AMENDMENT TO H.R. 3962
OFFERED BY MR. DINGELL OF MICHIGAN

Page 17, add at the end of line 10 the following: “For a State without a high-risk pool program, the Secretary may work with the State to coordinate with other forms of coverage expansions, such as State public-private partnerships.”.

Page 17, line 12, insert after “means an individual” the following: “who meets the requirements of subsection (i)(1)”.

Page 18, line 8, strike “or”.

Page 18, line 13, strike the period and insert “; or”.

Page 18, after line 13, insert the following:

1 (4) who on or after October 29, 2009, had employment-based retiree health coverage (as defined in subsection (i)) and the annual increase in premiums for such individual under such coverage (for any coverage period beginning on or after such date) exceeds such excessive percentage as the Secretary shall specify.
Page 19, line 23, insert "consistent with subsection (i)(2)," after "attest".

Page 26, after line 21, insert the following new subsections:

(i) APPLICATION AND VERIFICATION OF REQUIREMENT OF CITIZENSHIP OR LAWFUL PRESENCE IN THE UNITED STATES.—

(1) REQUIREMENT.—No individual shall be an eligible individual under this section unless the individual is a citizen or national of the United States or is lawfully present in a State in the United States (other than as a nonimmigrant described in a subparagraph (excluding subparagraphs (K), (T), (U), and (V)) of section 101(a)(15) of the Immigration and Nationality Act).

(2) APPLICATION OF VERIFICATION PROCESS FOR AFFORDABILITY CREDITS.—The provisions of paragraphs (4) (other than subparagraphs (F) and (H)(i)) and (5)(A) of section 341(b), and of subsections (v) (other than paragraph (3)) and (x) of section 205 of the Social Security Act, shall apply to the verification of eligibility of an eligible individual by the Secretary (or by a State agency approved by the Secretary) for benefits under this section in the same manner as such provisions apply to the
verification of eligibility of an affordable credit eligible individual for affordability credits by the Commissioner under section 341(b). The agreement referred to in section 205(v)(2)(A) of the Social Security Act (as applied under this paragraph) shall also provide for funding, to be payable from the amount made available under subsection (h)(1), to the Commissioner of Social Security in such amount as is agreed to by such Commissioner and the Secretary.

(j) EMPLOYMENT-BASED RETIREE HEALTH COVERAGE.—In this section, the term "employment-based retiree health coverage" means health insurance or other coverage of health care costs (whether provided by voluntary insurance coverage or pursuant to statutory or contractual obligation) for individuals (or for such individuals and their spouses and dependents) under a group health plan based on their status as retired participants in such plan.

Page 31, strike lines 17 through 24 and insert the following:

SEC. 104. SUNSHINE ON PRICE GOUGING BY HEALTH INSURANCE ISSUERS.

(a) INITIAL PREMIUM REVIEW PROCESS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in conjunction with States, shall
establish a process for the annual review, beginning with 2010 and subject to subsection (c)(3)(A), of increases in premiums for health insurance coverage.

(2) JUSTIFICATION AND DISCLOSURE.— Such process shall require health insurance issuers to submit a justification for any premium increase prior to implementation of the increase. Such issuers shall prominently post such information on their websites. The Secretary shall ensure the public disclosure of information on such increases and justifications for all health insurance issuers.

(b) CONTINUING PREMIUM REVIEW PROCESS.—

(1) INFORMING COMMISSIONER OF PREMIUM INCREASE PATTERNS.—As a condition of receiving a grant under subsection (c)(1), a State, through its Commissioner of Insurance, shall—

(A) provide the Health Choices Commissioner with information about trends in premium increases in health insurance coverage in premium rating areas in the State; and

(B) make recommendations, as appropriate, to such Commissioner about whether particular health insurance issuers should be excluded from participation in the Health In-
insurance Exchange based on a pattern of excessive or unjustified premium increases.

(2) COMMISSIONER AUTHORITY REGARDING EXCHANGE PARTICIPATION.—In making determinations concerning entering into contracts with QHBP offering entities for the offering of Exchange-participating health plans under section 304, the Commissioner shall take into account the information and recommendations provided under paragraph (1).

(3) MONITORING BY COMMISSIONER OF PREMIUM INCREASES.—

(A) IN GENERAL.—Beginning in 2014, the Commissioner, in conjunction with the States and in place of the monitoring by the Secretary under subsection (a)(1) and consistent with the provisions of subsection (a)(2), shall monitor premium increases of health insurance coverage offered inside the Health Insurance Exchange under section 304 and outside of the Exchange.

(B) CONSIDERATION IN OPENING EXCHANGE.—In determining under section 302(e)(4) whether to make additional larger employers eligible to participate in the Health Insurance Exchange, the Commissioner shall take into account any excess of premium
growth outside the Exchange as compared to the rate of such growth inside the Exchange, including information reported by the States.

