SA 3558. Ms. SNOWE submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SECTION 2304. LIMITATION OF POWERS OF THE SECRETARY.

Notwithstanding any other provision of law, the Secretary of Health and Human Services shall have no power or authority other than such power and authority granted by statute and in effect before January 1, 2010.

SA 3559. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. 2305. BUREAUCRAT LIMITATION.

For each new bureaucrat added to any department or agency of the Federal Government, the Secretary shall have no power or authority other than such power and authority granted by statute and in effect before January 1, 2010.

SA 3560. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of title I, add the following:

Subtitle G—Additional Provisions

Eliminating Waste, Fraud, and Abuse

SEC. 1601. SITE INSPECTIONS, BACKGROUND CHECKS, DENIAL, AND SUSPENSION OF BILLING PRIVILEGES.

(a) Site Inspections for DME Suppliers, Community Mental Health Centers, and Other Provider Groups.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following:

"SITE INSPECTIONS FOR DME SUPPLIERS, COMMUNITY MENTAL HEALTH CENTERS, AND OTHER PROVIDER GROUPS.—The Secretary of Health and Human Services shall conduct a site inspection of any supplier of durable medical equipment, community mental health center, or other provider of services or supplies under this title, including any individual or entity that enrolls under this title, with respect to the furnishing of any item or service under this title, for the purpose of determining whether such supplier of durable medical equipment, community mental health center, or other provider of services or supplies is operating in a manner that is consistent with the requirements of this title.

(b) Background Checks.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following:

"BACKGROUND CHECKS; DENIAL AND SUSPENSION OF BILLING PRIVILEGES.

(1) Conduct the background check before authorizing billing privileges under this title to an individual or entity, respectively.

(2) Include a search of criminal records in the background check.

(3) Provide for procedures that ensure the background check does not unreasonably delay the authorization of billing privileges under this title to an individual or entity, respectively.

(4) Establish criteria for targeted reviews when the individual or entity renews participation under this title, with respect to the background check of the individual or entity, as determined by the Secretary, if the individual or entity is facing financial difficulties, such as failure to pay a Federal or State tax, operating a business in violation of law, or facing an inquiry or investigation by a State or Federal agency.

(5) Establish criteria for targeted reviews when the individual or entity renews participation under this title, with respect to the background check of the individual or entity, as determined by the Secretary, if the individual or entity is facing financial difficulties, such as failure to pay a Federal or State tax, operating a business in violation of law, or facing an inquiry or investigation by a State or Federal agency.

(6) Establish criteria for targeted reviews when the individual or entity renews participation under this title, with respect to the background check of the individual or entity, as determined by the Secretary, if the individual or entity is facing financial difficulties, such as failure to pay a Federal or State tax, operating a business in violation of law, or facing an inquiry or investigation by a State or Federal agency.
procedure meets the requirements of such subsection.

"(c) ATTORNEY GENERAL REQUIRED TO PROVIDE INFORMATION.—

"(1) IN GENERAL.—Upon request of the Secretary, the Attorney General shall provide the criminal background check information referred to in subsection (a)(2) to the Secretary.

"(2) RESTRICTION ON USE OF DISCLOSED INFORMATION.—The Secretary may only use the information disclosed under subsection (a) for the purpose of carrying out the Secretary's responsibilities under this title.

"(d) REFUSAL TO AUTHORIZE BILLING PRIVILEGES.—

"(1) AUTHORITY.—In addition to any other remedy available to the Secretary, the Secretary may refuse to authorize billing privileges to an individual or entity if the Secretary determines, after a background check conducted under this section, that such individual or entity, respectively, has a history of acts that indicate issuance of such billing privilege under this title to such individual or entity, respectively, has an outstanding overpayment due if—

"(A) any bankruptcy;

"(B) any act resulting in a civil judgment against such individual or entity; or

"(C) any felony conviction under Federal or State law.

"(2) REVISING REFUSAL TO AUTHORIZE BILLING PRIVILEGES TO THE HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB).—

"(A) IN GENERAL.—Subject to subparagraph (B), a determination under paragraph (1) to refuse to authorize billing privileges under this title to an individual or entity as a result of a background check conducted under this section shall be reported to the healthcare integrity and protection data bank established under section 1128E in accordance with the procedures for reporting final adverse actions taken against a healthcare provider, supplier, or practitioner under that section.

"(B) EXCEPTION.—Any determination described in subparagraph (A) that the Secretary specifies is not appropriate for inclusion in the healthcare integrity and protection data bank established under section 1128E shall not be reported to such data bank.

"(c) DENIAL AND SUSPENSION OF BILLING PRIVILEGES.—The Secretary of Health and Human Services may refuse to issue a unique identification number described in subsection (a)(3) to an applicable person if the Secretary determines, after a background check under paragraph (2), the Secretary shall—

"(A) conduct the background check before enacting this Act;

"(B) any act resulting in a civil judgment against such person; or

"(C) any felony conviction under Federal or State law.

"(3) TIMELY REVIEW.—The Secretary shall provide for procedures that ensure the time-

ly consideration and determination regarding approval of applications under this subsection.

"(d) DEFINITION OF APPLICABLE PERSON.—In this section, the term "applicable person" means any individual or entity that compiles or submits claims for reimbursement under this title to the Secretary on behalf of any individual or entity.

