

110TH CONGRESS
1ST SESSION

H. R. 2549

To amend section 1862 of the Social Security Act with respect to the application of Medicare secondary payer rules to workers' compensation settlement agreements and Medicare set-asides under such agreements.

IN THE HOUSE OF REPRESENTATIVES

MAY 24, 2007

Mr. TANNER (for himself, Mr. ENGLISH of Pennsylvania, Mr. VAN HOLLEN, and Mr. REYNOLDS) 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 section 1862 of the Social Security Act with respect to the application of Medicare secondary payer rules to workers' compensation settlement agreements and Medicare set-asides under such agreements.

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.**

4 This Act may be cited as the "Medicare Secondary
5 Payer and Workers' Compensation Settlement Agree-
6 ments Act of 2007".

1 **SEC. 2. APPLICATION OF MEDICARE SECONDARY PAYER**
2 **RULES TO CERTAIN WORKERS' COMPENSA-**
3 **TION SETTLEMENT AGREEMENTS AND**
4 **QUALIFIED MEDICARE SET-ASIDE PROVI-**
5 **SIONS.**

6 (a) **EXCEPTION FROM SECONDARY PAYER PROVI-**
7 **SIONS FOR CERTAIN WORKERS' COMPENSATION SETTLE-**
8 **MENT AGREEMENTS.**—Section 1862 of the Social Security
9 Act (42 U.S.C. 1395y) is amended—

10 (1) in subsection (b)(2)(A)(ii), by inserting
11 “subject to subsection (l),” after “(ii)”; and
12 (2) by adding at the end the following new sub-
13 section:

14 “(l) **EXCEPTION FROM SECONDARY PAYER PROVI-**
15 **SIONS FOR CERTAIN WORKERS' COMPENSATION SETTLE-**
16 **MENT AGREEMENTS.**—

17 “(1) **IN GENERAL.**—A workers' compensation
18 law or plan shall not be treated, for purposes of sub-
19 section (b), as a primary plan with respect to an ex-
20 empt workers' compensation settlement agreement.

21 “(2) **EXEMPT WORKERS' COMPENSATION SET-**
22 **TLEMENT AGREEMENT DEFINED.**—For purposes of
23 this subsection, an ‘exempt workers' compensation
24 settlement agreement’ means a workers' compensa-
25 tion agreement that is described in any of the fol-
26 lowing subparagraphs:

1 “(A) PRESENT VALUE OF LESS THAN
2 \$250,000.—A workers’ compensation settlement
3 agreement that has a present value, as deter-
4 mined under paragraph (3)(A), that is less than
5 the greater of the following:

6 “(i) \$250,000.

7 “(ii) The product (as published under
8 paragraph (3)(B)) of \$250,000 and the
9 ratio of—

10 “(I) the national average wage
11 index (as defined in section 209(k)(1)
12 of the Social Security Act) for the cal-
13 endar year before the calendar year in
14 which the workers’ compensation set-
15 tlement agreement became effective,
16 to

17 “(II) the national average wage
18 index for 2005,

19 with such product, if not a multiple of
20 \$1,000, being rounded to the next higher
21 multiple of \$1,000.

22 “(B) COMPROMISE AGREEMENT.—A work-
23 ers’ compensation settlement agreement that is
24 a compromise agreement (as defined in para-
25 graph (5)) that has a present value that is not

1 more than 20 percent of the present value of
2 the total amount that could have been payable
3 under the applicable workers' compensation law
4 or similar plan if the claim involved had not
5 been subject to a compromise agreement.

6 “(C) LIKELY INELIGIBILITY OF WORKERS'
7 COMPENSATION CLAIMANT FOR MEDICARE BEN-
8 EFITS.—A workers' compensation settlement
9 agreement the claimant of which is not eligible
10 for benefits under this title as of the effective
11 date of the agreement and, under paragraph
12 (4), is unlikely to become so eligible within 30
13 months after such effective date.