(c) GRANTS IN SUPPORT OF PROCESS.—

(1) PREMIUM REVIEW GRANTS DURING 2010 THROUGH 2014.—The Secretary shall carry out a program of grants to States during the 5-year period beginning with 2010 to assist them in carrying out subsection (a), including—

(A) in reviewing and, if appropriate under State law, approving premium increases for health insurance coverage; and

(B) in providing information and recommendations to the Commissioner under subsection (b)(1).

(2) FUNDING.—

(A) IN GENERAL.—Out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary $1,000,000,000, to be available for expenditure for grants under paragraph (1) and subparagraph (B).

(B) FURTHER AVAILABILITY FOR INSURANCE REFORM AND CONSUMER PROTECTION GRANTS.—If the amounts appropriated under subparagraph (A) are not fully obligated under
grants under paragraph (1) by the end of 2014, any remaining funds shall remain available to the Secretary for grants to States for planning and implementing the insurance reforms and consumer protections under title II.

(C) ALLOCATION.—The Secretary shall establish a formula for determining the amount of any grant to a State under this subsection.

Under such formula—

(i) the Secretary shall consider the number of plans of health insurance coverage offered in each State and the population of the State; and

(ii) no State qualifying for a grant under paragraph (1) shall receive less than $1,000,000, or more than $5,000,000 for a grant year.

Page 39, line 4, insert “Affordable Health Care for America Act” after “section 211 of the”.

Page 52, line 20, strike “ANNUAL OR”.

Page 74, line 3, strike “Business” and insert “Not-for-profit business”.

Page 90, after line 22, insert the following:
(d) TREATMENT OF QUALIFIED DIRECT PRIMARY CARE MEDICAL HOME PLANS.—The Commissioner may permit a qualified health benefits plan to provide coverage through a qualified direct primary care medical home plan so long as the qualified health benefits plan meets all requirements that are otherwise applicable and the services covered by the medical home plan are coordinated with the QHBP offering entity.

Page 97, line 19, strike “222(d)(4)(A)” and insert “222(e)(4)(A)”.

Page 114, line 22 and page 118, line 21, strike “subsection (d)” and insert “subsection (e)”.

Page 149, lines 8 and 12, strike “the business of” each place it appears.

Page 149, line 9, strike “such authority” and insert “the Commission’s authority”.

Page 149, beginning on line 12, strike “without regard to whether the entity or entities that is the subject of such studies, reports, or information is a for-profit or not-for-profit entity” and insert “without regard to whether the subject of such studies, reports, or information is for-profit or not-for-profit”.

Page 150, after line 17, insert the following:
(e) **Savings Clause for State Medical Malpractice Laws.**—Nothing in this Act or the amendments made by this Act shall be construed to modify or impair State law governing legal standards or procedures used in medical malpractice cases, including the authority of a State to make or implement such law.

Page 150, strike line 20 and all that follows through page 152, line 13, and insert the following:

(a) **Amendment to McCarran-Ferguson Act.**—Section 3 of the Act of March 9, 1945 (15 U.S.C. 1013), commonly known as the McCarran-Ferguson Act, is amended by adding at the end the following:

"(c)(1) Except as provided in paragraph (2), nothing contained in this Act shall modify, impair, or supersede the operation of any of the antitrust laws with respect to the business of health insurance or the business of medical malpractice insurance.

"(2) Paragraph (1) shall not apply to—

"(A) collecting, compiling, classifying, or disseminating historical loss data;

"(B) determining a loss development factor applicable to historical loss data; or

"(C) performing actuarial services if doing so does not involve a restraint of trade.

"(3) For purposes of this subsection—
“(A) the term ‘antitrust laws’ has the meaning given it in subsection (a) of the first section of the Clayton Act, except that such term includes section 5 of the Federal Trade Commission Act to the extent that such section 5 applies to unfair methods of competition;

“(B) the term ‘historical loss data’ means information respecting claims paid, or reserves held for claims reported, by any person engaged in the business of insurance; and

“(C) the term ‘loss development factor’ means an adjustment to be made to the aggregate of losses incurred during a prior period of time that have been paid, or for which claims have been received and reserves are being held, in order to estimate the aggregate of the losses incurred during such period that will ultimately be paid.”.

Page 154, after line 18, insert the following (and conform the table of contents of division A accordingly):

SEC. 264. PERFORMANCE ASSESSMENT AND ACCOUNTABILITY: APPLICATION OF GPRA.

(a) APPLICATION OF GPRA.—Section 306 of title 5, United States Code, and sections 1115, 1116, 1117, and 9703 of title 31 of such Code (originally enacted by the Government Performance and Results Act of 1993, Public
Law 103–62) apply to the executive agencies established by this Act, including the Health Choices Administration. Under such section 306, each such executive agency is required to provide for a strategic plan every 3 years.

