

111TH CONGRESS
1ST SESSION

H. R. 2816

To amend the Social Security Act to provide grants and flexibility through demonstration projects for States to provide universal, comprehensive, cost-effective systems of health care coverage, with simplified administration.

IN THE HOUSE OF REPRESENTATIVES

JUNE 10, 2009

Mr. TIERNEY (for himself, Mr. KUCINICH, and Ms. BALDWIN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Oversight and Government Reform, 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 provide grants and flexibility through demonstration projects for States to provide universal, comprehensive, cost-effective systems of health care coverage, with simplified administration.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “States’ Right To Innovate in Health Care Act of 2009”.

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

- Sec. 1. Short title; table of contents.
 Sec. 2. Findings and purposes.
 Sec. 3. Amendment to Social Security Act.

“TITLE XXII—STATE COMPREHENSIVE HEALTH CARE AND COST
 CONTAINMENT DEMONSTRATION PROJECTS

- “Sec. 2201. State-based Universal Health Care Coverage Commission.
 “Sec. 2202. Planning grants.
 “Sec. 2203. Demonstration grants.
 “Sec. 2204. State plan requirements.
 “Sec. 2205. Interstate arrangements.
 “Sec. 2206. Definitions.

3 **SEC. 2. FINDINGS AND PURPOSES.**

4 (a) FINDINGS.—Congress finds the following:

5 (1) In 2006, annual health care expenditures in
 6 the United States totaled \$2.1 trillion, or \$6,800 per
 7 person.

8 (2) In 2006, health care expenditures rep-
 9 resented 16 percent of the gross domestic product
 10 (“GDP”) in the United States and grew at the rate
 11 of 6.7 percent.

12 (3) Health care spending in the United States
 13 is expected to increase at similar levels for the next
 14 decade, reaching \$4 trillion in 2015, or 20 percent
 15 of GDP.

16 (4) Yet, access to health care is a problem for
 17 many citizens of the United States. According to the
 18 Census Bureau, there are now over 46,000,000 citi-
 19 zens who lack health insurance and each year this

1 figure grows. This figure does not include the mil-
2 lions of citizens who are under-insured and millions
3 of others who may not have insurance coverage at
4 some point during a year.

5 (5) There is enough money in the health care
6 system to ensure that the rationing of health care
7 services does not need to occur, either explicitly by
8 design or, as happens currently, implicitly due to an
9 individual's or family's economic status. Health care
10 reform is needed to assure that there is universal
11 health coverage for all citizens of the United States.

12 (6) States are the natural vehicles to test meth-
13 ods and forms of achieving universal health cov-
14 erage. There is a well-established tradition for this.
15 In the past, States have led the way in testing ideas
16 for national application, involving such areas as
17 child labor, social security, welfare reform, and envi-
18 ronmental protection. Several States are embarking
19 on major health care initiatives to cover residents of
20 the State who are uninsured. Given past successes in
21 individual State action that have resulted in national
22 changes, the Federal Government should invest in a
23 broad range of efforts in a variety of geographically
24 dispersed States prior to attempting a national sys-
25 tem of health care reform.

1 (7) In 2002, in response to a request from the
2 Secretary of Health and Human Services, the Insti-
3 tute of Medicine of the National Academy of
4 Sciences established a committee, officially known as
5 the “Committee on Rapid Advance Demonstration
6 Projects: Health Care Finance and Delivery Sys-
7 tems”, with the goal of formulating models for
8 broader health care reform. The committee rec-
9 ommended a 10-year commitment to State dem-
10 onstration projects as a means to encourage States
11 to develop their own systems of universal health care
12 and to facilitate innovation.

13 (b) PURPOSE.—The purpose of this Act is to encour-
14 age States—

15 (1) to develop plans for universal, comprehen-
16 sive, cost-effective systems of health care with sim-
17 plified administration to individuals residing in such
18 States; and

19 (2) to implement such plans by offering transi-
20 tional grants and by removing Federal statutory and
21 administrative barriers that may inhibit or discour-
22 age efforts by States to provide such health care
23 while maintaining Federal payments for health care
24 under Federal health care programs.

