

110TH CONGRESS  
1ST SESSION

# S. 325

To provide for innovation in health care through State initiatives that expand coverage and access and improve quality and efficiency in the health care system.

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## IN THE SENATE OF THE UNITED STATES

JANUARY 17, 2007

Mr. BINGAMAN (for himself and Mr. VOINOVICH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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# A BILL

To provide for innovation in health care through State initiatives that expand coverage and access and improve quality and efficiency in the health care system.

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 “Health Partnership  
5 Act”.

6 **SEC. 2. STATE HEALTH REFORM PROJECTS.**

7       (a) PURPOSE; ESTABLISHMENT OF STATE HEALTH  
8 CARE EXPANSION AND IMPROVEMENT PROGRAM.—The

- 1 purposes of the programs approved under this section
- 2 shall include, but not be limited to—

3 (1) achieving the goals of increased health cov-  
4 erage and access;

5 (2) ensuring that patients receive high-quality,  
6 appropriate health care;

(4) testing alternative reforms, such as building on the public or private health systems, or creating new systems, to achieve the objectives of this Act.

12 (b) APPLICATIONS BY STATES, LOCAL GOVERN-  
13 MENTS, AND TRIBES.—

14 (1) ENTITIES THAT MAY APPLY.—

15 (A) IN GENERAL.—A State, in consultation  
16 with local governments, Indian tribes, and In-  
17 dian organizations involved in the provision of  
18 health care, may apply for a State health care  
19 expansion and improvement program for the  
20 entire State (or for regions of the State) under  
21 paragraph (2).

(B) REGIONAL GROUPS.—A regional entity consisting of more than one State may apply for a multi-State health care expansion and im-

1 improvement program for the entire region in-  
2 volved under paragraph (2).

3 (C) DEFINITION.—In this Act, the term  
4 “State” means the 50 States, the District of  
5 Columbia, and the Commonwealth of Puerto  
6 Rico. Such term shall include a regional entity  
7 described in subparagraph (B).

15 (3) LOCAL GOVERNMENT APPLICATIONS.—

16 (A) IN GENERAL.—Where a State declines  
17 to submit an application under this section, a  
18 unit of local government of such State, or a  
19 consortium of such units of local governments,  
20 may submit an application directly to the Com-  
21 mission for programs or projects under this  
22 subsection. Such an application shall be subject  
23 to the requirements of this section.

24 (B) OTHER APPLICATIONS.—Subject to  
25 such additional guidelines as the Secretary may

1                   prescribe, a unit of local government, Indian  
2                   tribe, or Indian health organization may submit  
3                   an application under this section, whether or  
4                   not the State submits such an application, if  
5                   such unit of local government can demonstrate  
6                   unique demographic needs or a significant pop-  
7                   ulation size that warrants a substate program  
8                   under this subsection.

9                   (c) STATE HEALTH INNOVATION COMMISSION.—

10                   (1) IN GENERAL.—Within 90 days after the  
11                   date of the enactment of this Act, the Secretary  
12                   shall establish a State Health Innovation Commis-  
13                   sion that shall—

14                   (A) be comprised of—

15                   (i) the Secretary;

16                   (ii) four State governors to be ap-  
17                   pointed by the National Governors Associa-  
18                   tion on a bipartisan basis;

19                   (iii) two members of a State legisla-  
20                   ture to be appointed by the National Con-  
21                   ference of State Legislators on a bipartisan  
22                   basis;

23                   (iv) two county officials to be ap-  
24                   pointed by the National Association of  
25                   Counties on a bipartisan basis;

(v) two mayors to be appointed by the United States Conference of Mayors and the National League of Cities on a joint and bipartisan basis;

(vi) two individuals to be appointed by the Speaker of the House of Representatives;

(vii) two individuals to be appointed by the minority leader of the House of Representatives;

(viii) two individuals to be appointed by the majority leader of the Senate;

(ix) two individuals to be appointed by the minority leader of the Senate; and

(x) two individuals who are members of federally-recognized Indian tribes to be appointed on a bipartisan basis by the National Congress of American Indians;

