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(Original Signature of Member)

115TH CONGRESS  
2D SESSION

# H. R.

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

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## IN THE HOUSE OF REPRESENTATIVES

M. \_\_\_\_\_ introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

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# A BILL

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

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Advancing Seniors and  
5 Kids Act” or the “ASK Act”.

6 **SEC. 2. TABLE OF CONTENTS.**

7 The table of contents of this Act is as follows:

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

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

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

## TITLE II—MEDICARE AND OTHER HEALTH EXTENDERS

### Subtitle A—Medicare Extenders and Related Policies

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

### Subtitle B—Medicaid and Public Health Extenders

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

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

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

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

Sec. 300. Short title.

Subtitle A—Strengthening Oversight and Beneficiary Protection

Sec. 301. Stronger monitoring of representative payees.

Sec. 302. Reducing the burden on families.

Sec. 303. Protecting beneficiaries through information sharing.

Sec. 304. Clarifying overpayment liability for child in child welfare system.

Sec. 305. Reports.

Subtitle B—Improving Payee Selection and Quality

Sec. 311. Advance designation of representative payees.

Sec. 312. Prohibition on individuals convicted of certain crimes serving as representative payees.

Sec. 313. Prohibition on individuals with representative payees serving as representative payees.

Sec. 314. Reassessment of payee selection and replacement policies.

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

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

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

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

8 (a) FUNDING.—

9 (1) IN GENERAL.—Section 2104(a) of the So-  
10 cial Security Act (42 U.S.C. 1397dd(a)), as amend-  
11 ed by section 3201(a) of the CHIP and Public  
12 Health Funding Extension Act (division C of Public  
13 Law 115–96), is amended—

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

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

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

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

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

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

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

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

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

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

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

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

11 and

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

15 “(A) 1 plus the percentage increase in the  
16 projected per capita amount of National Health  
17 Expenditures from the calendar year in which  
18 the previous fiscal year ends to the calendar  
19 year in which the fiscal year involved ends, as  
20 most recently published by the Secretary before  
21 the beginning of the fiscal year; and

22 “(B) 1 plus the percentage increase (if  
23 any) in the national population of children from  
24 July 1 in the previous fiscal year to July 1 in  
25 the fiscal year involved, as determined by the

1 Secretary based on the most recent published  
2 estimates of the Bureau of the Census before  
3 the beginning of the fiscal year involved, plus 1  
4 percentage point.”.

5 (2) PREVENTION OF DUPLICATE APPROPRIA-  
6 TIONS FOR FISCAL YEAR 2018.—Notwithstanding any  
7 other provision of law, insofar as funds have been  
8 appropriated under subsection (a)(21) of section  
9 2104 of the Social Security Act (42 U.S.C. 1397dd),  
10 as such subsection is in effect on the day before the  
11 date of the enactment of this Act, to provide allot-  
12 ments to States under the State Children’s Health  
13 Insurance Program established under title XXI of  
14 the Social Security Act (42 U.S.C. 1397aa et seq.)  
15 (whether implemented under title XIX, XXI, or  
16 both, of the Social Security Act) for fiscal year  
17 2018—

18 (A) any amounts that are so appropriated  
19 that are not so allotted and obligated before the  
20 date of the enactment of this Act, are re-  
21 scinded; and

22 (B) any amount provided for CHIP allot-  
23 ments to a State under this section (and the  
24 amendments made by this section) for such fis-  
25 cal year shall be reduced by the amount of such

1           appropriations so allotted and obligated before  
2           such date.

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

8           (1) in paragraph (2)(B)—

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

11                 (B) in clause (ii)—

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

14                         (ii) in subclause (I), by inserting “(or,  
15 in the case of fiscal year 2018, under para-  
16 graph (4))” after “clause (i)”;

17           (2) in paragraph (5), by striking “, 2017, or  
18 2018” and inserting “or 2017”;

19           (3) in paragraph (7)—

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

22                 (B) in subparagraph (B), in the matter  
23 preceding clause (i), by inserting “(or, in the  
24 case of fiscal year 2018, by not later than the  
25 date that is 60 days after the date of the enact-

1           ment of the KIDS Act)” after “before the Au-  
2           gust 31 preceding the beginning of the fiscal  
3           year”; and

4           (C) in the matter following subparagraph  
5           (B), by striking “or fiscal year 2016” and in-  
6           serting “fiscal year 2016, or any succeeding  
7           even-numbered fiscal year”;

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

10          (5) by striking paragraph (10).

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

14          (1) in paragraph (2)—

15               (A) in subparagraph (A)(ii), by striking  
16               “2010, 2011, 2012, 2013, 2014, and 2016”  
17               and inserting “2010 through 2014, 2016, 2018,  
18               and each subsequent fiscal year”; and

19               (B) in subparagraph (B), by striking  
20               “2010, 2011, 2012, 2013, 2014, and 2016”  
21               and inserting “2010 through 2014, 2016, 2018,  
22               and each subsequent fiscal year”; and

23          (2) in paragraph (3)(A), in the matter pre-  
24          ceding clause (i), by striking “or a semi-annual allot-  
25          ment period for fiscal year 2015 or 2017” and in-

1       serting “or in fiscal year 2018 or any subsequent  
2       fiscal year (or a semi-annual allotment period for  
3       fiscal year 2015, or 2017)”.

4       (d) EXTENSION OF QUALIFYING STATES OPTION.—

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

8           (A) in the heading, by striking “THROUGH  
9       2017” and inserting “AND SUBSEQUENT FISCAL  
10      YEARS”; and

11          (B) in subparagraph (A), by striking “for  
12      any of fiscal years 2009 through 2017” and in-  
13      serting “for fiscal year 2009 or any subsequent  
14      fiscal year”.

15          (2) TECHNICAL AMENDMENTS.—Section  
16      2104(f)(2)(B)(ii) of the Social Security Act (42  
17      U.S.C. 1397dd(f)(2)(B)(ii)), as amended by section  
18      3201(c) of the CHIP and Public Health Funding  
19      Extension Act (division C of Public Law 115–96), is  
20      amended—

21          (A) in subclause (I), by striking “for the  
22      month (as defined in subclause (II))” and in-  
23      serting “(as defined in subclause (II)) for the  
24      month”;

1 (B) in subclause (II), by inserting “, as in  
2 effect on the day before the date of the enact-  
3 ment of the KIDS Act,” after “section  
4 2105(g)(4)(A)”;

5 (C) in subclause (VI)—

6 (i) by inserting “, as in effect on the  
7 day before the date of the enactment of the  
8 KIDS Act” after “, section 2105(g)(4)”;  
9 and

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

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

16 (f) ASSURANCE OF AFFORDABILITY STANDARD FOR  
17 CHILDREN AND FAMILIES.—

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

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

23 (B) in subparagraph (A), in the matter  
24 preceding clause (i)—

1 (i) by striking “During the period  
2 that begins on” and inserting “Beginning  
3 on”;

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

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

18 (2) CONFORMING AMENDMENTS.—Section  
19 1902(gg)(2) of the Social Security Act (42 U.S.C.  
20 1396a(gg)(2)) is amended—

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

23 (B) by striking “through September 30,  
24 2019,” and inserting “(but beginning on Octo-  
25 ber 1, 2019, only with respect to children in

1 families whose income does not exceed 300 per-  
2 cent of the poverty line (as defined in section  
3 2110(c)(5)) applicable to a family of the size in-  
4 volved”).

5 (g) CHIP LOOK-ALIKE PLANS.—

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

9 “(g) USE OF BLENDED RISK POOLS.—

10 “(1) IN GENERAL.—Nothing in this title (or  
11 any other provision of Federal law) shall be con-  
12 strued as preventing a State from considering chil-  
13 dren enrolled in a qualified CHIP look-alike pro-  
14 gram and children enrolled in a State child health  
15 plan under this title (or a waiver of such plan) as  
16 members of a single risk pool.

17 “(2) QUALIFIED CHIP LOOK-ALIKE PROGRAM.—  
18 In this subsection, the term ‘qualified CHIP look-  
19 alike program’ means a State program—

20 “(A) under which children who are under  
21 the age of 19 and are not eligible to receive  
22 medical assistance under title XIX or child  
23 health assistance under this title may purchase  
24 coverage through the State that provides bene-  
25 fits that are at least identical to the benefits

1 provided under the State child health plan  
2 under this title (or a waiver of such plan); and

3 “(B) that is funded exclusively through  
4 non-Federal funds, including funds received by  
5 the State in the form of premiums for the pur-  
6 chase of such coverage.”.

7 (2) COVERAGE RULE.—

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

14 (B) EFFECTIVE DATE.—The amendment  
15 made by subparagraph (A) shall apply with re-  
16 spect to taxable years beginning after December  
17 31, 2017.

18 (h) AVAILABILITY OF UNUSED FISCAL YEAR 2018  
19 REDISTRIBUTION AMOUNTS.—Any amounts that have  
20 been redistributed to States under subsection (f) of section  
21 2104 of the Social Security Act (42 U.S.C. 1397dd) for  
22 fiscal year 2018 that are not, or will not be, expended by  
23 the end of that fiscal year shall be—

24 (1) adjusted by the Secretary before the end of  
25 fiscal year 2018 to reflect an updated estimate of

1 shortfalls under subsection (f)(2)(A) of such section;  
2 and

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

5 **SEC. 102. EXTENSION OF CERTAIN PROGRAMS AND DEM-**  
6 **ONSTRATION PROJECTS.**

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

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

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

15 (b) PEDIATRIC QUALITY MEASURES PROGRAM.—  
16 Section 1139A(i) of the Social Security Act (42 U.S.C.  
17 1320b–9a(i)) is amended—

18 (1) by striking “Out of any” and inserting the  
19 following:

20 “(1) IN GENERAL.—Out of any”;

21 (2) by striking “there is appropriated for each”  
22 and inserting “there is appropriated—

23 “(A) for each”;

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

1 “(B) for the period”;

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

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

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

10 “(2) AVAILABILITY.—Funds appropriated  
11 under this subsection shall remain available until ex-  
12 pended.”.

13 **SEC. 103. EXTENSION OF OUTREACH AND ENROLLMENT**  
14 **PROGRAM.**

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

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

19 (2) in subsection (g)—

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

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

1 (b) MAKING ORGANIZATIONS THAT USE PARENT  
2 MENTORS ELIGIBLE TO RECEIVE GRANTS.—Section  
3 2113(f) of the Social Security Act (42 U.S.C. 1397mm(f))  
4 is amended—

5 (1) in paragraph (1)(E), by striking “or com-  
6 munity-based doula programs” and inserting “, com-  
7 munity-based doula programs, or parent mentors”;  
8 and

9 (2) by adding at the end the following new  
10 paragraph:

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

13 “(A) is a parent or guardian of at least  
14 one child who is an eligible child under this title  
15 or title XIX; and

16 “(B) is trained to assist families with chil-  
17 dren who have no health insurance coverage  
18 with respect to improving the social deter-  
19 minants of the health of such children, includ-  
20 ing by providing—

21 “(i) education about health insurance  
22 coverage, including, with respect to obtain-  
23 ing such coverage, eligibility criteria and  
24 application and renewal processes;

1           “(ii) assistance with completing and  
2           submitting applications for health insur-  
3           ance coverage;

4           “(iii) a liaison between families and  
5           representatives of State plans under title  
6           XIX or State child health plans under this  
7           title;

8           “(iv) guidance on identifying medical  
9           and dental homes and community phar-  
10          macies for children; and

11          “(v) assistance and referrals to suc-  
12          cessfully address social determinants of  
13          children’s health, including poverty, food  
14          insufficiency, and housing.”.

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

18           (1) in the first paragraph (14), relating to in-  
19           come determined using modified adjusted gross in-  
20           come, by adding at the end the following new sub-  
21           paragraph:

22           “(J) EXCLUSION OF PARENT MENTOR  
23           COMPENSATION FROM INCOME DETERMINA-  
24           TION.—Any nominal amount received by an in-  
25           dividual as compensation, including a stipend,

1 for participation as a parent mentor (as defined  
2 in paragraph (5) of section 2113(f)) in an activ-  
3 ity or program funded through a grant under  
4 such section shall be disregarded for purposes  
5 of determining the income eligibility of such in-  
6 dividual for medical assistance under the State  
7 plan or any waiver of such plan.”; and  
8 (2) by striking “(14) EXCLUSION” and insert-  
9 ing “(15) EXCLUSION”.

