to qualified charitable institutions is allowed to take a tax deduction equal to the fair market value of the donated work.

Prior to 1969, artists and collectors alike were able to take a deduction equivalent to the fair market value of a work. Congress changed the law for artists more than 30 years ago in response to the perception that some taxpayers were taking advantage of the law by inflating the market value of self-created works. Since the law was changed with respect to artists, fewer and fewer of them have donated their works to museums and cultural institutions, while the government has cut down significantly on the abuse of fair market value determinations. The Artist-Museum Partnership Act would restore the law to pre-1969 and allow artists who donate their own paintings, manuscripts, compositions, or scholarly compositions to be subject to the same new rules that all taxpayers or collectors who donate such works follow.

The Artist-Museum Partnership Act is supported by such organizations as the Association of Art Museum Directors, American Alliance of Museums, Americans for the Arts, League of American Orchestras, OPERA America, Dance/USA, National Assembly of State Arts Agencies, the Vermont Arts Counsel, and the Shelburne Museum.

Finally, the Historic Downtown and Preservation and Access Act would create a refundable tax credit for the installation of fire sprinklers and elevators in older, multi-use buildings in historic downtowns. Each year fire destroys hundreds of vulnerable historic buildings that serve as the anchors of America's vibrant villages and downtowns, in many cases resulting in injury or loss of life. The Historic Downtown and Preservation and Access Act creates a 50 percent refundable tax credit capped at $50,000 to encourage the installation of upfront but costly sprinkler systems in order to help prevent the loss of life, reduce property damage, and decrease Federal expenditures on rebuilding efforts after these fires.

This bill also incentivizes the installation of elevators in order to encourage the use of upper story office, retail, and housing space in historic downtown buildings that would otherwise go unused due to inaccessibility. The new refundable tax credit, modeled after the State of Vermont's highly successful downtown historic tax credit, would allow private entities with little tax liability and nonprofits alike to install these important property and life-saving devices in historic buildings.

Congress must have a meaningful debate about how we can best reform, simplify, and streamline our complicated tax system. These are just a few of the proposals I hope Congress will consider in this debate. It is time we start working to incentivize programs that stand to best help our communities, rather than protect the wealthiest among us from paying their fair share.

Mr. MCCAIN. Mr. President, I am proud to be an original cosponsor of the Good Samaritan Hunger Relief Act of 2015, which was introduced today by Senator PATRICK LEAHY and cosponsored by Senators BOB CASEY, THAD COCHRAN, DEBBIE STABENOW, and ROY BLUNT.

This bipartisan bill would benefit food banks and hunger charities around the nation. At its core, the bill would provide tax incentives for small and medium business who donate food or resources to food banks. This means restaurants, farms, and other food providers can do even more in their local communities to help fight hunger.

Speaking for my state, I can tell you that hunger is a very real problem in Arizona. Currently about one in five Arizonans live below the poverty line. In some parts of the State, one-in-four children and one-in-seven seniors live in poverty—particularly on Indian reservations where unemployment rates approach 75 percent, and in minority communities. Often these individuals are left to wonder where their next meal will come from.

I am proud that Phoenix, Arizona is home to the world's first food bank, the St. Mary's Food Bank. Since its founding in 1967, St. Mary's has grown into a leading hunger organization and has distributed more than 700 million pounds of food to people all over Arizona.

I believe this bill's projected cost to the Treasury can be offset by reducing unnecessary and wasteful agriculture subsidies. I would encourage my colleagues to look at the most recent Farm Bill that was signed into law in 2013 and is projected to cost over $996 billion over the next 10 years. It is fraught with special interest farm subsidies that we could instead reduce or terminate and use the savings to pay for the important tax incentive programs provided by this bill.

