

106TH CONGRESS
1ST SESSION

S. 1204

To promote general and applied research for health promotion and disease prevention among the elderly, to amend title XVIII of the Social Security Act to add preventive benefits, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JUNE 10, 1999

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

A BILL

To promote general and applied research for health promotion and disease prevention among the elderly, to amend title XVIII of the Social Security Act to add preventive benefits, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Healthy Seniors Promotion Act of 1999”.

6 (b) TABLE OF CONTENTS.—The table of contents is
7 as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Finding.
- Sec. 3. Definitions.

TITLE I—HEALTHY SENIORS PROMOTION PROGRAM

- Sec. 101. Healthy seniors promotion program.
- Sec. 102. Sense of Congress regarding the response of HCFA to preventive health issues.
- Sec. 103. Sense of Congress regarding the efforts of HCFA to study health promotion and disease prevention for medicare beneficiaries.
- Sec. 104. Sense of Congress regarding the establishment of a medicare health promotion and disease prevention clearinghouse.

TITLE II—MEDICARE COVERAGE OF PREVENTIVE SERVICES

- Sec. 201. Medicare coverage of counseling for cessation of tobacco use.
- Sec. 202. Medicare coverage of screening for hypertension.
- Sec. 203. Medicare coverage of counseling for hormone replacement therapy.
- Sec. 204. Medicare coverage of screening for glaucoma.
- Sec. 205. National falls prevention education and awareness campaign.
- Sec. 206. Program integrity.

TITLE III—PREVENTIVE OUTPATIENT PRESCRIPTION DRUG
BENEFIT

- Sec. 301. Medicare coverage of preventive outpatient prescription drugs.
- Sec. 302. Selection of entities to provide preventive outpatient drug benefit.
- Sec. 303. Access of low-income beneficiaries to preventive outpatient prescription drugs.
- Sec. 304. Allocation of Federal proceeds from global tobacco settlement to enhance preventive outpatient prescription drug benefit.
- Sec. 305. Medicare drug benefit study.
- Sec. 306. Effective date.

TITLE IV—STUDIES AND REPORTS ADVANCING ORIGINAL
RESEARCH IN PREVENTION AND THE ELDERLY

- Sec. 401. MedPAC biannual report.
- Sec. 402. National Institute on Aging study and report.
- Sec. 403. Institute of Medicine 5-year medicare prevention benefit study and report.
- Sec. 404. Fast-track consideration of preventive benefit legislation.

1 **SEC. 2. FINDING.**

2 Congress finds that despite significant advancements
 3 in general research for health promotion and disease pre-
 4 vention among the elderly, there has been a failure in
 5 translating that research into practical intervention.

6 **SEC. 3. DEFINITIONS.**

7 As used in this Act:

1 (1) MEDICARE BENEFICIARY.—The term
 2 “medicare beneficiary” means any individual who is
 3 entitled to benefits under part A or enrolled under
 4 part B of the medicare program, including any indi-
 5 vidual enrolled in a Medicare+Choice plan offered
 6 by a Medicare+Choice organization under part C of
 7 such program.

8 (2) MEDICARE PROGRAM.—The term “medicare
 9 program” means the health care program under title
 10 XVIII of the Social Security Act (42 U.S.C. 1395 et
 11 seq.).

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

14 **TITLE I—HEALTHY SENIORS** 15 **PROMOTION PROGRAM**

16 **SEC. 101. HEALTHY SENIORS PROMOTION PROGRAM.**

17 (a) DEFINITIONS.—As used in this section:

18 (1) ELIGIBLE ENTITY.—The term “eligible enti-
 19 ty” means an entity that the Working Group deter-
 20 mines has demonstrated expertise in research re-
 21 garding health promotion and disease prevention
 22 among the elderly.

23 (2) WORKING GROUP.—The term “Working
 24 Group” means the Healthy Seniors Working Group
 25 established under subsection (d).

1 (b) PROGRAM AUTHORIZED.—The Secretary, subject
2 to the general policies and criteria established by the
3 Working Group and in accordance with the provisions of
4 this Act, is authorized to make grants to eligible entities
5 to pay for the costs of the activities described in subsection
6 (c).

7 (c) USE OF FUNDS.—An eligible entity may use pay-
8 ments received under this section in any fiscal year to
9 study—

10 (1) the effectiveness of using different types of
11 providers of care who are not physicians and the use
12 of alternative settings (including community based
13 senior centers) for the implementation of a success-
14 ful health promotion and disease prevention strat-
15 egy, including implications regarding the payment of
16 such providers;

17 (2) the most effective means of educating medi-
18 care beneficiaries and providers of services regarding
19 the importance of health promotion and disease pre-
20 vention among the elderly and identification of in-
21 centives that would increase the use of new and ex-
22 isting preventive services by medicare beneficiaries;
23 and

24 (3) other topics designated by the Secretary.

25 (d) HEALTHY SENIORS WORKING GROUP.—

1 (1) ESTABLISHMENT.—There is established
2 within the Department of Health and Human Serv-
3 ices a Healthy Seniors Working Group.

4 (2) COMPOSITION.—Subject to paragraph (3),
5 the Working Group established pursuant to sub-
6 section (b) shall be composed of 5 members as fol-
7 lows:

8 (A) The Administrator of the Health Care
9 Financing Administration.

10 (B) The Director of the Centers for Dis-
11 ease Control and Prevention.

12 (C) The Administrator of the Agency for
13 Health Care Policy and Research.

14 (D) The Assistant Secretary for Aging.

15 (E) The Director of the National Institute
16 on Aging.

17 (3) ALTERNATIVE MEMBERSHIP.—

18 (A) APPOINTMENT.—Any member of the
19 Working Group described in a subparagraph of
20 paragraph (2) may appoint an individual who is
21 an officer or employee of the Federal Govern-
22 ment to serve as a member of the Working
23 Group instead of the member described in such
24 subparagraph.

1 (B) DEADLINE.—If a member described in
2 subparagraph (A) elects to appoint an indi-
3 vidual under such subparagraph, such indi-
4 vidual shall be appointed not later than Decem-
5 ber 31, 1999.