14 “(D) NO FUTURE MEDICAL EXPENSES.—A
15 workers' compensation settlement agreement
16 the claimant of which is not eligible for pay-
17 ment of medical expenses incurred after the ef-
18 fective date of such agreement that are avail-
19 able under the workers' compensation law or
20 plan of the jurisdiction in which such agree-
21 ment will be effective.

22 “(E) NO LIMITATION ON FUTURE MEDICAL
23 EXPENSES.—A workers' compensation settle-
24 ment agreement that does not limit or extin-
25 guish the right of the claimant involved to pay-

1 ment of medical expenses incurred after the ef-
2 fective date of such agreement that are avail-
3 able under the workers' compensation law or
4 plan of the jurisdiction in which such agree-
5 ment will be effective.

6 “(3) DETERMINATION OF PRESENT VALUE OF
7 WORKERS’ COMPENSATION SETTLEMENT AGREEMENT.—
8

9 “(A) BY COST OF ANNUITY TO FUND
10 AGREEMENT.—

1 “(III) The amount of the sum of
2 any funds under subclause (I) or (II),
3 previously paid pursuant to a workers'
4 compensation settlement agreement
5 involved in the workers' compensation
6 claim involved.

7 “(ii) COSTS EXCLUDED FROM
8 PRESENT VALUE.—The present value of a
9 workers' compensation settlement agree-
10 ment does not include the following pay-
11 ments made because of the workers' com-
12 pensation claim involved:

13 “(I) Payments to satisfy previous
14 unpaid medical expenses.

15 “(II) Payments to satisfy third
16 party claims or liens for amounts pre-
17 viously paid, such as payments under
18 this title, payments under the Medi-
19 icaid program under title XIX, pay-
20 ments under a program of the De-
21 partment of Veterans Affairs under
22 title 38, United States Code, pay-
23 ments under an employee welfare ben-
24 efit plan (as defined in section 3(1) of
25 the Employee Retirement and Income

1 Security Act of 1974), and other simi-
2 lar third party payments.

1 “(A) AWARDED OR APPEALING DENIAL OF
2 DISABILITY BENEFITS.—The claimant has been
3 awarded disability insurance benefits or is ap-
4 pealing a denial of such benefits under sub-
5 section (a) of such section.

6 “(B) MINIMUM AGE.—The claimant is at
7 least 62 years and 6 months of age.

8 “(C) END STAGE RENAL DISEASE.—The
9 claimant is medically determined to have end
10 stage renal disease, but does not as of such
11 date qualify for benefits under this title by rea-
12 son of such disease.

13 “(5) DEFINITIONS.—For purposes of this sub-
14 section and subsection (m):

15 “(A) WORKERS’ COMPENSATION SETTLE-
16 MENT AGREEMENT.—The term ‘workers’ com-
17 pensation settlement agreement’ means an
18 agreement, including a commutation agreement
19 or compromise agreement, between a workers’
20 compensation claimant and one or more work-
21 ers’ compensation payers which is intended—

22 “(i) to foreclose the possibility of fu-
23 ture payment of some or all workers’ com-
24 pensation benefits involved; and

1 “(ii)(I) to compensate the claimant
2 for a work-related injury or illness as pro-
3 vided for by a workers’ compensation law
4 or plan; or

5 “(II) to eliminate cause for litigation
6 involving issues in dispute between the
7 claimant and payer.

8 “(B) WORKERS’ COMPENSATION PAYER.—
9 The term ‘workers’ compensation payer’ means,
10 with respect to a workers’ compensation law or
11 plan, a workers’ compensation insurer, self-in-
12 surer, employer, individual, or any other entity
13 that is or may be liable for the payment of ben-
14 efits to a workers’ compensation claimant pur-
15 suant to the workers’ compensation law or plan.