"(2) BACKGROUND CHECKS.—

"(A) IN GENERAL.—Except as provided in paragraph (2), the Secretary shall conduct a background check on any applicable person that registers under subsection (a). In performing the background check, the Secretary shall—

"(i) conduct the background check before issuing a unique identification number to the applicable person;

"(ii) request a copy of any criminal records in the background check;

"(iii) provide for procedures that ensure the background check does not unreasonably delay the issuance of the unique identification number to an eligible applicable person; and

"(D) establish criteria for periodic targeted reviews with respect to the background check of the applicable person.

"(2) USE OF STATE LICENSING PROCEDURE.—The Secretary may use the results of a State licensing procedure as a background check under paragraph (1) if the State licensing procedure meets the requirements of such paragraph.

"(3) ATTORNEY GENERAL REQUIRED TO PROVIDE INFORMATION.—

"(A) IN GENERAL.—Upon request of the Secretary, the Attorney General shall provide the criminal background check information referred to in paragraph (1)(B) to the Secretary.

"(B) RESTRICTION ON USE OF DISCLOSED INFORMATION.—The Secretary may only use the information disclosed under paragraph (1) for the purpose of carrying out the Secretary's responsibilities under this title.

"(C) ATTORNEY GENERAL REQUIRED TO PROVIDE INFORMATION.—

"(A) IN GENERAL.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (as amended by section 6502(d) of the Patient Protection and Affordable Care Act), as amended by section 6402(d) of the Social Security Act (42 U.S.C. 1395dd) to carry out the provisions of sections 1899b and 1899C of that Act (as added by subsections (a) and (b)).

SEC. 1602. REGISTRATION AND BACKGROUND CHECKS OF BILLING AGENCIES AND INDIVIDUALS.

(a) IN GENERAL.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) (as amended by section 6502(d) of the Patient Protection and Affordable Care Act), as amended by section 6402(d) of the Social Security Act (42 U.S.C. 1395dd) to carry out the provisions of sections 1899b and 1899C of that Act (as added by subsections (a) and (b)).

"(1) REGULATIONS.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall promulgate such regulations as are necessary to implement the amendments made by subsections (a), (b), and (c).

"(2) EFFECTIVE DATES.—

"(A) SITE INSPECTIONS AND BACKGROUND CHECKS.—The amendments made by subsections (a) and (b) shall apply to applications to enroll in title XVIII of the Social Security Act received by the Secretary of Health and Human Services on or after the first day of the first year beginning after the date of the enactment of this Act.

"(B) DENIALS AND SUSPENSIONS OF BILLING PRIVILEGES.—The amendment made by subsection (c) shall apply to overpayments or debts in existence on or after the date of the enactment of this Act, regardless of whether the final determination, with respect to such overpayment or debt, was made before, on, or after such date.

"(B) USE OF MEDICARE INTEGRITY PROGRAM FUNDS.—The Secretary of Health and Human Services may use funds appropriated or transferred for purposes of carrying out the Medicare integrity program established under section 1833 of the Social Security Act (42 U.S.C. 1395dd) to carry out the provisions of sections 1899b and 1899C of this Act (as added by subsections (a) and (b)).
the Secretary of Health and Human Services shall promulgate such regulations as are necessary to implement the amendments made by subsections (a) and (b).

(2) R ECOVERY OF OVERPAYMENT TO PROVIDERS UNDER PART b OF MEDICARE.—Section 1603(p) of the Social Security Act (42 U.S.C. 1395l(p)) is amended—

(a) by inserting “(1)” after “(j)” and

(b) by adding at the end the following:

“(2) Notwithstanding any other provision of law, amounts due to the Secretary under this section that are not dischargeable under section 727, 944, 1141, 1228, or 1328 of title 11, United States Code, or any other provision of such title if the overpayment was the result of fraudulent activity, as may be defined by the Secretary.”.

(3) RECOVERY OF OVERPAYMENT OF BENEFITS UNDER PART b OF MEDICARE.—Section 1603(p) of the Social Security Act (42 U.S.C. 1395l(p)) is amended—

(a) by inserting “(1)” after “(j)” and

(b) by adding at the end the following:

“(2) Notwithstanding any other provision of law, amounts due to the Secretary under this section that are not dischargeable under section 727, 944, 1141, 1228, or 1328 of title 11, United States Code, or any other provision of such title if the overpayment was the result of fraudulent activity, as may be defined by the Secretary.”.

(4) CONVERSION OF PAST-DUE OBLIGATIONS ARISING FROM BREACH OF SCHOLARSHIP AND LOAN CONTRACT.—Section 1607(h) of the Social Security Act (42 U.S.C. 1310d(h)) is amended by adding at the end the following:

“(b) the office of the Inspector General of the Department of Health and Human Services, any criminal investigator of the Office of Inspector General of such department may, in accordance with guidelines issued by the Secretary of Health and Human Services and approved by the Attorney General, when engaged in activities within the lawful jurisdiction of such Inspector General—

(1) obtain and execute any warrant or other process issued under the authority of the United States.

(2) make an arrest without a warrant for—
(a) any offense against the United States committed in the presence of such investigator; or
(b) any felony offense against the United States, if the investigator has reasonable cause to believe that the person to be arrested has committed or is committing that felony offense; and
(c) any other authority necessary to carry out the authority described in paragraphs (1) and (2).

(b) FUNDS.—The Office of Inspector General by the Department of Justice, the Department of the Treasury, or the United States Postal Service. Such equitable sharing funds shall be deposited in a separate account and shall remain available until expended.

SEC. 1610. UNI-VERSAL PRODUCT NUMBERS ON CLAIMS FORMS FOR REIMBURSEMENT UNDER THE MEDICARE PROGRAM.