1 **SEC. 3. AMENDMENT TO SOCIAL SECURITY ACT.**

2 The Social Security Act (42 U.S.C. 301 et seq.) is
3 amended by adding at the end the following new title:

4 **“TITLE XXII—STATE COM-**
5 **PREHENSIVE HEALTH CARE**
6 **AND COST CONTAINMENT**
7 **DEMONSTRATION PROJECTS**

8 **“SEC. 2201. STATE-BASED UNIVERSAL HEALTH CARE COV-**
9 **ERAGE COMMISSION.**

10 “(a) ESTABLISHMENT.—

11 “(1) IN GENERAL.—Not later than 90 days
12 after the date of the enactment of this title, the Sec-
13 retary shall establish a State-based Universal Health
14 Care Coverage Commission (in this section referred
15 to as the ‘Commission’).

16 “(2) MEMBERSHIP.—The Commission shall be
17 composed of 17 members—

18 “(A) 1 of whom shall be the Secretary;

19 “(B) 4 of whom shall be governors of a
20 State who are appointed by the National Gov-
21 ernors Association on a bipartisan basis;

22 “(C) 4 of whom shall be State legislators
23 who are appointed, on a joint and bipartisan
24 basis, by the National Conference of State Leg-
25 islators and the American Legislative Exchange
26 Council;

1 “(D) 2 of whom shall be appointed by the
2 majority leader of the Senate;

3 “(E) 2 of whom shall be appointed by the
4 minority leader of the Senate;

5 “(F) 2 of whom shall be appointed by the
6 Speaker of the House of Representatives; and

7 “(G) 2 of whom shall be appointed by the
8 minority leader of the House of Representa-
9 tives.

10 “(b) DUTIES OF THE COMMISSION.—

11 “(1) GUIDANCE AND INFORMATION.—The Com-
12 mission shall—

13 “(A) provide guidance to State health care
14 officials regarding applications for grants under
15 this title and exchange information with, and
16 otherwise assist, such officials upon the request
17 of the officials;

18 “(B) submit proposed procedures with re-
19 spect to applications for grants under this title;

20 “(C) review and recommend the approval
21 of applications for demonstration grants under
22 section 2203, including providing guidance on
23 the issuance of appropriate waivers described in
24 section 2203(f);

1 “(D) suggest appropriate levels of funding
2 for applications for planning grants approved
3 under section 2202 consistent with such sec-
4 tion;

5 “(E) provide guidance with respect to such
6 evaluation, monitoring, compliance, and other
7 review functions with respect to grants under
8 this title as may be appropriate;

9 “(F) develop proposed guidelines, stand-
10 ards, and formats for the evaluation, reporting,
11 and collection of data by States in order to en-
12 able the Secretary to monitor State plan admin-
13 istration and compliance, and to evaluate and
14 compare the effectiveness of State plans; and

15 “(G) provide guidance on the implementa-
16 tion of any other requirements or activities nec-
17 essary and appropriate under this title.

18 “(2) ANNUAL REPORT.—The Commission shall
19 prepare and submit to the President and to Con-
20 gress an annual report. Such report shall be sub-
21 mitted not later than March 30 of each year and
22 shall include information concerning States that re-
23 ceive grants under this title and the effectiveness of
24 any health care programs assisted by such grants
25 during the previous year.

1 “(3) APPROVAL PROCESS.—The provisions of
2 section 2106(c) shall apply to State plans and the
3 Secretary under this title in the same manner as
4 they apply to State plans and the Secretary under
5 such section.

6 “(4) CONSULTATION.—To the extent feasible,
7 the Secretary shall carry out the State Comprehen-
8 sive Health Care and Cost Containment demonstra-
9 tion projects under this title based on, and in ac-
10 cordance with, the advice and recommendations of
11 the Commission.

12 “(c) PERIOD OF APPOINTMENT; REPRESENTATION
13 REQUIREMENTS; VACANCIES.—Members shall be ap-
14 pointed for a term of such time as is needed to complete
15 the requirements of this section and to carry out the re-
16 quirements of this section. In appointing members under
17 subsection (a)(2), the designated appointing individuals
18 shall ensure the representation of urban and rural areas
19 and an appropriate geographic distribution of such mem-
20 bers. Any vacancy in the Commission shall not affect its
21 powers, but shall be filled in the same manner as the origi-
22 nal appointment.

23 “(d) CHAIRPERSON, MEETINGS.—

24 “(1) CHAIRPERSON.—The Commission shall se-
25 lect a Chairperson from among its members.