16 “(C) WORKERS’ COMPENSATION CLAIM-
17 ANT.—The term ‘workers’ compensation claim-
18 ant’ means a worker who—

19 “(i) is or may be covered under a
20 workers’ compensation law or plan (or
21 similar compensation plan); and

22 “(ii) submits a claim or accepts bene-
23 fits under such law or plan (or similar
24 compensation plan) for a work-related in-
25 jury or illness.

1 “(D) WORKERS’ COMPENSATION LAW OR
2 PLAN.—

3 “(i) IN GENERAL.—The term ‘workers’ compensation law or plan’ means a
4 law or program administered by a State or
5 the United States to provide compensation
6 to workers for a work-related injury or ill-
7 ness (or for disability or death caused by
8 such an injury or illness), including the
9 Longshore and Harbor Workers’ Com-
10 pensation Act (33 U.S.C. 901–944, 948–
11 950), chapter 81 of title 5, United States
12 Code (known as the Federal Employees
13 Compensation Act), the Black Lung Bene-
14 fits Act (30 U.S.C. 931 et seq.), and part
15 C of title 4 of the Federal Coal Mine and
16 Safety Act (30 U.S.C. 901 et seq.), but not
17 including the Act of April 22, 1908 (45
18 U.S.C. 51 et seq.) (popularly referred to as
19 the Federal Employer’s Liability Act).

21 “(ii) INCLUSION OF SIMILAR COM-
22 PENSATION PLAN.—Such term includes a
23 similar compensation plan established by
24 an employer that is funded by such em-
25 ployer or the insurance carrier of such em-

1 ployer to provide compensation to a worker
2 of such employer for a work-related injury
3 or illness.

4 “(E) COMPROMISE AGREEMENT.—The
5 term ‘compromise agreement’ means a workers’
6 compensation settlement agreement that—

7 “(i) applies to a workers’ compensa-
8 tion claim that is denied or contested, in
9 whole or in part, by a workers’ compensa-
10 tion payer involved under the workers’
11 compensation law or plan (or similar com-
12 pensation plan) applicable to the jurisdic-
13 tion in which the agreement has been set-
14 tled; and

15 “(ii) does not provide for a payment
16 of the full amount of benefits sought or
17 payable under the workers’ compensation
18 claim.

19 “(F) COMMUTATION AGREEMENT.—The
20 term ‘commutation agreement’ means a work-
21 ers’ compensation settlement agreement to set-
22 tle all or a portion of a workers’ compensation
23 claim, in which—

24 “(i) liability for past and future bene-
25 fits is not disputed; and

1 “(ii) the parties to the agreement
2 agree to include payment for future work-
3 ers’ compensation benefits payable after
4 the date on which the agreement becomes
5 effective.”.

6 (b) SATISFACTION OF SECONDARY PAYER REQUI-
7 REMENTS THROUGH USE OF QUALIFIED MEDICARE SET-
8 ASIDES UNDER WORKERS’ COMPENSATION SETTLEMENT
9 AGREEMENTS.—Section 1862 of the Social Security Act
10 (42 U.S.C. 1395y), as amended by subsection (a), is fur-
11 ther amended by adding at the end the following new sub-
12 section:

13 “(m) TREATMENT OF QUALIFIED MEDICARE SET-
14 ASIDES UNDER WORKERS’ COMPENSATION SETTLEMENT
15 AGREEMENTS.—

16 “(1) SATISFACTION OF SECONDARY PAYER RE-
17 QUIREMENTS THROUGH USE OF QUALIFIED MEDI-
18 CARE SET-ASIDES.—

19 “(A) FULL SATISFACTION OF CLAIM OBLI-
20 GATIONS.—

21 “(i) IN GENERAL.—If a workers’ com-
22 pensation settlement agreement, related to
23 a claim of a workers’ compensation claim-
24 ant, includes a qualified Medicare set-
25 aside, such set-aside shall satisfy any obli-

1 gation with respect to the present or future
2 payment reimbursement under subsection
3 (b)(2), with respect to such claim. The
4 Secretary shall have no further recourse,
5 directly or indirectly, upon a workers' com-
6 pensation claimant or workers' compensa-
7 tion payer who is a party to such agree-
8 ment.

