

107TH CONGRESS  
1ST SESSION

# H. R. 1142

To amend title XIX of the Social Security Act to permit uninsured individuals to obtain coverage under the Medicaid Program, to assure coverage of prescription drugs, alcohol and drug abuse treatment services, mental health services, long-term care services, and other services, and for other purposes.

---

## IN THE HOUSE OF REPRESENTATIVES

MARCH 21, 2001

Mr. CONYERS (for himself, Mrs. CHRISTENSEN, Mr. BONIOR, and Mrs. JONES of Ohio) introduced the following bill; which was referred to the Committee on Energy and Commerce

---

## A BILL

To amend title XIX of the Social Security Act to permit uninsured individuals to obtain coverage under the Medicaid Program, to assure coverage of prescription drugs, alcohol and drug abuse treatment services, mental health services, long-term care services, and other services, 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,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Working American  
3 Families Access to Health Care Act of 2001” or “Medi-  
4 Access Act of 2001”.

5 **SEC. 2. MEDI-ACCESS PROGRAM.**

6       (a) AVAILABILITY OF MEDICAID COVERAGE FOR UN-  
7 INSURED INDIVIDUAL UNDER MEDI-ACCESS.—

8           (1) EXPANSION TO INDIVIDUALS WITH FAMILY  
9 INCOME BELOW 400 PERCENT (OR 600 PERCENT IN  
10 2004) OF POVERTY LINE WITHOUT APPLYING ANY  
11 ASSET TEST.—

12           (A) IN GENERAL.—Section 1902 of the So-  
13 cial Security Act (42 U.S.C. 1396a) is  
14 amended—

15           (i) in subsection (a)(10)(A)(i)—

16                   (I) by striking “or” at the end of  
17 subclause (VI);

18                   (II) by striking the semicolon at  
19 the end of subclause (VII) and insert-  
20 ing “, or”; and

21                   (III) by adding at the end the  
22 following new subclause:

23                           “(VIII) described in subsection  
24 (cc);”; and

25                   (ii) by adding at the end, as amended  
26 by section 2(a) of the Breast and Cervical

1 Cancer Prevention and Treatment Act of  
2 2000 (Public Law 106–354; 114 Stat.  
3 1381) and section 702(b) of the Medicare,  
4 Medicaid, and SCHIP Benefits Improve-  
5 ment and Protection Act of 2000 (as en-  
6 acted into law by section 1(a)(6) of Public  
7 Law 106–554), the following new sub-  
8 section:

9 “(cc)(1) For purposes of (a)(10)(A)(i)(VIII), individ-  
10 uals described in this subsection are individuals who meet  
11 the following requirements:

12 “(A) Subject to paragraph (2), the income of  
13 the individual’s family does not exceed 400 percent  
14 (or, effective January 1, 2004, 600 percent) of the  
15 poverty line (as defined in section 2110(c)(5)) appli-  
16 cable to a family of the size involved.

17 “(B) The individual is not otherwise described  
18 or covered under this title under any other provision.

19 “(C) Subject to paragraph (2), the individual  
20 does not have creditable coverage (described in sec-  
21 tion 2701(c)(1) of the Public Health Service Act,  
22 but not taking into account subparagraph (F) of  
23 that section or eligibility for benefits under title  
24 XXI).

1       “(2) The requirements of subparagraphs (A) and (C)  
 2 of paragraph (1) shall not apply in the case of an indi-  
 3 vidual if it is clearly demonstrated with respect to that  
 4 individual that—

5               “(A) the individual has a life threatening, or a  
 6 severe and debilitating, illness or injury; and

7               “(B)(i) any private health plan or health bene-  
 8 fits coverage under which the individual is covered  
 9 will not cover the illness or injury due to pre-existing  
 10 condition policies, or (ii) the individual or family  
 11 member would pay excessively high monthly pre-  
 12 miums or out-of-pocket expenses if covered under  
 13 such a plan or coverage due to having such illness  
 14 or injury.

15 Eligibility under this paragraph shall be determined by the  
 16 State on a case-by-case basis.

17       “(3) An individual who is described in this subsection  
 18 is eligible for medical assistance without regard to the  
 19 amount of the assets or resources of the individual or the  
 20 individual’s family.”.