(a) UPNs on Claims Forms for Reimbursement Under the Medicare Program.—

(1) AC-COMMODATION OF UPNS ON MEDICARE CLAIMS FORMS.—Not later than February 1, 2011, all claims forms developed or used by the Secretary of Health and Human Services for reimbursement under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) shall accommodate the use of universal product numbers for a UPN covered item.

(2) BURSEMENT UNDER THE MEDICARE PROGRAM.—Not later than February 1, 2011, all claims forms developed or used by the Secretary of Health and Human Services, in consultation with manufacturers and entities with appropriate expertise, shall determine the relevant descriptive information appropriate for inclusion in a universal product number for a UPN covered item.

(b) REVIEW OF PROCEDURE.—From the information obtained by the use of universal product numbers, the Secretary shall conduct a study on the results of the implementation of the provisions in paragraphs (1) and (3) of subsection (a) and the amendment to the Social Security Act in paragraph (2) of this subsection.

(1) EFFECTIVE DATE.—The amendment made by subsection (a)(2) shall apply to claims submitted on and after February 1, 2011.

(b) STUDY AND REPORTS TO CONGRESS.—

(1) STUDY.—The Secretary of Health and Human Services shall conduct a study on the results of the implementation of the provisions in paragraphs (1) and (3) of subsection (a) and the amendment to the Social Security Act in paragraph (2) of this subsection.

(2) REPORTS.—

(A) IN GENERAL.—No payment shall be made under this title for any claim for reimbursement for any UPN covered item unless the claim contains the universal product number of the UPN covered item.

(B) DEFINITIONS.—In this section:

(1) UPN COVERED ITEM.—The term ‘UPN covered item’ means—

(A) the term ‘universal product number’ as defined in section 1384(a); and

(B) any other term for which payment is made under this title that the Secretary determines to be appropriate.

(2) UNIVERSAL PRODUCT NUMBER.—The term ‘universal product number’ means a number that is—

(A) affixed by the manufacturer to each individual UPN covered item that uniquely identifies the item at each packaging level; and

(B) based on commercially acceptable identification standards such as, but not limited to, standards established by the Uniform Code Council-International Article Numbering System or the Health Industry Business Communication Council.

(3) DEVELOPMENT AND IMPLEMENTATION OF PROCEDURES.—

(A) INFORMATION INCLUDED ON UPN.—The Secretary of Health and Human Services, in consultation with manufacturers and entities with appropriate expertise, shall determine the relevant descriptive information appropriate for inclusion in a universal product number for a UPN covered item.

(b) REVIEW OF PROCEDURE.—From the information obtained by the use of universal product numbers, the Secretary shall conduct a study on the results of the implementation of the provisions in paragraphs (1) and (2) of subsection (a) and the amendment to the Social Security Act in paragraph (2) of this subsection.

(1) EFFECTIVE DATE.—The amendment made by subsection (a)(2) shall apply to claims submitted on and after February 1, 2011.

(b) STUDY AND REPORTS TO CONGRESS.—

(1) STUDY.—The Secretary of Health and Human Services and the Health and Human Services shall conduct a study on the results of the implementation of the provisions in paragraphs (1) and (3) of subsection (a) and the amendment to the Social Security Act in paragraph (2) of this subsection.

(2) REPORTS.—

(A) IN GENERAL.—No payment shall be made under this title for any claim for reimbursement for any UPN covered item unless the claim contains the universal product number of the UPN covered item.

(B) DEFINITIONS.—In this section:

(1) UPN COVERED ITEM.—The term ‘UPN covered item’ means—

(A) the term ‘universal product number’ as defined in section 1384(a); and

(B) any other term for which payment is made under this title that the Secretary determines to be appropriate.

(2) UNIVERSAL PRODUCT NUMBER.—The term ‘universal product number’ means a number that is—

(A) affixed by the manufacturer to each individual UPN covered item that uniquely identifies the item at each packaging level; and

(B) based on commercially acceptable identification standards such as, but not limited to, standards established by the Uniform Code Council-International Article Numbering System or the Health Industry Business Communication Council.

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary, not to exceed $5,000,000 for each of fiscal years 2010 through 2014.

(d) REPORT TO CONGRESS.—The Secretary shall submit to Congress a report on the effectiveness of activities conducted under this section, including a description of any savings to the programs referred to in paragraph (1) that results from such activities and the overall administrative cost of such activities and a determination as to the amount of funding needed to carry out this section for subsequent fiscal years, together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

SEC. 1612. COMPREHENSIVE SANCTIONS DATA- BASE AND ACCESS TO CLAIMS AND PAYMENT DATABASES.

(a) COMPREHENSIVE SANCTIONS DATABASE.—

The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish a comprehensive sanctions database on sanctions imposed on providers of services, suppliers, and related entities. Such database shall be overseen by the Inspector General of the Department of Health and Human Services and shall be linked to related databases maintained by State licensure boards and by Federal or State law enforcement agencies.

(b) ACCESS TO CLAIMS AND PAYMENT DATABASES.—The Secretary shall ensure that the Inspector General of the Department of Health and Human Services and Federal law enforcement agencies has access to claims and payment databases of the Secretary under the Medicare or Medicaid program.

(c) CIVIL MONETARY PENALTIES FOR SUBMISSION OF ERRONEOUS INFORMATION.—In the case of a provider of services, supplier, or other entity that knowingly submits erroneous information, the Secretary, or any entity under the Medicare or Medicaid program, the Secretary may impose a civil money penalty of not to exceed $50,000 for each such erroneous submission. A civil money penalty under this subsection shall be imposed and collected in the same manner as a civil money penalty under section (a) of title 26 of the Internal Revenue Code of 1986 (or any equivalent penalty under any future Code of Federal Regulations).