(b) IMPROVING CONSUMER SERVICE AND STREAMLINING PROCEDURES.—Every 3 years each such executive agency shall—

(1)(A) assess the quality of customer service provided, (B) develop a strategy for improving such service, and (C) establish standards for high-quality customer service; and

(2)(A) identify redundant rules, regulations, and procedures, and (B) develop and implement a plan for eliminating or streamlining such redundancies.

Page 156, line 16, insert “certain” before “other”.

Page 159, line 22, strike “or (aa)” and insert “(aa), or (hh)”.

Page 171, line 10, strike “plan” and insert “plans”.

Page 171, line 15, strike “222(d)(4)” and insert “222(e)(4)”.

Page 171, line 24, strike “222(d)(4)(A)” and insert “222(e)(4)(A)”.

Page 203, line 3, strike “request” and insert “consult with”.

Page 203, line 5, insert “not later than January 1, 2014,” after “to develop”.

Page 203, line 6, strike “NAIC” and insert “Secretary”.

Page 203, line 7, strike “the Secretary,”.

Page 203, line 13, strike “health insurance issuer” and insert “compacting States”.

Page 203, line 18, strike “address” and insert “enforce law relating to”.

Page 203, line 24, strike “and”.

Page 203, after line 25, insert the following:

1. (H) rate review; and
2. (I) fraud.

Page 204, strike lines 10 through 16 and redesignate succeeding subsections accordingly.

Page 217, after line 12, insert the following:
(4) Treatment of Certain State Waivers.—In the case of any State operating a cost-containment waiver for health care providers in accordance with section 1814(b)(3) of the Social Security Act, the Secretary shall provide for payment to such providers under the public health insurance option consistent with the provisions and requirements of that waiver.

Page 242, line 15, insert “PROGRAM” after “SAVE”.

Page 243, line 3, strike “though” and insert “through”.

Page 246, line 14, strike “222(d)(4)(A)” and insert “222(e)(4)(A)”.

Page 258, line 13, strike “302(d)(2)” and insert “302(d)(4)”.

Page 281, line 8; page 286, line 25; and page 294, lines 3 and 18, insert “Affordable Health Care for America Act” after “of the”.

Page 301, line 16; page 303, lines 6 and 10; page 310, lines 10 and 16; page 328, lines 3 and 9; page 329, line 14; page 330, lines 18 and 23, insert “Affordable Health Care for America Act” after “of the” each place it appears.
Page 327, line 13, strike “December 31, 2010” and insert “December 31, 2012”.

Page 343, line 4, insert “and” after “device,”.

Page 345, strike line 20 and all that follows through page 346, line 2, and insert the following (and conform the table of contents of division A accordingly):

SEC. 554. REPEAL OF WORLDWIDE ALLOCATION OF INTEREST.

(a) IN GENERAL.—Section 864 of the Internal Revenue Code of 1986 is amended by striking subsection (f) and by redesignating subsection (g) as subsection (f).

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

Page 346, after line 2, add the following (and conform the table of contents of division A accordingly):

SEC. 555. SECOND GENERATION BIOFUEL PRODUCER CREDIT.

(a) CREDIT AMOUNT DETERMINED BASED ON BTU CONTENT OF FUEL.—Subparagraph (B) of section 40(b)(6) of the Internal Revenue Code of 1986 is amended to read as follows:

“(B) APPLICABLE AMOUNT.—For purposes of this paragraph—
**(i) IN GENERAL.—**The term 'applicable amount' means, with respect to any type of second generation biofuel, the dollar amount which bears the same ratio to $1.01 as the BTU content of such type of fuel bears to the BTU content of ethanol. For purposes of the preceding sentence, the types of second generation biofuel and the BTU content of such types shall be determined in accordance with the table prescribed under clause (ii).

**(ii) BTU CONTENT DETERMINED BY SECRETARY.—**The Secretary, after consultation with the Secretary of Energy, shall prescribe a table which lists the types of second generation biofuel and the BTU content of each such type.

**(iii) COORDINATION WITH ALCOHOL CREDITS.—**In the case of second generation biofuel which is alcohol, the applicable amount determined under clause (i) shall be reduced by the sum of—

**(I) the amount of the credit in effect for such alcohol under subsection (b)(1) (without regard to sub—**
section (b)(3)) at the time of the qualified second generation biofuel production, plus

“(II) in the case of ethanol, the amount of the credit in effect under subsection (b)(4) at the time of such production.”.

(b) EXPANSION OF QUALIFIED FUELS.—

(1) IN GENERAL.—Subclause (I) of section 40(b)(6)(E)(i) of such Code is amended to read as

follows:

“(I) is derived solely from qualified feedstocks, and”.