21               (B) NO PREMIUMS FOR INDIVIDUALS WITH  
 22 INCOME BELOW 300 PERCENT OF POVERTY  
 23 LINE; REQUIRING PREMIUMS ONLY FOR INDIV-  
 24 VIDUALS WITH HIGHER INCOME.—Section 1916  
 25 of such Act (42 U.S.C. 1396o) is amended—

1 (i) in subsection (a), by striking “Sub-  
2 ject to subsection (g)” and inserting “Sub-  
3 ject to subsections (g) and (h)”; and

4 (ii) by adding at the end the following  
5 new subsection:

6 “(h) With respect to an individual provided medical  
7 assistance only under subclause (VIII) of section  
8 1902(a)(10)(A)(i), if the individual’s family income—

9 “(1) does not exceed 300 percent of the poverty  
10 line (as defined in section 2110(c)(5)) applicable to  
11 a family of the size involved, a State shall not re-  
12 quire payment of any monthly premium;

13 “(2) exceeds 300 percent (but does not exceed  
14 350 percent) of such poverty line applicable to a  
15 family of the size involved, a State shall require such  
16 individuals to pay a monthly premium equal to \$25  
17 per month for each individual in the family so cov-  
18 ered, but not to exceed \$100 per month for all indi-  
19 viduals in the family;

20 “(3) exceeds 350 percent (but does not exceed  
21 400 percent) of such poverty line, the State shall re-  
22 quire such individuals to pay a monthly premium  
23 equal to \$50 per month for each individual in the  
24 family so covered, but not to exceed \$150 per month  
25 for all individuals in the family; or

1 “(4) exceeds 400 percent of such poverty line,  
 2 the State shall require such individuals to pay a  
 3 monthly premium equal to \$150 per month for each  
 4 individual in the family so covered, but not to exceed  
 5 \$450 per month for all individuals in the family.

6 A State may enter into an arrangement with an employer  
 7 that employs at least 2, but fewer than 51, employees  
 8 under which the employer will pay directly for premiums  
 9 established under this subsection. Nothing in this sub-  
 10 section shall be construed as authorizing the use of pre-  
 11 miums collected under this subsection for vouchers for the  
 12 purchase of private health insurance.”.

13 (C) MISCELLANEOUS CONFORMING  
 14 AMENDMENT.—(i) Section 1903(f)(4) of such  
 15 Act (42 U.S.C. 1396b(f)(4)) is amended by in-  
 16 serting “1902(a)(10)(A)(i)(VIII),” after  
 17 “1902(a)(10)(A)(i)(VII),”.

18 (D) TECHNICAL AMENDMENTS.—(i) Sec-  
 19 tion 1902 of such Act (42 U.S.C. 1396a), as  
 20 amended by section 702(b) of the Medicare,  
 21 Medicaid, and SCHIP Benefits Improvement  
 22 and Protection Act of 2000 (as enacted into law  
 23 by section 1(a)(6) of Public Law 106–554), is  
 24 amended by redesignating the subsection (aa)  
 25 added by such section as subsection (bb).

(ii) Section 1902(a)(15) of such Act (42 U.S.C. 1396a(a)(15)), as added by section 702(a)(2) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (as so enacted into law), is amended by striking “subsection (aa)” and inserting “subsection (bb)”.

(iii) Section 1915(b) of such Act (42 U.S.C. 1396n(b)), as amended by section 702(c)(2) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (as so enacted into law), is amended by striking “1902(aa)” and inserting “1902(bb)”.

(2) CLARIFICATION OF COVERAGE OF UNINSURED MEN AND WOMEN, REGARDLESS OF MARITAL STATUS.—Section 1905(a) of such Act (42 U.S.C. 1396d(a)) is amended, in the matter before paragraph (1)—

(A) by striking “or” at the end of clause (xi);

(B) by adding “or” at the end of clause (xii); and

(C) by inserting after clause (xii) the following new clause:

1 “(xiii) individuals described in section 1902(cc)  
2 (which includes uninsured men and women, regard-  
3 less of marital status),”.

4 (3) MAKING PRESUMPTIVE ELIGIBILITY MANDA-  
5 TORY.—

6 (A) IN GENERAL.—Sections 1920 and  
7 1920A of such Act (42 U.S.C. 1396r–1, 1396r–  
8 1a) are each amended by striking “may pro-  
9 vide” and inserting “shall provide”.

10 (B) EXPANSION OF PRESUMPTIVE ELIGI-  
11 BILITY TO ALL INDIVIDUALS.—Title XIX of the  
12 Act is amended by inserting after section  
13 1920A the following new section:

14 “PRESUMPTIVE ELIGIBILITY FOR OTHER INDIVIDUALS  
15 “SEC. 1920B. (a) A State plan approved under sec-  
16 tion 1902 shall provide for making medical assistance with  
17 respect to health care items and services covered under  
18 the State plan available to all individuals during a pre-  
19 sumptive eligibility period.

