

108TH CONGRESS
1ST SESSION

H. R. 1205

To amend the Social Security Act to guarantee comprehensive health care coverage for all children born after 2004.

IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2003

Mr. STARK (for himself, Mr. FRANK of Massachusetts, Ms. WOOLSEY, Ms. NORTON, Mr. NADLER, Ms. SCHAKOWSKY, Mr. GREEN of Texas, Mr. CARSON of Oklahoma, Mr. LANTOS, Mr. KILDEE, Mr. PASTOR, Ms. DELAURO, Mr. ABERCROMBIE, Mr. CONYERS, Mr. OLVER, Mr. SERRANO, Ms. JACKSON-LEE of Texas, Mr. HINCHEY, Mr. SCOTT of Virginia, Mr. CLAY, Mrs. CHRISTENSEN, Ms. MILLENDER-McDONALD, Mr. GEORGE MILLER of California, Mr. McDERMOTT, Mr. OWENS, Mr. LATOURETTE, Mr. FALCOMA, Ms. SOLIS, Mr. TIERNEY, Mr. STUPAK, Mr. KUCINICH, Mr. BRADY of Pennsylvania, Ms. BALDWIN, Mr. EVANS, and Ms. BERKLEY) introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend the Social Security Act to guarantee comprehensive health care coverage for all children born after 2004.

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; TABLE OF CONTENTS; FINDINGS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 “MediKids Health Insurance Act of 2003”.

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

Sec. 1. Short title; table of contents; findings.

Sec. 2. Benefits for all children born after 2004.

“TITLE XXII—MEDIKIDS PROGRAM

“Sec. 2201. Eligibility.

“Sec. 2202. Benefits.

“Sec. 2203. Premiums.

“Sec. 2204. MediKids Trust Fund.

“Sec. 2205. Oversight and accountability.

“Sec. 2206. Addition of care coordination services.

“Sec. 2207. Administration and miscellaneous.

Sec. 3. MediKids premium.

Sec. 4. Refundable credit for cost-sharing expenses under MediKids program.

Sec. 5. Report on long-term revenues.

6 (c) FINDINGS.—Congress finds the following:

7 (1) More than 9 million American children are
8 uninsured.

9 (2) Children who are uninsured receive less
10 medical care and less preventive care and have a
11 poorer level of health, which result in lifetime costs
12 to themselves and to the entire American economy.

13 (3) Although SCHIP and Medicaid are success-
14 fully extending a health coverage safety net to a
15 growing portion of the vulnerable low-income popu-
16 lation of uninsured children, they alone cannot
17 achieve 100 percent health insurance coverage for
18 our nation’s children due to inevitable gaps during
19 outreach and enrollment, fluctuations in eligibility,

1 variations in access to private insurance at all in-
2 come levels, and variations in States' ability to pro-
3 vide required matching funds.

4 (4) As all segments of society continue to be-
5 come more transient, with many changes in employ-
6 ment over the working lifetime of parents, the need
7 for a reliable safety net of health insurance which
8 follows children across State lines, already a major
9 problem for the children of migrant and seasonal
10 farmworkers, will become a major concern for all
11 families in the United States.

12 (5) The medicare program has successfully
13 evolved over the years to provide a stable, universal
14 source of health insurance for the nation's disabled
15 and those over age 65, and provides a tested model
16 for designing a program to reach out to America's
17 children

18 (6) The problem of insuring 100 percent of all
19 American children could be gradually solved by auto-
20 matically enrolling all children born after December
21 31, 2004, in a program modeled after Medicare (and
22 to be known as "MediKids"), and allowing those
23 children to be transferred into other equivalent or
24 better insurance programs, including either private
25 insurance, SCHIP, or Medicaid, if they are eligible

1 to do so, but maintaining the child's default enroll-
2 ment in MediKids for any times when the child's ac-
3 cess to other sources of insurance is lost.

4 (7) A family's freedom of choice to use other in-
5 surers to cover children would not be interfered with
6 in any way, and children eligible for SCHIP and
7 Medicaid would continue to be enrolled in those pro-
8 grams, but the underlying safety net of MediKids
9 would always be available to cover any gaps in insur-
10 ance due to changes in medical condition, employ-
11 ment, income, or marital status, or other changes af-
12 fecting a child's access to alternate forms of insur-
13 ance.

14 (8) The MediKids program can be administered
15 without impacting the finances or status of the exist-
16 ing Medicare program.

17 (9) The MediKids benefit package can be tai-
18 lored to the special needs of children and updated
19 over time.

20 (10) The financing of the program can be ad-
21 ministered without difficulty by a yearly payment of
22 affordable premiums through a family's tax filing (or
23 adjustment of a family's earned income tax credit).

24 (11) The cost of the program will gradually rise
25 as the number of children using MediKids as the in-

1 surer of last resort increases, and a future Congress
 2 always can accelerate or slow down the enrollment
 3 process as desired, while the societal costs for emer-
 4 gency room usage, lost productivity and work days,
 5 and poor health status for the next generation of
 6 Americans will decline.

