

106TH CONGRESS  
1ST SESSION

# S. 255

To combat waste, fraud, and abuse in payments for home health services provided under the Medicare program, and to improve the quality of those home health services.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 20, 1999

Mr. GRASSLEY (for himself and Mr. BREAUX) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## A BILL

To combat waste, fraud, and abuse in payments for home health services provided under the Medicare program, and to improve the quality of those home health services.

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 “Home Health Integrity Preservation Act of 1999”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Additional conditions of participation for home health agencies.
- Sec. 3. Surveyor training in reimbursement and coverage policies.
- Sec. 4. Surveys and reviews.

Sec. 5. Prior patient load.

Sec. 6. Establishment of standards and procedures to improve quality of services.

Sec. 7. Notification of availability of a home health agency's most recent survey as part of discharge planning process.

Sec. 8. Home health integrity task force.

Sec. 9. Application of certain provisions of the bankruptcy code.

Sec. 10. Study and report to Congress.

Sec. 11. Effective date.

**1 SEC. 2. ADDITIONAL CONDITIONS OF PARTICIPATION FOR**  
**2 HOME HEALTH AGENCIES.**

**3 (a) QUALIFICATIONS OF MANAGING EMPLOYEES.—**  
**4 Section 1891(a) of the Social Security Act (42 U.S.C.**  
**5 1395bbb(a)) is amended by adding at the end the follow-**  
**6 ing:**

**7 “(7) The agency shall have—**

**8 “(A) sufficient knowledge, as attested by**  
**9 the managing employees (as defined in section**  
**10 1126(b)) of the agency (pursuant to subsection**  
**11 (c)(2)(C)(iv)(II)) using standards established by**  
**12 the Secretary, of the requirements for reim-**  
**13 bursement under this title, coverage criteria**  
**14 and claims procedures, and the civil and crimi-**  
**15 nal penalties for noncompliance with such re-**  
**16 quirements; and**

**17 “(B) managing employees with sufficient**  
**18 prior education or work experience, according to**  
**19 standards determined by the Secretary, in the**  
**20 delivery of health care.”.**

1 (b) COMPLIANCE PROGRAM.—Section 1891(a) of the  
 2 Social Security Act (42 U.S.C. 1395bbb(a)) (as amended  
 3 by subsection (a)) is amended by adding at the end the  
 4 following:

5 “(8) The agency has developed and imple-  
 6 mented a fraud and abuse compliance program.”.

7 (c) AVAILABILITY OF SURVEY.—Section 1891(a) of  
 8 the Social Security Act (42 U.S.C. 1395bbb(a)) (as  
 9 amended by subsection (b)) is amended by adding at the  
 10 end the following:

11 “(9) The agency, before the agency provides  
 12 any home health services to a beneficiary, makes  
 13 available to the beneficiary or the representative of  
 14 the beneficiary a summary of the pertinent findings  
 15 (including a list of any deficiencies) of the most re-  
 16 cent survey of the agency relating to the compliance  
 17 of such agency. Such summary shall be provided in  
 18 a standardized format and may, at the discretion of  
 19 the Secretary, also include other information regard-  
 20 ing the agency’s operations that are of potential in-  
 21 terest to beneficiaries, such as the number of pa-  
 22 tients served by the agency.”.

23 (d) NOTICE OF NEW HOME HEALTH SERVICE, NEW  
 24 BRANCH OFFICE, AND NEW JOINT VENTURE.—Section

1 1891(a)(2) of the Social Security Act (42 U.S.C.  
2 1395bbb(a)(2)) is amended to read as follows:

3 “(2)(A) The agency notifies the agency’s fiscal  
4 intermediary and the State entity responsible for the  
5 licensing or certification of the agency—

6 “(i) of a change in the persons with an  
7 ownership or control interest (as defined in sec-  
8 tion 1124(a)(3)) in the agency,

9 “(ii) of a change in the persons who are of-  
10 ficers, directors, agents, or managing employees  
11 (as defined in section 1126(b)) of the agency,

12 “(iii) of a change in the corporation, asso-  
13 ciation, or other company responsible for the  
14 management of the agency,

15 “(iv) that the agency is providing a cat-  
16 egory of skilled service that it was not providing  
17 at the time of the agency’s most recent stand-  
18 ard survey,

19 “(v) that the agency is operating a new  
20 branch office that was not in operation at the  
21 time of the agency’s most recent standard sur-  
22 vey, and

23 “(vi) that the agency is involved in a new  
24 joint venture with other health care providers or  
25 other business entities.