For example, the Farm Bill includes crop insurance subsidies for tobacco products, which are estimated to cost taxpayers $33 million each year. It also provides for the USDA Market Access Program, which has long been criticized by taxpayer watchdogs as a form of corporate welfare because it spends roughly $200 million annually to subsidize advertising, market research and trade shows for large corporations overseas. The Farm Bill also includes an obscure set of USDA grants that subsidizes scientific research for large agriculture operations, such as $25 million earmarked for the study of the health benefits of lima beans and peas, and $1.3 million set-aside for genome sequencing of Christmas trees. Further, it calls for the creation of a USDA Catfish Office, which I have long criticized along with the Government Accountability Office and the Obama administration for being wasteful and duplicative of FDA's catfish inspection program and will ultimately cost the American taxpayer $14 million a year. These are just a few of the many wasteful Farm Bill programs that could be eliminated to offset the estimated costs of our proposed tax incentive legislation.

I encourage my colleagues to support this legislation and consider these and other Farm Bill spending offsets as the bill moves through the legislative process.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 135—MAKING MINORITY PARTY APPOINTMENTS FOR THE 114TH CONGRESS

Mr. REID of Nevada submitted the following resolution; which was considered and agreed to:

S. RES. 135

Resolved, That the following be the minority membership on the following committee for the remainder of the 114th Congress, or until their successors are appointed:

COMMITTEE ON FOREIGN RELATIONS: Mr. Cardin, Mrs. Boxer, Mr. Menendez, Mrs. Shaheen, Mr. Coons, Mr. Udall, Mr. Murphy, Mr. Kaine, and Mr. Markey.

COMMITTEE ON SMALL BUSINESS AND ENTREPRENEURSHIP: Mrs. Shaheen, Ms. Cantwell, Mr. Cardin, Ms. Heitkamp, Mr. Markey, Mr. Booker, Mr. Coons, Ms. Hirono, Mr. Peters.

AMENDMENTS SUBMITTED AND PROPOSED

SA 1114. Mr. CORNYN proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes.

SA 1115. Mr. BENNET (for himself, Mr. BROWN, Ms. STABENOW, Mr. WYDEN, Mr. CASEY, Mr. REID, Ms. WARREN, Mr. MENENDEZ, Mr. REED, Mrs. SHAHEEN, Mr. WHITEHOUSE, Ms. BALDWIN, Mr. BLUMENTHAL, and Ms. MIKULSKI) proposed an amendment to the bill H.R. 2, supra.

SA 1116. Mr. LEE (for himself, Mr. SESSIONS, Mr. CRUZ, Mr. CRAPO, and Mr. SASSE) proposed an amendment to the bill H.R. 2, supra.

SA 1117. Mrs. MURRAY (for herself, Mr. WYDEN, Mr. BROWN, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mrs. BOXER, Ms. HIRONO, Ms. MIKULSKI, Mr. MENENDEZ, Mr. MURPHY, Mr. SANDERS, Ms. STABENOW , Mrs. SHAHEEN, Mr. FRANKEN, Mr. REID, Mr. WHITEHOUSE, Ms. CANTWELL, Ms. WARREN, and Mr. BOOKER) proposed an amendment to the bill H.R. 2, supra.

SA 1118. Mr. COTTON proposed an amendment to the bill H.R. 2, supra.

SA 1119. Mr. CARDIN (for himself, Mr. VITTER, Mr. REID, Mr. WHITEHOUSE, Ms. HIRONO, Mr. CASEY, Mrs. SHAHEEN, Mr. MENENDEZ, Ms. MIKULSKI, Mr. BROWN, Ms. STABENOW, Mr. REED, Mr. LEAHY, Ms. CANTWELL, Mr. BENNET, Mr. BOOKER, Ms. WARREN, and Ms. KLOBUCHAR) proposed an amendment to the bill H.R. 2, supra.

SA 1120. Mr. MCCONNELL (for Mr. CORNYN) proposed an amendment to the bill S. 178, to provide justice for the victims of trafficking.

TEXT OF AMENDMENTS

SA 1114. Mr. CORNYN proposed an amendment to the bill H.R. 2, to amend

title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

At the appropriate place, insert the following:

SEC. ___. RESTORING INDIVIDUAL LIBERTY.

