

113TH CONGRESS
2D SESSION

S. 2461

To amend title XXI of the Social Security Act to extend and improve the Children’s Health Insurance Program, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 11, 2014

Mr. ROCKEFELLER introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XXI of the Social Security Act to extend and improve the Children’s Health Insurance Program, 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,*

3 **SECTION 1. SHORT TITLE; AMENDMENTS TO SOCIAL SECU-**
4 **RITY ACT; REFERENCES; TABLE OF CON-**
5 **TENTS.**

6 (a) SHORT TITLE.—This Act may be cited as the
7 “CHIP Extension Act of 2014”.

8 (b) AMENDMENTS TO SOCIAL SECURITY ACT.—Ex-
9 cept as otherwise specifically provided, whenever in this
10 Act an amendment is expressed in terms of an amendment

1 to or repeal of a section or other provision, the reference
 2 shall be considered to be made to that section or other
 3 provision of the Social Security Act.

4 (c) REFERENCES TO CHIP; MEDICAID; SEC-
 5 RETARY.—In this Act:

6 (1) CHIP.—The term “CHIP” means the pro-
 7 gram established under title XXI of the Social Secu-
 8 rity Act (42 U.S.C. 1397aa et seq.) (whether imple-
 9 mented under title XIX, XXI, or both, of the Social
 10 Security Act).

11 (2) MEDICAID.—The term “Medicaid” means
 12 the program for medical assistance established under
 13 title XIX of the Social Security Act (42 U.S.C. 1396
 14 et seq.).

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

17 (d) TABLE OF CONTENTS.—The table of contents for
 18 this Act is as follows:

Sec. 1. Short title; amendments to Social Security Act; references; table of con-
 tents.

Sec. 2. Purposes.

Sec. 3. General effective date; exception for State legislation; reliance on law.

TITLE I—FINANCING

Sec. 101. Extension of CHIP.

Sec. 102. Continuation and update of performance incentives.

Sec. 103. Funds to address any Federal funding shortfalls for States.

TITLE II—ELIGIBILITY AND ENROLLMENT

Subtitle A—Coverage Continuity

Sec. 201. State option to increase upper age limit for children with special
 health care needs.

- Sec. 202. Improving coverage transitions from Medicaid or CHIP to coverage under a qualified health plan.
- Sec. 203. Assuring coverage continuity for former foster care children.

Subtitle B—Enrollment Simplification and Improvements

- Sec. 211. Automatic enrollment for newborns under CHIP.
- Sec. 212. Express Lane Eligibility extension and application to pregnant women, foster children, and children with special health care needs.
- Sec. 213. Outreach to targeted populations.

TITLE III—AFFORDABILITY

- Sec. 301. Strengthened cost sharing protections under Medicaid and CHIP.

TITLE IV—BENEFITS

- Sec. 401. Preventive health services.
- Sec. 402. Timely immunization coverage.

TITLE V—ACCESS AND QUALITY

Subtitle A—Pediatric Quality Measures

- Sec. 501. Extending the pediatric quality measures program.
- Sec. 502. Improving the effectiveness of the pediatric quality measures.
- Sec. 503. Annual State reports regarding State-specific quality of care measures applied under Medicaid or CHIP.
- Sec. 504. Advisory panel regarding pediatric quality.
- Sec. 505. Extending and expanding demonstration projects.

Subtitle B—Maternal, Infant, and Early Childhood Home Visiting Program

- Sec. 511. Supporting evidence-based care coordination in communities.

Subtitle C—Comparative Study of Medicaid, CHIP, and Qualified Health Plans

- Sec. 521. GAO study and report.

TITLE VI—BUDGETARY EFFECTS

- Sec. 601. Budgetary effect of this Act.

1 SEC. 2. PURPOSES.

2 The purposes of this Act are to ensure the extension
3 of CHIP, safeguard child-specific health coverage for mil-
4 lions of children, and make improvements to promote chil-
5 dren’s access to cost-effective, high-quality health care.

1 **SEC. 3. GENERAL EFFECTIVE DATE; EXCEPTION FOR STATE**
2 **LEGISLATION; RELIANCE ON LAW.**

3 (a) **GENERAL EFFECTIVE DATE.**—Unless otherwise
4 provided in this Act, subject to subsections (b) and (c),
5 this Act and the amendments made by this Act shall take
6 effect on October 1, 2015, and shall apply to child health
7 assistance and medical assistance provided on or after that
8 date.

9 (b) **EXCEPTION FOR STATE LEGISLATION.**—In the
10 case of a State plan under title XIX of the Social Security
11 Act (42 U.S.C. 1396 et seq.) or a State child health plan
12 under title XXI of such Act (42 U.S.C. 1397aa et seq.),
13 which the Secretary determines requires State legislation
14 in order for the respective plan to meet 1 or more addi-
15 tional requirements imposed by amendments made by this
16 Act, the respective plan shall not be regarded as failing
17 to comply with the requirements of such title solely on the
18 basis of its failure to meet such an additional requirement
19 before the first day of the first calendar quarter beginning
20 after the close of the first regular session of the State leg-
21 islature that begins after the date of enactment of this
22 Act. For purposes of the previous sentence, in the case
23 of a State that has a 2-year legislative session, each year
24 of the session shall be considered to be a separate regular
25 session of the State legislature.

1 (c) RELIANCE ON LAW.—With respect to amend-
2 ments made by this Act that become effective as of a
3 date—

4 (1) such amendments are effective as of such
5 date whether or not regulations implementing such
6 amendments have been issued; and

7 (2) Federal financial participation for medical
8 assistance or child health assistance furnished under
9 title XIX or XXI, respectively, of the Social Security
10 Act on or after such date by a State in good faith
11 reliance on such amendments before the date of pro-
12 mulgation of final regulations, if any, to carry out
13 such amendments (or before the date of guidance, if
14 any, regarding the implementation of such amend-
15 ments) shall not be denied on the basis of the
16 State’s failure to comply with such regulations or
17 guidance.

18 **TITLE I—FINANCING**

19 **SEC. 101. EXTENSION OF CHIP.**

20 (a) FUNDING.—

21 (1) IN GENERAL.—Section 2104(a) (42 U.S.C.
22 1397dd(a)) is amended—

23 (A) in paragraph (17), by striking “and”
24 at the end;

1 (B) by striking paragraph (18) and insert-
2 ing the following:

3 “(18) for fiscal year 2015, \$21,061,000,000;”;

4 and

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

7 “(19) for fiscal year 2016, \$19,300,000,000;

8 “(20) for fiscal year 2017, \$20,300,000,000;

9 “(21) for fiscal year 2018, \$21,300,000,000;

10 and

11 “(22) for fiscal year 2019, for purposes of mak-
12 ing 2 semi-annual allotments—

13 “(A) \$2,850,000,000 for the period begin-
14 ning on October 1, 2018, and ending on March
15 31, 2019, and

16 “(B) \$2,850,000,000 for the period begin-
17 ning on April 1, 2019, and ending on Sep-
18 tember 30, 2019.”.

19 (2) PREVENTION OF DUPLICATE APPROPRIA-
20 TIONS FOR FISCAL YEAR 2015.—Expenditures made
21 under section 2104(a)(18) of the Social Security Act
22 (42 U.S.C. 1387dd(a)(18)) pursuant to the amend-
23 ments made by section 10203 of the Patient Protec-
24 tion and Affordable Care Act (Public Law 111–148)
25 for fiscal year 2015 shall be charged to the appro-

1 priasation provided by the amendment made by para-
2 graph (1) to such section for that fiscal year.

3 (b) ALLOTMENTS.—

4 (1) IN GENERAL.—Section 2104(m) (42 U.S.C.
5 1397dd(m)) is amended—

6 (A) in paragraph (3)—

7 (i) by striking “2015” in the para-
8 graph heading and inserting “2019”;

9 (ii) in subparagraph (A), by striking
10 “paragraph (18)” and inserting “para-
11 graph (22)”;

12 (iii) in subparagraph (B), by striking
13 “paragraph (18)” and inserting “para-
14 graph (22)”;

15 (iv) in subparagraph (C)—

16 (I) by striking “2014” each place
17 it appears and inserting “2018”; and

18 (II) by striking “2015” and in-
19 serting “2019”; and

20 (v) in subparagraph (D)—

21 (I) in clause (i), by striking “the
22 sum of—” and all that follows
23 through “2009;” and inserting “the
24 amount made available under sub-
25 section (a)(22)(A),”; and

1 (II) in subclause (II) of clause
 2 (ii), by striking “subsection
 3 (a)(18)(B)” and inserting “subsection
 4 (a)(22)(B)”;

5 (B) in paragraph (4), by striking “2015”
 6 and inserting “2019”;

7 (C) in paragraph (8)—

8 (i) by striking “2015” in the para-
 9 graph heading and inserting “2019”; and

10 (ii) by striking “for a period in fiscal
 11 year 2015” and inserting “for a period in
 12 fiscal year 2019”; and

13 (D) by adding at the end the following new
 14 paragraph:

15 “(9) REBASING AND GROWTH FACTOR UPDATE
 16 RULES FOR FISCAL YEARS AFTER FISCAL YEAR
 17 2014.—Subject to paragraphs (3), (4), and (6), from
 18 the amount made available under subsection (a) for
 19 each fiscal year after fiscal year 2014, the Secretary
 20 shall compute a State allotment for each State (in-
 21 cluding the District of Columbia and each common-
 22 wealth and territory) for each such fiscal year as fol-
 23 lows:

24 “(A) REBASING IN ODD-NUMBERED FISCAL
 25 YEARS.—If the fiscal year is an odd-numbered

1 fiscal year, the allotment of the State is equal
2 to the Federal payments to the State that are
3 attributable to (and countable towards) the
4 total amount of allotments available under this
5 section to the State in the preceding fiscal year
6 (including any payments made to the State
7 under subsections (n) and (o) for the preceding
8 fiscal year as well as amounts redistributed to
9 the State in the preceding fiscal year), multi-
10 plied by the allotment increase factor under
11 paragraph (5) for the fiscal year.

12 “(B) GROWTH FACTOR UPDATE FOR EVEN-
13 NUMBERED FISCAL YEARS.—If the fiscal year is
14 an even-numbered fiscal year, the allotment of
15 the State is equal to the sum of—

16 “(i) the amount of the State allotment
17 for the preceding fiscal year; and

18 “(ii) the amount of any payments
19 made to the State under subsections (n)
20 and (o) for the preceding fiscal year,
21 multiplied by the allotment increase factor
22 under paragraph (5) for the fiscal year.”.

