSURANCE OF AFFORDABILITY STANDARD FOR  
23 CHILDREN AND FAMILIES.—

1           (1) IN GENERAL.—Section 2105(d)(3) of the  
2 Social Security Act (42 U.S.C. 1397ee(d)(3)) is  
3 amended—

4           (A) in the paragraph heading, by striking  
5 “UNTIL OCTOBER 1, 2019”; and

6           (B) in subparagraph (A), in the matter  
7 preceding clause (i)—

8           (i) by striking “During the period  
9 that begins on” and inserting “Beginning  
10 on”;

11           (ii) by striking “and ends on Sep-  
12 tember 30, 2019”; and

13           (iii) by striking “The preceding sen-  
14 tence shall not be construed as preventing  
15 a State during such period” and inserting  
16 “Beginning on October 1, 2019, the pre-  
17 ceding sentence shall only apply with re-  
18 spect to children in families whose income  
19 does not exceed 300 percent of the poverty  
20 line (as defined in section 2110(c)(5)) ap-  
21 plicable to a family of the size involved.  
22 The preceding sentences shall not be con-  
23 strued as preventing a State during any  
24 such periods”.

1           (2) CONFORMING AMENDMENTS.—Section  
2 1902(gg)(2) of the Social Security Act (42 U.S.C.  
3 1396a(gg)(2)) is amended—

4           (A) in the paragraph heading, by striking  
5 “UNTIL OCTOBER 1, 2019”; and

6           (B) by striking “through September 30,  
7 2019,” and inserting “(but beginning on Octo-  
8 ber 1, 2019, only with respect to children in  
9 families whose income does not exceed 300 per-  
10 cent of the poverty line (as defined in section  
11 2110(c)(5)) applicable to a family of the size in-  
12 volved)”.

13 (g) CHIP LOOK-ALIKE PLANS.—

14           (1) BLENDING RISK POOLS.—Section 2107 of  
15 the Social Security Act (42 U.S.C. 1397gg) is  
16 amended by adding at the end the following:

17 “(g) USE OF BLENDED RISK POOLS.—

18           “(1) IN GENERAL.—Nothing in this title (or  
19 any other provision of Federal law) shall be con-  
20 strued as preventing a State from considering chil-  
21 dren enrolled in a qualified CHIP look-alike pro-  
22 gram and children enrolled in a State child health  
23 plan under this title (or a waiver of such plan) as  
24 members of a single risk pool.

1           “(2) QUALIFIED CHIP LOOK-ALIKE PROGRAM.—

2           In this subsection, the term ‘qualified CHIP look-  
3           alike program’ means a State program—

4                   “(A) under which children who are under  
5                   the age of 19 and are not eligible to receive  
6                   medical assistance under title XIX or child  
7                   health assistance under this title may purchase  
8                   coverage through the State that provides bene-  
9                   fits that are at least identical to the benefits  
10                  provided under the State child health plan  
11                  under this title (or a waiver of such plan); and

12                   “(B) that is funded exclusively through  
13                   non-Federal funds, including funds received by  
14                   the State in the form of premiums for the pur-  
15                   chase of such coverage.”.

16           (2) COVERAGE RULE.—

17                   (A) IN GENERAL.—Section 5000A(f)(1) of  
18                   the Internal Revenue Code of 1986 is amended  
19                   in subparagraph (A)(iii), by inserting “or under  
20                   a qualified CHIP look-alike program (as de-  
21                   fined in section 2107(g) of the Social Security  
22                   Act)” before the comma at the end.

23                   (B) EFFECTIVE DATE.—The amendment  
24                   made by subparagraph (A) shall apply with re-

1 spect to taxable years beginning after December  
2 31, 2017.

3 (h) AVAILABILITY OF UNUSED FISCAL YEAR 2018  
4 REDISTRIBUTION AMOUNTS.—Any amounts that have  
5 been redistributed to States under subsection (f) of section  
6 2104 of the Social Security Act (42 U.S.C. 1397dd) for  
7 fiscal year 2018 that are not, or will not be, expended by  
8 the end of that fiscal year shall be—

9 (1) adjusted by the Secretary before the end of  
10 fiscal year 2018 to reflect an updated estimate of  
11 shortfalls under subsection (f)(2)(A) of such section;  
12 and

13 (2) available for redistribution under subsection  
14 (f) of such section for subsequent fiscal years.

15 **SEC. 102. EXTENSION OF CERTAIN PROGRAMS AND DEM-**  
16 **ONSTRATION PROJECTS.**

17 (a) CHILDHOOD OBESITY DEMONSTRATION  
18 PROJECT.—Section 1139A(e)(8) of the Social Security  
19 Act (42 U.S.C. 1320b–9a(e)(8)) is amended—

20 (1) by striking “and \$10,000,000” and insert-  
21 ing “, \$10,000,000”; and

22 (2) by inserting after “2017” the following: “,  
23 and \$5,000,000 for fiscal year 2018 and each subse-  
24 quent fiscal year”.

1 (b) PEDIATRIC QUALITY MEASURES PROGRAM.—  
2 Section 1139A(i) of the Social Security Act (42 U.S.C.  
3 1320b–9a(i)) is amended—

4 (1) by striking “Out of any” and inserting the  
5 following:

6 “(1) IN GENERAL.—Out of any”;

7 (2) by striking “there is appropriated for each”  
8 and inserting “there is appropriated—

9 “(A) for each”;

10 (3) by striking “, and there is appropriated for  
11 the period” and inserting “;

12 “(B) for the period”;

13 (4) by striking “. Funds appropriated under  
14 this subsection shall remain available until ex-  
15 pended.” and inserting “; and”; and

16 (5) by adding at the end the following:

17 “(C) for fiscal year 2018 and each subse-  
18 quent fiscal year, \$15,000,000 for the purpose  
19 of carrying out this section (other than sub-  
20 sections (e), (f), and (g)).

21 “(2) AVAILABILITY.—Funds appropriated  
22 under this subsection shall remain available until ex-  
23 pended.”.

1 **SEC. 103. EXTENSION OF OUTREACH AND ENROLLMENT**  
2 **PROGRAM.**

3 (a) IN GENERAL.—Section 2113 of the Social Secu-  
4 rity Act (42 U.S.C. 1397mm) is amended—

5 (1) in subsection (a)(1), by striking “during the  
6 period of fiscal years 2009 through 2017”; and

7 (2) in subsection (g)—

8 (A) by striking “and \$40,000,000” and in-  
9 serting “, \$40,000,000”; and

10 (B) by inserting after “2017” the fol-  
11 lowing: “, and \$20,000,000 for fiscal year 2018  
12 and each subsequent fiscal year”.

13 (b) MAKING ORGANIZATIONS THAT USE PARENT  
14 MENTORS ELIGIBLE TO RECEIVE GRANTS.—Section  
15 2113(f) of the Social Security Act (42 U.S.C. 1397mm(f))  
16 is amended—

17 (1) in paragraph (1)(E), by striking “or com-  
18 munity-based doula programs” and inserting “, com-  
19 munity-based doula programs, or parent mentors”;  
20 and

21 (2) by adding at the end the following new  
22 paragraph:

23 “(5) PARENT MENTOR.—The term ‘parent  
24 mentor’ means an individual who—

1           “(A) is a parent or guardian of at least  
2 one child who is an eligible child under this title  
3 or title XIX; and

4           “(B) is trained to assist families with chil-  
5 dren who have no health insurance coverage  
6 with respect to improving the social deter-  
7 minants of the health of such children, includ-  
8 ing by providing—

9                   “(i) education about health insurance  
10 coverage, including, with respect to obtain-  
11 ing such coverage, eligibility criteria and  
12 application and renewal processes;

13                   “(ii) assistance with completing and  
14 submitting applications for health insur-  
15 ance coverage;

16                   “(iii) a liaison between families and  
17 representatives of State plans under title  
18 XIX or State child health plans under this  
19 title;

20                   “(iv) guidance on identifying medical  
21 and dental homes and community phar-  
22 macies for children; and

23                   “(v) assistance and referrals to suc-  
24 cessfully address social determinants of



1 children’s health, including poverty, food  
2 insufficiency, and housing.”.

3 (c) EXCLUSION FROM MODIFIED ADJUSTED GROSS  
4 INCOME.—Section 1902(e) of the Social Security Act (42  
5 U.S.C. 1396a(e)) is amended—

6 (1) in the first paragraph (14), relating to in-  
7 come determined using modified adjusted gross in-  
8 come, by adding at the end the following new sub-  
9 paragraph:

10 “(J) EXCLUSION OF PARENT MENTOR  
11 COMPENSATION FROM INCOME DETERMINA-  
12 TION.—Any nominal amount received by an in-  
13 dividual as compensation, including a stipend,  
14 for participation as a parent mentor (as defined  
15 in paragraph (5) of section 2113(f)) in an activ-  
16 ity or program funded through a grant under  
17 such section shall be disregarded for purposes  
18 of determining the income eligibility of such in-  
19 dividual for medical assistance under the State  
20 plan or any waiver of such plan.”; and

21 (2) by striking “(14) EXCLUSION” and insert-  
22 ing “(15) EXCLUSION”.

1 **SEC. 104. EXTENSION AND REDUCTION OF ADDITIONAL**  
2 **FEDERAL FINANCIAL PARTICIPATION FOR**  
3 **CHIP.**

4 Section 2105(b) of the Social Security Act (42 U.S.C.  
5 1397ee(b)) is amended in the second sentence by inserting  
6 “and during the period that begins on October 1, 2019,  
7 and ends on September 30, 2020, the enhanced FMAP  
8 determined for a State for a fiscal year (or for any portion  
9 of a fiscal year occurring during such period) shall be in-  
10 creased by 11.5 percentage points” after “23 percentage  
11 points,”.

12 **TITLE II—MEDICARE AND**  
13 **OTHER HEALTH EXTENDERS**  
14 **Subtitle A—Medicare Extenders**  
15 **and Related Policies**

16 **SEC. 201. EXTENSION OF WORK GPCI FLOOR.**

17 Section 1848(e)(1)(E) of the Social Security Act (42  
18 U.S.C. 1395w-4(e)(1)(E)) is amended by striking “Janu-  
19 ary 1, 2018” and inserting “January 1, 2020”.

20 **SEC. 202. PERMANENT REPEAL OF THE THERAPY CAPS.**

21 Section 1833(g) of the Social Security Act (42 U.S.C.  
22 1395l(g)) is amended—

23 (1) in paragraph (1)—

24 (A) by striking “Subject to paragraphs (4)  
25 and (5)” and inserting “(A) Subject to para-  
26 graphs (4) and (5)”;

1           (B) in the subparagraph (A), as inserted  
2           and designated by subparagraph (A) of this  
3           paragraph, by adding at the end the following  
4           new sentence: “The preceding sentence shall  
5           not apply to expenses incurred with respect to  
6           services furnished after December 31, 2017.”;  
7           and

8           (C) by adding at the end the following new  
9           subparagraph:

10          “(B) With respect to services furnished during 2018  
11          or a subsequent year, in the case of physical therapy serv-  
12          ices of the type described in section 1861(p), speech-lan-  
13          guage pathology services of the type described in such sec-  
14          tion through the application of section 1861(ll)(2), and  
15          physical therapy services and speech-language pathology  
16          services of such type which are furnished by a physician  
17          or as incident to physicians’ services, with respect to ex-  
18          penses incurred in any calendar year, any amount that  
19          is more than the amount specified in paragraph (2) for  
20          the year shall not be considered as incurred expenses for  
21          purposes of subsections (a) and (b) unless the applicable  
22          requirements of paragraph (7) are met.”;

23                 (2) in paragraph (3)—

1 (A) by striking “Subject to paragraphs (4)  
2 and (5)” and inserting “(A) Subject to para-  
3 graphs (4) and (5)”;

4 (B) in the subparagraph (A), as inserted  
5 and designated by subparagraph (A) of this  
6 paragraph, by adding at the end the following  
7 new sentence: “The preceding sentence shall  
8 not apply to expenses incurred with respect to  
9 services furnished after December 31, 2017.”;  
10 and

11 (C) by adding at the end the following new  
12 subparagraph:

13 “(B) With respect to services furnished during 2018  
14 or a subsequent year, in the case of occupational therapy  
15 services (of the type that are described in section 1861(p)  
16 through the operation of section 1861(g) and of such type  
17 which are furnished by a physician or as incident to physi-  
18 cians’ services), with respect to expenses incurred in any  
19 calendar year, any amount that is more than the amount  
20 specified in paragraph (2) for the year shall not be consid-  
21 ered as incurred expenses for purposes of subsections (a)  
22 and (b) unless the applicable requirements of paragraph  
23 (7) are met.”;

24 (3) in paragraph (5)—

1 (A) by redesignating subparagraph (D) as  
2 paragraph (8) and moving such paragraph to  
3 immediately follow paragraph (7), as added by  
4 paragraph (4) of this section; and

5 (B) in subparagraph (E)(iv), by inserting  
6 “, except as such process is applied under para-  
7 graph (7)(B)” before the period at the end; and  
8 (4) by adding at the end the following new  
9 paragraph:

10 “(7) For purposes of paragraphs (1)(B) and (3)(B),  
11 with respect to services described in such paragraphs, the  
12 requirements described in this paragraph are as follows:

13 “(A) INCLUSION OF APPROPRIATE MODIFIER.—  
14 The claim for such services contains an appropriate  
15 modifier (such as the KX modifier described in para-  
16 graph (5)(B)) indicating that such services are medi-  
17 cally necessary as justified by appropriate docu-  
18 mentation in the medical record involved.

19 “(B) TARGETED MEDICAL REVIEW FOR CER-  
20 TAIN SERVICES ABOVE THRESHOLD.—

21 “(i) IN GENERAL.—In the case where ex-  
22 penses that would be incurred for such services  
23 would exceed the threshold described in clause  
24 (ii) for the year, such services shall be subject

1 to the process for medical review implemented  
2 under paragraph (5)(E).

3 “(ii) THRESHOLD.—The threshold under  
4 this clause for—

5 “(I) a year before 2028, is \$3,000;

6 “(II) 2028, is the amount specified in  
7 subclause (I) increased by the percentage  
8 increase in the MEI (as defined in section  
9 1842(i)(3)) for 2028; and

10 “(III) a subsequent year, is the  
11 amount specified in this clause for the pre-  
12 ceding year increased by the percentage in-  
13 crease in the MEI (as defined in section  
14 1842(i)(3)) for such subsequent year,

15 except that if an increase under subclause (II)  
16 or (III) for a year is not a multiple of \$10, it  
17 shall be rounded to the nearest multiple of \$10.

18 “(iii) APPLICATION.—The threshold under  
19 clause (ii) shall be applied separately—

20 “(I) for physical therapy services and  
21 speech-language pathology services; and

22 “(II) for occupational therapy serv-  
23 ices.

24 “(iv) FUNDING.—For purposes of carrying  
25 out this subparagraph, the Secretary shall pro-

1           vide for the transfer, from the Federal Supple-  
2           mentary Medical Insurance Trust Fund under  
3           section 1841 to the Centers for Medicare &  
4           Medicaid Services Program Management Ac-  
5           count, of \$5,000,000 for each fiscal year begin-  
6           ning with fiscal year 2018, to remain available  
7           until expended. Such funds may not be used by  
8           a contractor under section 1893(h) for medical  
9           reviews under this subparagraph.”.

10 **SEC. 203. GROUND AMBULANCE SERVICES COST REPORT-**  
11 **ING REQUIREMENT.**

12           (a) IN GENERAL.—Section 1121 of the Social Secu-  
13           rity Act (42 U.S.C. 1320a) is amended—

14                   (1) in subsection (a)—

15                           (A) by striking “For the purposes of” and  
16                           inserting “Subject to subsection (d), for the  
17                           purposes of”;

18                           (B) by inserting “suppliers of ground am-  
19                           bulance services,” after “health maintenance or-  
20                           ganizations,”; and

21                           (C) in the matter following paragraph (5),  
22                           by adding the following new sentence: “Not  
23                           later than December 31, 2019, the Secretary  
24                           shall modify the uniform reporting system for  
25                           providers of services with respect to ambulance

1 services to ensure that such system contains in-  
2 formation similar (as determined by the Sec-  
3 retary) to information required under the uni-  
4 form reporting system for suppliers of ground  
5 ambulance services.”; and

6 (2) by adding at the end the following new sub-  
7 section:

8 “(d) In the case of a supplier of ground ambulance  
9 services that furnishes such services for fewer than 20 in-  
10 dividuals entitled to benefits under part A of title XVIII  
11 and enrolled under part B of such title in a cost reporting  
12 period (as defined by the Secretary), the Secretary may  
13 modify the requirements for inclusion of any information  
14 specified in subsection (a) in reports made in accordance  
15 with the uniform reporting systems established under this  
16 section with respect to such services.”.

17 (b) SUSPENSION OF PAYMENT FOR GROUND AMBU-  
18 LANCE SERVICES; DEEMING CERTAIN PAYMENTS OVER-  
19 PAYMENTS.—Section 1834(l) of the Social Security Act  
20 (42 U.S.C. 1395m(l)) is amended by adding at the end  
21 the following new paragraph:

22 “(17) REQUIREMENT TO SUBMIT COST REPORT  
23 AND AUTHORITY TO SUSPEND PAYMENTS AND DEEM  
24 CERTAIN PAYMENTS OVERPAYMENTS FOR GROUND  
25 AMBULANCE SERVICES.—



1           “(A) IN GENERAL.—With respect to  
2 ground ambulance services furnished by a sup-  
3 plier of such services during cost reporting peri-  
4 ods (as defined in subparagraph (I)) beginning  
5 on or after January 1, 2020, such supplier shall  
6 make reports to the Secretary of information  
7 described in section 1121(a) in accordance with  
8 the uniform reporting system established under  
9 such section for such suppliers and, as may be  
10 required by the Secretary, of any of the infor-  
11 mation described in subparagraph (B).