6 (4) GENERAL POLICIES AND CRITERIA.—The
7 Working Group shall establish general policies and
8 criteria with respect to the functions of the Sec-
9 retary under this section including—

10 (A) priorities for the approval of applica-
11 tions;

12 (B) procedures for developing, monitoring,
13 and evaluating research efforts conducted under
14 this section; and

15 (C) such other matters as are rec-
16 ommended by the Working Group and approved
17 by the Secretary.

18 (5) CHAIRPERSON.—The Chairperson of the
19 Working Group shall be the Administrator of the
20 Agency for Health Care Policy and Research.

21 (6) QUORUM.—A majority of the members of
22 the Working Group shall constitute a quorum, but
23 a lesser number of members may hold hearings.

24 (7) MEETINGS.—The Working Group shall
25 meet at the call of the Chairperson, except that—

1 (A) it shall meet not less than 4 times each
 2 year; and

3 (B) it shall meet whenever a majority of
 4 the appointed members request a meeting in
 5 writing.

6 (8) COMPENSATION OF MEMBERS.—Each mem-
 7 ber of the Working Group shall be an officer or em-
 8 ployee of the Federal Government and shall serve
 9 without compensation in addition to that received for
 10 their service as an officer or employee of the Federal
 11 Government.

12 (d) APPLICATION.—

13 (1) IN GENERAL.—Each eligible entity which
 14 desires to receive a grant under this section shall
 15 submit an application to the Secretary, at such time,
 16 in such manner, and accompanied by such additional
 17 information as the Secretary may reasonably re-
 18 quire.

19 (2) CONTENTS.—Each application submitted
 20 pursuant to paragraph (1) shall—

21 (A) describe the activities for which assist-
 22 ance under this section is sought;

23 (B) describe how the research effort pro-
 24 posed to be conducted will reflect the medical,
 25 behavioral, and social aspects of care for the el-

1 derly, including cost-effectiveness and quality of
2 life impacts stemming from any initiative;

3 (C) provide evidence that the eligible entity
4 meets the general policies established by the
5 Working Group pursuant to subsection (d)(4);

6 (D) provide assurances that the eligible en-
7 tity will take such steps as may be available to
8 it to continue the activities for which the eligi-
9 ble entity is making application after the period
10 for which assistance is sought; and

11 (E) provide such additional assurances as
12 the Secretary determines to be essential to en-
13 sure compliance with the requirements of this
14 Act.

15 (3) JOINT APPLICATION.—A consortium of eli-
16 gible entities may file a joint application under the
17 provisions of paragraph (1) of this subsection.

18 (f) APPROVAL OF APPLICATION.—The Secretary
19 shall approve applications in accordance with the general
20 policies established by the Working Group under sub-
21 section (d).

22 (g) PAYMENTS.—The Secretary shall pay to each eli-
23 gible entity having an application approved under sub-
24 section (f) the cost of the activities described in the appli-
25 cation.

1 (h) EVALUATION AND REPORT.—

2 (1) EVALUATION.—The Secretary shall conduct
3 an annual evaluation of grants made under this sec-
4 tion to determine—

5 (A) the results of the overall applied re-
6 search conducted under this Act;

7 (B) the extent to which research assisted
8 under this section has improved or expanded
9 the general research for health promotion and
10 disease prevention among the elderly and identi-
11 fied practical interventions based upon such re-
12 search;

13 (C) a list of specific recommendations
14 based upon research conducted under this sec-
15 tion which show promise as practical interven-
16 tions for health promotion and disease preven-
17 tion among the elderly;

18 (D) whether or not as a result of the ap-
19 plied research effort certain health promotion
20 and disease prevention benefits or education ef-
21 forts should be added to the medicare program,
22 including discussions of quality of life and cost-
23 effectiveness for each proposed addition;

24 (E) the utility of, potential for, and issues
25 surrounding health risk appraisals sponsored

1 under the medicare program and targeted fol-
2 low up; and

3 (F) how best to increase utilization of ex-
4 isting and recommended health promotion and
5 disease prevention services, including an edu-
6 cation and public awareness component discus-
7 sion of financial incentives for providers of serv-
8 ices and medicare beneficiaries to improve utili-
9 zation and other administrative means of in-
10 creasing utilization.

11 (2) REPORT.—Not later than December 31,
12 2002, the Secretary shall submit a report to Con-
13 gress based on the annual studies made under para-
14 graph (1), which shall contain a detailed statement
15 of the findings and conclusions of the Working
16 Group together with its recommendations for such
17 legislation and administrative actions as it considers
18 appropriate.

19 (i) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated \$25,000,000 for fiscal
21 years 1999, 2000, 2001, and 2002 to carry out the provi-
22 sions of this section.

1 **SEC. 102. SENSE OF CONGRESS REGARDING THE RESPONSE**
2 **OF HCFA TO PREVENTIVE HEALTH ISSUES.**

3 It is the sense of Congress that in administering the
4 medicare program the Secretary should ensure that the
5 Administrator of the Health Care Financing Administra-
6 tion encourages the inclusion of preventive measures as
7 part of all treatments described in such program.

8 **SEC. 103. SENSE OF CONGRESS REGARDING THE EFFORTS**
9 **OF HCFA TO STUDY HEALTH PROMOTION**
10 **AND DISEASE PREVENTION FOR MEDICARE**
11 **BENEFICIARIES.**

12 It is the sense of Congress that the Secretary should
13 ensure that the Administrator of the Health Care Financ-
14 ing Administration expands the study of the most prom-
15 ising behavioral modification of risk factors associated
16 with health promotion and disease prevention for all medi-
17 care beneficiaries.

18 **SEC. 104. SENSE OF CONGRESS REGARDING THE ESTAB-**
19 **LISHMENT OF A MEDICARE HEALTH PRO-**
20 **MOTION AND DISEASE PREVENTION CLEAR-**
21 **INGHOUSE.**

22 It is the sense of Congress that the National Library
23 of Medicine should collect information regarding innova-
24 tive and successful health promotion and disease preven-
25 tion interventions from both published and unpublished
26 sources, establish a clearinghouse targeting all medicare

1 beneficiaries in a variety of settings for the consolidation
 2 and coordination of all such information, and make the
 3 clearinghouse available to the public and accessible
 4 through the Internet.