1           “(B) The notice required under subparagraph  
2       (A) shall be provided—

3           “(i) for a change described in clauses (i),  
4           (ii), and (iii) of such subparagraph, within 30  
5           calendar days of the time of the change and  
6           shall include the identity of each new person or  
7           company described in the previous sentence,

8           “(ii) for a change described in clause (iv)  
9           of such subparagraph, within 30 calendar days  
10          of the time the agency begins providing the new  
11          service and shall include a description of the  
12          service,

13          “(iii) for a change described in clause (v)  
14          of such subparagraph, within 30 calendar days  
15          of the time the new branch office begins oper-  
16          ations and shall include the location of the of-  
17          fice and a description of the services that are  
18          being provided at the office, and

19          “(iv) for a change described in clause (vi)  
20          of such subparagraph, within 30 calendar days  
21          of the time the agency enters into the joint ven-  
22          ture agreement and shall include a description  
23          of the joint venture and the participants in the  
24          joint venture.”.

1 **SEC. 3. SURVEYOR TRAINING IN REIMBURSEMENT AND**  
 2 **COVERAGE POLICIES.**

3 Section 1891(d)(3) of the Social Security Act (42  
 4 U.S.C. 1395bbb(d)(3)) is amended—

5 (1) by striking “relating to the performance”  
 6 and inserting “relating to—

7 “(A) the performance”;

8 (2) by striking the period at the end and insert-  
 9 ing “; and”; and

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

11 “(B) requirements for reimbursement and cov-  
 12 erage of services under this title.”.

13 **SEC. 4. SURVEYS AND REVIEWS.**

14 (a) **ADDITIONAL REQUIREMENTS FOR SURVEY.—**

15 Section 1891(c)(2)(C) of the Social Security Act (42  
 16 U.S.C. 1395bbb(c)(2)(C)) is amended—

17 (1) in clause (i)(I)—

18 (A) by striking “purpose of evaluating”  
 19 and inserting “purpose of—

20 “(aa) evaluating”; and

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

22 “(bb) evaluating whether the individ-  
 23 uals are homebound for purposes of quali-  
 24 fying for receipt of benefits for home  
 25 health services under this title; and”;

26 (2) in clause (ii), by striking “and” at the end;

1 (3) in clause (iii), by striking the period at the  
 2 end and inserting “; and”; and

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

4 “(iv) shall include—

5 “(I) an assessment of whether the agency  
 6 is in compliance with all of the conditions of  
 7 participation and requirements specified in or  
 8 pursuant to section 1861(o), this section, and  
 9 this title;

10 “(II) an assessment that the managing  
 11 employees (as defined in section 1126(b)) of the  
 12 agency have attested in writing to having suffi-  
 13 cient knowledge, as determined by the Sec-  
 14 retary, of the requirements for reimbursement  
 15 under this title, coverage criteria and claims  
 16 procedures, and the civil and criminal penalties  
 17 for noncompliance with such requirements; and

18 “(III) a review of the services provided by  
 19 subcontractors of the agency to ensure that  
 20 such services are being provided in a manner  
 21 consistent with the requirements of this title.”.

22 (b) ADDITIONAL EVENTS TRIGGERING A SURVEY.—  
 23 Section 1891(c)(2)(B) of the Social Security Act (42  
 24 U.S.C. 1395bbb(c)(2)(B)) is amended—

25 (1) by striking “and” at the end of clause (i);

1           (2) by striking the period at the end of clause

2           (ii) and inserting a comma; and

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

4                   “(iii) shall be conducted not less than  
5                   annually for the first 2 years after the ini-  
6                   tial standard survey of the agency,

7                   “(iv) after the agency’s first 2 years  
8                   of participation under this title, shall be  
9                   conducted within 90 calendar days of the  
10                  date that the agency notifies the Secretary  
11                  that it is providing a category of skilled  
12                  service that the agency was not providing  
13                  at the time of the agency’s most recent  
14                  standard survey,