12           “(B) ADDITIONAL INFORMATION.—The  
13 Secretary may, with respect to a supplier of  
14 ground ambulance services, require the fol-  
15 lowing information (to be reported to the extent  
16 practicable under the uniform reporting system  
17 established under section 1121(a) for such sup-  
18 pliers):

19                   “(i) Whether the supplier is part of  
20 an emergency services department, a gov-  
21 ernmental organization, or another type of  
22 entity (as described by the Secretary).

23                   “(ii) The number of hours in a week  
24 during which the supplier is available for  
25 furnishing ground ambulance services.

1                   “(iii) The average number of volun-  
2                   teer hours a week used by the supplier.

3                   “(C) SUSPENSION OF PAYMENT.—Subject  
4                   to subparagraph (E), in the case that the Sec-  
5                   retary determines that a supplier of ground am-  
6                   bulance services has not made to the Secretary  
7                   a timely report described in subparagraph (A)  
8                   with respect to a cost reporting period begin-  
9                   ning on or after January 1, 2020, and before  
10                  January 1, 2022, the Secretary may suspend  
11                  payments made under this subsection, in whole  
12                  or in part, to such supplier until the Secretary  
13                  finds that such supplier has made such a re-  
14                  port.

15                  “(D) DEEMING CERTAIN PAYMENTS OVER-  
16                  PAYMENTS.—Subject to subparagraphs (E) and  
17                  (F), in the case that the Secretary determines  
18                  that a supplier of ground ambulance services  
19                  has not made to the Secretary a complete, accu-  
20                  rate, and timely report described in subpara-  
21                  graph (A) with respect to a cost reporting pe-  
22                  riod beginning on or after January 1, 2022, the  
23                  Secretary may deem payments made under this  
24                  subsection to such supplier for such period to

1 be overpayments and recoup such overpay-  
2 ments.

3 “(E) HARDSHIP DELAY.—The Secretary  
4 shall establish a process whereby a supplier of  
5 ground ambulance services may request a delay  
6 in making a report described in subparagraph  
7 (A) with respect to a cost reporting period for  
8 reason of significant hardship (as determined  
9 by the Secretary).

10 “(F) AUTHORITY TO MODIFY COST RE-  
11 PORTING ELEMENTS AND ENFORCEMENT.—Not  
12 earlier than January 1, 2024, the Secretary  
13 may provide that subparagraph (D) no longer  
14 applies to ground ambulance services suppliers  
15 or a category of such suppliers after—

16 “(i) taking into account the rec-  
17 ommendation of the Medicare Payment  
18 Advisory Commission in the most recent  
19 report available to the Secretary submitted  
20 under section 204 of the Advancing Sen-  
21 iors and Kids Act regarding whether cost  
22 reports made by suppliers or a category of  
23 suppliers (as specified for purposes of the  
24 report submitted under such section)  
25 should be required or modified; and

1                   “(ii) undertaking notice and comment  
2                   rulemaking.

3                   “(G) AUDIT OF COST REPORTS.—The Sec-  
4                   retary shall audit reports described in subpara-  
5                   graph (A) made with respect to cost reporting  
6                   periods beginning on or after January 1, 2021.

7                   “(H) APPEALS.—The Secretary shall es-  
8                   tablish a process whereby a supplier of ground  
9                   ambulance services may appeal a determination  
10                  described in subparagraph (C) or (D) made  
11                  with respect to a cost report required to be  
12                  made by such supplier under subparagraph (A).

13                  “(I) DEFINITION.—In this paragraph, the  
14                  term ‘cost reporting period’ means, with respect  
15                  to a year, the 12-month period beginning on  
16                  January 1 of such year.”.

17                  (c) STAKEHOLDER FEEDBACK.—

18                  (1) IN GENERAL.—The Secretary of Health and  
19                  Human Services shall implement the provisions of  
20                  this section, including the amendments made by this  
21                  section, through notice and comment rulemaking  
22                  and seek input from stakeholders.

23                  (2) NONAPPLICATION OF PAPERWORK REDUC-  
24                  TION ACT.—Chapter 35 of title 44, United States  
25                  Code, shall not apply with respect to—

1 (A) the development and implementation of  
2 the uniform reporting system required under  
3 section 1121(a) of the Social Security Act (42  
4 U.S.C. 1320a(a)) for suppliers of ground ambu-  
5 lance services and reports required to be made  
6 under section 1834(l)(17) of such Act (42  
7 U.S.C. 1395m(l)(17)), as added by subsection  
8 (b) of this section; and

9 (B) the modification of the uniform report-  
10 ing systems under such section 1121(a) of such  
11 Act for providers of such services and reports  
12 required to be made under section  
13 1861(v)(1)(F) of such Act (42 U.S.C.  
14 1395x(v)(1)(F)).

15 (d) IMPLEMENTATION RESOURCES.—

16 (1) IN GENERAL.—There are hereby appro-  
17 priated to the Secretary from the Federal Hospital  
18 Insurance Trust Fund under section 1817 of the So-  
19 cial Security Act (42 U.S.C. 1395i) \$8,000,000 and  
20 from the Federal Supplementary Medical Insurance  
21 Trust Fund under section 1841 of such Act (42  
22 U.S.C. 1395t) \$92,000,000 (of which not less than  
23 \$10,000,000 shall be used to fulfill the auditing re-  
24 quirement under section 1834(l)(17)(G) of such Act,  
25 as added by subsection (b) of this section) to carry

1 out the provisions of this section, including the  
2 amendments made by this section, to remain avail-  
3 able through December 31, 2022.

4 (2) FUNDING FOR EMPLOYEES.—The Secretary  
5 of Health and Human Services shall provide for the  
6 transfer to the Centers for Medicare & Medicaid  
7 Services Program Management Account, from the  
8 Federal Supplementary Medical Insurance Trust  
9 Fund under section 1841 of the Social Security Act  
10 (42 U.S.C. 1395t), of such sums as may be nec-  
11 essary in order to directly hire no more than 2 full-  
12 time employees to carry out the provisions of this  
13 section, including the amendments made by this sec-  
14 tion.

15 (e) SENSE OF CONGRESS.—It is the sense of Con-  
16 gress that—

17 (1) a cost report made by a supplier of ground  
18 ambulance services with respect to a cost reporting  
19 period beginning before January 1, 2022, may not  
20 contain complete and accurate information on  
21 ground ambulance services furnished during such a  
22 period by the supplier; and

23 (2) the Secretary should take into account only  
24 the timeliness of such a report made with respect to  
25 such a period when determining whether to suspend

1 payments to a supplier under section 1834(l) of the  
2 Social Security Act (42 U.S.C. 1395m(l)).

3 **SEC. 204. GROUND AMBULANCE SERVICES COST REPORT-**  
4 **ING STUDY.**

5 (a) IN GENERAL.—Not later than March 15, 2023,  
6 and as determined necessary by the Medicare Payment  
7 Advisory Commission thereafter, such Commission shall  
8 assess and submit to Congress a report on cost reports  
9 carried out in accordance with sections 1121(a) and  
10 1834(l) of the Social Security Act (42 U.S.C. 1320a(a),  
11 1395m(l)), the adequacy of payments for such services  
12 made under section 1834(l) of such Act, and geographic  
13 variations in the cost of providing such services.

14 (b) CONTENTS.—The report described in subsection  
15 (a) shall contain the following:

16 (1) An analysis of cost report data submitted in  
17 accordance with such sections.

18 (2) An analysis of any burden on providers and  
19 suppliers of such services associated with reporting  
20 such data.

21 (3) A recommendation on whether or not cost  
22 reports of ambulance services made by suppliers or  
23 a category of suppliers (as specified by the Sec-  
24 retary) of such services, or the ground ambulance  
25 portion of cost reports made by providers of such

1 services, should be required or modified, taking into  
2 account the analyses described in paragraphs (1)  
3 and (2).

4 **SEC. 205. EXTENSION OF GROUND AMBULANCE SERVICES**  
5 **EXTENDERS.**

6 Section 1834(l) of the Social Security Act (42 U.S.C.  
7 1395m(l)) is amended—

8 (1) in paragraph (12)(A), by striking “2018”  
9 and inserting “2023”; and

10 (2) in paragraph (13)(A), by striking “2018”  
11 each place it appears and inserting “2023”.

12 **SEC. 206. EXTENSION OF INCREASED INPATIENT HOSPITAL**  
13 **PAYMENT ADJUSTMENT FOR CERTAIN LOW-**  
14 **VOLUME HOSPITALS.**

15 Section 1886(d)(12) of the Social Security Act (42  
16 U.S.C. 1395ww(d)(12)) is amended—

17 (1) in subparagraph (B), in the matter pre-  
18 ceding clause (i), by striking “and for discharges oc-  
19 ccurring in fiscal year 2020 and subsequent fiscal  
20 years”;

21 (2) in subparagraph (C)(i)—

22 (A) by striking “fiscal years 2011 through  
23 2017” each place it appears and inserting “fis-  
24 cal years 2011 through 2019”; and



1 (B) by striking “or portion of fiscal year”;

2 and

3 (3) in subparagraph (D)—

4 (A) in the heading, by striking “TEM-

5 PORARY APPLICABLE PERCENTAGE INCREASE”

6 and inserting “APPLICABLE PERCENTAGE IN-

7 CREASE BEGINNING WITH FISCAL YEAR 2011”;

8 (B) by striking “fiscal years 2011 through

9 2017,” and inserting “fiscal years 2011

10 through 2019”; and

11 (C) by striking “or the portion of fiscal

12 year” each place it appears.

13 **SEC. 207. EXTENSION OF THE MEDICARE-DEPENDENT HOS-**

14 **PITAL (MDH) PROGRAM.**

15 (a) IN GENERAL.—Section 1886(d)(5)(G) of the So-

16 cial Security Act (42 U.S.C. 1395ww(d)(5)(G)) is amend-

17 ed—

18 (1) in clause (i), by striking “October 1, 2017”

19 and inserting “October 1, 2019”; and

20 (2) in clause (ii)(II), by striking “October 1,

21 2017” and inserting “October 1, 2019”.

22 (b) CONFORMING AMENDMENTS.—

23 (1) EXTENSION OF TARGET AMOUNT.—Section

24 1886(b)(3)(D) of the Social Security Act (42 U.S.C.

25 1395ww(b)(3)(D)) is amended—

1 (A) in the matter preceding clause (i), by  
2 striking “October 1, 2017” and inserting “Oc-  
3 tober 1, 2019”; and

4 (B) in clause (iv), by striking “through fis-  
5 cal year 2017” and inserting “through fiscal  
6 year 2019”.

7 (2) PERMITTING HOSPITALS TO DECLINE RE-  
8 CLASSIFICATION.—Section 13501(e)(2) of the Omni-  
9 bus Budget Reconciliation Act of 1993 (42 U.S.C.  
10 1395ww note) is amended by striking “through fis-  
11 cal year 2017” and inserting “through fiscal year  
12 2019”.

13 **SEC. 208. SPECIALIZED MEDICARE ADVANTAGE PLANS FOR**  
14 **SPECIAL NEEDS INDIVIDUALS.**

15 (a) PERMANENT EXTENSION.—Section 1859(f)(1) of  
16 the Social Security Act (42 U.S.C. 1395w–28(f)(1)) is  
17 amended by striking “and for periods before January 1,  
18 2019”.

19 (b) INCREASED INTEGRATION OF DUAL SNPs.—

20 (1) IN GENERAL.—Section 1859(f) of the Social  
21 Security Act (42 U.S.C. 1395w–28(f)) is amended—

22 (A) in paragraph (3), by adding at the end  
23 the following new subparagraph:

24 “(F) The plan meets the requirements ap-  
25 plicable under paragraph (8).”; and

1 (B) by adding at the end the following new  
2 paragraph:

3 “(8) INCREASED INTEGRATION OF DUAL  
4 SNPS.—

5 “(A) DESIGNATED CONTACT.—The Sec-  
6 retary, acting through the Federal Coordinated  
7 Health Care Office established under section  
8 2602 of Public Law 111–148, shall serve as a  
9 dedicated point of contact for States to address  
10 misalignments that arise with the integration of  
11 specialized MA plans for special needs individ-  
12 uals described in subsection (b)(6)(B)(ii) under  
13 this paragraph and, consistent with such role,  
14 shall—

15 “(i) establish a uniform process for  
16 disseminating to State Medicaid agencies  
17 information under this title impacting con-  
18 tracts between such agencies and such  
19 plans under this subsection; and

20 “(ii) establish basic resources for  
21 States interested in exploring such plans  
22 as a platform for integration, such as a  
23 model contract or other tools to achieve  
24 those goals.

1                   “(B) UNIFIED GRIEVANCES AND APPEALS  
2                   PROCESS.—

3                   “(i) IN GENERAL.—Not later than  
4                   April 1, 2020, the Secretary shall establish  
5                   procedures, to the extent feasible as deter-  
6                   mined by the Secretary, unifying griev-  
7                   ances and appeals procedures under sec-  
8                   tions 1852(f), 1852(g), 1902(a)(3),  
9                   1902(a)(5), and 1932(b)(4) for items and  
10                  services provided by specialized MA plans  
11                  for special needs individuals described in  
12                  subsection (b)(6)(B)(ii) under this title  
13                  and title XIX. The Secretary shall solicit  
14                  comment in developing such procedures  
15                  from States, plans, beneficiaries and their  
16                  representatives, and other relevant stake-  
17                  holders. With respect to items and services  
18                  described in the previous sentence, appeals  
19                  procedures established under this clause  
20                  shall apply in place of otherwise applicable  
21                  appeals procedures.

22                  “(ii) PROCEDURES.—The procedures  
23                  established under clause (i) shall be in-  
24                  cluded in the plan contract under para-  
25                  graph (3)(D) and shall—

1           “(I) adopt the provisions for the  
2           enrollee that are most protective for  
3           the enrollee and, to the extent feasible  
4           as determined by the Secretary, are  
5           compatible with unified timeframes  
6           and consolidated access to external re-  
7           view under an integrated process;

8           “(II) take into account dif-  
9           ferences in State plans under title  
10          XIX to the extent necessary;

11          “(III) be easily navigable by an  
12          enrollee; and

13          “(IV) include the elements de-  
14          scribed in clause (iii), as applicable.

15          “(iii) ELEMENTS DESCRIBED.—Both  
16          unified appeals and unified grievance pro-  
17          cedures shall include, as applicable, the fol-  
18          lowing elements described in this clause:

19                 “(I) Single written notification of  
20                 all applicable grievances and appeal  
21                 rights under this title and title XIX.  
22                 For purposes of this subparagraph,  
23                 the Secretary may waive the require-  
24                 ments under section 1852(g)(1)(B)  
25                 when the specialized MA plan covers

1 items or services under this part or  
2 under title XIX.

3 “(II) Single pathways for resolu-  
4 tion of any grievance or appeal related  
5 to a particular item or service pro-  
6 vided by specialized MA plans for spe-  
7 cial needs individuals described in  
8 subsection (b)(6)(B)(ii) under this  
9 title and title XIX.

10 “(III) Notices written in plain  
11 language and available in a language  
12 and format that is accessible to the  
13 enrollee, including in non-English lan-  
14 guages that are prevalent in the serv-  
15 ice area of the specialized MA plan.

16 “(IV) Unified timeframes for  
17 grievances and appeals processes,  
18 such as an individual’s filing of a  
19 grievance or appeal, a plan’s acknowl-  
20 edgment and resolution of a grievance  
21 or appeal, and notification of decisions  
22 with respect to a grievance or appeal.

23 “(V) Requirements for how the  
24 plan must process, track, and resolve  
25 grievances and appeals, to ensure

1 beneficiaries are notified on a timely  
2 basis of decisions that are made  
3 throughout the grievance or appeals  
4 process and are able to easily deter-  
5 mine the status of a grievance or ap-  
6 peal.

7 “(iv) CONTINUATION OF BENEFITS  
8 PENDING APPEAL.—The unified procedures  
9 under clause (i) shall, with respect to all  
10 benefits under parts A and B and title  
11 XIX subject to appeal under such proce-  
12 dures, incorporate provisions under current  
13 law and implementing regulations that pro-  
14 vide continuation of benefits pending ap-  
15 peal under this title and title XIX.

16 “(C) REQUIREMENT FOR UNIFIED GRIEV-  
17 ANCES AND APPEALS.—For 2022 and subse-  
18 quent years, the contract of a specialized MA  
19 plan for special needs individuals described in  
20 subsection (b)(6)(B)(ii) with a State Medicaid  
21 agency under paragraph (3)(D) shall require  
22 the use of unified grievances and appeals proce-  
23 dures as described in subparagraph (B).

24 “(D) REQUIREMENTS FOR FULL INTEGRA-  
25 TION FOR CERTAIN DUAL SNPS.—

1           “(i) REQUIREMENT.—For 2021 and  
2           subsequent years, a specialized MA plan  
3           for special needs individuals described in  
4           subsection (b)(6)(B)(ii) shall meet one or  
5           more of the following requirements for in-  
6           tegration of benefits under this title and  
7           title XIX:

8                   “(I) Meet the requirements of a  
9                   fully integrated plan described in sec-  
10                  tion 1853(a)(1)(B)(iv)(II) (other than  
11                  the requirement that the plan have  
12                  similar average levels of frailty, as de-  
13                  termined by the Secretary, as the  
14                  PACE program).

15                  “(II) Enter into a capitated con-  
16                  tract with the State Medicaid agency  
17                  to provide long-term services and sup-  
18                  ports or behavioral health services, or  
19                  both.

20                  “(III) To the extent the State  
21                  does not allow for or require such a  
22                  specialized MA plan to enter into a  
23                  capitated contract described in sub-  
24                  clause (II), enter into another type of  
25                  integration arrangement, as deter-



1                   mined appropriate by the Secretary  
2                   after consultation with stakeholders,  
3                   such as by—

4                   “(aa) entering into a con-  
5                   tract with the State that requires  
6                   notifying the State in a timely  
7                   manner of hospitalizations, emer-  
8                   gency room visits, and hospital or  
9                   nursing home discharges of en-  
10                  rollees or otherwise requires shar-  
11                  ing data that would benefit the  
12                  coordination of items and serv-  
13                  ices under this title and the State  
14                  plan under title XIX; or

15                  “(bb) being offered by a  
16                  parent organization that also of-  
17                  fers a Medicaid managed care  
18                  plan that provides long-term  
19                  services and supports or behav-  
20                  ioral health services to the same  
21                  enrollees as under such special-  
22                  ized MA plan.