7 (12) Over time 100 percent of American chil-
 8 dren will always have basic health insurance, and we
 9 can therefore expect a healthier, more equitable, and
 10 more productive society.

11 **SEC. 2. BENEFITS FOR ALL CHILDREN BORN AFTER 2004.**

12 (a) IN GENERAL.—The Social Security Act is amend-
 13 ed by adding at the end the following new title:

14 “TITLE XXII—MEDIKIDS PROGRAM

15 “**SEC. 2201. ELIGIBILITY.**

16 “(a) ELIGIBILITY OF INDIVIDUALS BORN AFTER DE-
 17 CEMBER 31, 2004; ALL CHILDREN UNDER 23 YEARS OF
 18 AGE IN SIXTH YEAR.—An individual who meets the fol-
 19 lowing requirements with respect to a month is eligible to
 20 enroll under this title with respect to such month:

21 “(1) AGE.—

22 “(A) FIRST YEAR.—During the first year
 23 in which this title is effective, the individual has
 24 not attained 6 years of age.

1 “(B) SECOND YEAR.—During the second
2 year in which this title is effective, the indi-
3 vidual has not attained 11 years of age.

4 “(C) THIRD YEAR.—During the third year
5 in which this title is effective, the individual has
6 not attained 16 years of age.

7 “(D) FOURTH YEAR.—During the fourth
8 year in which this title is effective, the indi-
9 vidual has not attained 21 years of age.

10 “(E) FIFTH AND SUBSEQUENT YEARS.—
11 During the fifth year in which this title is effec-
12 tive and each subsequent year, the individual
13 has not attained 23 years of age.

14 “(2) CITIZENSHIP.—The individual is a citizen
15 or national of the United States or is permanently
16 residing in the United States under color of law.

17 “(b) ENROLLMENT PROCESS.—An individual may
18 enroll in the program established under this title only in
19 such manner and form as may be prescribed by regula-
20 tions, and only during an enrollment period prescribed by
21 the Secretary consistent with the provisions of this section.
22 Such regulations shall provide a process under which—

23 “(1) individuals who are born in the United
24 States after December 31, 2004, are deemed to be
25 enrolled at the time of birth and a parent or guard-

1 ian of such an individual is permitted to pre-enroll
2 in the month prior to the expected month of birth;

3 “(2) individuals who are born outside the
4 United States after such date and who become eligi-
5 ble to enroll by virtue of immigration into (or an ad-
6 justment of immigration status in) the United
7 States are deemed enrolled at the time of entry or
8 adjustment of status;

9 “(3) eligible individuals may otherwise be en-
10 rolled at such other times and manner as the Sec-
11 retary shall specify, including the use of outstationed
12 eligibility sites as described in section
13 1902(a)(55)(A) and the use of presumptive eligi-
14 bility provisions like those described in section
15 1920A; and

16 “(4) at the time of automatic enrollment of a
17 child, the Secretary provides for issuance to a parent
18 or custodian of the individual a card evidencing cov-
19 erage under this title and for a description of such
20 coverage.

21 The provisions of section 1837(h) apply with respect to
22 enrollment under this title in the same manner as they
23 apply to enrollment under part B of title XVIII.

24 “(c) DATE COVERAGE BEGINS.—

1 “(1) IN GENERAL.—The period during which
2 an individual is entitled to benefits under this title
3 shall begin as follows, but in no case earlier than
4 January 1, 2005:

5 “(A) In the case of an individual who is
6 enrolled under paragraph (1) or (2) of sub-
7 section (b), the date of birth or date of obtain-
8 ing appropriate citizenship or immigration sta-
9 tus, as the case may be.

10 “(B) In the case of an another individual
11 who enrolls (including pre-enrolls) before the
12 month in which the individual satisfies eligi-
13 bility for enrollment under subsection (a), the
14 first day of such month of eligibility.

15 “(C) In the case of an another individual
16 who enrolls during or after the month in which
17 the individual first satisfies eligibility for enroll-
18 ment under such subsection, the first day of the
19 following month.

20 “(2) AUTHORITY TO PROVIDE FOR PARTIAL
21 MONTHS OF COVERAGE.—Under regulations, the
22 Secretary may, in the Secretary’s discretion, provide
23 for coverage periods that include portions of a
24 month in order to avoid lapses of coverage.

1 “(3) LIMITATION ON PAYMENTS.—No payments
2 may be made under this title with respect to the ex-
3 penses of an individual enrolled under this title un-
4 less such expenses were incurred by such individual
5 during a period which, with respect to the individual,
6 is a coverage period under this section.

7 “(d) EXPIRATION OF ELIGIBILITY.—An individual’s
8 coverage period under this part shall continue until the
9 individual’s enrollment has been terminated because the
10 individual no longer meets the requirements of subsection
11 (a) (whether because of age or change in immigration sta-
12 tus).

13 “(e) ENTITLEMENT TO MEDIKIDS BENEFITS FOR
14 ENROLLED INDIVIDUALS.—An individual enrolled under
15 this section is entitled to the benefits described in section
16 2202.

