

115TH CONGRESS
1ST SESSION

S. 428

To amend titles XIX and XXI of the Social Security Act to authorize States to provide coordinated care to children with complex medical conditions through enhanced pediatric health homes, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 16, 2017

Mr. GRASSLEY (for himself, Mr. BENNET, Mr. PORTMAN, Ms. HARRIS, Mr. BLUNT, Mr. NELSON, Mr. BROWN, Mr. GARDNER, and Mrs. MURRAY) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend titles XIX and XXI of the Social Security Act to authorize States to provide coordinated care to children with complex medical conditions through enhanced pediatric health homes, and for other purposes.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Advancing Care for
5 Exceptional Kids Act of 2017” or the “ACE Kids Act of
6 2017”.

1 **SEC. 2. STATE OPTION TO PROVIDE COORDINATED CARE**
 2 **TO CHILDREN WITH COMPLEX MEDICAL CON-**
 3 **DITIONS THROUGH ENHANCED PEDIATRIC**
 4 **HEALTH HOMES.**

5 (a) STATE MEDICAID PLAN AMENDMENT.—Title
 6 XIX of the Social Security Act (42 U.S.C. 1396 et seq.)
 7 is amended by inserting after section 1946 the following
 8 new section:

9 “STATE OPTION TO PROVIDE COORDINATED CARE
 10 THROUGH ENHANCED PEDIATRIC HEALTH HOMES
 11 FOR CHILDREN WITH COMPLEX MEDICAL CONDI-
 12 TIONS

13 “SEC. 1947. (a) IN GENERAL.—Notwithstanding sec-
 14 tion 1902(a)(1) (relating to statewideness) and section
 15 1902(a)(10)(B) (relating to comparability), beginning
 16 January 1, 2018, a State, at its option as a State plan
 17 amendment, may establish an EPHH program to provide
 18 medical assistance under this title for EPHH services fur-
 19 nished to children with complex medical conditions who
 20 are enrolled in an enhanced pediatric health home (also
 21 referred to in this section as an EPHH) under an EPHH
 22 program agreement.

23 “(b) DEFINITIONS.—In this section:

24 “(1) CHILD WITH COMPLEX MEDICAL CONDI-
 25 TIONS.—The term ‘child with complex medical con-
 26 ditions’ means an individual who—

1 “(A) is enrolled in a State plan under this
2 title or title XXI or under a waiver of such
3 plan;

4 “(B) is under 21 years of age; and

5 “(C) has a chronic medical condition or se-
6 rious injury that—

7 “(i) affects two or more body systems;

8 “(ii) affects cognitive or physical func-
9 tioning (such as reducing the ability to
10 perform the activities of daily living, in-
11 cluding the ability to engage in movement
12 or mobility, eat, drink, communicate, or
13 breathe independently); and

14 “(iii) either—

15 “(I) requires intensive healthcare
16 interventions (such as multiple medi-
17 cations, therapies, or durable medical
18 equipment) and intensive care coordi-
19 nation to optimize health and avoid
20 hospitalizations or emergency depart-
21 ment visits; or

22 “(II) meets the criteria for med-
23 ical complexity under existing risk ad-
24 justment methodologies using a recog-
25 nized, publicly available pediatric

1 grouping system (such as the pedi-
 2 atric complex conditions classification
 3 system or the Pediatric Medical Com-
 4 plexity Algorithm) selected by the Sec-
 5 retary in close collaboration with the
 6 State agencies responsible for admin-
 7 istering State plans under this title
 8 and a national panel of pediatric, pe-
 9 diatric specialty, and pediatric sub-
 10 specialty experts.

11 “(2) ENHANCED PEDIATRIC HEALTH HOME
 12 (EPHH); EPHH SERVICES; EPHH PROGRAM AGREE-
 13 MENT.—

14 “(A) IN GENERAL.—The terms ‘enhanced
 15 pediatric health home’ and ‘EPHH’ mean a
 16 provider-sponsored entity qualified to care for
 17 children with medically complex conditions
 18 that—

19 “(i) satisfies the requirements of sub-
 20 paragraph (B);

21 “(ii) has entered into an EPHH pro-
 22 gram agreement (as defined in subpara-
 23 graph (D)) with a State; and

24 “(iii) provides or arranges for the pro-
 25 vision of EPHH services (as defined in

1 subparagraph (C)) to children with com-
2 plex medical conditions.