23 (2) ONE-TIME APPROPRIATION FOR FISCAL
24 YEAR 2019.—Section 108 of the Children’s Health
25 Insurance Program Reauthorization Act of 2009

1 (Public Law 111–3), as amended by section
2 10203(d)(2)(F) of the Patient Protection and Af-
3 fordable Care Act (Public Law 111–148), is amend-
4 ed by striking “\$15,361,000,000” and all that fol-
5 lows through the second sentence, and inserting
6 “\$16,700,000,000 to accompany the allotment made
7 for the period beginning on October 1, 2018, and
8 ending on March 31, 2019, under section
9 2104(a)(22)(A) of the Social Security Act (42
10 U.S.C. 1397dd(a)(22)(A)), to remain available until
11 expended. Such amount shall be used to provide al-
12 lotments to States under paragraph (3) of section
13 2104(m) of such Act (42 U.S.C. 1397dd(m)) for the
14 first 6 months of fiscal year 2019 in the same man-
15 ner as allotments are provided under subsection
16 (a)(22)(A) of such section 2104 and subject to the
17 same terms and conditions as apply to the allot-
18 ments provided from such subsection (a)(22)(A).”.

19 (3) CONFORMING AMENDMENTS.—Section
20 2104(m) (42 U.S.C. 1397dd(m)) is amended—

21 (A) in the subsection heading, by striking
22 “2015” and inserting “2019”; and

23 (B) in paragraph (6)—

24 (i) in subparagraph (A), by striking
25 “2015” and inserting “2019”; and

1 (ii) in the second sentence, by striking
 2 “or fiscal year 2014” and inserting “fiscal
 3 year 2014, fiscal year 2016, or fiscal year
 4 2018”.

5 (c) EXTENSION OF QUALIFYING STATES OPTION.—
 6 Section 2105(g)(4) (42 U.S.C. 1397ee(g)(4)) is amend-
 7 ed—

8 (1) in the paragraph heading, by striking
 9 “2015” and inserting “2019”; and

10 (2) in subparagraph (A), by striking “2015”
 11 and inserting “2019”.

12 **SEC. 102. CONTINUATION AND UPDATE OF PERFORMANCE**
 13 **INCENTIVES.**

14 (a) EXTENSION THROUGH FISCAL YEAR 2019.—Sec-
 15 tion 2105(a)(3) (42 U.S.C. 1397ee(a)(3)) is amended—

16 (1) in subparagraph (A), by striking “2013”
 17 and inserting “2019”;

18 (2) in subparagraph (E)—

19 (A) in clause (ii)—

20 (i) by striking subclause (I) and in-
 21 serting the following:

22 “(I) UNOBLIGATED NATIONAL
 23 ALLOTMENT.—As of December 31 of
 24 fiscal year 2009, and as of December
 25 31 of each succeeding fiscal year

1 through fiscal year 2015, the portion,
2 if any, of the amount appropriated
3 under section 2104(a) for such fiscal
4 year that is unobligated for allotment
5 to a State under section 2104(m) for
6 such fiscal year or set aside under
7 subsection (a)(3) or (b)(2) of section
8 2111 for such fiscal year.”;

9 (ii) in subclause (II), by striking
10 “2013” and inserting “2015”; and

11 (iii) in subclause (III), by striking
12 “2013” and inserting “2015”;

13 (B) by redesignating clause (iii) as clause
14 (iv); and

15 (C) by inserting after clause (ii), the fol-
16 lowing new clause:

17 “(iii) APPROPRIATION FOR FISCAL
18 YEARS 2016 THROUGH 2019.—Out of any
19 money in the Treasury not otherwise ap-
20 propriated, there are appropriated
21 \$750,000,000 for each of fiscal years 2016
22 through 2019 for making payments under
23 this paragraph. Amounts appropriated for
24 a fiscal year under this clause shall remain
25 available for making payments under this

1 paragraph through December 31 of the fol-
2 lowing fiscal year. Any amount of such ap-
3 propriations that remains unexpended or
4 unobligated as of such date shall be trans-
5 ferred and made available on January 1 of
6 such following fiscal year for making pay-
7 ments under section 2104(o).”; and

8 (3) in subparagraph (F)(iii), by striking
9 “2013” and inserting “2019”.

10 (b) UPDATED PERFORMANCE INCENTIVE CRITERIA
11 FOR FISCAL YEARS 2015 THROUGH 2019.—Section
12 2105(a) (42 U.S.C. 1397ee(a)) is amended—

13 (1) in paragraph (3)(A), by inserting “or (5)”
14 after “paragraph (4)”;

15 (2) in paragraph (4)—

16 (A) in the heading, by inserting “FOR FIS-
17 CAL YEARS BEFORE FISCAL YEAR 2015” after
18 “FOR CHILDREN”; and

19 (B) in the matter preceding subparagraph
20 (A), by striking “for a fiscal year if” and in-
21 serting “for a fiscal year before fiscal year 2015
22 if”; and

23 (3) by adding at the end the following new
24 paragraph:

1 “(5) ENROLLMENT AND RETENTION PROVI-
2 SIONS FOR CHILDREN FOR FISCAL YEARS AFTER
3 FISCAL YEAR 2014.—

4 “(A) IN GENERAL.—For purposes of para-
5 graph (3)(A), a State meets the condition of
6 this paragraph for a fiscal year after fiscal year
7 2014 if it is implementing at least 7 of the en-
8 rollment and retention provisions specified in
9 subparagraph (B) (treating each clause of that
10 subparagraph as a separate enrollment and re-
11 tention provision) throughout the entire fiscal
12 year and achieves a program rating of ‘effec-
13 tive’ or ‘highly effective’ under metrics estab-
14 lished by the Secretary under subparagraph (C)
15 for the fiscal year (beginning with the first fis-
16 cal year for which such metrics are established).

17 “(B) ENROLLMENT AND RETENTION PRO-
18 VISIONS.—The enrollment and retention provi-
19 sions specified in this subparagraph are the fol-
20 lowing:

21 “(i) 12-MONTH CONTINUOUS ELIGI-
22 BILITY.—The State has elected the option
23 of continuous eligibility for a full 12
24 months under title XIX for all children de-
25 scribed in section 1902(e)(12) and applies

1 such policy under its State child health
2 plan under this title.

3 “(ii) EXPRESS LANE ELIGIBILITY.—
4 The State is implementing the option de-
5 scribed in section 1902(e)(13) under title
6 XIX as well as, pursuant to section
7 2107(e)(1), under this title.

8 “(iii) PRESUMPTIVE ELIGIBILITY.—
9 The State is implementing section 1920A
10 under title XIX as well as, pursuant to
11 section 2107(e)(1), under this title.

12 “(iv) ELIMINATION OF CHIP PRE-
13 MIUMS.—In the case of any targeted low-
14 income child or a targeted low-income
15 pregnant woman, the State child health
16 plan does not impose any enrollment fee,
17 premium, or similar charge.

18 “(v) PREMIUM ASSISTANCE FOR EM-
19 PLOYER-SPONSORED PLANS.—The State
20 has opted to offer a premium assistance
21 subsidy for qualified employer-sponsored
22 coverage by implementing section 1906A
23 under title XIX or the option described in
24 section 2105(c)(10) under this title.

1 “(vi) COMPREHENSIVE COVERAGE
2 FOR PREGNANT WOMEN.—If the State has
3 elected to offer pregnancy-related assist-
4 ance to targeted low-income women (as de-
5 fined in section 2112(d)(2)) under section
6 2112, the State also has elected to include,
7 as part of such pregnancy-related assist-
8 ance and as part of the medical assistance
9 provided to women under section
10 1902(e)(5) while pregnant and during the
11 60-day period described in such section—

12 “(I) dental services necessary to
13 prevent disease and promote oral
14 health, restore oral structure to health
15 and function, and treat emergency
16 conditions;

17 “(II) vision services, including vi-
18 sion screening and corrective lenses;
19 and

20 “(III) all services covered under
21 the State child health plan.

22 “(vii) IMPROVED COVERAGE FOR
23 PREGNANT WOMEN.—If the State has
24 elected to offer pregnancy-related assist-
25 ance to targeted low-income women (as de-

1 fined in section 2112(d)(2)) under section
2 2112—

3 “(I) the State also has elected to
4 provide that a pregnant woman who is
5 determined to be eligible for preg-
6 nancy-related assistance under the
7 amendment to the State child health
8 plan under section 2112 shall remain
9 eligible for those benefits until the end
10 of a period (not to exceed 12 months)
11 following the determination; and

12 “(II) the State is implementing
13 section 1906A under title XIX.

14 “(viii) SUPPLEMENTAL DENTAL COV-
15 ERAGE.—The State has elected to provide
16 dental-only supplemental coverage under
17 section 2110(b)(5).

18 “(ix) RAISING CHIP ELIGIBILITY AGE
19 TO ALIGN WITH MEDICAID ELIGIBILITY
20 AGE.—If the State has elected to provide
21 eligibility as a child under the State plan
22 under title XIX for an individual who has
23 attained age 19 or 20, the State has elect-
24 ed to apply the same age under the State

1 plan under this title for purposes of eligi-
2 bility as a child.

3 “(x) INCREASE IN INCOME ELIGI-
4 BILITY.—

5 “(I) UP TO AT LEAST 300 PER-
6 CENT OF THE POVERTY LINE.—The
7 State has elected to extend eligibility
8 for medical assistance under the State
9 plan under title XIX or eligibility for
10 child health assistance under the
11 State child health plan to any other-
12 wise eligible child whose family income
13 does not exceed 300 percent of the
14 poverty line for a family of the size in-
15 volved.

16 “(II) RULE OF CONSTRUC-
17 TION.—Nothing in subclause (I) shall
18 be construed as prohibiting a State
19 from extending eligibility for medical
20 assistance under the State plan under
21 title XIX or eligibility for child health
22 assistance under the State child
23 health plan to any otherwise eligible
24 child whose family income exceeds
25 300 percent of the poverty line.

1 “(xi) PROHIBITING LOCKOUT PERI-
2 ODS.—The State child health plan permits
3 an individual whose coverage under the
4 plan has been terminated for failure to
5 make premium payments to be imme-
6 diately reenrolled upon payment of out-
7 standing premiums, with coverage retro-
8 active to the beginning of the most recent
9 month for which an outstanding premium
10 has been paid, and shall not impose any
11 waiting period or enrollment fee as a con-
12 dition of reenrollment.

13 “(xii) CHIP COVERAGE FOR CHIL-
14 DREN OF STATE EMPLOYEES.—The State
15 offers enrollment in the State child health
16 plan for a child who is a member of a fam-
17 ily that is eligible for health benefits cov-
18 erage under a State health benefits plan on
19 the basis of a family member’s employment
20 with a public agency in accordance with
21 section 2110(b)(6) and provides resources
22 to help the family member so employed
23 compare the coverage options for the fam-
24 ily member’s child under the State health

1 benefits plan on the basis of cost and pro-
2 vider networks.