17 “(f) LOW-INCOME INFORMATION.—At the time of en-
18 rollment of a child under this title, the Secretary shall
19 make an inquiry as to whether or not the family income
20 of the family that includes the child is less than 150 per-
21 cent of the poverty line for a family of the size involved.
22 If the family income is below such level, the Secretary shall
23 encode in the identification card issued in connection with
24 eligibility under this title a code indicating such fact. The
25 Secretary also shall provide for a toll-free telephone line

1 at which providers can verify whether or not such a child
2 is in a family the income of which is below such level.

3 “(g) CONSTRUCTION.—Nothing in this title shall be
4 construed as requiring (or preventing) an individual who
5 is enrolled under this section from seeking medical assist-
6 ance under a State medicaid plan under title XIX or child
7 health assistance under a State child health plan under
8 title XXI.

9 **“SEC. 2202. BENEFITS.**

10 “(a) SECRETARIAL SPECIFICATION OF BENEFIT
11 PACKAGE.—

12 “(1) IN GENERAL.—The Secretary shall specify
13 the benefits to be made available under this title
14 consistent with the provisions of this section and in
15 a manner designed to meet the health needs of en-
16 rollees.

17 “(2) UPDATING.—The Secretary shall update
18 the specification of benefits over time to ensure the
19 inclusion of age-appropriate benefits to reflect the
20 enrollee population.

21 “(3) ANNUAL UPDATING.—The Secretary shall
22 establish procedures for the annual review and up-
23 dating of such benefits to account for changes in
24 medical practice, new information from medical re-

1 search, and other relevant developments in health
2 science.

3 “(4) INPUT.—The Secretary shall seek the
4 input of the pediatric community in specifying and
5 updating such benefits.

6 “(5) LIMITATION ON UPDATING.—In no case
7 shall updating of benefits under this subsection re-
8 sult in a failure to provide benefits required under
9 subsection (b).

10 “(b) INCLUSION OF CERTAIN BENEFITS.—

11 “(1) MEDICARE CORE BENEFITS.—Such bene-
12 fits shall include (to the extent consistent with other
13 provisions of this section) at least the same benefits
14 (including coverage, access, availability, duration,
15 and beneficiary rights) that are available under
16 parts A and B of title XVIII.

17 “(2) ALL REQUIRED MEDICAID BENEFITS.—
18 Such benefits shall also include all items and serv-
19 ices for which medical assistance is required to be
20 provided under section 1902(a)(10)(A) to individuals
21 described in such section, including early and peri-
22 odic screening, diagnostic services, and treatment
23 services.

1 “(3) INCLUSION OF PRESCRIPTION DRUGS.—

2 Such benefits also shall include (as specified by the
3 Secretary) prescription drugs and biologicals.

4 “(4) COST-SHARING.—

5 “(A) IN GENERAL.—Subject to subpara-
6 graph (B), such benefits also shall include the
7 cost-sharing (in the form of deductibles, coin-
8 surance, and copayments) applicable under title
9 XVIII with respect to comparable items and
10 services, except that no cost-sharing shall be
11 imposed with respect to early and periodic
12 screening and diagnostic services included
13 under paragraph (2).

14 “(B) NO COST-SHARING FOR LOWEST IN-
15 COME CHILDREN.—Such benefits shall not in-
16 clude any cost-sharing for children in families
17 the income of which (as determined for pur-
18 poses of section 1905(p)) does not exceed 150
19 percent of the official income poverty line (re-
20 ferred to in such section) applicable to a family
21 of the size involved.

22 “(C) REFUNDABLE CREDIT FOR COST-
23 SHARING FOR OTHER LOW-INCOME CHIL-
24 DREN.—For a refundable credit for cost-shar-
25 ing in the case of children in certain families,

1 see section 35 of the Internal Revenue Code of
2 1986.

3 “(c) PAYMENT SCHEDULE.—The Secretary, with the
4 assistance of the Medicare Payment Advisory Commission,
5 shall develop and implement a payment schedule for bene-
6 fits covered under this title. To the extent feasible, such
7 payment schedule shall be consistent with comparable pay-
8 ment schedules and reimbursement methodologies applied
9 under parts A and B of title XVIII.

10 “(d) INPUT.—The Secretary shall specify such bene-
11 fits and payment schedules only after obtaining input from
12 appropriate child health providers and experts.

13 “(e) ENROLLMENT IN HEALTH PLANS.—The Sec-
14 retary shall provide for the offering of benefits under this
15 title through enrollment in a health benefit plan that
16 meets the same (or similar) requirements as the require-
17 ments that apply to Medicare+Choice plans under part
18 C of title XVIII. In the case of individuals enrolled under
19 this title in such a plan, the Medicare+Choice capitation
20 rate described in section 1853(c) shall be adjusted in an
21 appropriate manner to reflect differences between the pop-
22 ulation served under this title and the population under
23 title XVIII.

24 **“SEC. 2203. PREMIUMS.**

25 “(a) AMOUNT OF MONTHLY PREMIUMS.—

1 “(1) IN GENERAL.—The Secretary shall, during
2 September of each year (beginning with 2004), es-
3 tablish a monthly MediKids premium for the fol-
4 lowing year. Subject to paragraph (2), the monthly
5 MediKids premium for a year is equal to $\frac{1}{12}$ of the
6 annual premium rate computed under subsection
7 (b).