3 “(B) REQUIREMENTS.—The requirements
4 of this subparagraph are that the entity dem-
5 onstrates to the State with which the entity de-
6 sires to enter into an EPHH program agree-
7 ment that it—

8 “(i) has expertise in providing, inte-
9 grating, or coordinating prompt care for
10 children with complex medical conditions,
11 including access to pediatric emergency
12 services at all times;

13 “(ii) shall design an individualized
14 comprehensive pediatric family-centered
15 care plan for each child with complex med-
16 ical conditions assigned to the entity, and
17 provide seamless pediatric care coordina-
18 tion by a customized care team with a des-
19 ignated team lead for each such child and
20 the child’s family;

21 “(iii) shall work with the family of
22 each child with complex medical conditions
23 assigned to the entity to develop and incor-
24 porate ongoing home care, community-
25 based pediatric primary care, care from the

1 most medically appropriate or family-pre-
2 ferred children's hospital, social support
3 services, and local hospital pediatric emer-
4 gency care into the child's care plan con-
5 sistent with family choice and the needs of
6 the child;

7 “(iv) shall include the families of chil-
8 dren with complex medical conditions in
9 the delivery of care and the development,
10 operation, and evaluation of its services;

11 “(v) shall interact with children with
12 complex medical conditions and their fami-
13 lies in a culturally and linguistically appro-
14 priate manner;

15 “(vi) shall provide integration and ac-
16 cess to sub-specialized pediatric services
17 and programs for children with complex
18 medical conditions, including the most in-
19 tensive diagnostic, treatment, and critical
20 care levels as medically necessary, includ-
21 ing appropriate out-of-State care;

22 “(vii) can coordinate and integrate the
23 full range of pediatric medical, surgical,
24 and behavioral specialists and subspecial-
25 ists needed, based on clinical qualifications

(such as board certification) and patient preference, on the care team to care for children with complex medical conditions, as well as providers offering specialized services, such as rehabilitative and habilitative health care and private-duty nursing, if needed;

“(viii) can coordinate the provision of outpatient care needs, including durable medical equipment, medical supplies, and medical foods, if needed;

“(ix) can arrange and coordinate care for children with complex medical conditions from out-of-State providers to the maximum extent practicable for the families of such children and where medically necessary in accordance with the guidance provided under subsection (d)(1);

“(x) can coordinate and collect payments by liable third parties (including parties described in section 1902(a)(25)(A)) for care and services provided or arranged for by the entity; and

“(xi) can collect and report on pediatric quality measures appropriate for chil-

dren with medically complex conditions as described in subsection (f)(1).

“(C) EPHH SERVICES.—

“(i) IN GENERAL.—The term ‘EPHH services’ means timely, high-quality pediatric services that are provided to children with complex medical conditions by an enhanced pediatric health home under an EPHH program agreement, including all services for which medical assistance is available under the State plan under this title of the State that is a party to the agreement (or an amendment to such plan) and the services described in clause (ii).

“(ii) SERVICES DESCRIBED.—The services described in this subparagraph are the following:

“(I) Comprehensive pediatric care management, including inpatient and outpatient hospital services, oral health, behavioral health, and, where necessary, hospice care or other long-term services and supports as defined by the State.

1 “(II) Care coordination and
2 health promotion.

3 “(III) Comprehensive transitional
4 care, including appropriate follow-up,
5 from inpatient to other settings.

6 “(IV) Patient and family support
7 (including authorized representatives).

8 “(V) Referral to community and
9 social support services, if relevant.

10 “(VI) Use of health information
11 technology to link services, as feasible
12 and appropriate.

13 “(VII) Coordinating access to the
14 full range of pediatric specialty and
15 subspecialty medical services, includ-
16 ing services from out-of-State pro-
17 viders, as medically necessary.

18 “(D) EPHH PROGRAM AGREEMENT.—The
19 term ‘EPHH program agreement’ means an
20 agreement between a State and an EPHH
21 that—

22 “(i) requires the EPHH to provide, or
23 arrange for or coordinate the provision of,
24 at a minimum, the services described in
25 clause (ii) of subparagraph (C);

1 “(ii) requires the EPHH to carry out
 2 the requirements described in subpara-
 3 graph (B) and comply with the data collec-
 4 tion requirements of subsection (f);

5 “(iii) provides that the State, with re-
 6 spect to children with complex medical con-
 7 ditions who are residents of the State and
 8 are assigned to the EPHH, shall establish
 9 policies and procedures for making pay-
 10 ments to the EPHH for providing, arrang-
 11 ing for, or coordinating EPHH services
 12 furnished to such children in another
 13 State;

14 “(iv) is subject to all relevant require-
 15 ments imposed by Federal, State, and local
 16 law; and

17 “(v) contains such additional terms
 18 and conditions, not inconsistent with this
 19 section, as the parties may agree to.