23                  “(ii) SANCTIONS.—For 2021 and sub-  
24                  sequent years, if the Secretary determines  
25                  that a specialized MA plan fails to comply

1 with clause (i), the Secretary may provide  
2 for the application against the Medicare  
3 Advantage organization offering the plan  
4 any of the remedies described in section  
5 1857(g)(2).”.

6 (2) CONFORMING AMENDMENT TO RESPON-  
7 SIBILITIES OF FEDERAL COORDINATED HEALTH  
8 CARE OFFICE.—Section 2602(d) of Public Law 111–  
9 148 (42 U.S.C. 1315b(d)) is amended by adding at  
10 the end the following new paragraphs:

11 “(6) To act as a designated contact for States  
12 under subsection (f)(8)(A) of section 1859 of the So-  
13 cial Security Act (42 U.S.C. 1395w–28) with respect  
14 to the integration of specialized MA plans for special  
15 needs individuals described in subsection  
16 (b)(6)(B)(ii) of such section.

17 “(7) To be responsible for developing regula-  
18 tions and guidance related to the implementation of  
19 a unified grievance and appeals process as described  
20 in subparagraphs (B) and (C) of section 1859(f)(8)  
21 of the Social Security Act (42 U.S.C. 1395w–  
22 28(f)(8)).

23 “(8) To be responsible for developing regula-  
24 tions and guidance related to the integration or  
25 alignment of policy and oversight under the Medi-

1 care program under title XVIII of such Act and  
2 Medicaid program under title XIX of such Act re-  
3 garding specialized MA plans for special needs indi-  
4 viduals described in subsection (b)(6)(B)(ii) of such  
5 section 1859.”.

6 (c) IMPROVEMENTS TO SEVERE OR DISABLING  
7 CHRONIC CONDITION SNPs.—

8 (1) CARE MANAGEMENT REQUIREMENTS.—Sec-  
9 tion 1859(f)(5) of the Social Security Act (42  
10 U.S.C. 1395w–28(f)(5)) is amended—

11 (A) by redesignating subparagraphs (A)  
12 and (B) as clauses (i) and (ii), respectively, and  
13 indenting appropriately;

14 (B) in clause (ii), as redesignated by sub-  
15 paragraph (B), by redesignating clauses (i)  
16 through (iii) as subclauses (I) through (III), re-  
17 spectively, and indenting appropriately;

18 (C) by striking “ALL SNPS.—The require-  
19 ments” and inserting “ALL SNPS.—

20 “(A) IN GENERAL.—Subject to subpara-  
21 graph (B), the requirements”; and

22 (D) by adding at the end the following new  
23 subparagraph:

24 “(B) IMPROVEMENTS TO CARE MANAGE-  
25 MENT REQUIREMENTS FOR SEVERE OR DIS-

1            ABLING CHRONIC CONDITION SNPS.—For 2020  
2            and subsequent years, in the case of a special-  
3            ized MA plan for special needs individuals de-  
4            scribed in subsection (b)(6)(B)(iii), the require-  
5            ments described in this paragraph include the  
6            following:

7            “(i) The interdisciplinary team under  
8            subparagraph (A)(ii)(III) includes a team  
9            of providers with demonstrated expertise,  
10           including training in an applicable spe-  
11           cialty, in treating individuals similar to the  
12           targeted population of the plan.

13           “(ii) Requirements developed by the  
14           Secretary to provide face-to-face encoun-  
15           ters with individuals enrolled in the plan  
16           not less frequently than on an annual  
17           basis.

18           “(iii) As part of the model of care  
19           under clause (i) of subparagraph (A), the  
20           results of the initial assessment and an-  
21           nual reassessment under clause (ii)(I) of  
22           such subparagraph of each individual en-  
23           rolled in the plan are addressed in the indi-  
24           vidual’s individualized care plan under  
25           clause (ii)(II) of such subparagraph.

1           “(iv) As part of the annual evaluation  
2           and approval of such model of care, the  
3           Secretary shall take into account whether  
4           the plan fulfilled the previous year’s goals  
5           (as required under the model of care).

6           “(v) The Secretary shall establish a  
7           minimum benchmark for each element of  
8           the model of care of a plan. The Secretary  
9           shall only approve a plan’s model of care  
10          under this paragraph if each element of  
11          the model of care meets the minimum  
12          benchmark applicable under the preceding  
13          sentence.”.

14           (2) REVISIONS TO THE DEFINITION OF A SE-  
15          VERE OR DISABLING CHRONIC CONDITIONS SPECIAL-  
16          IZED NEEDS INDIVIDUAL.—

17                   (A)           IN           GENERAL.—Section  
18           1859(b)(6)(B)(iii) of the Social Security Act  
19           (42 U.S.C. 1395w-28(b)(6)(B)(iii)) is amend-  
20           ed—

21                           (i) by striking “who have” and insert-  
22                           ing “who—

23                                   “(I) before January 1, 2022,  
24                                   have”;

1 (ii) in subclause (I), as added by  
2 clause (i), by striking the period at the end  
3 and inserting “; and”; and

4 (iii) by adding at the end the fol-  
5 lowing new subclause:

6 “(II) on or after January 1,  
7 2022, have one or more capitated and  
8 medically complex chronic conditions  
9 that is life threatening or significantly  
10 limits overall health or function, have  
11 a high risk of hospitalization or other  
12 adverse health outcomes, and require  
13 intensive care coordination and that is  
14 listed under subsection (f)(9)(A).”.

15 (B) PANEL OF CLINICAL ADVISORS.—Sec-  
16 tion 1859(f) of the Social Security Act (42  
17 U.S.C. 1395w–28(f)), as amended by subsection  
18 (b), is amended by adding at the end the fol-  
19 lowing new paragraph:

20 “(9) LIST OF CONDITIONS FOR CLARIFICATION  
21 OF THE DEFINITION OF A SEVERE OR DISABLING  
22 CHRONIC CONDITIONS SPECIALIZED NEEDS INDI-  
23 VIDUAL.—

24 “(A) IN GENERAL.—Not later than De-  
25 cember 31, 2020, and every 5 years thereafter,

1 the Secretary shall convene a panel of clinical  
2 advisors to establish and update a list of condi-  
3 tions that meet each of the following criteria:

4 “(i) Conditions that meet the defini-  
5 tion of a severe or disabling chronic condi-  
6 tion under subsection (b)(6)(B)(iii) on or  
7 after January 1, 2022.

8 “(ii) Conditions that require prescrip-  
9 tion drugs, providers, and models of care  
10 that are unique to the specific population  
11 of enrollees in a specialized MA plan for  
12 special needs individuals described in such  
13 subsection on or after such date and—

14 “(I) as a result of such special  
15 needs individuals with such a condi-  
16 tion having access to and being en-  
17 rolled in such a plan, as compared to  
18 access to and enrollment in other  
19 Medicare Advantage plans under this  
20 part, it is projected that such individ-  
21 uals would improve health outcomes  
22 with respect to such condition, that  
23 such individuals would have reduced  
24 overall costs under this title, and that  
25 there would not be any increase in ex-

1                   penditures under this title for such in-  
2                   dividuals; or

3                   “(II) have a low prevalence in the  
4                   general population of beneficiaries  
5                   under this title or a disproportionately  
6                   high per-beneficiary cost under this  
7                   title.

8                   “(B) GAO STUDY ON HEALTH OUTCOMES  
9                   OF INDIVIDUALS ENROLLED IN SPECIALIZED  
10                  MA PLANS.—Not later than the date that is 3  
11                  years after the date of the enactment of this  
12                  paragraph, the Comptroller General of the  
13                  United States shall conduct a study and submit  
14                  to Congress a report on the extent to which  
15                  health outcomes can be compared across spe-  
16                  cialized MA plans for special needs individuals  
17                  (as defined in section 1859(b)(6)) and other  
18                  Medicare Advantage plans under this part  
19                  across similar populations, using existing meas-  
20                  ures and that identifies any potential limita-  
21                  tions where new measures may need to be de-  
22                  veloped for such population.”.

23                  (d) QUALITY MEASUREMENT AT THE PLAN LEVEL  
24                  FOR SNPs AND DETERMINATION OF FEASIBILITY OF  
25                  QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL



1 MA PLANS.—Section 1853(o) of the Social Security Act  
2 (42 U.S.C. 1395w–23(o)) is amended by adding at the end  
3 the following new paragraphs:

4           “(6) QUALITY MEASUREMENT AT THE PLAN  
5 LEVEL FOR SNPS.—

6           “(A) IN GENERAL.—Subject to subpara-  
7 graph (B), the Secretary may require reporting  
8 of data under section 1852(e) for, and apply  
9 under this subsection, quality measures at the  
10 plan level for specialized MA plans for special  
11 needs individuals instead of at the contract  
12 level.

13           “(B) CONSIDERATIONS.—Prior to applying  
14 quality measurement at the plan level under  
15 this paragraph, the Secretary shall—

16           “(i) take into consideration the min-  
17 imum number of enrollees in a specialized  
18 MA plan for special needs individuals in  
19 order to determine if a statistically signifi-  
20 cant or valid measurement of quality at  
21 the plan level is possible under this para-  
22 graph;

23           “(ii) if quality measures are reported  
24 at the plan level, ensure that MA plans are

1 not required to provide duplicative infor-  
2 mation; and

3 “(iii) ensure that such reporting does  
4 not interfere with the collection of encoun-  
5 ter data submitted by MA organizations or  
6 the administration of any changes to the  
7 program under this part as a result of the  
8 collection of such data.

9 “(C) APPLICATION.—If the Secretary ap-  
10 plies quality measurement at the plan level  
11 under this paragraph—

12 “(i) such quality measurement may  
13 include Medicare Health Outcomes Survey  
14 (HOS), Healthcare Effectiveness Data and  
15 Information Set (HEDIS), Consumer As-  
16 sessment of Healthcare Providers and Sys-  
17 tems (CAHPS) measures and quality  
18 measures under part D; and

19 “(ii) the Secretary shall consider ap-  
20 plying administrative actions, such as rem-  
21 edies described in section 1857(g)(2), to  
22 the plan level.

23 “(7) DETERMINATION OF FEASIBILITY OF  
24 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR  
25 ALL MA PLANS.—

1           “(A) DETERMINATION OF FEASIBILITY.—  
2           The Secretary shall determine the feasibility of  
3           requiring reporting of data under section  
4           1852(e) for, and applying under this subsection,  
5           quality measures at the plan level for all MA  
6           plans under this part.

7           “(B) CONSIDERATION OF CHANGE.—After  
8           making a determination under subparagraph  
9           (A), the Secretary shall consider requiring such  
10          reporting and applying such quality measures  
11          at the plan level as described in such subpara-  
12          graph.”.

13          (e) GAO STUDY AND REPORT ON STATE-LEVEL IN-  
14          TEGRATION BETWEEN DUAL SNPs AND MEDICAID.—

15                 (1) STUDY.—The Comptroller General of the  
16                 United States (in this paragraph referred to as the  
17                 “Comptroller General”) shall conduct a study on  
18                 State-level integration between specialized MA plans  
19                 for special needs individuals described in subsection  
20                 (b)(6)(B)(ii) of section 1859 of the Social Security  
21                 Act (42 U.S.C. 1395w–28) and the Medicaid pro-  
22                 gram under title XIX of such Act (42 U.S.C. 1396  
23                 et seq.). Such study shall include an analysis of the  
24                 following:

1 (A) The characteristics of States in which  
2 the State agency responsible for administering  
3 the State plan under such title XIX has a con-  
4 tract with such a specialized MA plan and that  
5 delivers long-term services and supports under  
6 the State plan under such title XIX through a  
7 managed care program, including the require-  
8 ments under such State plan with respect to  
9 long-term services and supports.

10 (B) The types of such specialized MA  
11 plans, which may include the following:

12 (i) A plan described in section  
13 1853(a)(1)(B)(iv)(II) of such Act (42  
14 U.S.C. 1395w-23(a)(1)(B)(iv)(II)).

15 (ii) A plan that meets the require-  
16 ments described in subsection (f)(3)(D) of  
17 such section 1859.

18 (iii) A plan described in clause (ii)  
19 that also meets additional requirements es-  
20 tablished by the State.

21 (C) The characteristics of individuals en-  
22 rolled in such specialized MA plans.

23 (D) As practicable, the following with re-  
24 spect to State programs for the delivery of long-

1 term services and supports under such title  
2 XIX through a managed care program:

3 (i) Which populations of individuals  
4 are eligible to receive such services and  
5 supports.

6 (ii) Whether all such services and sup-  
7 ports are provided on a capitated basis or  
8 if any of such services and supports are  
9 carved out and provided through fee-for-  
10 service.

11 (E) As, practicable, how the availability  
12 and variation of integration arrangements of  
13 such specialized MA plans offered in States af-  
14 fects spending, service delivery options, access  
15 to community-based care, and utilization of  
16 care.

17 (F) Barriers and opportunities for making  
18 further progress on dual integration, as well as  
19 recommend legislation to expedite or refine  
20 pathways toward fully integrated care.

21 (2) REPORT.—Not later than 2 years after the  
22 date of the enactment of this Act, the Comptroller  
23 General shall submit to Congress a report containing  
24 the results of the study conducted under paragraph  
25 (1), together with recommendations for such legisla-

1 tion and administrative action as the Comptroller  
2 General determines appropriate.

3 **SEC. 209. EXPANDING SUPPLEMENTAL BENEFITS TO MEET**  
4 **THE NEEDS OF CHRONICALLY ILL MEDICARE**  
5 **ADVANTAGE ENROLLEES.**

6 (a) IN GENERAL.—Section 1852(a)(3) of the Social  
7 Security Act (42 U.S.C. 1395w-22(a)(3)) is amended—

8 (1) in subparagraph (A), by striking “Each”  
9 and inserting “Subject to subparagraph (D), each”;  
10 and

11 (2) by adding at the end the following new sub-  
12 paragraph:

13 “(D) EXPANDING SUPPLEMENTAL BENE-  
14 FITS TO MEET THE NEEDS OF CHRONICALLY  
15 ILL ENROLLEES.—

16 “(i) IN GENERAL.—For plan year  
17 2020 and subsequent plan years, in addi-  
18 tion to any supplemental health care bene-  
19 fits otherwise provided under this para-  
20 graph, an MA plan, including a specialized  
21 MA plan for special needs individuals de-  
22 scribed in subsection (b)(6) of section  
23 1859, may provide supplemental benefits  
24 described in clause (ii) to a chronically ill  
25 enrollee (as defined in clause (iii)).

1                   “(ii) SUPPLEMENTAL BENEFITS DE-  
2                   SCRIBED.—

3                   “(I) IN GENERAL.—Supplemental  
4                   benefits described in this clause are  
5                   supplemental benefits that, with re-  
6                   spect to a chronically ill enrollee, have  
7                   a reasonable expectation of improving  
8                   or maintaining the health or overall  
9                   function of the chronically ill enrollee  
10                  and may not be limited to being pri-  
11                  marily health related benefits.

12                  “(II) AUTHORITY TO WAIVE UNI-  
13                  FORMITY REQUIREMENTS.—The Sec-  
14                  retary may, with respect to supple-  
15                  mental benefits provided to a chron-  
16                  ically ill enrollee under this subpara-  
17                  graph, waive the uniformity require-  
18                  ment, as determined appropriate by  
19                  the Secretary.

20                  “(iii) CHRONICALLY ILL ENROLLEE  
21                  DEFINED.—In this subparagraph, the term  
22                  ‘chronically ill enrollee’ means an enrollee  
23                  in an MA plan that the Secretary deter-  
24                  mines—

1                   “(I) has one or more comorbid  
2                   and medically complex chronic condi-  
3                   tions that is life threatening or signifi-  
4                   cantly limits the overall health or  
5                   function of the enrollee;

6                   “(II) has a high risk of hos-  
7                   pitalization or other adverse health  
8                   outcomes; or

9                   “(III) requires intensive care co-  
10                  ordination.”.

11               (b) GAO STUDY AND REPORT.—

12               (1) STUDY.—The Comptroller General of the  
13               United States (in this subsection referred to as the  
14               “Comptroller General”) shall conduct a study on  
15               supplemental benefits provided to enrollees in Medi-  
16               care Advantage plans under part C of title XVIII of  
17               the Social Security Act, including specialized MA  
18               plans for special needs individuals described in sec-  
19               tion 1859(b)(6) of such Act (42 U.S.C. 1395w-  
20               28(b)(6)). Such study shall be conducted in con-  
21               sultation with the Centers for Medicare & Medicaid  
22               Services and Medicare Advantage plans as necessary  
23               and, to the extent data is available, shall include an  
24               analysis of the following:



1 (A) The type of supplemental benefits pro-  
2 vided to such enrollees, the total number of en-  
3 rollees receiving each supplemental benefit, and  
4 whether the supplemental benefit is covered by  
5 the standard benchmark cost of the benefit or  
6 with an additional premium.

7 (B) The frequency in which supplemental  
8 benefits are utilized by such enrollees.

9 (C) The impact supplemental benefits have  
10 on—

11 (i) indicators of the quality of care re-  
12 ceived by such enrollees, including overall  
13 health and function of the enrollees;

14 (ii) the utilization of items and serv-  
15 ices for which benefits are available under  
16 the original Medicare fee-for-service pro-  
17 gram option under parts A and B of such  
18 title XVIII by such enrollees; and

19 (iii) the amount of the bids submitted  
20 by Medicare Advantage Organizations for  
21 Medicare Advantage plans under such part  
22 C.