1 “(2) QUORUM.—Two-thirds of the members of
2 the Commission shall constitute a quorum, but a
3 lesser number of members may hold hearings.

4 “(3) MEETINGS.—Not later than 30 days after
5 the date on which all members of the Commission
6 have been appointed, the Commission shall hold its
7 first meeting. The Commission shall meet at the call
8 of the Chairperson.

9 “(e) PERSONNEL MATTERS.—

10 “(1) COMPENSATION.—Each member of the
11 Commission who is not an officer or employee of the
12 Federal Government or of a State or local govern-
13 ment shall be compensated at a rate equal to the
14 daily equivalent of the annual rate of basic pay pre-
15 scribed for level IV of the Executive Schedule under
16 section 5315 of title 5, United States Code, for each
17 day (including travel time) during which such mem-
18 ber is engaged in the performance of the duties of
19 the Commission. All members of the Commission
20 who are officers or employees of the United States
21 shall serve without compensation in addition to that
22 received for their services as officers or employees of
23 the United States.

24 “(2) TRAVEL EXPENSES.—The members of the
25 Commission shall be allowed travel expenses, includ-

1 ing per diem in lieu of subsistence, at rates author-
2 ized for employees of agencies under subchapter I of
3 chapter 57 of title 5, United States Code, while
4 away from their homes or regular places of business
5 in the performance of services for the Commission.

6 “(3) STAFF.—The Chairperson of the Commis-
7 sion may, without regard to the civil service laws
8 and regulations, appoint and terminate an executive
9 director and such other additional personnel as may
10 be necessary to enable the Commission to perform
11 its duties. The employment of an executive director
12 shall be subject to confirmation by the Commission.

13 “(4) DETAIL OF GOVERNMENT EMPLOYEES.—
14 Any Federal Government employee may be detailed
15 to the Commission without reimbursement, and such
16 detail shall be without interruption or loss of civil
17 service status or privilege.

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

1 “(f) FUNDING.—There are authorized to be appro-
2 priated such funds as necessary for the purposes of car-
3 rying out this section.

4 **“SEC. 2202. PLANNING GRANTS.**

5 “(a) APPLICATION.—A State may apply to the Sec-
6 retary for a State planning grant under this section to
7 develop a State plan to offer universal comprehensive
8 health care, with simplified administration, and to improve
9 the cost-effectiveness of the health care delivery system.

10 “(b) CONTENTS.—The Secretary may not approve
11 such a State planning grant for a State unless the applica-
12 tion for the grant includes or provides for the following:

13 “(1) BUDGET.—A budget and a budget jus-
14 tification.

15 “(2) PLANNING PROCESS.—A description of
16 how under the grant the State shall—

17 “(A) identify options to provide a uni-
18 versal, comprehensive, and cost-effective system
19 of health care, with simplified administration,
20 that is affordable and accessible to all eligible
21 beneficiaries in the State; and

22 “(B) conduct an analysis that compares
23 projected overall health expenditures over a 5-
24 year period under the proposed system with the

1 projected overall health expenditures that would
2 otherwise occur during such period.

3 “(3) OPPORTUNITY FOR PUBLIC PARTICIPA-
4 TION.—Assurances that the State will include a
5 process for public contribution and participation in
6 the planning process.

7 “(c) NUMBER OF STATES; PERIOD OF GRANT.—The
8 Secretary may not award State planning grants under this
9 section to more than 10 States. A State planning grant
10 under this section shall be effective for a period of up to
11 30 months. In awarding State planning grants under this
12 section the Secretary shall give preference to States from
13 a variety of geographic areas in the United States.

14 “(d) AMOUNT.—The amount of a State planning
15 grant under this section to a State may not exceed
16 \$4,500,000.

17 “(e) TECHNICAL ASSISTANCE.—The Secretary shall
18 provide States with technical assistance in applying for
19 and implementing State planning grants under this sec-
20 tion. At the request of the Secretary, other Departments
21 and Offices of the Federal Government shall provide
22 States with such technical assistance.