10 **SEC. 104. EXTENSION AND REDUCTION OF ADDITIONAL**  
11 **FEDERAL FINANCIAL PARTICIPATION FOR**  
12 **CHIP.**

13 Section 2105(b) of the Social Security Act (42 U.S.C.  
14 1397ee(b)) is amended in the second sentence by inserting  
15 “and during the period that begins on October 1, 2019,  
16 and ends on September 30, 2020, the enhanced FMAP  
17 determined for a State for a fiscal year (or for any portion  
18 of a fiscal year occurring during such period) shall be in-  
19 creased by 11.5 percentage points” after “23 percentage  
20 points,”.

1           **TITLE II—MEDICARE AND**  
2           **OTHER HEALTH EXTENDERS**  
3           **Subtitle A—Medicare Extenders**  
4           **and Related Policies**

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

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

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

10          Section 1833(g) of the Social Security Act (42 U.S.C.  
11 1395l(g)) is amended—

12                 (1) in paragraph (1)—

13                         (A) by striking “Subject to paragraphs (4)  
14 and (5)” and inserting “(A) Subject to para-  
15 graphs (4) and (5)”;

16                         (B) in the subparagraph (A), as inserted  
17 and designated by subparagraph (A) of this  
18 paragraph, by adding at the end the following  
19 new sentence: “The preceding sentence shall  
20 not apply to expenses incurred with respect to  
21 services furnished after December 31, 2017.”;

22                         and

23                         (C) by adding at the end the following new  
24 subparagraph:

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

14           (2) in paragraph (3)—

15           (A) by striking “Subject to paragraphs (4)  
16 and (5)” and inserting “(A) Subject to para-  
17 graphs (4) and (5)”;

18           (B) in the subparagraph (A), as inserted  
19 and designated by subparagraph (A) of this  
20 paragraph, by adding at the end the following  
21 new sentence: “The preceding sentence shall  
22 not apply to expenses incurred with respect to  
23 services furnished after December 31, 2017.”;  
24 and

1 (C) by adding at the end the following new  
2 subparagraph:

3 “(B) With respect to services furnished during 2018  
4 or a subsequent year, in the case of occupational therapy  
5 services (of the type that are described in section 1861(p)  
6 through the operation of section 1861(g) and of such type  
7 which are furnished by a physician or as incident to physi-  
8 cians’ services), with respect to expenses incurred in any  
9 calendar year, any amount that is more than the amount  
10 specified in paragraph (2) for the year shall not be consid-  
11 ered as incurred expenses for purposes of subsections (a)  
12 and (b) unless the applicable requirements of paragraph  
13 (7) are met.”;

14 (3) in paragraph (5)—

15 (A) by redesignating subparagraph (D) as  
16 paragraph (8) and moving such paragraph to  
17 immediately follow paragraph (7), as added by  
18 paragraph (4) of this section; and

19 (B) in subparagraph (E)(iv), by inserting  
20 “, except as such process is applied under para-  
21 graph (7)(B)” before the period at the end; and

22 (4) by adding at the end the following new  
23 paragraph:

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

4 “(A) INCLUSION OF APPROPRIATE MODIFIER.—

5 The claim for such services contains an appropriate  
6 modifier (such as the KX modifier described in para-  
7 graph (5)(B)) indicating that such services are medi-  
8 cally necessary as justified by appropriate docu-  
9 mentation in the medical record involved.

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

12 “(i) IN GENERAL.—In the case where ex-  
13 penses that would be incurred for such services  
14 would exceed the threshold described in clause  
15 (ii) for the year, such services shall be subject  
16 to the process for medical review implemented  
17 under paragraph (5)(E).

18 “(ii) THRESHOLD.—The threshold under  
19 this clause for—

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

21 “(II) 2028, is the amount specified in  
22 subclause (I) increased by the percentage  
23 increase in the MEI (as defined in section  
24 1842(i)(3)) for 2028; and

1           “(III) a subsequent year, is the  
2           amount specified in this clause for the pre-  
3           ceding year increased by the percentage in-  
4           crease in the MEI (as defined in section  
5           1842(i)(3)) for such subsequent year;

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

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

11           “(I) for physical therapy services and  
12           speech-language pathology services; and

13           “(II) for occupational therapy serv-  
14           ices.

15           “(iv) FUNDING.—For purposes of carrying  
16          out this subparagraph, the Secretary shall pro-  
17          vide for the transfer, from the Federal Supple-  
18          mentary Medical Insurance Trust Fund under  
19          section 1841 to the Centers for Medicare &  
20          Medicaid Services Program Management Ac-  
21          count, of \$5,000,000 for each fiscal year begin-  
22          ning with fiscal year 2018, to remain available  
23          until expended. Such funds may not be used by  
24          a contractor under section 1893(h) for medical  
25          reviews under this subparagraph.”.

1 **SEC. 203. GROUND AMBULANCE SERVICES COST REPORT-**  
2 **ING REQUIREMENT.**

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

5 (1) in subsection (a)—

6 (A) by striking “For the purposes of” and  
7 inserting “Subject to subsection (d), for the  
8 purposes of”;

9 (B) by inserting “suppliers of ground am-  
10 bulance services,” after “health maintenance or-  
11 ganizations,”; and

12 (C) in the matter following paragraph (5),  
13 by adding the following new sentence: “Not  
14 later than December 31, 2019, the Secretary  
15 shall modify the uniform reporting system for  
16 providers of services with respect to ambulance  
17 services to ensure that such system contains in-  
18 formation similar (as determined by the Sec-  
19 retary) to information required under the uni-  
20 form reporting system for suppliers of ground  
21 ambulance services.”; and

22 (2) by adding at the end the following new sub-  
23 section:

24 “(d) In the case of a supplier of ground ambulance  
25 services that furnishes such services for fewer than 20 in-  
26 dividuals entitled to benefits under part A of title XVIII

1 and enrolled under part B of such title in a cost reporting  
2 period (as defined by the Secretary), the Secretary may  
3 modify the requirements for inclusion of any information  
4 specified in subsection (a) in reports made in accordance  
5 with the uniform reporting systems established under this  
6 section with respect to such services.”.

7 (b) SUSPENSION OF PAYMENT FOR GROUND AMBU-  
8 LANCE SERVICES; DEEMING CERTAIN PAYMENTS OVER-  
9 PAYMENTS.—Section 1834(l) of the Social Security Act  
10 (42 U.S.C. 1395m(l)) is amended by adding at the end  
11 the following new paragraph:

12 “(17) REQUIREMENT TO SUBMIT COST REPORT  
13 AND AUTHORITY TO SUSPEND PAYMENTS AND DEEM  
14 CERTAIN PAYMENTS OVERPAYMENTS FOR GROUND  
15 AMBULANCE SERVICES.—

16 “(A) IN GENERAL.—With respect to  
17 ground ambulance services furnished by a sup-  
18 plier of such services during cost reporting peri-  
19 ods (as defined in subparagraph (I)) beginning  
20 on or after January 1, 2020, such supplier shall  
21 make reports to the Secretary of information  
22 described in section 1121(a) in accordance with  
23 the uniform reporting system established under  
24 such section for such suppliers and, as may be

1 required by the Secretary, of any of the infor-  
2 mation described in subparagraph (B).

3 “(B) ADDITIONAL INFORMATION.—The  
4 Secretary may, with respect to a supplier of  
5 ground ambulance services, require the fol-  
6 lowing information (to be reported to the extent  
7 practicable under the uniform reporting system  
8 established under section 1121(a) for such sup-  
9 pliers):

10 “(i) Whether the supplier is part of  
11 an emergency services department, a gov-  
12 ernmental organization, or another type of  
13 entity (as described by the Secretary).

14 “(ii) The number of hours in a week  
15 during which the supplier is available for  
16 furnishing ground ambulance services.

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

19 “(C) SUSPENSION OF PAYMENT.—Subject  
20 to subparagraph (E), in the case that the Sec-  
21 retary determines that a supplier of ground am-  
22 bulance services has not made to the Secretary  
23 a timely report described in subparagraph (A)  
24 with respect to a cost reporting period begin-  
25 ning on or after January 1, 2020, and before

1           January 1, 2022, the Secretary may suspend  
2           payments made under this subsection, in whole  
3           or in part, to such supplier until the Secretary  
4           finds that such supplier has made such a re-  
5           port.

6           “(D) DEEMING CERTAIN PAYMENTS OVER-  
7           PAYMENTS.—Subject to subparagraphs (E) and  
8           (F), in the case that the Secretary determines  
9           that a supplier of ground ambulance services  
10          has not made to the Secretary a complete, accu-  
11          rate, and timely report described in subpara-  
12          graph (A) with respect to a cost reporting pe-  
13          riod beginning on or after January 1, 2022, the  
14          Secretary may deem payments made under this  
15          subsection to such supplier for such period to  
16          be overpayments and recoup such overpay-  
17          ments.

18          “(E) HARDSHIP DELAY.—The Secretary  
19          shall establish a process whereby a supplier of  
20          ground ambulance services may request a delay  
21          in making a report described in subparagraph  
22          (A) with respect to a cost reporting period for  
23          reason of significant hardship (as determined  
24          by the Secretary).

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

7                   “(i) taking into account the rec-  
8                   ommendation of the Medicare Payment  
9                   Advisory Commission in the most recent  
10                  report available to the Secretary submitted  
11                  under section 204 of the Advancing Sen-  
12                  iors and Kids Act regarding whether cost  
13                  reports made by suppliers or a category of  
14                  suppliers (as specified for purposes of the  
15                  report submitted under such section)  
16                  should be required or modified; and

17                   “(ii) undertaking notice and comment  
18                  rulemaking.

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

23           “(H) APPEALS.—The Secretary shall es-  
24           tablish a process whereby a supplier of ground  
25           ambulance services may appeal a determination

1 described in subparagraph (C) or (D) made  
2 with respect to a cost report required to be  
3 made by such supplier under subparagraph (A).

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

8 (c) STAKEHOLDER FEEDBACK.—

9 (1) IN GENERAL.—The Secretary of Health and  
10 Human Services shall implement the provisions of  
11 this section, including the amendments made by this  
12 section, through notice and comment rulemaking  
13 and seek input from stakeholders.

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

17 (A) the development and implementation of  
18 the uniform reporting system required under  
19 section 1121(a) of the Social Security Act (42  
20 U.S.C. 1320a(a)) for suppliers of ground ambu-  
21 lance services and reports required to be made  
22 under section 1834(l)(17) of such Act (42  
23 U.S.C. 1395m(l)(17)), as added by subsection  
24 (b) of this section; and

1 (B) the modification of the uniform report-  
2 ing systems under such section 1121(a) of such  
3 Act for providers of such services and reports  
4 required to be made under section  
5 1861(v)(1)(F) of such Act (42 U.S.C.  
6 1395x(v)(1)(F)).

7 (d) IMPLEMENTATION RESOURCES.—

8 (1) IN GENERAL.—There are hereby appro-  
9 priated to the Secretary from the Federal Hospital  
10 Insurance Trust Fund under section 1817 of the So-  
11 cial Security Act (42 U.S.C. 1395i) \$8,000,000 and  
12 from the Federal Supplementary Medical Insurance  
13 Trust Fund under section 1841 of such Act (42  
14 U.S.C. 1395t) \$92,000,000 (of which not less than  
15 \$10,000,000 shall be used to fulfill the auditing re-  
16 quirement under section 1834(l)(17)(G) of such Act,  
17 as added by subsection (b) of this section) to carry  
18 out the provisions of this section, including the  
19 amendments made by this section, to remain avail-  
20 able through December 31, 2022.

21 (2) FUNDING FOR EMPLOYEES.—The Secretary  
22 of Health and Human Services shall provide for the  
23 transfer to the Centers for Medicare & Medicaid  
24 Services Program Management Account, from the  
25 Federal Supplementary Medical Insurance Trust

1 Fund under section 1841 of the Social Security Act  
2 (42 U.S.C. 1395t), of such sums as may be nec-  
3 essary in order to directly hire no more than 2 full-  
4 time employees to carry out the provisions of this  
5 section, including the amendments made by this sec-  
6 tion.

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

9 (1) a cost report made by a supplier of ground  
10 ambulance services with respect to a cost reporting  
11 period beginning before January 1, 2022, may not  
12 contain complete and accurate information on  
13 ground ambulance services furnished during such a  
14 period by the supplier; and

15 (2) the Secretary should take into account only  
16 the timeliness of such a report made with respect to  
17 such a period when determining whether to suspend  
18 payments to a supplier under section 1834(l) of the  
19 Social Security Act (42 U.S.C. 1395m(l)).