20 “(3) STATE ADMINISTERING AGENCY.—The
 21 term ‘State administering agency’ means the State
 22 agency (which shall be the State agency responsible
 23 for administering the State plan under this title or
 24 the State agency responsible for administering the
 25 State program under title V) responsible for admin-

1 istering EPHH program agreements under this sec-
 2 tion.

3 “(c) FAMILY PREFERENCE FOR AN ENHANCED PE-
 4 DIATRIC HEALTH HOME.—

5 “(1) IN GENERAL.—

6 “(A) OPTION TO REQUEST ENROLL-
 7 MENT.—Each child with complex medical condi-
 8 tions who is eligible to receive EPHH services
 9 under a State plan amendment under this sec-
 10 tion shall have the option of requesting to be
 11 enrolled with an EPHH of the child’s choice in
 12 accordance with a process established by the
 13 State.

14 “(B) ENROLLMENT REQUIREMENT.—An
 15 EPHH shall enroll any child with complex med-
 16 ical conditions who requests enrollment with the
 17 EPHH under subparagraph (A) unless the
 18 terms of the EPHH program agreement be-
 19 tween the EPHH and the State allow the
 20 EPHH to decline the child’s request on the
 21 basis of pre-established criteria specified in the
 22 agreement.

23 “(2) OUTREACH AND EDUCATION.—Each State
 24 with a State plan amendment under this section
 25 shall conduct outreach and education activities to

1 raise awareness among children with complex med-
 2 ical conditions and their families of the option to en-
 3 roll in an EPHH and may provide assistance to such
 4 children and their families in making decisions with
 5 respect to such enrollment. The activities and assist-
 6 ance described in this paragraph may include activi-
 7 ties and assistance carried out by—

8 “(A) family-to-family information centers
 9 under section 501(c);

10 “(B) family navigators;

11 “(C) nonprofit organizations; and

12 “(D) faith-based organizations.

13 “(3) OPTION TO WITHDRAW FROM PROGRAM.—

14 “(A) IN GENERAL.—Any child with com-
 15 plex medical conditions that opts into an en-
 16 hanced pediatric health home under this sub-
 17 section shall have the option to disenroll from
 18 the home and to receive covered services under
 19 the State plan under this title or the State child
 20 health plan under title XXI.

21 “(B) EFFECTIVE DATE OF
 22 DISENROLLMENT.—The disenrollment of a child
 23 with complex medical conditions from an
 24 enhanced pediatric health home shall take effect
 25 not later than 30 days after the child notifies

1 the health home of the child's desire to
2 disenroll.

3 “(4) TRANSITION ASSISTANCE.—In the case of
4 an individual who is enrolled in an enhanced pedi-
5 atric health home under this section and whose en-
6 rollment ceases for any reason (including that the
7 individual no longer qualifies as a child with complex
8 medical conditions, the termination of an EPHH
9 program agreement, or otherwise), the enhanced pe-
10 diatric health home shall continue to provide EPHH
11 services to the individual during a transition period
12 to ensure that the individual's care is not com-
13 promised, help the individual and the individual's
14 family self-manage the individual's medical condi-
15 tions to the maximum extent practicable, and pro-
16 vide assistance to the individual and the individual's
17 family in obtaining necessary transitional care
18 through appropriate referrals and making the indi-
19 vidual's medical records available to new providers.