(2) QUALIFIED FEEDSTOCK.—Paragraph (6) of section 40(b) of such Code is amended by redesignating subparagraphs (F), (G) and (I) as subparagraphs (G), (I-I), and (I), respectively, and by inserting after subparagraph (E) the following new subparagraph:

“(F) QUALIFIED FEEDSTOCK.—For purposes of this paragraph, the term ‘qualified feedstock’ means—

“(i) any lignocellulosic or hemicellulosic matter that is available on a renewable or recurring basis, and
“(ii) any cultivated algae, cyanobacteria, or lemna.”.

(3) CONFORMING AMENDMENTS.—

(A) Section 40 of such Code is amended—

(i) by striking “cellulosic biofuel” each place it appears in the text thereof and inserting “second generation biofuel”,

(ii) by striking “CELLULOSIC” in the headings of subsections (b)(6), (b)(6)(E), (b)(6)(F), (d)(6), and (d)(3)(D) and inserting “SECOND GENERATION”, and

(iii) by striking “CELLULOSIC” in the headings of subsections (b)(6)(C), (b)(6)(D), (b)(6)(F), (d)(6), and (e)(3) and inserting “SECOND GENERATION”.

(B) Clause (iii) of section 40(b)(6)(E) of such Code, as redesignated by paragraph (2), is amended by striking “Such term shall not” and inserting “The term ‘second generation biofuel’ shall not”.

(C) Paragraph (1) of section 4101(a) of such Code is amended by striking “cellulosic biofuel” and inserting “second generation biofuel”.

(c) Exclusion of Fuels Produced From Co-processing With Nonqualified Feedstocks.—Subparagraph (E) of section 40(b)(6) of such Code is amended by adding at the end the following new clause:

“(iii) Exclusion of fuels produced from coprocessing with non-qualified feedstocks.—The term ‘second generation biofuel’ shall not include any fuel derived from coprocessing a qualified feedstock with any feedstock which is not a qualified feedstock.”.

(d) Exclusion of Unprocessed Fuels.—Subparagraph (E) of section 40(b)(6) of such Code, as amended by subsection (c), is amended by adding at the end the following new clause:

“(iv) Exclusion of unprocessed fuels.—The term ‘second generation biofuel’ shall not include any fuel if—

“(I) more than 4 percent of such fuel (determined by weight) is any combination of water and sediment, or

“(II) the ash content of such fuel is more than 1 percent (determined by weight).”.

(e) Liquid Fuel Defined.—
(1) IN GENERAL.—Paragraph (6) of section 40(b) of such Code, as amended by subsection (b), is amended by redesignating subparagraphs (G), (H), and (I) as subparagraphs (H), (I), and (J), respectively, and by inserting after subparagraph (F) the following new subparagraph:

"(G) LIQUID FUEL.—The term 'liquid fuel' shall not include any fuel unless such fuel would be a liquid at room temperature after extraction of all water from the fuel.”.

(2) APPLICATION TO ALCOHOL MIXTURE CREDIT.—Paragraph (2) of section 40(d) of such Code is amended by inserting "within the meaning of subsection (b)(6)(G)," after "liquid fuel (other than gasoline)".

(3) APPLICATION TO RENEWABLE DIESEL.—Paragraph (3) of section 40A(f) of such Code is amended by inserting "within the meaning of section 40(b)(6)(G))" after "liquid fuel".

(f) REGISTRATION OF FUELS.—Subparagraph (I) of section 40(b)(6) of such Code, as redesignated by subsections (b) and (e), is amended to read as follows:

"(I) REGISTRATION REQUIREMENTS.—No credit shall be determined under this paragraph
with respect to any second generation biofuel
produced by the taxpayer unless—

“(i) such taxpayer is registered with
the Secretary as a producer of second gen-
eration biofuel under section 4101, and

“(ii) such taxpayer provides the Sec-
retary such information with respect to
such second generation biofuel as the Sec-
retary may (after consultation with the
Secretary of Energy and the Administrator
of the Environmental Protection Agency)
require, including—

“(I) the type of such second gen-
eration biofuel,

“(II) the feedstocks from which
such second generation biofuel is de-
erived, and

“(III) the BTU content of such
second generation biofuel.”.

(g) APPLICATION OF BIOFUEL REFORMS TO BONUS
DEPRECIATION FOR BIOFUEL PLANT PROPERTY.—

(1) IN GENERAL.—Subparagraph (A) of section
168(l)(2) of such Code is amended by striking “sole-
ly to produce cellulosic biofuel” and inserting “solely
to produce second generation biofuel (as defined in section 40(b)(6)(E))”.

(2) CONFORMING AMENDMENTS.—Subsection (l) of section 168 of such Code is amended—

(A) by striking “cellulosic biofuel” each place it appears in the text thereof and inserting “second generation biofuel”,

(B) by striking paragraph (3) and redesignating paragraphs (4) through (8) as paragraphs (3) through (7), respectively,

(C) by striking “CELLULOSIC” in the heading of such subsection and inserting “SECOND GENERATION”, and

(D) by striking “CELLULOSIC” in the heading of paragraph (2) and inserting “SECOND GENERATION”.

