To amend titles XVIII and XIX of the Social Security Act to extend provisions under the Medicare and Medicaid programs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 9, 2008

Mr. McConnell (for himself, Mr. Grassley, and Mr. Kyl) introduced the following bill; which was read the first time

JULY 11, 2008

Read the second time and placed on the calendar

A BILL

To amend titles XVIII and XIX of the Social Security Act to extend provisions under the Medicare and Medicaid programs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Medicare and Medicaid Extension Act of 2008”.

(b) Table of Contents.—The table of contents of this Act is as follows:
Sec. 1. Short title; table of contents.

TITLE I—MEDICARE

Sec. 101. Extension of physician payment update.
Sec. 102. Extension of floor on Medicare work geographic adjustment under the Medicare physician fee schedule.
Sec. 103. Extension of treatment of certain physician pathology services under Medicare.
Sec. 104. Extension of exceptions process for Medicare therapy caps.
Sec. 105. Extension of payment rule for brachytherapy and therapeutic radiopharmaceuticals.
Sec. 106. Extension of accommodation of physicians ordered to active duty in the Armed Services.
Sec. 107. Delay in and reform of Medicare DMEPOS competitive acquisition program.

TITLE II—MEDICAID

Sec. 201. Extension of qualifying individual (QI) program.
Sec. 202. Extension of transitional medical assistance (TMA) and abstinence education program.
Sec. 203. Medicaid DSH extension.

TITLE III—CONTINGENCY

Sec. 301. Contingency.

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TITLE I—MEDICARE

SEC. 101. EXTENSION OF PHYSICIAN PAYMENT UPDATE.

(a) IN GENERAL.—Section 1848(d)(8) of the Social Security Act (42 U.S.C. 1395w–4(d)(8)), as added by section 101 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended—

(1) in subparagraph (A), by striking “June 30, 2008” and inserting “July 31, 2008”; and

(2) in subparagraph (B), by striking “July 1, 2008” and inserting “August 1, 2008”.

as amended by section 101(a)(2) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173) and by section 7002(c) of the Supplemental Appropriations Act, 2008, is amended—

(1) in subclause (III), by inserting “reduced by $600,000,000” before the period at the end; and

(2) in subclause (IV), by inserting “increased by $220,000,000” before the period at the end.

(c) IMPLEMENTATION.—For purposes of carrying out the provisions of, and amendments made by, this title, in addition to any amounts otherwise provided in such provisions and amendments, there are appropriated to the Centers for Medicare & Medicaid Services Program Management Account, out of any money in the Treasury not otherwise appropriated, $20,000,000.

SEC. 102. EXTENSION OF FLOOR ON MEDICARE WORK GEOGRAPHIC ADJUSTMENT UNDER THE MEDICARE PHYSICIAN FEE SCHEDULE.

(a) IN GENERAL.—Section 1848(e)(1)(E) of the Social Security Act (42 U.S.C. 1395w–4(e)(1)(E)), as amended by section 103 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended by striking “before July 1, 2008” and inserting “before August 1, 2008”.

"S 3236 PCS"
(b) TECHNICAL CORRECTION.—Section 602(1) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2301) is amended to read as follows:

“(1) in subparagraph (A), by striking ‘subparagraphs (B), (C), and (E)’ and inserting ‘subparagraphs (B), (C), (E), and (G)’; and”.

SEC. 103. EXTENSION OF TREATMENT OF CERTAIN PHYSICIAN PATHOLOGY SERVICES UNDER MEDICARE.

Section 542(c) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (as enacted into law by section 1(a)(6) of Public Law 106–554), as amended by section 732 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 U.S.C. 1395w–4 note), section 104 of division B of the Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395w–4 note), and section 104 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended by striking “the first 6 months of 2008” and inserting “the first 7 months of 2008”.

SEC. 104. EXTENSION OF EXCEPTIONS PROCESS FOR MEDICARE THERAPY CAPS.

Section 1833(g)(5) of the Social Security Act (42 U.S.C. 1395l(g)(5)), as amended by section 105 of the

SEC. 105. EXTENSION OF PAYMENT RULE FOR BRACHYTHERAPY AND THERAPEUTIC RADIO-PHARMACEUTICALS.

Section 1833(t)(16)(C) of the Social Security Act (42 U.S.C. 1395l(t)(16)(C)), as amended by section 106 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended by striking “July 1, 2008” each place it appears and inserting “August 1, 2008”.