Sections 1501 and 1502 and subsections (a), (b), (c), and (d) of section 10106 of the Patient Protection and Affordable Care Act (and the amendments made by such sections and subsections) are repealed and the Internal Revenue Code of 1986 shall be applied and administered as if such provisions and amendments had never been enacted.

SA 1115. Mr. BENNET (for himself, Ms. WARREN, Mr. MENENDEZ, Mr. REED, Mrs. SHAHEEN, Mr. WHITEHOUSE, Ms. BALDWIN, Mr. BLUMENTHAL, and Ms. MIKULSKI) proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

Strike sections 301 through 304, and insert the following:

SEC. 301. 4-YEAR EXTENSION OF THE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) FUNDING.—

(1) IN GENERAL.—Section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) is amended—

(A) in paragraph (17), by striking ''and'' at the end; and

(B) by striking paragraph (18) and inserting the following new paragraphs:

''(18) for fiscal year 2015, $21,061,000,000;

''(19) for fiscal year 2016, $19,300,000,000;

''(20) for fiscal year 2017, $20,300,000,000;

''(21) for fiscal year 2018, $21,300,000,000; and

''(22) for fiscal year 2019, for purposes of making 2 semi-annual allotments—

''(A) $2,850,000,000 for the period beginning on October 1, 2018, and ending on March 31, 2019; and

''(B) $2,850,000,000 for the period beginning on April 1, 2019, and ending on September 30, 2019.''.

(2) PREVENTION OF DUPLICATE APPROPRIATIONS FOR FISCAL YEAR 2015.—Notwithstanding any other provision of law, insofar as funds have been appropriated under subsection (a)(18) or (m) of section 2104 of the Social Security Act (42 U.S.C. 1397dd), or under section 108 of the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111–3), as such subsections and section are in effect on the day before the date of the enactment of this Act, to provide allotments to States under the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.) (whether implemented under title XIX, XXI, or both, of the Social Security Act) for fiscal year 2015—

(A) any amounts that are so appropriated that are not so allotted and obligated before the date of the enactment of this Act, are rescinded; and

(B) any amount provided for CHIP allotments to a State under this section (and the amendments made by this section) for such fiscal year shall be reduced by the amount of such appropriations so allotted and obligated before such date.

(b) ALLOTMENTS.—

(1) IN GENERAL.—Section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) is amended—

(A) in the subsection heading, by striking ''THROUGH 2015'' and inserting ''AND THEREAFTER'';

(B) in paragraph (2)—

(i) in the paragraph heading, by striking ''2014'' and inserting ''2018''; and

(ii) by striking subparagraph (B) and inserting the following new subparagraph:

''(B) FISCAL YEAR 2013 THROUGH 2018.—Subject to paragraphs (4) and (6), from the amount made available under paragraphs (16) through (21) of subsection (a) for each of fiscal years 2013 through 2018, respectively, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for each such fiscal year as follows:

''(i) REBASING IN FISCAL YEAR 2013 AND EACH SUCCEEDING ODD-NUMBERED FISCAL YEAR.—For fiscal year 2013 and each succeeding odd-numbered fiscal year, the allotment of the State is equal to the Federal payments to the State that are attributable to (and countable toward) the total amount of allotments available under this section to the State in the preceding fiscal year (including payments made to the State under subsection (n) for such preceding fiscal year as well as amounts redistributed to the State in such preceding fiscal year), multiplied by the allotment increase factor under paragraph (5) for such odd-numbered fiscal year.

''(ii) GROWTH FACTOR UPDATE FOR FISCAL YEAR 2014 AND EACH SUCCEEDING EVEN-NUMBERED FISCAL YEAR.—Except as provided in clause (iii), for fiscal year 2014 and each succeeding even-numbered fiscal year, the allotment of the State is equal to the sum of—

''(I) the amount of the State allotment under clause (i) for the preceding fiscal year; and

''(II) the amount of any payments made to the State under subsection (n) for such preceding fiscal year,

multiplied by the allotment increase factor under paragraph (5) for such even-numbered fiscal year.