(B) upon approval of  $\frac{2}{3}$  of the members of the Commission, provide the States with a variety of reform options for their applications, such as tax credit approaches, expansions of public programs such as medicaid and the State Children's Health Insurance Program, the creation of purchasing pooling arrangements simi-

9 (C) establish, in collaboration with a quali-  
10 fied and independent organization such as the  
11 Institute of Medicine, minimum performance  
12 measures and goals with respect to coverage,  
13 quality, and cost of State programs, as de-  
14 scribed under subsection (d)(1);

15 (D) conduct a thorough review of the grant  
16 application from a State and carry on a dia-  
17 logue with all State applicants concerning pos-  
18 sible modifications and adjustments;

19 (E) submit the recommendations and legis-  
20 lative proposal described in subsection  
21 (d)(4)(B);

22 (F) be responsible for monitoring the sta-  
23 tus and progress achieved under program or  
24 projects granted under this section;

1 (G) report to the public concerning  
2 progress made by States with respect to the  
3 performance measures and goals established  
4 under this Act, the periodic progress of the  
5 State relative to its State performance meas-  
6 ures and goals, and the State program applica-  
7 tion procedures, by region and State jurisdic-  
8 tion;

9 (H) promote information exchange between  
10 States and the Federal Government; and

11 (I) be responsible for making recommenda-  
12 tions to the Secretary and the Congress, using  
13 equivalency or minimum standards, for mini-  
14 mizing the negative effect of State program on  
15 national employer groups, provider organiza-  
16 tions, and insurers because of differing State  
17 requirements under the programs.

1       ers, but shall be filled in the same manner as the  
2       original appointment.

3 (3) CHAIRPERSON, MEETINGS.—

4 (A) CHAIRPERSON.—The Commission shall  
5 select a Chairperson from among its members.

10 (C) MEETINGS.—Not later than 30 days  
11 after the date on which all members of the  
12 Commission have been appointed, the Commis-  
13 sion shall hold its first meeting. The Commis-  
14 sion shall meet at the call of the Chairperson.

15 (4) POWERS OF THE COMMISSION.—

16 (A) NEGOTIATIONS WITH STATES.—The  
17 Commission may conduct detailed discussions  
18 and negotiations with States submitting appli-  
19 cations under this section, either individually or  
20 in groups, to facilitate a final set of rec-  
21 ommendations for purposes of subsection  
22 (d)(4)(B). Such negotiations shall include con-  
23 sultations with Indian tribes, and be conducted  
24 in a public forum.

7 (C) MEETINGS.—In addition to other  
8 meetings the Commission may hold, the Com-  
9 mission shall hold an annual meeting with the  
10 participating States under this section for the  
11 purpose of having States report progress to-  
12 ward the purposes in subsection (a)(1) and for  
13 an exchange of information.

14 (D) INFORMATION.—The Commission may  
15 secure directly from any Federal department or  
16 agency such information as the Commission  
17 considers necessary to carry out the provisions  
18 of this subsection. Upon request of the Chair-  
19 person of the Commission, the head of such de-  
20 partment or agency shall furnish such informa-  
21 tion to the Commission if the head of the de-  
22 partment or agency involved determines it ap-  
23 propriate.

24 (E) POSTAL SERVICES.—The Commission  
25 may use the United States mails in the same

1 manner and under the same conditions as other  
2 departments and agencies of the Federal Gov-  
3 ernment.

4 (5) PERSONNEL MATTERS.—

5 (A) COMPENSATION.—Each member of the  
6 Commission who is not an officer or employee  
7 of the Federal Government or of a State or  
8 local government shall be compensated at a rate  
9 equal to the daily equivalent of the annual rate  
10 of basic pay prescribed for level IV of the Exec-  
11 utive Schedule under section 5315 of title 5,  
12 United States Code, for each day (including  
13 travel time) during which such member is en-  
14 gaged in the performance of the duties of the  
15 Commission. All members of the Commission  
16 who are officers or employees of the United  
17 States shall serve without compensation in addi-  
18 tion to that received for their services as offi-  
19 cers or employees of the United States.