SEC. 106. EXTENSION OF ACCOMMODATION OF PHYSICIANS ORDERED TO ACTIVE DUTY IN THE ARMED SERVICES.

Section 1842(b)(6)(D)(iii) of the Social Security Act (42 U.S.C. 1395u(b)(6)(D)(iii)), as amended by section 116 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), is amended by striking “July 1, 2008” and inserting “August 1, 2008”.

SEC. 107. DELAY IN AND REFORM OF MEDICARE DMEPOS COMPETITIVE ACQUISITION PROGRAM.

(a) Temporary Delay and Reform.—
(1) IN GENERAL.—Section 1847(a) of the Social Security Act (42 U.S.C. 1395w–3(a)) is amended—

(A) in paragraph (1)—

(i) in subparagraph (B)(i), in the matter before subclause (I), by inserting “consistent with subparagraph (D)” after “in a manner”; 

(ii) in subparagraph (B)(i)(II), by striking “80” and “in 2009” and inserting “an additional 70” and “in 2011”, respectively; 

(iii) in subparagraph (B)(i)(III), by striking “after 2009” and inserting “after 2011 (or, in the case of national mail order for items and services, after 2010)”; and 

(iv) by adding at the end the following new subparagraphs:

“(D) CHANGES IN COMPETITIVE ACQUISITION PROGRAMS.—

“(i) ROUND 1 OF COMPETITIVE ACQUISITION PROGRAM.—Notwithstanding subparagraph (B)(i)(I) and in implementing the first round of the competitive acquisition programs under this section—
“(I) the contracts awarded under this section before the date of the enactment of this subparagraph are terminated, no payment shall be made under this title on or after the date of the enactment of this subparagraph based on such a contract, and, to the extent that any damages may be applicable as a result of the termination of such contracts, such damages shall be payable from the Federal Supplementary Medical Insurance Trust Fund under section 1841;

“(II) the Secretary shall conduct the competition for such round in a manner so that it occurs in 2009 with respect to the same items and services and the same areas, except as provided in subclauses (III) and (IV);

“(III) the Secretary shall exclude Puerto Rico so that such round of competition covers 9, instead of 10, of the largest metropolitan statistical areas; and
“(IV) there shall be excluded negative pressure wound therapy items and services.

Nothing in subclause (I) shall be construed to provide an independent cause of action or right to administrative or judicial review with regard to the termination provided under such subclause.

“(ii) ROUND 2 OF COMPETITIVE ACQUISITION PROGRAM.—In implementing the second round of the competitive acquisition programs under this section described in subparagraph (B)(i)(II)—

“(I) the metropolitan statistical areas to be included shall be those metropolitan statistical areas selected by the Secretary for such round as of June 1, 2008; and

“(II) the Secretary may subdivide metropolitan statistical areas with populations (based upon the most recent data from the Census Bureau) of at least 8,000,000 into separate areas for competitive acquisition purposes.
“(iii) Exclusion of certain areas
in subsequent rounds of competitive
acquisition programs.—In implementing subsequent rounds of the competitive acquisition programs under this section, including under subparagraph (B)(i)(III), for competitions occurring before 2015, the Secretary shall exempt from the competitive acquisition program (other than national mail order) the following:

“(I) Rural areas.

“(II) Metropolitan statistical areas not selected under round 1 or round 2 with a population of less than 250,000.

“(III) Areas with a low population density within a metropolitan statistical area that is otherwise selected, as determined for purposes of paragraph (3)(A).

“(E) Verification by OIG.—The Inspector General of the Department of Health and Human Services shall, through post-award audit, survey, or otherwise, assess the process used by the Centers for Medicare & Medicaid
Services to conduct competitive bidding and subsequent pricing determinations under this section that are the basis for pivotal bid amounts and single payment amounts for items and services in competitive bidding areas under rounds 1 and 2 of the competitive acquisition programs under this section and may continue to verify such calculations for subsequent rounds of such programs.

“(F) SUPPLIER FEEDBACK ON MISSING FINANCIAL DOCUMENTATION.—

“(i) IN GENERAL.—In the case of a bid where one or more covered documents in connection with such bid have been submitted not later than the covered document review date specified in clause (ii), the Secretary—

“(I) shall provide, by not later than 45 days (in the case of the first round of the competitive acquisition programs as described in subparagraph (B)(i)(I)) or 90 days (in the case of a subsequent round of such programs) after the covered document review date, for notice to the bidder of
all such documents that are missing
as of the covered document review
date; and

“(II) may not reject the bid on
the basis that any covered document
is missing or has not been submitted
on a timely basis, if all such missing
documents identified in the notice pro-
vided to the bidder under subclause
(I) are submitted to the Secretary not
later than 10 business days after the
date of such notice.