20 **SEC. 204. GROUND AMBULANCE SERVICES COST REPORT-**  
21 **ING STUDY.**

22 (a) IN GENERAL.—Not later than March 15, 2023,  
23 and as determined necessary by the Medicare Payment  
24 Advisory Commission thereafter, such Commission shall  
25 assess and submit to Congress a report on cost reports

1 carried out in accordance with sections 1121(a) and  
2 1834(l) of the Social Security Act (42 U.S.C. 1320a(a),  
3 1395m(l)), the adequacy of payments for such services  
4 made under section 1834(l) of such Act, and geographic  
5 variations in the cost of providing such services.

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

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

10 (2) An analysis of any burden on providers and  
11 suppliers of such services associated with reporting  
12 such data.

13 (3) A recommendation on whether or not cost  
14 reports of ambulance services made by suppliers or  
15 a category of suppliers (as specified by the Sec-  
16 retary) of such services, or the ground ambulance  
17 portion of cost reports made by providers of such  
18 services, should be required or modified, taking into  
19 account the analyses described in paragraphs (1)  
20 and (2).

21 **SEC. 205. EXTENSION OF GROUND AMBULANCE SERVICES**

22 **EXTENDERS.**

23 Section 1834(l) of the Social Security Act (42. U.S.C.  
24 1395m(l)) is amended—

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

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

5 **SEC. 206. EXTENSION OF INCREASED INPATIENT HOSPITAL**  
6 **PAYMENT ADJUSTMENT FOR CERTAIN LOW-**  
7 **VOLUME HOSPITALS.**

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

10 (1) in subparagraph (B), in the matter pre-  
11 ceding clause (i), by striking “and for discharges oc-  
12 ccurring in fiscal year 2020 and subsequent fiscal  
13 years”;

14 (2) in subparagraph (C)(i)—

15 (A) by striking “fiscal years 2011 through  
16 2017” each place it appears and inserting “fis-  
17 cal years 2011 through 2019”; and

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

19 and

20 (3) in subparagraph (D)—

21 (A) in the heading, by striking “TEM-  
22 PORARY APPLICABLE PERCENTAGE INCREASE”  
23 and inserting “APPLICABLE PERCENTAGE IN-  
24 CREASE BEGINNING WITH FISCAL YEAR 2011”;

1 (B) by striking “fiscal years 2011 through  
2 2017,” and inserting “fiscal years 2011  
3 through 2019”; and

4 (C) by striking “or the portion of fiscal  
5 year” each place it appears.

6 **SEC. 207. EXTENSION OF THE MEDICARE-DEPENDENT HOS-**  
7 **PITAL (MDH) PROGRAM.**

8 (a) IN GENERAL.—Section 1886(d)(5)(G) of the So-  
9 cial Security Act (42 U.S.C. 1395ww(d)(5)(G)) is amend-  
10 ed—

11 (1) in clause (i), by striking “October 1, 2017”  
12 and inserting “October 1, 2019”; and

13 (2) in clause (ii)(II), by striking “October 1,  
14 2017” and inserting “October 1, 2019”.

15 (b) CONFORMING AMENDMENTS.—

16 (1) EXTENSION OF TARGET AMOUNT.—Section  
17 1886(b)(3)(D) of the Social Security Act (42 U.S.C.  
18 1395ww(b)(3)(D)) is amended—

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

22 (B) in clause (iv), by striking “through fis-  
23 cal year 2017” and inserting “through fiscal  
24 year 2019”.

1           (2) PERMITTING HOSPITALS TO DECLINE RE-  
2           CLASSIFICATION.—Section 13501(e)(2) of the Omni-  
3           bus Budget Reconciliation Act of 1993 (42 U.S.C.  
4           1395ww note) is amended by striking “through fis-  
5           cal year 2017” and inserting “through fiscal year  
6           2019”.

7   **SEC. 208. SPECIALIZED MEDICARE ADVANTAGE PLANS FOR**  
8           **SPECIAL NEEDS INDIVIDUALS.**

9           (a) PERMANENT EXTENSION.—Section 1859(f)(1) of  
10          the Social Security Act (42 U.S.C. 1395w–28(f)(1)) is  
11          amended by striking “and for periods before January 1,  
12          2019”.

13          (b) INCREASED INTEGRATION OF DUAL SNPs.—

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

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

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

20                          (B) by adding at the end the following new  
21                          paragraph:

22                                  “(8) INCREASED INTEGRATION OF DUAL  
23                                  SNPS.—

24    “(A) DESIGNATED CONTACT.—The Sec-  
25    retary, acting through the Federal Coordinated

1 Health Care Office established under section  
2 2602 of Public Law 111–148, shall serve as a  
3 dedicated point of contact for States to address  
4 misalignments that arise with the integration of  
5 specialized MA plans for special needs individ-  
6 uals described in subsection (b)(6)(B)(ii) under  
7 this paragraph and, consistent with such role,  
8 shall—

9 “(i) establish a uniform process for  
10 disseminating to State Medicaid agencies  
11 information under this title impacting con-  
12 tracts between such agencies and such  
13 plans under this subsection; and

14 “(ii) establish basic resources for  
15 States interested in exploring such plans  
16 as a platform for integration, such as a  
17 model contract or other tools to achieve  
18 those goals.

19 “(B) UNIFIED GRIEVANCES AND APPEALS  
20 PROCESS.—

21 “(i) IN GENERAL.—Not later than  
22 April 1, 2020, the Secretary shall establish  
23 procedures, to the extent feasible as deter-  
24 mined by the Secretary, unifying griev-  
25 ances and appeals procedures under sec-

1 tions 1852(f), 1852(g), 1902(a)(3),  
2 1902(a)(5), and 1932(b)(4) for items and  
3 services provided by specialized MA plans  
4 for special needs individuals described in  
5 subsection (b)(6)(B)(ii) under this title  
6 and title XIX. The Secretary shall solicit  
7 comment in developing such procedures  
8 from States, plans, beneficiaries and their  
9 representatives, and other relevant stake-  
10 holders. With respect to items and services  
11 described in the previous sentence, appeals  
12 procedures established under this clause  
13 shall apply in place of otherwise applicable  
14 appeals procedures.

15 “(ii) PROCEDURES.—The procedures  
16 established under clause (i) shall be in-  
17 cluded in the plan contract under para-  
18 graph (3)(D) and shall—

19 “(I) adopt the provisions for the  
20 enrollee that are most protective for  
21 the enrollee and, to the extent feasible  
22 as determined by the Secretary, are  
23 compatible with unified timeframes  
24 and consolidated access to external re-  
25 view under an integrated process;

1 “(II) take into account dif-  
2 ferences in State plans under title  
3 XIX to the extent necessary;

4 “(III) be easily navigable by an  
5 enrollee; and

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

8 “(iii) ELEMENTS DESCRIBED.—Both  
9 unified appeals and unified grievance pro-  
10 cedures shall include, as applicable, the fol-  
11 lowing elements described in this clause:

12 “(I) Single written notification of  
13 all applicable grievances and appeal  
14 rights under this title and title XIX.  
15 For purposes of this subparagraph,  
16 the Secretary may waive the require-  
17 ments under section 1852(g)(1)(B)  
18 when the specialized MA plan covers  
19 items or services under this part or  
20 under title XIX.

21 “(II) Single pathways for resolu-  
22 tion of any grievance or appeal related  
23 to a particular item or service pro-  
24 vided by specialized MA plans for spe-  
25 cial needs individuals described in

1 subsection (b)(6)(B)(ii) under this  
2 title and title XIX.

3 “(III) Notices written in plain  
4 language and available in a language  
5 and format that is accessible to the  
6 enrollee, including in non-English lan-  
7 guages that are prevalent in the serv-  
8 ice area of the specialized MA plan.

9 “(IV) Unified timeframes for  
10 grievances and appeals processes,  
11 such as an individual’s filing of a  
12 grievance or appeal, a plan’s acknowl-  
13 edgment and resolution of a grievance  
14 or appeal, and notification of decisions  
15 with respect to a grievance or appeal.

16 “(V) Requirements for how the  
17 plan must process, track, and resolve  
18 grievances and appeals, to ensure  
19 beneficiaries are notified on a timely  
20 basis of decisions that are made  
21 throughout the grievance or appeals  
22 process and are able to easily deter-  
23 mine the status of a grievance or ap-  
24 peal.

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

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

18                   “(D) REQUIREMENTS FOR FULL INTEGRA-  
19                   TION FOR CERTAIN DUAL SNPS.—

20                   “(i) REQUIREMENT.—For 2021 and  
21                   subsequent years, a specialized MA plan  
22                   for special needs individuals described in  
23                   subsection (b)(6)(B)(ii) shall meet one or  
24                   more of the following requirements for in-

1 integration of benefits under this title and  
2 title XIX:

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

10 “(II) Enter into a capitated con-  
11 tract with the State Medicaid agency  
12 to provide long-term services and sup-  
13 ports or behavioral health services, or  
14 both.

15 “(III) To the extent the State  
16 does not allow for or require such a  
17 specialized MA plan to enter into a  
18 capitated contract described in sub-  
19 clause (II), enter into another type of  
20 integration arrangement, as deter-  
21 mined appropriate by the Secretary  
22 after consultation with stakeholders,  
23 such as by—

24 “(aa) entering into a con-  
25 tract with the State that requires

1 notifying the State in a timely  
2 manner of hospitalizations, emer-  
3 gency room visits, and hospital or  
4 nursing home discharges of en-  
5 rollees or otherwise requires shar-  
6 ing data that would benefit the  
7 coordination of items and serv-  
8 ices under this title and the State  
9 plan under title XIX; or

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

18 “(ii) SANCTIONS.—For 2021 and sub-  
19 sequent years, if the Secretary determines  
20 that a specialized MA plan fails to comply  
21 with clause (i), the Secretary may provide  
22 for the application against the Medicare  
23 Advantage organization offering the plan  
24 any of the remedies described in section  
25 1857(g)(2).”.

1           (2) CONFORMING AMENDMENT TO RESPON-  
2           SIBILITIES OF FEDERAL COORDINATED HEALTH  
3           CARE OFFICE.—Section 2602(d) of Public Law 111–  
4           148 (42 U.S.C. 1315b(d)) is amended by adding at  
5           the end the following new paragraphs:

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

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

18          “(8) To be responsible for developing regula-  
19          tions and guidance related to the integration or  
20          alignment of policy and oversight under the Medi-  
21          care program under title XVIII of such Act and  
22          Medicaid program under title XIX of such Act re-  
23          garding specialized MA plans for special needs indi-  
24          viduals described in subsection (b)(6)(B)(ii) of such  
25          section 1859.”.

1 (c) IMPROVEMENTS TO SEVERE OR DISABLING  
2 CHRONIC CONDITION SNPS.—

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

6 (A) by redesignating subparagraphs (A)  
7 and (B) as clauses (i) and (ii), respectively, and  
8 indenting appropriately;

9 (B) in clause (ii), as redesignated by sub-  
10 paragraph (B), by redesignating clauses (i)  
11 through (iii) as subclauses (I) through (III), re-  
12 spectively, and indenting appropriately;

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

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

17 (D) by adding at the end the following new  
18 subparagraph:

19 “(B) IMPROVEMENTS TO CARE MANAGE-  
20 MENT REQUIREMENTS FOR SEVERE OR DIS-  
21 ABLING CHRONIC CONDITION SNPS.—For 2020  
22 and subsequent years, in the case of a special-  
23 ized MA plan for special needs individuals de-  
24 scribed in subsection (b)(6)(B)(iii), the require-

1           ments described in this paragraph include the  
2           following:

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

9                   “(ii) Requirements developed by the  
10                  Secretary to provide face-to-face encoun-  
11                  ters with individuals enrolled in the plan  
12                  not less frequently than on an annual  
13                  basis.

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

22                  “(iv) As part of the annual evaluation  
23                  and approval of such model of care, the  
24                  Secretary shall take into account whether

1 the plan fulfilled the previous year’s goals  
2 (as required under the model of care).