SA 3561. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13; which was ordered to lie on the table; as follows:

At the end of the subtitle B of title II, add the following:

SEC. 2304. NONDISCRIMINATION ON ABORTION AND RESPECT FOR RIGHTS OF CONSCIENCE.

(a) Nondiscrimination.—A Federal agency or program, and any State or local govern- or health care entity receiving Federal financial assistance under the Patient Protection and Affordable Care Act (or an amendment made by such Act), shall not

(1) subject any individual or institutional health care entity to discrimination; or

(2) require any health care entity that is established or regulated under such programs to conduct procedures established under subsection (a) that could indicate fraud or abuse.

(b) DEFINITION.—In this section, the term ‘health care entity’ includes an individual...
physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, a plan sponsor, a health insurance issuer, each qualified health plan issuer offering such a plan, or any other kind of health care facility, organization, or plan.

(c) Administration.—The Office for Civil Rights of the Department of Health and Human Services is designated to receive complaints of discrimination based on this section, and coordinate the investigation of such complaints.

SA 3562. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of section 1405, add the following:

(e) Nonapplication to Class I Devices.—Paragraph (2) of section 1411(b) of the Internal Revenue Code, as added by subsection (a), is amended by redesignating subparagraphs (A) through (D) as subparagraphs (B) through (E), respectively, and by inserting before (B) the following new subparagraph:

"(A) devices classified in class I under section 513 of such Act."

SA 3563. Mr. COBURN submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle F of title I, insert the following:

SEC. 1502. REPEAL OF PERSONAL RESPONSIBILITY EDUCATION PROGRAM.

Section 513 of the Social Security Act, as added by section 2623 and amended by sections 10201(h) and 5000A(e)(1)(A) of the Internal Revenue Code of 1986, is amended by striking "8 percent" and inserting "10 percent."

SA 3564. Mr. GRASSLEY (for himself and Mr. ROBERTS) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section A of title I, insert the following:

SEC. 1006. PARTICIPATION OF PRESIDENT, VICE PRESIDENT, MEMBERS OF CONGRESS, POLITICAL APPOINTEES, AND CONGRESSIONAL STAFF IN THE EXCHANGE.

(a) In General.—Section 1312(d)(3)(D) of the Patient Protection and Affordable Care Act is amended to read as follows:

"(D) President, Vice President, Members of Congress, Political Appointees, and Congressional Staff in the Exchange.—

"(1) In General.—Notwithstanding chapter 89 of title 5, United States Code, or any provision of this title—

"(A) include gross reductions in Federal spending and gross increases in revenues made by the Health Care Acts; and

"(B) any employer contribution under such chapter on behalf of the President, Vice President, any Member of Congress, any political appointee, and any Congressional employee may be paid only to the issuer of a qualified health plan in which the individual enrolled in through such Exchange and not to the issuer of a plan offered through the Federal Employees Health Benefit program under such chapter.

"(ii) PAYMENTS BY FEDERAL GOVERNMENT.—The Secretary, in consultation with the Director of the Office of Personnel Management, shall establish procedures under which—

"(I) the employer contributions under such chapter on behalf of the President, Vice President, and each political appointee are determined and actuarially adjusted for age; and

"(II) the employer contributions may be made directly to an Exchange for payment to an issuer.

"(iii) POLITICAL APPOINTEE.—In this subparagraph, the term 'political appointee' means any individual who—

"(I) is employed in a position described under sections 5112 through 5116 of title 5, United States Code, (relating to the Executive Schedule);

"(II) is a limited term appointee, limited emergency appointee, or noncareer appointee of the Senior Executive Service, as defined under paragraphs (5), (6), and (7), respectively, of section 3332(a) of title 5, United States Code; or

"(III) is employed in a position in the executive branch of the Government of a confidential or policy-determining character under schedule C of subpart C of part 213 of title 5 of the Code of Federal Regulations.

"(iv) CONGRESSIONAL EMPLOYEE.—In this subparagraph, the term 'Congressional employee' means an employee whose pay is disbursed by the Secretary of the Senate or the Clerk of the House of Representatives.

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect as if included in the Patient Protection and Affordable Care Act.

SA 3565. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of section B of title I, insert the following:

SEC. 1504. PREVENTING THE IMPLEMENTATION OF NEW ENROLLMENT SYSTEMS THAT WOULD RAID MEDICARE.

(a) BAN ON NEW SPENDING TAKING EFFECT.

(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary of the Treasury and the Secretary of Health and Human Service are prohibited from implementing any spending increase or revenue reduction provision in title X of the Health Care Acts unless both the Director of the Office of Management and Budget (referred to in this section as ‘OMB’) and the Chief Actuary of the Centers for Medicare and Medicaid Services (referred to in this section as ‘CMS OACT’) certify that they project that all of the projected Federal spending increases and revenue reductions resulting from such spending increases or revenue reductions will be offset by projected gross savings from the Health Care Acts.