9 “(ii) RULE OF CONSTRUCTION.—
10 Nothing in this section shall be construed
11 as requiring the submission of a Medicare
12 set-aside to the Secretary.

13 “(B) MEDICARE SET-ASIDE AND MEDI-
14 CARE SET-ASIDE AMOUNT DEFINED.—For pur-
15 poses of this subsection:

16 “(i) MEDICARE SET-ASIDE.—The
17 term ‘Medicare set-aside’ means, with re-
18 spect to a workers’ compensation settle-
19 ment agreement, a provision in the agree-
20 ment that provides for a payment of a
21 lump sum, annuity, a combination of a
22 lump sum and an annuity, or other
23 amount that is in full satisfaction of the
24 obligation described in subparagraph (A)
25 for items and services that the workers’

1 compensation claimant under the agree-
2 ment received or is likely to receive under
3 the applicable workers' compensation law
4 and for which payment would be made
5 under this title, but for subsection
6 (b)(2)(A).

7 “(ii) MEDICARE SET-ASIDE
8 AMOUNT.—The term ‘Medicare set-aside
9 amount’ means, with respect to a Medicare
10 set-aside, the amount described in clause
11 (i).

12 “(2) QUALIFIED MEDICARE SET-ASIDE.—

13 “(A) REQUIREMENTS OF QUALIFIED MEDI-
14 CARE SET-ASIDE.—For purposes of this sub-
15 section, the term ‘qualified Medicare set-aside’
16 is a Medicare set-aside in which the Medicare
17 set-aside amount reasonably takes into account
18 the full payment obligation described in para-
19 graph (1)(A), consistent with subparagraphs
20 (B) and (C) and giving due consideration to the
21 following:

22 “(i) The illness or injury giving rise to
23 the workers' compensation claim involved.

24 “(ii) The age and life expectancy of
25 the claimant involved.

1 “(iii) The reasonableness of and ne-
2 cessity for future medical expenses for
3 treatment of the illness or injury involved.

4 “(iv) The duration of and limitation
5 on benefits payable under the workers'
6 compensation law or plan involved.

7 “(B) ITEMS AND SERVICES INCLUDED.—

8 The Medicare set-aside—

9 “(i) shall include payment for items
10 and services that are authorized for pay-
11 ment under this title as of the effective
12 date of the workers' compensation settle-
13 ment agreement involved and that are cov-
14 ered by the workers' compensation law or
15 plan involved; and

16 “(ii) is not required to provide for
17 payment for items and services that are
18 not described in clause (i).

19 “(C) PAYMENT REQUIREMENTS.—

20 “(i) REQUIRED USE OF WORKERS'
21 COMPENSATION FEE SCHEDULE.—

22 “(I) IN GENERAL.—Except in the
23 cases of a deep discount compromise
24 agreement defined in clause (iii)(II), a
25 Medicare set-aside deemed a qualified

1 Medicare set-aside under paragraph
2 (4)(A), or an optional direct payment
3 of a Medicare set-aside made under
4 paragraph (6)(A), the set-aside
5 amount shall be based upon the pay-
6 ment amount for items and services
7 under the workers' compensation fee
8 schedule (effective as of the date of
9 the agreement) applicable to the work-
10 ers' compensation law or plan in-
11 volved.

1 party to the agreement may elect (but
2 is not required) to calculate the Medi-
3 care set-aside amount of the agree-
4 ment by applying the denied or con-
5 tested percentage described in sub-
6 clause (II) to the unadjusted Medicare
7 set-aside amount for the denied or
8 contested portion of the claim other-
9 wise calculated before the application
10 of clause (ii). Such election may be
11 made by a party to the agreement
12 only with the written consent of the
13 other party to the agreement.