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

11 (2) REVISIONS TO THE DEFINITION OF A SE-  
12 VERE OR DISABLING CHRONIC CONDITIONS SPECIAL-  
13 IZED NEEDS INDIVIDUAL.—

14 (A) IN GENERAL.—Section  
15 1859(b)(6)(B)(iii) of the Social Security Act  
16 (42 U.S.C. 1395w–28(b)(6)(B)(iii)) is amend-  
17 ed—

18 (i) by striking “who have” and insert-  
19 ing “who—

20 “(I) before January 1, 2022,  
21 have”;

22 (ii) in subclause (I), as added by  
23 clause (i), by striking the period at the end  
24 and inserting “; and”; and

1 (iii) by adding at the end the fol-  
2 lowing new subclause:

3 “(II) on or after January 1,  
4 2022, have one or more capitated and  
5 medically complex chronic conditions  
6 that is life threatening or significantly  
7 limits overall health or function, have  
8 a high risk of hospitalization or other  
9 adverse health outcomes, and require  
10 intensive care coordination and that is  
11 listed under subsection (f)(9)(A).”.

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

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

21 “(A) IN GENERAL.—Not later than De-  
22 cember 31, 2020, and every 5 years thereafter,  
23 the Secretary shall convene a panel of clinical  
24 advisors to establish and update a list of condi-  
25 tions that meet each of the following criteria:

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

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

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

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

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

21                  (d) QUALITY MEASUREMENT AT THE PLAN LEVEL  
22                  FOR SNPs AND DETERMINATION OF FEASIBILITY OF  
23                  QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL  
24                  MA PLANS.—Section 1853(o) of the Social Security Act

1 (42 U.S.C. 1395w-23(o)) is amended by adding at the end  
2 the following new paragraphs:

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

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

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

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

22 “(ii) if quality measures are reported  
23 at the plan level, ensure that MA plans are  
24 not required to provide duplicative infor-  
25 mation; and

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

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

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

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

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

24           “(A) DETERMINATION OF FEASIBILITY.—  
25           The Secretary shall determine the feasibility of

1           requiring reporting of data under section  
2           1852(e) for, and applying under this subsection,  
3           quality measures at the plan level for all MA  
4           plans under this part.

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

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

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

23                          (A) The characteristics of States in which  
24                          the State agency responsible for administering  
25                          the State plan under such title XIX has a con-

1           tract with such a specialized MA plan and that  
2           delivers long term services and supports under  
3           the State plan under such title XIX through a  
4           managed care program, including the require-  
5           ments under such State plan with respect to  
6           long term services and supports.

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

9                   (i) A plan described in section  
10                   1853(a)(1)(B)(iv)(II) of such Act (42  
11                   U.S.C. 1395w-23(a)(1)(B)(iv)(II)).

12                   (ii) A plan that meets the require-  
13                   ments described in subsection (f)(3)(D) of  
14                   such section 1859.

15                   (iii) A plan described in clause (ii)  
16                   that also meets additional requirements es-  
17                   tablished by the State.

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

20           (D) As practicable, the following with re-  
21           spect to State programs for the delivery of long  
22           term services and supports under such title  
23           XIX through a managed care program:

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

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

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

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

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

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

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

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

9 (2) by adding at the end the following new sub-  
10 paragraph:

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

14 “(i) IN GENERAL.—For plan year  
15 2020 and subsequent plan years, in addi-  
16 tion to any supplemental health care bene-  
17 fits otherwise provided under this para-  
18 graph, an MA plan, including a specialized  
19 MA plan for special needs individuals de-  
20 scribed in subsection (b)(6) of section  
21 1859, may provide supplemental benefits  
22 described in clause (ii) to a chronically ill  
23 enrollee (as defined in clause (iii)).

24 “(ii) SUPPLEMENTAL BENEFITS DE-  
25 SCRIBED.—

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

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

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

23                   “(I) has one or more comorbid  
24                   and medically complex chronic condi-  
25                   tions that is life threatening or signifi-

1                   cantly limits the overall health or  
2                   function of the enrollee;

3                   “(II) has a high risk of hos-  
4                   pitalization or other adverse health  
5                   outcomes; or

6                   “(III) requires intensive care co-  
7                   ordination.”.

8           (b) GAO STUDY AND REPORT.—

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

22                   (A) The type of supplemental benefits pro-  
23                   vided to such enrollees, the total number of en-  
24                   rollees receiving each supplemental benefit, and  
25                   whether the supplemental benefit is covered by

1 the standard benchmark cost of the benefit or  
2 with an additional premium.

3 (B) The frequency in which supplemental  
4 benefits are utilized by such enrollees.

5 (C) The impact supplemental benefits have  
6 on—

7 (i) indicators of the quality of care re-  
8 ceived by such enrollees, including overall  
9 health and function of the enrollees;

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

15 (iii) the amount of the bids submitted  
16 by Medicare Advantage Organizations for  
17 Medicare Advantage plans under such part  
18 C.

19 (2) REPORT.—Not later than 5 years after the  
20 date of the enactment of this Act, the Comptroller  
21 General shall submit to Congress a report containing  
22 the results of the study conducted under paragraph  
23 (1), together with recommendations for such legisla-  
24 tion and administrative action as the Comptroller  
25 General determines appropriate.

1 **SEC. 210. EXTENSION OF CONSENSUS-BASED ENTITY FUND-**  
2 **ING.**

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

6 **SEC. 211. EXTENSION OF CERTAIN MIPPA FUNDING PROVI-**  
7 **SIONS.**

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

11 (1) in subsection (a)(1)(B)—

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

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

16 (C) by inserting after clause (vii) the fol-  
17 lowing new clause:

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

20 (2) in subsection (b)(1)(B)—

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

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

25 (C) by inserting after clause (vii) the fol-  
26 lowing new clause:

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

3 (3) in subsection (c)(1)(B)—

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

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

8 (C) by inserting after clause (vii) the fol-  
9 lowing new clause:

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

12 (4) in subsection (d)(2)—

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

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

17 (C) by inserting after clause (vii) the fol-  
18 lowing new clause:

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

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

22 Section 421(a) of the Medicare Prescription Drug,  
23 Improvement, and Modernization Act of 2003 (Public Law  
24 108-173; 117 Stat. 2283; 42 U.S.C. 1395fff note), as  
25 amended by section 5201(b) of the Deficit Reduction Act

1 of 2005 (Public Law 109-171; 120 Stat. 46), section  
2 3131(c) of the Patient Protection and Affordable Care Act  
3 (Public Law 111-148; 124 Stat. 428), and section 210 of  
4 the Medicare Access and CHIP Reauthorization Act of  
5 2015 (Public Law 114-10), is further amended by striking  
6 “January 1, 2018” and inserting “January 1, 2020” each  
7 place it appears.

## 8 **Subtitle B—Medicaid and Public** 9 **Health Extenders**

### 10 **SEC. 221. EXTENSION FOR COMMUNITY HEALTH CENTERS** 11 **AND THE NATIONAL HEALTH SERVICE** 12 **CORPS.**

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

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

20 (b) **OTHER COMMUNITY HEALTH CENTERS PROVI-**  
21 **SIONS.**—Section 330 of the Public Health Service Act (42  
22 U.S.C. 254b) is amended—

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

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

3           (3) in subsection (c)—

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

6                 (B) by striking “(1) IN GENERAL” and all  
7                 that follows through “The Secretary” and in-  
8                 serting the following:

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

10                (C) in paragraph (1), as amended, by re-  
11                designating clauses (i) through (v) as subpara-  
12                graphs (A) through (E) and moving the margin  
13                of each of such redesignated subparagraph 2  
14                ems to the left;

15           (4) by striking subsection (d) and inserting the  
16           following:

17           “(d) IMPROVING QUALITY OF CARE.—

18                 “(1) SUPPLEMENTAL AWARDS.—The Secretary  
19                 may award supplemental grant funds to health cen-  
20                 ters funded under this section to implement evi-  
21                 dence-based models for increasing access to high-  
22                 quality primary care services, which may include  
23                 models related to—

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

1 “(B) workforce configuration;

2 “(C) reducing the cost of care;

3 “(D) enhancing care coordination;

4 “(E) expanding the use of telehealth and  
5 technology-enabled collaborative learning and  
6 capacity building models;

7 “(F) care integration, including integration  
8 of behavioral health, mental health, or sub-  
9 stance use disorder services; and

10 “(G) addressing emerging public health or  
11 substance use disorder issues to meet the health  
12 needs of the population served by the health  
13 center.

14 “(2) SUSTAINABILITY.—In making supple-  
15 mental awards under this subsection, the Secretary  
16 may consider whether the health center involved has  
17 submitted a plan for continuing the activities funded  
18 under this subsection after supplemental funding is  
19 expended.

20 “(3) SPECIAL CONSIDERATION.—The Secretary  
21 may give special consideration to applications for  
22 supplemental funding under this subsection that  
23 seek to address significant barriers to access to care  
24 in areas with a greater shortage of health care pro-

1           viders and health services relative to the national av-  
2           erage.”;

3                   (5) in subsection (e)(1)—

4                           (A) in subparagraph (B)—

5                                   (i) by striking “2 years” and inserting  
6                                   “1 year”; and

7                                   (ii) by adding at the end the fol-  
8                                   lowing: “The Secretary shall not make a  
9                                   grant under this paragraph unless the ap-  
10                                  plicant provides assurances to the Sec-  
11                                  retary that within 120 days of receiving  
12                                  grant funding for the operation of the  
13                                  health center, the applicant will submit, for  
14                                  approval by the Secretary, an implementa-  
15                                  tion plan to meet the requirements of sub-  
16                                  section (l)(3). The Secretary may extend  
17                                  such 120-day period for achieving compli-  
18                                  ance upon a demonstration of good cause  
19                                  by the health center.”; and

20                           (B) in subparagraph (C)—

21                                   (i) in the subparagraph heading, by  
22                                   striking “AND PLANS”;

23                                   (ii) by striking “or plan (as described  
24                                  in subparagraphs (B) and (C) of sub-  
25                                  section (c)(1))”;

- 1 (iii) by striking “or plan, including  
2 the purchase” and inserting the following:  
3 “including—  
4 “(i) the purchase”;  
5 (iv) by inserting “, which may include  
6 data and information systems” after “of  
7 equipment”;  
8 (v) by striking the period at the end  
9 and inserting a semicolon; and  
10 (vi) by adding at the end the fol-  
11 lowing:  
12 “(ii) the provision of training and  
13 technical assistance; and  
14 “(iii) other activities that—  
15 “(I) reduce costs associated with  
16 the provision of health services;  
17 “(II) improve access to, and  
18 availability of, health services provided  
19 to individuals served by the centers;  
20 “(III) enhance the quality and  
21 coordination of health services; or  
22 “(IV) improve the health status  
23 of communities.”;  
24 (6) in subsection (e)(5)(B)—

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

3 (B) by striking “and subparagraphs (B)  
4 and (C) of subsection (e)(1) to a health center  
5 or to a network or plan” and inserting “to a  
6 health center or to a network”;

7 (7) by striking subsection (s);

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

10 (9) by inserting after subsection (f), the fol-  
11 lowing:

12 “(g) NEW ACCESS POINTS AND EXPANDED SERV-  
13 ICES.—

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

15 “(A) IN GENERAL.—The Secretary may  
16 approve applications for grants under subpara-  
17 graph (A) or (B) of subsection (e)(1) to estab-  
18 lish new delivery sites.

19 “(B) SPECIAL CONSIDERATION.—In car-  
20 rying out subparagraph (A), the Secretary may  
21 give special consideration to applicants that  
22 have demonstrated the new delivery site will be  
23 located within a sparsely populated area, or an  
24 area which has a level of unmet need that is  
25 higher relative to other applicants.

1           “(C) CONSIDERATION OF APPLICATIONS.—

2           In carrying out subparagraph (A), the Sec-  
3           retary shall approve applications for grants  
4           under subparagraphs (A) and (B) of subsection  
5           (e)(1) in such a manner that the ratio of the  
6           medically underserved populations in rural  
7           areas which may be expected to use the services  
8           provided by the applicants involved to the medi-  
9           cally underserved populations in urban areas  
10          which may be expected to use the services pro-  
11          vided by the applicants is not less than two to  
12          three or greater than three to two.

13          “(D) SERVICE AREA OVERLAP.—If in car-  
14          rying out subparagraph (A) the applicant pro-  
15          poses to serve an area that is currently served  
16          by another health center funded under this sec-  
17          tion, the Secretary may consider whether the  
18          award of funding to an additional health center  
19          in the area can be justified based on the unmet  
20          need for additional services within the  
21          catchment area.