3 “(xiii) INTERAGENCY COORDINATION
4 FOR JUVENILE JUSTICE YOUTH.—The
5 State—

6 “(I) does not terminate (but may
7 suspend) enrollment under a State
8 plan for medical assistance for any in-
9 dividual under age 21 on the basis
10 that the individual is an inmate of a
11 public institution (as defined in sec-
12 tion 435.1010 of title 42, Code of
13 Federal Regulations);

14 “(II) informs such individual im-
15 mediately upon release from such pub-
16 lic institution that the individual’s eli-
17 gibility for medical assistance is no
18 longer suspended and the limitations
19 on medical assistance under the sub-
20 division (A) following paragraph (29)
21 of section 1905(a) will no longer apply
22 (unless and until there is a determina-
23 tion that the individual no longer
24 meets the State or Federal eligibility

1 requirements for such medical assist-
2 ance);

3 “(III) processes any application
4 for medical assistance submitted by,
5 or on behalf of any individual under
6 age 21 who is an inmate of a public
7 institution (as defined in section
8 435.1010 of title 42, Code of Federal
9 Regulations) notwithstanding that the
10 individual is such an inmate; and

11 “(IV) screens any individual
12 under age 21 who is such an inmate
13 for eligibility for medical assistance
14 under title XIX or child health assist-
15 ance under this title and assists those
16 individuals who are identified as likely
17 to be eligible for either such assist-
18 ance in applying for either such as-
19 sistance and enrolling in either such
20 plan.

21 “(xiv) EXTENDED COVERAGE FOR
22 CHILDREN WITH SPECIAL HEALTH CARE
23 NEEDS.—The State has elected to extend
24 eligibility for child health assistance under
25 the State child health plan (whether imple-

1 mented under this title, title XIX, or both)
 2 to individuals under age 26 with special
 3 health care needs by implementing the op-
 4 tion described in section 2110(c)(1)(B).

5 “(C) METRICS FOR EVALUATING PROGRAM
 6 EFFECTIVENESS.—The Secretary shall establish
 7 metrics for evaluating the effectiveness of the
 8 State program established under this title
 9 (whether implemented under this title, title
 10 XIX, or both). Such metrics shall include a sys-
 11 tem for rating States as ‘effective’, ‘highly ef-
 12 fective’, or ‘in need of improvement’.”.

13 **SEC. 103. FUNDS TO ADDRESS ANY FEDERAL FUNDING**
 14 **SHORTFALLS FOR STATES.**

15 (a) IN GENERAL.—Section 2104 (42 U.S.C. 1397dd)
 16 is amended by adding at the end the following new sub-
 17 section:

18 “(o) FUND TO ALLEVIATE CHIP SHORTFALLS.—

19 “(1) ESTABLISHMENT.—There is hereby estab-
 20 lished in the Treasury of the United States a fund
 21 which shall be known as the ‘CHIP Shortfall Fund’
 22 (in this subsection referred to as the ‘Fund’).
 23 Amounts in the Fund shall be available without fur-
 24 ther appropriations for payments under this sub-
 25 section and shall remain available until expended.

1 “(2) DEPOSITS INTO FUND.—

2 “(A) INITIAL APPROPRIATION.—Out of
3 any money in the Treasury of the United States
4 not otherwise appropriated, there are appro-
5 priated to the Fund \$3,860,000,000 for fiscal
6 year 2016.

7 “(B) TRANSFERS.—Notwithstanding any
8 other provision of this title, the following
9 amounts shall also be available, without fiscal
10 year limitation, for making payments from the
11 Fund:

12 “(i) UNOBLIGATED NATIONAL ALLOT-
13 MENT FOR FISCAL YEARS BEGINNING WITH
14 FISCAL YEAR 2016.—As of January 1 of
15 fiscal year 2017, and as of January 1 of
16 each succeeding fiscal year, the portion, if
17 any, of the amount appropriated under
18 subsection (a) for the preceding fiscal year
19 that is unobligated for allotment to a State
20 under subsection (m) for such preceding
21 fiscal year.

22 “(ii) UNEXPENDED ALLOTMENTS NOT
23 USED FOR REDISTRIBUTION.—As of No-
24 vember 15 of fiscal year 2016 and each
25 succeeding fiscal year, the total amount of

1 allotments made to States under sub-
2 section (a) for the second preceding fiscal
3 year that is not expended or redistributed
4 under subsection (f) during the period in
5 which such allotments are available for ob-
6 ligation.

7 “(iii) UNEXPENDED CHILD ENROLL-
8 MENT CONTINGENCY FUNDS.—As of Octo-
9 ber 1, 2015, any unobligated amount in
10 the Child Enrollment Contingency Fund
11 under subsection (n).

12 “(iv) UNEXPENDED PERFORMANCE
13 INCENTIVE FUNDS.—As of January 1,
14 2017, and as of January 1 of each suc-
15 ceeding calendar year, the portion, if any,
16 of the amount appropriated under sub-
17 paragraph (E)(iii) of section 2105(a)(3)
18 for the preceding fiscal year that is not ex-
19 pended or obligated under such section for
20 such preceding fiscal year.

21 “(C) INVESTMENT OF FUND.—The Sec-
22 retary of the Treasury shall invest in interest
23 bearing securities of the United States such
24 currently available portions of the Fund as are
25 not immediately required for payments from the

1 Fund. The income derived from these invest-
2 ments shall constitute a part of the Fund.

3 “(3) SHORTFALL FUND PAYMENTS.—

4 “(A) PAYMENTS TO SHORTFALL STATES.—

5 For each of fiscal years 2016 through 2020, if
6 the Secretary determines that a State is a
7 shortfall State described in paragraph (4) for
8 that fiscal year, the Secretary shall pay the
9 State from the Fund, in addition to any other
10 payments made to a State under this title for
11 the fiscal year, an amount equal to the amount
12 described in subparagraph (B) for the State
13 and fiscal year.

14 “(B) AMOUNT DESCRIBED.—With respect
15 to a State and a fiscal year, the amount de-
16 scribed in this subparagraph is the amount of
17 projected expenditures for the State under this
18 title for the fiscal year that exceeds the sum de-
19 termined under paragraph (4) for the State and
20 fiscal year.

21 “(C) PROPORTIONAL REDUCTION.—If the
22 sum of the amounts otherwise payable under
23 this paragraph for a fiscal year exceeds the
24 amount available in the Fund for the fiscal
25 year, the amount to be paid under this para-

1 graph to each State for the fiscal year shall be
2 reduced proportionally.

3 “(D) APPLICATION TO COMMONWEALTHS
4 AND TERRITORIES.—No payment shall be made
5 under this paragraph to a commonwealth or
6 territory described in subsection (c)(3) until
7 such time as the Secretary determines that
8 there are in effect methods, satisfactory to the
9 Secretary, for the collection and reporting of re-
10 liable data regarding the expenditures under
11 the State child health plan in order to accu-
12 rately determine the commonwealth’s or terri-
13 tory’s eligibility for, and amount of payment,
14 under this paragraph.

15 “(4) SHORTFALL STATES DESCRIBED.—For
16 purposes of paragraph (3), with respect to a fiscal
17 year, a shortfall State is a State for which the Sec-
18 retary estimates on the basis of the most recent data
19 available to the Secretary, that the projected expend-
20 itures for the State for the fiscal year under this
21 title (whether the State plan is implemented under
22 this title, title XIX, or both) will exceed the sum
23 of—

24 “(A) the amount of the State’s allotments
25 for any preceding fiscal years that remains

1 available for expenditure and that will not be
2 expended by the end of the immediately pre-
3 ceding fiscal year;

4 “(B) the amount (if any) that will be re-
5 distributed to the State under subsection (f) for
6 the fiscal year;

7 “(C) the amount (if any) of the child en-
8 rollment contingency fund payment under sub-
9 section (n) for the fiscal year; and

10 “(D) the amount of the State’s allotment
11 for the fiscal year.

12 “(5) RETROSPECTIVE ADJUSTMENT.—The Sec-
13 retary may adjust the determinations made under
14 this subsection with respect to a State and fiscal
15 year as necessary on the basis of the amounts re-
16 ported by States not later than November 30 of the
17 succeeding fiscal year, as approved by the Sec-
18 retary.”.

19 (b) TECHNICAL AMENDMENTS.—Section 2104(f) (42
20 U.S.C. 1397dd(f)) is amended—

21 (1) in paragraph (1)—

22 (A) by striking “shortfall States” and in-
23 serting “redistribution States”; and

24 (B) by striking “shortfall described” and
25 inserting “deficit described”; and

1 (2) in paragraph (2)—

2 (A) in the paragraph heading, by striking
3 “SHORTFALL” and inserting “REDISTRIBU-
4 TION”;

5 (B) in subparagraph (A), by striking
6 “shortfall State” and inserting “redistribution
7 State”; and

8 (C) in subparagraph (B)—

9 (i) by striking “shortfalls” and insert-
10 ing “deficits”; and

11 (ii) by striking “shortfall State” and
12 inserting “redistribution State”.

13 **TITLE II—ELIGIBILITY AND**
14 **ENROLLMENT**

15 **Subtitle A—Coverage Continuity**

16 **SEC. 201. STATE OPTION TO INCREASE UPPER AGE LIMIT**
17 **FOR CHILDREN WITH SPECIAL HEALTH CARE**
18 **NEEDS.**

19 Section 2110(c)(1) (42 U.S.C. 2110(c)(1)) is amend-
20 ed—

21 (1) by striking “The term” and inserting the
22 following:

23 “(A) IN GENERAL.—Subject to subpara-
24 graph (B), the term”; and

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

1 “(B) CHILDREN WITH SPECIAL HEALTH
 2 CARE NEEDS.—At State option, such term in-
 3 cludes an individual under 26 years of age who
 4 has or is at an increased risk of a chronic phys-
 5 ical, developmental, behavioral, or emotional
 6 condition and who also requires health and re-
 7 lated services of a type or amount beyond that
 8 required by children typically.”.