“(ii) COVERED DOCUMENT REVIEW
DATE.—The covered document review date
specified in this clause with respect to a
competitive acquisition program is the
later of—

“(I) the date that is 30 days be-
fore the final date specified by the
Secretary for submission of bids
under such program; or

“(II) the date that is 30 days
after the first date specified by the
Secretary for submission of bids
under such program.
“(iii) Limitations of Process.—

The process provided under this subparagraph—

“(I) applies only to the timely submission of covered documents;

“(II) does not apply to any determination as to the accuracy or completeness of covered documents submitted or whether such documents meet applicable requirements;

“(III) shall not prevent the Secretary from rejecting a bid based on any basis not described in clause (i)(II); and

“(IV) shall not be construed as permitting a bidder to change bidding amounts or to make other changes in a bid submission.

“(iv) Covered Document Defined.—In this subparagraph, the term ‘covered document’ means a financial, tax, or other document required to be submitted by a bidder as part of an original bid submission under a competitive acquisition program in order to meet required
financial standards. Such term does not include other documents, such as the bid itself or accreditation documentation.”;

and

(B) in paragraph (2)(A), by inserting before the period at the end the following: “and excluding certain complex rehabilitative power wheelchairs recognized by the Secretary as classified within group 3 or higher (and related accessories when furnished in connection with such wheelchairs)”.

(2) BUDGET NEUTRAL OFFSET.—

(A) IN GENERAL.—Section 1834(a)(14) of such Act (42 U.S.C. 1395m(a)(14)) is amended—

(i) by striking “and” at the end of subparagraphs (H) and (I);

(ii) by redesignating subparagraph (J) as subparagraph (M); and

(iii) by inserting after subparagraph (I) the following new subparagraphs:

“(J) for 2009—

“(i) in the case of items and services furnished in any geographic area, if such items or services were selected for competi-
tive acquisition in any area under the competitive acquisition program under section 1847(a)(1)(B)(i)(I) before July 1, 2008, including related accessories but only if furnished with such items and services selected for such competition and diabetic supplies but only if furnished through mail order, -9.5 percent; or

“(ii) in the case of other items and services, the percentage increase in the consumer price index for all urban consumers (U.S. urban average) for the 12-month period ending with June 2008;

“(K) for 2010, 2011, 2012, and 2013, the percentage increase in the consumer price index for all urban consumers (U.S. urban average) for the 12-month period ending with June of the previous year;

“(L) for 2014—

“(i) in the case of items and services described in subparagraph (J)(i) for which a payment adjustment has not been made under subsection (a)(1)(F)(ii) in any previous year, the percentage increase in the consumer price index for all urban con-
sumers (U.S. urban average) for the 12-month period ending with June 2013, plus 2.0 percentage points; or

“(ii) in the case of other items and services, the percentage increase in the consumer price index for all urban consumers (U.S. urban average) for the 12-month period ending with June 2013; and”.

(B) CONFORMING TREATMENT FOR CERTAIN ITEMS AND SERVICES.—The second sentence of section 1842(s)(1) of such Act (42 U.S.C. 1395u(s)(1)) is amended by striking “except that” and all that follows and inserting the following: “except that for items and services described in paragraph (2)(D)—

“(A) for 2009 section 1834(a)(14)(J)(i) shall apply under this paragraph instead of the percentage increase otherwise applicable; and

“(B) for 2014, if subparagraph (A) is applied to the items and services and there has not been a payment adjustment under paragraph (3)(B) for the items and services for any previous year, the percentage increase computed under section
1834(a)(14)(L)(i) shall apply instead of the percentage increase otherwise applicable.”.

(3) Conforming Delay.—Subsections (a)(1)(F) and (h)(1)(H) of section 1834 of the Social Security Act (42 U.S.C. 1395m) are each amended by striking “January 1, 2009” and inserting “January 1, 2011”.