20 “(d) COORDINATING CARE FROM OUT-OF-STATE
21 PROVIDERS.—

22 “(1) GUIDANCE.—

23 “(A) IN GENERAL.—Not later than 2 years
24 after the date of the enactment of this section,
25 the Secretary shall issue guidance to State

1 Medicaid Directors on best practices for ensur-
2 ing that children with complex medical condi-
3 tions receive prompt care from out-of-State pro-
4 viders when medically necessary, including guid-
5 ance regarding—

6 “(i) arranging access to, and pro-
7 viding payment for, care for such children
8 provided by out-of-State providers;

9 “(ii) reducing barriers for such chil-
10 dren receiving care from such providers in
11 a timely fashion;

12 “(iii) screening and enrolling out-of-
13 State providers, including efforts to
14 streamline the process or reduce the bur-
15 den on out-of-State providers that do not
16 regularly treat children from the State or
17 that only treat a small number of children
18 from the State (which may include pro-
19 viding for payment to such a provider
20 without requiring the provider to enroll in
21 the State plan);

22 “(iv) providing for payment to out-of-
23 State providers that provide care for chil-
24 dren with complex medical conditions in

1 emergency and non-emergency situations;
2 and

3 “(v) how the guidance provided under
4 this subparagraph interacts with the re-
5 quirements of section 431.52 of title 42,
6 Code of Federal Regulations.

7 “(B) STAKEHOLDER INPUT.—In carrying
8 out subparagraph (A), the Secretary shall issue
9 a Request For Information to seek input from
10 States, patient or family advocates and organi-
11 zations that represent patients or families, chil-
12 dren’s health groups, providers (including chil-
13 dren’s hospitals, hospitals, pediatricians, and
14 other pediatric providers), managed care plans,
15 and other relevant stakeholders.

16 “(2) OUT-OF-STATE POLICIES FOR EPHHS.—A
17 State electing to provide medical assistance pursuant
18 to subsection (a) shall provide information, con-
19 sistent with guidance from the Secretary, to en-
20 hanced pediatric health homes receiving payment
21 under this section, regarding the State’s policies and
22 procedures for accessing care for children with com-
23 plex medical conditions from out-of-State providers.
24 For the purpose of helping facilitate medically nec-
25 essary care for such children, such information shall

1 include information on how out-of-State providers
2 who provide services to such children can receive
3 payment by such State Medicaid program.

4 “(3) BEST PRACTICES.—A State electing to
5 provide medical assistance pursuant to subsection
6 (a) shall consider adopting best practices for pro-
7 viding access to out-of-State providers for children
8 with complex medical conditions consistent with
9 guidance provided by the Secretary under paragraph
10 (1).

11 “(e) PAYMENTS TO ENHANCED PEDIATRIC HEALTH
12 HOMES.—

13 “(1) IN GENERAL.—A State shall provide an
14 EPHH with payments for the provision of EPHH
15 services to each child enrolled with an EPHH that
16 has an EPHH program agreement with the State.
17 Such payments for such services shall be treated in
18 the same manner as payments under section
19 1945(c)(1), and, with respect to payments for serv-
20 ices described in section 1945(h)(4)(B) provided by
21 an EPHH to children with complex medical condi-
22 tions enrolled with the EPHH during the first 8 fis-
23 cal quarters in which the EPHH program agreement
24 is in effect, the Federal medical assistance percent-
25 age applicable to such payments shall be equal to

1 the Federal medical assistance percentage specified
2 in section 1945(c)(1).

3 “(2) ALTERNATIVE PAYMENT MODEL METHOD-
4 OLOGY.—Payment to enhanced pediatric health
5 homes for EPHH services furnished pursuant to a
6 EPHH program agreement shall be made in a man-
7 ner to be determined by the State using an agreed-
8 upon alternative payment methodology developed
9 under paragraph (4).

10 “(3) CMS GUIDANCE ON ALTERNATIVE PAY-
11 MENT MODEL METHODOLOGIES.—

12 “(A) IN GENERAL.—Not later than Janu-
13 ary 1, 2018, the Secretary shall publish guid-
14 ance describing best practices for States to em-
15 ploy in designing and establishing alternative
16 payment model methodologies which may be
17 used by enhanced pediatric health homes with
18 EPHH program agreements in developing equi-
19 table, alternative payment model methodologies
20 for EPHH programs under paragraph (4). The
21 guidance shall include descriptions of best prac-
22 tices related to designing shared savings and
23 performance-based payment models that are
24 risk-adjusted for the population enrolled in
25 EPHH programs, and may include guidance re-

lated to other alternative payment models, including global payments and bundled payments.

“(B) STAKEHOLDER INPUT.—In carrying out subparagraph (A), the Secretary shall issue a Request for Information to seek input from States, the Medicaid and CHIP Payment and Access Commission, providers (including children’s hospitals, hospitals, pediatricians, and other pediatric providers), managed care plans, children’s health groups, family and beneficiary advocates, the pediatric health care community, and other relevant stakeholders.