(h) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section shall apply to fuels sold or used after the date of the enactment of this Act.

(2) APPLICATION TO BONUS DEPRECIATION.—
The amendments made by subsection (g) shall apply to property placed in service after the date of the enactment of this Act.
(3) Temporary rule for determining credit amount based on BTU content of fuel.—With respect to any fuel sold or used after the date of the enactment of this Act and before the date on which the Secretary prescribes the table described in clause (ii) of section 40(b)(6)(B) of the Internal Revenue Code of 1986 (as amended by this Act), clause (i) of such section shall be applied by treating all second generation biofuel as though it were ethanol.

Page 381, beginning on line 17, strike “proposed rule” and all that follows through “(74 Federal Register 22214 et seq.)” and insert “final rule for Medicare skilled nursing facilities issued by such Secretary on August 11, 2009 (74 Federal Register 40287 et seq.).”

Page 382, line 11, strike “January 1, 2010” and insert “April 1, 2010”.

Page 493, line 1, insert “a hospital described in subparagraph (F) or” after “only to”.

Page 494, after line 8, insert the following subparagraph (and redesignate subparagraphs (F) through (II) as subparagraphs (G) through (I), respectively):
“(F) SPECIAL RULE FOR A HIGH MEDICAID FACILITY.—A hospital described in this subparagraph is a hospital that—

“(i) with respect to each of the 3 most recent cost reporting periods for which data are available, has an annual percent of total inpatient admissions that represent inpatient admissions under the program under title XIX that is determined by the Secretary to be greater than such percent with respect to such admissions for any other hospital located in the county in which the hospital is located; and

“(ii) meets the conditions described in clauses (iii) and (vi) of subparagraph (E).

Page 828, after and below line 3, insert the following: “Under such an agreement a State may agree to cover and reimburse each long-term care facility or provider for all costs attributable to conducting background checks and screening described in this subsection that were not otherwise required to be conducted by such long-term care facility or provider before the enactment of this subsection, except that Federal funding with respect to such reimbursement shall be limited to the
amount made available to the State from funds under subsection (b)(1).”.

Page 828, after and below line 15, insert the following: “Under such an agreement a State may agree to cover and reimburse each long-term care facility or provider for all costs attributable to conducting background checks and screening described in this subsection that were not otherwise required to be conducted by such long-term care facility or provider before the enactment of this subsection, except that Federal funding with respect to such reimbursement shall be limited to the amount made available to the State from funds under subsection (b)(1).”.

Page 888, line 14, insert a period after the closing quotation marks.

Page 888, after line 14, insert the following (and conform the table of contents of division B accordingly):

1 SEC. 1446. QUALITY INDICATORS FOR CARE OF PEOPLE WITH ALZHEIMER'S DISEASE.

(a) QUALITY INDICATORS.—The Secretary of Health and Human Services shall develop quality indicators for the provision of medical services to people with Alzheimer’s disease and other dementias and a plan for implementing the indicators to measure the quality of care
provided for people with these conditions by physicians, hospitals, and other appropriate providers of services and suppliers.

(b) REPORT.—The Secretary shall submit a report to the Committees on Energy and Commerce and Ways and Means of the United States House of Representatives and to the Committees on Finance and Health, Education, Labor, and Pensions of the United States Senate not later than 24 months after the date of the enactment of this Act setting forth the status of their efforts to implement the requirements of subsection (a).

Page 970, after line 6, insert the following paragraph (and redesignate paragraph (5) as paragraph (6)):

“(5) 90-DAY PERIOD OF ENHANCED OVERSIGHT FOR INITIAL CLAIMS OF DME SUPPLIERS.—For periods beginning after January 1, 2011, if the Secretary determines under paragraph (1) that there is a significant risk of fraudulent activity among suppliers of durable medical equipment, in the case of a supplier of durable medical equipment who is within a category or geographic area under title XVIII identified pursuant to such determination and who is initially enrolling under such title, the Secretary shall, notwithstanding section 1842(c)(2), withhold payment under such title with respect to durable
medical equipment furnished by such supplier during the 90-day period beginning on the date of the first submission of a claim under such title for durable medical equipment furnished by such supplier.”.

Page 1010, after line 14, add the following new section:

SEC. 1654. DISCLOSURE OF MEDICARE FRAUD AND ABUSE HOTLINE NUMBER ON EXPLANATION OF BENEFITS. (a) IN GENERAL.—Section 1804 of the Social Security Act (42 U.S.C. 1395b-2) is amended by adding at the end the following new subsection:

“(d) Any statement or notice containing an explanation of the benefits available under this title, including the notice required by subsection (a), distributed for periods after July 1, 2011, shall prominently display in a manner prescribed by the Secretary a separate toll-free telephone number maintained by the Secretary for the receipt of complaints and information about waste, fraud, and abuse in the provision or billing of services under this title.”.