(4) Considerations in Application.—Section 1834 of such Act (42 U.S.C. 1395m) is amended—

(A) in subsection (a)(1)—

(i) in subparagraph (F), by inserting “subject to subparagraph (G),” before “that are included”; and

(ii) by adding at the end the following new subparagraph:

“(G) Use of Information on Competitive Bid Rates.—The Secretary shall specify by regulation the methodology to be used in applying the provisions of subparagraph (F)(ii) and subsection (h)(1)(H)(ii). In promulgating such regulation, the Secretary shall consider the costs of items and services in areas in which such provisions would be applied compared to
the payment rates for such items and services in competitive acquisition areas.

(B) in subsection (h)(1)(H), by inserting “subject to subsection (a)(1)(G),” before “that are included”.

(b) QUALITY STANDARDS.—

(1) APPLICATION OF ACCREDITATION REQUIREMENT.—

(A) In general.—Section 1834(a)(20) of the Social Security Act (42 U.S.C. 1395m(a)(20)) is amended—

(i) in subparagraph (E), by inserting “including subparagraph (F),” after “under this paragraph,”; and

(ii) by adding at the end the following new subparagraph:

“(F) APPLICATION OF ACCREDITATION REQUIREMENT.—In implementing quality standards under this paragraph—

“(i) subject to clause (ii), the Secretary shall require suppliers furnishing items and services described in subparagraph (D) on or after October 1, 2009, directly or as a subcontractor for another entity, to have submitted to the Secretary
evidence of accreditation by an accreditation organization designated under subparagraph (B) as meeting applicable quality standards; and

“(ii) in applying such standards and the accreditation requirement of clause (i) with respect to eligible professionals (as defined in section 1848(k)(3)(B)), and including such other persons, such as orthotists and prosthetists, as specified by the Secretary, furnishing such items and services—

“(I) such standards and accreditation requirement shall not apply to such professionals and persons unless the Secretary determines that the standards being applied are designed specifically to be applied to such professionals and persons; and

“(II) the Secretary may exempt such professionals and persons from such standards and requirement if the Secretary determines that licensing, accreditation, or other mandatory quality requirements apply to such
professionals and persons with respect
to the furnishing of such items and
services.”.

(B) CONSTRUCTION.—Section
1834(a)(20)(F)(ii) of the Social Security Act,
as added by subparagraph (A), shall not be con-
strued as preventing the Secretary of Health
and Human Services from implementing the
first round of competition under section 1847
of such Act on a timely basis.

(2) DISCLOSURE OF SUBCONTRACTORS UNDER
COMPETITIVE ACQUISITION PROGRAM.—Section
1847(b)(3) of such Act (42 U.S.C. 1395w–3(b)(3))
is amended by adding at the end the following new
subparagraph:

“(C) DISCLOSURE OF SUBCONTRAC-
tors.—

“(i) INITIAL DISCLOSURE.—Not later
than 10 days after the date a supplier en-
ters into a contract with the Secretary
under this section, such supplier shall dis-
close to the Secretary, in a form and man-
ner specified by the Secretary, the infor-
formation on—
“(I) each subcontracting relationship that such supplier has in furnishing items and services under the contract; and

“(II) whether each such subcontractor meets the requirement of section 1834(a)(20)(F)(i), if applicable to such subcontractor.

“(ii) Subsequent Disclosure.—Not later than 10 days after such a supplier subsequently enters into a subcontracting relationship described in clause (i)(II), such supplier shall disclose to the Secretary, in such form and manner, the information described in subclauses (I) and (II) of clause (i).”.

(3) Competitive Acquisition Ombudsman.—Section 1847 of such Act (42 U.S.C. 1395w–3) is amended by adding at the end the following new subsection:

“(f) Competitive Acquisition Ombudsman.—The Secretary shall provide for a competitive acquisition ombudsman within the Centers for Medicare & Medicaid Services in order to respond to complaints and inquiries made by suppliers and individuals relating to the applica-
tion of the competitive acquisition program under this sec-
section. The ombudsman may be within the office of the
Medicare Beneficiary Ombudsman appointed under sec-
tion 1808(c). The ombudsman shall submit to Congress
an annual report on the activities under this subsection,
which report shall be coordinated with the report provided
under section 1808(c)(2)(C).”.