20 (B) TRAVEL EXPENSES.—The members of  
21 the Commission shall be allowed travel ex-  
22 penses, including per diem in lieu of subsist-  
23 ence, at rates authorized for employees of agen-  
24 cies under subchapter I of chapter 57 of title 5,  
25 United States Code, while away from their

1       homes or regular places of business in the per-  
2       formance of services for the Commission.

3                   (C) STAFF.—The Chairperson of the Com-  
4       mission may, without regard to the civil service  
5       laws and regulations, appoint and terminate an  
6       executive director and such other additional  
7       personnel as may be necessary to enable the  
8       Commission to perform its duties. The employ-  
9       ment of an executive director shall be subject to  
10      confirmation by the Commission.

11                  (D) DETAIL OF GOVERNMENT EMPLOY-  
12       EES.—Any Federal Government employee may  
13       be detailed to the Commission without reim-  
14       bursement, and such detail shall be without  
15       interruption or loss of civil service status or  
16       privilege.

17                  (E) TEMPORARY AND INTERMITTENT  
18       SERVICES.—The Chairperson of the Commis-  
19       sion may procure temporary and intermittent  
20       services under section 3109(b) of title 5, United  
21       States Code, at rates for individuals which do  
22       not exceed the daily equivalent of the annual  
23       rate of basic pay prescribed for level V of the  
24       Executive Schedule under section 5316 of such  
25       title.

5 (d) REQUIREMENTS FOR PROGRAMS.—

6 (1) STATE PLAN.—A State that seeks to receive  
7 a grant under subsection (f) to operate a program  
8 under this section shall prepare and submit to the  
9 Commission, as part of the application under sub-  
10 section (b), a State health care plan that shall have  
11 as its goal improvements in coverage, quality and  
12 costs. To achieve such goal, the State plan shall  
13 comply with the following:

16 (i) provide and describe the manner in  
17 which the State will ensure that an in-  
18 creased number of individuals residing  
19 within the State will have expanded access  
20 to health care coverage with a specific 5-  
21 year target for reduction in the number of  
22 uninsured individuals through either pri-  
23 vate or public program expansion, or both,  
24 in accordance with the options established  
25 by the Commission;

(ii) describe the number and percent-

age of current uninsured individuals who

3 will achieve coverage under the State

health program;

(iii) describe the minimum benefits

6 package that will be provided to all classes

of beneficiaries under the State health pro-

8 gram;

(iv) identify Fed

private programs that currently pro-

11 provide health care services in the State and

describe how such programs could be co-

to the extent practicable; and

(v) provide for improvements in the

16 availability of appropriate health care serv-

ices that will increase access to care in

18 urban, rural, and frontier areas of the

State with medically underserved popu-

20 lations or where there is an inadequate

supply of health care providers.

22 (B) QUALITY.—With respect to quality,

the State plan shall—

(i) provide a plan to improve health

25 care quality in the State, including increases

4 (ii) contain appropriate results-based  
5 quality indicators established by the Com-  
6 mission that will be addressed by the State  
7 as well as State-specific quality indicators.

10 (i) provide that the State will develop  
11 and implement systems to improve the effi-  
12 ciency of health care, including a specific  
13 5-year target for reducing administrative  
14 costs (including paperwork burdens);

15 (ii) describe the public and private  
16 sector financing to be provided for the  
17 State health program;

22 (iv) describe how the State plan will  
23 ensure the financial solvency of the State  
24 health program; and

1 (v) provide that the State will prepare  
2 and submit to the Secretary and the Com-  
3 mission such reports as the Secretary or  
4 Commission may require to carry out pro-  
5 gram evaluations.

6 (D) HEALTH INFORMATION TECHNOLOGY.—With respect to health information  
7 technology, the State plan shall provide methodology for the appropriate use of health information  
8 technology to improve infrastructure, such as improving the availability of evidence-based  
9 medical and outcomes data to providers and patients, as well as other health information (such  
10 as electronic health records, electronic billing, and electronic prescribing).