8 “(2) ELIMINATION OF MONTHLY PREMIUM FOR
9 DEMONSTRATION OF EQUIVALENT COVERAGE (IN-
10 CLUDING COVERAGE UNDER LOW-INCOME PRO-
11 GRAMS).—The amount of the monthly premium im-
12 posed under this section for an individual for a
13 month shall be zero in the case of an individual who
14 demonstrates to the satisfaction of the Secretary
15 that the individual has basic health insurance cov-
16 erage for that month. For purposes of the previous
17 sentence enrollment in a medicaid plan under title
18 XIX, a State child health insurance plan under title
19 XXI, or under the medicare program under title
20 XVIII is deemed to constitute basic health insurance
21 coverage described in such sentence.

22 “(b) ANNUAL PREMIUM.—

23 “(1) NATIONAL, PER CAPITA AVERAGE.—The
24 Secretary shall estimate the average, annual per
25 capita amount that would be payable under this title

1 with respect to individuals residing in the United
2 States who meet the requirement of section
3 2201(a)(1) as if all such individuals were eligible for
4 (and enrolled) under this title during the entire year
5 (and assuming that section 1862(b)(2)(A)(i) did not
6 apply).

7 “(2) ANNUAL PREMIUM.—Subject to subsection
8 (d), the annual premium under this subsection for
9 months in a year is equal to 25 percent of the aver-
10 age, annual per capita amount estimated under
11 paragraph (1) for the year.

12 “(c) PAYMENT OF MONTHLY PREMIUM.—

13 “(1) PERIOD OF PAYMENT.—In the case of an
14 individual who participates in the program estab-
15 lished by this title, subject to subsection (d), the
16 monthly premium shall be payable for the period
17 commencing with the first month of the individual’s
18 coverage period and ending with the month in which
19 the individual’s coverage under this title terminates.

20 “(2) COLLECTION THROUGH TAX RETURN.—
21 For provisions providing for the payment of monthly
22 premiums under this subsection, see section 59B of
23 the Internal Revenue Code of 1986.

24 “(3) PROTECTIONS AGAINST FRAUD AND
25 ABUSE.—The Secretary shall develop, in coordina-

1 tion with States and other health insurance issuers,
 2 administrative systems to ensure that claims which
 3 are submitted to more than one payor are coordi-
 4 nated and duplicate payments are not made.

5 “(d) REDUCTION IN PREMIUM FOR CERTAIN LOW-
 6 INCOME FAMILIES.—For provisions reducing the premium
 7 under this section for certain low-income families, see sec-
 8 tion 59B(c) of the Internal Revenue Code of 1986.

9 **“SEC. 2204. MEDIKIDS TRUST FUND.**

10 “(a) ESTABLISHMENT OF TRUST FUND.—

11 “(1) IN GENERAL.—There is hereby created on
 12 the books of the Treasury of the United States a
 13 trust fund to be known as the ‘MediKids Trust
 14 Fund’ (in this section referred to as the ‘Trust
 15 Fund’). The Trust Fund shall consist of such gifts
 16 and bequests as may be made as provided in section
 17 201(i)(1) and such amounts as may be deposited in,
 18 or appropriated to, such fund as provided in this
 19 title.

20 “(2) PREMIUMS.—Premiums collected under
 21 section 2203 shall be transferred to the Trust Fund.

22 “(b) INCORPORATION OF PROVISIONS.—

23 “(1) IN GENERAL.—Subject to paragraph (2),
 24 subsections (b) through (i) of section 1841 shall
 25 apply with respect to the Trust Fund and this title

1 in the same manner as they apply with respect to
 2 the Federal Supplementary Medical Insurance Trust
 3 Fund and part B, respectively.

4 “(2) MISCELLANEOUS REFERENCES.—In apply-
 5 ing provisions of section 1841 under paragraph
 6 (1)—

7 “(A) any reference in such section to ‘this
 8 part’ is construed to refer to title XXII;

9 “(B) any reference in section 1841(h) to
 10 section 1840(d) and in section 1841(i) to sec-
 11 tions 1840(b)(1) and 1842(g) are deemed ref-
 12 erences to comparable authority exercised under
 13 this title;

14 “(C) payments may be made under section
 15 1841(g) to the Trust Funds under sections
 16 1817 and 1841 as reimbursement to such funds
 17 for payments they made for benefits provided
 18 under this title; and

19 “(D) the Board of Trustees of the
 20 MediKids Trust Fund shall be the same as the
 21 Board of Trustees of the Federal Supple-
 22 mentary Medical Insurance Trust Fund.

23 **“SEC. 2205. OVERSIGHT AND ACCOUNTABILITY.**

24 “(a) THROUGH ANNUAL REPORTS OF TRUSTEES.—
 25 The Board of Trustees of the MediKids Trust Fund under

1 section 2204(b)(1) shall report on an annual basis to Con-
 2 gress concerning the status of the Trust Fund and the
 3 need for adjustments in the program under this title to
 4 maintain financial solvency of the program under this
 5 title.