(c) CHANGE IN REPORTS AND DEADLINES.—

(1) GAO REPORT.—Section 302(b)(3) of the
Medicare Prescription Drug, Improvement, and
Modernization Act of 2003 (Public Law 108-173) is
amended—

(A) in subparagraph (A)—

(i) by inserting “and as amended by
section 2 of the Medicare DMEPOS Com-
petitive Acquisition Reform Act of 2008”
after “as amended by paragraph (1)”; and

(ii) by inserting before the period at
the end the following: “and the topics spec-
ified in subparagraph (C)”;

(B) in subparagraph (B), by striking “Not
later than January 1, 2009,” and inserting
“Not later than 1 year after the first date that
payments are made under section 1847 of the
Social Security Act,”; and
(C) by adding at the end the following new subparagraph:

“(C) TOPICS.—The topics specified in this subparagraph, for the study under subparagraph (A) concerning the competitive acquisition program, are the following:

“(i) Beneficiary access to items and services under the program, including the impact on such access of awarding contracts to bidders that—

“(I) did not have a physical presence in an area where they received a contract; or

“(II) had no previous experience providing the product category they were contracted to provide.

“(ii) Beneficiary satisfaction with the program and cost savings to beneficiaries under the program.

“(iii) Costs to suppliers of participating in the program and recommendations about ways to reduce those costs without compromising quality standards or savings to the Medicare program.
“(iv) Impact of the program on small business suppliers.

“(v) Analysis of the impact on utilization of different items and services paid within the same Healthcare Common Procedure Coding System (HCPCS) code.

“(vi) Costs to the Centers for Medicare & Medicaid Services, including payments made to contractors, for administering the program compared with administration of a fee schedule, in comparison with the relative savings of the program.

“(vii) Impact on access, Medicare spending, and beneficiary spending of any difference in treatment for diabetic testing supplies depending on how such supplies are furnished.

“(viii) Such other topics as the Comptroller General determines to be appropriate.”.

(2) DELAY IN OTHER DEADLINES.—

(A) PROGRAM ADVISORY AND OVERSIGHT COMMITTEE.—Section 1847(c)(5) of the Social Security Act (42 U.S.C. 1395w–3(c)(5)) is
amended by striking “December 31, 2009” and inserting “December 31, 2011”.

(B) SECRETARIAL REPORT.—Section 1847(d) of such Act (42 U.S.C. 1395w–3(d)) is amended by striking “July 1, 2009” and inserting “July 1, 2011”.

(C) IG REPORT.—Section 302(e) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) is amended by striking “July 1, 2009” and inserting “July 1, 2011”.

(3) EVALUATION OF CERTAIN CODE.—The Secretary of Health and Human Services shall evaluate the existing Health Care Common Procedure Coding System (HCPCS) codes for negative pressure wound therapy to ensure accurate reporting and billing for items and services under such codes. In carrying out such evaluation, the Secretary shall use an existing process, administered by the Durable Medical Equipment Medicare Administrative Contractors, for the consideration of coding changes and consider all relevant studies and information furnished pursuant to such process.

(d) OTHER PROVISIONS.—
(1) Exemption from Competitive Acquisition for Certain Off-the-Shelf Orthotics.—

Section 1847(a) of the Social Security Act (42 U.S.C. 1395w–3(a)) is amended by adding at the end the following new paragraph:

“(7) Exemption from Competitive Acquisition.—The programs under this section shall not apply to the following:

“(A) Certain off-the-shelf orthotics.—Items and services described in paragraph (2)(C) if furnished—

“(i) by a physician or other practitioner (as defined by the Secretary) to the physician’s or practitioner’s own patients as part of the physician’s or practitioner’s professional service; or

“(ii) by a hospital to the hospital’s own patients during an admission or on the date of discharge.

“(B) Certain durable medical equipment.—Those items and services described in paragraph (2)(A)—

“(i) that are furnished by a hospital to the hospital’s own patients during an admission or on the date of discharge; and
“(ii) to which such programs would
not apply, as specified by the Secretary, if
furnished by a physician to the physician’s
own patients as part of the physician’s
professional service.”.

(2) Correction in face-to-face examination requirement.—Section 1834(a)(1)(E)(ii) of
such Act (42 U.S.C. 1395m(a)(1)(E)(ii)) is amended
by striking “1861(r)(1)” and inserting “1861(r)”.

(3) Special rule in case of national mail-
order competition for diabetic testing
strips.—Section 1847(b) of such Act (42 U.S.C.
1395w–3(b)) is amended—

(A) by redesignating paragraph (10) as
paragraph (11); and

(B) by inserting after paragraph (9) the
following new paragraph:

“(10) Special rule in case of competition
for diabetic testing strips.—

“(A) In general.—With respect to the
competitive acquisition program for diabetic
testing strips conducted after the first round of
the competitive acquisition programs, if an enti-
ty does not demonstrate to the Secretary that
its bid covers types of diabetic testing strip
products that, in the aggregate and taking into account volume for the different products, cover 50 percent (or such higher percentage as the Secretary may specify) of all such types of products, the Secretary shall reject such bid. The volume for such types of products may be determined in accordance with such data (which may be market based data) as the Secretary recognizes.