9 **SEC. 202. IMPROVING COVERAGE TRANSITIONS FROM MED-**
 10 **ICAID OR CHIP TO COVERAGE UNDER A**
 11 **QUALIFIED HEALTH PLAN.**

12 (a) STATE COORDINATION REQUIREMENT.—Section
 13 2105(d)(3)(B) (42 U.S.C. 1397ee(d)(3)(B)) is amended—

14 (1) in the subparagraph heading, by striking
 15 “SHORTFALLS” and inserting “SHORTFALLS; CO-
 16 ORDINATION REQUIREMENTS FOR TRANSITIONING
 17 TO OR FROM EXCHANGE COVERAGE”;

18 (2) in the first sentence, by striking “In the
 19 event” and inserting the following:

20 “(i) EXCHANGE COVERAGE AS A RE-
 21 SULT OF FUNDING SHORTFALLS.—In the
 22 event”; and

23 (3) by adding at the end the following:

24 “(ii) COORDINATION REQUIREMENTS
 25 FOR TRANSITIONING TO OR FROM EX-

1 CHANGE COVERAGE.—The State shall es-
2 tablish procedures to eliminate gaps in cov-
3 erage and to assist a child’s and pregnant
4 woman’s transition from coverage under
5 the State plan under title XIX or the State
6 child health plan under this title (whether
7 implemented under this title, title XIX, or
8 both) to coverage under a qualified health
9 plan that has been certified by the Sec-
10 retary under subparagraph (C) and is of-
11 fered through an Exchange and from cov-
12 erage under a qualified health plan to cov-
13 erage under the State plan under title XIX
14 or the State child health plan under this
15 title. Such procedures—

16 “(I) shall provide for coverage for
17 the child’s or pregnant woman’s med-
18 ical home, regardless of whether the
19 medical home providers are partici-
20 pating providers under the State plan
21 under title XIX or the State child
22 health plan under this title, for a
23 transitional time to be determined
24 under regulations promulgated by the
25 Secretary;

1 “(II) in the case of a child or
2 pregnant woman with a chronic or
3 complex condition, shall provide that
4 the State plan under title XIX, or the
5 State child health plan under this title
6 (as applicable) shall permit the child
7 or pregnant woman to continue to re-
8 ceive treatment from a non-network
9 provider for a transitional period as
10 determined under regulations promul-
11 gated by the Secretary;

12 “(III) shall require that if the
13 benefits available and cost-sharing im-
14 posed under a qualified health plan
15 available to the child or pregnant
16 woman (as applicable) are not com-
17 parable to the benefits and coverage
18 available to the child or pregnant
19 woman under the State plan under
20 title XIX or the State child health
21 plan under this title (as applicable)
22 the child or pregnant woman shall re-
23 main enrolled in the State plan under
24 title XIX or the State child health
25 plan under this title for so long as the

1 child or pregnant woman is otherwise
2 eligible for coverage under the title
3 XIX or XXI State plans; and

4 “(IV) shall establish a system
5 under which the State shall record all
6 transitions of children and pregnant
7 women from coverage under the State
8 plan under title XIX or the State
9 child health plan under this title to
10 coverage under a qualified health plan
11 and from coverage under a qualified
12 health plan to coverage under the
13 State plan under title XIX or the
14 State child health plan under this title
15 and submit a report to the Secretary
16 each fiscal quarter that includes data
17 on the number of children and preg-
18 nant women who made such transi-
19 tions in the preceding fiscal quarter.”.

20 (b) CERTIFICATION REQUIREMENT.—Section
21 2105(d)(3)(C) (42 U.S.C. 1397ee(d)(3)(C)) is amended—

22 (1) in the subparagraph heading, by striking
23 “PEDIATRIC”;

24 (2) by striking “With respect to” and inserting
25 the following:

1 “(i) IN GENERAL.—With respect to”;

2 (3) by inserting “and pregnant women” after
3 “children” each place it appears;

4 (4) by striking “are at least comparable to the
5 benefits offered and cost-sharing protections pro-
6 vided under the State child health plan” and insert-
7 ing “meet the comparability standards described in
8 clause (ii) and the continuous coverage requirements
9 described in clause (iii)”;

10 (5) by adding at the end the following new
11 clauses:

12 “(ii) COMPARABILITY STANDARDS.—
13 The Secretary shall develop, in consulta-
14 tion with non-government stakeholder enti-
15 ties (including not less than 1 national
16 non-profit organization focused on chil-
17 dren’s advocacy), comparability standards
18 for qualified health plans seeking certifi-
19 cation under clause (i). Such standards
20 must include standards for the following
21 areas:

22 “(I) AFFORDABILITY.—The plan
23 must be comparable to the State child
24 health plan in terms of affordability,
25 including premiums, deductibles, co-

1 payments, co-insurance, medical home
2 maintenance costs, and the cost of
3 purchasing supplementary coverage
4 for health benefits and services that
5 are covered under the State child
6 health plan but are not covered under
7 the qualified health plan.

8 “(II) BENEFITS.—The plan must
9 be comparable to the State child
10 health plan in terms of pediatric and
11 pregnancy-related benefits.

12 “(III) NETWORK ADEQUACY.—
13 The plan must be comparable to the
14 State child health plan in terms of ac-
15 cess to appropriate providers of pedi-
16 atric and pregnancy-related services,
17 and must provide flexibility for chil-
18 dren with special health care needs to
19 remain in their medical home or seek
20 appropriate pediatric sub-specialists.

21 “(iii) CONTINUOUS COVERAGE RE-
22 QUIREMENTS.—The Secretary shall require
23 health plans seeking certification as quali-
24 fied health plans for purposes of an Amer-

1 ican Health Benefits Exchange to ensure
2 that—

3 “(I) with respect to a child or
4 pregnant woman who is transitioning
5 from coverage under a State child
6 health plan or a State plan under title
7 XIX—

8 “(aa) coverage under the
9 qualified health plan shall be ef-
10 fective as of the 60-day period
11 preceding the date on which the
12 first premium payment is made
13 for such coverage;

14 “(bb) coverage under the
15 State child health plan or State
16 plan under title XIX shall remain
17 in effect during the 30-day period
18 that precedes the 60-day period
19 described in item (aa);

20 “(cc) the qualified health
21 plan shall provide coverage for a
22 child’s or a pregnant woman’s
23 medical home, regardless of
24 whether the medical home pro-
25 vider is within the network of the

1 plan, to allow the child or preg-
2 nant woman to finish a course of
3 treatment for an acute illness or
4 a treatment or surgery scheduled
5 prior to the effective date for cov-
6 erage under the plan under item
7 (aa) or for a period of up to 90
8 days if, by the end of such pe-
9 riod, the child or pregnant
10 woman is enrolled with a medical
11 home provider that is within the
12 network of the plan; and

13 “(dd) in the case of a child
14 or pregnant woman with a chron-
15 ic or complex condition, the
16 qualified health plan shall permit
17 the child or pregnant woman to
18 continue to receive treatment
19 from a non-network provider for
20 a transitional time that is not
21 less than 90 days, or until the
22 child or pregnant woman can be
23 enrolled with an in-network pro-
24 vider;

1 “(II) similar requirements apply
2 with respect to any child or pregnant
3 woman who transitions from coverage
4 under a qualified health plan to cov-
5 erage under the State child health
6 plan or the State plan under title XIX
7 in accordance with subparagraph
8 (B)(ii); and

9 “(III) a child or pregnant woman
10 transitioning to or from coverage
11 under the State child health plan or
12 the State plan under title XIX and a
13 qualified health plan is informed of
14 the differences between the benefits
15 available and cost-sharing imposed
16 under the coverage the child or preg-
17 nant woman is transitioning from and
18 into, and that the pregnant woman or
19 the parent or guardian of the child
20 has the option of electing to remain
21 enrolled in whichever coverage is the
22 most affordable or provides the best
23 benefits for the child or pregnant
24 woman for such period as the Sec-
25 retary shall specify.”.

1 (c) PROHIBITION ON TRANSITIONING CHIP-ELIGI-
2 BLE CHILDREN.—No child who is eligible for coverage
3 under CHIP shall be transitioned from a State child
4 health plan to a qualified health plan unless that plan is
5 certified under section 2105(d)(3)(C) of the Social Secu-
6 rity Act (42 U.S.C. 1397ee(d)(3)(C)) (as amended by sub-
7 section (b)).

8 (d) MINIMUM ESSENTIAL COVERAGE.—

9 (1) IN GENERAL.—Section 5000A(f) of the In-
10 ternal Revenue Code of 1986 is amended by adding
11 at the end the following:

12 “(6) PREGNANCY-RELATED ASSISTANCE UNDER
13 CHIP.—With respect to a targeted low-income preg-
14 nant woman (as defined in section 2112(d)(2) of the
15 Social Security Act), notwithstanding paragraph
16 (1)(A)(iii), the term ‘minimum essential coverage’,
17 at the option of such a woman, shall not include
18 pregnancy-related assistance (as defined in section
19 2112(d)(1) of the Social Security Act).”.

20 (2) EFFECTIVE DATE.—The amendment made
21 by this subsection applies to taxable years beginning
22 after December 31, 2014.

1 **SEC. 203. ASSURING COVERAGE CONTINUITY FOR FORMER**
 2 **FOSTER CARE CHILDREN.**

3 (a) IN GENERAL.—Section 1902(a)(10)(A)(i)(IX)
 4 (42 U.S.C. 1396a(a)(10)(A)(i)(IX)) is amended—

5 (1) in item (cc), by striking “responsibility of
 6 the State” and inserting “responsibility of a State”;
 7 and

8 (2) in item (dd), by striking “the State plan
 9 under this title or under a waiver of the” and insert-
 10 ing “a State plan under this title or under a waiver
 11 of such a”.

12 (b) EFFECTIVE DATE.—The amendments made by
 13 this section shall take effect on the date of enactment of
 14 this Act.

15 **Subtitle B—Enrollment**
 16 **Simplification and Improvements**

17 **SEC. 211. AUTOMATIC ENROLLMENT FOR NEWBORNS**
 18 **UNDER CHIP.**

19 (a) IN GENERAL.—Section 2107(e)(1) (42 U.S.C.
 20 1397gg(e)(1)) is amended—

21 (1) by redesignating subparagraphs (E)
 22 through (O) as subparagraphs (F) through (P), re-
 23 spectively; and

24 (2) by inserting after subparagraph (D) the fol-
 25 lowing new subparagraph:

1 “(E) Section 1902(e)(4) (relating to auto-
2 matic coverage for newborns through age 1).”.

3 (b) EFFECTIVE DATE.—The amendments made by
4 this section shall take effect on the date of enactment of
5 this Act.

6 **SEC. 212. EXPRESS LANE ELIGIBILITY EXTENSION AND AP-**
7 **PLICATION TO PREGNANT WOMEN, FOSTER**
8 **CHILDREN, AND CHILDREN WITH SPECIAL**
9 **HEALTH CARE NEEDS.**

10 (a) IN GENERAL.—Section 1902(e)(13) (42 U.S.C.
11 1396a(e)(13)) is amended—

12 (1) in subparagraph (A), by adding at the end
13 the following new clause:

14 “(iii) STATE OPTION TO EXTEND EX-
15 PRESS LANE ELIGIBILITY TO PREGNANT
16 WOMEN.—At the option of the State, the
17 State may apply the provisions of this
18 paragraph with respect to determining eli-
19 gibility under this title for a pregnant
20 woman. In applying this paragraph in the
21 case of a State electing such an option,
22 any reference in this paragraph to a child
23 with respect to this title (other than a ref-
24 erence to child health assistance) shall be

1 deemed to be a reference to a pregnant
2 woman.”;

3 (2) in subparagraph (G), by adding at the end
4 the following new sentence: “Notwithstanding the
5 age limit specified in the preceding sentence, such
6 term includes an individual described in subsection
7 (a)(10)(A)(i)(IX) and, at the option of the State, an
8 individual described in section 2110(c)(1)(B).”; and
9 (3) by striking subparagraph (I).