(b) CALCULATIONS.—For purposes of this section, predicted gross savings shall be:

(A) include gross reductions in Federal spending and gross increases in revenues made by the Health Care Acts; and

(B) any other provisions directly resulting from changes to Medicare made by the Health Care Acts.
(b) LIMIT ON FUTURE SPENDING.—For the purpose of carrying out this section and upon the enactment of this Act, CMS OACT and the OMB shall—
(1) determine that all of the projected Federal spending increases and revenue reductions resulting from the Health Care Acts, starting with fiscal year 2014 and for the following fiscal years, are fully offset by projected gross savings resulting from the Health Care Acts (as calculated under subsection (a)(2)); and
(2) provide detailed estimates of such spending increases, revenue reductions, and gross savings, year by year, program by program and provision by provision.

SA 3568. Mr. BENNETT (for himself, Mr. WICKER, Mr. BROWNBACK Mr. HATCH, Mr. ROBERTS, Mr. INHOFE, Mr. CORNYN, and Mr. ENZI) submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subsection B of title I, add the following:

SEC. . . . RIGHT OF THE PEOPLE OF THE DISTRICT OF COLUMBIA TO DEFINE MARRIAGE.—
(a) FINDINGS.—Congress finds that—
(1) a broad coalition of residents of the District of Columbia petitioned for an initiative in accordance with the District of Columbia Home Rule Act to establish that “only marriage between a man and a woman is valid or recognized in the District of Columbia”;
(2) the Coalition anticipated the Council of the District of Columbia’s passage of an Act unenacted by the District of Columbia Human Rights Act; and
(3) the definition of marriage affects every person and should be debated openly and democratically.

(b) REFERENDUM OR INITIATIVE REQUIREMENT.—Nothing in any other provision of law, including the District of Columbia Human Rights Act, the government of the District of Columbia shall immediately suspend the issuance of marriage licenses to any couple of the same sex until the people of the District of Columbia have the opportunity to hold a referendum or initiative on the question of whether the District of Columbia should issue same-sex marriage licenses.

SA 3569. Mr. GRASSLEY submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subsection B of title I, insert the following:

SEC. . . . REVISIONS TO THE PRACTICE EXPENSE GEOGRAPHIC ADJUSTMENT UNDER THE MEDICAID PHYSICIAN FEE SCHEDULE.
Effective as if included in the enactment of the Patient Protection and Affordable Care Act, section 1861(r)(4)(e)(1) of the Social Security Act (42 U.S.C. 1395w–4(e)(1)), as added by section 3102(b) of the Patient Protection and Affordable Care Act, is amended to read as follows:

“(II) PRACTICE EXPENSE GEOGRAPHIC ADJUSTMENT FOR 2010 AND SUBSEQUENT YEARS.—
(i) For services furnished during 2010, the employee wage and rent portions of the practice expense geographic index described in subparagraph (A)(i) shall reflect 1/4 of the difference between the relative costs of employee wages and rents in each of the different fee schedule areas and the national average of such employee wages and rents.

(ii) For 2011—
Subject to clause (iii), for services furnished during 2011, the employee wage and rent portions of the practice expense geographic index described in subparagraph (A)(i) shall reflect 1/4 of the difference between the relative costs of employee wages and rents in each of the different fee schedule areas and the national average of such employee wages and rents.

(iii) HOLD HARMLESS.—The practice expense portion of the geographic adjustment factor applied in a fee schedule area for services furnished in 2010 or 2011 shall not, as a result of the application of clause (i) or (ii), be reduced below the practice expense portion of the geographic adjustment factour described in subparagraph (A)(i) as calculated prior to the application of such clause (i) or (ii), respectively for such area for such year.

(iv) ANALYSIS.—The Secretary shall analyze current methods of establishing practice expense geographic adjustments under subparagraph (A)(i) and evaluate data that fairly and reliably establishes distinctions in the costs of operating a medical practice in the different fee schedule areas. Such analysis shall include an evaluation of the following:

(I) The costs of operating a medical practice, including office rent and nonphysician staff wages, in different fee schedule areas.

(II) The office expense portion of the practice expense geographic adjustment described in subparagraph (A)(i), including the extent to which types of office expenses are determined in local markets instead of national markets.

(III) The weights assigned to each of the categories within the practice expense geographic adjustment described in subparagraph (A)(i).

In conducting such analysis, the Secretary shall not take into account any data that is not actual or survey data.

(v) REVISION FOR 2012 AND SUBSEQUENT YEARS.—After the analysis described in clause (iv), the Secretary shall, not later than January 1, 2012, make appropriate adjustments to the practice expense geographic adjustment described in subparagraph (A)(i) to ensure accurate geographic adjustments across fee schedule areas, including—

(I) basing the office rents component and its weight on only and making changes in other categories as appropriate;

(II) ensuring that office expenses that do not vary from region to region be included in the ‘other’ office expense category; and

(III) considering a representative range of professional and non-professional personnel employed by medical office based on the use of the American Community Survey data or other reliable data for wage adjustments. Such adjustments shall be made without regard to adjustments pursuant to clauses (i) and (ii) and shall be made in a budget neutral manner.

(vi) SPECIAL RULE.—If the Secretary does not make any adjustments described in clause (iv) and make any adjustments the Secretary determines appropriate for 2012 or a subsequent year under clause (v), the Secretary shall apply clause (ii) for services furnished during 2012 or a subsequent year in the same manner as such clause applied for services furnished during 2011.

SEC. . . . ELIMINATION OF SWEETHEART DEAL THAT INCREASES MEDICARE REIMBURSEMENT JUST FOR FRONTIER STATES.
Effective as if included in the enactment of the Patient Protection and Affordable Care Act, section 10234 of such Act (and the amendments made by such section) is repealed.