1 of the amount that could be the
2 present value of the denied or con-
3 tested portion of the claim if the
4 agreement provided for the total
5 amount that could have been payable
6 under the applicable workers' com-
7 pensation law or plan involved had the
8 denied or contested portion of the
9 claim not been subject to a com-
10 promise agreement.

21 “(3) PROCESS FOR APPROVAL OF QUALIFIED
22 MEDICARE SET-ASIDES.—

23 “(A) OPTIONAL PRIOR APPROVAL BY SEC-
24 RETARY.—A party to a workers’ compensation
25 settlement agreement that includes a Medicare

1 set-aside may submit to the Secretary the set-
2 aside, including appropriate supporting docu-
3 mentation specified by the Secretary, for ap-
4 proval of the set-aside as a qualified Medicare
5 set-aside. The set-aside shall be submitted in
6 accordance with a procedure specified by the
7 Secretary.

8 “(B) AUTOMATIC APPROVAL UNLESS DIS-
9 APPROVED.—A Medicare set-aside submitted
10 under subparagraph (A) shall be deemed a
11 qualified Medicare set-aside unless the Sec-
12 retary determines and provides notice under
13 subparagraph (C) that the Medicare set-aside
14 does not satisfy the requirements of paragraph
15 (2)(A) because the amount of the proposed
16 Medicare set-aside is based on a substantial
17 material error and is not supported by the doc-
18 umentation submitted under subparagraph (A).

19 “(C) NOTICE OF DETERMINATION OF DIS-
20 APPROVAL.—Not later than 60 days after the
21 date on which the Secretary receives a submis-
22 sion under subparagraph (A), the Secretary
23 shall notify in writing the parties to the work-
24 ers’ compensation settlement agreement of the
25 determination under subparagraph (B). If the

1 determination disapproves such submission the
2 Secretary shall include with such notification
3 the specific reasons for the disapproval. A de-
4 termination that disapproves a submission is
5 not valid if the determination does not include
6 a specific explanation of each deficiency of the
7 submission.

8 “(4) SAFE HARBOR FOR CERTAIN MEDICARE
9 SET-ASIDES.—

10 “(A) IN GENERAL.—A Medicare set-aside
11 of a workers’ compensation settlement agree-
12 ment shall be deemed a qualified Medicare set-
13 aside if the Medicare set-aside amount is the
14 safe harbor amount for the agreement.

15 “(B) SAFE HARBOR AMOUNT DEFINED.—
16 For purposes of this paragraph, the term ‘safe
17 harbor amount’ means, for a workers’ com-
18 pensation settlement agreement, 10 percent of
19 the present value of the agreement (as deter-
20 mined under subsection (l)(3)).

21 “(C) RULE OF CONSTRUCTION.—In the
22 case of a workers’ compensation settlement
23 agreement with a Medicare set-aside that is
24 deemed a qualified Medicare set-aside under
25 subparagraph (A), the fact that the workers’

1 compensation claimant or workers' compensa-
2 tion payer involved may elect direct payment
3 under paragraph (6)(A) or an adjustment
4 under paragraph (2)(C)(iii) shall not be con-
5 strued as prohibiting such claimant or payer
6 from basing the set-aside amount on the safe
7 harbor amount for such agreement.

8 “(5) APPEALS.—

9 “(A) IN GENERAL.—A party to a workers’
10 compensation settlement agreement that is dis-
11 satisfied with a determination under paragraph
12 (3)(B), upon filing a request for reconsideration
13 with the Secretary not later than 60 days after
14 the date of notice of such determination, shall
15 be entitled to—

16 “(i) reconsideration of the determina-
17 tion by the Secretary (with respect to such
18 determination);

19 “(ii) a hearing before an administra-
20 tive judge thereon; and

21 “(iii) judicial review of the Secretary’s
22 final determination after such hearing.