6 “(b) PERIODIC GAO REPORTS.—The Comptroller
 7 General of the United States shall periodically submit to
 8 Congress reports on the adequacy of the financing of cov-
 9 erage provided under this title. The Comptroller General
 10 shall include in such report such recommendations for ad-
 11 justments in such financing and coverage as the Comp-
 12 troller General deems appropriate in order to maintain fi-
 13 nancial solvency of the program under this title.

14 **“SEC. 2206. INCLUSION OF CARE COORDINATION SERVICES.**

15 “(a) IN GENERAL.—

16 “(1) PROGRAM AUTHORITY.—The Secretary,
 17 beginning in 2005, may implement a care coordina-
 18 tion services program in accordance with the provi-
 19 sions of this section under which, in appropriate cir-
 20 cumstances, eligible individuals may elect to have
 21 health care services covered under this title managed
 22 and coordinated by a designated care coordinator.

23 “(2) ADMINISTRATION BY CONTRACT.—The
 24 Secretary may administer the program under this

1 section through a contract with an appropriate pro-
2 gram administrator.

3 “(3) COVERAGE.—Care coordination services
4 furnished in accordance with this section shall be
5 treated under this title as if they were included in
6 the definition of medical and other health services
7 under section 1861(s) and benefits shall be available
8 under this title with respect to such services without
9 the application of any deductible or coinsurance.

10 “(b) ELIGIBILITY CRITERIA; IDENTIFICATION AND
11 NOTIFICATION OF ELIGIBLE INDIVIDUALS.—

12 “(1) INDIVIDUAL ELIGIBILITY CRITERIA.—The
13 Secretary shall specify criteria to be used in making
14 a determination as to whether an individual may ap-
15 propriately be enrolled in the care coordination serv-
16 ices program under this section, which shall include
17 at least a finding by the Secretary that for cohorts
18 of individuals with characteristics identified by the
19 Secretary, professional management and coordina-
20 tion of care can reasonably be expected to improve
21 processes or outcomes of health care and to reduce
22 aggregate costs to the programs under this title.

23 “(2) PROCEDURES TO FACILITATE ENROLL-
24 MENT.—The Secretary shall develop and implement

1 procedures designed to facilitate enrollment of eligi-
2 ble individuals in the program under this section.

3 “(c) ENROLLMENT OF INDIVIDUALS.—

4 “(1) SECRETARY’S DETERMINATION OF ELIGI-
5 BILITY.—The Secretary shall determine the eligi-
6 bility for services under this section of individuals
7 who are enrolled in the program under this section
8 and who make application for such services in such
9 form and manner as the Secretary may prescribe.

10 “(2) ENROLLMENT PERIOD.—

11 “(A) EFFECTIVE DATE AND DURATION.—

12 Enrollment of an individual in the program
13 under this section shall be effective as of the
14 first day of the month following the month in
15 which the Secretary approves the individual’s
16 application under paragraph (1), shall remain
17 in effect for one month (or such longer period
18 as the Secretary may specify), and shall be
19 automatically renewed for additional periods,
20 unless terminated in accordance with such pro-
21 cedures as the Secretary shall establish by regu-
22 lation. Such procedures shall permit an indi-
23 vidual to disenroll for cause at any time and
24 without cause at re-enrollment intervals.

1 “(B) LIMITATION ON REENROLLMENT.—

2 The Secretary may establish limits on an indi-
3 vidual’s eligibility to reenroll in the program
4 under this section if the individual has
5 disenrolled from the program more than once
6 during a specified time period.

7 “(d) PROGRAM.—The care coordination services pro-
8 gram under this section shall include the following ele-
9 ments:

10 “(1) BASIC CARE COORDINATION SERVICES.—

11 “(A) IN GENERAL.—Subject to the cost-ef-
12 fectiveness criteria specified in subsection
13 (b)(1), except as otherwise provided in this sec-
14 tion, enrolled individuals shall receive services
15 described in section 1905(t)(1) and may receive
16 additional items and services as described in
17 subparagraph (B).

18 “(B) ADDITIONAL BENEFITS.—The Sec-
19 retary may specify additional benefits for which
20 payment would not otherwise be made under
21 this title that may be available to individuals
22 enrolled in the program under this section (sub-
23 ject to an assessment by the care coordinator of
24 an individual’s circumstance and need for such
25 benefits) in order to encourage enrollment in,

1 or to improve the effectiveness of, such pro-
2 gram.

3 “(2) CARE COORDINATION REQUIREMENT.—

4 Notwithstanding any other provision of this title, the
5 Secretary may provide that an individual enrolled in
6 the program under this section may be entitled to
7 payment under this title for any specified health
8 care items or services only if the items or services
9 have been furnished by the care coordinator, or co-
10 ordinated through the care coordination services pro-
11 gram. Under such provision, the Secretary shall pre-
12 scribe exceptions for emergency medical services as
13 described in section 1852(d)(3), and other excep-
14 tions determined by the Secretary for the delivery of
15 timely and needed care.