20 “(b) For purposes of this section:

21 “(1) The term ‘presumptive eligibility period’  
22 means, with respect to an individual, the period  
23 that—

24 “(A) begins with the date on which a  
25 qualified entity determines, on the basis of pre-  
26 liminary information, that the family income of



1 the individual does not exceed the applicable in-  
2 come level of eligibility under the State plan,  
3 and

4 “(B) ends with (and includes) the earlier  
5 of—

6 “(i) the day on which a determination  
7 is made with respect to the eligibility of  
8 the individual for medical assistance under  
9 the State plan, or

10 “(ii) in the case of an individual on  
11 whose behalf an application is not filed by  
12 the last day of the month following the  
13 month during which the entity makes the  
14 determination referred to in subparagraph  
15 (A), such last day.

16 “(3)(A) Subject to subparagraph (B), the term  
17 ‘qualified entity’ means any entity that—

18 “(i)(I) is eligible for payments under a  
19 State plan approved under this title and pro-  
20 vides items and services described in subsection  
21 (a) or (II) is a qualified provider described in  
22 section 1920(b)(2); and

23 “(ii) is determined by the State agency to  
24 be capable of making determinations of the type  
25 described in paragraph (1)(A).

1           “(B) The Secretary may issue regulations fur-  
2           ther limiting those entities that may become quali-  
3           fied entities in order to prevent fraud and abuse and  
4           for other reasons.

5           “(C) Nothing in this section shall be construed  
6           as preventing a State from limiting the classes of en-  
7           tities that may become qualified entities, consistent  
8           with any limitations imposed under subparagraph  
9           (B).

10          “(c)(1) The State agency shall provide qualified enti-  
11       ties with—

12           “(A) such forms as are necessary for an appli-  
13           cation to be made on behalf of a child for medical  
14           assistance under the State plan, and

15           “(B) information on how to assist parents,  
16           guardians, and other persons in completing and fil-  
17           ing such forms.

18          “(2) A qualified entity that determines under sub-  
19       section (b)(1)(A) that an individual is presumptively eligi-  
20       ble for medical assistance under a State plan shall—

21           “(A) notify the State agency of the determina-  
22           tion within 5 working days after the date on which  
23           determination is made, and

24           “(B) inform the individual at the time the de-  
25           termination is made that an application for medical

1 assistance under the State plan is required to be  
2 made by not later than the last day of the month  
3 following the month during which the determination  
4 is made.

5 “(3) In the case of an individual who is determined  
6 by a qualified entity to be presumptively eligible for med-  
7 ical assistance under a State plan, the individual shall  
8 make application for medical assistance under such plan  
9 by not later than the last day of the month following the  
10 month during which the determination is made.

11 “(d) Notwithstanding any other provision of this title,  
12 medical assistance for items and services described in sub-  
13 section (a) that—

14 “(1) are furnished to an individual—

15 “(A) during a presumptive eligibility pe-  
16 riod,

17 “(B) by an entity that is eligible for pay-  
18 ments under the State plan; and

19 “(2) are included in the care and services cov-  
20 ered by a State plan;

21 shall be treated as medical assistance provided by such  
22 plan for purposes of section 1903.”.

23 (C) CONFORMING AMENDMENT.—Section  
24 1902(a)(47) of such Act (42 U.S.C.

1           1396a(a)(47)) is amended by striking “at the  
2           option of the State,”.

3           (4) MINIMUM ELIGIBILITY PERIOD FOR CAT-  
4           EGORICALLY NEEDY.—Section 1902(e) of such Act  
5           (42 U.S.C. 1396a(e)) is amended by adding at the  
6           end the following new paragraph:

7           “(13) The State plan shall provide that an individual  
8           who is determined to be eligible for benefits under a State  
9           plan approved under this title under subsection (a)(10)(A)  
10          shall remain eligible for those benefits until the end of the  
11          12-month period following the date of such determina-  
12          tion.”.

13          (5) COVERAGE OF LEGAL IMMIGRANTS.—Sec-  
14          tion 1902 of such Act (42 U.S.C. 1396a), as amend-  
15          ed by paragraph (1)(A)(ii), is amended by adding at  
16          the end the following new subsection:

17          “(dd) Notwithstanding any other provision of law, the  
18          provisions title IV of the Personal Responsibility and  
19          Work Opportunity Reconciliation Act of 1996 (and of sec-  
20          tion 213A of the Immigration and Nationality Act) shall  
21          not apply to eligibility for medical assistance under this  
22          title for individuals who are lawful permanent residents  
23          of the United States.”.