10 (b) EFFECTIVE DATE.—The amendments made by
11 this section shall take effect on the date of enactment of
12 this Act.

13 **SEC. 213. OUTREACH TO TARGETED POPULATIONS.**

14 (a) OUTREACH AND ENROLLMENT GRANTS.—Sec-
15 tion 2113 (42 U.S.C. 1397mm) is amended—

16 (1) in subsection (a)(1), by striking “during the
17 period of fiscal years 2009 through 2015”; and

18 (2) in subsection (g), by inserting “and
19 \$40,000,000 for each fiscal year thereafter,” after
20 “2015,”.

21 (b) OUTREACH TO NON-ENGLISH SPEAKERS AND
22 OTHER POPULATIONS.—

23 (1) NATIONAL ENROLLMENT CAMPAIGN RE-
24 QUIREMENTS.—Such section 2113 is amended—

1 (A) in subsection (h), by striking “Such
2 campaign” and inserting “In addition to the re-
3 quirements described in subsection (i), such
4 campaign”; and

5 (B) by adding at the end the following sub-
6 section:

7 “(i) REQUIRED ELEMENTS OF NATIONAL ENROLL-
8 MENT CAMPAIGN.—Beginning with fiscal year 2015, each
9 of the following initiatives shall be part of the national
10 enrollment campaign:

11 “(1) INITIATIVE TO INCREASE ENROLLMENT
12 AMONG INDIVIDUALS WITH LIMITED ENGLISH PRO-
13 FICIENCY.—An initiative to increase enrollment in
14 the State child health plan under this title or the
15 State plan under title XIX of children from families
16 that speak a primary language other than English
17 that shall include—

18 “(A) language services, including oral in-
19 terpreting and written translation services, for
20 individuals with limited proficiency in English;
21 and

22 “(B) other culturally appropriate efforts to
23 increase enrollment of such children.

24 “(2) INITIATIVE TO INCREASE ENROLLMENT OF
25 CHILDREN IN FAMILIES WITH COMPLEX OR MUL-

1 TITLE COVERAGE SOURCES.—An initiative to iden-
 2 tify and increase enrollment in the State child health
 3 plan under this title or the State plan under title
 4 XIX of children from families who have multiple
 5 coverage sources or other coverage complexities, in-
 6 cluding children in foster care and children subject
 7 to a medical child support order.”.

8 (2) INCREASED REIMBURSEMENT FOR STATE
 9 SPENDING ON LANGUAGE SERVICES.—

10 (A) MEDICAID.—Section 1903(a)(2)(E)
 11 (42 U.S.C. 1396b(a)(2)(E)) is amended by
 12 striking “75 percent” and inserting “the higher
 13 of 90 percent or the sum of the enhanced
 14 FMAP (as defined in section 2105(b)) plus 5
 15 percentage points (not to exceed 100 percent)”.

16 (B) CHIP.—Section 2105(a)(1) (42
 17 U.S.C. 1397ee(a)(1)) is amended in the matter
 18 preceding paragraph (1), by striking “the high-
 19 er of 75 percent or the sum of the enhanced
 20 FMAP plus 5 percentage points” and inserting
 21 “the higher of 90 percent or the sum of the en-
 22 hanced FMAP plus 5 percentage points (not to
 23 exceed 100 percent)”.

24 (3) REQUIREMENT THAT MANAGED CARE ORGA-
 25 NIZATIONS PROVIDE LANGUAGE SERVICES TO EN-

1 ROLLEES.—Section 1932(b) (42 U.S.C. 1396u–2(b))
2 is amended by adding at the end the following new
3 paragraph:

4 “(9) LANGUAGE SERVICES.—Each contract
5 with a medicaid managed care organization under
6 section 1903(m) shall require the organization to
7 provide (at no cost to the individual) language serv-
8 ices, including oral interpreting and written trans-
9 lation services, to any individual who is eligible for
10 medical assistance under the State plan under this
11 title and is enrolled with the organization and to a
12 parent or guardian of such individual if such indi-
13 vidual, parent, or guardian is in need of such serv-
14 ices when interacting with the organization or with
15 any provider receiving payment from the organiza-
16 tion.”.

17 (4) TRANSLATION OF APPLICATIONS AND
18 OTHER VITAL DOCUMENTS.—

19 (A) MEDICAID.—Section 1902(a) (42
20 U.S.C. 1396a(a)) is amended—

21 (i) by striking “and” at the end of
22 paragraph (80);

23 (ii) by striking the period at the end
24 of paragraph (81) and inserting “; and”;
25 and

1 (iii) by inserting after paragraph (81)
2 the following new paragraph:

3 “(82) provide for the translation of all docu-
4 ments and materials necessary to make application
5 for medical assistance under the plan, and such
6 other documents and materials as the Secretary may
7 specify, including any such documents and materials
8 that are available via a website, into the primary
9 language spoken by any limited English proficiency
10 group in the State with a population of at least
11 1000 individuals or that constitutes 5 percent of the
12 State population.”.

13 (B) CHIP.—Section 2107(e)(1), as
14 amended by section 221, is amended—

15 (i) by redesignating subparagraphs
16 (E) through (P) as subparagraphs (F)
17 through (Q), respectively; and

18 (ii) by inserting after subparagraph
19 (D) the following subparagraph:

20 “(E) Section 1902(a)(82) (relating to the
21 translation of documents and materials).”.

22 (c) PRIMARY LANGUAGE DATA COLLECTION.—

23 (1) DATA FROM ELIGIBLE ENTITIES.—Section
24 2113(c)(4)(B) (42 U.S.C. 1397mm(c)(4)(B)) is
25 amended by inserting “under this title and title

1 XIX, individual data on the primary language of en-
2 rollees under this title and title XIX (and for such
3 enrollees who are minors or incapacitated, data on
4 the primary language of their parents or guard-
5 ians)” after “enrollment data”.

6 (2) ANNUAL REPORT.—

7 (A) CHIP.—Section 2108 (42 U.S.C.
8 1397hh) is amended—

9 (i) by redesignating the subsection (e)
10 added by section 501(e)(2) of Public Law
11 111–3 as subsection (f); and

12 (ii) in paragraph (1) of the subsection
13 (e) added by section 402 of Public Law
14 111–3, by inserting “and primary lan-
15 guage” after “duration of benefits”.

16 (B) MEDICAID.—Section 1946(c) (42
17 U.S.C. 1396w–5(c)) is amended by inserting
18 “demographic” before “data on health care dis-
19 parities”.

20 (d) EFFECTIVE DATE.—The amendments made by
21 this section shall take effect on the date of enactment of
22 this Act.

1 **TITLE III—AFFORDABILITY**

2 **SEC. 301. STRENGTHENED COST SHARING PROTECTIONS**

3 **UNDER MEDICAID AND CHIP.**

4 (a) MEDICAID.—

5 (1) IN GENERAL.—Section 1916 (42 U.S.C.
6 1396o) is amended—

7 (A) in subsection (a)—

8 (i) in subparagraph (E) of paragraph

9 (2), by striking “and” at the end;

10 (ii) in paragraph (3)—

11 (I) by inserting “subject to para-

12 graph (4),” before “any deduction”;

13 and

14 (II) by striking the period at the

15 end and inserting “; and”; and

16 (iii) by adding at the end the fol-

17 lowing new paragraph:

18 “(4) the total annual aggregate amount of any

19 premium, enrollment fee, deduction, cost sharing, or

20 similar charge imposed under the plan with respect

21 to such individuals and their families shall not ex-

22 ceed 5 percent of the family income of the individual

23 involved, as applied on a quarterly or monthly basis

24 (as specified by the State).”;

25 (B) in subsection (b)—

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

3 (ii) in paragraph (3)—

4 (I) by inserting “subject to para-
5 graph (4)” before “any deduction”;
6 and

7 (II) by striking the period at the
8 end and inserting “; and”; and

9 (iii) by adding at the end the fol-
10 lowing new paragraph:

11 “(4) the total annual aggregate amount of any
12 premium, enrollment fee, deduction, cost sharing, or
13 similar charge imposed under the plan with respect
14 to such individuals and their families shall not ex-
15 ceed 5 percent of the family income of the individual
16 involved, as applied on a quarterly or monthly basis
17 (as specified by the State).”;

18 (C) in subsection (d), by inserting “, and
19 provided that the total annual aggregate
20 amount of any such premium, and any enroll-
21 ment fee, deduction, cost sharing, or similar
22 charge imposed under the plan with respect to
23 such individuals and their families shall not ex-
24 ceed 5 percent of the family income of the indi-
25 vidual involved, as applied on a quarterly or

1 monthly basis (as specified by the State)” be-
2 fore the period; and

3 (D) by adding at the end the following new
4 subsection:

5 “(k) COST SHARING TRACKING; SUSPENSION OF
6 CHARGES; NOTIFICATION REQUIREMENTS.—

7 “(1) TRACKING.—If the State plan imposes
8 premiums, enrollment fees, deductions, cost sharing,
9 or similar charges under this section that, together
10 with any such charges imposed under section 1916A,
11 could cause families to have out-of-pocket expenses
12 that exceed a total aggregate cost sharing limit im-
13 posed under subsection (a)(4) or (b)(4) for the
14 month or quarter (as specified by the State), the
15 State shall establish a process for tracking and ag-
16 gregating such expenses (including expenses in-
17 curred for separately administered benefits) that—

18 “(A) does not rely on documentation pro-
19 vided by the individual or the family;

20 “(B) is communicated in a manner de-
21 signed to ensure the privacy of patient-related
22 information; and

23 “(C) allows for coordination with managed
24 care entities (as defined in section

1 1932(a)(1)(B)) that are under contract with
2 the State.

3 “(2) SUSPENSION OF CHARGES.—When a fam-
4 ily reaches any limit for a period imposed on pre-
5 miums, deductions, cost sharing, or similar charges
6 under this section, no further premiums, deductions,
7 cost sharing, or similar charges (or any portions
8 thereof) shall be imposed on any individual in the
9 family who is eligible for and receiving medical as-
10 sistance under the plan for the remainder of the pe-
11 riod.

12 “(3) NOTIFICATION REQUIREMENTS.—With re-
13 spect to a limit imposed on premiums, deductions,
14 cost sharing, or similar charges under this section
15 the State plan shall provide for the notification of
16 providers and each family to which such a limit ap-
17 plies—

18 “(A) of any such limit applicable to the
19 family;

20 “(B) when the family has incurred out-of-
21 pocket expenses up to any such limit; and

22 “(C) when a family reaches any such limit
23 for a period, that the limit has been reached
24 and that no further premiums, deductions, cost
25 sharing, or similar charges (or portions thereof)

1 shall be imposed on any individual in the family
2 who is eligible for and receiving medical assist-
3 ance under the plan for the remainder of such
4 month or quarter.