23 **“SEC. 2203. DEMONSTRATION GRANTS.**

24 “(a) APPLICATION.—A State that has developed a
25 State plan may apply to the Secretary for approval of a

1 demonstration grant under this section to achieve a cost-
2 effective delivery system of universal, comprehensive
3 health care with simplified administration. The Secretary
4 shall reach out to States in order to ensure that at least
5 1 application is for approval of a demonstration grant to
6 provide a single payer system of health care coverage. The
7 Secretary shall notify the chief executive officer of all
8 States of the availability of demonstration grants under
9 this section.

10 “(b) APPROVAL.—The Secretary shall approve the
11 applications of not more than 5 States under this section.
12 In approving grants under this section the Secretary shall
13 give preference to States from a variety of geographic
14 areas in the United States and for a variety of policy op-
15 tions, at least 1 of which shall be a single-payer system
16 of health care coverage. If the Secretary determines that
17 a State no longer meets the conditions for approval of the
18 grant, the Secretary shall notify the State of such deter-
19 mination and provide the State with an opportunity to cor-
20 rect deficiencies in a timely manner. If the Secretary fur-
21 ther determines that a State has not corrected such defi-
22 ciencies in a timely manner, the Secretary shall terminate
23 the grant (including waivers authorized under the grant).

24 “(c) PERIOD.—A demonstration grant approved
25 under this section shall be effective for up to 5 years from

1 the date of final approval of the demonstration grant ap-
2 plication under subsection (b).

3 “(d) STATE PLAN REQUIRED.—The Secretary may
4 not approve a demonstration grant under this section un-
5 less the State has a State plan to carry out the grant con-
6 sistent with the requirements of section 2204.

7 “(e) FUNDING.—

8 “(1) TRANSITIONAL GRANT AMOUNT.—The
9 amount awarded under this section to a State with
10 a demonstration grant approved under this section
11 may not exceed an aggregate amount of
12 \$13,000,000 plus \$4 multiplied by the number of el-
13 igible State residents of the State to assist the State
14 in the transition of the health care delivery and fi-
15 nancing infrastructure. Such amount shall be made
16 available to a State during the period of transition,
17 as provided in the State plan. The number of eligible
18 State residents of a State shall be determined based
19 on the best available Census Bureau data as of the
20 July 1 before the date the grant under this section
21 is approved.

22 “(2) MAINTENANCE OF FEDERAL FUNDS
23 UNDER WAIVERS.—Pursuant to the waivers under
24 subsection (f), the Federal Government shall pay to
25 a State amounts for health care under Federal

1 health care programs that would otherwise have
2 been payable by the Federal Government but for the
3 State’s universal, comprehensive health care system
4 under this section.

5 “(3) GENERAL 3 PERCENTAGE POINTS IN-
6 CREASE IN FMAP FOR CALENDAR QUARTERS OCCUR-
7 RING DURING THE PERIOD OF THE DEMONSTRATION
8 GRANT.—

9 “(A) IN GENERAL.—Notwithstanding any
10 other provision of law, for each State for which
11 a demonstration grant is approved under this
12 section, the FMAP of the State shall be in-
13 creased by 3 percentage points for each cal-
14 endar quarter occurring during the period re-
15 ferred to in subsection (c).

16 “(B) FMAP.—In this paragraph, the term
17 ‘FMAP’ means the Federal medical assistance
18 percentage, as defined in section 1905(b).

19 “(f) WAIVER OF ERISA PREEMPTION AND WAIVERS
20 TO POOL FUNDS.—As part of a demonstration grant
21 under this section and subject to the benefit maintenance
22 requirements applicable under section 2204(b), a State
23 may request (and the Secretary may grant) the following
24 waivers of requirements and provisions to the extent nec-
25 essary to carry out the State plan under section 2204:

1 “(1) ERISA.—Waiving application of section
2 514 of the Employee Retirement Income Security
3 Act of 1974.

4 “(2) MEDICARE.—Waiving provisions necessary
5 to permit the State—

6 “(A) to use funds otherwise paid under
7 title XVIII for beneficiaries residing in the
8 State; and

9 “(B) to permit the State to enter into an
10 arrangement with the Secretary under which el-
11 igible State residents who are not otherwise en-
12 rolled for benefits under parts A and B of such
13 title are enrolled for such benefits under such
14 title and the State provides for such actuarially
15 appropriate reimbursement to the Secretary
16 with respect to coverage of such benefits for
17 such residents as is necessary to assure that the
18 Federal Hospital Insurance Trust Fund and
19 the Federal Supplementary Medical Insurance
20 Trust Fund under such title are not adversely
21 affected by virtue of such waiver, such reim-
22 bursement subject to—

23 “(i) an independent audit, to be re-
24 viewed by the Comptroller General of the
25 United States, assuring that such reim-

1 bursement does not adversely affect in any
2 way such Trust Funds, and

3 “(ii) in the case that the audit deter-
4 mines that additional reimbursement to the
5 Secretary is required, such additional reim-
6 bursement, with appropriate adjustments
7 for interest attributable to the late reim-
8 bursement.