15                  “(v) if the agency is operating a new  
16                  branch office that was not in operation at  
17                  the time of the agency’s most recent stand-  
18                  ard survey, shall be conducted within the  
19                  12-month period following the date that  
20                  the new branch office began operations to  
21                  ensure that such office is providing quality  
22                  care and that it is appropriately classified  
23                  as a branch office, and shall include direct  
24                  scrutiny of the operations of the branch of-  
25                  fice, and



1 “(vi) shall be conducted on randomly  
 2 selected agencies on an occasional basis,  
 3 with the number of such surveys to be de-  
 4 termined by the Secretary.”.

5 (c) REVIEW BY FISCAL INTERMEDIARY.—Section  
 6 1816 of the Social Security Act (42 U.S.C. 1395h) is  
 7 amended by adding at the end the following:

8 “(m) An agreement with an agency or organization  
 9 under this section shall require that the agency or organi-  
 10 zation conduct a review of the overall business structure  
 11 of a home health agency submitting a claim for reimburse-  
 12 ment for home health services, including any related orga-  
 13 nizations of the home health agency.”.

14 **SEC. 5. PRIOR PATIENT LOAD.**

15 Section 1891 of the Social Security Act (42 U.S.C.  
 16 1395bbb) is amended by adding at the end the following:

17 “(h) PRIOR PATIENT LOAD.—

18 “(1) IN GENERAL.—The Secretary shall not  
 19 enter into an agreement for the first time with a  
 20 home health agency to provide items and services  
 21 under this title unless the Secretary determines that,  
 22 before the date the agreement is entered into, the  
 23 agency—

24 “(A) had been in operation for at least 60  
 25 calendar days; and

1 “(B) had at least 10 patients during that  
2 period of prior operation.

3 “(2) EXCEPTIONS.—

4 “(A) BENEFICIARY ACCESS.—If the Sec-  
5 retary determines appropriate, the Secretary  
6 may waive the requirements of paragraph (1) in  
7 order to establish or maintain beneficiary access  
8 to home health services in an area.

9 “(B) CHANGE OF OWNERSHIP.—The re-  
10 quirements of paragraph (1) shall not apply to  
11 a home health agency at the time of a change  
12 in ownership of such agency.”.

13 **SEC. 6. ESTABLISHMENT OF STANDARDS AND PROCE-**  
14 **DURES TO IMPROVE QUALITY OF SERVICES.**

15 (a) IN GENERAL.—Section 1891 of the Social Secu-  
16 rity Act (42 U.S.C. 1395bbb) (as amended by section 5)  
17 is amended by adding at the end the following:

18 “(i) ESTABLISHMENT OF STANDARDS AND PROCE-  
19 DURES.—

20 “(1) SCREENING OF EMPLOYEES.—The Sec-  
21 retary shall establish procedures to improve the  
22 background screening performed by a home health  
23 agency on individuals that the agency is considering  
24 hiring as home health aides (as defined in subsection

1 (a)(3)(E)) and licensed health professionals (as de-  
 2 fined in subsection (a)(3)(F)).

3 “(2) COST REPORTS.—The Secretary shall es-  
 4 tablish additional procedures regarding the require-  
 5 ment for attestation of cost reports to ensure greater  
 6 accountability on the part of a home health agency  
 7 and its managing employees (as defined in section  
 8 1126(b)) for the accuracy of the information pro-  
 9 vided to the Secretary in any such cost reports.

10 “(3) MONITORING AGENCY AFTER EXTENDED  
 11 SURVEY.—The Secretary shall establish procedures  
 12 to ensure that a home health agency that is subject  
 13 to an extended (or partial extended) survey is closely  
 14 monitored from the period immediately following the  
 15 extended survey through the agency’s subsequent  
 16 standard survey to ensure that the agency is in com-  
 17 pliance with all the conditions of participation and  
 18 requirements specified in or pursuant to section  
 19 1861(o), this section, and this title.

20 “(4) ADDITIONAL AUDITS.—

21 “(A) IN GENERAL.—

22 “(i) STANDARDS.—The Secretary  
 23 shall establish objective standards regard-  
 24 ing the determination of—

1 “(I) whether an agency is a home  
2 health agency described in subpara-  
3 graph (B); and

4 “(II) the circumstances that trig-  
5 ger an audit for a home health agency  
6 described in subparagraph (B), and  
7 the content of such an audit.