SA 3570. Mr. MCCAIN (for himself, Mr. BURR, and Mr. COBURN) proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection F of title I, add the following:

SEC. . . . ELIMINATION OF SWEETHEART DEALS.
(a) REFRAWS.—Effective as if included in the enactment of the Patient Protection and Affordable Care Act, the following provisions are repealed:

(1) SWEETHEART DEAL TO PROVIDE TENNESSEE WITH MEDICAID DSH FUNDS.—Clause (v) of section 1923(b)(6)(A) of the Social Security Act (42 U.S.C. 1396–4(f)(6)(A), as added by section 1263(b) of this Act.

(2) SWEETHEART DEAL TO PROVIDE HAWAII WITH MEDICAID DSH FUNDS.—Clause (iii) of section 1923(b)(6)(B) of the Social Security Act (42 U.S.C. 1396–4(f)(6)(B), as added by section 10301(e)(1)(A) of the Patient Protection and Affordable Care Act.

(3) SWEETHEART DEAL TO PROVIDE LOUISIANA WITH A SPECIAL INCREASED MEDICAID FMAP.—Subsection (aa) of section 1905 of the Social Security Act (42 U.S.C. 1396(a), as added by section 2006 of the Patient Protection and Affordable Care Act.

(4) SWEETHEART DEAL THAT INCREASES MEDICARE REIMBURSEMENT JUST FOR FRONTIER STATES.—Section 10234 of the Patient Protection and Affordable Care Act (and the amendments made by such section).

(5) SWEETHEART DEAL GRANTING MEDICARE COVERAGE FOR INDIVIDUALS EXPOSED TO ENVIRONMENTAL HAZARDS IN LIBBY, MONTANA.—Section 10323 of the Patient Protection and Affordable Care Act.

(6) SWEETHEART DEAL FOR A HOSPITAL IN CONNECTICUT.—Section 10502 of the Patient Protection and Affordable Care Act.

(7) SWEETHEART DEAL THAT RECLASSIFIES HOSPITALS IN MICHIGAN AND CONNECTICUT TO INCREASE THEIR MEDICARE REIMBURSEMENT.—Section 3157(a) of the Patient Protection and Affordable Care Act, as amended by section 10317 of such Act, is amended—

(1) in paragraph (2)—
(A) by striking “FISCAL YEAR 2010” and all that follows through “for purposes of implementation of the amendment” and inserting “FISCAL YEAR 2010.”—For purposes of implementation of the amendment’; and
(B) by striking paragraph (3);

(2) by striking paragraph (3).

SA 3571. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subsection F of title I, insert the following:
SEC. 1. SPECIAL RULE FOR INDIVIDUALS AGE 30 AND OVER NOT ELIGIBLE FOR EXCHANGE CREDITS AND REDUCTIONS.

Section 1302(e) of the Patient Protection and Affordable Care Act is amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2), the following:

"(3) SPECIAL RULE FOR INDIVIDUALS AGE 30 AND OVER NOT ELIGIBLE FOR EXCHANGE CREDITS AND REDUCTIONS.—

"(A) IN GENERAL.—Subject to subparagraph (B), an individual who has attained at least the age of 30 before the beginning of a plan year shall be treated as an individual described in paragraph (2) if the individual is not eligible for the plan year for the premium reductions under section 36B of the Internal Revenue Code of 1986 or the cost-sharing reductions under section 1402 with respect to enrollment in a qualified health plan offered through an Exchange. The preceding sentence shall not apply to an individual if the individual is not eligible for such credit or reductions because the individual is eligible to enroll in minimum essential coverage consisting of coverage under a government sponsored program described in section 5000A(f)(1)(A)."

"(B) REQUIREMENTS.—Subparagraph (A) shall apply only to an individual if the individual elects the application of this paragraph and provides that—

"(i) the individual acknowledges that coverage under the catastrophic plan is the lowest cost available, that the plan provides no benefits for any plan year until the individual has incurred cost-sharing expenses in an amount equal to the annual limitation in effect under section 2713, and that these cost-sharing expenses could involve significant financial risk for the individual; and

"(ii) the individual agrees that—

"(I) the individual will not change such coverage until the next applicable annual or special enrollment period under section 1311c(5); and

"(II) if the individual elects to change such coverage at the time of such enrollment period, the individual may only enroll in the bronze level of coverage.

"(4) STATE AUTHORITY.—In accordance with paragraph (3)(d), a State may impose additional requirements or conditions for catastrophic plan coverage in this subsection (and in such a plan, the extent such requirements or conditions are not inconsistent with the requirements under this subsection.

SA 3572. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. 3. ASSESSMENT OF MEDICARE COST-INTENSIVE DISEASES AND CONDITIONS.

(a) INITIAL ASSESSMENT.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall conduct an assessment of the diseases and conditions that are the most cost-intensive for the Medicare program under title XVIII of the Social Security Act and, to the extent possible, assess the diseases and conditions that would become cost-intensive for the Medicare program in the future.

(2) REPORT.—Not later than January 1, 2011, the Secretary shall transmit a report to the Committees on Energy and Commerce, Ways and Means, and Appropriations of the House of Representatives and the Committees on Health, Education, Labor and Pensions, Finance, and Appropriations of the Senate on the assessment conducted under paragraph (1). The report shall—

(A) include the assessment of current and future trends of cost-intensive diseases and conditions described in such paragraph;

(B) address whether current research priorities are appropriately addressing current and future cost-intensive conditions so identified;

(C) include the input of relevant research agencies, including the National Institutes of Health, the Agency for Healthcare Research and Quality, and the Food and Drug Administration; and

(D) include recommendations concerning research in the Department of Health and Human Services that should be funded to improve the prevention, treatment, or cure of such cost-intensive diseases and conditions.