1 of the receipt of such application, analyze the scope  
2 of the proposal, and determine whether additional  
3 information is needed from the State. The Commis-  
4 sion shall advise the State within such period of the  
5 need to submit additional information.

6 (4) FINAL DETERMINATION.—

7 (A) IN GENERAL.—Not later than 90 days  
8 after completion of the initial review under  
9 paragraph (3), the Commission shall determine  
10 whether to submit a State proposal to Congress  
11 for approval.

12 (B) VOTING.—

13 (i) IN GENERAL.—The determination  
14 to submit a State proposal to Congress  
15 under subparagraph (A) shall be approved  
16 by  $\frac{2}{3}$  of the members of the Commission  
17 who are eligible to participate in such de-  
18 termination subject to clause (ii).

19 (ii) ELIGIBILITY.—A member of the  
20 Commission shall not participate in a de-  
21 termination under subparagraph (A) if—

22 (I) in the case of a member who  
23 is a Governor, such determination re-  
24 lates to the State of which the mem-  
25 ber is the Governor; or

1 (II) in the case of member not  
2 described in subclause (I), such deter-  
3 mination relates to the geographic  
4 area of a State of which such member  
5 serves as a State or local official.

6 (C) SUBMISSION.—Not later than 90 days  
7 prior to October 1 of each fiscal year, the Com-  
8 mission shall submit to Congress a list, in the  
9 form of a legislative proposal, of the State ap-  
10 plications that the Commission recommends for  
11 approval under this section.

(D) APPROVAL.—With respect to a fiscal year, a State proposal that has been recommended under subparagraph (B) shall be deemed to be approved, and subject to the availability of appropriations, Federal funds shall be provided to such program, unless a joint resolution has been enacted disapproving such proposal as provided for in subsection (e). Nothing in the preceding sentence shall be construed to include the approval of State proposals that involve waivers or modifications in applicable Federal law.

24 (5) PROGRAM OR PROJECT PERIOD.—A State  
25 program or project may be approved for a period of

1       5 years and may be extended for subsequent 5-year  
2       periods upon approval by the Commission and the  
3       Secretary, based upon achievement of targets, except  
4       that a shorter period may be requested by a State  
5       and granted by the Secretary.

6       (e) EXPEDITED CONGRESSIONAL CONSIDERATION.—

7           (1) INTRODUCTION AND COMMITTEE CONSIDER-  
8       ATION.—

9           (A) INTRODUCTION.—The legislative pro-  
10       posal submitted pursuant to subsection  
11       (d)(4)(B) shall be in the form of a joint resolu-  
12       tion (in this subsection referred to as the “reso-  
13       lution”). Such resolution shall be introduced in  
14       the House of Representatives by the Speaker,  
15       and in the Senate, by the majority leader, im-  
16       mediately upon receipt of the language and  
17       shall be referred to the appropriate committee  
18       of Congress. If the resolution is not introduced  
19       in accordance with the preceding sentence, the  
20       resolution may be introduced in either House of  
21       Congress by any member thereof.

22           (B) COMMITTEE CONSIDERATION.—A reso-  
23       lution introduced in the House of Representa-  
24       tives shall be referred to the Committee on  
25       Ways and Means of the House of Representa-

(2) EXPEDITED PROCEDURE.—

18 (A) CONSIDERATION.—Not later than 5  
19 days after the date on which a committee has  
20 been discharged from consideration of a resolu-  
21 tion, the Speaker of the House of Representa-  
22 tives, or the Speaker's designee, or the majority  
23 leader of the Senate, or the leader's designee,  
24 shall move to proceed to the consideration of  
25 the committee amendment to the resolution,