9 “(3) MEDICAID.—Waiving provisions necessary
10 to permit the State to use funds otherwise paid to
11 the State under title XIX.

12 “(4) SCHIP.—Waiving provisions necessary to
13 permit the State to use funds otherwise paid to the
14 State under title XXI.

15 “(5) FEHBP.—Waiving provisions necessary to
16 permit the State to use funds otherwise paid under
17 chapter 89 of title 5, United States Code, or allow-
18 ing the Office of Personnel Management to purchase
19 health care coverage for Federal employees and re-
20 tires in the State under the State plan.

21 “(6) USE OF OTHER FUNDS.—Waiving provi-
22 sions necessary to permit the State to use funds oth-
23 erwise provided under other Federal programs for
24 the provision of health care coverage or services, as
25 identified by the State.

1 “(7) OTHER LAWS.—Waiving of other provi-
2 sions of Federal law identified by the State under
3 section 2204(f)(3) only if the Secretary determines
4 such a waiver to be appropriate after consultation
5 with the head of the Federal agency or department
6 concerned.

7 The Secretary may grant a waiver under this subsection
8 only if the State provides the Secretary with satisfactory
9 assurances that necessary safeguards have been taken to
10 protect the health and welfare of individuals provided serv-
11 ices under the waiver and that financial accountability is
12 maintained for any funds expended under the waiver. The
13 Secretary may grant a waiver under paragraph (1) only
14 with the concurrence of the Secretary of Labor.

15 “(g) REENROLLMENT OF ELIGIBLE STATE RESI-
16 DENTS WHO MOVE FROM A PARTICIPATING STATE.—In
17 the case of an eligible State resident who is covered under
18 a State plan under section 2204, who (but for such cov-
19 erage) is eligible to be enrolled in a program described in
20 subsection (f) (including the Medicare and Medicaid pro-
21 grams), and who is not enrolled in such a program because
22 of such coverage, if the resident leaves the State to reside
23 in a State that does not have such a State plan in effect,
24 the resident shall be permitted, notwithstanding any other
25 provision of law, to enroll immediately in such a program

1 if the resident is still otherwise eligible to be so enrolled.
2 In the case of such enrollment in the Medicare program,
3 the resident shall be treated for purposes of section
4 1882(s)(2) (relating to availability of Medicare supple-
5 mental policies without underwriting) as if the resident
6 had turned 65 years of age on the date the resident enrolls
7 in the Medicare program.

8 **“SEC. 2204. STATE PLAN REQUIREMENTS.**

9 “(a) COVERAGE.—

10 “(1) IN GENERAL.—A State plan shall provide
11 a process and a timeline for achieving coverage of all
12 eligible State residents statewide, without regard to
13 employment status, income, health status or pre-
14 existing condition, or location of residency within the
15 State.

16 “(2) OUTREACH MECHANISMS.—A State plan
17 shall describe the outreach mechanisms to be used to
18 assure coverage of all eligible individuals, including
19 measures to assure coverage of individuals in hard-
20 to-reach populations and to assure benefits are pro-
21 vided to eligible individuals located in underserved
22 areas.

23 “(b) BENEFITS.—

24 “(1) IN GENERAL.—

1 “(A) BASIC BENEFITS.—A State plan shall
2 provide for health benefits that are at least ac-
3 tuarially equivalent to the standard Blue Cross/
4 Blue Shield preferred provider option service
5 benefit plan, described in and offered under sec-
6 tion 8903(1) of title 5, United States Code.

7 “(B) ITEMS AND SERVICES.—A State plan
8 shall include benefits for at least the following
9 items and services:

10 “(i) Inpatient and outpatient hospital
11 services, including emergency services
12 available 24 hours a day.