23 “(B) DEADLINES FOR DECISIONS.—

24 “(i) RECONSIDERATIONS.—

1 “(I) IN GENERAL.—The Sec-
2 retary shall conduct and conclude a
3 reconsideration of a determination
4 under paragraph (3)(B) and mail the
5 notice of the decision of such recon-
6 sideration by not later than the last
7 day of the 30-day period beginning on
8 the date that a request for such re-
9 consideration has been timely filed.

10 “(II) APPEALS OF RECONSIDER-
11 ATIONS.—If a party to the workers’
12 compensation settlement involved is
13 dissatisfied with the Secretary’s deci-
14 sion under subclause (I), that party
15 may file an appeal within the 30-day
16 period after the date of receipt of the
17 notice of the decision under such sub-
18 clause and request a hearing before
19 an administrative law judge.

20 “(III) FAILURE BY SECRETARY
21 TO PROVIDE NOTICE.—In the case of
22 a failure by the Secretary to mail the
23 notice of the decision under subclause
24 (I) by the last day of the period de-
25 scribed in such subclause, the party

1 requesting the reconsideration may re-
2 quest a hearing before an administra-
3 tive law judge, notwithstanding any
4 requirements for a reconsideration of
5 a determination for purposes of the
6 party's right to such hearing.

1 a decision under subclause (I) by the
2 last day of the period described in
3 such subclause, the party requesting
4 the hearing may seek judicial review
5 of the decision under clause (i), not-
6 withstanding any requirements for a
7 hearing for purposes of the party's
8 right to such judicial review.

9 “(6) ADMINISTRATION OF MEDICARE SET-ASIDE
10 PROVISIONS; PROTECTION FROM CERTAIN LIABILITY.—
11

12 “(A) OPTIONAL DIRECT PAYMENT OF
13 MEDICARE SET-ASIDE AMOUNT —

1 to the Secretary, the parties involved may
2 calculate the Medicare set-aside amount of
3 such set-aside using any of the following
4 methods:

5 “(I) In the case of any Medicare
6 set-aside deemed a qualified Medicare
7 set-aside under paragraph (4)(A), the
8 amount calculated in accordance with
9 such paragraph.

10 “(II) In the case of any Medicare
11 set-aside of a deep discount com-
12 promise agreement under paragraph
13 (2)(C)(iii), the amount calculated in
14 accordance with such paragraph.

15 “(III) In the case of any Medi-
16 care set-aside, the amount based upon
17 the payment amount for items and
18 services under the workers’ compensa-
19 tion fee schedule (effective as of the
20 date of the agreement) applicable to
21 the workers’ compensation law or plan
22 involved, in accordance with para-
23 graph (2)(C)(i)(I).

24 “(IV) In the case of any Medi-
25 care set-aside, the payment amount

4 Such transfer shall be in accordance with
5 a procedure established by the Secretary
6 and shall be made only upon written con-
7 sent of the other party to the agreement.

20 “(B) REQUIREMENT FOR TIMELY NOTICE
21 OF MEDICARE REPAYMENTS OWED BY WORK-
22 ERS’ COMPENSATION CLAIMANT OR PAYER TO
23 SECRETARY.—

1 receives a request from a workers' com-
2 pensation claimant or workers' compensa-
3 tion payer for documentation of any condi-
4 tional payment made under subsection
5 (b)(2)(B)(i) on behalf of the claimant, the
6 Secretary shall provide to the claimant or
7 payer such documentation. Such docu-
8 mentation shall be sufficient for the claim-
9 ant or payer to make a reasonable deter-
10 mination whether such a payment was for
11 an item or service furnished in connection
12 with the claimant's work related injury or
13 illness involved. The claimant or payer may
14 rely on the documentation provided under
15 this clause in making such determination.
16 Payment of the amount of the conditional
17 payment, after deducting from such
18 amount any procurement costs involved
19 and any costs for unrelated and inappro-
20 priate items or services, shall discharge
21 further liability with respect to the condi-
22 tional payment.