5 **TITLE II—MEDICARE COVERAGE** 6 **OF PREVENTIVE SERVICES**

7 **SEC. 201. MEDICARE COVERAGE OF COUNSELING FOR CES-** 8 **SATION OF TOBACCO USE.**

9 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
 10 curity Act (42 U.S.C. 1395x(s)(2)) is amended—

11 (1) in subparagraph (S), by striking “and” at
 12 the end;

13 (2) in subparagraph (T), by striking the period
 14 at the end and inserting “; and”; and

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

16 “(U) counseling for cessation of tobacco use (as
 17 defined in subsection (uu)).”.

18 (b) SERVICES DESCRIBED.—Section 1861 of such
 19 Act (42 U.S.C. 1395x) is amended by adding at the end
 20 the following:

21 “Counseling for Cessation of Tobacco Use

22 “(uu) The term ‘counseling for cessation of tobacco
 23 use’ means diagnostic, therapy, and counseling services for
 24 cessation of tobacco use which are furnished by or under
 25 the supervision of a physician or other health care profes-

1 sional who is legally authorized to furnish such services
 2 under State law (or the State regulatory mechanism pro-
 3 vided by State law) of the State in which the services are
 4 furnished, as would otherwise be covered if furnished by
 5 a physician or as an incident to a physician's professional
 6 service.”.

7 (c) PAYMENT.—Section 1833(a)(1) of such Act (42
 8 U.S.C. 1395l(a)(1)) is amended—

9 (1) by striking “and (S)” and inserting “(S)”;
 10 and

11 (2) by striking the semicolon at the end and in-
 12 serting the following: “, and (T) with respect to
 13 counseling for cessation of tobacco use (as defined in
 14 section 1861(uu)), the amount paid shall be 100
 15 percent of the lesser of the actual charge for the
 16 services or the amount determined by a fee schedule
 17 established by the Secretary for the purposes of this
 18 subparagraph;”.

19 (d) EFFECTIVE DATE.—The amendments made by
 20 this section shall apply to services furnished on or after
 21 December 31, 2001.

1 **SEC. 202. MEDICARE COVERAGE OF SCREENING FOR HY-**
 2 **PERTENSION.**

3 (a) **COVERAGE.**—Section 1861(s)(2) of the Social Se-
 4 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-
 5 tion 201(a)) is amended—

6 (1) in subparagraph (T), by striking “and” at
 7 the end;

8 (2) in subparagraph (U), by striking the period
 9 at the end and inserting “; and”; and

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

11 “(V) screening for hypertension (as defined in
 12 subsection (vv)).”.

13 (b) **SERVICES DESCRIBED.**—Section 1861 of such
 14 Act (42 U.S.C. 1395x) (as amended by section 201(b))
 15 is amended by adding at the end the following:

16 “Screening for Hypertension

17 “(vv) The term ‘screening for hypertension’ means di-
 18 agnostic services for hypertension which are furnished by
 19 or under the supervision of a physician or other health
 20 care professional who is legally authorized to furnish such
 21 services under State law (or the State regulatory mecha-
 22 nism provided by State law) of the State in which the serv-
 23 ices are furnished, as would otherwise be covered if fur-
 24 nished by a physician or as an incident to a physician’s
 25 professional service.”.

1 (c) PAYMENT.—Section 1833(a)(1) of such Act (42
 2 U.S.C. 1395l(a)(1)) (as amended by section 201(c)) is
 3 amended—

4 (1) by striking “and (T)” and inserting “(T”;
 5 and

6 (2) by striking the semicolon at the end and in-
 7 serting the following: “, and (U) with respect to
 8 screening for hypertension (as defined in section
 9 1861(vv)), the amount paid shall be 100 percent of
 10 the lesser of the actual charge for the services or the
 11 amount determined by a fee schedule established by
 12 the Secretary for the purposes of this subpara-
 13 graph;”.

14 (d) EFFECTIVE DATE.—The amendments made by
 15 this section shall apply to services furnished on or after
 16 December 31, 2001.

17 **SEC. 203. MEDICARE COVERAGE OF COUNSELING FOR HOR-**
 18 **MONE REPLACEMENT THERAPY.**

19 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
 20 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-
 21 tion 202(a)) is amended—

22 (1) in subparagraph (U), by striking “and” at
 23 the end;

24 (2) in subparagraph (V), by striking the period
 25 at the end and inserting “; and”; and

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

2 “(W) counseling for hormone replacement ther-
3 apy (as defined in subsection (ww)).”.

4 (b) SERVICES DESCRIBED.—Section 1861 of such
5 Act (42 U.S.C. 1395x) (as amended by section 202(b))
6 is amended by adding at the end the following:

7 “Counseling for Hormone Replacement Therapy

8 “(ww) The term ‘counseling for hormone replacement
9 therapy’ means diagnostic, therapy, and counseling serv-
10 ices for hormone replacement which are furnished by or
11 under the supervision of a physician or other health care
12 professional who is legally authorized to furnish such serv-
13 ices under State law (or the State regulatory mechanism
14 provided by State law) of the State in which the services
15 are furnished, as would otherwise be covered if furnished
16 by a physician or as an incident to a physician’s profes-
17 sional service.”.

18 (c) PAYMENT.—Section 1833(a)(1) of such Act (42
19 U.S.C. 1395l(a)(1)) (as amended by section 201(c)) is
20 amended—

21 (1) by striking “and (U)” and inserting “(U)”;

22 and

23 (2) by striking the semicolon at the end and in-
24 serting the following: “, and (V) with respect to
25 counseling for hormone replacement therapy (as de-

1 fined in section 1861(w)), the amount paid shall be
 2 100 percent of the lesser of the actual charge for the
 3 services or the amount determined by a fee schedule
 4 established by the Secretary for the purposes of this
 5 subparagraph;”.

6 (d) EFFECTIVE DATE.—The amendments made by
 7 this section shall apply to services furnished on or after
 8 December 31, 2001.

9 **SEC. 204. MEDICARE COVERAGE OF SCREENING FOR GLAU-**
 10 **COMA.**

11 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
 12 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-
 13 tion 203(a)) is amended—

14 (1) in subparagraph (V), by striking “and” at
 15 the end;

16 (2) in subparagraph (W), by striking the period
 17 at the end and inserting “; and”; and

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

19 “(X) screening for glaucoma (as defined in sub-
 20 section (xx)).”.