“(C) DATA ANALYSIS.—Beginning in the first year of the implementation of enhanced pediatric health homes, the Secretary shall analyze, for purposes of developing the guidance required under this paragraph—

“(i) data collected under subsection (f)(1); and

“(ii) other data as the Secretary determines appropriate.

“(4) DEVELOPMENT OF ALTERNATIVE PAYMENT MODEL METHODOLOGY.—

“(A) IN GENERAL.—Each State, in collaboration with any enhanced pediatric health

1 home that is operating an EPHH program
2 under this section in the State, shall develop
3 the payment methodology or methodologies for
4 payment under the State plan in accordance
5 with this subsection that—

6 “(i) includes—

7 “(I) a risk adjustment method,
8 re-insurance system, or risk-corridor
9 procedure to account for variations in
10 acuity of the children with complex
11 medical conditions enrolled in en-
12 hanced pediatric health homes; and

13 “(II) an alternative payment
14 model, which may include a shared
15 savings approach or performance-
16 based approach, such as a bundled
17 payment or risk-reward payment
18 model;

19 “(ii) may be informed by guidance
20 published by the Secretary under para-
21 graph (3)(A); and

22 “(iii) considers data analyzed under
23 paragraph (3)(C), to the maximum extent
24 practicable.

1 “(B) APPROVAL BY STATE MEDICAID
 2 AGENCY REQUIRED.—No payment may be made
 3 under a payment methodology developed under
 4 this paragraph unless—

5 “(i) the relevant State agency respon-
 6 sible for administering the State plan
 7 under this title has approved such method-
 8 ology; and

9 “(ii) the methodology is described in a
 10 State plan amendment that has received
 11 approval from the Secretary.

12 “(f) DATA AND QUALITY ASSURANCE.—

13 “(1) DATA.—The data collection requirements
 14 under this paragraph, with respect to an enhanced
 15 pediatric health home, are as follows:

16 “(A) The home, in collaboration with the
 17 State and the child’s health plan if appropriate,
 18 shall collect and submit claims data on claims
 19 submitted with respect to children who are fur-
 20 nished EPHH services. After approval by the
 21 State, such data shall be reported in a stand-
 22 ardized format in a timely manner and made
 23 available to the public for the purposes of estab-
 24 lishing a national database on such claims.

1 “(B) The State shall submit to the Sec-
2 retary such reports as the Secretary finds nec-
3 essary to monitor the operation, cost, and effec-
4 tiveness of the EPHH services furnished by the
5 home.

6 “(2) DEVELOPMENT OF STANDARDS AND MEAS-
7 URES.—The Secretary shall, in consultation with
8 States and enhanced pediatric health homes with
9 EPHH program agreements under this section and
10 national pediatric policy organizations—

11 “(A) establish a national set of quality as-
12 surance and improvement protocols and proce-
13 dures to apply under EPHH programs estab-
14 lished under this section;

15 “(B) develop pediatric quality measures
16 that are tailored to the care and treatment of
17 children with complex medical conditions and
18 account for the health and well-being, care co-
19 ordination, child and family experience, and ac-
20 cess to and cost of care for children with com-
21 plex medical conditions;

22 “(C) develop provider accessibility stand-
23 ards for access by children with complex med-
24 ical conditions to EPHH services; and

1 “(D) develop criteria for national pediatric-
 2 focused care coordination for children with com-
 3 plex medical conditions.

4 “(3) USE OF EXISTING QUALITY MEASURES.—
 5 In carrying out paragraph (2), the Secretary shall
 6 consider incorporating, to the extent applicable, the
 7 following measures:

8 “(A) Child health quality measures and
 9 measures for centers of excellence for children
 10 with complex needs developed under this title,
 11 title XXI, and section 1139A.

12 “(B) The Healthcare Effectiveness Data
 13 and Information Set (HEDIS).

14 “(C) Other existing quality measures, as
 15 considered appropriate by the Secretary.

16 “(4) NATIONAL PEDIATRIC POLICY ORGANIZA-
 17 TIONS.—For purposes of paragraph (2), the national
 18 pediatric policy organizations that the Secretary
 19 shall consult with shall include the following:

20 “(A) Acute care children’s hospitals.

21 “(B) Specialty pediatric hospitals.