23 “(ii) LIABILITY FOR REIMBURSE-
24 MENTS RELATED TO REQUESTED INFOR-
25 MATION.—If the Secretary fails to provide

1 information in accordance with clause (i),
2 then neither the claimant or the payer de-
3 scribed in such clause shall be liable for
4 any reimbursement under subsection
5 (b)(2)(B) with respect to the conditional
6 payment for which information was re-
7 quested under such clause.

8 “(C) PROTECTION FROM CERTAIN LIABIL-
9 ITY.—

10 “(i) LIABILITY FOR MEDICARE SET-
11 ASIDE PAYMENT GREATER THAN PAYMENT
12 UNDER WORKERS’ COMPENSATION LAW.—
13 No workers’ compensation claimant, work-
14 ers’ compensation payer, employer, admin-
15 istrator of the Medicare set-aside, legal
16 representative of the claimant, payer, em-
17 ployer, or administrator, or any other
18 party related to the claimant, payer, em-
19 ployer, or administrator shall be liable for
20 any payment amount established under a
21 Medicare set-aside for an item or service
22 provided to the claimant that is greater
23 than the payment amount for the item or
24 service established under the workers’ com-
25 pensation fee schedule (or in the absence

1 of such schedule, the medical reimburse-
2 ment rate) under the compensation law or
3 plan of the jurisdiction where the agree-
4 ment will be effective.

1 for such an item or service in violation of
2 such sentence, the Secretary may apply
3 sanctions against the provider in accord-
4 ance with section 1842(j)(2) in the same
5 manner as such section applies with re-
6 spect to a physician. Paragraph (4) of sec-
7 tion 1842(j) shall apply under this clause
8 in the same manner as such paragraph ap-
9 plies under such section.

10 “(D) AUTHORITY TO MODIFY OR TERMI-
11 NATE QUALIFIED MEDICARE SET-ASIDES.—

12 “(i) IN CASE OF DEATH OF CLAIM-
13 ANT.—At any time after the death of a
14 workers’ compensation claimant, an indi-
15 vidual entitled (after such death) to dis-
16 bursement of the funds remaining in the
17 Medicare set-aside involved in the workers’
18 compensation claim of the claimant may
19 submit to the Secretary a request to termi-
20 nate the Medicare set-aside upon a show-
21 ing of the death and payment of all claims
22 that are subject to this subsection.

23 “(ii) IN THE CASE OF MEDICAL IM-
24 PROVEMENT OR CHANGE OF CIR-
25 CUMSTANCES.—At any time after the date

1 that is five years after the date of qualifi-
2 cation of a Medicare set-aside involved,
3 the workers' compensation claimant in-
4 volved may submit to the Secretary a re-
5 quest to modify or terminate the Medicare
6 set-aside upon a showing of a substantial
7 medical improvement of the claimant, with
8 respect to the injury or illness involved, or
9 of changed circumstances of the claimant
10 that justify a reduction of the funds of the
11 Medicare set-aside (as in existence on the
12 date of such request) by at least 25 per-
13 cent.

10 " (III) A copy of such notice.

“(iv) PROCESS FOR APPROVAL OF APPLICATIONS TO MODIFY OR TERMINATE QUALIFIED MEDICARE SET-ASIDES IN THE CASE OF MEDICAL IMPROVEMENT OR CHANGE OF CIRCUMSTANCES.—Subparagraphs (B) and (C) of paragraph (3) shall apply to requests submitted to the Secretary under clause (ii) to modify or terminate a Medicare set-aside in the same manner as such subparagraphs apply to Medicare set-aside agreements submitted to the Secretary under subparagraph (A) of such paragraph to be deemed qualified Medicare set-asides. In applying such subparagraphs (B) and (C), any reference to

such subparagraph (A) shall be deemed a reference to clause (ii), and any reference in such subparagraph (B) to ‘the requirements of paragraph (2)(A)’ shall be deemed to include a reference to the showing required under clause (ii).