21 (b) SERVICES DESCRIBED.—Section 1861 of such
 22 Act (42 U.S.C. 1395x) (as amended by section 203(b))
 23 is amended by adding at the end the following:

1 “Screening for Glaucoma

2 “(xx) The term ‘screening for glaucoma’ means diag-
 3 nostic services for early detection of glaucoma which are
 4 furnished by or under the supervision of a physician or
 5 other health care professional who is legally authorized to
 6 furnish such services under State law (or the State regu-
 7 latory mechanism provided by State law) of the State in
 8 which the services are furnished, as would otherwise be
 9 covered if furnished by a physician or as an incident to
 10 a physician’s professional service.”.

11 (c) PAYMENT.—Section 1833(a)(1) of such Act (42
 12 U.S.C. 1395l(a)(1)) (as amended by section 201(c)) is
 13 amended—

14 (1) by striking “and (V)” and inserting “(V”;
 15 and

16 (2) by striking the semicolon at the end and in-
 17 serting the following: “, and (W) with respect to
 18 screening for glaucoma (as defined in section
 19 1861(xx)), the amount paid shall be 100 percent of
 20 the lesser of the actual charge for the services or the
 21 amount determined by a fee schedule established by
 22 the Secretary for the purposes of this subpara-
 23 graph;”.

1 (d) EFFECTIVE DATE.—The amendments made by
 2 this section shall apply to services furnished on or after
 3 December 31, 2001.

4 **SEC. 205. NATIONAL FALLS PREVENTION EDUCATION AND**
 5 **AWARENESS CAMPAIGN.**

6 The Secretary, in consultation with the Director of
 7 the Centers for Disease Control and Prevention, shall con-
 8 duct a national falls prevention and awareness campaign
 9 to reduce fall-related injuries among medicare bene-
 10 ficiaries.

11 **SEC. 206. PROGRAM INTEGRITY.**

12 The Secretary, in consultation with the Inspector
 13 General of the Department of Health and Human Serv-
 14 ices, shall integrate the benefits described in sections 201,
 15 202, 203, and 204 with existing program integrity meas-
 16 ures.

17 **TITLE III—PREVENTIVE OUT-**
 18 **PATIENT PRESCRIPTION**
 19 **DRUG BENEFIT**

20 **SEC. 301. MEDICARE COVERAGE OF OUTPATIENT PRE-**
 21 **SCRIPTION DRUGS.**

22 (a) COVERAGE.—Section 1861(s)(2) of the Social Se-
 23 curity Act (42 U.S.C. 1395x(s)(2)) (as amended by sec-
 24 tion 204(a)) is amended—

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

3 (2) by striking the period at the end of sub-
4 paragraph (X) and inserting “; and”; and

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

6 “(Y) preventive outpatient prescription drugs
7 (as defined in section 1849(h)(1)) pursuant to the
8 procedures established under such section;”.

9 (b) PAYMENT.—Section 1833(a)(1) of such Act (42
10 U.S.C. 1395l(a)(1)) (as amended by section 204(c)) is
11 amended—

12 (1) by striking “and (W)” and inserting “(W)”;
13 and

14 (2) by striking the semicolon at the end and in-
15 serting the following: “, and (X) with respect to pre-
16 ventive outpatient prescription drugs (as defined in
17 section 1849(h)(1)), the amounts paid shall be the
18 amounts established by the Secretary pursuant to
19 such section;”.

20 **SEC. 302. SELECTION OF ENTITIES TO PROVIDE PREVEN-**
21 **TIVE OUTPATIENT DRUG BENEFIT.**

22 Part B of title XVIII of the Social Security Act (42
23 U.S.C. 1395j et seq.) is amended by adding at the end
24 the following:

1 **“SEC. 1849. SELECTION OF ENTITIES TO PROVIDE PREVEN-**
2 **TIVE OUTPATIENT DRUG BENEFIT.**

3 “(a) ESTABLISHMENT OF BIDDING PROCESS.—

4 “(1) IN GENERAL.—The Secretary shall estab-
5 lish procedures under which the Secretary accepts
6 bids from eligible entities and awards contracts to
7 such entities in order to provide preventive out-
8 patient prescription drugs to eligible beneficiaries in
9 an area. Such contracts may be awarded based on
10 shared risk, capitation, or performance.

11 “(2) AREA.—

12 “(A) REGIONAL BASIS.—The contract en-
13 tered into between the Secretary and an eligible
14 entity shall require the eligible entity to provide
15 preventive outpatient prescription drugs on a
16 regional basis.

17 “(B) DETERMINATION.—In determining
18 coverage areas under this section, the Secretary
19 shall take into account the number of eligible
20 beneficiaries in an area in order to encourage
21 participation by eligible entities.

22 “(3) SUBMISSION OF BIDS.—Each eligible enti-
23 ty desiring to provide preventive outpatient prescrip-
24 tion drugs under this section shall submit a bid to
25 the Secretary at such time, in such manner, and ac-
26 companied by such information as the Secretary may

1 reasonably require. Such bids shall include the
2 amount the eligible entity will charge eligible bene-
3 ficiaries under subsection (e)(2) for preventive out-
4 patient prescription drugs under the contract.

5 “(4) ACCESS.—The Secretary shall ensure
6 that—

7 “(A) an eligible entity complies with the
8 access requirements described in subsection
9 (f)(4); and

10 “(B) an eligible entity makes available to
11 each beneficiary covered under the contract the
12 full scope of benefits required under paragraph
13 (5).

14 “(5) SCOPE OF BENEFITS.—The Secretary shall
15 ensure that all preventive outpatient prescription
16 drugs that are reasonable and necessary to prevent
17 or slow the deterioration of, and improve or main-
18 tain, the health of eligible beneficiaries are offered
19 under a contract entered into under this section.

20 “(6) NUMBER OF CONTRACTS.—The Secretary
21 shall, consistent with the requirements of this sec-
22 tion and the goal of containing medicare program
23 costs, award at least 2 contracts in an area, unless
24 only 1 bidding entity meets the minimum standards
25 specified under this section and by the Secretary.

1 “(7) DURATION OF CONTRACTS.—Each con-
2 tract under this section shall be for a term of at
3 least 2 years but not more than 5 years, as deter-
4 mined by the Secretary.

5 “(b) ENROLLMENT.—

6 “(1) IN GENERAL.—The Secretary shall estab-
7 lish a process through which an eligible beneficiary
8 shall make an election to enroll with any eligible en-
9 tity that has been awarded a contract under this sec-
10 tion and serves the geographic area in which the
11 beneficiary resides. In establishing such process, the
12 Secretary shall use rules similar to the rules for en-
13 rollment and disenrollment with a Medicare+Choice
14 plan under section 1851.