24          (6) MAIL-IN AND ON-LINE APPLICATION PROC-  
25          ESS.—Section 1902(a)(8) of such Act (42 U.S.C.

1       1396a(a)(8)) is amended after “opportunity to do  
2       so” the following: “and may do so through an appli-  
3       cation submitted by mail or through electronic  
4       means through the Internet, provide that applica-  
5       tions are not longer than 3 pages and are made  
6       available in different languages in order to provide  
7       a fair and accessible application process,”.

8               (7) CONFORMING TERMINATION OF SCHIP.—  
9       With respect to items and services furnished on or  
10      after October 1, 2002, no Federal payments shall be  
11      made under section 2105(a) of the Social Security  
12      Act (42 U.S.C. 1397ee(a)).

13      (b) REQUIRING COVERAGE OF EARLY AND PERIODIC  
14      SCREENING, DIAGNOSTIC, AND TREATMENT SERVICES  
15      (EPSDT), COVERAGE OF REHABILITATIVE SERVICES  
16      FOR DISABLED OR DEVELOPMENTALLY DELAYED CHIL-  
17      DREN, PRESCRIPTION DRUGS, MENTAL HEALTH AND  
18      PSYCHIATRIC SERVICES, ASSISTIVE TECHNOLOGY DE-  
19      VICES AND SERVICES, DURABLE MEDICAL EQUIPMENT,  
20      DRUG AND ALCOHOL TREATMENT SERVICES FOR ALL  
21      MEDICAID ELIGIBLE INDIVIDUALS, ASSISTIVE TECH-  
22      NOLOGY DEVICES AND SERVICES, DURABLE MEDICAL  
23      EQUIPMENT, PRENATAL AND POSTNATAL CARE, AND RE-  
24      PRODUCTIVE HEALTH SERVICES.—

1           (1) REQUIRING COVERAGE OF SCREENING,  
2           DENTAL, VISION, HEARING, AND FOLLOWUP SERV-  
3           ICES (EPSDT) FOR INDIVIDUALS OF ALL AGES.—

4                   (A) IN GENERAL.—Section 1905(a)(4)(B)  
5           of such Act (42 U.S.C. 1396d(a)(4)(B)) is  
6           amended by striking “and are under the age of  
7           21”.

8                   (B) CONFORMING AMENDMENTS.—Section  
9           1905(r) of such Act (42 U.S.C. 1396d(r)) is  
10          amended, in each of paragraphs (1)(A)(i),  
11          (2)(A)(i), (3)(A)(i), and (4)(A)(i), by inserting  
12          “, including for children, organizations” after  
13          “organizations”.

14          (2) REQUIRING COVERAGE OF REHABILITATIVE  
15          SERVICES AND ASSISTIVE TECHNOLOGIES FOR DIS-  
16          ABLED OR DEVELOPMENTALLY DELAYED CHIL-  
17          DREN.—Section 1905(r)(5) of such Act (42 U.S.C.  
18          1396d(r)(5)) is amended by inserting before the pe-  
19          riod at the end the following: “, and including reha-  
20          bilitative services and assistive technologies for dis-  
21          abled or developmentally disabled children, regard-  
22          less of whether the disability was discovered by the  
23          screening services”.

1           (3) REQUIRING COVERAGE OF PRESCRIPTION  
2       DRUGS.—Section 1902(a)(10) of such Act (42  
3       U.S.C. 1396a(a)(10)) is amended—

4           (A) in subparagraph (A), by inserting  
5       “(12),” after “(5),”;

6           (B) in subparagraph (D)(iv), by inserting  
7       “, (12),” after “(5)”;

8           (C) by striking “and” at the end of sub-  
9       paragraph (F);

10          (D) by adding “and” at the end of sub-  
11       paragraph (G); and

12          (E) by inserting after subparagraph (G)  
13       the following new subparagraph:

14               “(H) that the plan shall not deny medical  
15       assistance for prescribed drugs for individuals  
16       described in subparagraph (A)(i) if the drugs  
17       have been prescribed by a treating physician (or  
18       any other treating health care professional au-  
19       thorized under law to prescribe the drugs);”.