1 and if there is no such amendment, to the reso-  
2 lution. It shall also be in order for any member  
3 of the House of Representatives or the Senate,  
4 respectively, to move to proceed to the consider-  
5 ation of the resolution at any time after the  
6 conclusion of such 5-day period. All points of  
7 order against the resolution (and against con-  
8 sideration of the resolution) are waived. A mo-  
9 tion to proceed to the consideration of the reso-  
10 lution is highly privileged in the House of Rep-  
11 resentatives and is privileged in the Senate and  
12 is not debatable. The motion is not subject to  
13 amendment, to a motion to postpone consider-  
14 ation of the resolution, or to a motion to pro-  
15 ceed to the consideration of other business. A  
16 motion to reconsider the vote by which the mo-  
17 tion to proceed is agreed to or not agreed to  
18 shall not be in order. If the motion to proceed  
19 is agreed to, the House of Representatives or  
20 the Senate, as the case may be, shall imme-  
21 diately proceed to consideration of the resolu-  
22 tion without intervening motion, order, or other  
23 business, and the resolution shall remain the  
24 unfinished business of the House of Represent-

3 (B) CONSIDERATION BY OTHER HOUSE.—

4       If, before the passage by one House of the reso-  
5       lution that was introduced in such House, such  
6       House receives from the other House a resolu-  
7       tion as passed by such other House—

8 (i) the resolution of the other House  
9 shall not be referred to a committee and  
10 may only be considered for final passage in  
11 the House that receives it under clause  
12 (iii);

13 (ii) the procedure in the House in re-  
14 ceipt of the resolution of the other House,  
15 with respect to the resolution that was in-  
16 troduced in the House in receipt of the res-  
17 olution of the other House, shall be the  
18 same as if no resolution had been received  
19 from the other House; and

20 (iii) notwithstanding clause (ii), the  
21 vote on final passage shall be on the re-  
22 form bill of the other House.

Upon disposition of a resolution that is received by one House from the other House, it shall no

1 longer be in order to consider the resolution bill  
2 that was introduced in the receiving House.

3 (C) CONSIDERATION IN CONFERENCE.—

4 Immediately upon a final passage of the resolu-  
5 tion that results in a disagreement between the  
6 two Houses of Congress with respect to the res-  
7 olution, conferees shall be appointed and a con-  
8 ference convened. Not later than 10 days after  
9 the date on which conferees are appointed, the  
10 conferees shall file a report with the House of  
11 Representatives and the Senate resolving the  
12 differences between the Houses on the resolu-  
13 tion. Notwithstanding any other rule of the  
14 House of Representatives or the Senate, it shall  
15 be in order to immediately consider a report of  
16 a committee of conference on the resolution  
17 filed in accordance with this subclause. Debate  
18 in the House of Representatives and the Senate  
19 on the conference report shall be limited to 10  
20 hours, equally divided and controlled by the  
21 Speaker of the House of Representatives and  
22 the minority leader of the House of Representa-  
23 tives or their designees and the majority and  
24 minority leaders of the Senate or their des-  
25 ignees. A vote on final passage of the con-

1           ference report shall occur immediately at the  
2           conclusion or yielding back of all time for de-  
3           bate on the conference report.

4           (3) RULES OF THE SENATE AND HOUSE OF  
5           REPRESENTATIVES.—This subsection is enacted by  
6           Congress—

7                   (A) as an exercise of the rulemaking power  
8                   of the Senate and House of Representatives, re-  
9                   spectively, and is deemed to be part of the rules  
10                  of each House, respectively, but applicable only  
11                  with respect to the procedure to be followed in  
12                  that House in the case of a resolution, and it  
13                  supersedes other rules only to the extent that it  
14                  is inconsistent with such rules; and

15                   (B) with full recognition of the constitu-  
16                  tional right of either House to change the rules  
17                  (so far as they relate to the procedure of that  
18                  House) at any time, in the same manner, and  
19                  to the same extent as in the case of any other  
20                  rule of that House.

21           (4) LIMITATION.—The amount of Federal  
22           funds provided with respect to any State proposal  
23           that is deemed approved under subsection (d)(3)  
24           shall not exceed the cost provided for such proposals

1       within the concurrent resolution on the budget as  
2       enacted by Congress for the fiscal year involved.

3       (f) FUNDING.—

4           (1) IN GENERAL.—The Secretary shall provide  
5       a grant to a State that has an application approved  
6       under subsection (b) to enable such State to carry  
7       out an innovative State health program in the State.