13 “(ii) Long-term, acute, and chronic
14 care services, including skilled nursing fa-
15 cility services, intermediate care facility
16 services, home health services, home and
17 community-based long-term care services,
18 hospice care, and services in intermediate
19 care facilities for individuals diagnosed
20 with mental retardation.

21 “(iii) Professional services of health
22 care practitioners authorized to provide
23 health care services under State law.

24 “(iv) Community-based primary
25 health care services, including rural health

1 clinic services and federally qualified health
2 center services.

3 “(v) Laboratory, x-ray services, and
4 diagnostic tests.

5 “(vi) Preventive care, including pre-
6 natal, well-baby, and well-child care, appro-
7 priate immunizations, pap smears, screen-
8 ing mammography, colorectal cancer
9 screening, physical examinations, and fam-
10 ily planning.

11 “(vii) Prescription drugs and
12 biologicals, including insulin and medical
13 foods.

14 “(viii) Mental health services.

15 “(ix) Substance use disorder services.

16 “(x) Vision services, including routine
17 eye examinations, eyeglasses, and contact
18 lenses.

19 “(xi) Hearing services, including hear-
20 ing aids.

21 “(xii) Dental services, including rou-
22 tine check ups.

23 “(xiii) Durable medical equipment, in-
24 cluding home dialysis supplies and equip-
25 ment.

1 “(xiv) Emergency ambulance services.

2 “(xv) Prosthetics.

3 “(xvi) Outpatient therapy, including
4 physical therapy, occupational therapy, and
5 speech language pathology services and re-
6 lated services.

7 “(2) ASSURANCE THAT BENEFITS ARE NOT RE-
8 DUCED FOR INDIVIDUALS COVERED UNDER FED-
9 ERAL PROGRAMS.—Insofar as the State under the
10 plan incorporates funding provided by Federal pro-
11 grams described in section 2203(f), the State plan
12 may not provide for a reduction in benefits (includ-
13 ing coverage, access, availability, duration, and bene-
14 ficiary rights, and, if applicable, vaccine benefits
15 under section 1928) otherwise provided for under
16 such programs or an increase in cost-sharing and
17 premiums otherwise provided for under such pro-
18 grams.

19 “(c) QUALITY ASSURANCE.—

20 “(1) IN GENERAL.—A State plan shall provide,
21 and describe, mechanisms to be used to assure, mon-
22 itor, and maintain the quality of items and services
23 furnished under the plan.

24 “(2) HEALTH OUTCOMES.—A State plan shall
25 describe the plan’s projected effect on health out-

1 comes in the State, including estimates of health
2 benefits, decreased morbidity and mortality, and im-
3 proved productivity resulting from reduction in the
4 number of individuals without health benefits.

5 “(d) PROGRAMS FOR MEDICAL EDUCATION.—A
6 State plan shall describe health professions training and
7 graduate medical education activities applicable under the
8 plan, and shall provide, under the State plan, for payment
9 from Federal, State, and local governments for such train-
10 ing and education activities in the amounts that would
11 otherwise be payable by such governments but for the
12 State’s universal, comprehensive health care system under
13 the State plan.

14 “(e) FINANCING.—

15 “(1) BUDGET.—A State plan shall incorporate
16 a budget which contains—

17 “(A) detailed projections of health care ex-
18 penditures prior to and under the proposed sys-
19 tem, including an identification and calculation
20 of the amount of funding to be provided by
21 Federal, State, and local governments under the
22 plan and an assurance that the amount of ex-
23 penditures made by the State and local govern-
24 ments will not be reduced as a result of the im-
25 plementation of the plan; and

1 “(B) a description (and an estimate of the
2 costs) of transitional activities to be undertaken
3 in implementing the proposed system.

4 “(2) COST CONTAINMENT.—A State plan shall
5 describe the means to be used to contain costs under
6 the plan, including when and how the plan will in-
7 crease efficiencies.

8 “(3) FEDERAL EXPENDITURE LIMIT.—A State
9 plan shall contain assurances that aggregate Federal
10 expenditures on health care (including Federal ex-
11 penditures under titles 5, 10, and 38 of the United
12 States Code, and under this Act) under the plan will
13 not exceed aggregate Federal expenditures that
14 would have been incurred in the absence of such
15 plan.