20       (4) REQUIRING COVERAGE OF DRUG AND ALCO-  
21       HOL TREATMENT SERVICES.—

22           (A) REQUIREMENT.—Section 1902(a)(10)  
23       of such Act (42 U.S.C. 1396a(a)(10)) is  
24       amended—

1 (i) in subparagraph (A), by striking  
 2 “(17) and (21)” and inserting “(10), (17),  
 3 (21), and (27)”; and

4 (ii) in subparagraph (D)(iv), by strik-  
 5 ing “and (17)” and inserting “(10), (17),  
 6 and (27)” and by striking “through (24)”  
 7 and inserting “through (27)”.

8 (B) DRUG AND ALCOHOL TREATMENT  
 9 SERVICES DESCRIBED.—Section 1905(a) of  
 10 such Act (42 U.S.C. 1396d(a)) is amended—

11 (i) by striking “and” at the end of  
 12 paragraph (26);

13 (ii) by redesignating paragraph (27)  
 14 as paragraph (28); and

15 (iii) by inserting after paragraph (26)  
 16 the following new paragraph:

17 “(27) alcohol and drug treatment services, in-  
 18 cluding coverage of inpatient and outpatient treat-  
 19 ment without durational restriction; and”.

20 (5) REQUIRING COVERAGE OF INPATIENT AND  
 21 OUTPATIENT MENTAL HEALTH AND PSYCHIATRIC  
 22 SERVICES.—Section 1905(a)(5) of such Act (42  
 23 U.S.C. 1396d(a)(5)) is amended—

24 (A) by striking “and” before “(B)”; and



1 (B) by inserting before the semicolon at  
 2 the end the following: “, and (C) mental health  
 3 services and psychiatric services furnished by a  
 4 physician or other qualified mental health pro-  
 5 fessional, whether furnished on an inpatient or  
 6 outpatient basis”.

7 (6) REQUIRING COVERAGE OF MENTAL HEALTH  
 8 SERVICES WITHOUT DURATIONAL RESTRICTION.—  
 9 Section 1902(a)(10) of such Act (42 U.S.C.  
 10 1396a(a)(10)) is amended—

11 (A) by striking “and” at the end of sub-  
 12 paragraph (F);

13 (B) by adding “and” at the end of sub-  
 14 paragraph (G); and

15 (C) by inserting after subparagraph (G)  
 16 the following new subparagraph:

17 “(H) that does not impose durational lim-  
 18 its with respect to medical assistance for mental  
 19 health services;”.

20 (7) REQUIRING COVERAGE OF SOME CHIRO-  
 21 PRACTIC SERVICES.—Section 1902(a)(10)(A) of such  
 22 Act (42 U.S.C. 1396a(a)(10)(A)) is amended, in the  
 23 matter before clause (i), by inserting “and profes-  
 24 sional services of chiropractors (other than electrical

1 stimulation and for up to 2 visits per month)” after  
 2 “(21) of section 1905(a)”.

3 (8) REQUIRING COVERAGE OF ASSISTIVE TECH-  
 4 NOLOGY DEVICES AND SERVICES, DURABLE MEDICAL  
 5 EQUIPMENT, SEXUALLY-TRANSMITTED DISEASE  
 6 (STD) DIAGNOSIS AND TREATMENT, AND PRENATAL  
 7 AND POST-NATAL CARE.—Section 1905(a)(3) of such  
 8 Act (42 U.S.C. 1396d(a)(3)) is amended by insert-  
 9 ing before the semicolon at the end the following: “,  
 10 assistive technology devices and services, durable  
 11 medical equipment, diagnosis and treatment for sex-  
 12 ually-transmitted disease, and prenatal and post-  
 13 natal care”.

14 (9) REQUIRING COVERAGE OF REPRODUCTIVE  
 15 HEALTH SERVICES.—Section 1905(a)(4)(C) of such  
 16 Act (42 U.S.C. 1396d(a)(4)(C)) is amended by in-  
 17 serting “, including reproductive health services such  
 18 as fertility drugs and contraceptives” after “such  
 19 services and supplies”.

20 (c) FMAP.—

21 (1) FEDERAL ASSUMPTION OF INCREASED EX-  
 22 PENSES.—Section 1903 of such Act (42 U.S.C.  
 23 1396b) is amended by inserting after subsection (g)  
 24 the following new subsection:

1       “(h) Notwithstanding subsection (a), with respect to  
2 expenditures incurred under the plan which are attrib-  
3 utable to additional populations, or services, covered as a  
4 result of the implementation of the amendments made by  
5 the Working American Families Access to Health Care  
6 Act of 2001 (including administrative costs related to such  
7 implementation), the percentages otherwise specified  
8 under such subsection with respect to such expenditures  
9 shall be increased to 100 percent. For purposes of apply-  
10 ing the previous sentence, the fact that a population or  
11 service was covered under this title under a waiver under  
12 section 1115 shall not be taken into account and shall not  
13 prevent such sentence applying to such population or serv-  
14 ice.”.