15 “(2) REQUIREMENT OF ENROLLMENT.—An eli-
16 gible beneficiary not enrolled in a Medicare+Choice
17 plan under part C must enroll with an eligible entity
18 under this section in order to be eligible to receive
19 preventive outpatient prescription drugs under this
20 title.

21 “(3) ENROLLMENT IN ABSENCE OF ELECTION
22 BY ELIGIBLE BENEFICIARY.—In the case of an eligi-
23 ble beneficiary that fails to make an election pursu-
24 ant to paragraph (1), the Secretary shall provide,
25 pursuant to procedures developed by the Secretary,

1 for the enrollment of such beneficiary with an eligi-
2 ble entity that has a contract under this section that
3 covers the area in which such beneficiary resides.

4 “(4) AREAS NOT COVERED BY CONTRACTS.—
5 The Secretary shall develop procedures for the provi-
6 sion of preventive outpatient prescription drugs
7 under this title to eligible beneficiaries that reside in
8 an area that is not covered by any contract under
9 this section.

10 “(5) BENEFICIARIES RESIDING IN DIFFERENT
11 LOCATIONS.—The Secretary shall develop procedures
12 to ensure that an eligible beneficiary that resides in
13 different regions in a year is provided benefits under
14 this section throughout the entire year.

15 “(c) PROVIDING INFORMATION TO BENE-
16 FICIARIES.—The Secretary shall provide for activities
17 under this section to broadly disseminate information to
18 medicare beneficiaries on the coverage provided under this
19 section. Such activities shall be similar to the activities
20 performed by the Secretary under section 1851(d).

21 “(d) PAYMENTS TO ELIGIBLE ENTITIES.—The Sec-
22 retary shall establish procedures for making payments to
23 an eligible entity under a contract.

24 “(e) COST-SHARING.—

1 “(1) DEDUCTIBLE.—Benefits under this section
2 shall not begin until an eligible beneficiary has met
3 a \$50 deductible.

4 “(2) COINSURANCE.—

5 “(A) IN GENERAL.—Subject to subpara-
6 graph (B), an eligible beneficiary shall be re-
7 sponsible for making payments in an amount
8 not greater than 20 percent of the cost (as stat-
9 ed in the contract) of any preventive outpatient
10 prescription drug that is provided to the bene-
11 ficiary. Pursuant to subsection (a)(4)(B), an el-
12 igible entity may reduce the payment amount
13 that an eligible beneficiary is responsible for
14 making to the entity.

15 “(B) BASIC BENEFIT.—If the aggregate
16 amount of preventive outpatient prescription
17 drugs provided to an eligible beneficiary under
18 this section for any calendar year (based on the
19 cost of preventive outpatient prescription drugs
20 stated in the contract) exceeds \$750—

21 “(i) the beneficiary may continue to
22 purchase preventive outpatient prescription
23 drugs under the contract based on the con-
24 tract price, but

1 “(ii) the copayment under subpara-
2 graph (A) shall be 100 percent.

3 “(C) INFLATION ADJUSTMENT.—

4 “(i) IN GENERAL.—In the case of any
5 calendar year beginning after 2000, each
6 of the dollar amounts in subparagraph (B)
7 shall be increased by an amount equal to—

8 “(I) such dollar amount, multi-
9 plied by

10 “(II) an adjustment, as deter-
11 mined by the Secretary, for changes
12 in the per capita cost of prescription
13 drugs for beneficiaries under this title.

14 “(ii) ROUNDING.—If any dollar
15 amount after being increased under clause
16 (i) is not a multiple of \$10, such dollar
17 amount shall be rounded to the nearest
18 multiple of \$10.

19 “(3) COPAYMENT.—Each time a prescription is
20 filled, the eligible beneficiary shall be responsible for
21 making payments in an amount equal to the lesser
22 of—

23 “(A) the cost (as stated in the contract) of
24 any preventive outpatient prescription drug that
25 is provided to the beneficiary minus the deduct-

1 ible described in paragraph (1) and the coinsur-
 2 ance described in paragraph (2); or

3 “(B) \$5.

4 “(f) CONDITIONS FOR AWARDING CONTRACT.—The
 5 Secretary shall not award a contract to an eligible entity
 6 under subsection (a) unless the Secretary finds that the
 7 eligible entity is in compliance with such terms and condi-
 8 tions as the Secretary shall specify, including the fol-
 9 lowing:

10 “(1) QUALITY AND FINANCIAL STANDARDS.—

11 The eligible entity meets quality and financial stand-
 12 ards specified by the Secretary.

13 “(2) INFORMATION.—The eligible entity pro-
 14 vides the Secretary with information that the Sec-
 15 retary determines is necessary in order to carry out
 16 the bidding process under this section.

17 “(3) PROCEDURES TO ENSURE PROPER UTILI-
 18 ZATION AND TO AVOID ADVERSE DRUG REAC-
 19 TIONS.—The eligible entity has in place procedures
 20 to ensure the—

21 “(A) appropriate utilization by eligible
 22 beneficiaries of the benefits to be provided
 23 under the contract; and

1 “(B) avoidance of adverse drug reactions
2 among eligible beneficiaries enrolled with the
3 entity.

4 “(4) ACCESS.—The eligible entity ensures that
5 the preventive outpatient prescription drugs are ac-
6 cessible and convenient to eligible beneficiaries cov-
7 ered under the contract, including by offering the
8 services in the following manner:

9 “(A) SERVICES DURING EMERGENCIES.—
10 The offering of services 24 hours a day and 7
11 days a week for emergencies.

12 “(B) CONTRACTS WITH RETAIL PHAR-
13 MACIES.—The offering of services—

14 “(i) at a sufficient number (as deter-
15 mined by the Secretary) of retail phar-
16 macies; and

17 “(ii) to the extent feasible, at retail
18 pharmacies located throughout the eligible
19 entity’s service area.

