AMENDMENT

OFFERED BY MRS. BIGGERT OF ILLINOIS

At the end of subtitle C of title I of division A, add the following new section:

1	SEC. 125. REPORTS RELATING TO WAITING PERIODS AND
2	SUSPENSION OF PROVISIONS IN THE EVENT
3	OF INCREASES IN SUCH PERIODS.
4	(a) Reports.—
5	(1) INITIAL REPORT.—Within 180 days after
6	the date of the enactment of this Act, the Commis-
7	sioner shall submit an initial report to each House
8	of the Congress as described in paragraph $(b)(1)$.
9	(2) ANNUAL REPORTS.—Beginning in Y1, and
10	annually thereafter, the Commissioner shall submit
11	to each House of Congress by the close of the fiscal
12	year, an annual report as described in paragraph
13	(b)(2).
14	(b) Report Requirements.—
15	(1) INITIAL REPORT.—In the initial report sub-
16	mitted pursuant to subsection $(a)(1)$, the Commis-
17	sioner shall set forth the Commissioner's findings
18	with respect to typical and average waiting periods
19	for the minimum services set forth in section 122,

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including a broad cross-section of surgical and med ical imaging procedures, for the calendar year pre ceding enactment of this Act.

4 (2) ANNUAL REPORTS.—In each annual report 5 submitted pursuant to subsection (a)(2), the Com-6 missioner shall set forth the Commissioner's findings 7 with respect to typical and average waiting periods 8 for the minimum services set forth in section 122, 9 including a broad cross-section of surgical and med-10 ical imaging procedures, for the preceding calendar 11 year.

12 (c) SUSPENSION OF PROVISIONS BASED ON IN-CREASED WAITING PERIODS.—In any year following a 13 vear in which the Commissioner's annual report submitted 14 15 pursuant to subsection (a)(2) shows an increase in typical and average waiting periods for any of the minimum serv-16 ices set forth in section 122, including surgical and med-17 18 ical imaging procedures, of five percent or more, the provi-19 sions of titles I and II and sections 311, 312, 313, 314, 20321 and 324 shall not apply.

(d) CONSULTATION.—In preparing the initial report
pursuant to subsection (a)(1), and each annual report pursuant to subsection (a)(2), the Commissioner shall consult
with the Health Benefits Advisory Council and with a
broad range of patient and health care provider organiza-

1 tions and associations (including, with respect to waiting

2 periods for specialty services, representatives of health

3 care specialists).

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