8 “(ii) INFORMATION.—In establishing  
9 standards under clause (i), the Secretary  
10 shall ensure that the individuals perform-  
11 ing the audits under this section are pro-  
12 vided with the necessary information, in-  
13 cluding information from intermediaries,  
14 carriers, and law enforcement sources, in  
15 order to determine if a particular home  
16 health agency is an agency described in  
17 subparagraph (B) and whether the cir-  
18 cumstances triggering an audit for such an  
19 agency has occurred.

20 “(B) AGENCY DESCRIBED.—A home health  
21 agency is described in this subparagraph if it is  
22 an agency that has—

23 “(i) experienced unusually rapid  
24 growth as compared to other home health  
25 agencies in the area and in the country;

1 “(ii) had unusually high utilization  
2 patterns as compared to other home health  
3 agencies in the area and in the country;

4 “(iii) unusually high costs per patient  
5 as compared to other home health agencies  
6 in the area and in the country;

7 “(iv) unusually high levels of overpay-  
8 ment or coverage denials as compared to  
9 other home health agencies in the area and  
10 in the country; or

11 “(v) operations that otherwise raise  
12 concerns such that the Secretary deter-  
13 mines that an audit is appropriate.

14 “(5) BRANCH OFFICES.—

15 “(A) SURVEYS.—The Secretary shall es-  
16 tablish standards for periodic surveys of branch  
17 offices of a home health agency in order to as-  
18 sess whether the branch offices meet the Sec-  
19 retary’s national criteria for branch office des-  
20 ignation and for quality of care. Such surveys  
21 shall include home visits to beneficiaries served  
22 by the branch office (but only with the consent  
23 of the beneficiary).

24 “(B) UNIFORM NATIONAL DEFINITION.—

25 The Secretary shall establish a uniform national

1 definition of a branch office of a home health  
2 agency.

3 “(6) CERTAIN QUALIFICATIONS OF MANAGING  
4 EMPLOYEES.—The Secretary shall establish stand-  
5 ards regarding the knowledge and prior education or  
6 work experience that a managing employee (as de-  
7 fined in section 1126(b)) of an agency must possess  
8 in order to comply with the requirements described  
9 in subsection (a)(7).

10 “(7) CLAIMS PROCESSING.—

11 “(A) IN GENERAL.—The Secretary shall  
12 establish standards to improve and strengthen  
13 the procedures by which claims for reimburse-  
14 ment by home health agencies are identified as  
15 being fraudulent, wasteful, or abusive.

16 “(B) PROCEDURES.—The standards estab-  
17 lished by the Secretary pursuant to subpara-  
18 graph (A) shall include, to the extent prac-  
19 ticable, standards for a minimum number of—

20 “(i) intensive focused medical reviews  
21 of the services provided to beneficiaries by  
22 an agency;

23 “(ii) interviews with beneficiaries, em-  
24 ployees of the agency, and other individ-

1 uals providing services on behalf of the  
 2 agency; and

3 “(iii) random spot checks of visits to  
 4 a beneficiary’s home by employees of the  
 5 agency (but only with the consent of the  
 6 beneficiary).

7 “(C) REPORT TO CONGRESS.—Not later  
 8 than 90 days after the date of enactment of the  
 9 Home Health Integrity Preservation Act of  
 10 1999, the Secretary shall submit a report to  
 11 Congress containing a detailed description of—

12 “(i) the current levels of activity by  
 13 the Secretary with regard to the reviews,  
 14 interviews, and spot checks described in  
 15 subparagraph (B); and

16 “(ii) the Secretary’s plans to increase  
 17 those levels pursuant to the procedures de-  
 18 scribed in subparagraphs (A) and (B).

19 “(8) EXPANSION OF FINANCIAL STATEMENT.—  
 20 The Secretary shall establish procedures to expand  
 21 the financial statement audit process to include com-  
 22 pliance and integrity reviews.”.