22 “(C) Subacute, rehabilitative, and long-
 23 term care pediatric hospitals.

1 “(D) Pediatric providers, including pri-
 2 mary care providers, specialists, and subspecial-
 3 ists.

4 “(E) Pediatric home, community, and fam-
 5 ily care organizations, including organizations
 6 representing families or children with special
 7 needs.

8 “(F) National pediatric policy organiza-
 9 tions with specific expertise relating to children
 10 with complex medical conditions.

11 “(G) Such other entities as the Secretary
 12 shall determine appropriate.

13 “(5) STANDARD MEDICAID DATA SET.—

14 “(A) IN GENERAL.—The Secretary, the
 15 States, and the enhanced pediatric health
 16 homes with EPHH program agreements under
 17 this section shall collaborate to obtain con-
 18 sistent and verifiable Medicaid Analytic Extract
 19 data or a comparable data set and shall estab-
 20 lish data-sharing agreements to further support
 21 collaborative planning and care coordination for
 22 children with complex medical conditions.

23 “(B) CLAIMS ANALYSIS.—

24 “(i) ANALYSIS BY INDEPENDENT
 25 THIRD PARTY.—The Secretary shall com-

mission an independent third party to perform claims analysis on the data set developed under subparagraph (A) to determine the utilization of items and services furnished under EPHH programs to children with complex medical conditions, and the overall effectiveness of EPHH programs.

“(ii) REPORT.—For purposes of building a national database, the Secretary shall submit to Congress, and make publicly available on the Internet site of the Centers for Medicare & Medicaid Services, a report on the analysis carried out under clause (i).”.

(b) APPLICATION UNDER CHIP.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended by adding at the end the following new subparagraph:

“(P) Section 1947 (relating to the Medicaid EPHH program for children with complex medical conditions).”.

SEC. 3. MACPAC REPORT.

(a) IN GENERAL.—Not later than 24 months after the date of the enactment of this Act, the Medicaid and CHIP Payment and Access Commission established under

1 section 1900 of the Social Security Act (42 U.S.C. 1396)
2 shall submit a report to Congress and the Secretary of
3 Health and Human Services on children with complex
4 medical conditions which includes the information de-
5 scribed in subsection (b) and such recommendations as the
6 Commission deems appropriate.

7 (b) INFORMATION TO BE INCLUDED.—The informa-
8 tion described in this subsection is the following informa-
9 tion:

10 (1) The characteristics of children with complex
11 medical conditions, including—

12 (A) a literature review examining—

13 (i) research on such children; and

14 (ii) clinical measures or other group-
15 ings which enable comparison among such
16 children; and

17 (B) information gathered from consulta-
18 tion with medical and academic experts engaged
19 in research about or treatment of such children.

20 (2) Children with complex medical conditions
21 who are enrolled in a State Medicaid plan under title
22 XIX of the Social Security Act (or a waiver of such
23 plan), including—

24 (A) the number of such children;

1 (B) the chronic conditions, serious injuries,
2 life-threatening illnesses, or rare diseases that
3 such children have;

4 (C) the number of such children receiving
5 services under each delivery system or payment
6 model and the type of payment model being
7 used; and

8 (D) the extent to which such children re-
9 ceive care coordination services.

10 (3) The pediatric providers who serve children
11 with complex medical conditions.

12 (4) The extent to which children with complex
13 medical conditions receive or are denied services
14 from out-of-State providers that receive payment
15 under the State Medicaid plan under title XIX of
16 the Social Security Act (or a waiver of such plan)
17 and any barriers to receiving such services in a time-
18 ly fashion, including any variation in access to such
19 services by delivery system.

20 **SEC. 4. REPORT TO CONGRESS.**

21 Not later than 5 years after the date of the enact-
22 ment of this Act, the Secretary of Health and Human
23 Services shall submit Congress, and make publicly avail-
24 able on the Internet site of the Centers for Medicare &
25 Medicaid Services, a report evaluating and assessing the

1 enhanced pediatric health home program established
2 under section 1947 of the Social Security Act (as added
3 by section 2), for the purposes of determining—

4 (1) how the program might be improved; and

5 (2) whether the program should be expanded to
6 include pediatric populations that are not children
7 with complex medical conditions (as such term is de-
8 fined for purposes of the program) but who would
9 still benefit from the type of care coordination pro-
10 vided by an enhanced pediatric health home.

○