16 “(e) CARE COORDINATORS.—

17 “(1) CONDITIONS OF PARTICIPATION.—In order
18 to be qualified to furnish care coordination services
19 under this section, an individual or entity shall—

20 “(A) be a health care professional or entity
21 (which may include physicians, physician group
22 practices, or other health care professionals or
23 entities the Secretary may find appropriate)
24 meeting such conditions as the Secretary may
25 specify;

1 “(B) have entered into a care coordination
2 agreement; and

3 “(C) meet such criteria as the Secretary
4 may establish (which may include experience in
5 the provision of care coordination or primary
6 care physician’s services).

7 “(2) AGREEMENT TERM; PAYMENT.—

8 “(A) DURATION AND RENEWAL.—A care
9 coordination agreement under this subsection
10 shall be for one year and may be renewed if the
11 Secretary is satisfied that the care coordinator
12 continues to meet the conditions of participa-
13 tion specified in paragraph (1).

14 “(B) PAYMENT FOR SERVICES.—The Sec-
15 retary may negotiate or otherwise establish pay-
16 ment terms and rates for services described in
17 subsection (d)(1).

18 “(C) LIABILITY.—Case coordinators shall
19 be subject to liability for actual health damages
20 which may be suffered by recipients as a result
21 of the care coordinator’s decisions, failure or
22 delay in making decisions, or other actions as
23 a care coordinator.

24 “(D) TERMS.—In addition to such other
25 terms as the Secretary may require, an agree-

1 ment under this section shall include the terms
2 specified in subparagraphs (A) through (C) of
3 section 1905(t)(3).

4 **“SEC. 2207. ADMINISTRATION AND MISCELLANEOUS.**

5 “(a) IN GENERAL.—Except as otherwise provided in
6 this title—

7 “(1) the Secretary shall enter into appropriate
8 contracts with providers of services, other health
9 care providers, carriers, and fiscal intermediaries,
10 taking into account the types of contracts used
11 under title XVIII with respect to such entities, to
12 administer the program under this title;

13 “(2) individuals enrolled under this title shall
14 be treated for purposes of title XVIII as though the
15 individuals were entitled to benefits under part A
16 and enrolled under part B of such title;

17 “(3) benefits described in section 2202 that are
18 payable under this title to such individuals shall be
19 paid in a manner specified by the Secretary (taking
20 into account, and based to the greatest extent prac-
21 ticable upon, the manner in which they are provided
22 under title XVIII);

23 “(4) provider participation agreements under
24 title XVIII shall apply to enrollees and benefits

1 under this title in the same manner as they apply
2 to enrollees and benefits under title XVIII; and

3 “(5) individuals entitled to benefits under this
4 title may elect to receive such benefits under health
5 plans in a manner, specified by the Secretary, similar
6 to the manner provided under part C of title
7 XVIII.

8 “(b) COORDINATION WITH MEDICAID AND
9 SCHIP.—Notwithstanding any other provision of law, individuals
10 entitled to benefits for items and services under
11 this title who also qualify for benefits under title XIX or
12 XXI or any other Federally funded program may continue
13 to qualify and obtain benefits under such other title or
14 program, and in such case such an individual shall elect
15 either—

16 “(1) such other title or program to be primary
17 payor to benefits under this title, in which case no
18 benefits shall be payable under this title and the
19 monthly premium under section 2203 shall be zero;
20 or

21 “(2) benefits under this title shall be primary
22 payor to benefits provided under such program or
23 title, in which case the Secretary shall enter into
24 agreements with States as may be appropriate to
25 provide that, in the case of such individuals, the ben-

1 efits under titles XIX and XXI or such other pro-
 2 gram (including reduction of cost-sharing) are pro-
 3 vided on a ‘wrap-around’ basis to the benefits under
 4 this title.”.

5 (b) CONFORMING AMENDMENTS TO SOCIAL SECU-
 6 RITY ACT PROVISIONS.—

7 (1) Section 201(i)(1) of the Social Security Act
 8 (42 U.S.C. 401(i)(1)) is amended by striking “or the
 9 Federal Supplementary Medical Insurance Trust
 10 Fund” and inserting “the Federal Supplementary
 11 Medical Insurance Trust Fund, and the MediKids
 12 Trust Fund”.

13 (2) Section 201(g)(1)(A) of such Act (42
 14 U.S.C. 401(g)(1)(A)) is amended by striking “ and
 15 the Federal Supplementary Medical Insurance Trust
 16 Fund established by title XVIII” and inserting “,
 17 the Federal Supplementary Medical Insurance Trust
 18 Fund, and the MediKids Trust Fund established by
 19 title XVIII”.

20 (3) Section 1853(c) of such Act (42 U.S.C.
 21 1395w–23(c)) is amended—

22 (A) in paragraph (1), by striking “or (7)”
 23 and inserting “, (7), or (8)”, and

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

1 “(8) ADJUSTMENT FOR MEDIKIDS.—In apply-
2 ing this subsection with respect to individuals enti-
3 tled to benefits under title XXII, the Secretary shall
4 provide for an appropriate adjustment in the
5 Medicare+Choice capitation rate as may be appro-
6 priate to reflect differences between the population
7 served under such title and the population under
8 parts A and B.”.