"(b) UPDATES OF ASSESSMENT.—Not later than January 1, 2013, and biennially thereafter, the Secretary shall—

"(1) review and update the assessment and recommendations described in subsection (a)(1); and

"(2) submit a report described in subsection (a)(2) to the Committees specified in subsection (a)(2) on such updated assessment and recommendations.

"(c) CMS MEDICARE COST-INTENSIVE RESEARCH FUND.—

"(1) IN GENERAL.—There is established in the Treasury of the United States a fund to be known as the "CMS Medicare Cost-Intensive Research Fund".

"(2) PURPOSES OF FUND.—From amounts in the Fund, the Administrator of the Centers for Medicare & Medicaid Services shall make available research grants, contracts, and other funding mechanisms to facilitate research into the treatment, or cure of cost-intensive diseases and conditions under the Medicare program as recommended by the reports under this section.

SA 3573. Ms. COLLINS submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:

SEC. 4. IMPROVING CARE PLANNING FOR MEDICARE HOME HEALTH SERVICES.

(a) IN GENERAL.—Section 1814(a)(2) of the Social Security Act (42 U.S.C. 1395n(a)(2)), in the matter preceding subparagraph (A), is amended—

(1) by inserting "(as those terms are defined in section 1861(aa)(5))" after "clinical nurse specialist"; and

(2) by inserting in the case of services described in subparagraph (C), a physician, or a nurse practitioner or clinical nurse specialist who is working in collaboration with a physician in accordance with State law, or a certified nurse-midwife (as defined in section 1861(aa)(5)) as authorized by State law, or a physician assistant who is working in accordance with State law, or an eligible professional under section 1861(aa)(5) under the supervision of a physician after "physician" each place it appears; and

(b) in the second sentence, by inserting "certified nurse-midwife," after "clinical nurse specialist,"

"(C) in the third sentence—

(i) by striking "physician certification" and inserting "certification";

(ii) by inserting "(or on January 1, 2008, in the case of regulations to implement the amendments made by section 3115 of the Patient Protection and Affordable Care Act)" after "1981"; and

(iii) by striking "a physician who" and inserting "a physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant" after "physician";

"(D) in the seventh sentence, by inserting "certified nurse-midwife," after "clinical nurse specialist, certified nurse-midwife, or physician assistant" as those terms are defined in section 1861(aa)(5) who is working in collaboration with a physician enrolled under section 1861(g) or such an eligible professional for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle B of title I, add the following:
defined in subsection (aa)(5)), or a certified nurse-midwife (as defined in section 1861(gg)), or a physician assistant (as defined in subsection (aa)(5)) after “physician” and “clinical nurse specialist, a certified nurse-midwife, or a physician assistant” after “physician”.

(b) In subsection (o)(2)—

(i) by inserting “nurse practitioners or clinical nurse specialist, certified nurse-midwife, or a physician assistant” after “physician” after January 1, 2011, prior to making such certification, and, in the case of a physician assistant, after “physician”;

(ii) in paragraph (3), by inserting “nurse practitioners or clinical nurse specialist, certified nurse-midwife, or a physician assistant” after “physician”;

(iii) by inserting “the term ‘face-to-face encounter’” and inserting “the term ‘face-to-face encounter’” after “physician”;

(iv) by inserting “nurse practitioners or clinical nurse specialist, certified nurse-midwife, or a physician assistant” after “physician”.

(c) In subsection (q)(2)(A), by inserting “nurse practitioners or clinical nurse specialist, certified nurse-midwife, or a physician assistant” after “physician”.

(d) Effective Date.—The amendments made by this section shall apply to items and services furnished on or after January 1, 2011.

SEC. 1547. PROTECTING MEDICARE BENEFICIARY ACCESS TO HOSPITAL CARE IN RURAL AREAS FROM RECOMMENDATIONS BY THE INDEPENDENT PAYMENT ADVISORY BOARD.

(a) In General.—Section 189A(a)(2)(A) of the Social Security Act, as added by section 303 of the Patient Protection and Affordable Care Act and amended by section 10320 of such Act, is amended by adding at the end a new clause as follows:

“(vi) The proposal shall not include any recommendation that would reduce payment rates for items and services furnished by a critical access hospital (as defined in section 1861(mm)(1)).”.

(b) Expansion of Affordability Exception to Individual Mandate.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended by striking “8 percent” and inserting “5 percent”.

(c) Repeal of Medical Device Fee.—Section 1405 of the Patient Protection and Affordable Care Act, as amended by section 3004 of such Act, is repealed effective as of the date of the enactment of that Act.

SEC. 1552. APPLICABILITY OF PROVISION.—The amendment made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.
SA 3580. Mr. ROBERTS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

Strike section 1403 and insert the following:

SECTION 1403. REPEAL OF LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS UNDER CAFETERIA PLANS.

(a) In General.—Sections 9006 and 10902 of the Patient Protection and Affordable Care Act are hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such sections are amended to read as if such provisions would read if such sections had never been enacted.

(b) Expansion of Affordability Exception to Individual Mandate.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 10106(b) of such Act, is amended by striking “8 percent” and inserting “5 percent”.

(c) Application of Provision.—The amendments made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.

SA 3581. Mr. ROBERTS submitted an amendment intended to be proposed by him to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle E of title I, insert the following:

SECTION 1. REPEAL OF LIMITATION ON DEDUCTIONS FOR OVER-THE-COUNTER MEDICINE.