16 “(f) IMPLEMENTATION.—

17 “(1) IN GENERAL.—A State plan shall describe
18 the method (including a timetable and period of
19 transition) for implementing the plan.

20 “(2) COORDINATION.—A State plan shall iden-
21 tify all Federal, State, and local programs that pro-
22 vide health care services in the State and describe
23 how such programs would be incorporated in, or co-
24 ordinated with, the health coverage system under the
25 plan.

1 “(3) FEDERAL WAIVERS REQUIRED.—A State
2 plan shall identify any waivers of Federal law re-
3 quired to implement the plan, including the use of
4 any pooled Federal funds and other waivers de-
5 scribed in section 2203(f).

6 “(4) APPROVAL OF STATE LEGISLATURE.—A
7 State plan shall provide that State approvals and
8 commitments (including approval of the State legis-
9 lature) necessary for the implementation of the plan
10 will be obtained by not later than 1 year after the
11 date of the Secretary’s approval of the plan. Any ap-
12 proval of a grant is conditioned upon the timely
13 completion of such approvals and commitments.

14 “(g) EVALUATION.—A State plan shall provide for a
15 process for its evaluation, and shall comply with any eval-
16 uation, reporting, or data collection requirements imposed
17 by the Secretary.

18 “(h) CONSTRUCTION.—Nothing in this title shall be
19 construed as preempting State laws that provide greater
20 protections or benefits than the protections or benefits re-
21 quired under this title.

22 **“SEC. 2205. INTERSTATE ARRANGEMENTS.**

23 “(a) IN GENERAL.—One or more contiguous States
24 in a geographic region may file a joint application for
25 planning and demonstration grants under this title.

1 “(b) CONGRESSIONAL APPROVAL.—Congress hereby
2 authorizes and approves States entering into Interstate
3 Compacts in order to conduct joint health care programs
4 under such a grant.

5 “(c) REFERENCES TO STATE.—In the case of a joint
6 application described in subsection (a), any reference in
7 this title to a State is deemed to refer to all of the States
8 that have filed the application, and the approval of a grant
9 with respect to such a joint application shall be counted
10 as 1 State for purposes of applying sections 2202(c) and
11 2203(b).

12 **“SEC. 2206. DEFINITIONS.**

13 “In this title:

14 “(1) ELIGIBLE STATE RESIDENT.—The term
15 ‘eligible State resident’ means any resident of the
16 United States who is a citizen or national of the
17 United States, or lawful resident alien, and who re-
18 sides in any particular State. Such term may in-
19 clude, at the option of a State, the following:

20 “(A) State employees and dependents of
21 such employees.

22 “(B) Employees, and dependents of such
23 employees, working in a work site of a business
24 located in the State.

1 “(C) One or more classes of non-
2 immigrants (as defined in section 101(a)(15) of
3 the Immigration and Nationality Act) specified
4 in the State plan.

5 “(2) **LAWFUL RESIDENT ALIEN.**—The term
6 ‘lawful resident alien’ means an alien lawfully admit-
7 ted for permanent residence and any other alien law-
8 fully residing permanently in the United States
9 under color of law, including an alien granted asy-
10 lum or with lawful temporary resident status under
11 section 210, 210A, or 245A of the Immigration and
12 Nationality Act.

13 “(3) **SECRETARY.**—The term ‘Secretary’ means
14 the Secretary of Health and Human Services.

15 “(4) **SINGLE PAYER SYSTEM.**—The term ‘single
16 payer system’ means an approach to health care fi-
17 nancing with only 1 source of money for paying
18 health care providers. The payer may be either a
19 governmental unit or other entity (such as an insur-
20 ance company). The elements of a single payer sys-
21 tem offer administrative simplicity for patients and
22 providers, and savings in overhead costs.

23 “(5) **STATE.**—Subject to section 2205(c), the
24 term ‘State’ means a State, the District of Colum-
25 bia, the Commonwealth of Puerto Rico, the United

1 States Virgin Islands, Guam, American Samoa, and
2 the Commonwealth of the Northern Mariana Is-
3 lands.

4 “(6) STATE PLAN.—The term ‘State plan’
5 means a comprehensive health care plan of a State
6 participating in a State Comprehensive Health Care
7 and Cost Containment demonstration project under
8 this title that meets the requirements of section
9 2204.”.

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