8           (2) AMOUNT OF GRANT.—The amount of a  
9       grant provided to a State under paragraph (1) shall  
10       be determined based upon the recommendations of  
11       the Commission, subject to the amount appropriated  
12       under subsection (k).

13           (3) PERFORMANCE-BASED FUNDING ALLOCA-  
14       TION AND PRIORITIZATION.—In awarding grants  
15       under paragraph (1), the Secretary shall—

16               (A) fund a diversity of approaches as pro-  
17       vided for by the Commission in subsection  
18       (c)(1)(B);

19               (B) give priority to those State programs  
20       that the Commission determines have the great-  
21       est opportunity to succeed in providing ex-  
22       panded health insurance coverage and in pro-  
23       viding children, youth, and other vulnerable  
24       populations with improved access to health care  
25       items and services; and

1 (C) link allocations to the State to the  
2 meeting of the goals and performance measures  
3 relating to health care coverage, quality, and  
4 health care costs established under this Act  
5 through the State project application process.

1       concerning any future action that Congress should  
2       take concerning health care reform, including whether  
3       or not to extend the program established under  
4       this subsection.

5       (g) MONITORING AND EVALUATION.—

6           (1) ANNUAL REPORTS AND PARTICIPATION BY  
7       STATES.—Each State that has received a program  
8       approval shall—

9               (A) submit to the Commission an annual  
10       report based on the period representing the re-  
11       spective State's fiscal year, detailing compliance  
12       with the requirements established by the Com-  
13       mission and the Secretary in the approval and  
14       in this section; and

15               (B) participate in the annual meeting  
16       under subsection (c)(4)(B).

17           (2) EVALUATIONS BY COMMISSION.—The Com-  
18       mission, in consultation with a qualified and inde-  
19       pendent organization such as the Institute of Medi-  
20       cine, shall prepare and submit to the Committee on  
21       Finance and the Committee on Health, Education,  
22       Labor, and Pensions of the Senate and the Com-  
23       mittee on Energy and Commerce, the Committee on  
24       Education and Labor, and the Committee on Ways

1 and Means of the House of Representatives annual  
2 reports that shall contain—

3 (A) a description of the effects of the re-  
4 forms undertaken in States receiving approvals  
5 under this section;

6 (B) a description of the recommendations  
7 of the Commission and actions taken based on  
8 these recommendations;

9 (C) an evaluation of the effectiveness of  
10 such reforms in—

11 (i) expanding health care coverage for  
12 State residents;

13 (ii) improving the quality of health  
14 care provided in the States; and

15 (iii) reducing or containing health  
16 care costs in the States;

17 (D) recommendations regarding the advis-  
18 ability of increasing Federal financial assistance  
19 for State ongoing or future health program ini-  
20 tiatives, including the amount and source of  
21 such assistance; and

22 (E) as required by the Commission or the  
23 Secretary under subsection (f)(5), a periodic,  
24 independent evaluation of the program.

25 (h) NONCOMPLIANCE.—

11 (i) RELATIONSHIP TO FEDERAL PROGRAMS.—

1       tive than those applied as of the date of enactment  
2       of this Act.

3       (j) MISCELLANEOUS PROVISIONS.—

4           (1) APPLICATION OF CERTAIN REQUIRE-  
5       MENTS.—

6           (A) RESTRICTION ON APPLICATION OF  
7       PREEXISTING CONDITION EXCLUSIONS.—

8               (i) IN GENERAL.—Subject to subparagraph (B), a State shall not permit the imposition of any preexisting condition exclusion for covered benefits under a program or project under this section.

13               (ii) GROUP HEALTH PLANS AND  
14       GROUP HEALTH INSURANCE COVERAGE.—

15       If the State program or project provides for benefits through payment for, or a contract with, a group health plan or group health insurance coverage, the program or project may permit the imposition of a preexisting condition exclusion but only insofar and to the extent that such exclusion is permitted under the applicable provisions of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of

1 1974 and title XXVII of the Public Health  
2 Service Act.