23 (2) REPORT.—Not later than 5 years after the  
24 date of the enactment of this Act, the Comptroller  
25 General shall submit to Congress a report containing

1 the results of the study conducted under paragraph  
2 (1), together with recommendations for such legisla-  
3 tion and administrative action as the Comptroller  
4 General determines appropriate.

5 **SEC. 210. EXTENSION OF CONSENSUS-BASED ENTITY FUND-**  
6 **ING.**

7 Section 1890(d)(2) of the Social Security Act (42  
8 U.S.C. 1395aaa(d)(2)) is amended by striking “2017”  
9 and inserting “2019”.

10 **SEC. 211. EXTENSION OF CERTAIN MIPPA FUNDING PROVI-**  
11 **SIONS.**

12 Section 119 of the Medicare Improvements for Pa-  
13 tients and Providers Act of 2008 (42 U.S.C. 1395b–3  
14 note) is amended—

15 (1) in subsection (a)(1)(B)—

16 (A) in clause (vi), by striking “and” at the  
17 end;

18 (B) in clause (vii), by striking the period  
19 at the end and inserting “; and”; and

20 (C) by inserting after clause (vii) the fol-  
21 lowing new clause:

22 “(viii) for each of fiscal years 2018  
23 through 2019, of \$13,000,000.”;

24 (2) in subsection (b)(1)(B)—

1 (A) in clause (vi), by striking “and” at the  
2 end;

3 (B) in clause (vii), by striking the period  
4 at the end and inserting “; and”; and

5 (C) by inserting after clause (vii) the fol-  
6 lowing new clause:

7 “(viii) for each of fiscal years 2018  
8 through 2019, of \$7,500,000.”;

9 (3) in subsection (c)(1)(B)—

10 (A) in clause (vi), by striking “and” at the  
11 end;

12 (B) in clause (vii), by striking the period  
13 at the end and inserting “; and”; and

14 (C) by inserting after clause (vii) the fol-  
15 lowing new clause:

16 “(viii) for each of fiscal years 2018  
17 through 2019, of \$5,000,000.”; and

18 (4) in subsection (d)(2)—

19 (A) in clause (vi), by striking “and” at the  
20 end;

21 (B) in clause (vii), by striking the period  
22 at the end and inserting “; and”; and

23 (C) by inserting after clause (vii) the fol-  
24 lowing new clause:

1                   “(viii) for each of fiscal years 2018  
2                   through 2019, of \$12,000,000.”.

3 **SEC. 212. EXTENSION OF HOME HEALTH RURAL ADD-ON.**

4           Section 421(a) of the Medicare Prescription Drug,  
5 Improvement, and Modernization Act of 2003 (Public Law  
6 108–173; 117 Stat. 2283; 42 U.S.C. 1395fff note), as  
7 amended by section 5201(b) of the Deficit Reduction Act  
8 of 2005 (Public Law 109–171; 120 Stat. 46), section  
9 3131(c) of the Patient Protection and Affordable Care Act  
10 (Public Law 111–148; 124 Stat. 428), and section 210  
11 of the Medicare Access and CHIP Reauthorization Act of  
12 2015 (Public Law 114–10), is further amended by strik-  
13 ing “January 1, 2018” and inserting “January 1, 2020”  
14 each place it appears.

15           **Subtitle B—Medicaid and Public**  
16                                   **Health Extenders**

17 **SEC. 221. EXTENSION FOR COMMUNITY HEALTH CENTERS**  
18                                   **AND THE NATIONAL HEALTH SERVICE**  
19                                   **CORPS.**

20           (a) **COMMUNITY HEALTH CENTERS FUNDING.**—Sec-  
21 tion 10503(b)(1) of the Patient Protection and Affordable  
22 Care Act (42 U.S.C. 254b–2(b)(1)), as amended by sec-  
23 tion 3101 of Public Law 115–96, is amended by amending  
24 subparagraph (F) to read as follows:

1                   “(F) \$3,600,000,000 for each of fiscal  
2                   years 2018 and 2019.”.

3           (b) OTHER COMMUNITY HEALTH CENTERS PROVI-  
4           SIONS.—Section 330 of the Public Health Service Act (42  
5           U.S.C. 254b) is amended—

6                   (1) in subsection (b)(1)(A)(ii), by striking  
7                   “abuse” and inserting “use disorder”;

8                   (2) in subsection (b)(2)(A), by striking “abuse”  
9                   and inserting “use disorder”;

10                  (3) in subsection (c)—

11                          (A) in paragraph (1), by striking subpara-  
12                          graphs (B) through (D);

13                          (B) by striking “(1) IN GENERAL” and all  
14                          that follows through “The Secretary” and in-  
15                          serting the following:

16                          “(1) CENTERS.—The Secretary”; and

17                          (C) in paragraph (1), as amended, by re-  
18                          designating clauses (i) through (v) as subpara-  
19                          graphs (A) through (E) and moving the margin  
20                          of each of such redesignated subparagraph 2  
21                          ems to the left;

22                          (4) by striking subsection (d) and inserting the  
23                          following:

24                          “(d) IMPROVING QUALITY OF CARE.—

1           “(1) SUPPLEMENTAL AWARDS.—The Secretary  
2           may award supplemental grant funds to health cen-  
3           ters funded under this section to implement evi-  
4           dence-based models for increasing access to high-  
5           quality primary care services, which may include  
6           models related to—

7                   “(A) improving the delivery of care for in-  
8                   dividuals with multiple chronic conditions;

9                   “(B) workforce configuration;

10                  “(C) reducing the cost of care;

11                  “(D) enhancing care coordination;

12                  “(E) expanding the use of telehealth and  
13                  technology-enabled collaborative learning and  
14                  capacity building models;

15                  “(F) care integration, including integration  
16                  of behavioral health, mental health, or sub-  
17                  stance use disorder services; and

18                  “(G) addressing emerging public health or  
19                  substance use disorder issues to meet the health  
20                  needs of the population served by the health  
21                  center.

22           “(2) SUSTAINABILITY.—In making supple-  
23           mental awards under this subsection, the Secretary  
24           may consider whether the health center involved has  
25           submitted a plan for continuing the activities funded

1 under this subsection after supplemental funding is  
2 expended.

3 “(3) SPECIAL CONSIDERATION.—The Secretary  
4 may give special consideration to applications for  
5 supplemental funding under this subsection that  
6 seek to address significant barriers to access to care  
7 in areas with a greater shortage of health care pro-  
8 viders and health services relative to the national av-  
9 erage.”;

10 (5) in subsection (e)(1)—

11 (A) in subparagraph (B)—

12 (i) by striking “2 years” and inserting  
13 “1 year”; and

14 (ii) by adding at the end the fol-  
15 lowing: “The Secretary shall not make a  
16 grant under this paragraph unless the ap-  
17 plicant provides assurances to the Sec-  
18 retary that within 120 days of receiving  
19 grant funding for the operation of the  
20 health center, the applicant will submit, for  
21 approval by the Secretary, an implementa-  
22 tion plan to meet the requirements of sub-  
23 section (1)(3). The Secretary may extend  
24 such 120-day period for achieving compli-

- 1           ance upon a demonstration of good cause  
2           by the health center.”; and  
3           (B) in subparagraph (C)—  
4                 (i) in the subparagraph heading, by  
5                 striking “AND PLANS”;  
6                 (ii) by striking “or plan (as described  
7                 in subparagraphs (B) and (C) of sub-  
8                 section (c)(1))”;  
9                 (iii) by striking “or plan, including  
10                the purchase” and inserting the following:  
11                “including—  
12                “(i) the purchase”;  
13                (iv) by inserting “, which may include  
14                data and information systems” after “of  
15                equipment”;  
16                (v) by striking the period at the end  
17                and inserting a semicolon; and  
18                (vi) by adding at the end the fol-  
19                lowing:  
20                “(ii) the provision of training and  
21                technical assistance; and  
22                “(iii) other activities that—  
23                “(I) reduce costs associated with  
24                the provision of health services;



1                   “(II) improve access to, and  
2                   availability of, health services provided  
3                   to individuals served by the centers;

4                   “(III) enhance the quality and  
5                   coordination of health services; or

6                   “(IV) improve the health status  
7                   of communities.”;

8                   (6) in subsection (e)(5)(B)—

9                   (A) in the heading of subparagraph (B), by  
10                  striking “AND PLANS”; and

11                  (B) by striking “and subparagraphs (B)  
12                  and (C) of subsection (e)(1) to a health center  
13                  or to a network or plan” and inserting “to a  
14                  health center or to a network”;

15                  (7) by striking subsection (s);

16                  (8) by redesignating subsections (g) through (r)  
17                  as subsections (h) through (s), respectively;

18                  (9) by inserting after subsection (f), the fol-  
19                  lowing:

20                  “(g) NEW ACCESS POINTS AND EXPANDED SERV-  
21                  ICES.—

22                  “(1) APPROVAL OF NEW ACCESS POINTS.—

23                  “(A) IN GENERAL.—The Secretary may  
24                  approve applications for grants under subpara-

1 graph (A) or (B) of subsection (e)(1) to estab-  
2 lish new delivery sites.

3 “(B) SPECIAL CONSIDERATION.—In car-  
4 rying out subparagraph (A), the Secretary may  
5 give special consideration to applicants that  
6 have demonstrated the new delivery site will be  
7 located within a sparsely populated area, or an  
8 area which has a level of unmet need that is  
9 higher relative to other applicants.

10 “(C) CONSIDERATION OF APPLICATIONS.—  
11 In carrying out subparagraph (A), the Sec-  
12 retary shall approve applications for grants  
13 under subparagraphs (A) and (B) of subsection  
14 (e)(1) in such a manner that the ratio of the  
15 medically underserved populations in rural  
16 areas which may be expected to use the services  
17 provided by the applicants involved to the medi-  
18 cally underserved populations in urban areas  
19 which may be expected to use the services pro-  
20 vided by the applicants is not less than two to  
21 three or greater than three to two.

22 “(D) SERVICE AREA OVERLAP.—If in car-  
23 rying out subparagraph (A) the applicant pro-  
24 poses to serve an area that is currently served  
25 by another health center funded under this sec-

1           tion, the Secretary may consider whether the  
2           award of funding to an additional health center  
3           in the area can be justified based on the unmet  
4           need for additional services within the  
5           catchment area.

6           “(2) APPROVAL OF EXPANDED SERVICE APPLI-  
7           CATIONS.—

8                   “(A) IN GENERAL.—The Secretary may  
9           approve applications for grants under subpara-  
10          graph (A) or (B) of subsection (e)(1) to expand  
11          the capacity of the applicant to provide required  
12          primary health services described in subsection  
13          (b)(1) or additional health services described in  
14          subsection (b)(2).

15                   “(B) PRIORITY EXPANSION PROJECTS.—In  
16          carrying out subparagraph (A), the Secretary  
17          may give special consideration to expanded  
18          service applications that seek to address emerg-  
19          ing public health or behavioral health, mental  
20          health, or substance abuse issues through in-  
21          creasing the availability of additional health  
22          services described in subsection (b)(2) in an  
23          area in which there are significant barriers to  
24          accessing care.

1                   “(C) CONSIDERATION OF APPLICATIONS.—  
2                   In carrying out subparagraph (A), the Sec-  
3                   retary shall approve applications for applicants  
4                   in such a manner that the ratio of the medically  
5                   underserved populations in rural areas which  
6                   may be expected to use the services provided by  
7                   the applicants involved to the medically under-  
8                   served populations in urban areas which may be  
9                   expected to use the services provided by such  
10                  applicants is not less than two to three or  
11                  greater than three to two.”;

12                  (10) in subsection (i) (as so redesignated)—

13                         (A) in paragraph (1), by striking “and  
14                         children and youth at risk of homelessness” and  
15                         inserting “, children and youth at risk of home-  
16                         lessness, homeless veterans, and veterans at  
17                         risk of homelessness”; and

18                         (B) in paragraph (5)—

19                                 (i) by striking subparagraph (B);

20                                 (ii) by redesignating subparagraph  
21                                 (C) as subparagraph (B); and

22                                 (iii) in subparagraph (B) (as so redesi-  
23                                 gnated)—

1 (I) in the subparagraph heading,  
2 by striking “ABUSE” and inserting  
3 “USE DISORDER”; and

4 (II) by striking “abuse” and in-  
5 serting “use disorder”;

6 (11) in subsection (l) (as so redesignated)—

7 (A) in paragraph (2)—

8 (i) in the paragraph heading, by in-  
9 serting “UNMET” before “NEED”;

10 (ii) in the matter preceding subpara-  
11 graph (A), by inserting “and an applica-  
12 tion for a grant under subsection (g)”  
13 after “subsection (e)(1)”;

14 (iii) in subparagraph (A), by inserting  
15 “unmet” before “need for health services”;

16 (iv) in subparagraph (B), by striking  
17 “and” at the end;

18 (v) in subparagraph (C), by striking  
19 the period at the end and inserting “;  
20 and”;

21 (vi) by adding after subparagraph (C)  
22 the following:

23 “(D) in the case of an application for a  
24 grant pursuant to subsection (g)(1), a dem-  
25 onstration that the applicant has consulted with

1 appropriate State and local government agen-  
2 cies, and health care providers regarding the  
3 need for the health services to be provided at  
4 the proposed delivery site.”;

5 (B) in paragraph (3)—

6 (i) in the matter preceding subpara-  
7 graph (A), by inserting “or subsection (g)”  
8 after “subsection (e)(1)(B)”;

9 (ii) in subparagraph (B), by striking  
10 “in the catchment area of the center” and  
11 inserting “, including other health care  
12 providers that provide care within the  
13 catchment area, local hospitals, and spe-  
14 cialty providers in the catchment area of  
15 the center, to provide access to services not  
16 available through the health center and to  
17 reduce the non-urgent use of hospital  
18 emergency departments”;

19 (iii) in subparagraph (H)(ii), by in-  
20 sserting “who shall be directly employed by  
21 the center” after “approves the selection of  
22 a director for the center”;

23 (iv) in subparagraph (L), by striking  
24 “and” at the end;

1 (v) in subparagraph (M), by striking  
2 the period and inserting “; and”; and

3 (vi) by inserting after subparagraph  
4 (M), the following:

5 “(N) the center has written policies and  
6 procedures in place to ensure the appropriate  
7 use of Federal funds in compliance with appli-  
8 cable Federal statutes, regulations, and the  
9 terms and conditions of the Federal award.”;  
10 and

11 (C) by striking paragraph (4);

12 (12) in subsection (m) (as so redesignated), by  
13 adding at the end the following: “Funds expended to  
14 carry out activities under this subsection and oper-  
15 ational support activities under subsection (n) shall  
16 not exceed 3 percent of the amount appropriated for  
17 this section for the fiscal year involved.”;

18 (13) in subsection (q) (as so redesignated), by  
19 striking “grants for new health centers under sub-  
20 sections (c) and (e)” and inserting “operating grants  
21 under subsection (e), applications for new access  
22 points and expanded service pursuant to subsection  
23 (g)”;

24 (14) in subsection (r)(4) (as so redesignated),  
25 by adding at the end the following: “A waiver pro-

1 vided by the Secretary under this paragraph may  
2 not remain in effect for more than 1 year and may  
3 not be extended after such period. An entity may not  
4 receive more than one waiver under this paragraph  
5 in consecutive years.”;

6 (15) in subsection (s)(3) (as so redesignated)—

7 (A) by striking “appropriate committees of  
8 Congress a report concerning the distribution of  
9 funds under this section” and inserting the fol-  
10 lowing: “Committee on Health, Education,  
11 Labor, and Pensions of the Senate, and the  
12 Committee on Energy and Commerce of the  
13 House of Representatives, a report including, at  
14 a minimum—

15 “(A) the distribution of funds for carrying  
16 out this section”;

17 (B) by striking “populations. Such report  
18 shall include an assessment” and inserting the  
19 following: “populations;

20 “(B) an assessment”;

21 (C) by striking “and the rationale for any  
22 substantial changes in the distribution of  
23 funds.” and inserting a semicolon; and

24 (D) by adding at the end the following:



1           “(C) the distribution of awards and fund-  
2           ing for new or expanded services in each of  
3           rural areas and urban areas;

4           “(D) the distribution of awards and fund-  
5           ing for establishing new access points, and the  
6           number of new access points created;

7           “(E) the amount of unexpended funding  
8           for loan guarantees and loan guarantee author-  
9           ity under title XVI;

10          “(F) the rationale for any substantial  
11          changes in the distribution of funds;

12          “(G) the rate of closures for health centers  
13          and access points;

14          “(H) the number and reason for any  
15          grants awarded pursuant to subsection  
16          (e)(1)(B); and

17          “(I) the number and reason for any waiv-  
18          ers provided pursuant to subsection (r)(4).”;

19          and

20          (16) in subsection (s) (as so redesignated) by  
21          adding at the end the following new paragraph:

22          “(5) FUNDING FOR PARTICIPATION OF HEALTH  
23          CENTERS IN ALL OF US RESEARCH PROGRAM.—In  
24          addition to any amounts made available pursuant to  
25          subsection (d) of this section, paragraph (1) of this

1 subsection, section 402A of this Act, or section  
2 10503 of the Patient Protection and Affordable Care  
3 Act, there is authorized to be appropriated, and  
4 there is appropriated, out of any monies in the  
5 Treasury not otherwise appropriated, to the Sec-  
6 retary \$25,000,000 for fiscal year 2018 to support  
7 the participation of health centers in the All of Us  
8 Research Program under the Precision Medicine Ini-  
9 tiative under section 498E of this Act.”.

10 (c) NATIONAL HEALTH SERVICE CORPS.—Section  
11 10503(b)(2) of the Patient Protection and Affordable  
12 Care Act (42 U.S.C. 254b–2(b)(2)), as amended by sec-  
13 tion 3101 of Public Law 115–96, is amended by amending  
14 subparagraph (F) to read as follows:

15 “(F) \$310,000,000 for each of fiscal years  
16 2018 and 2019.”.