(b) CONFORMING AMENDMENTS.—Section 1804(c) of the Social Security Act (42 U.S.C. 1395b-2(c)) is amended—
(1) in paragraph (2), by adding “and” at the end;

(2) in paragraph (3), by striking “; and” and inserting a period; and

(3) by striking paragraph (4).

Page 1010, strike line 16 and all that follows through page 1012 before line 1 (and conform the table of contents of division B accordingly).

Page 1017, line 6, strike “subclause” and insert “subclauses”.

Page 1017, line 24, strike “over 5, and”.

Page 1018, line 2, insert “, (IV) (insofar as it relates to subsection (I)(1)(B)), (VI),” after “(I)”.

Page 1048, line 14, strike “section” before “subsection”.

Page 1082, line 25, insert after “Palau” the following: “and shall not apply, at the option of the Governor of Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa as communicated to the Secretary of Health and Human Services in writing, to any individual who lawfully resides in the respective territory in accordance with such Compacts”.

Page 1092, after line 4, insert the following (and conform the table of contents of division B accordingly):

SEC. 1739A. SENSE OF CONGRESS REGARDING COMMUNITY FIRST CHOICE OPTION TO PROVIDE MEDICAID COVERAGE OF COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS.

It is the sense of Congress that States should be allowed to elect under their Medicaid State plans under title XIX of the Social Security Act to implement a Community First Choice Option under which—

(1) coverage of community-based attendant services and supports furnished in homes and communities is available, at an individual’s option, to individuals who would otherwise qualify for Medicaid institutional coverage under the respective State plan;

(2) such supports and services include assistance to individuals with disabilities in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks;

(3) the Federal matching assistance percentage (FMAP) under such title for medical assistance for such supports and services is enhanced;
(4) States, consistent with minimum federal standards, ensure quality of such supports and services; and

(5) States collect and provide data to the Secretary of Health and Human Services on the cost and effectiveness and quality of supports and services provided through such option.

Page 1107, line 12, strike “may payments” and insert “make payments”.

Page 1215, line 18, through page 1216, line 18, amend subparagraph (A) to read as follows:

(A) IN GENERAL.—Amounts in the Fund are authorized to be appropriated (as described in paragraph (1)) for a fiscal year only if (excluding any amounts in or appropriated from the Fund) the amounts specified in subparagraph (B) for the fiscal year involved are equal to or greater than the amounts specified in subparagraph (B) for fiscal year 2008.

Page 1216, line 21, strike “the amounts appropriated” and insert “the amounts appropriated (excluding any amounts in or appropriated from the Fund)”.

Page 1218, lines 4 and 5, strike “appropriated” and insert “made available”.

f:\WHLC\110309\110309.467.xml
November 3, 2009 (8:53 p.m.)
Page 1286, line 19, through page 1287, line 8, strike subsection (a) and insert the following:

"(a) DEPOSITS INTO TRUST.—There is established a Prevention and Wellness Trust. There are authorized to be appropriated to the Trust, out of any monies in the Public Health Investment Fund—

"(1) for fiscal year 2011, $2,400,000,000;
"(2) for fiscal year 2012, $2,845,000,000;
"(3) for fiscal year 2013, $3,100,000,000;
"(4) for fiscal year 2014, $3,455,000,000; and
"(5) for fiscal year 2015, $3,600,000,000.

Page 1287, line 14, strike “subsection (a)(2)” and insert “subsection (a)”.

Page 1432, after line 15, insert the following:

(5) NO LIMITATION ON OTHER STATE LAWS.—Nothing in this section shall be construed to—

(A) preempt or modify the application of any existing State law that limits attorneys’ fees or imposes caps on damages;

(B) impair the authority of a State to establish or implement a law limiting attorneys’ fees or imposing caps on damages; or

(C) restrict the eligibility of a State for an incentive payment under this section on the
basis of a law described in subparagraph (A) or (B) so long as any such law is not established or implemented as part of the law described in paragraph (4), as determined by the Secretary.

Page 1467, after line 6, insert the following (and conform the table of contents for division C accordingly):

SEC. 2538. SCREENING, BRIEF INTERVENTION, REFERRAL, AND TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS.

Part D of title V (42 U.S.C. 290dd et seq.) is amended by adding at the end the following:

“SEC. 544. SCREENING, BRIEF INTERVENTION, REFERRAL, AND TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE DISORDERS.

“(a) PROGRAM.—The Secretary, acting through the Administrator, shall establish a program (consisting of awarding grants, contracts, and cooperative agreements under subsection (b)) on mental health and substance abuse screening, brief intervention, referral, and recovery services for individuals in primary health care settings.