3 (B) COMPLIANCE WITH OTHER REQUIRE-  
4 MENTS.—Coverage offered under the program  
5 or project shall comply with the requirements of  
6 subpart 2 of part A of title XXVII of the Public  
7 Health Service Act insofar as such require-  
8 ments apply with respect to a health insurance  
9 issuer that offers group health insurance cov-  
10 erage.

11 (2) PREVENTION OF DUPLICATIVE PAY-  
12 MENTS.—

13 (A) OTHER HEALTH PLANS.—No payment  
14 shall be made to a State under this section for  
15 expenditures for health assistance provided for  
16 an individual to the extent that a private in-  
17 surer (as defined by the Secretary by regulation  
18 and including a group health plan (as defined  
19 in section 607(1) of the Employee Retirement  
20 Income Security Act of 1974), a service benefit  
21 plan, and a health maintenance organization)  
22 would have been obligated to provide such as-  
23 sistance but for a provision of its insurance con-  
24 tract which has the effect of limiting or exclud-  
25 ing such obligation because the individual is eli-

1 gible for or is provided health assistance under  
2 the plan.

3 (B) OTHER FEDERAL GOVERNMENTAL  
4 PROGRAMS.—Except as provided in any other  
5 provision of law, no payment shall be made to  
6 a State under this section for expenditures for  
7 health assistance provided for an individual to  
8 the extent that payment has been made or can  
9 reasonably be expected to be made promptly (as  
10 determined in accordance with regulations)  
11 under any other federally operated or financed  
12 health care insurance program, other than an  
13 insurance program operated or financed by the  
14 Indian Health Service, as identified by the Sec-  
15 retary. For purposes of this paragraph, rules  
16 similar to the rules for overpayments under sec-  
17 tion 1903(d)(2) of the Social Security Act shall  
18 apply.

19 (3) APPLICATION OF CERTAIN GENERAL PROVI-  
20 SIONS.—The following sections of the Social Security  
21 Act shall apply to States under this section in the  
22 same manner as they apply to a State under such  
23 title XIX:

24 (A) TITLE xix PROVISIONS.—

1 (i) Section 1902(a)(4)(C) (relating to  
2 conflict of interest standards).

3 (ii) Paragraphs (2), (16), and (17) of  
4 section 1903(i) (relating to limitations on  
5 payment).

6 (iii) Section 1903(w) (relating to limit-  
7 tations on provider taxes and donations).

8 (iv) Section 1920A (relating to pre-  
9 sumptive eligibility for children).

10 (B) TITLE xi PROVISIONS.—

11 (i) Section 1116 (relating to administrative and judicial review), but only insofar as consistent with this title.

14 (ii) Section 1124 (relating to disclo-  
15 sure of ownership and related informa-  
16 tion).

20 (iv) Section 1128A (relating to civil  
21 monetary penalties).

22 (v) Section 1128B(d) (relating to  
23 criminal penalties for certain additional  
24 charges).

1 (vi) Section 1132 (relating to periods  
2 within which claims must be filed).

3 (4) RELATION TO OTHER LAWS.—

4 (A) HIPAA.—Health benefits coverage  
5 provided under a State program or project  
6 under this section shall be treated as creditable  
7 coverage for purposes of part 7 of subtitle B of  
8 title I of the Employee Retirement Income Se-  
9 curity Act of 1974, title XXVII of the Public  
10 Health Service Act, and subtitle K of the Inter-  
11 national Revenue Code of 1986.

12 (B) ERISA.—Nothing in this section shall  
13 be construed as affecting or modifying section  
14 514 of the Employee Retirement Income Secu-  
15 rity Act of 1974 (29 U.S.C. 1144) with respect  
16 to a group health plan (as defined in section  
17 2791(a)(1) of the Public Health Service Act (42  
18 U.S.C. 300gg–91(a)(1))).

19 (k) AUTHORIZATION OF APPROPRIATIONS.—There is  
20 authorized to be appropriated to carry out this section,  
21 such sums as may be necessary in each fiscal year.  
22 Amounts appropriated for a fiscal year under this sub-  
23 section and not expended may be used in subsequent fiscal  
24 years to carry out this section.