22          “(2) APPROVAL OF EXPANDED SERVICE APPLI-  
23          CATIONS.—

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

1 graph (A) or (B) of subsection (e)(1) to expand  
2 the capacity of the applicant to provide required  
3 primary health services described in subsection  
4 (b)(1) or additional health services described in  
5 subsection (b)(2).

6 “(B) PRIORITY EXPANSION PROJECTS.—In  
7 carrying out subparagraph (A), the Secretary  
8 may give special consideration to expanded  
9 service applications that seek to address emerg-  
10 ing public health or behavioral health, mental  
11 health, or substance abuse issues through in-  
12 creasing the availability of additional health  
13 services described in subsection (b)(2) in an  
14 area in which there are significant barriers to  
15 accessing care.

16 “(C) CONSIDERATION OF APPLICATIONS.—  
17 In carrying out subparagraph (A), the Sec-  
18 retary shall approve applications for applicants  
19 in such a manner that the ratio of the medically  
20 underserved populations in rural areas which  
21 may be expected to use the services provided by  
22 the applicants involved to the medically under-  
23 served populations in urban areas which may be  
24 expected to use the services provided by such

1 applicants is not less than two to three or  
2 greater than three to two.”;

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

4 (A) in paragraph (1), by striking “and  
5 children and youth at risk of homelessness” and  
6 inserting “, children and youth at risk of home-  
7 lessness, homeless veterans, and veterans at  
8 risk of homelessness”; and

9 (B) in paragraph (5)—

10 (i) by striking subparagraph (B);

11 (ii) by redesignating subparagraph  
12 (C) as subparagraph (B); and

13 (iii) in subparagraph (B) (as so redesi-  
14 gnated)—

15 (I) in the subparagraph heading,  
16 by striking “ABUSE” and inserting  
17 “USE DISORDER”; and

18 (II) by striking “abuse” and in-  
19 serting “use disorder”;

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

21 (A) in paragraph (2)—

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

24 (ii) in the matter preceding subpara-  
25 graph (A), by inserting “and an applica-

1                   tion for a grant under subsection (g)”  
2                   after “subsection (e)(1)”;

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

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

7                   (v) in subparagraph (C), by striking  
8                   the period at the end and inserting “;  
9                   and”; and

10                  (vi) by adding after subparagraph (C)  
11                  the following:

12                  “(D) in the case of an application for a  
13                  grant pursuant to subsection (g)(1), a dem-  
14                  onstration that the applicant has consulted with  
15                  appropriate State and local government agen-  
16                  cies, and health care providers regarding the  
17                  need for the health services to be provided at  
18                  the proposed delivery site.”;

19                  (B) in paragraph (3)—

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

23                   (ii) in subparagraph (B), by striking  
24                   “in the catchment area of the center” and  
25                   inserting “, including other health care

1 providers that provide care within the  
2 catchment area, local hospitals, and spe-  
3 cialty providers in the catchment area of  
4 the center, to provide access to services not  
5 available through the health center and to  
6 reduce the non-urgent use of hospital  
7 emergency departments”;

8 (iii) in subparagraph (H)(ii), by in-  
9 sserting “who shall be directly employed by  
10 the center” after “approves the selection of  
11 a director for the center”;

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

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

16 (vi) by inserting after subparagraph  
17 (M), the following:

18 “(N) the center has written policies and  
19 procedures in place to ensure the appropriate  
20 use of Federal funds in compliance with appli-  
21 cable Federal statutes, regulations, and the  
22 terms and conditions of the Federal award.”;  
23 and

24 (C) by striking paragraph (4);

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

7           (13) in subsection (q) (as so redesignated), by  
8           striking “grants for new health centers under sub-  
9           sections (c) and (e)” and inserting “operating grants  
10          under subsection (e), applications for new access  
11          points and expanded service pursuant to subsection  
12          (g)”;

13          (14) in subsection (r)(4) (as so redesignated),  
14          by adding at the end the following: “A waiver pro-  
15          vided by the Secretary under this paragraph may  
16          not remain in effect for more than 1 year and may  
17          not be extended after such period. An entity may not  
18          receive more than one waiver under this paragraph  
19          in consecutive years.”;

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

21                 (A) by striking “appropriate committees of  
22                 Congress a report concerning the distribution of  
23                 funds under this section” and inserting the fol-  
24                 lowing: “Committee on Health, Education,  
25                 Labor, and Pensions of the Senate, and the

1 Committee on Energy and Commerce of the  
2 House of Representatives, a report including, at  
3 a minimum—

4 “(A) the distribution of funds for carrying  
5 out this section”;

6 (B) by striking “populations. Such report  
7 shall include an assessment” and inserting the  
8 following: “populations;

9 “(B) an assessment”;

10 (C) by striking “and the rationale for any  
11 substantial changes in the distribution of  
12 funds.” and inserting a semicolon; and

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

14 “(C) the distribution of awards and fund-  
15 ing for new or expanded services in each of  
16 rural areas and urban areas;

17 “(D) the distribution of awards and fund-  
18 ing for establishing new access points, and the  
19 number of new access points created;

20 “(E) the amount of unexpended funding  
21 for loan guarantees and loan guarantee author-  
22 ity under title XVI;

23 “(F) the rationale for any substantial  
24 changes in the distribution of funds;

1           “(G) the rate of closures for health centers  
2           and access points;

3           “(H) the number and reason for any  
4           grants awarded pursuant to subsection  
5           (e)(1)(B); and

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

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

11          “(5) FUNDING FOR PARTICIPATION OF HEALTH  
12          CENTERS IN ALL OF US RESEARCH PROGRAM.—In  
13          addition to any amounts made available pursuant to  
14          subsection (d) of this section, paragraph (1) of this  
15          subsection, section 402A of this Act, or section  
16          10503 of the Patient Protection and Affordable Care  
17          Act, there is authorized to be appropriated, and  
18          there is appropriated, out of any monies in the  
19          Treasury not otherwise appropriated, to the Sec-  
20          retary \$25,000,000 for fiscal year 2018 to support  
21          the participation of health centers in the All of Us  
22          Research Program under the Precision Medicine Ini-  
23          tiative under section 498E of this Act.”.

24          (c) NATIONAL HEALTH SERVICE CORPS.—Section  
25          10503(b)(2) of the Patient Protection and Affordable

1 Care Act (42 U.S.C. 254b–2(b)(2)), as amended by sec-  
2 tion 3101 of Public Law 115–96, is amended by amending  
3 subparagraph (F) to read as follows:

4 “(F) \$310,000,000 for each of fiscal years  
5 2018 and 2019.”.

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

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

12 “(D) \$150,000,000 for each of fiscal years  
13 2018 and 2019.”.

14 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—  
15 Subparagraph (D) of section 330C(c)(2) of the Public  
16 Health Service Act (42 U.S.C. 254e–3(c)(2)), as amended  
17 by section 3102 of Public Law 115–96, is amended to read  
18 as follows:

19 “(D) \$150,000,000 for each of fiscal years  
20 2018 and 2019.”.

1 **SEC. 223. REAUTHORIZATION OF PROGRAM OF PAYMENTS**  
2 **TO TEACHING HEALTH CENTERS THAT OPER-**  
3 **ATE GRADUATE MEDICAL EDUCATION PRO-**  
4 **GRAMS.**

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

8 “(a) PAYMENTS.—

9 “(1) IN GENERAL.—Subject to subsection  
10 (h)(2), the Secretary shall make payments under  
11 this section for direct expenses and indirect expenses  
12 to qualified teaching health centers that are listed as  
13 sponsoring institutions by the relevant accrediting  
14 body for, as appropriate—

15 “(A) maintenance of filled positions at ex-  
16 isting approved graduate medical residency  
17 training programs;

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

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

22 “(2) PER RESIDENT AMOUNT.—In making pay-  
23 ments under paragraph (1), the Secretary shall con-  
24 sider the cost of training residents at teaching  
25 health centers and the implications of the per resi-

1       dent amount on approved graduate medical resi-  
2       dency training programs at teaching health centers.

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

6           “(A) serve a health professional shortage  
7       area with a designation in effect under section  
8       332 or a medically underserved community (as  
9       defined in section 799B); or

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

13       (b) FUNDING.—Paragraph (1) of section 340H(g) of  
14       the Public Health Service Act (42 U.S.C. 256h(g)), as  
15       amended by section 3101 of Public Law 115–96, is  
16       amended by striking “and \$30,000,000 for the period of  
17       the first and second quarters of fiscal year 2018” and in-  
18       serting “and \$126,500,000 for each of fiscal years 2018  
19       and 2019”.

20       (c) ANNUAL REPORTING.—Subsection (h)(1) of sec-  
21       tion 340H of the Public Health Service Act (42 U.S.C.  
22       256h) is amended—

23           (1) by redesignating subparagraph (D) as sub-  
24       paragraph (H); and

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

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

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

7                   “(F) Of the number of residents described  
8                   in paragraph (4) who completed their residency  
9                   training at the end of such residency academic  
10                  year, the number and percentage of such resi-  
11                  dents entering primary care practice (meaning  
12                  any of the areas of practice listed in the defini-  
13                  tion of a primary care residency program in  
14                  section 749A).

15                  “(G) Of the number of residents described  
16                  in paragraph (4) who completed their residency  
17                  training at the end of such residency academic  
18                  year, the number and percentage of such resi-  
19                  dents who entered practice at a health care fa-  
20                  cility—

21                           “(i) primarily serving a health profes-  
22                           sional shortage area with a designation in  
23                           effect under section 332 or a medically un-  
24                           derserved community (as defined in section  
25                           799B); or

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

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

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

16                   (1) by redesignating paragraphs (2) and (3) as  
17                   paragraphs (3) and (4), respectively; and

18                   (2) by inserting after paragraph (1) the fol-  
19                   lowing:

20                   “(2) NEW APPROVED GRADUATE MEDICAL  
21                   RESIDENCY TRAINING PROGRAM.—The term ‘new  
22                   approved graduate medical residency training pro-  
23                   gram’ means an approved graduate medical resi-  
24                   dency training program for which the sponsoring  
25                   qualified teaching health center has not received a

1 payment under this section for a previous fiscal year  
2 (other than pursuant to subsection (a)(1)(C)).”.

3 (f) TECHNICAL CORRECTION.—Subsection (f) of sec-  
4 tion 340H (42 U.S.C. 256h) is amended by striking “hos-  
5 pital” each place it appears and inserting “teaching health  
6 center”.

7 (g) PAYMENTS FOR PREVIOUS FISCAL YEARS.—The  
8 provisions of section 340H of the Public Health Service  
9 Act (42 U.S.C. 256h), as in effect on the day before the  
10 date of enactment of Public Law 115–96, shall continue  
11 to apply with respect to payments under such section for  
12 fiscal years before fiscal year 2018.

13 **SEC. 224. EXTENSION FOR FAMILY-TO-FAMILY HEALTH IN-**  
14 **FORMATION CENTERS.**

15 Section 501(c) of the Social Security Act (42 U.S.C.  
16 701(c)) is amended—

17 (1) in paragraph (1)(A)—

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

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

22 (C) by adding at the end the following new  
23 clause:

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

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

6           (3) by amending paragraph (5) to read as fol-  
7           lows:

8           “(5) For purposes of this subsection—

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

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

14          “(C) the term ‘territory’ means Puerto Rico,  
15          Guam, American Samoa, the Virgin Islands, and the  
16          Northern Mariana Islands.”.