15               (2) SPECIAL RULES IN APPLYING TO TERRI-  
16       TORIES.—(A) Section 1905(b)(2) of such Act (42  
17       U.S.C. 1396d(b)(2)) is amended by striking “50  
18       percent” and inserting “70 percent”.

19               (B) Section 1108 of such Act (42 U.S.C. 1308)  
20       is amended—

21                       (i) in subsection (f), by striking “sub-  
22       section (g)” and inserting “subsections (g) and  
23       (h)”; and

24                       (ii) by adding at the end the following new  
25       subsection:

1 “(h) The limitations under subsection (f)—

2 “(1) shall not apply with respect to expendi-  
3 tures described in section 1903(h); and

4 “(2) with respect to other expenditures made  
5 for fiscal years beginning with fiscal year 2002 with  
6 respect to a territory shall be 250 percent of the  
7 amount otherwise permitted under such subsection  
8 and subsection (g) with respect to such territory.”.

9 (d) STATE-LIKE TREATMENT OF TERRITORIES.—  
10 Section 1108 of such Act (42 U.S.C. 1308) is amended—

11 (1) in subsection (f), by striking “subsection  
12 (g)” and inserting “subsections (g) and (h)”; and

13 (2) by adding at the end the following new sub-  
14 section:

15 “(h) EXEMPTION OF CERTAIN EXPENDITURES FROM  
16 LIMITATION.—Amounts of expenditures attributable to  
17 medical assistance provided under section  
18 1902(a)(10)(A)(i)(VIII) (or otherwise required to carry  
19 out the amendments made by the Working American  
20 Families Access to Health Care Act of 2001) shall not  
21 be taken into account in applying subsections (f) and  
22 (g).”.

23 (e) REQUIRED USE OF COMMUNITY-BASED ORGANI-  
24 ZATIONS IN EXPENDITURES FOR OUTREACH AND  
25 MEDIA.—Section 1903(i) of such Act (42 U.S.C.

1 1396b(i)) is amended by inserting after paragraph (8) the  
2 following new paragraph:

3 “(9) with respect to amounts expended for out-  
4 reach and media education campaigns (including  
5 amounts expended for assistance to those applying  
6 for medical assistance), unless at least 25 percent of  
7 such amounts are made available for such expendi-  
8 tures through community-based organizations; or”.

9 (f) FLOOR FOR MEDICAID HMO PAYMENT FOR ALL  
10 SERVICES.—Section 1932(b) of such Act (42 U.S.C.  
11 1396u–2(b)) is amended by adding at the end the fol-  
12 lowing new paragraph:

13 “(9) PAYMENT FLOOR FOR ALL SERVICES.—A  
14 medicaid managed care organization shall not reim-  
15 burse a hospital or other health care provider or pro-  
16 fessional for the provision of services under this sec-  
17 tion at a rate that is less the fee-for-service rate pro-  
18 vided by the State for payment for such a hospital,  
19 provider, or professional for such services under this  
20 title in the case of individuals who are not enrolled  
21 with such an organization under this section.”.

22 (g) TOLL-FREE NUMBER.—Section 1902 of such Act  
23 (42 U.S.C. 1396a) is amended by inserting after sub-  
24 section (j) the following new subsection:

1       “(k) The Secretary shall establish a toll-free tele-  
2 phone number at which individuals who are eligible for  
3 medical assistance under this title may file complaints con-  
4 cerning health care providers who do not accept medical  
5 assistance under this title for services they provide or con-  
6 cerning other problems they have with the program under  
7 this title.”.

8       (h) COLLECTION OF DATA BY RACE AND ETH-  
9 NICITY.—The Secretary of Health and Human Services  
10 shall provide for the collection of data on enrollment, re-  
11 ceipt of services, and health outcomes under the medicaid  
12 program under title XIX of the Social Security Act, bro-  
13 ken down at least by the race and ethnicity of medicaid  
14 recipients. The Director of the Office of Management and  
15 Budget shall make such revisions in data collection stand-  
16 ards as may be necessary to carry out this subsection.

17       (i) EFFECTIVE DATE.—The amendments made by  
18 this section shall take effect on January 1, 2002.

○