17 **SEC. 222. EXTENSION FOR SPECIAL DIABETES PROGRAMS.**

18 (a) SPECIAL DIABETES PROGRAM FOR TYPE I DIA-  
19 BETES.—Subparagraph (D) of section 330B(b)(2) of the  
20 Public Health Service Act (42 U.S.C. 254e–2(b)(2)), as  
21 amended by section 3102 of Public Law 115–96, is  
22 amended to read as follows:

23 “(D) \$150,000,000 for each of fiscal years  
24 2018 and 2019.”.

1 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—  
2 Subparagraph (D) of section 330C(c)(2) of the Public  
3 Health Service Act (42 U.S.C. 254c-3(c)(2)), as amended  
4 by section 3102 of Public Law 115-96, is amended to read  
5 as follows:

6 “(D) \$150,000,000 for each of fiscal years  
7 2018 and 2019.”.

8 **SEC. 223. REAUTHORIZATION OF PROGRAM OF PAYMENTS**  
9 **TO TEACHING HEALTH CENTERS THAT OPER-**  
10 **ATE GRADUATE MEDICAL EDUCATION PRO-**  
11 **GRAMS.**

12 (a) PAYMENTS.—Subsection (a) of section 340H of  
13 the Public Health Service Act (42 U.S.C. 256h) is amend-  
14 ed to read as follows:

15 “(a) PAYMENTS.—

16 “(1) IN GENERAL.—Subject to subsection  
17 (h)(2), the Secretary shall make payments under  
18 this section for direct expenses and indirect expenses  
19 to qualified teaching health centers that are listed as  
20 sponsoring institutions by the relevant accrediting  
21 body for, as appropriate—

22 “(A) maintenance of filled positions at ex-  
23 isting approved graduate medical residency  
24 training programs;

1           “(B) expansion of existing approved grad-  
2           uate medical residency training programs; and

3           “(C) establishment of new approved grad-  
4           uate medical residency training programs.

5           “(2) PER RESIDENT AMOUNT.—In making pay-  
6           ments under paragraph (1), the Secretary shall con-  
7           sider the cost of training residents at teaching  
8           health centers and the implications of the per resi-  
9           dent amount on approved graduate medical resi-  
10          dency training programs at teaching health centers.

11          “(3) PRIORITY.—In making payments under  
12          paragraph (1)(C), the Secretary shall give priority to  
13          qualified teaching health centers that—

14               “(A) serve a health professional shortage  
15               area with a designation in effect under section  
16               332 or a medically underserved community (as  
17               defined in section 799B); or

18               “(B) are located in a rural area (as de-  
19               fined in section 1886(d)(2)(D) of the Social Se-  
20               curity Act).”.

21          (b) FUNDING.—Paragraph (1) of section 340H(g) of  
22          the Public Health Service Act (42 U.S.C. 256h(g)), as  
23          amended by section 3101 of Public Law 115–96, is  
24          amended by striking “and \$30,000,000 for the period of  
25          the first and second quarters of fiscal year 2018” and in-

1 serring “and \$126,500,000 for each of fiscal years 2018  
2 and 2019”.

3 (c) ANNUAL REPORTING.—Subsection (h)(1) of sec-  
4 tion 340H of the Public Health Service Act (42 U.S.C.  
5 256h) is amended—

6 (1) by redesignating subparagraph (D) as sub-  
7 paragraph (H); and

8 (2) by inserting after subparagraph (C) the fol-  
9 lowing:

10 “(D) The number of patients treated by  
11 residents described in paragraph (4).

12 “(E) The number of visits by patients  
13 treated by residents described in paragraph (4).

14 “(F) Of the number of residents described  
15 in paragraph (4) who completed their residency  
16 training at the end of such residency academic  
17 year, the number and percentage of such resi-  
18 dents entering primary care practice (meaning  
19 any of the areas of practice listed in the defini-  
20 tion of a primary care residency program in  
21 section 749A).

22 “(G) Of the number of residents described  
23 in paragraph (4) who completed their residency  
24 training at the end of such residency academic  
25 year, the number and percentage of such resi-

1           dents who entered practice at a health care fa-  
2           cility—

3                   “(i) primarily serving a health profes-  
4                   sional shortage area with a designation in  
5                   effect under section 332 or a medically un-  
6                   derserved community (as defined in section  
7                   799B); or

8                   “(ii) located in a rural area (as de-  
9                   fined in section 1886(d)(2)(D) of the So-  
10                  cial Security Act).”.

11           (d) REPORT ON TRAINING COSTS.—Not later than  
12           March 31, 2019, the Secretary of Health and Human  
13           Services shall submit to the Congress a report on the di-  
14           rect graduate expenses of approved graduate medical resi-  
15           dency training programs, and the indirect expenses associ-  
16           ated with the additional costs of teaching residents, of  
17           qualified teaching health centers (as such terms are used  
18           or defined in section 340H of the Public Health Service  
19           Act (42 U.S.C. 256h)).

20           (e) DEFINITION.—Subsection (j) of section 340H of  
21           the Public Health Service Act (42 U.S.C. 256h) is amend-  
22           ed—

23                   (1) by redesignating paragraphs (2) and (3) as  
24                   paragraphs (3) and (4), respectively; and



1 (A) in clause (v), by striking “and” at the  
2 end;

3 (B) in clause (vi), by striking the period at  
4 the end and inserting “; and”; and

5 (C) by adding at the end the following new  
6 clause:

7 “(vii) \$6,000,000 for each of fiscal years 2018  
8 and 2019.”;

9 (2) in paragraph (3)(C), by inserting before the  
10 period the following: “, and with respect to fiscal  
11 years 2018 and 2019, such centers shall also be de-  
12 veloped in all territories and at least one such center  
13 shall be developed for Indian tribes”; and

14 (3) by amending paragraph (5) to read as fol-  
15 lows:

16 “(5) For purposes of this subsection—

17 “(A) the term ‘Indian tribe’ has the meaning  
18 given such term in section 4 of the Indian Health  
19 Care Improvement Act (25 U.S.C. 1603);

20 “(B) the term ‘State’ means each of the 50  
21 States and the District of Columbia; and

22 “(C) the term ‘territory’ means Puerto Rico,  
23 Guam, American Samoa, the Virgin Islands, and the  
24 Northern Mariana Islands.”.



1 **SEC. 225. EXTENSION OF ABSTINENCE EDUCATION; EXTEN-**  
2 **SION OF PERSONAL RESPONSIBILITY EDU-**  
3 **CATION PROGRAM.**

4 (a) ABSTINENCE EDUCATION.—Section 510 of the  
5 Social Security Act (42 U.S.C. 710) is amended—

6 (1) in subsection (a), in the matter preceding  
7 paragraph (1), by striking “2017” and inserting  
8 “2019”; and

9 (2) in subsection (d)—

10 (A) by striking “2015 and” and inserting  
11 “2015,”; and

12 (B) by inserting after “2017” the fol-  
13 lowing: “, and an additional \$75,000,000 for  
14 each of fiscal years 2018 through 2019”.

15 (b) PERSONAL RESPONSIBILITY EDUCATION.—

16 (1) IN GENERAL.—Section 513 of the Social  
17 Security Act (42 U.S.C. 713) is amended—

18 (A) in subsection (a)(1)(A), by striking  
19 “2017” and inserting “2019”;

20 (B) in subsection (a)(4)—

21 (i) in subparagraph (A), by striking  
22 “2017” each place it appears and inserting  
23 “2019”; and

24 (ii) in subparagraph (B)—

25 (I) in the subparagraph heading,  
26 by striking “3-YEAR GRANTS” and in-

1                   serting       “COMPETITIVE       PREP  
2                   GRANTS”; and

3                   (II) in clause (i), by striking “so-  
4                   licit applications to award 3-year  
5                   grants in each of fiscal years 2012  
6                   through 2017” and inserting “con-  
7                   tinue through fiscal year 2019 grants  
8                   awarded for any of fiscal years 2015  
9                   through 2017”;

10                  (C) in subsection (c)(1), by inserting after  
11                  “youth with HIV/AIDS,” the following: “vie-  
12                  tims of human trafficking,”; and

13                  (D) in subsection (f), by striking “2017”  
14                  and inserting “2019”.

15                  (2) EFFECTIVE DATE.—The amendments made  
16                  by this subsection take effect on October 1, 2017.

17 **SEC. 226. EXTENSION OF HEALTH WORKFORCE DEM-**  
18 **ONSTRATION PROJECTS FOR LOW-INCOME**  
19 **INDIVIDUALS.**

20                  Section 2008(c)(1) of the Social Security Act (42  
21 U.S.C. 1397g(c)(1)) is amended by striking “2017” and  
22 inserting “2019”.

1 **SEC. 227. DELAY OF REDUCTION TO MEDICAID DSH ALLOT-**  
2 **MENTS.**

3 Section 1923(f) of the Social Security Act (42 U.S.C.  
4 1396r-4(f)(7)) is amended—

5 (1) in paragraph (7)(A)—

6 (A) in clause (i), in the matter preceding  
7 subclause (I), by striking “2018 through 2025”  
8 and inserting “2020 through 2027”; and

9 (B) by amending clause (ii) to read as fol-  
10 lows:

11 “(I) \$2,000,000,000 for fiscal  
12 year 2020;

13 “(II) \$3,000,000,000 for fiscal  
14 year 2021;

15 “(III) \$4,000,000,000 for fiscal  
16 year 2022;

17 “(IV) \$5,000,000,000 for fiscal  
18 year 2023;

19 “(V) \$6,000,000,000 for fiscal  
20 year 2024;

21 “(VI) \$7,000,000,000 for fiscal  
22 year 2025;

23 “(VII) \$8,000,000,000 for fiscal  
24 year 2026; and

25 “(VIII) \$8,000,000,000 for fiscal  
26 year 2027.”; and

1           (2) in paragraph (8), by striking “2025” and  
2           inserting “2027”.

3 **SEC. 228. DELAY OF BIPARTISAN BUDGET ACT OF 2013**

4                                   **THIRD-PARTY LIABILITY PROVISIONS.**

5           (a) IN GENERAL.—Section 202(e) of the Bipartisan  
6 Budget Act of 2013 (Public Law 113–67; 127 Stat. 1177;  
7 42 U.S.C. 1396a note), as amended by section 211 of the  
8 Protecting Access to Medicare Act of 2014 (Public Law  
9 113–93; 128 Stat. 1047; 42 U.S.C. 1396a note) and sec-  
10 tion 220 of the Medicare Access and CHIP Reauthoriza-  
11 tion Act of 2015 (Public Law 114–10), is amended by  
12 striking “2017” and inserting “2022”.

13           (b) EFFECTIVE DATE; TREATMENT.—The amend-  
14 ment made by subsection (a) shall take effect on Sep-  
15 tember 30, 2017, and shall apply with respect to claims  
16 pending, generated, or filed after such date.

17 **Subtitle C—Continuing the Mater-**  
18 **nal, Infant, and Early Childhood**  
19 **Home Visiting Program**

20 **SEC. 231. CONTINUING EVIDENCE-BASED HOME VISITING**

21                                   **PROGRAM.**

22           Section 511(j)(1)(H) of the Social Security Act (42  
23 U.S.C. 711(j)(1)(H)) is amended by striking “fiscal year  
24 2017” and inserting “each of fiscal years 2017 through  
25 2022”.

1 **SEC. 232. CONTINUING TO DEMONSTRATE RESULTS TO**  
2 **HELP FAMILIES.**

3 (a) REQUIRE SERVICE DELIVERY MODELS TO DEM-  
4 ONSTRATE IMPROVEMENT IN APPLICABLE BENCHMARK  
5 AREAS.—Section 511 of the Social Security Act (42  
6 U.S.C. 711) is amended in each of subsections (d)(1)(A)  
7 and (h)(4)(A) by striking “each of”.

8 (b) DEMONSTRATION OF IMPROVEMENTS IN SUBSE-  
9 QUENT YEARS.—Section 511(d)(1) of such Act (42 U.S.C.  
10 711(d)(1)) is amended by adding at the end the following:

11 “(D) DEMONSTRATION OF IMPROVEMENTS  
12 IN SUBSEQUENT YEARS.—

13 “(i) CONTINUED MEASUREMENT OF  
14 IMPROVEMENT IN APPLICABLE BENCH-  
15 MARK AREAS.—The eligible entity, after  
16 demonstrating improvements for eligible  
17 families as specified in subparagraphs (A)  
18 and (B), shall continue to track and re-  
19 port, not later than 30 days after the end  
20 of fiscal year 2020 and every 3 years  
21 thereafter, information demonstrating that  
22 the program results in improvements for  
23 the eligible families participating in the  
24 program in at least 4 of the areas specified  
25 in subparagraph (A) that the service deliv-

1           ery model or models selected by the entity  
2           are intended to improve.

3           “(ii) CORRECTIVE ACTION PLAN.—If  
4           the eligible entity fails to demonstrate im-  
5           provement in at least 4 of the areas speci-  
6           fied in subparagraph (A), as compared to  
7           eligible families who do not receive services  
8           under an early childhood home visitation  
9           program, the entity shall develop and im-  
10          plement a plan to improve outcomes in  
11          each of the areas specified in subparagraph  
12          (A) that the service delivery model or mod-  
13          els selected by the entity are intended to  
14          improve, subject to approval by the Sec-  
15          retary. The plan shall include provisions  
16          for the Secretary to monitor implementa-  
17          tion of the plan and conduct continued  
18          oversight of the program, including  
19          through submission by the entity of reg-  
20          ular reports to the Secretary.

21          “(iii) TECHNICAL ASSISTANCE.—The  
22          Secretary shall provide an eligible entity  
23          required to develop and implement an im-  
24          provement plan under clause (ii) with tech-  
25          nical assistance to develop and implement

1 the plan. The Secretary may provide the  
2 technical assistance directly or through  
3 grants, contracts, or cooperative agree-  
4 ments.

5 “(iv) NO IMPROVEMENT OR FAILURE  
6 TO SUBMIT REPORT.—If the Secretary de-  
7 termines after a period of time specified by  
8 the Secretary that an eligible entity imple-  
9 menting an improvement plan under clause  
10 (ii) has failed to demonstrate any improve-  
11 ment in at least 4 of the areas specified in  
12 subparagraph (A), or if the Secretary de-  
13 termines that an eligible entity has failed  
14 to submit the report required by clause (i),  
15 the Secretary shall terminate the grant  
16 made to the entity under this section and  
17 may include any unexpended grant funds  
18 in grants made to nonprofit organizations  
19 under subsection (h)(2)(B).”.

20 (c) INCLUDING INFORMATION ON APPLICABLE  
21 BENCHMARKS IN APPLICATION.—Section 511(e)(5) of  
22 such Act (42 U.S.C. 711(e)(5)) is amended by inserting  
23 “that the service delivery model or models selected by the  
24 entity are intended to improve” before the period at the  
25 end.

1 **SEC. 233. REVIEWING STATEWIDE NEEDS TO TARGET RE-**  
2 **SOURCES.**

3 Section 511(b)(1) of the Social Security Act (42  
4 U.S.C. 711(b)(1)) is amended by striking “Not later  
5 than” and all that follows through “section 505(a)” and  
6 inserting “Each State shall, as a condition of receiving  
7 payments from an allotment for the State under section  
8 502, conduct a statewide needs assessment (which may be  
9 separate from but in coordination with the statewide needs  
10 assessment required under section 505(a) and which shall  
11 be reviewed and updated by the State not later than Octo-  
12 ber 1, 2020)”.

13 **SEC. 234. IMPROVING THE LIKELIHOOD OF SUCCESS IN**  
14 **HIGH-RISK COMMUNITIES.**

15 Section 511(d)(4)(A) of the Social Security Act (42  
16 U.S.C. 711(d)(4)(A)) is amended by inserting “, taking  
17 into account the staffing, community resource, and other  
18 requirements to operate at least one approved model of  
19 home visiting and demonstrate improvements for eligible  
20 families” before the period.

21 **SEC. 235. OPTION TO FUND EVIDENCE-BASED HOME VIS-**  
22 **ITING ON A PAY FOR OUTCOME BASIS.**

23 (a) IN GENERAL.—Section 511(c) of the Social Secu-  
24 rity Act (42 U.S.C. 711(c)) is amended by redesignating  
25 paragraphs (3) and (4) as paragraphs (4) and (5), respec-  
26 tively, and by inserting after paragraph (2) the following:



1           “(3) AUTHORITY TO USE GRANT FOR A PAY  
2           FOR OUTCOMES INITIATIVE.—An eligible entity to  
3           which a grant is made under paragraph (1) may use  
4           up to 25 percent of the grant for outcomes or suc-  
5           cess payments related to a pay for outcomes initia-  
6           tive that will not result in a reduction of funding for  
7           services delivered by the entity under a childhood  
8           home visitation program under this section while the  
9           eligible entity develops or operates such an initia-  
10          tive.”.

11          (b) DEFINITION OF PAY FOR OUTCOMES INITIA-  
12          TIVE.—Section 511(k) of such Act (42 U.S.C. 711(k)) is  
13          amended by adding at the end the following:

14                 “(4) PAY FOR OUTCOMES INITIATIVE.—The  
15                 term ‘pay for outcomes initiative’ means a perform-  
16                 ance-based grant, contract, cooperative agreement,  
17                 or other agreement awarded by a public entity in  
18                 which a commitment is made to pay for improved  
19                 outcomes achieved as a result of the intervention  
20                 that result in social benefit and direct cost savings  
21                 or cost avoidance to the public sector. Such an ini-  
22                 tiative shall include—

23                         “(A) a feasibility study that describes how  
24                         the proposed intervention is based on evidence  
25                         of effectiveness;

1           “(B) a rigorous, third-party evaluation  
2 that uses experimental or quasi-experimental  
3 design or other research methodologies that  
4 allow for the strongest possible causal infer-  
5 ences to determine whether the initiative has  
6 met its proposed outcomes as a result of the  
7 intervention;

8           “(C) an annual, publicly available report  
9 on the progress of the initiative; and

10           “(D) a requirement that payments are  
11 made to the recipient of a grant, contract, or  
12 cooperative agreement only when agreed upon  
13 outcomes are achieved, except that this require-  
14 ment shall not apply with respect to payments  
15 to a third party conducting the evaluation de-  
16 scribed in subparagraph (B).”