17 **SEC. 225. EXTENSION OF ABSTINENCE EDUCATION; EXTEN-**  
18 **SION OF PERSONAL RESPONSIBILITY EDU-**  
19 **CATION PROGRAM.**

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

22          (1) in subsection (a), in the matter preceding  
23          paragraph (1), by striking “2017” and inserting  
24          “2019”; and

25          (2) in subsection (d)—

1 (A) by striking “2015 and” and inserting  
2 “2015,”; and

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

6 (b) PERSONAL RESPONSIBILITY EDUCATION.—

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

9 (A) in subsection (a)(1)(A), by striking  
10 “2017” and inserting “2019”; and

11 (B) in subsection (a)(4)—

12 (i) in subparagraph (A), by striking  
13 “2017” each place it appears and inserting  
14 “2019”; and

15 (ii) in subparagraph (B)—

16 (I) in the subparagraph heading,  
17 by striking “3-YEAR GRANTS” and in-  
18 serting “COMPETITIVE PREP  
19 GRANTS”; and

20 (II) in clause (i), by striking “so-  
21 licit applications to award 3-year  
22 grants in each of fiscal years 2012  
23 through 2017” and inserting “con-  
24 tinue through fiscal year 2019 grants

1 awarded for any of fiscal years 2015  
2 through 2017”;

3 (C) in subsection (c)(1), by inserting after  
4 “youth with HIV/AIDS,” the following: “vic-  
5 tims of human trafficking,”; and

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

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

10 **SEC. 226. EXTENSION OF HEALTH WORKFORCE DEM-**  
11 **ONSTRATION PROJECTS FOR LOW-INCOME**  
12 **INDIVIDUALS.**

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

16 **SEC. 227. DELAY OF REDUCTION TO MEDICAID DSH ALLOT-**  
17 **MENTS.**

18 Section 1923(f) of the Social Security Act (42 U.S.C.  
19 1396r-4(f)(7)) is amended—

20 (1) in paragraph (7)(A)—

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

24 (B) by amending clause (ii) to read as fol-  
25 lows:

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

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

5 “(III) \$4,000,000,000 for fiscal  
6 year 2022;

7 “(IV) \$5,000,000,000 for fiscal  
8 year 2023;

9 “(V) \$6,000,000,000 for fiscal  
10 year 2024;

11 “(VI) \$7,000,000,000 for fiscal  
12 year 2025;

13 “(VII) \$8,000,000,000 for fiscal  
14 year 2026; and

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

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

19 **SEC. 228. DELAY OF BIPARTISAN BUDGET ACT OF 2013**  
20 **THIRD PARTY LIABILITY PROVISIONS.**

21 (a) IN GENERAL.—Section 202(c) of the Bipartisan  
22 Budget Act of 2013 (Public Law 113–67; 127 Stat. 1177;  
23 42 U.S.C. 1396a note), as amended by section 211 of the  
24 Protecting Access to Medicare Act of 2014 (Public Law  
25 113–93; 128 Stat. 1047; 42 U.S.C. 1396a note) and sec-

1 tion 220 of the Medicare Access and CHIP Reauthoriza-  
2 tion Act of 2015 (Public Law 114–10), is amended by  
3 striking “2017” and inserting “2022”.

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

8 **Subtitle C—Continuing the Mater-**  
9 **nal, Infant, and Early Childhood**  
10 **Home Visiting Program**

11 **SEC. 231. CONTINUING EVIDENCE-BASED HOME VISITING**  
12 **PROGRAM.**

13 Section 511(j)(1)(H) of the Social Security Act (42  
14 U.S.C. 711(j)(1)(H)) is amended by striking “fiscal year  
15 2017” and inserting “each of fiscal years 2017 through  
16 2022”.

17 **SEC. 232. CONTINUING TO DEMONSTRATE RESULTS TO**  
18 **HELP FAMILIES.**

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

1 (b) DEMONSTRATION OF IMPROVEMENTS IN SUBSE-  
2 QUENT YEARS.—Section 511(d)(1) of such Act (42 U.S.C.  
3 711(d)(1)) is amended by adding at the end the following:

4 “(D) DEMONSTRATION OF IMPROVEMENTS  
5 IN SUBSEQUENT YEARS.—

6 “(i) CONTINUED MEASUREMENT OF  
7 IMPROVEMENT IN APPLICABLE BENCH-  
8 MARK AREAS.—The eligible entity, after  
9 demonstrating improvements for eligible  
10 families as specified in subparagraphs (A)  
11 and (B), shall continue to track and re-  
12 port, not later than 30 days after the end  
13 of fiscal year 2020 and every 3 years  
14 thereafter, information demonstrating that  
15 the program results in improvements for  
16 the eligible families participating in the  
17 program in at least 4 of the areas specified  
18 in subparagraph (A) that the service deliv-  
19 ery model or models selected by the entity  
20 are intended to improve.

21 “(ii) CORRECTIVE ACTION PLAN.—If  
22 the eligible entity fails to demonstrate im-  
23 provement in at least 4 of the areas speci-  
24 fied in subparagraph (A), as compared to  
25 eligible families who do not receive services

1 under an early childhood home visitation  
2 program, the entity shall develop and im-  
3 plement a plan to improve outcomes in  
4 each of the areas specified in subparagraph  
5 (A) that the service delivery model or mod-  
6 els selected by the entity are intended to  
7 improve, subject to approval by the Sec-  
8 retary. The plan shall include provisions  
9 for the Secretary to monitor implementa-  
10 tion of the plan and conduct continued  
11 oversight of the program, including  
12 through submission by the entity of reg-  
13 ular reports to the Secretary.

14 “(iii) TECHNICAL ASSISTANCE.—The  
15 Secretary shall provide an eligible entity  
16 required to develop and implement an im-  
17 provement plan under clause (ii) with tech-  
18 nical assistance to develop and implement  
19 the plan. The Secretary may provide the  
20 technical assistance directly or through  
21 grants, contracts, or cooperative agree-  
22 ments.

23 “(iv) NO IMPROVEMENT OR FAILURE  
24 TO SUBMIT REPORT.—If the Secretary de-  
25 termines after a period of time specified by

1 the Secretary that an eligible entity imple-  
2 menting an improvement plan under clause  
3 (ii) has failed to demonstrate any improve-  
4 ment in at least 4 of the areas specified in  
5 subparagraph (A), or if the Secretary de-  
6 termines that an eligible entity has failed  
7 to submit the report required by clause (i),  
8 the Secretary shall terminate the grant  
9 made to the entity under this section and  
10 may include any unexpended grant funds  
11 in grants made to nonprofit organizations  
12 under subsection (h)(2)(B).”.

13 (c) INCLUDING INFORMATION ON APPLICABLE  
14 BENCHMARKS IN APPLICATION.—Section 511(e)(5) of  
15 such Act (42 U.S.C. 711(e)(5)) is amended by inserting  
16 “that the service delivery model or models selected by the  
17 entity are intended to improve” before the period at the  
18 end.

19 **SEC. 233. REVIEWING STATEWIDE NEEDS TO TARGET RE-**  
20 **SOURCES.**

21 Section 511(b)(1) of the Social Security Act (42  
22 U.S.C. 711(b)(1)) is amended by striking “Not later  
23 than” and all that follows through “section 505(a))” and  
24 inserting “Each State shall, as a condition of receiving  
25 payments from an allotment for the State under section

1 502, conduct a statewide needs assessment (which may be  
2 separate from but in coordination with the statewide needs  
3 assessment required under section 505(a) and which shall  
4 be reviewed and updated by the State not later than Octo-  
5 ber 1, 2020)”.

6 **SEC. 234. IMPROVING THE LIKELIHOOD OF SUCCESS IN**  
7 **HIGH-RISK COMMUNITIES.**

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

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

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

20 “(3) AUTHORITY TO USE GRANT FOR A PAY  
21 FOR OUTCOMES INITIATIVE.—An eligible entity to  
22 which a grant is made under paragraph (1) may use  
23 up to 25 percent of the grant for outcomes or suc-  
24 cess payments related to a pay for outcomes initia-  
25 tive that will not result in a reduction of funding for

1 services delivered by the entity under a childhood  
2 home visitation program under this section while the  
3 eligible entity develops or operates such an initia-  
4 tive.”.

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

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

17 “(A) a feasibility study that describes how  
18 the proposed intervention is based on evidence  
19 of effectiveness;

20 “(B) a rigorous, third-party evaluation  
21 that uses experimental or quasi-experimental  
22 design or other research methodologies that  
23 allow for the strongest possible causal infer-  
24 ences to determine whether the initiative has

1 met its proposed outcomes as a result of the  
2 intervention;

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

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

12 (c) EXTENDED AVAILABILITY OF FUNDS.—Section  
13 511(j)(3) of such Act (42 U.S.C. 711(j)(3)) is amended—

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

16 “(3) AVAILABILITY.—

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

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

20 “(B) FUNDS FOR PAY FOR OUTCOMES INI-  
21 TIATIVES.—Funds made available to an eligible  
22 entity under this section for a fiscal year (or  
23 portion of a fiscal year) for a pay for outcomes  
24 initiative shall remain available for expenditure

1 by the eligible entity for not more than 10 years  
2 after the funds are so made available.”.

3 **SEC. 236. DATA EXCHANGE STANDARDS FOR IMPROVED**  
4 **INTEROPERABILITY.**

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

8 “(5) DATA EXCHANGE STANDARDS FOR IM-  
9 PROVED INTEROPERABILITY.—

10 “(A) DESIGNATION AND USE OF DATA EX-  
11 CHANGE STANDARDS.—

12 “(i) DESIGNATION.—The head of the  
13 department or agency responsible for ad-  
14 ministering a program funded under this  
15 section shall, in consultation with an inter-  
16 agency work group established by the Of-  
17 fice of Management and Budget and con-  
18 sidering State government perspectives,  
19 designate data exchange standards for nec-  
20 essary categories of information that a  
21 State agency operating the program is re-  
22 quired to electronically exchange with an-  
23 other State agency under applicable Fed-  
24 eral law.

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

7                   “(iii) OTHER REQUIREMENTS.—In  
8                   designating data exchange standards under  
9                   this paragraph, the Secretary shall, to the  
10                  extent practicable, incorporate—

11                  “(I) interoperable standards de-  
12                  veloped and maintained by an inter-  
13                  national voluntary consensus stand-  
14                  ards body, as defined by the Office of  
15                  Management and Budget;

16                  “(II) interoperable standards de-  
17                  veloped and maintained by intergov-  
18                  ernmental partnerships, such as the  
19                  National Information Exchange  
20                  Model; and

21                  “(III) interoperable standards  
22                  developed and maintained by Federal  
23                  entities with authority over con-  
24                  tracting and financial assistance.

1                   “(B) DATA EXCHANGE STANDARDS FOR  
2 FEDERAL REPORTING.—

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

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

16                   “(I) incorporate a widely accept-  
17 ed, nonproprietary, searchable, com-  
18 puter-readable format;

19                   “(II) be consistent with and im-  
20 plement applicable accounting prin-  
21 ciples;

22                   “(III) be implemented in a man-  
23 ner that is cost-effective and improves  
24 program efficiency and effectiveness;  
25 and

1                   “(IV) be capable of being contin-  
2                   ually upgraded as necessary.

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

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

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

22                  **SEC. 237. ALLOCATION OF FUNDS.**

23                  Section 511(j) of the Social Security Act (42 U.S.C.  
24                  711(j)) is amended by adding at the end the following:

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

8           **TITLE           III—STRENGTHENING**  
9           **PROTECTIONS FOR SOCIAL**  
10           **SECURITY BENEFICIARIES**  
11           **ACT OF 2018**

12           **SECTION 300. SHORT TITLE.**

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

15           **Subtitle A—Strengthening Over-**  
16           **sight and Beneficiary Protec-**  
17           **tion**

18           **SEC. 301. STRONGER MONITORING OF REPRESENTATIVE**  
19           **PAYEES.**

20           (a) PROTECTION AND ADVOCACY FOR BENE-  
21           FICIARIES WITH REPRESENTATIVE PAYEES.—Section  
22           205(j)(6) of the Social Security Act (42 U.S.C. 405(j)(6))  
23           is amended by adding at the end the following:

24           “(C)(i) The Commissioner of Social Security shall  
25           make annual grants directly to the protection and advo-

1 cacy system serving each of the States and the American  
2 Indian consortium for the purpose of conducting reviews  
3 of representative payees in accordance with this subpara-  
4 graph. The total amount used by the Commissioner for  
5 such grants each year—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 “(ix) In this subparagraph:

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

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

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

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

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

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

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

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

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

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

18 (c) AVAILABILITY OF GRANT FUNDS.—

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

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

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

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

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

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

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

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

22 “(I) a parent, or other individual  
23 who is a legal guardian of, a minor  
24 child entitled to such payment who

1 primarily resides in the same house-  
2 hold;

3 “(II) a parent of an individual  
4 entitled to such payment who is under  
5 a disability (as defined in section  
6 223(d)) who primarily resides in the  
7 same household; or

8 “(III) the spouse of the indi-  
9 vidual entitled to such payment.