“(B) Study of types of testing strip products.—Before 2011, the Inspector General of the Department of Health and Human Services shall conduct a study to determine the types of diabetic testing strip products by volume that could be used to make determinations pursuant to subparagraph (A) for the first competition under the competitive acquisition program described in such subparagraph and submit to the Secretary a report on the results of the study. The Inspector General shall also conduct such a study and submit such a report before the Secretary conducts a subsequent competitive acquisition program described in subparagraph (A).”
(4) Other Conforming Amendments.—Section 1847(b)(11) of such Act, as redesignated by paragraph (3), is amended—

(A) in subparagraph (C), by inserting “and the identification of areas under subsection (a)(1)(D)(iii)” after “(a)(1)(A)”;

(B) in subparagraph (D), by inserting “and implementation of subsection (a)(1)(D)” after “(a)(1)(B)”;

(C) in subparagraph (E), by striking “or” at the end;

(D) in subparagraph (F), by striking the period at the end and inserting “; or”; and

(E) by adding at the end the following new subparagraph:

“(G) the implementation of the special rule described in paragraph (10).”.

(5) Funding for Implementation.—In addition to funds otherwise available, for purposes of implementing the provisions of, and amendments made by, this section, other than the amendment made by subsection (c)(1) and other than section 1847(a)(1)(E) of the Social Security Act, the Secretary of Health and Human Services shall provide for the transfer from the Federal Supplementary
Medical Insurance Trust Fund established under section 1841 of the Social Security Act (42 U.S.C. 1395t) to the Centers for Medicare & Medicaid Services Program Management Account of $20,000,000 for fiscal year 2008, and $25,000,000 for each of fiscal years 2009 through 2012. Amounts transferred under this paragraph for a fiscal year shall be available until expended.

(e) EFFECTIVE DATE.—The amendments made by this section shall take effect as of June 30, 2008.

TITLE II—MEDICAID

SEC. 201. EXTENSION OF QUALIFYING INDIVIDUAL (QI) PROGRAM.

(a) Extension.—Section 1902(a)(10)(E)(iv) of the Social Security Act (42 U.S.C. 1396a(a)(10)(E)(iv)) is amended by striking “June” and inserting “July”.

(b) Extending Total Amount Available for Allocation.—Section 1933(g)(2)(I) of the Social Security Act (42 U.S.C. 1396u–3(g)(2)(I)) is amended—

(1) by striking “June 30” and inserting “July 31”;

(2) by striking “$200,000,000” and inserting “$250,000,000”.

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SEC. 202. EXTENSION OF TRANSITIONAL MEDICAL ASSISTANCE (TMA) AND ABSTINENCE EDUCATION PROGRAM.


(1) by striking “June 30” and inserting “July 31”;

(2) by striking “the third quarter of fiscal year 2008” and inserting “July 31, 2008”; and

(3) by striking “the third quarter of fiscal year 2007” and inserting “July 31, 2007”.

SEC. 203. MEDICAID DSH EXTENSION.

Section 1923(f)(6) of the Social Security Act (42 U.S.C. 1396r–4(f)(6)) is amended—

(1) in subparagraph (A)(i), in the second sentence—

(A) by striking “June 30” and inserting “July 31”; and

(B) by striking “3/4” and inserting “5/6”; and
(2) in subparagraph (B)(i)—

(A) in the first sentence, by striking “June 30” and inserting “July 31”; and

(B) by striking “$7,500,000” and inserting “$8,333,333”.

TITLE III—CONTINGENCY

SEC. 301. CONTINGENCY.

If a bill entitled the “Medicare Improvements for Patients and Providers Act of 2008” is enacted, before, on, or after the date of enactment of this Act, except for sections 101(c), the provisions of, and amendments made by, this Act are repealed and any Act amended by such amendments shall be administered as if such provisions and amendments had not been enacted.
To amend titles XVIII and XIX of the Social Security Act to extend provisions under the Medicare and Medicaid programs, and for other purposes.

Calendar No. 874

110th Congress

S. 3236

JULY 11, 2008

Read the second time and placed on the calendar