17       (c) EXTENDED AVAILABILITY OF FUNDS.—Section  
18 511(j)(3) of such Act (42 U.S.C. 711(j)(3)) is amended—

19           (1) by striking “(3) AVAILABILITY.—Funds”  
20 and inserting the following:

21           “(3) AVAILABILITY.—

22           “(A) IN GENERAL.—Except as provided in  
23 subparagraph (B), funds”; and

24           (2) by adding at the end the following:

1           “(B) FUNDS FOR PAY FOR OUTCOMES INI-  
2           TIATIVES.—Funds made available to an eligible  
3           entity under this section for a fiscal year (or  
4           portion of a fiscal year) for a pay for outcomes  
5           initiative shall remain available for expenditure  
6           by the eligible entity for not more than 10 years  
7           after the funds are so made available.”.

8   **SEC. 236. DATA EXCHANGE STANDARDS FOR IMPROVED**  
9           **INTEROPERABILITY.**

10          (a) IN GENERAL.—Section 511(h) of the Social Secu-  
11       rity Act (42 U.S.C. 711(h)) is amended by adding at the  
12       end the following:

13               “(5) DATA EXCHANGE STANDARDS FOR IM-  
14       PROVED INTEROPERABILITY.—

15               “(A) DESIGNATION AND USE OF DATA EX-  
16       CHANGE STANDARDS.—

17               “(i) DESIGNATION.—The head of the  
18               department or agency responsible for ad-  
19               ministering a program funded under this  
20               section shall, in consultation with an inter-  
21               agency work group established by the Of-  
22               fice of Management and Budget and con-  
23               sidering State government perspectives,  
24               designate data exchange standards for nec-  
25               essary categories of information that a

1 State agency operating the program is re-  
2 quired to electronically exchange with an-  
3 other State agency under applicable Fed-  
4 eral law.

5 “(ii) DATA EXCHANGE STANDARDS  
6 MUST BE NONPROPRIETARY AND INTER-  
7 OPERABLE.—The data exchange standards  
8 designated under clause (i) shall, to the ex-  
9 tent practicable, be nonproprietary and  
10 interoperable.

11 “(iii) OTHER REQUIREMENTS.—In  
12 designating data exchange standards under  
13 this paragraph, the Secretary shall, to the  
14 extent practicable, incorporate—

15 “(I) interoperable standards de-  
16 veloped and maintained by an inter-  
17 national voluntary consensus stand-  
18 ards body, as defined by the Office of  
19 Management and Budget;

20 “(II) interoperable standards de-  
21 veloped and maintained by intergov-  
22 ernmental partnerships, such as the  
23 National Information Exchange  
24 Model; and

1                   “(III) interoperable standards  
2                   developed and maintained by Federal  
3                   entities with authority over con-  
4                   tracting and financial assistance.

5                   “(B) DATA EXCHANGE STANDARDS FOR  
6                   FEDERAL REPORTING.—

7                   “(i) DESIGNATION.—The head of the  
8                   department or agency responsible for ad-  
9                   ministering a program referred to in this  
10                  section shall, in consultation with an inter-  
11                  agency work group established by the Of-  
12                  fice of Management and Budget, and con-  
13                  sidering State government perspectives,  
14                  designate data exchange standards to gov-  
15                  ern Federal reporting and exchange re-  
16                  quirements under applicable Federal law.

17                  “(ii) REQUIREMENTS.—The data ex-  
18                  change reporting standards required by  
19                  clause (i) shall, to the extent practicable—

20                         “(I) incorporate a widely accept-  
21                         ed, nonproprietary, searchable, com-  
22                         puter-readable format;

23                         “(II) be consistent with and im-  
24                         plement applicable accounting prin-  
25                         ciples;

1                   “(III) be implemented in a man-  
2                   ner that is cost-effective and improves  
3                   program efficiency and effectiveness;  
4                   and

5                   “(IV) be capable of being contin-  
6                   ually upgraded as necessary.

7                   “(iii) INCORPORATION OF NONPROPRI-  
8                   ETARY STANDARDS.—In designating data  
9                   exchange standards under this paragraph,  
10                  the Secretary shall, to the extent prac-  
11                  ticable, incorporate existing nonproprietary  
12                  standards, such as the eXtensible Mark up  
13                  Language.

14                  “(iv) RULE OF CONSTRUCTION.—  
15                  Nothing in this paragraph shall be con-  
16                  strued to require a change to existing data  
17                  exchange standards for Federal reporting  
18                  about a program referred to in this sec-  
19                  tion, if the head of the department or  
20                  agency responsible for administering the  
21                  program finds the standards to be effective  
22                  and efficient.”.

23                  (b) EFFECTIVE DATE.—The amendment made by  
24                  subsection (a) shall take effect on the date that is 2 years  
25                  after the date of enactment of this Act.

1 **SEC. 237. ALLOCATION OF FUNDS.**

2 Section 511(j) of the Social Security Act (42 U.S.C.  
3 711(j)) is amended by adding at the end the following:

4 “(4) ALLOCATION OF FUNDS.—To the extent  
5 that the grant amount awarded under this section to  
6 an eligible entity is determined on the basis of rel-  
7 ative population or poverty considerations, the Sec-  
8 retary shall make the determination using the most  
9 accurate Federal data available for the eligible enti-  
10 ty.”.

11 **TITLE III—STRENGTHENING**  
12 **PROTECTIONS FOR SOCIAL**  
13 **SECURITY BENEFICIARIES**  
14 **ACT OF 2018**

15 **SEC. 300. SHORT TITLE.**

16 This title may be cited as the “Strengthening Protec-  
17 tions for Social Security Beneficiaries Act of 2018”.

18 **Subtitle A—Strengthening Over-**  
19 **sight and Beneficiary Protec-**  
20 **tion**

21 **SEC. 301. STRONGER MONITORING OF REPRESENTATIVE**  
22 **PAYEES.**

23 (a) PROTECTION AND ADVOCACY FOR BENE-  
24 FICIARIES WITH REPRESENTATIVE PAYEES.—Section  
25 205(j)(6) of the Social Security Act (42 U.S.C. 405(j)(6))  
26 is amended by adding at the end the following:

1       “(C)(i) The Commissioner of Social Security shall  
2 make annual grants directly to the protection and advo-  
3 cacy system serving each of the States and the American  
4 Indian consortium for the purpose of conducting reviews  
5 of representative payees in accordance with this subpara-  
6 graph. The total amount used by the Commissioner for  
7 such grants each year—

8               “(I) shall be an amount sufficient, as deter-  
9 mined by the Commissioner in consultation with  
10 each of the protection and advocacy systems, to  
11 carry out all of the activities described in clause (ii);  
12 and

13               “(II) shall not be less than \$25,000,000.

14       “(ii) A protection and advocacy system awarded a  
15 grant under this subparagraph shall use the grant funds  
16 to—

17               “(I) conduct all periodic onsite reviews pursu-  
18 ant to this paragraph and such other reviews of rep-  
19 resentative payees as the Commissioner may request,  
20 including reviews conducted in response to allega-  
21 tions or concerns about the performance or suit-  
22 ability of the payee;

23               “(II) conduct additional reviews that the pro-  
24 tection and advocacy system has reason to believe  
25 are warranted;



1           “(III) develop corrective action plans to assist  
2           representative payees in conforming to requirements  
3           specified by the Commissioner;

4           “(IV) submit a report to the Commissioner on  
5           each completed review containing such information  
6           as the Commissioner shall require; and

7           “(V) conduct an initial onsite assessment of any  
8           organization that begins collecting a fee for its serv-  
9           ices as a representative payee to ensure that such  
10          organization is established as such a representative  
11          payee in accordance with requirements specified by  
12          the Commissioner.

13          A protection and advocacy system may refer beneficiaries  
14          to other programs or services as the protection and advo-  
15          cacy system considers appropriate.

16          “(iii) To be eligible to receive grants under this sec-  
17          tion, a protection and advocacy system shall submit an  
18          initial application to the Commissioner at such time, in  
19          such form and manner, and accompanied by such informa-  
20          tion and assurances as the Commissioner may require.

21          “(iv)(I) Subject to subclause (II), the Commissioner  
22          shall ensure that any funds used for grants under clause  
23          (i) shall be allocated to the protection and advocacy sys-  
24          tems serving each of the States and the American Indian  
25          consortium in a manner such that the amount provided

1 to each protection and advocacy system bears the same  
2 ratio to the total of such funds as the number of rep-  
3 resented beneficiaries in the State or American Indian  
4 consortium in which such protection and advocacy system  
5 is located bears to the total number of represented bene-  
6 ficiaries.

7 “(II) The amount of an annual grant to a protection  
8 and advocacy system under clause (i) shall—

9 “(aa) in the case of a protection and advocacy  
10 system serving American Samoa, Guam, the United  
11 States Virgin Islands, or the Commonwealth of the  
12 Northern Mariana Islands, or the American Indian  
13 consortium, not be less than \$30,000; and

14 “(bb) in the case of a protection and advocacy  
15 system serving any other State, not be less than  
16 \$60,000.

17 “(III) Funds provided to a protection and advocacy  
18 system through a grant under clause (i) for a one-year  
19 period shall remain available through the end of the fol-  
20 lowing one-year period.

21 “(IV) For purposes of this clause, the term ‘rep-  
22 resented beneficiary’ means an individual—

23 “(aa) who is entitled to benefits under this title,  
24 title VIII, or title XVI; and

1           “(bb) whose benefits have been certified for  
2           payment to a representative payee.

3           “(v)(I) The Commissioner shall make annual grants,  
4           in an amount equal to 4 percent of the total amount of  
5           grants awarded each year under clause (i), to an eligible  
6           national association for the provision of training and tech-  
7           nical assistance, administrative support, and data collec-  
8           tion services to protection and advocacy systems in con-  
9           nection with grants awarded under clause (i).

10          “(II) In this clause, the term ‘eligible national asso-  
11          ciation’ means a national disability association with exten-  
12          sive knowledge and demonstrated experience in providing  
13          training, technical assistance, and administrative oversight  
14          to protection and advocacy systems that monitor rep-  
15          resentative payees.

16          “(vi) In conducting reviews under this section, a pro-  
17          tection and advocacy system shall have the same authori-  
18          ties, including access to records, facilities, and persons, as  
19          such system would have for purposes of providing services  
20          under subtitle C of title I of the Developmental Disabilities  
21          Assistance and Bill of Rights Act of 2000 (42 U.S.C.  
22          15041 et seq.).

23          “(vii) Whenever benefit amounts under this title are  
24          increased by any percentage effective with any month after  
25          November 2018 as a result of a determination made under

1 section 215(i), each of the dollar amounts specified in  
2 clauses (i)(II) and (iv)(II) shall be increased by the same  
3 percentage.

4 “(viii) No additional funds are authorized to be ap-  
5 propriated to carry out the requirements of this subpara-  
6 graph. Such requirements shall be carried out using  
7 amounts otherwise authorized.

8 “(ix) In this subparagraph:

9 “(I) The term ‘American Indian consortium’  
10 means a consortium established under subtitle C of  
11 title I of the Developmental Disabilities Assistance  
12 and Bill of Rights Act of 2000 (42 U.S.C. 15041 et  
13 seq.).

14 “(II) The term ‘protection and advocacy sys-  
15 tem’ means a protection and advocacy system estab-  
16 lished under subtitle C of title I of the Develop-  
17 mental Disabilities Assistance and Bill of Rights Act  
18 of 2000 (42 U.S.C. 15041 et seq.).

19 “(III) The term ‘State’ means the several  
20 States of the United States, the District of Colum-  
21 bia, the Commonwealth of Puerto Rico, the United  
22 States Virgin Islands, Guam, American Samoa, and  
23 the Commonwealth of the Northern Mariana Is-  
24 lands.”.

1 (b) EXPANSION OF PERIODIC ONSITE REVIEW RE-  
2 QUIREMENTS.—Section 205(j)(6)(A) of the Social Secu-  
3 rity Act (42 U.S.C. 405(j)(6)(A)) is amended—

4 (1) in clause (ii), by striking “or”;

5 (2) in clause (iii), by striking the period and in-  
6 serting “; or”;

7 (3) by adding after clause (iii) the following:

8 “(iv) the representative payee collects a fee for  
9 its services.”; and

10 (4) by adding after clause (iv) (as added by  
11 paragraph (3)) the following flush text:

12 “The Commissioner shall also conduct periodic onsite re-  
13 views of individual and organizational payees, including  
14 payees who are related to the beneficiary and primarily  
15 reside in the same household, selected on the basis of risk-  
16 factors for potential misuse or unsuitability associated  
17 with such payees or beneficiaries.”.

18 (c) AVAILABILITY OF GRANT FUNDS.—

19 (1) PROTECTION AND ADVOCACY SYSTEM  
20 GRANTS.—Grants described under clause (i) of sub-  
21 paragraph (C) of section 205(j)(6) of the Social Se-  
22 curity Act (as added by subsection (a)) shall be  
23 awarded on August 1, 2018, and annually there-  
24 after, and funds provided by such grants to a protec-  
25 tion and advocacy system may be used to reimburse

1 the protection and advocacy system for amounts ex-  
2 pended by the protection and advocacy system dur-  
3 ing the period beginning on May 1, 2018, and end-  
4 ing on such date for hiring and start-up costs in  
5 preparation to carry out reviews of representative  
6 payees in accordance with such subparagraph.

7 (2) NATIONAL ASSOCIATION GRANTS.—Grants  
8 described under clause (v) of such subparagraph  
9 shall be awarded on May 1, 2018, and annually  
10 thereafter.

11 **SEC. 302. REDUCING THE BURDEN ON FAMILIES.**

12 (a) TITLE II.—Section 205(j)(3) of the Social Secu-  
13 rity Act (42 U.S.C. 405(j)(3)) is amended—

14 (1) by redesignating subparagraphs (D)  
15 through (G) as subparagraphs (E) through (H), re-  
16 spectively;

17 (2) by inserting after subparagraph (C) the fol-  
18 lowing:

19 “(D)(i) Subparagraph (A) shall not apply  
20 in any case where the other person to whom  
21 such payment is made is—

22 “(I) a parent, or other individual who  
23 is a legal guardian of, a minor child enti-  
24 tled to such payment who primarily resides  
25 in the same household;

1           “(II) a parent of an individual entitled  
2           to such payment who is under a disability  
3           (as defined in section 223(d)) who pri-  
4           marily resides in the same household; or

5           “(III) the spouse of the individual en-  
6           titled to such payment.

7           “(ii) The Commissioner of Social Security  
8           shall establish and implement procedures as  
9           necessary for the Commissioner to determine  
10          the eligibility of such parties for the exemption  
11          provided in clause (i). The Commissioner shall  
12          prescribe such regulations as may be necessary  
13          to determine eligibility for such exemption.”;

14          (3) in subparagraph (E) (as so redesignated),  
15          by striking “and (C)” and inserting “(C), and (D)”;  
16          and

17          (4) in subparagraph (F) (as so redesignated),  
18          by striking “(D)” each place it appears and insert-  
19          ing “(E)”.

20          (b) TITLE VIII.—Section 807(h) of the Social Secu-  
21          rity Act (42 U.S.C. 1007(h)) is amended—

22                  (1) by redesignating paragraphs (3) through  
23                  (5) as paragraphs (4) through (6), respectively; and

24                  (2) by inserting after paragraph (2) the fol-  
25          lowing:

1           “(3)(A) Paragraph (1) shall not apply in any  
2 case where the other person to whom such payment  
3 is made is the spouse of the individual entitled to  
4 such payment.

5           “(B) The Commissioner of Social Security shall  
6 establish and implement procedures as necessary for  
7 the Commissioner to determine the eligibility of such  
8 parties for the exemption provided in subparagraph  
9 (A). The Commissioner shall prescribe such regula-  
10 tions as may be necessary to determine eligibility for  
11 such exemption.”.

12           (c) TITLE XVI.—Section 1631(a)(2)(C) of the Social  
13 Security Act (42 U.S.C. 1383(a)(2)(C)) is amended—

14           (1) by redesignating clauses (iv) and (v) as  
15 clauses (v) and (vi), respectively;

16           (2) by inserting after clause (iii) the following:

17           “(iv)(I) Clause (i) shall not apply in any case  
18 where the representative payee is—

19           “(aa) a parent, or other individual who is  
20 a legal guardian of, a minor child entitled to  
21 such payment who primarily resides in the same  
22 household;

23           “(bb) a parent of an individual entitled to  
24 such payment who is under a disability who pri-  
25 marily resides in the same household; or



1           “(cc) the spouse of the individual entitled  
2           to such payment.

3           “(II) The Commissioner of Social Security shall  
4           establish and implement procedures as necessary for  
5           the Commissioner to determine the eligibility of such  
6           parties for the exemption provided in subclause (I).  
7           The Commissioner shall prescribe such regulations  
8           as may be necessary to determine eligibility for such  
9           exemption.”;

10           (3) in clause (v) (as so redesignated), by strik-  
11           ing “and (iii)” and inserting “(iii), and (iv)”; and

12           (4) in clause (vi) (as so redesignated), by strik-  
13           ing “(iv)” each time it appears and inserting “(v)”.

14           (d) EFFECTIVE DATE.—The amendments made by  
15 this section shall take effect on the date of the enactment  
16 of this Act.

17 **SEC. 303. PROTECTING BENEFICIARIES THROUGH INFOR-**  
18 **MATION SHARING.**

19           (a) INFORMATION SHARING TO DETERMINE STATE  
20 FOSTER CARE STATUS.—

21           (1) IN GENERAL.—Section 205(j) of the Social  
22 Security Act (42 U.S.C. 405(j)) is amended by add-  
23 ing at the end the following:

24           “(11)(A) The Commissioner of Social Security  
25 shall—

1           “(i) enter into agreements with each State with  
2           a plan approved under part E of title IV for the pur-  
3           pose of sharing and matching data, on an automated  
4           monthly basis, in the system of records of the Social  
5           Security Administration with each Statewide and  
6           Tribal Automated Child Welfare Information System  
7           to identify represented minor beneficiaries who are  
8           in foster care under the responsibility of the State  
9           for such month; and

10           “(ii) in any case in which a represented minor  
11           beneficiary has entered or exited foster care or  
12           changed foster care placement in such month, rede-  
13           termine the appropriate representative payee for  
14           such individual.