20 “(5) RULES RELATING TO PROVISION OF BENE-
21 FITS.—

22 “(A) PROVISION OF BENEFITS.—In pro-
23 viding benefits under a contract under this sec-
24 tion, an eligible entity may—

1 “(i) employ mechanisms to provide
 2 benefits economically, including the use
 3 of—

4 “(I) formularies;

5 “(II) alternative methods of dis-
 6 tribution; and

7 “(III) generic drug substitution;
 8 and

9 “(ii) use incentives to encourage eligi-
 10 ble beneficiaries to select cost-effective
 11 drugs or less costly means of receiving
 12 drugs which are of equal clinical effective-
 13 ness.

14 “(6) PROCEDURES REGARDING DENIALS OF
 15 CARE.—The eligible entity has in place procedures to
 16 ensure—

17 “(A) the timely review and resolution of
 18 denials of care and complaints (including those
 19 regarding the use of formularies under para-
 20 graph (5)) by eligible beneficiaries, or providers,
 21 pharmacists, and other individuals acting on be-
 22 half of each such beneficiary (with the bene-
 23 ficiary’s consent) in accordance with require-
 24 ments (as established by the Secretary) that are
 25 comparable to such requirements for

1 Medicare+Choice organizations under part C;
 2 and

3 “(B) that beneficiaries are provided with
 4 information regarding the appeals procedures
 5 under this section at the time of enrollment.

6 “(g) PROTECTION OF PATIENT CONFIDENTIALITY.—
 7 Insofar as an eligible organization maintains individually
 8 identifiable medical records or other health information re-
 9 garding eligible beneficiaries under a contract entered into
 10 under this section, the organization shall—

11 “(1) safeguard the privacy of any individually
 12 identifiable beneficiary information;

13 “(2) maintain such records and information in
 14 a manner that is accurate and timely; and

15 “(3) assure timely access of such beneficiaries
 16 to such records and information.

17 “(h) DEFINITIONS.—In this section:

18 “(1) PREVENTIVE OUTPATIENT PRESCRIPTION
 19 DRUG.—The term ‘preventive outpatient prescription
 20 drug’ means any drug or biological not otherwise
 21 covered under this title that may be dispensed only
 22 upon prescription and as a direct result of the indi-
 23 vidual’s participation in—

24 “(A) a screening mammography (as de-
 25 fined in section 1861(jj));

1 “(B) a screening pap smear or a screening
2 pelvic exam (as defined in section 1861(nn));

3 “(C) a prostate cancer screening test (as
4 defined in section 1861(oo));

5 “(D) a colorectal cancer screening test (as
6 defined in section 1861(pp));

7 “(E) a diabetes outpatient self-manage-
8 ment training service (as defined in section
9 1861(qq);

10 “(F) a bone mass measurement (as defined
11 in section 1861(rr));

12 “(G) a cessation of tobacco use program
13 (as defined in section 1861(uu));

14 “(H) a screening for hypertension (as de-
15 fined in section 1861(vv));

16 “(I) counseling for hormone replacement
17 therapy (as defined in section 1861(ww));

18 “(J) a screening for glaucoma (as defined
19 in section 1861(xx)); or

20 “(K) any other preventive service (as de-
21 fined by the Secretary).

22 “(2) ELIGIBLE BENEFICIARY.—The term ‘eligi-
23 ble beneficiary’ means an individual that is enrolled
24 under part B of this title.

1 “(3) ELIGIBLE ENTITY.—The term ‘eligible en-
 2 tity’ means any entity that the Secretary determines
 3 to be appropriate, including—

4 “(A) any pharmaceutical benefit manage-
 5 ment company;

6 “(B) any wholesale or retail pharmacist
 7 delivery system;

8 “(C) any insurer; or

9 “(D) any combination of the entities de-
 10 scribed in subparagraphs (A) through (C).”.

11 **SEC. 303. ACCESS OF LOW-INCOME BENEFICIARIES TO PRE-**
 12 **VENTIVE OUTPATIENT PRESCRIPTION**
 13 **DRUGS.**

14 (a) ELIGIBILITY.—Section 1902(a)(10) of the Social
 15 Security Act (42 U.S.C. 1396a(a)(10)) is amended—

16 (1) in subparagraph (E)(iv)(II), by striking
 17 “and” at the end;

18 (2) in subparagraph (F), by inserting “and” at
 19 the end; and

20 (3) by inserting after subparagraph (F), the fol-
 21 lowing:

22 “(G) for making medical assistance avail-
 23 able (but only for preventive outpatient pre-
 24 scription drugs (as defined in section
 25 1849(h)(1)) in the same amount, duration, and

1 scope as such assistance for such drugs is made
 2 available to any individual described in subpara-
 3 graph (A)(i)) for any individual who—

4 “(i) is a qualified medicare beneficiary
 5 described in section 1905(p)(1);

6 “(ii) would be a qualified medicare
 7 beneficiary described in section 1905(p)(1)
 8 except for the fact that the income of such
 9 individual exceeds the income level estab-
 10 lished by the State under section
 11 1905(p)(2) but is less than 135 percent of
 12 the official poverty line (referred to in such
 13 section) for a family of the size involved,
 14 and who is not otherwise eligible for med-
 15 ical assistance for preventive outpatient
 16 prescription drugs under the State plan;
 17 and

18 “(iii) would otherwise satisfy the re-
 19 quirements of clause (i) or (ii) except for
 20 the fact that they are entitled to hospital
 21 insurance benefits under part A of title
 22 XVIII only pursuant to an enrollment
 23 under section 1818A;”.

24 (b) PAYMENTS TO STATES.—

1 (1) IN GENERAL.—Section 1903 of such Act
2 (42 U.S.C. 1396b) is amended by adding at the end
3 the following:

4 “(x)(1) Subject to paragraph (2), with respect to
5 medical assistance that is attributable to the enactment
6 of section 1902(a)(10)(G), including an estimate of med-
7 ical assistance provided to additional individuals who en-
8 roll in the State plan under this title due to such enact-
9 ment, the Federal medical assistance percentage for such
10 medical assistance is equal to 100 percent.

11 “(2) No payment shall be made to a State for medical
12 assistance described in paragraph (1) unless the State
13 demonstrates to the satisfaction of the Secretary that,
14 with respect to a fiscal year, State expenditures for any
15 State-funded prescription drug program is not less than
16 the level of such expenditures for fiscal year 1999.”.

17 (2) CONFORMING AMENDMENT.—Section
18 1905(b) of such Act (42 U.S.C. 1396d(b)) is amend-
19 ed in the first sentence by inserting “and 1903(x)”
20 after “1933(d)”.