9 (c) MAINTENANCE OF MEDICAID ELIGIBILITY AND
10 BENEFITS FOR CHILDREN.—

11 (1) IN GENERAL.—In order for a State to con-
12 tinue to be eligible for payments under section
13 1903(a) of the Social Security Act (42 U.S.C.
14 1396b(a))—

15 (A) the State may not reduce standards of
16 eligibility, or benefits, provided under its State
17 medicaid plan under title XIX of the Social Se-
18 curity Act or under its State child health plan
19 under title XXI of such Act for individuals
20 under 23 years of age below such standards of
21 eligibility, and benefits, in effect on the date of
22 the enactment of this Act; and

23 (B) the State shall demonstrate to the sat-
24 isfaction of the Secretary of Health and Human
25 Services that any savings in State expenditures

under title XIX or XXI of the Social Security Act that results from children from enrolling under title XXII of such Act shall be used in a manner that improves services to beneficiaries under title XIX of such Act, such as through increases in provider payment rates, expansion of eligibility, improved nurse and nurse aide staffing and improved inspections of nursing facilities, and coverage of additional services.

(2) **MEDIKIDS AS PRIMARY PAYOR.**—In applying title XIX of the Social Security Act, the MediKids program under title XXII of such Act shall be treated as a primary payor in cases in which the election described in section 2207(b)(2) of such Act, as added by subsection (a), has been made.

(d) **EXPANSION OF MEDPAC MEMBERSHIP TO 19.**—

(1) **IN GENERAL.**—Section 1805(c) of the Social Security Act (42 U.S.C. 1395b–6(c)) is amended—

(A) in paragraph (1), by striking “17” and inserting “19”; and

(B) in paragraph (2)(B), by inserting “experts in children’s health,” after “other health professionals,”.

1 (2) INITIAL TERMS OF ADDITIONAL MEM-
2 BERS.—

3 (A) IN GENERAL.—For purposes of stag-
4 gering the initial terms of members of the
5 Medicare Payment Advisory Commission under
6 section 1805(c)(3) of the Social Security Act
7 (42 U.S.C. 1395b–6(c)(3)), the initial terms of
8 the 2 additional members of the Commission
9 provided for by the amendment under sub-
10 section (a)(1) are as follows:

11 (i) One member shall be appointed for
12 1 year.

13 (ii) One member shall be appointed
14 for 2 years.

15 (B) COMMENCEMENT OF TERMS.—Such
16 terms shall begin on January 1, 2004.

17 **SEC. 3. MEDIKIDS PREMIUM.**

18 (a) GENERAL RULE.—Subchapter A of chapter 1 of
19 the Internal Revenue Code of 1986 (relating to determina-
20 tion of tax liability) is amended by adding at the end the
21 following new part:

22 **“PART VIII—MEDIKIDS PREMIUM**

 “Sec. 59B. MediKids premium.

1 **“SEC. 59B. MEDIKIDS PREMIUM.**

2 “(a) IMPOSITION OF TAX.—In the case of an indi-
3 vidual to whom this section applies, there is hereby im-
4 posed (in addition to any other tax imposed by this sub-
5 title) a MediKids premium for the taxable year.

6 “(b) INDIVIDUALS SUBJECT TO PREMIUM.—

7 “(1) IN GENERAL.—This section shall apply to
8 an individual if the taxpayer has a MediKid at any
9 time during the taxable year.

10 “(2) MEDIKID.—For purposes of this section,
11 the term ‘MediKid’ means, with respect to a tax-
12 payer, any individual with respect to whom the tax-
13 payer is required to pay a premium under section
14 2203(c) of the Social Security Act for any month of
15 the taxable year.

16 “(c) AMOUNT OF PREMIUM.—For purposes of this
17 section, the MediKids premium for a taxable year is the
18 sum of the monthly premiums under section 2203 of the
19 Social Security Act for months in the taxable year.

20 “(d) EXCEPTIONS BASED ON ADJUSTED GROSS IN-
21 COME.—

22 “(1) EXEMPTION FOR VERY LOW-INCOME TAX-
23 PAYERS.—

24 “(A) IN GENERAL.—No premium shall be
25 imposed by this section on any taxpayer having

1 an adjusted gross income not in excess of the
2 exemption amount.

3 “(B) EXEMPTION AMOUNT.—For purposes
4 of this paragraph, the exemption amount is—

5 “(i) \$17,910 in the case of a taxpayer
6 having 1 MediKid,

7 “(ii) \$22,530 in the case of a tax-
8 payer having 2 MediKids,

9 “(iii) \$27,150 in the case of a tax-
10 payer having 3 MediKids, and

11 “(iv) \$31,770 in the case of a tax-
12 payer having 4 or more MediKids.

13 “(C) PHASEOUT OF EXEMPTION.—In the
14 case of a taxpayer having an adjusted gross in-
15 come which exceeds the exemption amount but
16 does not exceed twice the exemption amount,
17 the premium shall be the amount which bears
18 the same ratio to the premium which would
19 (but for this subparagraph) apply to the tax-
20 payer as such excess bears to the exemption
21 amount.