15           “(B) For purposes of this paragraph—

16           “(i) the term ‘State’ has the meaning given  
17           such term for purposes of part E of title IV;

18           “(ii) the term ‘Statewide and Tribal Automated  
19           Child Welfare Information System’ means a state-  
20           wide mechanized data collection and information re-  
21           trieval system described in section 474(a)(3)(C); and

22           “(iii) the term ‘represented minor beneficiary’,  
23           with respect to an individual for a month, means a  
24           child (as defined for purposes of section 475(8)) en-  
25           titled to benefits under this title for such month

1 whose benefits are certified for payment to a rep-  
2 resentative payee.”.

3 (2) CONFORMING CHANGE.—Section  
4 471(a)(8)(A) of the Social Security Act (42 U.S.C.  
5 671(a)(8)(A)) is amended by inserting “the program  
6 established by title II,” after “XX,”.

7 (3) GAO STUDY AND REPORT.—

8 (A) EVALUATION.—As soon as possible  
9 after the date of the enactment of this Act, the  
10 Comptroller General shall evaluate—

11 (i) the number of represented minor  
12 beneficiaries in foster care under the re-  
13 sponsibility of a State for each month dur-  
14 ing the previous year;

15 (ii) whether the representative payee  
16 for each represented minor beneficiary is—

17 (I) a governmental child welfare  
18 agency;

19 (II) an organizational payee that  
20 is not a governmental child welfare  
21 agency;

22 (III) a foster parent or child-care  
23 institution (within the meaning of  
24 part E of title IV); or

25 (IV) another individual; and

1 (iii) whether funds were conserved,  
2 used for direct expenses of the minor bene-  
3 ficiary, or used to reimburse the State for  
4 foster care maintenance costs.

5 (B) REPORT TO CONGRESS.—Not later  
6 than 36 months after the date of enactment of  
7 this Act, the Comptroller General shall submit  
8 to Congress a report on the results of the eval-  
9 uation required under subparagraph (A).

10 (C) DEFINITIONS.—For purposes of this  
11 paragraph—

12 (i) the term “State” has the meaning  
13 given such term for purposes of part E of  
14 title IV of the Social Security Act; and

15 (ii) the term “represented minor bene-  
16 ficiary”, with respect to an individual for a  
17 month, means a child (as defined for pur-  
18 poses of section 475(8) of the Social Secu-  
19 rity Act) entitled to benefits under title II  
20 of such Act for such month whose benefits  
21 are certified for payment to a representa-  
22 tive payee.

23 (4) EFFECTIVE DATE.—

24 (A) IN GENERAL.—The amendments made  
25 by this subsection shall apply with respect to

1 months beginning on or after the date that is  
2 1 year after the date of the enactment of this  
3 Act.

4 (B) EXCEPTION IF STATE LEGISLATION  
5 REQUIRED.—In the case of a State plan under  
6 part E of title IV of the Social Security Act  
7 that the Secretary of Health and Human Serv-  
8 ices determines requires State legislation (other  
9 than legislation appropriating funds) in order  
10 for the plan to meet the additional requirement  
11 imposed by the amendments made under this  
12 subsection, such plan shall not be regarded as  
13 failing to comply with the requirements of such  
14 title solely on the basis of its failure to meet  
15 this additional requirement before the first day  
16 of the first calendar quarter beginning after the  
17 close of the first regular session of the State  
18 legislature that begins after the date of the en-  
19 actment of this Act. For purposes of the pre-  
20 vious sentence, in the case of a State that has  
21 a 2-year legislative session, each year of such  
22 session shall be deemed to be a separate regular  
23 session of the State legislature.

24 (b) IMPROVING COORDINATION WITH ADULT PRO-  
25 TECTIVE SERVICES.—

1           (1) IN GENERAL.—The Commissioner of Social  
2           Security shall study and test the administrative fea-  
3           sibility of improving information sharing, in partner-  
4           ship with State agencies that provide adult protec-  
5           tive services, with respect to—

6                   (A) the assessment of an individual’s need  
7                   for a representative payee in connection with  
8                   benefits to which the individual is entitled  
9                   under title II or title XVI of the Social Security  
10                  Act; and

11                   (B) oversight of individuals and organiza-  
12                  tions serving as representative payees.

13           (2) REPORT.—Not later than June 30, 2022,  
14           the Commissioner of Social Security shall conclude  
15           the study described in paragraph (1) and submit to  
16           the Committee on Ways and Means of the House of  
17           Representatives and the Committee on Finance of  
18           the Senate a report on the results of such study.

19           (c) STUDY ON POTENTIAL TO COORDINATE WITH  
20           STATE COURTS.—

21                   (1) IN GENERAL.—The Commissioner of Social  
22                   Security shall enter into an agreement with the Ad-  
23                   ministrative Conference of the United States to con-  
24                   duct a study that includes—

1 (A) an overview of potential opportunities  
2 for information sharing between the Social Se-  
3 curity Administration and State courts and rel-  
4 evant State agencies;

5 (B) a detailed analysis of the barriers to  
6 such information sharing, including any Federal  
7 or State statutory barriers;

8 (C) a description of how such information  
9 sharing would be implemented, including any  
10 additional infrastructure needed; and

11 (D) a description of any risks or other fac-  
12 tors that the Social Security Administration  
13 and the Congress should consider before imple-  
14 menting such information sharing.

15 (2) REPORT.—Not later than June 30, 2020,  
16 the Commissioner of Social Security shall submit to  
17 the Committee on Ways and Means of the House of  
18 Representatives and the Committee on Finance of  
19 the Senate and make publicly available a report on  
20 the results of the study conducted under paragraph  
21 (1).

1 **SEC. 304. CLARIFYING OVERPAYMENT LIABILITY FOR**  
2 **CHILD IN CHILD WELFARE SYSTEM.**

3 (a) AMENDMENT TO TITLE II.—Section 204(a) of  
4 the Social Security Act (42 U.S.C. 404(a)) is amended  
5 by adding at the end the following:

6 “(3)(A) When any payment of more than the correct  
7 amount is made on behalf of an individual who is a rep-  
8 resented minor beneficiary for a month in which such indi-  
9 vidual is in foster care under the responsibility of a State  
10 and the State is the representative payee of such indi-  
11 vidual, the State shall be liable for the repayment of the  
12 overpayment, and there shall be no adjustment of pay-  
13 ments to, or recovery by the United States from, such in-  
14 dividual.

15 “(B) For purposes of this paragraph, the term ‘rep-  
16 resented minor beneficiary’ has the meaning given such  
17 term in subsection (j)(11)(B)(iii).”.

18 (b) AMENDMENT TO TITLE XVI.—Section 1631(b)  
19 of the Social Security Act (42 U.S.C. 1683(b)) is amend-  
20 ed—

21 (1) by redesignating paragraphs (3) through  
22 (7) as paragraphs (4) through (8), respectively; and  
23 (2) by inserting after paragraph (2) the fol-  
24 lowing:

25 “(3)(A) When any payment of more than the correct  
26 amount is made on behalf of an individual who is a rep-



1 resent minor beneficiary for a month in which such indi-  
2 vidual is in foster care under the responsibility of a State  
3 and the State is the representative payee of such indi-  
4 vidual, the State shall be liable for the repayment of the  
5 overpayment, and there shall be no adjustment of pay-  
6 ments to, or recovery by the United States from, such in-  
7 dividual.

8 “(B) For purposes of this paragraph, the term ‘rep-  
9 resent minor beneficiary’, with respect to an individual  
10 for a month, means a child (as defined for purposes of  
11 section 475(8)) entitled to benefits under this title for  
12 such month whose benefits are certified for payment to  
13 a representative payee.”.

14 (c) EFFECTIVE DATE.—The amendment made by  
15 subsection (a) shall apply with respect to overpayment de-  
16 terminations made on or after the date of the enactment  
17 of this Act and to any other overpaid amounts that have  
18 not been recovered as of such date.

19 **SEC. 305. REPORTS.**

20 (a) REPORT ON BENEFITS MISUSED.—Section  
21 205(j) of the Social Security Act (42 U.S.C. 405(j)), as  
22 amended by section 303(a), is further amended—

23 (1) in paragraph (6)—

24 (A) by striking “(A) In addition to” and  
25 inserting “In addition to”; and

1 (B) by striking subparagraph (B); and

2 (2) by adding at the end the following:

3 “(12)(A) Not later than January 31 of each fiscal  
4 year, the Commissioner shall submit to the Committee on  
5 Ways and Means of the House of Representatives and the  
6 Committee on Finance of the Senate a report on the total  
7 number of individuals entitled to benefits under titles II,  
8 VIII, and XVI, respectively (and the number of individuals  
9 concurrently entitled to benefits under more than one such  
10 title), who have a representative payee, the total number  
11 of such representative payees, and the results of all re-  
12 views of representative payees conducted during the pre-  
13 vious fiscal year in connection with benefits under this  
14 title, title VIII, or title XVI. Such report shall summarize  
15 problems identified in such reviews and corrective actions  
16 taken or planned to be taken to correct such problems,  
17 and shall include—

18 “(i) the number of such reviews;

19 “(ii) the results of such reviews;

20 “(iii) the number of cases in which the rep-  
21 resentative payee was changed and why;

22 “(iv) the number of reviews conducted in re-  
23 sponse to allegations or concerns about the perform-  
24 ance or suitability of the payee;

1           “(v) the number of cases discovered in which  
2 there was a misuse of funds, and the total dollar  
3 amount of benefits determined by the Commissioner  
4 during such fiscal year to have been misused by a  
5 representative payee (regardless of the fiscal year in  
6 which such misuse occurred);

7           “(vi) the number of cases discovered in which  
8 such misuse of funds resulted from the negligent  
9 failure of the Commissioner to investigate or mon-  
10 itor a representative payee;

11           “(vii) the final disposition of such cases of mis-  
12 use of funds, including—

13               “(I) any criminal, civil, and administrative  
14 penalties imposed;

15               “(II) the total dollar amount of misused  
16 benefits repaid to beneficiaries and alternative  
17 representative payees under each of—

18                   “(aa) paragraph (5) (on the basis of  
19 a negligent failure of the Commissioner de-  
20 scribed in such paragraph);

21                   “(bb) paragraph (5) (on any other  
22 basis); and

23                   “(cc) paragraph (7); and

24               “(III) the total dollar amount of misused  
25 benefits recovered under each of—

1 “(aa) paragraph (5); and

2 “(bb) paragraph (7);

3 “(viii) any updates to prior year reports nec-  
4 essary to reflect subsequent recoveries and repay-  
5 ments pertaining to misuse determinations made in  
6 prior years; and

7 “(ix) such other information as the Commis-  
8 sioner deems appropriate.

9 “(B) Each report required under this paragraph for  
10 a fiscal year shall include the information described in  
11 clauses (i) through (ix) of subparagraph (A) with respect  
12 to—

13 “(i) all representative payees reviewed during  
14 such fiscal year;

15 “(ii) all such representative payees that are or-  
16 ganizations, separated by whether such organization  
17 collects a fee for its services as a representative  
18 payee;

19 “(iii) all such representative payees that are in-  
20 dividuals serving 15 or more individuals; and

21 “(iv) all such representative payees that are in-  
22 dividuals serving less than 15 individuals, separated  
23 by whether such representative payee is a family  
24 member.”.

1 (b) REPORT ON ELIMINATION OF THE ACCOUNTING  
2 FORM.—The Commissioner shall—

3 (1) conduct a study on the changes made by the  
4 amendments made by section 102 of the Strength-  
5 ening Protections for Social Security Beneficiaries  
6 Act of 2018, which shall include the impact of such  
7 changes on families, beneficiaries, and the operations  
8 of the Social Security Administration; and

9 (2) not later than January 1, 2021, submit a  
10 report on the results of such study to the Committee  
11 on Ways and Means of the House of Representatives  
12 and the Committee on Finance of the Senate.

13 (c) REPORT ON THE ADVANCED DESIGNATION POL-  
14 ICY.—The Commissioner shall—

15 (1) conduct a study on the changes made by the  
16 amendments made by section 201 of the Strength-  
17 ening Protections for Social Security Beneficiaries  
18 Act of 2018, which shall include the impact of such  
19 changes on beneficiaries and the operations of the  
20 Social Security Administration; and

21 (2) not later than January 1, 2025, submit a  
22 report on the results of such study to the Committee  
23 on Ways and Means of the House of Representatives  
24 and the Committee on Finance of the Senate.

1           **Subtitle B—Improving Payee**  
2                   **Selection and Quality**

3   **SEC. 311. ADVANCE DESIGNATION OF REPRESENTATIVE**  
4                   **PAYEES.**

5           (a) IN GENERAL.—Section 205(j)(1) of the Social Se-  
6   curity Act (42 U.S.C. 405(j)(1)) is amended by adding  
7   at the end the following:

8           “(C)(i) An individual who is entitled to or is an appli-  
9   cant for a benefit under this title, title VIII, or title XVI,  
10   who has attained 18 years of age or is an emancipated  
11   minor, may, at any time, designate one or more other indi-  
12   viduals to serve as a representative payee for such indi-  
13   vidual in the event that the Commissioner of Social Secu-  
14   rity determines under subparagraph (A) that the interest  
15   of such individual would be served by certification for pay-  
16   ment of such benefits to which the individual is entitled  
17   to a representative payee. If the Commissioner of Social  
18   Security makes such a determination with respect to such  
19   individual at any time after such designation has been  
20   made, the Commissioner shall—

21           “(I) certify payment of such benefits to the des-  
22   ignated individual, subject to the requirements of  
23   paragraph (2); or

24           “(II) if the Commissioner determines that cer-  
25   tification for payment of such benefits to the des-

1       ignated individual would not satisfy the require-  
2       ments of paragraph (2), that the designated indi-  
3       vidual is unwilling or unable to serve as representa-  
4       tive payee, or that other good cause exists, certify  
5       payment of such benefits to another individual or or-  
6       ganization, in accordance with paragraph (1).

7       “(ii) An organization may not be designated to serve  
8       as a representative payee under this subparagraph.”.

9       (b) EFFECTIVE DATE.—The amendment made by  
10      subsection (a) shall take effect on the date that is 2 years  
11      after the date of the enactment of this section.

12      (c) REGULATIONS.—Not later than 18 months after  
13      the date of the enactment of this section, the Commis-  
14      sioner of Social Security shall promulgate regulations  
15      specifying the information an individual is required to pro-  
16      vide to the Commissioner in order to designate another  
17      individual to serve as the individual’s representative payee  
18      under section 205(j)(1)(C) of the Social Security Act (as  
19      added by subsection (a)).

20      (d) NOTIFICATION TO BENEFICIARIES.—Not later  
21      than January 1, 2020, and annually thereafter, the Com-  
22      missioner of Social Security shall notify each individual  
23      entitled to a benefit under title II, VIII, or XVI of the  
24      Social Security Act of the name of any individual des-  
25      ignated to serve as the individual’s representative payee

1 under section 205(j)(1)(C) of such Act (as added by sub-  
2 section (a)).

3 **SEC. 312. PROHIBITION ON INDIVIDUALS CONVICTED OF**  
4 **CERTAIN CRIMES SERVING AS REPRESENTA-**  
5 **TIVE PAYEES.**

6 (a) AMENDMENTS TO TITLE II.—Section 205(j)(2)  
7 of the Social Security Act (42 U.S.C. 405(j)(2)) is amend-  
8 ed—

9 (1) in subparagraph (B)—

10 (A) in clause (i)—

11 (i) in subclause (V), by striking “and”  
12 at the end;

13 (ii) in subclause (VI), by striking the  
14 period and inserting “, and”; and

15 (iii) by adding at the end the fol-  
16 lowing:

17 “(VII) determine whether such person has been  
18 convicted (and not subsequently exonerated), under  
19 Federal or State law, of a felony provided under  
20 clause (iv), or of an attempt or a conspiracy to com-  
21 mit such a felony.”; and

22 (B) by adding at the end the following:

23 “(iv) The felony crimes provided under this clause,  
24 whether an offense under State or Federal law, are the  
25 following:



1           “(I) Human trafficking, including as prohibited  
2           under sections 1590 and 1591 of title 18, United  
3           States Code.

4           “(II) False imprisonment, including as prohib-  
5           ited under section 1201 of title 18, United States  
6           Code.

7           “(III) Kidnapping, including as prohibited  
8           under section 1201 of title 18, United States Code.

9           “(IV) Rape and sexual assault, including as  
10          prohibited under sections 2241, 2242, 2243, and  
11          2244 of title 18, United States Code.

12          “(V) First-degree homicide, including as prohib-  
13          ited under section 1111 of title 18, United States  
14          Code.

15          “(VI) Robbery, including as prohibited under  
16          section 2111 of title 18, United States Code.

17          “(VII) Fraud to obtain access to government  
18          assistance, including as prohibited under sections  
19          287, 1001, and 1343 of title 18, United States  
20          Code.

21          “(VIII) Fraud by scheme, including as prohib-  
22          ited under section 1343 of title 18, United States  
23          Code.

1           “(IX) Theft of government funds or property,  
2 including as prohibited under section 641 of title 18,  
3 United States Code.

4           “(X) Abuse or neglect, including as prohibited  
5 under section 111, 113, 114, 115, 116, or 117 of  
6 title 18, United States Code.

7           “(XI) Forgery, including as prohibited under  
8 section 642 and chapter 25 (except section 512) of  
9 title 18, United States Code.

10           “(XII) Identity theft or identity fraud, includ-  
11 ing as prohibited under sections 1028 and 1028A of  
12 title 18, United States Code.

13 The Commissioner of Social Security may promulgate reg-  
14 ulations to provide for additional felony crimes under this  
15 clause.