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

17 (3) in subparagraph (E) (as so redesignated), by  
18 striking “and (C)” and inserting “(C), and (D)”;  
19 and

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

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

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

3           (2) by inserting after paragraph (2) the fol-  
4           lowing:

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

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

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

18                 (1) by redesignating clauses (iv) and (v) as  
19                 clauses (v) and (vi), respectively;

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

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

23                         “(aa) a parent, or other individual who is  
24                         a legal guardian of, a minor child entitled to

1           such payment who primarily resides in the same  
2           household;

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

6           “(cc) the spouse of the individual entitled  
7           to such payment.

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

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

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

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

22       **SEC. 303. PROTECTING BENEFICIARIES THROUGH INFOR-**  
23       **MATION SHARING.**

24          (a) INFORMATION SHARING TO DETERMINE STATE  
25          FOSTER CARE STATUS.—

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

4           “(11)(A) The Commissioner of Social Security  
5 shall—

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

15          “(ii) in any case in which a represented minor  
16          beneficiary has entered or exited foster care or  
17          changed foster care placement in such month, rede-  
18          termine the appropriate representative payee for  
19          such individual.

20          “(B) For purposes of this paragraph—

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

23                  “(ii) the term ‘Statewide and Tribal Automated  
24                  Child Welfare Information System’ means a state-

1 wide mechanized data collection and information re-  
2 trieval system described in section 474(a)(3)(C); and

3 “(iii) the term ‘represented minor beneficiary’,  
4 with respect to an individual for a month, means a  
5 child (as defined for purposes of section 475(8)) en-  
6 titled to benefits under this title for such month  
7 whose benefits are certified for payment to a rep-  
8 resentative payee.”.

9 (2) CONFORMING CHANGE.—Section  
10 471(a)(8)(A) of the Social Security Act (42 U.S.C.  
11 671(a)(8)(A)) is amended by inserting “the program  
12 established by title II,” after “XX,”.

13 (3) GAO STUDY AND REPORT.—

14 (A) EVALUATION.—As soon as possible  
15 after the date of the enactment of this Act, the  
16 Comptroller General shall evaluate—

17 (i) the number of represented minor  
18 beneficiaries in foster care under the re-  
19 sponsibility of a State for each month dur-  
20 ing the previous year;

21 (ii) whether the representative payee  
22 for each represented minor beneficiary is—

23 (I) a governmental child welfare  
24 agency;

1 (II) an organizational payee that  
2 is not a governmental child welfare  
3 agency;

4 (III) a foster parent or child-care  
5 institution (within the meaning of  
6 part E of title IV); or

7 (IV) another individual; and

8 (iii) whether funds were conserved,  
9 used for direct expenses of the minor bene-  
10 ficiary, or used to reimburse the State for  
11 foster care maintenance costs.

12 (B) REPORT TO CONGRESS.—Not later  
13 than 36 months after the date of enactment of  
14 this Act, the Comptroller General shall submit  
15 to Congress a report on the results of the eval-  
16 uation required under subparagraph (A).

17 (C) DEFINITIONS.—For purposes of this  
18 paragraph—

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

22 (ii) the term “represented minor bene-  
23 ficiary”, with respect to an individual for a  
24 month, means a child (as defined for pur-  
25 poses of section 475(8) of the Social Secu-

1           rity Act) entitled to benefits under title II  
2           of such Act for such month whose benefits  
3           are certified for payment to a representa-  
4           tive payee.

5           (4) EFFECTIVE DATE.—

6           (A) IN GENERAL.—The amendments made  
7           by this subsection shall apply with respect to  
8           months beginning on or after the date that is  
9           1 year after the date of the enactment of this  
10          Act.

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

1 actment of this Act. For purposes of the pre-  
2 vious sentence, in the case of a State that has  
3 a 2-year legislative session, each year of such  
4 session shall be deemed to be a separate regular  
5 session of the State legislature.

6 (b) IMPROVING COORDINATION WITH ADULT PRO-  
7 TECTIVE SERVICES.—

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

13 (A) the assessment of an individual's need  
14 for a representative payee in connection with  
15 benefits to which the individual is entitled  
16 under title II or title XVI of the Social Security  
17 Act; and

18 (B) oversight of individuals and organiza-  
19 tions serving as representative payees.

20 (2) REPORT.—Not later than June 30, 2022,  
21 the Commissioner of Social Security shall conclude  
22 the study described in paragraph (1) and submit to  
23 the Committee on Ways and Means of the House of  
24 Representatives and the Committee on Finance of  
25 the Senate a report on the results of such study.

1 (c) STUDY ON POTENTIAL TO COORDINATE WITH  
2 STATE COURTS.—

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

7 (A) an overview of potential opportunities  
8 for information sharing between the Social Se-  
9 curity Administration and State courts and rel-  
10 evant State agencies;

11 (B) a detailed analysis of the barriers to  
12 such information sharing, including any Federal  
13 or State statutory barriers;

14 (C) a description of how such information  
15 sharing would be implemented, including any  
16 additional infrastructure needed; and

17 (D) a description of any risks or other fac-  
18 tors that the Social Security Administration  
19 and the Congress should consider before imple-  
20 menting such information sharing.

21 (2) REPORT.—Not later than June 30, 2020,  
22 the Commissioner of Social Security shall submit to  
23 the Committee on Ways and Means of the House of  
24 Representatives and the Committee on Finance of  
25 the Senate and make publicly available a report on

1 the results of the study conducted under paragraph  
2 (1).

3 **SEC. 304. CLARIFYING OVERPAYMENT LIABILITY FOR**  
4 **CHILD IN CHILD WELFARE SYSTEM.**

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

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

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

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

23 (1) by redesignating paragraphs (3) through  
24 (7) as paragraphs (4) through (8), respectively; and

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

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

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

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

1 **SEC. 305. REPORTS.**

2 (a) REPORT ON BENEFITS MISUSED.—Section  
3 205(j) of the Social Security Act (42 U.S.C. 405(j)), as  
4 amended by section 303(a), is further amended—

5 (1) in paragraph (6)—

6 (A) by striking “(A) In addition to” and  
7 inserting “In addition to”; and

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

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

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

25 “(i) the number of such reviews;

26 “(ii) the results of such reviews;

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

3           “(iv) the number of reviews conducted in re-  
4           sponse to allegations or concerns about the perform-  
5           ance or suitability of the payee;

6           “(v) the number of cases discovered in which  
7           there was a misuse of funds, and the total dollar  
8           amount of benefits determined by the Commissioner  
9           during such fiscal year to have been misused by a  
10          representative payee (regardless of the fiscal year in  
11          which such misuse occurred);

12          “(vi) the number of cases discovered in which  
13          such misuse of funds resulted from the negligent  
14          failure of the Commissioner to investigate or mon-  
15          itor a representative payee;

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

18                 “(I) any criminal, civil, and administrative  
19                 penalties imposed;

20                 “(II) the total dollar amount of misused  
21                 benefits repaid to beneficiaries and alternative  
22                 representative payees under each of—

23                         “(aa) paragraph (5) (on the basis of  
24                         a negligent failure of the Commissioner de-  
25                         scribed in such paragraph);

1 “(bb) paragraph (5) (on any other  
2 basis); and

3 “(cc) paragraph (7);

4 “(III) the total dollar amount of misused  
5 benefits recovered under each of—

6 “(aa) paragraph (5); and

7 “(bb) paragraph (7);

8 “(viii) any updates to prior year reports nec-  
9 essary to reflect subsequent recoveries and repay-  
10 ments pertaining to misuse determinations made in  
11 prior years; and

12 “(ix) such other information as the Commis-  
13 sioner deems appropriate.

14 “(B) Each report required under this paragraph for  
15 a fiscal year shall include the information described in  
16 clauses (i) through (ix) of subparagraph (A) with respect  
17 to—

18 “(i) all representative payees reviewed during  
19 such fiscal year;

20 “(ii) all such representative payees that are or-  
21 ganizations, separated by whether such organization  
22 collects a fee for its services as a representative  
23 payee;

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

1           “(iv) all such representative payees that are in-  
2           dividuals serving less than 15 individuals, separated  
3           by whether such representative payee is a family  
4           member.”.

5           (b) REPORT ON ELIMINATION OF THE ACCOUNTING  
6 FORM.—The Commissioner shall—

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

13          (2) not later than January 1, 2021, submit a  
14          report on the results of such study to the Committee  
15          on Ways and Means of the House of Representatives  
16          and the Committee on Finance of the Senate.

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

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

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

5           **Subtitle B—Improving Payee**  
6           **Selection and Quality**

7           **SEC. 311. ADVANCE DESIGNATION OF REPRESENTATIVE**  
8           **PAYEES.**

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

12          “(C)(i) An individual who is entitled to or is an appli-  
13          cant for a benefit under this title, title VIII, or title XVI,  
14          who has attained 18 years of age or is an emancipated  
15          minor, may, at any time, designate 1 or more other indi-  
16          viduals to serve as a representative payee for such indi-  
17          vidual in the event that the Commissioner of Social Secu-  
18          rity determines under subparagraph (A) that the interest  
19          of such individual would be served by certification for pay-  
20          ment of such benefits to which the individual is entitled  
21          to a representative payee. If the Commissioner of Social  
22          Security makes such a determination with respect to such  
23          individual at any time after such designation has been  
24          made, the Commissioner shall—

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

4           “(II) if the Commissioner determines that cer-  
5           tification for payment of such benefits to the des-  
6           ignated individual would not satisfy the require-  
7           ments of paragraph (2), that the designated indi-  
8           vidual is unwilling or unable to serve as representa-  
9           tive payee, or that other good cause exists, certify  
10          payment of such benefits to another individual or or-  
11          ganization, in accordance with paragraph (1).

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

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

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

1 (d) NOTIFICATION TO BENEFICIARIES.—Not later  
2 than January 1, 2020, and annually thereafter, the Com-  
3 missioner of Social Security shall notify each individual  
4 entitled to a benefit under title II, VIII, or XVI of the  
5 Social Security Act of the name of any individual des-  
6 ignated to serve as the individual’s representative payee  
7 under section 205(j)(1)(C) of such Act (as added by sub-  
8 section (a)).

9 **SEC. 312. PROHIBITION ON INDIVIDUALS CONVICTED OF**  
10 **CERTAIN CRIMES SERVING AS REPRESENTA-**  
11 **TIVE PAYEES.**

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

15 (1) in subparagraph (B)—

16 (A) in clause (i)—

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

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

21 (iii) by adding at the end the fol-  
22 lowing:

23 “(VII) determine whether such person has been  
24 convicted (and not subsequently exonerated), under  
25 Federal or State law, of a felony provided under

1 clause (iv), or of an attempt or a conspiracy to com-  
2 mit such a felony.”; and

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

4 “(iv) The felony crimes provided under this clause,  
5 whether an offense under State or Federal law, are the  
6 following:

7 “(I) Human trafficking, including as prohibited  
8 under sections 1590 and 1591 of title 18, United  
9 States Code.

10 “(II) False imprisonment, including as prohib-  
11 ited under section 1201 of title 18, United States  
12 Code.

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

15 “(IV) Rape and sexual assault, including as  
16 prohibited under sections 2241, 2242, 2243, and  
17 2244 of title 18, United States Code.

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

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

23 “(VII) Fraud to obtain access to government  
24 assistance, including as prohibited under sections

1 287, 1001, and 1343 of title 18, United States  
2 Code.

3 “(VIII) Fraud by scheme, including as prohib-  
4 ited under section 1343 of title 18, United States  
5 Code.

6 “(IX) Theft of government funds or property,  
7 including as prohibited under section 641 of title 18,  
8 United States Code.

9 “(X) Abuse or neglect, including as prohibited  
10 under sections 111, 113, 114, 115, 116, or 117 of  
11 title 18, United States Code.

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

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

18 The Commissioner of Social Security may promulgate reg-  
19 ulations to provide for additional felony crimes under this  
20 clause.

21 “(v)(I) For the purpose of carrying out the activities  
22 required under subparagraph (B)(i) as part of the inves-  
23 tigation under subparagraph (A)(i), the Commissioner  
24 may conduct a background check of any individual seeking  
25 to serve as a representative payee under this subsection

1 and may disqualify from service as a representative payee  
2 any such individual who fails to grant permission for the  
3 Commissioner to conduct such a background check.