23 (b) EFFECTIVE DATE.—By not later than 180 cal-  
 24 endar days after the date of enactment of this Act, the  
 25 Secretary shall establish the standards and procedures de-

1 scribed in paragraphs (1) through (8) of section 1891(i)  
 2 of the Social Security Act (42 U.S.C. 1395bbb(i)) (as  
 3 added by subsection (a)) by regulation or other sufficient  
 4 means.

5 **SEC. 7. NOTIFICATION OF AVAILABILITY OF A HOME**  
 6 **HEALTH AGENCY'S MOST RECENT SURVEY AS**  
 7 **PART OF DISCHARGE PLANNING PROCESS.**

8 Section 1861(ee)(2)(D) of the Social Security Act (42  
 9 U.S.C. 1395x(ee)(2)(D)) (as amended by section 4321(a)  
 10 of the Balanced Budget Act of 1997) is amended—

11 (1) by striking “including the availability” and  
 12 inserting “including—

13 “(i) the availability”; and

14 (2) by inserting before the period the following:  
 15 “; and

16 “(ii) the availability of (and procedures for  
 17 obtaining from a home health agency) a sum-  
 18 mary document described in section  
 19 1891(a)(9)”.

20 **SEC. 8. HOME HEALTH INTEGRITY TASK FORCE.**

21 (a) ESTABLISHMENT.—The Secretary of Health and  
 22 Human Services (in this section referred to as the “Sec-  
 23 retary”) shall establish within the Office of the Inspector  
 24 General of the Department of Health and Human Services



1 a home health integrity task force (in this section referred  
2 to as the “Task Force”).

3 (b) DIRECTOR.—The Inspector General of the De-  
4 partment of Health and Human Services shall appoint the  
5 Director of the Task Force.

6 (c) DUTIES.—The Task Force shall target, inves-  
7 tigate, and pursue any available civil or criminal actions  
8 against individuals who organize, direct, finance, or are  
9 otherwise engaged in fraud in the provision of home health  
10 services (as defined in section 1861(m) of the Social Secu-  
11 rity Act (42 U.S.C. 1395x(m))) under the medicare pro-  
12 gram under such Act.

13 (d) OUTSIDE AGENCIES AND ENTITIES.—In carrying  
14 out the duties described in subsection (c), the Task Force  
15 shall work in coordination with other Federal, State, and  
16 local agencies, including the Health Care Financing Ad-  
17 ministration, and with private entities. All Federal, State,  
18 and local employees and all private entities are encouraged  
19 to provide maximum cooperation to the Task Force.

20 **SEC. 9. APPLICATION OF CERTAIN PROVISIONS OF THE**  
21 **BANKRUPTCY CODE.**

22 (a) RESTRICTED APPLICABILITY OF BANKRUPTCY  
23 STAY, DISCHARGE, AND PREFERENTIAL TRANSFER PRO-  
24 VISIONS TO CERTAIN MEDICARE DEBTS.—Title XI of the

1 Social Security Act (42 U.S.C. 1301 et seq.) is amended  
 2 by inserting after section 1143 the following:

3 “APPLICATION OF CERTAIN PROVISIONS OF THE  
 4 BANKRUPTCY CODE

5 “SEC. 1144. (a) CERTAIN MEDICARE ACTIONS NOT  
 6 STAYED BY BANKRUPTCY PROCEEDINGS.—The com-  
 7 mencement or continuation of any action against a debtor  
 8 (as defined in subsection (d)) under this title or title  
 9 XVIII, including any action or proceeding to exclude or  
 10 suspend such debtor from program participation, assess  
 11 civil monetary penalties, recoup or set off overpayments,  
 12 or deny or suspend payment of claims shall not be subject  
 13 to a stay under section 362(a) of title 11, United States  
 14 Code.

15 “(b) CERTAIN MEDICARE DEBT NOT DISCHARGE-  
 16 ABLE IN BANKRUPTCY.—A debt owed to the United  
 17 States or to a State by a debtor for an overpayment under  
 18 title XVIII, or for a penalty, fine, or assessment under  
 19 this title or title XVIII, shall not be dischargeable under  
 20 any provision of title 11, United States Code.