5 “(4) REASSESSMENT PROCESS.—The State
6 shall establish a process for families that include an
7 individual who is eligible for and receiving medical
8 assistance under the plan to request a reassessment
9 of the family’s aggregate limit on premiums, deduc-
10 tions, cost sharing, or similar charges if the family
11 has a change in circumstances, in accordance with
12 criteria specified by the Secretary.

13 “(5) APPLICATION OF REQUIREMENTS.—The
14 requirements of this subsection shall apply in the
15 same manner to limits imposed under subsections
16 (c), (d), (g), and (i).”

17 (2) STATE OPTION FOR ALTERNATIVE PRE-
18 MIUMS AND COST SHARING.—Section 1916A(b) (42
19 U.S.C. 1396o–1(b)) is amended—

20 (A) in paragraphs (1)(B)(ii) and (2)(A), by
21 inserting “or section 1916” after “subsection
22 (c) or (e)” in each place it appears; and

23 (B) by adding at the end the following new
24 paragraph:

1 “(7) COST SHARING TRACKING; SUSPENSION OF
2 CHARGES; NOTIFICATION REQUIREMENTS.—

3 “(A) TRACKING.—If the State plan im-
4 poses premiums or cost sharing under this sec-
5 tion that, together with cost sharing imposed
6 under section 1916, could cause families to
7 have out-of-pocket expenses that exceed the
8 total aggregate limit imposed under paragraph
9 (1) or (2) of this subsection for a month or
10 quarter (as specified by the State), the State
11 shall establish a process for tracking and aggre-
12 gating such expenses (including expenses for
13 separately administered benefits) that—

14 “(i) does not rely on documentation
15 provided by the individual or the family;

16 “(ii) is communicated in a manner de-
17 signed to ensure the privacy of patient-re-
18 lated information; and

19 “(iii) allows for coordination with
20 managed care entities (as defined in sec-
21 tion 1932(a)(1)(B)) that are under con-
22 tract with the State.

23 “(B) SUSPENSION OF CHARGES.—When a
24 family reaches any limit for a period imposed
25 on premiums or cost sharing under this section,

1 no further premiums or cost sharing (or any
2 portions thereof) shall be imposed on any indi-
3 vidual in the family who is eligible for and re-
4 ceiving medical assistance under the plan for
5 the remainder of the period.

6 “(C) NOTIFICATION REQUIREMENTS.—

7 With respect to a limit imposed on premiums or
8 cost sharing under paragraph (1) or (2) of this
9 subsection the State plan shall provide for the
10 notification of providers and each family to
11 which such a limit applies—

12 “(i) of any such limit applicable to the
13 family;

14 “(ii) when the family has incurred
15 out-of-pocket expenses up to any such
16 limit; and

17 “(iii) when a family reaches such a
18 limit for a period, that the limit has been
19 reached and that no further premiums or
20 cost sharing (or portions thereof) shall be
21 imposed on any individual in the family
22 who is eligible for and receiving medical
23 assistance under the plan for the remain-
24 der of such month or quarter.

1 “(D) REASSESSMENT PROCESS.—The
2 State shall establish a process for families that
3 include an individual who is eligible for and re-
4 ceiving medical assistance under the plan to re-
5 quest a reassessment of the family’s aggregate
6 limit on premiums, deductions, cost sharing, or
7 similar charges if the family has a change in
8 circumstances, in accordance with criteria speci-
9 fied by the Secretary.”.

10 (3) MANAGED CARE ORGANIZATIONS.—Section
11 1932(a)(5) (42 U.S.C. 1396u–2(a)(5)) is amended
12 by adding at the end the following new subpara-
13 graph:

14 “(E) COORDINATION WITH PROVIDERS ON
15 COST SHARING.—The State shall require that a
16 managed care entity with a contract with the
17 State, as a condition of such contract, comply
18 with the requirements of sections 1916 and
19 1916A (as applicable), for such individuals who
20 are enrolled with the organization or entity and
21 coordinate with the State with respect to track-
22 ing and aggregating an enrollee’s family’s out-
23 of-pocket expenses for premiums, deductions,
24 cost sharing, or similar charges.”.

1 (4) CONFORMING AMENDMENTS.—Section
2 1916A(a)(2)(B) (42 U.S.C. 1396o–1(a)(2)(B)) is
3 amended—

4 (A) by inserting “and the tracking, suspen-
5 sion, and notification requirements under sub-
6 section (b)(7)” before “shall apply”; and

7 (B) by inserting “and requirements” after
8 “limitations”.

9 (b) CHIP.—

10 (1) IN GENERAL.—Section 2103(e) (42 U.S.C.
11 1397cc(e)) is amended—

12 (A) by striking paragraphs (2) and (4);

13 (B) by redesignating paragraph (3) as
14 paragraph (2);

15 (C) in paragraph (2) (as so redesign-
16 ated)—

17 (i) by striking subparagraph (B);

18 (ii) by redesignating subparagraph
19 (C) as subparagraph (D); and

20 (iii) by inserting after subparagraph

21 (A) the following new subparagraphs:

22 “(B) NO COST SHARING FOR PREGNANCY-
23 RELATED ASSISTANCE.—The State child health
24 plan may not impose deductions, cost sharing,

1 or similar charges with respect to pregnancy-re-
2 lated assistance.

3 “(C) APPLICATION OF MEDICAID COST
4 SHARING LIMITS.—Subject to subparagraphs
5 (A) and (B) and paragraph (3), the State child
6 health plan may only impose deductions, cost
7 sharing, or similar charges to the extent that
8 such charges do not exceed the nominal limits
9 set under section 1916(a)(3).”; and

10 (D) by adding at the end the following new
11 paragraph:

12 “(3) ADDITIONAL REQUIREMENTS .—

13 “(A) IN GENERAL.—Subject to paragraph
14 (2)(A), any premiums, deductions, cost sharing,
15 or similar charges imposed under the State
16 child health plan for medical or dental benefits
17 may be imposed on a sliding scale related to in-
18 come, except that the total annual aggregate
19 cost sharing imposed for such benefits with re-
20 spect to all individuals in a family that includes
21 a targeted low-income child or a targeted low-
22 income pregnant woman under this title shall
23 not exceed 5 percent of such family’s income for
24 the year involved.

1 “(B) DENTAL-ONLY SUPPLEMENTAL COV-
2 ERAGE.—With respect to dental-only supple-
3 mental coverage offered under section
4 2110(b)(5), the total annual aggregate cost
5 sharing imposed for such coverage shall not ex-
6 ceed 5 percent of a family’s income for the year
7 involved, minus the amount the family is re-
8 quired to pay during such year in premiums,
9 deductions, cost sharing, or similar charges for
10 health care services for children in the family
11 enrolled in a group health plan or health insur-
12 ance coverage offered through an employer.

13 “(C) TRACKING OF EXPENSES; SUSPEN-
14 SION OF CHARGES; NOTICE; REASSESSMENTS.—
15 If the State child health plan imposes pre-
16 miums, deductions, cost sharing, or similar
17 charges that could cause families that include a
18 targeted low-income child or a targeted low-in-
19 come pregnant woman to have out-of-pocket ex-
20 penses that exceed the aggregate cost sharing
21 limit imposed under subparagraph (A) for the
22 year, the State shall—

23 “(i) establish a process for tracking
24 and aggregating such expenses (including

1 expenses incurred for separately adminis-
2 tered benefits) that—

3 “(I) does not rely on documenta-
4 tion provided by the targeted low-in-
5 come child, the targeted low-income
6 pregnant woman, or the family;

7 “(II) is communicated in a man-
8 ner designed to ensure the privacy of
9 patient-related information; and

10 “(III) allows for coordination
11 with managed care entities and man-
12 aged care organizations that are
13 under contract with the State;

14 “(ii) when a family reaches the aggre-
15 gate cost-sharing limit for a year imposed
16 under subparagraph (A), not impose any
17 further premiums or cost sharing (or any
18 portions thereof) on any targeted low-in-
19 come child or targeted low-income preg-
20 nant woman in the family for the remain-
21 der of the year;

22 “(iii) notify providers and each family
23 that includes a targeted low-income child
24 or a targeted low-income pregnant
25 woman—

1 “(I) of the annual aggregate lim-
2 its on out-of-pocket expenses applica-
3 ble to the family;

4 “(II) when the family has in-
5 curred out-of-pocket expenses up to
6 the annual aggregate family limit im-
7 posed under subparagraph (A); and

8 “(III) when a family reaches the
9 aggregate out-of-pocket expenses limit
10 for a year, that the limit has been
11 reached and that no further pre-
12 miums, deductions, cost sharing, or
13 similar charges (or portions thereof)
14 shall be imposed on any targeted low-
15 income child or targeted low-income
16 pregnant woman in the family for the
17 remainder of such year; and

18 “(iv) establish a process for families
19 that include a targeted low-income child or
20 a targeted low-income pregnant woman to
21 request a reassessment of the family’s an-
22 nual aggregate limit on premiums, deduc-
23 tions, cost sharing, or similar charges if
24 the family has a change in circumstances,

1 in accordance with criteria specified by the
2 Secretary.”.

3 (2) MANAGED CARE ORGANIZATIONS.—Section
4 2103(f) (42 U.S.C. 1397cc(f)) is amended by adding
5 at the end following new paragraph:

6 “(4) COORDINATION WITH PROVIDERS ON COST
7 SHARING.—The State shall require that a managed
8 care entity or a managed care organization with a
9 contract with the State, as a condition of such con-
10 tract, comply with the requirements of 2103(e) and
11 coordinate with the State with respect to in tracking
12 and aggregating an enrollee’s family’s out-of-pocket
13 expenses for cost sharing as required under sub-
14 section (e)(3)(C).”.

15 (c) CONFORMING AMENDMENTS.—

16 (1) Section 2105(c)(10)(C)(i) (42 U.S.C.
17 1397ee(c)(10)(C)(i)) is amended by striking “para-
18 graph (3)(B) of”.

19 (2) Section 2112(b)(6) (42 U.S.C. 1397ll(b)(6))
20 is amended by striking “paragraph (3)(B) of”.