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

9 (2) in subparagraph (C)—

10 (A) in clause (i)—

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

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

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

17 “(VI) except as provided in clause (vi), such  
18 person has previously been convicted (and not subse-  
19 quently exonerated) as described in subparagraph  
20 (B)(i)(VII).”; and

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

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

24 “(aa) subparagraph (B)(i)(VII) shall not apply;

25 and

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

5           “(II) A person is described in this subclause if the  
6           person—

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

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

11          “(cc) is the custodial parent of a beneficiary  
12          who is under a disability (as defined in section  
13          223(d)) which began before the beneficiary attained  
14          the age of 22, for whom the person applies to serve,

15          “(dd) is the custodial court appointed guardian  
16          of the beneficiary for whom the person applies to  
17          serve,

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

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

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

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

3 (1) in subsection (b)—

4 (A) in paragraph (2)—

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

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

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

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

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

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

20 “(A) Human trafficking, including as pro-  
21 hibited under sections 1590 and 1591 of title  
22 18, United States Code.

23 “(B) False imprisonment, including as  
24 prohibited under section 1201 of title 18,  
25 United States Code.

1           “(C) Kidnapping, including as prohibited  
2           under section 1201 of title 18, United States  
3           Code.

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

7           “(E) First-degree homicide, including as  
8           prohibited under section 1111 of title 18,  
9           United States Code.

10           “(F) Robbery, including as prohibited  
11           under section 2111 of title 18, United States  
12           Code.

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

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

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

23           “(J) Abuse or neglect, including as prohib-  
24           ited under sections 111, 113, 114, 115, 116, or  
25           117 of title 18, United States Code.

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

4           “(L) Identity theft or identity fraud, in-  
5           cluding as prohibited under sections 1028 and  
6           1028A of title 18, United States Code.

7           The Commissioner of Social Security may promul-  
8           gate regulations to provide for additional felony  
9           crimes under this clause.

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

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

23                         (2) in subsection (d)—

24                                 (A) in paragraph (1)—

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

3 (ii) in subparagraph (E), by striking  
4 the period at the end and inserting “, or”;  
5 and

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

8 “(F) except as provided in paragraph  
9 (2)(D), such person has previously been con-  
10 victed (and not subsequently exonerated) as de-  
11 scribed in subsection (b)(2)(G).”; and

12 (B) in paragraph (2), by adding at the end  
13 the following:

14 “(D)(i) With respect to any person described in  
15 clause (II)—

16 “(I) subsection (b)(2)(G) shall not apply; and

17 “(II) the Commissioner may grant an exemption  
18 from the provisions of paragraph (1)(F) if the Commis-  
19 sioner determines that such exemption is in the best inter-  
20 est of the individual entitled to benefits.

21 “(ii) A person is described in this clause if the per-  
22 son—

23 “(I) is the custodial spouse of the beneficiary for  
24 whom the person applies to serve,

1 “(II) is the custodial court appointed guardian of the  
2 beneficiary for whom the person applies to serve; or

3 “(III) received a presidential or gubernatorial pardon  
4 for the relevant conviction.”.

5 (c) AMENDMENTS TO TITLE XVI.—Section  
6 1631(a)(2)(B) of the Social Security Act (42 U.S.C.  
7 1383(a)(2)(B)) is amended—

8 (1) in clause (ii)—

9 (A) in subclause (V), by striking “and” at  
10 the end;

11 (B) in subclause (VI), by striking the pe-  
12 riod and inserting “, and”; and

13 (C) by adding at the end the following:

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

19 (2) in clause (iii)—

20 (A) in subclause (IV), by striking “or” at  
21 the end;

22 (B) in subclause (V), by striking the period  
23 at the end and inserting “, or”; and

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

1           “(VI) except as provided in clause (xvii), such  
2           person has previously been convicted (and not subse-  
3           quently exonerated) as described in clause  
4           (ii)(VII).”; and

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

6           “(xv) The felony crimes provided under this clause,  
7           whether an offense under State or Federal law, are the  
8           following:

9           “(I) Human trafficking, including as prohibited  
10          under sections 1590 and 1591 of title 18, United  
11          States Code.

12          “(II) False imprisonment, including as prohib-  
13          ited under section 1201 of title 18, United States  
14          Code.

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

17          “(IV) Rape and sexual assault, including as  
18          prohibited under sections 2241, 2242, 2243, and  
19          2244 of title 18, United States Code.

20          “(V) First-degree homicide, including as prohib-  
21          ited under section 1111 of title 18, United States  
22          Code.

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

1           “(VII) Fraud to obtain access to government  
2 assistance, including as prohibited under sections  
3 287, 1001, and 1343 of title 18, United States  
4 Code.

5           “(VIII) Fraud by scheme, including as prohib-  
6 ited under section 1343 of title 18, United States  
7 Code.

8           “(IX) Theft of government funds or property,  
9 including as prohibited under section 641 of title 18,  
10 United States Code.

11           “(X) Abuse or neglect, including as prohibited  
12 under sections 111, 113, 114, 115, 116, or 117 of  
13 title 18, United States Code.

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

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

20 The Commissioner of Social Security may promulgate reg-  
21 ulations to provide for additional felony crimes under this  
22 clause.

23           “(xvi)(I) For the purpose of carrying out the activi-  
24 ties required under clause (ii) as part of the investigation  
25 under clause (i)(I), the Commissioner may conduct a back-

1 ground check of any individual seeking to serve as a rep-  
2 resentative payee under this subsection and may disqualify  
3 from service as a representative payee any such individual  
4 who fails to grant permission for the Commissioner to con-  
5 duct such a background check.

6 “(II) The Commissioner may revoke certification of  
7 payment of benefits under this subsection to any indi-  
8 vidual serving as a representative payee on or after Janu-  
9 ary 1, 2019 who fails to grant permission for the Commis-  
10 sioner to conduct such a background check.

11 “(xvii)(I) With respect to any person described in  
12 subclause (II)—

13 “(aa) clause (ii)(VII) shall not apply; and

14 “(bb) the Commissioner may grant an exemp-  
15 tion from the provisions of clause (iii)(VI) if the  
16 Commissioner determines that such exemption is in  
17 the best interest of the individual entitled to bene-  
18 fits.

19 “(II) A person is described in this subclause if the  
20 person—

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

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

1           “(cc) is the custodial parent of a beneficiary  
2           who is under a disability which began before the  
3           beneficiary attained the age of 22, for whom the per-  
4           son applies to serve,

5           “(dd) is the custodial court appointed guardian  
6           of the beneficiary for whom the person applies to  
7           serve,

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

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

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

16           (d) APPLICATION TO NEW APPOINTMENTS.—Subject  
17           to subsection (e), the amendments made by subsections  
18           (a), (b), and (c) shall apply with respect to any individual  
19           appointed to serve as a representative payee pursuant to  
20           section 205(j), 807, or 1631(a)(2) of the Social Security  
21           Act on or after January 1, 2019.

22           (e) APPLICATION TO PRIOR APPOINTMENTS.—

23           (1) IN GENERAL.—Not later than January 1,  
24           2024, the Commissioner of Social Security shall con-  
25           duct a review of each individual serving as a rep-

1       representative payee pursuant to 205(j), 807, or  
2       1631(a)(2) of the Social Security Act, to determine  
3       whether such individual has been convicted of a fel-  
4       ony as described in section 205(j)(2)(B)(i)(VII),  
5       807(b)(2)(G), or 1631(a)(2)(B)(ii)(VII), respectively  
6       (as such provisions are added by this section). Ex-  
7       cept as provided in section 205(j)(2)(C)(vi),  
8       807(d)(2)(D), or 1631(a)(2)(B)(xvii) (as so added),  
9       any individual determined by the Commissioner to  
10      have been so convicted may not serve as a represent-  
11      ative payee on or after the date of such determina-  
12      tion.

13           (2) PRIORITY.—In conducting reviews under  
14      paragraph (1), the Commissioner shall prioritize re-  
15      views of the following categories of individuals, in  
16      the following order:

17           (A) An individual serving as representative  
18      payee for 15 or more individuals.

19           (B) An individual serving as representative  
20      payee for an individual who is not related to the  
21      representative payee.

22           (C) An individual serving as representative  
23      payee for an individual who has attained the  
24      age of 18 and is not the spouse of the rep-  
25      resentative payee.

1 (f) PERIODIC REVIEW.—Not later than 1 year after  
2 the date of enactment of this section, the Commissioner  
3 of Social Security shall issue regulations to establish a  
4 process for reviewing each individual serving as a rep-  
5 resentative payee pursuant to section 205(j), 807, or  
6 1631(a)(2) of the Social Security Act (other than individ-  
7 uals with respect to whom an exemption has been granted  
8 under section 205(j)(2)(C)(vi), 807(d)(2)(D), or  
9 1631(a)(2)(B)(xvii)) not less than once every 5 years to  
10 determine whether any such individual has been convicted  
11 of a felony as described in subsection (e)(1) of this section.

12 **SEC. 313. PROHIBITION ON INDIVIDUALS WITH REP-**  
13 **RESENTATIVE PAYEES SERVING AS REP-**  
14 **RESENTATIVE PAYEES.**

15 (a) AMENDMENT TO TITLE II.—Section  
16 205(j)(2)(C)(i) of the Social Security Act (42 U.S.C.  
17 405(j)(2)(C)(i)), as amended by section 312(a)(2), is fur-  
18 ther amended—

19 (1) in subclause (V), by striking “or” at the  
20 end;

21 (2) in subclause (VI), by striking the period  
22 and inserting “, or”; and

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

24 “(VII) such person’s benefits under this title,  
25 title VIII, or title XVI are certified for payment to

1 a representative payee during the period for which  
2 the individual's benefits would be certified for pay-  
3 ment to another person.”.

4 (b) AMENDMENT TO TITLE VIII.—Section 807(d)(1)  
5 of the Social Security Act (42 U.S.C. 1007(d)(1)), as  
6 amended by section 312(b)(2), is further amended—

7 (1) in subparagraph (E), by striking “or” at  
8 the end;

9 (2) in subparagraph (F), by striking the period  
10 and inserting “, or”; and

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

12 “(G) such person's benefits under this  
13 title, title II, or title XVI are certified for pay-  
14 ment to a representative payee during the pe-  
15 riod for which the individual's benefits would be  
16 certified for payment to another person.”.

17 (c) AMENDMENT TO TITLE XVI.—Section  
18 1631(a)(2)(B)(iii) of the Social Security Act (42 U.S.C.  
19 1383(a)(2)(B)(iii)), as amended by section 312(c)(2), is  
20 further amended—

21 (1) in subclause (V), by striking “or” at the  
22 end;

23 (2) in subclause (VI), by striking the period  
24 and inserting “, or”; and

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

1           “(VII) such person’s benefits under this title,  
2           title II, or title VIII are certified for payment to a  
3           representative payee during the period for which the  
4           individual’s benefits would be certified for payment  
5           to another person.”.

6           (d) EFFECTIVE DATE.—

7           (1) NEW APPOINTMENTS.—Subject to para-  
8           graph (2), the amendments made by this section  
9           shall apply with respect to any individual appointed  
10          to serve as a representative payee under title II, title  
11          VIII, or title XVI of the Social Security Act on or  
12          after January 1, 2019.

13          (2) PRIOR APPOINTMENTS.—With respect to in-  
14          dividuals serving as a representative payee whose  
15          benefits under this title, title VIII, or title XVI are  
16          certified for payment to another representative payee  
17          as of January 1, 2019, the Commissioner shall take  
18          any steps necessary to terminate such individual’s  
19          service as a representative payee as soon as possible,  
20          but no later than January 1, 2024.

21   **SEC. 314. REASSESSMENT OF PAYEE SELECTION AND RE-**  
22                                   **PLACEMENT POLICIES.**

23          (a) IN GENERAL.—The Commissioner of Social Secu-  
24          rity shall conduct, with opportunity for public comment,  
25          a review and reassessment of—

1           (1) the appropriateness of its order of pref-  
2           erence for selecting representative payees, including  
3           payees who may be creditors of the beneficiary or  
4           who are private, for-profit institutions; and

5           (2) the effectiveness of its policy and oper-  
6           ational procedures in properly determining when to  
7           change a representative payee, including—

8                   (A) from a payee that has a higher order  
9                   of preference (such as a family member) to a  
10                  payee that has a lower order of preference  
11                  (such as a creditor); or

12                   (B) when a request to change payees arises  
13                  from someone other than the beneficiary.

14       (b) REPORT.—Not later than 18 months after the  
15       date of the enactment of this Act, the Commissioner of  
16       Social Security shall submit to the Committee on Ways  
17       and Means of the House of Representatives and the Com-  
18       mittee on Finance of the Senate and make publicly avail-  
19       able a report on the results of the review and reassessment  
20       under subsection (a).