22 “(D) INFLATION ADJUSTMENT OF EXEMP-
23 TION AMOUNTS.—In the case of any taxable
24 year beginning in a calendar year after 2002,
25 each dollar amount contained in subparagraph

1 (C) shall be increased by an amount equal to
 2 the product of—

3 “(i) such dollar amount, and

4 “(ii) the cost-of-living adjustment de-
 5 termined under section 1(f)(3) for the cal-
 6 endar year in which the taxable year be-
 7 gins, determined by substituting ‘calendar
 8 year 2001’ for ‘calendar year 1992’ in sub-
 9 paragraph (B) thereof.

10 If any increase determined under the preceding
 11 sentence is not a multiple of \$50, such increase
 12 shall be rounded to the nearest multiple of \$50.

13 “(2) PREMIUM LIMITED TO 5 PERCENT OF AD-
 14 JUSTED GROSS INCOME.—In no event shall any tax-
 15 payer be required to pay a premium under this sec-
 16 tion in excess of an amount equal to 5 percent of the
 17 taxpayer’s adjusted gross income.

18 “(e) COORDINATION WITH OTHER PROVISIONS.—

19 “(1) NOT TREATED AS MEDICAL EXPENSE.—
 20 For purposes of this chapter, any premium paid
 21 under this section shall not be treated as expense for
 22 medical care.

23 “(2) NOT TREATED AS TAX FOR CERTAIN PUR-
 24 POSES.—The premium paid under this section shall

1 not be treated as a tax imposed by this chapter for
 2 purposes of determining—

3 “(A) the amount of any credit allowable
 4 under this chapter, or

5 “(B) the amount of the minimum tax im-
 6 posed by section 55.

7 “(3) TREATMENT UNDER SUBTITLE F.—For
 8 purposes of subtitle F, the premium paid under this
 9 section shall be treated as if it were a tax imposed
 10 by section 1.”.

11 (b) TECHNICAL AMENDMENTS.—

12 (1) Subsection (a) of section 6012 of such Code
 13 is amended by inserting after paragraph (9) the fol-
 14 lowing new paragraph:

15 “(10) Every individual liable for a premium
 16 under section 59B.”.

17 (2) The table of parts for subchapter A of chap-
 18 ter 1 of such Code is amended by adding at the end
 19 the following new item:

“Part VIII. MediKids premium.”.

20 (c) EFFECTIVE DATE.—The amendments made by
 21 this section shall apply to months beginning after Decem-
 22 ber 2004, in taxable years ending after such date.

1 **SEC. 4. REFUNDABLE CREDIT FOR COST-SHARING EX-**
 2 **PENSES UNDER MEDIKIDS PROGRAM.**

3 (a) IN GENERAL.—Subpart C of part IV of sub-
 4 chapter A of chapter 1 of the Internal Revenue Code of
 5 1986 (relating to refundable credits) is amended by redes-
 6 ignating section 36 as section 37 and by inserting after
 7 section 35 the following new section:

8 **“SEC. 36. COST-SHARING EXPENSES UNDER MEDIKIDS PRO-**
 9 **GRAM.**

10 “(a) ALLOWANCE OF CREDIT.—In the case of an in-
 11 dividual who has a MediKid (as defined in section 59B)
 12 at any time during the taxable year, there shall be allowed
 13 as a credit against the tax imposed by this subtitle an
 14 amount equal to 50 percent of the amount paid by the
 15 taxpayer during the taxable year as cost-sharing under
 16 section 2202(b)(4) of the Social Security Act.

17 “(b) LIMITATION BASED ON ADJUSTED GROSS IN-
 18 COME.—The amount of the credit which would (but for
 19 this subsection) be allowed under this section for the tax-
 20 able year shall be reduced (but not below zero) by an
 21 amount which bears the same ratio to such amount of
 22 credit as the excess of the taxpayer’s adjusted gross in-
 23 come for such taxable year over the exemption amount (as
 24 defined in section 59B(d)) bears to such exemption
 25 amount.”.

26 (b) TECHNICAL AMENDMENTS.—

1 (1) Paragraph (2) of section 1324(b) of title
2 31, United States Code, is amended by inserting be-
3 fore the period “or from section 36 of such Code”.

4 (2) The table of sections for subpart C of part
5 IV of subchapter A of chapter 1 of such Code is
6 amended by striking the last item and inserting the
7 following new items:

 “Sec. 36. Cost-sharing expenses under MediKids program.

 “Sec. 37. Overpayments of tax.”.

8 (c) **EFFECTIVE DATE.**—The amendments made by
9 this section shall apply to taxable years beginning after
10 December 31, 2004.

11 **SEC. 5. REPORT ON LONG-TERM REVENUES.**

12 Within one year after the date of the enactment of
13 this Act, the Secretary of the Treasury shall propose a
14 gradual schedule of progressive tax changes to fund the
15 program under title XXII of the Social Security Act, as
16 the number of enrollees grows in the out-years.

○