1 fication request or termination request
2 under clause (ii) that is approved ac-
3 cording to clause (iv), the modification
4 or termination, respectively, shall take
5 effect on the latter of the date of the
6 approval or the date that is 60 days
7 after the date on which the workers'
8 compensation claimant involved sends
9 the notice under clause (iii) to the
10 party designated for receipt of such
11 notice.

12 “(vi) TREATMENT OF REMAINING
13 MEDICARE SET-ASIDE FUNDS.—Upon ter-
14 mination or modification under this para-
15 graph, any funds released from the set-
16 aside shall revert pursuant to the terms of
17 the settlement agreement, or if there is no
18 reversionary clause, then such remaining
19 funds shall be disbursed pursuant to the
20 applicable State law.

21 “(7) TREATMENT OF STATE WORKERS’ COM-
22 PENSATION LAW.—For purposes of this subsection
23 and subsection (l), if a workers’ compensation settle-
24 ment agreement is accepted, reviewed, approved, or
25 otherwise finalized in accordance with the workers’

1 compensation law of the jurisdiction in which such
2 agreement will be effective, such acceptance, review,
3 approval, or other finalization shall be deemed con-
4 clusive as to any and all matters within the jurisdic-
5 tion of the workers' compensation law, including the
6 determination of the total amount that could have
7 been payable for a claim which is the subject of a
8 compromise agreement in accordance with para-
9 graph (2)(C)(iii). A determination made by applica-
10 ble authority for a jurisdiction that a workers' com-
11 pensation settlement agreement is in accordance
12 with the workers' compensation law of the jurisdic-
13 tion shall not be subject to review by the Sec-
14 retary.”.

15 (c) CONFORMING AMENDMENTS.—Section 1862(b)
16 of the Social Security Act (42 U.S.C. 1395y(b)), as
17 amended by subsection (a), is further amended—

18 (1) in paragraph (2)(B)(ii), by striking “A pri-
19 mary plan” and inserting “Subject to subsections (l)
20 and (m), a primary plan”;

21 (2) in paragraph (2)(B)(iii)—

22 (A) in the first sentence, by striking “In
23 order to recover payment” and inserting “Sub-
24 ject to subsection (m), in order to recover pay-
25 ment”; and

1 (B) in the third sentence, by striking “In
2 addition” and inserting “Subject to subsection
3 (m), in addition”; and

4 (3) in paragraph (3)(A), by striking “There is
5 established a private cause of action” and inserting
6 “Subject to subsection (m), there is established a
7 private cause of action”.

8 (d) MODERNIZING TERMINOLOGY FOR PURPOSES OF
9 MEDICARE SECONDARY PAYER PROVISIONS.—Paragraph
10 (2)(A) of such section is amended by striking “workmen’s
11 compensation law or plan” and inserting “workers’ com-
12 pensation law or plan” each place it appears.

13 SEC. 3. LIMITATION ON ADDITIONAL LIABILITY; SEVER-
14 ABILITY.

15 (a) LIMITATION ON ADDITIONAL LIABILITY UNDER
16 CURRENT AGREEMENTS EXCEPT FOR FRAUD.—Nothing
17 in the Medicare secondary payer provisions in section
18 1862(b) of the Social Security Act shall authorize the Sec-
19 retary of Health and Human Services to impose liability
20 that is additional to the liability in effect on the date of
21 the enactment of this Act on the parties to a workers' com-
22 pensation agreement the effective date of which is before
23 such date of enactment, except in the case of fraud.

24 (b) SEVERABILITY.—If any provision of this Act or
25 the amendments made by this Act or the application there-

1 of to any person or circumstance is held invalid, the re-
2 mainder of this Act, the amendments made by this Act,
3 or the application thereof to other persons not similarly
4 situated or to other circumstances shall not be affected
5 by such invalidation.

6 **SEC. 4. EFFECTIVE DATE.**

7 The amendments made by section 2 shall apply to
8 a workers' compensation settlement agreement with an ef-
9 fective date on or after the date of the enactment of this
10 Act.

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