16           “(v)(I) For the purpose of carrying out the activities  
17 required under subparagraph (B)(i) as part of the inves-  
18 tigation under subparagraph (A)(i), the Commissioner  
19 may conduct a background check of any individual seeking  
20 to serve as a representative payee under this subsection  
21 and may disqualify from service as a representative payee  
22 any such individual who fails to grant permission for the  
23 Commissioner to conduct such a background check.

24           “(II) The Commissioner may revoke certification of  
25 payment of benefits under this subsection to any indi-

1 vidual serving as a representative payee on or after Janu-  
2 ary 1, 2019, who fails to grant permission for the Commis-  
3 sioner to conduct such a background check.”; and

4 (2) in subparagraph (C)—

5 (A) in clause (i)—

6 (i) in subclause (IV), by striking “or”  
7 at the end;

8 (ii) in subclause (V), by striking the  
9 period at the end and inserting “, or”; and

10 (iii) by adding at the end the fol-  
11 lowing:

12 “(VI) except as provided in clause (vi), such  
13 person has previously been convicted (and not subse-  
14 quently exonerated) as described in subparagraph  
15 (B)(i)(VII).”; and

16 (B) by adding at the end the following:

17 “(vi)(I) With respect to any person described in sub-  
18 clause (II)—

19 “(aa) subparagraph (B)(i)(VII) shall not apply;  
20 and

21 “(bb) the Commissioner may grant an exemp-  
22 tion from the provisions of clause (i)(VI) if the Com-  
23 missioner determines that such exemption is in the  
24 best interest of the individual entitled to benefits.

1 “(II) A person is described in this subclause if the  
2 person—

3 “(aa) is the custodial parent of a minor child  
4 for whom the person applies to serve,

5 “(bb) is the custodial spouse of the beneficiary  
6 for whom the person applies to serve,

7 “(cc) is the custodial parent of a beneficiary  
8 who is under a disability (as defined in section  
9 223(d)) which began before the beneficiary attained  
10 the age of 22, for whom the person applies to serve,

11 “(dd) is the custodial court appointed guardian  
12 of the beneficiary for whom the person applies to  
13 serve,

14 “(ee) is the custodial grandparent of a minor  
15 grandchild for whom the person applies to serve,

16 “(ff) is the parent who was previously rep-  
17 resentative payee for his or her minor child who has  
18 since turned 18 and continues to be eligible for such  
19 benefit, or

20 “(gg) received a presidential or gubernatorial  
21 pardon for the relevant conviction.”.

22 (b) AMENDMENTS TO TITLE VIII.—Section 807 of  
23 the Social Security Act (42 U.S.C. 1007) is amended—

24 (1) in subsection (b)—

25 (A) in paragraph (2)—

1 (i) in subparagraph (E), by striking  
2 “and” at the end;

3 (ii) in subparagraph (F), by striking  
4 the period and inserting “, and”; and

5 (iii) by adding at the end the fol-  
6 lowing:

7 “(G) determine whether such person has  
8 been convicted (and not subsequently exoner-  
9 ated), under Federal or State law, of a felony  
10 provided under paragraph (4), or of an attempt  
11 or a conspiracy to commit such a felony.”; and

12 (B) by adding at the end the following:

13 “(4) The felony crimes provided under this  
14 paragraph, whether an offense under State or Fed-  
15 eral law, are the following:

16 “(A) Human trafficking, including as pro-  
17 hibited under sections 1590 and 1591 of title  
18 18, United States Code.

19 “(B) False imprisonment, including as  
20 prohibited under section 1201 of title 18,  
21 United States Code.

22 “(C) Kidnapping, including as prohibited  
23 under section 1201 of title 18, United States  
24 Code.

1           “(D) Rape and sexual assault, including as  
2 prohibited under sections 2241, 2242, 2243,  
3 and 2244 of title 18, United States Code.

4           “(E) First-degree homicide, including as  
5 prohibited under section 1111 of title 18,  
6 United States Code.

7           “(F) Robbery, including as prohibited  
8 under section 2111 of title 18, United States  
9 Code.

10           “(G) Fraud to obtain access to government  
11 assistance, including as prohibited under sec-  
12 tions 287, 1001, and 1343 of title 18, United  
13 States Code.

14           “(H) Fraud by scheme, including as pro-  
15 hibited under section 1343 of title 18, United  
16 States Code.

17           “(I) Theft of government funds or prop-  
18 erty, including as prohibited under section 641  
19 of title 18, United States Code.

20           “(J) Abuse or neglect, including as prohib-  
21 ited under section 111, 113, 114, 115, 116, or  
22 117 of title 18, United States Code.

23           “(K) Forgery, including as prohibited  
24 under section 642 and chapter 25 (except sec-  
25 tion 512) of title 18, United States Code.

1           “(L) Identity theft or identity fraud, in-  
2           cluding as prohibited under sections 1028 and  
3           1028A of title 18, United States Code.

4           The Commissioner of Social Security may promul-  
5           gate regulations to provide for additional felony  
6           crimes under this clause.

7           “(5)(A) For the purpose of carrying out the activities  
8           required under paragraph (2) as part of the investigation  
9           under paragraph (1)(A), the Commissioner may conduct  
10          a background check of any individual seeking to serve as  
11          a representative payee under this subsection and may dis-  
12          qualify from service as a representative payee any such  
13          individual who fails to grant permission for the Commis-  
14          sioner to conduct such a background check.

15          “(B) The Commissioner may revoke certification of  
16          payment of benefits under this subsection to any indi-  
17          vidual serving as a representative payee on or after Janu-  
18          ary 1, 2019, who fails to grant permission for the Commis-  
19          sioner to conduct such a background check.”; and

20                 (2) in subsection (d)—

21                         (A) in paragraph (1)—

22                                 (i) in subparagraph (D), by striking  
23                                 “or” at the end;

1                   (ii) in subparagraph (E), by striking  
2                   the period at the end and inserting “, or”;  
3                   and

4                   (iii) by adding at the end the fol-  
5                   lowing:

6                   “(F) except as provided in paragraph  
7                   (2)(D), such person has previously been con-  
8                   victed (and not subsequently exonerated) as de-  
9                   scribed in subsection (b)(2)(G).”; and

10                  (B) in paragraph (2), by adding at the end  
11                  the following:

12                  “(D)(i) With respect to any person described in  
13                  clause (II)—

14                         “(I) subsection (b)(2)(G) shall not apply; and

15                         “(II) the Commissioner may grant an exemp-  
16                         tion from the provisions of paragraph (1)(F) if the  
17                         Commissioner determines that such exemption is in  
18                         the best interest of the individual entitled to bene-  
19                         fits.

20                  “(ii) A person is described in this clause if the per-  
21                  son—

22                         “(I) is the custodial spouse of the beneficiary  
23                         for whom the person applies to serve;



1           “(II) is the custodial court appointed guardian  
2 of the beneficiary for whom the person applies to  
3 serve; or

4           “(III) received a presidential or gubernatorial  
5 pardon for the relevant conviction.”.

6           (c) AMENDMENTS TO TITLE XVI.—Section  
7 1631(a)(2)(B) of the Social Security Act (42 U.S.C.  
8 1383(a)(2)(B)) is amended—

9           (1) in clause (ii)—

10           (A) in subclause (V), by striking “and” at  
11 the end;

12           (B) in subclause (VI), by striking the pe-  
13 riod and inserting “, and”; and

14           (C) by adding at the end the following:

15           “(VII) determine whether such person has been  
16 convicted (and not subsequently exonerated), under  
17 Federal or State law, of a felony provided under  
18 clause (xv), or of an attempt or a conspiracy to com-  
19 mit such a felony.”;

20           (2) in clause (iii)—

21           (A) in subclause (IV), by striking “or” at  
22 the end;

23           (B) in subclause (V), by striking the period  
24 at the end and inserting “, or”; and

25           (C) by adding at the end the following:

1           “(VI) except as provided in clause (xvii), such  
2           person has previously been convicted (and not subse-  
3           quently exonerated) as described in clause  
4           (ii)(VII).”; and

5           (3) by adding at the end the following:

6           “(xv) The felony crimes provided under this clause,  
7           whether an offense under State or Federal law, are the  
8           following:

9           “(I) Human trafficking, including as prohibited  
10          under sections 1590 and 1591 of title 18, United  
11          States Code.

12          “(II) False imprisonment, including as prohib-  
13          ited under section 1201 of title 18, United States  
14          Code.

15          “(III) Kidnapping, including as prohibited  
16          under section 1201 of title 18, United States Code.

17          “(IV) Rape and sexual assault, including as  
18          prohibited under sections 2241, 2242, 2243, and  
19          2244 of title 18, United States Code.

20          “(V) First-degree homicide, including as prohib-  
21          ited under section 1111 of title 18, United States  
22          Code.

23          “(VI) Robbery, including as prohibited under  
24          section 2111 of title 18, United States Code.

1           “(VII) Fraud to obtain access to government  
2 assistance, including as prohibited under sections  
3 287, 1001, and 1343 of title 18, United States  
4 Code.

5           “(VIII) Fraud by scheme, including as prohib-  
6 ited under section 1343 of title 18, United States  
7 Code.

8           “(IX) Theft of government funds or property,  
9 including as prohibited under section 641 of title 18,  
10 United States Code.

11           “(X) Abuse or neglect, including as prohibited  
12 under section 111, 113, 114, 115, 116, or 117 of  
13 title 18, United States Code.

14           “(XI) Forgery, including as prohibited under  
15 section 642 and chapter 25 (except section 512) of  
16 title 18, United States Code.

17           “(XII) Identity theft or identity fraud, includ-  
18 ing as prohibited under sections 1028 and 1028A of  
19 title 18, United States Code.

20 The Commissioner of Social Security may promulgate reg-  
21 ulations to provide for additional felony crimes under this  
22 clause.

23           “(xvi)(I) For the purpose of carrying out the activi-  
24 ties required under clause (ii) as part of the investigation  
25 under clause (i)(I), the Commissioner may conduct a back-

1 ground check of any individual seeking to serve as a rep-  
2 resentative payee under this subsection and may disqualify  
3 from service as a representative payee any such individual  
4 who fails to grant permission for the Commissioner to con-  
5 duct such a background check.

6 “(II) The Commissioner may revoke certification of  
7 payment of benefits under this subsection to any indi-  
8 vidual serving as a representative payee on or after Janu-  
9 ary 1, 2019, who fails to grant permission for the Commis-  
10 sioner to conduct such a background check.

11 “(xvii)(I) With respect to any person described in  
12 subclause (II)—

13 “(aa) clause (ii)(VII) shall not apply; and

14 “(bb) the Commissioner may grant an exemp-  
15 tion from the provisions of clause (iii)(VI) if the  
16 Commissioner determines that such exemption is in  
17 the best interest of the individual entitled to bene-  
18 fits.

19 “(II) A person is described in this subclause if the  
20 person—

21 “(aa) is the custodial parent of a minor child  
22 for whom the person applies to serve,

23 “(bb) is the custodial spouse of the beneficiary  
24 for whom the person applies to serve,

1           “(cc) is the custodial parent of a beneficiary  
2           who is under a disability which began before the  
3           beneficiary attained the age of 22, for whom the per-  
4           son applies to serve,

5           “(dd) is the custodial court appointed guardian  
6           of the beneficiary for whom the person applies to  
7           serve,

8           “(ee) is the custodial grandparent of a minor  
9           grandchild for whom the person applies to serve,

10           “(ff) is the parent who was previously rep-  
11           resentative payee for his or her minor child who has  
12           since turned 18 and continues to be eligible for such  
13           benefit, or

14           “(gg) received a presidential or gubernatorial  
15           pardon for the relevant conviction.”.

16           (d) APPLICATION TO NEW APPOINTMENTS.—Subject  
17           to subsection (e), the amendments made by subsections  
18           (a), (b), and (c) shall apply with respect to any individual  
19           appointed to serve as a representative payee pursuant to  
20           section 205(j), 807, or 1631(a)(2) of the Social Security  
21           Act on or after January 1, 2019.

22           (e) APPLICATION TO PRIOR APPOINTMENTS.—

23           (1) IN GENERAL.—Not later than January 1,  
24           2024, the Commissioner of Social Security shall con-  
25           duct a review of each individual serving as a rep-

1       representative payee pursuant to section 205(j), 807, or  
2       1631(a)(2) of the Social Security Act, to determine  
3       whether such individual has been convicted of a fel-  
4       ony as described in section 205(j)(2)(B)(i)(VII),  
5       807(b)(2)(G), or 1631(a)(2)(B)(ii)(VII), respectively  
6       (as such provisions are added by this section). Ex-  
7       cept as provided in section 205(j)(2)(C)(vi),  
8       807(d)(2)(D), or 1631(a)(2)(B)(xvii) (as so added),  
9       any individual determined by the Commissioner to  
10      have been so convicted may not serve as a represent-  
11      ative payee on or after the date of such determina-  
12      tion.

13           (2) PRIORITY.—In conducting reviews under  
14      paragraph (1), the Commissioner shall prioritize re-  
15      views of the following categories of individuals, in  
16      the following order:

17           (A) An individual serving as representative  
18      payee for 15 or more individuals.

19           (B) An individual serving as representative  
20      payee for an individual who is not related to the  
21      representative payee.

22           (C) An individual serving as representative  
23      payee for an individual who has attained the  
24      age of 18 and is not the spouse of the rep-  
25      resentative payee.

1 (f) PERIODIC REVIEW.—Not later than 1 year after  
 2 the date of enactment of this section, the Commissioner  
 3 of Social Security shall issue regulations to establish a  
 4 process for reviewing each individual serving as a rep-  
 5 resentative payee pursuant to section 205(j), 807, or  
 6 1631(a)(2) of the Social Security Act (other than individ-  
 7 uals with respect to whom an exemption has been granted  
 8 under section 205(j)(2)(C)(vi), 807(d)(2)(D), or  
 9 1631(a)(2)(B)(xvii)) not less than once every 5 years to  
 10 determine whether any such individual has been convicted  
 11 of a felony as described in subsection (e)(1) of this section.

12 **SEC. 313. PROHIBITION ON INDIVIDUALS WITH REP-**  
 13 **RESENTATIVE PAYEES SERVING AS REP-**  
 14 **RESENTATIVE PAYEES.**

15 (a) AMENDMENT TO TITLE II.—Section  
 16 205(j)(2)(C)(i) of the Social Security Act (42 U.S.C.  
 17 405(j)(2)(C)(i)), as amended by section 312(a)(2), is fur-  
 18 ther amended—

19 (1) in subclause (V), by striking “or” at the  
 20 end;

21 (2) in subclause (VI), by striking the period  
 22 and inserting “, or”; and

23 (3) by adding at the end the following:

24 “(VII) such person’s benefits under this title,  
 25 title VIII, or title XVI are certified for payment to

1 a representative payee during the period for which  
2 the individual's benefits would be certified for pay-  
3 ment to another person.”.

4 (b) AMENDMENT TO TITLE VIII.—Section 807(d)(1)  
5 of the Social Security Act (42 U.S.C. 1007(d)(1)), as  
6 amended by section 312(b)(2), is further amended—

7 (1) in subparagraph (E), by striking “or” at  
8 the end;

9 (2) in subparagraph (F), by striking the period  
10 and inserting “, or”; and

11 (3) by adding at the end the following:

12 “(G) such person's benefits under this  
13 title, title II, or title XVI are certified for pay-  
14 ment to a representative payee during the pe-  
15 riod for which the individual's benefits would be  
16 certified for payment to another person.”.

17 (c) AMENDMENT TO TITLE XVI.—Section  
18 1631(a)(2)(B)(iii) of the Social Security Act (42 U.S.C.  
19 1383(a)(2)(B)(iii)), as amended by section 312(c)(2), is  
20 further amended—

21 (1) in subclause (V), by striking “or” at the  
22 end;

23 (2) in subclause (VI), by striking the period  
24 and inserting “, or”; and

25 (3) by adding at the end the following:



1           “(VII) such person’s benefits under this title,  
2 title II, or title VIII are certified for payment to a  
3 representative payee during the period for which the  
4 individual’s benefits would be certified for payment  
5 to another person.”.

6           (d) EFFECTIVE DATE.—

7           (1) NEW APPOINTMENTS.—Subject to para-  
8 graph (2), the amendments made by this section  
9 shall apply with respect to any individual appointed  
10 to serve as a representative payee under title II, title  
11 VIII, or title XVI of the Social Security Act on or  
12 after January 1, 2019.

13           (2) PRIOR APPOINTMENTS.—With respect to in-  
14 dividuals serving as a representative payee whose  
15 benefits under this title, title VIII, or title XVI are  
16 certified for payment to another representative payee  
17 as of January 1, 2019, the Commissioner shall take  
18 any steps necessary to terminate such individual’s  
19 service as a representative payee as soon as possible,  
20 but no later than January 1, 2024.

21 **SEC. 314. REASSESSMENT OF PAYEE SELECTION AND RE-**  
22 **PLACEMENT POLICIES.**

23           (a) IN GENERAL.—The Commissioner of Social Secu-  
24 rity shall conduct, with opportunity for public comment,  
25 a review and reassessment of—

1           (1) the appropriateness of its order of pref-  
2           erence for selecting representative payees, including  
3           payees who may be creditors of the beneficiary or  
4           who are private, for-profit institutions; and

5           (2) the effectiveness of its policy and oper-  
6           ational procedures in properly determining when to  
7           change a representative payee, including—

8                   (A) from a payee that has a higher order  
9                   of preference (such as a family member) to a  
10                  payee that has a lower order of preference  
11                  (such as a creditor); or

12                   (B) when a request to change payees arises  
13                  from someone other than the beneficiary.

14           (b) REPORT.—Not later than 18 months after the  
15           date of the enactment of this Act, the Commissioner of  
16           Social Security shall submit to the Committee on Ways  
17           and Means of the House of Representatives and the Com-  
18           mittee on Finance of the Senate and make publicly avail-  
19           able a report on the results of the review and reassessment  
20           under subsection (a).

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