“(b) USE OF FUNDS.—The Secretary may award grants to, or enter into contracts or cooperative agreements with, entities—
“(1) to provide mental health and substance abuse screening, brief interventions, referral, and recovery services;

“(2) to coordinate these services with primary health care services in the same program and setting;

“(3) to develop a network of facilities to which patients may be referred if needed;

“(4) to purchase needed screening and other tools that are—

“(A) necessary for providing these services; and

“(B) supported by evidence-based research; and

“(5) to maintain communication with appropriate State mental health and substance abuse agencies.

“(c) ELIGIBILITY.—To be eligible for a grant, contract, or cooperative agreement under this section, an entity shall be a public or private nonprofit entity that—

“(1) provides primary health services;

“(2) seeks to integrate mental health and substance abuse services into its service system;
“(3) has developed a working relationship with providers of mental health and substance abuse services;

“(4) demonstrates a need for the inclusion of mental health and substance abuse services in its service system; and

“(5) agrees—

“(A) to prepare and submit to the Secretary at the end of the grant, contract, or cooperative agreement period an evaluation of all activities funded through the grant, contract, or cooperative agreement; and

“(B) to use such performance measures as may be stipulated by the Secretary for purposes of such evaluation.

“(d) PREFERENCE.—In awarding grants, contracts, and cooperative agreements under this section, the Secretary shall give preference to entities that—

“(1) provide services in rural or frontier areas of the Nation;

“(2) provide services to special needs populations, including American Indian or Alaska Native populations; or

“(3) provide services in school-based health clinics or on university and college campuses.
"(e) DURATION.—The period of a grant, contract, or cooperative agreement under this section may not exceed 5 years.

"(f) REPORT.—Not later than 4 years after the first appropriation of funds to carry out this section, the Secretary shall submit a report to the Congress on the program under this section—

"(1) including an evaluation of the benefits of integrating mental health and substance abuse care within primary health care; and

"(2) focusing on the performance measures stipulated by the Secretary under subsection (c)(5).

"(g) AUTHORIZATION OF APPROPRIATIONS.—

"(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated $30,000,000 for fiscal year 2011 and such sums as may be necessary for each of fiscal years 2012 through 2015.

"(2) PROGRAM MANAGEMENT.—Of the funds appropriated to carry out this section for a fiscal year, the Secretary may use not more than 5 percent to manage the program under this section.”.

Page 1612, line 22, strike the close quotation marks and second period at the end of subsection (d) and insert the following:
"(e) REFERENCES.—Except as otherwise specified, any reference in Federal law to an Office on Women’s Health (in the Department of Health and Human Services) is deemed to be a reference to the Office on Women’s Health in the Office of the Secretary.”.

Page 1623, after line 10, insert the following (and conform the table of contents for division C accordingly):

SEC. 2588A. OFFICES OF MINORITY HEALTH.

(a) EXISTING OFFICE.—Section 1707(a) (42 U.S.C. 300u–6(a)) is amended by striking “within the Office of Public Health and Science” and inserting “within the Office of the Secretary”.

(b) ADDITIONAL OFFICES.—Title XVII (42 U.S.C. 300u et seq.) is amended by inserting after section 1707 the following:

"SEC. 1707A. ADDITIONAL OFFICES OF MINORITY HEALTH.

(a) ESTABLISHMENT.—In addition to the Office of Minority Health established within the Office of the Secretary under section 1707, the Secretary shall establish an Office of Minority Health in each of the following agencies:

“(1) The Centers for Disease Control and Prevention.

“(2) The Substance Abuse and Mental Health Services Administration."
“(3) The Agency for Healthcare Research and
Quality.

“(4) The Health Resources and Services Ad-
ministration.

“(5) The Food and Drug Administration.

“(b) DIRECTOR; APPOINTMENT.—Each Office of Mi-
nority Health established in an agency listed in subsection
(a) shall be headed by a director, who shall be appointed
by and report directly to the head of such agency.

“(c) REFERENCES.—Except as otherwise specified,
any reference in Federal law to an Office of Minority
Health (in the Department of Health and Human Serv-
ices) is deemed to be a reference to the Office of Minority
Health in the Office of the Secretary.”.

(c) NO NEW REGULATORY AUTHORITY.—Nothing in
this section and the amendments made by this section may
be construed as establishing regulatory authority or modi-
fying any existing regulatory authority.

(d) LIMITATION ON TERMINATION.—Notwith-
standing any other provision of law, a Federal office of
minority health or Federal appointive position with pri-
mary responsibility over minority health issues that is in
existence in an office or agency of the Department of
Health and Human Services on the date of enactment of
this section shall not be terminated, reorganized, or have
any of its powers or duties transferred unless such termin-
ation, reorganization, or transfer is approved by an Act
of Congress.