21 **TITLE IV—BENEFITS**

22 **SEC. 401. PREVENTIVE HEALTH SERVICES.**

23 (a) PREVENTIVE HEALTH SERVICES.—

24 (1) MEDICAID.—Section 1905 (42 U.S.C.
25 1396d) is amended—

1 (A) in subsection (a)(4)—

2 (i) by striking “and” before “(D)”;

3 and

4 (ii) by inserting before the semicolon

5 at the end the following new subparagraph:

6 “; and (E) preventive services described in

7 subsection (ee)”;

8 (B) by adding at the end the following new

9 subsection:

10 “(ee) PREVENTIVE SERVICES.—

11 “(1) IN GENERAL.—For purposes of subsection

12 (a)(4)(E), the preventive services described in this

13 subsection are diagnostic, screening, and preventive

14 services not otherwise described in subsection (a) or

15 required by subsection (r) that the Secretary deter-

16 mines are appropriate for children or pregnant

17 women entitled to medical assistance under this title,

18 including—

19 “(A) evidence-based items or services that

20 have in effect a rating of ‘A’ or ‘B’ in the cur-

21 rent recommendations of the United States Pre-

22 ventive Services Task Force;

23 “(B) with respect to pregnant women, im-

24 munizations that have in effect a recommenda-

25 tion from the Advisory Committee on Immuni-

1 zation Practices of the Centers for Disease Con-
2 trol and Prevention with respect to the indi-
3 vidual involved;

4 “(C) with respect to infants, children, and
5 adolescents, evidence-informed preventive care
6 and screenings provided for in the comprehen-
7 sive guidelines supported by the Health Re-
8 sources and Services Administration; and

9 “(D) with respect to women, such addi-
10 tional preventive care and screenings not de-
11 scribed in this paragraph as provided for in
12 comprehensive guidelines supported by the
13 Health Resources and Services Administration
14 for purposes of this paragraph.

15 “(2) ADDITIONAL SERVICES.—Nothing in this
16 subsection shall be construed to limit the application
17 of any requirement of subsection (r) or to prohibit
18 a State plan under this title from providing coverage
19 for services in addition to those recommended by
20 United States Preventive Services Task Force or to
21 prohibit coverage of services.”.

22 (2) ELIMINATION OF COST-SHARING.—

23 (A) Subsections (a)(2)(D) and (b)(2)(D) of
24 section 1916 (42 U.S.C. 1396o) are each
25 amended by inserting “preventive services de-

1 scribed in section 1905(ee),” after “emergency
2 services (as defined by the Secretary),”.

3 (B) Section 1916A(a)(1) (42 U.S.C.
4 1396o–1(a)(1)) is amended by inserting “, pre-
5 ventive services described in section 1905(ee),”
6 after “subsection (c)”.

7 (3) INTERVAL PERIOD FOR INCLUSION OF NEW
8 RECOMMENDATIONS IN STATE PLANS.—With respect
9 to a recommendation issued on or after the date of
10 enactment of this Act that adds new preventive serv-
11 ices to the requirements described in subsection (ee)
12 of section 1905 of the Social Security Act, the Sec-
13 retary shall establish a maximum interval period,
14 which shall not be longer than 6 months, between
15 the date on which the recommendation is issued and
16 the plan year for which a State plan for medical as-
17 sistance under title XIX of the Social Security Act
18 shall be required to include such preventive service.

19 (b) CHIP.—Section 2103 (42 U.S.C. 1397cc) is
20 amended—

21 (1) in subsection (a), in the matter preceding
22 paragraph (1), by striking “and (7)” and inserting
23 “(7), and (8)”; and

24 (2) in subsection (c)—

1 (A) by redesignating paragraph (8) as
2 paragraph (9); and

3 (B) by inserting after paragraph (7), the
4 following new paragraph:

5 “(8) PREVENTIVE SERVICES.—The child health
6 assistance provided to a targeted low-income child
7 and pregnancy-related assistance provided to a tar-
8 geted low-income pregnant woman shall include cov-
9 erage of preventive services for children or pregnant
10 women required under a State plan under title XIX
11 under subsections (a)(4)(E) and (ee) of section 1905
12 and no deductible, cost sharing or similar charge
13 shall be imposed under the State child health plan
14 with respect to such services.”.

15 **SEC. 402. TIMELY IMMUNIZATION COVERAGE.**

16 (a) COVERAGE FOR NEWLY APPROVED VACCINES
17 WITHIN 30 DAYS.—

18 (1) IN GENERAL.—Section 1928(e) (42 U.S.C.
19 1396s(e)) is amended by adding at the end the fol-
20 lowing new sentence: “Each revision of the list es-
21 tablished by such Advisory Committee shall apply to
22 the purchase, delivery, and administration of pedi-
23 atric vaccines under this section not later than 30
24 days after the date such Advisory Committee ap-
25 proves the revision.”.

1 (2) CONFORMING AMENDMENT.—Section
2 2103(c)(1)(D) (42 U.S.C. 1397cc(c)(1)(D)) is
3 amended by inserting “in accordance with the sched-
4 ule referred to in section 1928(c)(2)(B)(i) for pedi-
5 atric vaccines” after “immunizations”.

6 (b) TREATMENT OF CHIP-ELIGIBLE CHILDREN AS
7 FEDERALLY VACCINE-ELIGIBLE CHILDREN.—Section
8 1928(b)(2) (42 U.S.C. 1396s(b)(2)) is amended—

9 (1) in subparagraph (A)(i), by inserting “or
10 CHIP-eligible” after “medicaid-eligible”; and

11 (2) in subparagraph (B), by striking clause (i)
12 and inserting the following:

13 “(i) The term ‘medicaid-eligible or
14 CHIP-eligible child’ means, with respect to
15 a child, a child who is entitled to medical
16 assistance under a State plan approved
17 under this title or a waiver of such plan,
18 or who is eligible for child health assist-
19 ance under a State child health plan ap-
20 proved under title XXI.”.

21 (c) CODING FOR VACCINE ADMINISTRATION.—Sec-
22 tion 1928 (42 U.S.C. 1396s) is amended—

23 (1) by striking subsection (g) and inserting:

24 “(g) **Reserved**.”; and

1 (2) in subsection (h)(6), by striking “a vaccine”
2 and inserting “each vaccine component”.

3 (d) **EFFECTIVE DATE.**—The amendments made by
4 this section shall take effect on the date of enactment of
5 this Act.

6 **TITLE V—ACCESS AND QUALITY**
7 **Subtitle A—Pediatric Quality**
8 **Measures**

9 **SEC. 501. EXTENDING THE PEDIATRIC QUALITY MEASURES**
10 **PROGRAM.**

11 (a) **IN GENERAL.**—Section 1139A(i) (42 U.S.C.
12 1320b–9a(i)) is amended by inserting “, and for each of
13 fiscal years 2014 through 2019, \$50,000,000,” after
14 “\$45,000,000”.

15 (b) **EFFECTIVE DATE.**—The amendment made by
16 this section shall take effect on the date of enactment of
17 this Act.

18 **SEC. 502. IMPROVING THE EFFECTIVENESS OF THE PEDI-**
19 **ATRIC QUALITY MEASURES.**

20 (a) **IN GENERAL.**—Section 1139A(b) (42 U.S.C.
21 1320b–9a(b)) is amended—

22 (1) in paragraph (4)—

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

1 (B) in subparagraph (B), by striking the
2 period at the end and inserting “; and”; and

3 (C) by adding at the end the following new
4 subparagraph:

5 “(C) establish a program to continue and
6 enhance pediatric quality measures program
7 centers of excellence, which may include devel-
8 oping centers of excellence with a particular
9 emphasis on patient and family experience and
10 pediatric populations that are small in size and
11 may be most effectively addressed by aggre-
12 gating data across multiple States, including
13 pediatric populations with medical complexity
14 and pediatric populations with rare condi-
15 tions.”; and

16 (2) by amending paragraph (5) to read as fol-
17 lows:

18 “(5) REVISING, STRENGTHENING, AND IMPROV-
19 ING INITIAL CORE MEASURES.—

20 “(A) IN GENERAL.—The Secretary shall
21 annually publish recommended changes to the
22 core measures described in subsection (a)
23 that—

1 “(i) are consistent with the purposes
2 of the pediatric quality measures program
3 established under paragraph (1);

4 “(ii) meet the conditions specified in
5 paragraph (2);

6 “(iii) were developed by the Secretary
7 in consultation with the entities specified
8 in subparagraphs (A) through (H) of para-
9 graph (3); and

10 “(iv) were developed, validated, or
11 tested through a grant awarded under
12 paragraph (4).

13 “(B) ADDITIONAL RECOMMENDED
14 CHANGES.—Beginning not later than 1 year
15 after the date of enactment of the CHIP Exten-
16 sion Act of 2014, the recommended changes
17 published under subparagraph (A) shall include
18 changes—

19 “(i) to measure the type of children’s
20 health insurance coverage or other health
21 benefits coverage available over time, in
22 addition to the presence, stability, and du-
23 ration of such health insurance coverage or
24 such health benefits coverage over time, for
25 purposes of examining enrollment changes

1 of a child from one type of coverage to an-
2 other;

3 “(ii) to ensure that the measures re-
4 flect the care provided to the diverse pedi-
5 atric population, including adolescents and
6 children with special health care needs,
7 and the management of acute and chronic
8 conditions;

9 “(iii) to ensure that the measures re-
10 flect care provided in diverse health care
11 settings, including both inpatient and am-
12 bulatory settings;

13 “(iv) to encourage the development,
14 implementation, and stewardship of core
15 measures that can be used at the State,
16 hospital, practice, and plan levels, includ-
17 ing a sustainable mechanism to maintain
18 and disseminate such measures and collect
19 and report data on such measures; and

20 “(v) to facilitate the adoption, dis-
21 semination, stewardship, and reporting of
22 such measures as well as measures devel-
23 oped through the pediatric quality meas-
24 ures program at the State, hospital, prac-
25 tice, and plan levels and across different

1 health care delivery and coverage systems,
2 including coverage provided through the
3 Exchanges established under title I of the
4 Patient Protection and Affordable Care
5 Act.”.

6 (b) EFFECTIVE DATE.—The amendments made by
7 this section shall take effect on the date of enactment of
8 this Act.

9 **SEC. 503. ANNUAL STATE REPORTS REGARDING STATE-SPE-**
10 **CIFIC QUALITY OF CARE MEASURES APPLIED**
11 **UNDER MEDICAID OR CHIP.**

12 (a) IN GENERAL.—Section 1139A(c) (42 U.S.C.
13 1320b–9a(c)) is amended by adding at the end the fol-
14 lowing new paragraph:

15 “(3) DATA COLLECTION AND REPORTING ON
16 FULL SET OF CORE MEASURES.—Beginning not
17 later than 5 years after the date of enactment of
18 this paragraph, the information reported under
19 paragraph (1) shall include State-specific informa-
20 tion on the full set of pediatric core measures.”.

21 (b) EFFECTIVE DATE.—The amendment made by
22 this section shall take effect on the date of enactment of
23 this Act.