1 **SEC. 304. ALLOCATION OF FEDERAL PROCEEDS FROM**
2 **GLOBAL TOBACCO SETTLEMENT TO EN-**
3 **HANCE PREVENTIVE OUTPATIENT PRESCRIP-**
4 **TION DRUG BENEFIT.**

5 (a) TRANSFER OF FEDERAL PROCEEDS FROM GLOB-
6 AL TOBACCO SETTLEMENT.—The Secretary of the Treas-
7 ury shall transfer to the Federal Supplementary Medical
8 Insurance Trust Fund established under section 1841 of
9 the Social Security Act (42 U.S.C. 1395t) an amount
10 equal to 50 percent of any amount received by the Federal
11 Government as a result of any legislation providing for
12 a global tobacco settlement. Such transfer shall occur not
13 later than 60 days after each date on which the Federal
14 Government receives such amount.

15 (b) USE OF AMOUNT TRANSFERRED.—Any amount
16 transferred pursuant to subsection (a) shall be available
17 to enhance the drug benefit described in section 1849 of
18 the Social Security Act (as added by section 302) in a
19 manner that is consistent with the recommendations of the
20 Institute of Medicine of the National Academy of Sciences
21 developed under section 305.

22 **SEC. 305. MEDICARE DRUG BENEFIT STUDY.**

23 (a) IN GENERAL.—The Secretary shall contract with
24 the Institute of Medicine of the National Academy of
25 Sciences to conduct the study described in subsection (b)
26 and submit the report described in subsection (c).

1 (b) STUDY.—The Institute of Medicine of the Na-
2 tional Academy of Sciences shall—

3 (1) conduct a study of the feasibility and issues
4 involved in the developing, administering, and fi-
5 nancing of a comprehensive outpatient prescription
6 drug benefit under the medicare program; and

7 (2) develop a prioritized list of drug categories
8 that could be added to the benefit based on the
9 availability of funding.

10 (c) REPORT.—Not later than June 30, 2001, the In-
11 stitute of Medicine of the National Academy of Sciences
12 shall submit a report to the Secretary which contains—

13 (1) a detailed statement of the findings and
14 conclusions of the study conducted under subsection
15 (b)(1);

16 (2) the list developed under subsection (b)(2);
17 and

18 (3) the recommendations of the Secretary for
19 such legislative and administrative actions as it con-
20 siders appropriate.

21 (d) SUBMISSION TO CONGRESS.—Not later than 30
22 days after the Secretary receives the report described in
23 subsection (c), the Secretary shall transmit the report to
24 Congress.

1 **SEC. 306. EFFECTIVE DATE.**

2 Except as otherwise provided, the amendments made
3 by this title shall apply to items and services furnished
4 on or after January 1, 2001.

5 **TITLE IV—STUDIES AND RE-**
6 **PORTS ADVANCING ORIGINAL**
7 **RESEARCH IN THE FIELD OF**
8 **PREVENTION AND THE EL-**
9 **DERLY**

10 **SEC. 401. MEDPAC BIENNIAL REPORT.**

11 (a) IN GENERAL.—Section 1805(b) of the Social Se-
12 curity Act (42 U.S.C. 1395b–6(b)) is amended—

13 (1) in paragraph (1)—

14 (A) in subparagraph (C), by striking
15 “and” at the end;

16 (B) in subparagraph (D), by striking the
17 period and inserting “; and”; and

18 (C) by adding at the end the following:

19 “(E) by not later than January 1, 2001,
20 and biannually thereafter, submit the report to
21 Congress described in paragraph (7).”; and

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

23 “(7) EVALUATION OF ACTUARIAL EQUIVALENCE
24 OF MEDICARE AND PRIVATE SECTOR BENEFIT PACK-
25 AGES.—

1 “(A) EVALUATION.—The Commission
2 shall—

3 “(i) evaluate the benefit package of-
4 ferred under the medicare program under
5 this title; and

6 “(ii) determine the degree to which
7 such benefit package is actuarially equiva-
8 lent to that offered by health benefit pro-
9 grams available in the private sector to in-
10 dividuals over age 65.

11 “(B) REPORT.—The Commission shall
12 submit a report to Congress that shall
13 contain—

14 “(i) a detailed statement of the find-
15 ings and conclusions of the Commission re-
16 garding the evaluation conducted under
17 subparagraph (A);

18 “(ii) the recommendations of the
19 Commission regarding changes in the ben-
20 efit package offered under the medicare
21 program under this title that would keep
22 the program modern and competitive in re-
23 lation to health benefit programs available
24 in the private sector; and

1 “(iii) the recommendations of the
2 Commission for such legislation and ad-
3 ministrative actions as it considers appro-
4 priate.”.

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

8 **SEC. 402. NATIONAL INSTITUTE ON AGING STUDY AND RE-**
9 **PORT.**

10 (a) STUDIES.—The Director of the National Institute
11 on Aging shall conduct 1 or more studies focusing on ways
12 to—

- 13 (1) improve quality of life for the elderly;
- 14 (2) develop better ways to prevent or delay the
15 onset of age-related functional decline and disease
16 and disability among the elderly; and
- 17 (3) develop new means of assessing the long-
18 term cost-effectiveness of health promotion and dis-
19 ease prevention efforts among the elderly.

20 (b) REPORT.—Not later than January 1, 2005, the
21 Director of the National Institute on Aging shall submit
22 a report to the Secretary regarding each study conducted
23 under subsection (a) and containing a detailed statement
24 of research findings and conclusions that are scientifically

1 valid and are demonstrated to prevent or delay the onset
 2 of chronic illness or disability among the elderly.

3 (c) TRANSMISSION TO INSTITUTE OF MEDICINE.—
 4 Upon receipt of each report described in subsection (b),
 5 the Secretary shall transmit such report to the Institute
 6 of Medicine of the National Academy of Sciences for con-
 7 sideration in its effort to conduct the comprehensive study
 8 of current literature and best practices in the field of
 9 health promotion and disease prevention among the medi-
 10 care beneficiaries described in section 403.

11 (d) AUTHORIZATION OF APPROPRIATIONS.—

12 (1) IN GENERAL.—There are authorized to be
 13 appropriated \$100,000,000 for fiscal years 2000
 14 through 2005 to carry out the purposes of this sec-
 15 tion.