Page 1635, after line 19, insert the following (and
conform the table of contents for division C accordingly):

SEC. 2593. DUPLICATIVE GRANT PROGRAMS.

(a) STUDY.—The Secretary of Health and Human
Services (in this section referred to as the “Secretary”) shall conduct a study to determine if any new division C grant program is duplicative of one or more other grant programs of the Department of Health and Human Serv-
ices that—

(1) are specifically authorized in the Public
Health Service Act (42 U.S.C. 201 et seq.); or
(2) are receiving appropriations.

(b) DUPLICATIVE PROGRAMS.—If the Secretary de-
termines under subsection (a) that a new division C grant program is duplicative of one or more other grant pro-
grams described in such subsection, the Secretary shall—

(1) attempt to integrate the new division C
grant program with the duplicative programs; and
(2) if the Secretary determines that such inte-
gration is not appropriate or has not been success-
ful, promulgate a rule eliminating the duplication,
including, if appropriate, by terminating one or more programs.

(c) CONTINUED AVAILABILITY OF FUNDS.—Any funds appropriated to carry out a program that is terminated under subsection (b)(2) shall remain available for obligation for the one or more programs that—

(1) were determined under subsection (a) to be duplicative of such program; and

(2) remain in effect.

(d) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit to the Congress and make available to the public a report that contains the results of the study required under subsection (a).

(e) CONGRESSIONAL REVIEW.—Any rule under subsection (b)(2) terminating a program is deemed to be a major rule for purposes of chapter 8 of title 5, United States Code.

(f) DEFINITION.—In this section, the term "new division C grant program"—

(1) means a grant program first established by this division; and

(2) excludes any program whose statutory authorization was in existence before the enactment of this division.
SEC. 2594. DIABETES SCREENING COLLABORATION AND OUTREACH PROGRAM.

(a) ESTABLISHMENT.—With respect to diabetes screening tests and for the purposes of reducing the number of undiagnosed seniors with diabetes or prediabetes, the Secretary of Health and Human Services (referred to in this section as the "Secretary"), in collaboration with the Director of the Centers for Disease Control and Prevention (referred to in this section as the "Director"), shall—

(1) review uptake and utilization of diabetes screening benefits, consistent with recommendations of the Task Force on Clinical Preventive Services (established under section 3131 of the Public Health Service Act, as added by section 2301 of this Act), to identify and address any existing problems with regard to uptake and utilization and related data collection mechanisms; and

(2) establish an outreach program to identify existing efforts by agencies of the Department of Health and Human Services and by the private and nonprofit sectors to increase awareness among seniors and providers of diabetes screening benefits.

(b) CONSULTATION.—The Secretary shall carry out this section in consultation with—
(1) the heads of appropriate health agencies and offices in the Department of Health and Human Services, including the Office of Minority Health; and

(2) entities with an interest in diabetes, including industry, voluntary health organizations, trade associations, and professional societies.

(c) REPORT.—The Secretary shall submit an annual report to the Congress on the activities carried out under this section.

SEC. 2595. IMPROVEMENT OF VITAL STATISTICS COLLECTION.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention and in collaboration with appropriate agencies and States, shall—

(1) promote the education and training of physicians on the importance of birth and death certificate data and how to properly complete these documents in accordance with State law, including the collection of such data for diabetes and other chronic diseases as appropriate;
(2) encourage State adoption of the latest standard revisions of birth and death certificates; and

(3) work with States to re-engineer their vital statistics systems in order to provide cost-effective, timely, and accurate vital systems data.

(b) DEATH CERTIFICATE ADDITIONAL LANGUAGE.—

In carrying out this section, the Secretary may promote improvements to the collection of diabetes mortality data, including, as appropriate, the addition by States of a question for the individual certifying the cause of death regarding whether the deceased had diabetes.

Page 1636, strike the heading for division D following line 2.

Page 1636, line 5, insert “ACT” after “IMPROVEMENT” (and conform the table of contents of division D accordingly).

Page 1760, lines 14 through 16, strike “the California Rural Indian Health Board (hereafter in this section referred to as the ‘CRIHB’)” and insert “an intertribal consortium”.

Page 1760, line 20 and 21, strike “the CRIHB” each place it appears and insert “the intertribal consortium”.
Page 1761, lines 4, 6, 16, 18, and 21, strike "the CRIHB" each place it appears and insert "the intertribal consortium".

Page 1950, strike line 16 and all that follows though page 1951, line 3 (and redesignate succeeding sections, and any cross-references thereto, accordingly).

Page 1965, strike lines 16 through 24 (and conform the table of contents of division D accordingly).

Page 1966, line 1, strike "3103" and insert "3102" (and conform the table of contents of division D accordingly).

Page 1977, line 1, strike "3104" and insert "3103" (and conform the table of contents of division D accordingly).