1 **SEC. 504. ADVISORY PANEL REGARDING PEDIATRIC QUAL-**
2 **ITY.**

3 (a) IN GENERAL.—Section 1139A(g) (42 U.S.C.
4 1320b–9a(g)) is amended—

5 (1) in the subsection heading, by striking
6 “STUDY OF” and inserting “STUDIES AND REPORTS
7 ON”;

8 (2) by redesignating paragraph (2) as para-
9 graph (4); and

10 (3) by inserting after paragraph (1) the fol-
11 lowing new paragraphs:

12 “(2) EXPERT PANEL.—The Secretary shall con-
13 vene a panel, composed of health experts (including
14 experts employed by the Federal Government and
15 experts not so employed) to establish priorities and
16 goals for child health as recommended in the report
17 submitted under paragraph (1) by the Institute of
18 Medicine. Such panel shall—

19 “(A) advise and make recommendations to
20 the Secretary regarding changes that may be
21 made to the core measures described in sub-
22 section (a);

23 “(B) establish standards for the timeliness
24 and accuracy of data so collected and reported;
25 and

1 “(C) review and make recommendations,
2 on an annual basis, for strategies to enhance
3 the timeliness, accuracy, and utility of the core
4 measures.

5 “(3) COLLECTING AND REPORTING FULL SET
6 OF CORE MEASURES.—Not later than 1 year after
7 the date of enactment of this paragraph, the Sec-
8 retary, in consultation with representatives of State
9 agencies responsible for administering Medicaid and
10 the State Children’s Health Insurance Program and
11 representatives of relevant provider organizations,
12 shall submit to the Committee on Energy and Com-
13 merce of the House of Representatives and the Com-
14 mittee on Finance of the Senate a report identi-
15 fying—

16 “(A) strategies to address and overcome
17 barriers to State collection of and reporting of
18 the full set of pediatric core measures;

19 “(B) an analysis of the amount of Federal
20 funding needed to incentivize States to collect
21 and report on the full set of pediatric core
22 measures; and

23 “(C) a standardized format and plan for
24 States to collect and report on the full set of
25 pediatric core measures.”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 this section shall take effect on the date of enactment of
3 this Act.

4 **SEC. 505. EXTENDING AND EXPANDING DEMONSTRATION**
5 **PROJECTS.**

6 (a) STRENGTHENING DEMONSTRATION PROJECTS
7 FOR IMPROVING THE QUALITY OF CHILDREN’S HEALTH
8 CARE AND THE USE OF HEALTH INFORMATION TECH-
9 NOLOGY.—Section 1139A(d) (42 U.S.C. 1320b–9a(d)) is
10 amended—

11 (1) in paragraph (1)—

12 (A) in the matter preceding subparagraph

13 (A)—

14 (i) by inserting “, and during the pe-
15 riod of fiscal years 2014 through 2019, the
16 Secretary shall award not less than 10
17 grants,” after “10 grants”; and

18 (ii) by inserting “(including oral
19 care)” after “health care”;

20 (B) in subparagraph (C), by striking “or”
21 at the end;

22 (C) in subparagraph (D), by striking the
23 period at the end and inserting a semicolon;
24 and

1 (D) by adding at the end the following new
2 subparagraphs:

3 “(E) examine and address barriers to ef-
4 fective delivery of perinatal care and its impact
5 on birth outcomes and subsequent pregnancies
6 and children’s health;

7 “(F) implement and expand pediatric and
8 perinatal learning and quality improvement
9 collaboratives on the quality of children’s and
10 pregnant women’s health care, including im-
11 proving patient outcomes, reducing health costs,
12 and addressing health disparities;

13 “(G) encourage and evaluate the use at the
14 State level of payment reform and related policy
15 proposals for purposes of promoting higher
16 quality of care for children, including the
17 shared savings program established under sec-
18 tion 1899 and other methods of encouraging in-
19 tegrated care models; or

20 “(H) with respect to the model electronic
21 health record format for children developed and
22 disseminated under subsection (f)—

23 “(i) assess the extent to which the
24 format has been incorporated into widely
25 used electronic health record formats;

1 “(ii) implement standards and activi-
2 ties that result in increased use of such
3 format; and

4 “(iii) evaluate the impact of the in-
5 creased use of such format.”;

6 (2) in paragraph (2)—

7 (A) in subparagraph (A), by striking
8 “and” at the end;

9 (B) in subparagraph (B), by striking the
10 period at the end and inserting “; and”; and

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

13 “(C) with respect to grants awarded for
14 projects described in paragraph (1)(F), such
15 grants shall be awarded for projects that—

16 “(i) give priority to collaboratives that
17 would have substantial impacts on the pe-
18 diatric population by—

19 “(I) affecting a large percentage
20 of such population or by substantially
21 improving outcomes in a smaller pop-
22 ulation;

23 “(II) reducing the cost of health
24 care for children, including children

1 with medically complex illnesses or
2 chronic conditions;

3 “(III) having a high likelihood to
4 reduce disparities in health status; or

5 “(IV) potentially having long-
6 term health impacts by addressing
7 childhood precursors to adult condi-
8 tions; and

9 “(ii) encourage coordination with
10 other sources of funding in the expansion
11 of pediatric learning collaboratives, includ-
12 ing by coordinating care and utilizing com-
13 munity health workers (as defined in sec-
14 tion 399V(k) of the Public Health Service
15 Act (42 U.S.C. 280g–11(k))).”; and

16 (3) in paragraph (4)—

17 (A) by inserting “For each of fiscal years
18 2009 through 2013,” before “\$20,000,000”;
19 and

20 (B) by adding at the end the following new
21 sentence: “For each of fiscal years 2014
22 through 2019, \$36,000,000 of the amount ap-
23 propriated under subsection (i) for a fiscal year
24 shall be used to carry out this subsection.”.

1 (b) EXTENDING FUNDING FOR CHILDHOOD OBESITY
2 DEMONSTRATION PROJECTS.—Section 1139A(e)(8) (42
3 U.S.C. 1320b–9a(e)(8)) is amended by inserting “, and
4 for the period of fiscal years 2015 through 2019,
5 \$25,000,000” after “2014”.

6 (c) EFFECTIVE DATE.—The amendments made by
7 this section shall take effect on the date of enactment of
8 this Act.

9 **Subtitle B—Maternal, Infant, and**
10 **Early Childhood Home Visiting**
11 **Program**

12 **SEC. 511. SUPPORTING EVIDENCE-BASED CARE COORDINA-**
13 **TION IN COMMUNITIES.**

14 (a) IN GENERAL.—Section 511(j)(1) (42 U.S.C.
15 711(j)(1)) is amended by striking subparagraph (F) and
16 inserting the following:

17 “(F) \$400,000,000 for each of fiscal years
18 2015 through 2019.”.

19 (b) PREVENTION OF DUPLICATE APPROPRIATIONS
20 FOR FISCAL YEAR 2015.—Expenditures made pursuant
21 to the amendments made by section 209 of the Protecting
22 Access to Medicare Act of 2014 (Public Law 113–93) for
23 fiscal year 2015 shall be charged to the appropriation pro-
24 vided by the amendment made by subsection (a) for such
25 fiscal year.

1 (c) EFFECTIVE DATE.—The amendment made by
2 this section shall take effect on the date of enactment of
3 this Act.

4 **Subtitle C—Comparative Study of**
5 **Medicaid, CHIP, and Qualified**
6 **Health Plans**

7 **SEC. 521. GAO STUDY AND REPORT.**

8 (a) STUDY.—The Comptroller General of the United
9 States shall conduct a study of each State in which indi-
10 viduals eligible for medical assistance under a State plan
11 under title XIX of the Social Security Act (42 U.S.C.
12 1396 et seq.) or for child health assistance under a State
13 child health plan under title XXI of the Social Security
14 Act (42 U.S.C. 1397aa et seq.) are provided such assist-
15 ance through enrollment in a qualified health plan or em-
16 ployer-sponsored insurance. Such study shall determine,
17 for each such State—

18 (1) the number of such individuals enrolled in
19 an employer-sponsored health plan to whom wrap-
20 around services are offered;

21 (2) the number of such individuals enrolled in
22 an employer-sponsored health plan who use wrap-
23 around services for any purpose during the plan
24 year;

1 (3) the average cost of wraparound services per
2 individual enrolled in an employer-sponsored health
3 plan who uses such services;

4 (4) the number of such individuals with “devel-
5 opmental disabilities” (as defined in section 102(8)
6 of the Developmental Disabilities Assistance and Bill
7 of Rights Act of 2000 (42 U.S.C. 15002(8))), en-
8 rolled in an employer-sponsored health plan who
9 used wrap-around benefits;

10 (5) the number of disabled individuals enrolled
11 in an employer-sponsored health plan who use wrap-
12 around benefits for habilitative services, rehabilita-
13 tive services, or home health services;

14 (6) the number of such individuals enrolled in
15 qualified health plans;

16 (7) average premiums and cost-sharing per
17 such individual enrolled in a qualified health plan;
18 and

19 (8) comparative data with respect to the bene-
20 fits offered to such individuals under qualified health
21 plans as compared to the benefits offered to such in-
22 dividuals under State plans under title XIX or XXI
23 of the Social Security Act.

24 (b) REPORTS.—Not later than 2 years after the date
25 of the enactment of this Act, the Comptroller General of

1 the United States shall submit to the Committee on En-
2 ergy and Commerce of the House of Representatives and
3 the Committee on Finance of the Senate a report on the
4 findings of the study conducted under subsection (a) that
5 includes any recommendations or proposed legislation. Not
6 later than 4 years after the date of enactment of this Act,
7 the Comptroller General of the United States shall submit
8 to the Committee on Energy and Commerce of the House
9 of Representatives and the Committee on Finance of the
10 Senate an updated report on the findings of the study con-
11 ducted under subsection (a) that includes any rec-
12 ommendations or proposed legislation.

13 (c) DEFINITIONS.—For purposes of this section:

14 (1) QUALIFIED HEALTH PLAN.—The term
15 “qualified health plan” means a health plan that is
16 offered through an American Health Benefits Ex-
17 change established under the Patient Protection and
18 Affordable Care Act (Public Law 111–148).

19 (2) WRAPAROUND SERVICES.—The term
20 “wraparound services” means services provided by a
21 State plan under title XIX or XXI of the Social Se-
22 curity Act that are provided as a supplement to
23 items or services for which coverage is not offered or
24 is limited under a qualified health plan or an em-
25 ployer-sponsored health plan.

1 TITLE VI—BUDGETARY EFFECTS**2 SEC. 601. BUDGETARY EFFECT OF THIS ACT.**

3 The budgetary effects of this Act, for the purpose of
4 complying with the Statutory Pay-As-You-Go Act of 2010,
5 shall be determined by reference to the latest statement
6 titled “Budgetary Effects of PAYGO Legislation” for this
7 Act, submitted for printing in the Congressional Record
8 by the Chairman of the Committee on the Budget of the
9 House of Representatives, as long as such statement has
10 been submitted prior to the vote on passage of this Act.

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