21 “(c) REPAYMENT OF CERTAIN DEBTS CONSIDERED  
 22 FINAL.—Payments made to repay a debt to the United  
 23 States or to a State by a debtor with respect to items and  
 24 services provided, or claims for payment made for such  
 25 items and services, under title XVIII (including repayment  
 26 of an overpayment), or to pay a penalty, fine, or assess-

1 ment under this title or title XVIII, shall be considered  
 2 final and not avoidable transfers under section 547 of title  
 3 11, United States Code.

4 “(d) DEBTOR DEFINED.—In this section, the term  
 5 ‘debtor’ means a provider of services (as defined in section  
 6 1861(u)) that has commenced a case under title 11,  
 7 United States Code.”.

8 (b) MEDICARE RULES APPLICABLE TO BANKRUPTCY  
 9 PROCEEDINGS OF A MEDICARE PROVIDER OF SERV-  
 10 ICES.—Title XVIII of the Social Security Act (42 U.S.C.  
 11 1395 et seq.) is amended by adding at the end the follow-  
 12 ing:

13 “APPLICATION OF PROVISIONS OF THE BANKRUPTCY  
 14 CODE

15 “SEC. 1897. (a) USE OF MEDICARE STANDARDS AND  
 16 PROCEDURES.—Notwithstanding any provision of title 11,  
 17 United States Code, or any other provision of law, in the  
 18 case of claims by a debtor (as defined in section 1144(d))  
 19 for payment under this title, the determination of whether  
 20 the claim is allowable, and of the amount payable, shall  
 21 be made in accordance with the provisions of this title,  
 22 title XI, and implementing regulations.

23 “(b) NOTICE TO CREDITOR OF BANKRUPTCY PETI-  
 24 TIONER.—In the case of a debt owed by a debtor (as so  
 25 defined) to the United States with respect to items and  
 26 services provided, or claims for payment made, under this

1 title (including a debt arising from an overpayment or a  
 2 penalty, fine, or assessment under title XI or this title),  
 3 the notices to the creditor of bankruptcy petitions, pro-  
 4 ceedings, and relief required under title 11, United States  
 5 Code (including under section 342 of that title and rule  
 6 2002(j) of the Federal Rules of Bankruptcy Procedure),  
 7 shall be given to the Secretary. Provision of such notice  
 8 to a fiscal agent of the Secretary shall not be considered  
 9 to satisfy this requirement.

10 “(c) **TURNOVER OF PROPERTY TO THE BANKRUPTCY**  
 11 **ESTATE.**—For purposes of section 542(b) of title 11,  
 12 United States Code, a claim for payment under this title  
 13 shall not be considered to be a matured debt payable to  
 14 the estate of a debtor (as so defined) until such claim has  
 15 been allowed by the Secretary in accordance with proce-  
 16 dures established under this title.”.

17 **SEC. 10. STUDY AND REPORT TO CONGRESS.**

18 (a) **STUDY.**—

19 (1) **IN GENERAL.**—The Secretary of Health and  
 20 Human Services (in this section referred to as the  
 21 “Secretary”) shall conduct a study on all matters re-  
 22 lating to the appropriate home health services to be  
 23 provided under the Medicare program under title  
 24 XVIII of the Social Security Act (42 U.S.C. 1395 et  
 25 seq.) to individuals with chronic conditions.

1           (2) MATTERS STUDIED.—The matters studied  
2       by the Secretary shall include—

3           (A) methods to strengthen the role of a  
4       physician in developing a plan of care for a ben-  
5       eficiary receiving home health benefits under  
6       this title; and

7           (B) the need for an individual or entity  
8       (other than the home health agency or the  
9       beneficiary’s physician) to have responsibility  
10      for approving the type and quantity of home  
11      health services provided to the beneficiary.

12      (b) REPORT.—Not later than 1 year after the date  
13 of enactment of this Act, the Secretary shall submit a re-  
14 port to Congress on the study conducted under subsection  
15 (a). The Secretary shall include in the report such rec-  
16 ommendations regarding the utilization of home health  
17 services under the Medicare program as the Secretary de-  
18 termines to be appropriate.

19 **SEC. 11. EFFECTIVE DATE.**

20      Except as otherwise provided in this Act, the amend-  
21 ments made by this Act shall take effect on the expiration  
22 of the date that is 180 calendar days after the date of  
23 enactment of this Act.