16 (2) AVAILABILITY.—Any sums appropriated
 17 under the authorization contained in this subsection
 18 shall remain available, without fiscal year limitation,
 19 until September 30, 2004.

20 **SEC. 403. INSTITUTE OF MEDICINE 5-YEAR MEDICARE PRE-**
 21 **VENTION BENEFIT STUDY AND REPORT.**

22 (a) STUDY.—

23 (1) IN GENERAL.—The Secretary shall contract
 24 with the Institute of Medicine of the National Acad-
 25 emy of Sciences to conduct a comprehensive study of

1 current literature and best practices in the field of
2 health promotion and disease prevention among
3 medicare beneficiaries including the issues described
4 in paragraph (2) and to submit the report described
5 in subsection (b).

6 (2) ISSUES STUDIED.—The study required
7 under paragraph (1) shall include an assessment
8 of—

9 (A) clinical and cost-effectiveness issues;

10 (B) utilization of covered benefits (includ-
11 ing any barriers to or incentives to increase uti-
12 lization); and

13 (C) quality of life issues associated with
14 both health promotion and disease prevention
15 benefits or outpatient prescription drugs cov-
16 ered under the medicare program and those
17 that are not covered under such program that
18 would affect all medicare beneficiaries.

19 (b) REPORT.—

20 (1) IN GENERAL.—Not later than 5 years after
21 the date of enactment of this section, and every fifth
22 year thereafter, the Institute of Medicine of the Na-
23 tional Academy of Sciences shall submit to the
24 President a report that contains a detailed state-
25 ment of the findings and conclusions of the study

1 conducted under subsection (a) and the rec-
 2 ommendations for legislation described in paragraph
 3 (2).

4 (2) RECOMMENDATIONS FOR LEGISLATION.—
 5 The Institute of Medicine of the National Academy
 6 of Sciences, in consultation with the Partnership for
 7 Prevention, shall develop recommendations in legis-
 8 lative form that—

9 (A) prioritize the preventive benefits under
 10 the medicare program, including outpatient pre-
 11 scription drugs; and

12 (B) modify preventive benefits offered
 13 under the medicare program based on the study
 14 conducted under subsection (a).

15 (c) TRANSMISSION TO CONGRESS.—

16 (1) IN GENERAL.—On the day on which the re-
 17 port described in subsection (b) is submitted to the
 18 President, the President shall transmit the report
 19 and recommendations in legislative form described in
 20 subsection (b)(2) to Congress.

21 (2) DELIVERY.—Copies of the report and rec-
 22 ommendations in legislative form required to be
 23 transmitted to Congress under paragraph (1) shall
 24 be delivered—

1 (A) to both Houses of Congress on the
2 same day;

3 (B) to the Clerk of the House of Rep-
4 resentatives if the House is not in session; and

5 (C) to the Secretary of the Senate if the
6 Senate is not in session.

7 **SEC. 404. FAST-TRACK CONSIDERATION OF PREVENTION**
8 **BENEFIT LEGISLATION.**

9 (a) RULES OF HOUSE OF REPRESENTATIVES AND
10 SENATE.—This section is enacted by Congress—

11 (1) as an exercise of the rulemaking power of
12 the House of Representatives and the Senate, re-
13 spectively, and is deemed a part of the rules of each
14 House of Congress, but—

15 (A) is applicable only with respect to the
16 procedure to be followed in that House of Con-
17 gress in the case of an implementing bill (as de-
18 fined in subsection (d)); and

19 (B) supersedes other rules only to the extent
20 that such rules are inconsistent with this section;
21 and

22 (2) with full recognition of the constitutional
23 right of either House of Congress to change the
24 rules (so far as relating to the procedure of that
25 House of Congress) at any time, in the same man-

ner and to the same extent as in the case of any other rule of that House of Congress.

(b) INTRODUCTION AND REFERRAL.—

(1) INTRODUCTION.—

(A) IN GENERAL.—Subject to paragraph (2), on the day on which the President transmits the report pursuant to section 403(c) to the House of Representatives and the Senate, the recommendations in legislative form transmitted by the President with respect to such report shall be introduced as a bill (by request) in the following manner:

(i) HOUSE OF REPRESENTATIVES.—In the House, by the majority leader of the House, for himself and the minority leader of the House, or by Members of the House designated by the majority leader and minority leader of the House.

(ii) SENATE.—In the Senate, by the majority leader of the Senate, for himself and the minority leader of the Senate, or by Members of the Senate designated by the majority leader and minority leader of the Senate.

1 (B) SPECIAL RULE.—If either House of
2 Congress is not in session on the day on which
3 such recommendations in legislative form are
4 transmitted, the recommendations in legislative
5 form shall be introduced as a bill in that House
6 of Congress, as provided in subparagraph (A),
7 on the first day thereafter on which that House
8 of Congress is in session.

9 (2) REFERRAL.—Such bills shall be referred by
10 the Presiding Officers of the respective Houses to
11 the appropriate committee, or, in the case of a bill
12 containing provisions within the jurisdiction of 2 or
13 more committees, jointly to such committees for con-
14 sideration of those provisions within their respective
15 jurisdictions.

16 (c) CONSIDERATION.—After the recommendations in
17 legislative form have been introduced as a bill and referred
18 under subsection (b), such implementing bill shall be con-
19 sidered in the same manner as an implementing bill is con-
20 sidered under subsections (d), (e), (f), and (g) of section
21 151 of the Trade Act of 1974 (19 U.S.C. 2191).

22 (d) IMPLEMENTING BILL DEFINED.—In this section,
23 the term “implementing bill” means only the recommenda-
24 tions in legislative form of the Institute of Medicine of the
25 National Academy of Sciences described in section

1 403(b)(2), transmitted by the President to the House of
2 Representatives and the Senate under subsection 403(c),
3 and introduced and referred as provided in subsection (b)
4 as a bill of either House of Congress.

5 (e) COUNTING OF DAYS.—For purposes of this sec-
6 tion, any period of days referred to in section 151 of the
7 Trade Act of 1974 shall be computed by excluding—

8 (1) the days on which either House of Congress
9 is not in session because of an adjournment of more
10 than 3 days to a day certain or an adjournment of
11 Congress sine die, and

12 (2) any Saturday and Sunday, not excluded
13 under paragraph (1), when either House is not in
14 session.

○