(a) In General.—Section 9003 of the Patient Protection and Affordable Care Act is hereby repealed effective as of the date of the enactment of such Act and any provisions of law amended by such section is amended to read as if such provision would read as if such section had never been enacted.

(b) Expansion of Affordability Exception to Individual Mandate.—Section 5000A(e)(1)(A) of the Internal Revenue Code of 1986, as added by section 10106(b) of such Act, is amended by striking “8 percent” and inserting “5 percent”.

(c) Application of Provision.—The amendment made by subsection (b) shall apply as if included in the Patient Protection and Affordable Care Act.

SA 3582. Mr. BARRASSO (for himself, Mr. HATCH, and Mr. COBURN) proposed an amendment to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); as follows:

At the end of subsection B of title II, insert the following:

SEC. 2. AFFORDABLE PREMIUMS AND COVERAGE.

The implementation of the Patient Protection and Affordable Care Act (and the amendments made by such Act) shall be conditioned on the Secretary of Health and Human Services certifying to Congress that

the implementation of such Act (and amendments) would not increase premiums more than the premium increases projected prior to the date of enactment of such Act.

SA 3583. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle A of title I, insert the following:

SEC. 1006. ELIGIBILITY OF SELF-EMPLOYED FOR TRANSITIONAL SMALL BUSINESS PLAN.

(a) In General.—Section 45R(g) of the Internal Revenue Code of 1986, as added by section 1421 of the Patient Protection and Affordable Care Act, is amended byadding at the end the following:

“(d) Credit allowed for self-employed.—

“(A) In General.—Notwithstanding subsection (e)(1)(A), the term ‘employee’ shall include an employee whose withholding of the amount of taxes imposed on such employee under section 1006(c)(1).

“(B) Payroll taxes.—For purposes of applying subsection (f) to an employee described in subparagraph (A), the term ‘payroll taxes’ includes the amount of taxes imposed on such employee under section 1401(b).”.

(b) Effective Date.—The amendments made by this section shall take effect as if included in the Patient Protection and Affordable Care Act.

SA 3584. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of section 1003, insert the following:

(c) Preemption of State Laws Extending Employer Mandate to Employers With Fewer Than 50 Employees.—Section 1321(d) of the Patient Protection and Affordable Care Act is amended to read as follows:

“(d) No interference with state regulatory authority.—

“(1) In General.—Except as provided in paragraph (2), nothing in this title shall be construed to preempt any State law that does not prevent the application of the provisions of this title.

“(2) Exception for small employer mandates.—The provisions of, and the amendments made by, this title shall preempt any State law enacted after the date of enactment of this Act that would impose a requirement on any employer with less than 50 full-time employees to, or would impose a penalty on such an employer for failing to, offer health insurance to its employees.”.

SA 3585. Ms. SNOWE submitted an amendment intended to be proposed by her to the bill H.R. 4872, to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13); which was ordered to lie on the table; as follows:

At the end of subtitle A of title I, insert the following:

SEC. 1006. EXPANSION OF ENROLLMENT IN CATASTROPHIC PLANS TO ALL INDIVIDUALS.

(a) In General.—Section 1302(e) of the Patient Protection and Affordable Care Act is amended to read as follows:

“(e) Catastrophic Plan.—

“(1) In General.—A health plan not providing a bronze, silver, gold, or platinum level of coverage shall be treated as meeting the requirements of subsection (d) with respect to any plan year if the plan provides—

“(A) except as provided in subparagraph (B), the essential health benefits determined under subsection (b), except that the plan may not impose any out-of-pocket expenditures for any plan year until the individual has incurred cost-sharing expenses in an amount equal to the annual limitation in effect under subsection (c)(1) for the plan year (except as provided for in section 2713); and

“(B) coverage for at least three primary care visits.

“(2) Restrictions to individual market.—If a health insurance issuer offers a health plan described in this subsection, the issuer may only offer the plan in the individual market.

(b) Eligibility for Enrollment.—Section 1312(d)(3)(C) of such Act is amended to read as follows:

“(C) Individuals allowed to enroll in any plan.—A qualified individual may enroll in any qualified health plan.”.

(c) Application for Subsidies.—Section 36B(c)(5)(A) of the Internal Revenue Code of 1986, as added by section 1401 of such Act, is amended by striking , except that such term shall not include a qualified health plan which is a catastrophic health plan described in section 1302(e) of such Act.”.

(d) Effective Date.—The amendments made by this section shall take effect as if included in the Patient Protection and Affordable Care Act.

PRIVILEGES OF THE FLOOR

Mr. BAUCUS. Mr. President, I ask unanimous consent that the following staff be allowed floor privileges during the considering of the pending bill: Richard Aussenberg, Aislinn Baker, Mary Baker, Scott Berkowitz, Brittany Durell, Ivie English, Andrew Fishburn, Laura Hoffmeister, Scott Matthews, Meena Sharma, Dustin Stevens, Gregg Sullivan, and Max Updike.

The PRESIDENT pro tempore. Without objection, it is so ordered.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

On Monday, March 22, 2010, the Senate passed H.R. 1586, as amended, as follows:

H.R. 1586

Resolved, That the bill from the House of Representatives (H.R. 1586) entitled “An Act to impose an additional tax on bonuses received from certain TARP recipients.”, do pass with the following amendments:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “FAA Air Transportation Modernization and Safety Improvement Act.”

(b) Table of Contents.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Amendments to title 49, United States Code.
Sec. 3. Effective date.