''(iii) SPECIAL RULE FOR FISCAL YEAR 2016.—For fiscal year 2016, the allotment of the State is equal to the Federal payments to the State that are attributable to (and countable toward) the total amount of allotments available under this section to the State in the preceding fiscal year (including payments made to the State under subsection (n) for such preceding fiscal year as well as amounts redistributed to the State in such preceding fiscal year), but determined as if the last two sentences of section 2105(b) were in effect in such preceding fiscal year and then multiplying the result by the allotment increase factor under paragraph (5) for fiscal year 2016.'';

(C) in paragraph (3)—

(i) in the heading, by striking ''2015''and inserting ''2019'';

(ii) in subparagraph (A)—

(I) by striking ''paragraph (18)'' and inserting ''paragraph (22)''; and

(II) by striking ''section 108 of the Children's Health Insurance Program Reauthorization Act of 2009'' and inserting ''section 301(b)(2) of the Medicare Access and CHIP Reauthorization Act of 2015'';

(iii) in subparagraph (B), by striking ''paragraph (18)'' and inserting ''paragraph (22)'';

(iv) in subparagraph (C)—

(I) by striking ''2014'' each place it appears and inserting ''2018''; and

(II) by striking ''2015'' and inserting ''2019''; and

(v) in subparagraph (D)—

(I) in clause (i)—

(aa) in subclause (I), by striking ''subsection (a)(18)(A)'' and inserting ''subsection (a)(22)(A)''; and

(bb) in subclause (II), by striking ''section 108 of the Children's Health Insurance Program Reauthorization Act of 2009'' and inserting ''section 301(b)(2) of the Medicare Access and CHIP Reauthorization Act of 2015''; and

(II) in clause (ii)(II), by striking ''subsection (a)(18)(B)'' and inserting ''subsection (a)(22)(B)'';

(D) in paragraph (4), by striking ''2015'' and inserting ''2019'';

(E) in paragraph (6)—

(i) in subparagraph (A), by striking ''2015'' and inserting ''2019''; and

(ii) in the second sentence, by striking ''or fiscal year 2014'' and inserting ''fiscal year 2014, fiscal year 2016, or fiscal year 2018''; and

(F) in paragraph (8)—

(i) in the paragraph heading, by striking ''2015'' and inserting ''2019''; and

(ii) by striking ''for a period in fiscal year 2015'' and inserting ''for a period in fiscal year 2019''.

(2) ONE-TIME APPROPRIATION FOR FISCAL YEAR 2019.—There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, $16,700,000,000 to accompany the allotment made for the period beginning on October 1, 2018, and ending on March 31, 2019, under section 2104(a)(22)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(22)(A)) (as added by subsection (a)(1)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of such Act (42 U.S.C. 1397dd(m)) (as amended by paragraph (1)(C)) for the first 6 months of fiscal year 2019 in the same manner as allotments are provided under subsection (a)(22)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(22)(A).

(c) CHILD ENROLLMENT CONTINGENCY FUND.—

(1) IN GENERAL.—Section 2104(n) of the Social Security Act (42 U.S.C. 1397dd(n)) is amended—

(A) in paragraph (2)—

(i) in subparagraph (A)—

(I) in the matter preceding clause (i), by striking ''and (D)'' and inserting '', (D), and (E)''; and

(II) by striking clause (ii) and inserting the following:

''(ii) for each of—

''(I) fiscal years 2010 through 2014, such sums as are necessary for making payments to eligible States for such fiscal year, but not in excess of the aggregate cap described in subparagraph (B); and

''(II) fiscal years 2015 through 2018 (and for each of the semi-annual allotment periods for fiscal year 2019), such sums as are necessary for making payments to eligible States for such fiscal year or period.''; and

(ii) by striking subparagraph (B) and inserting the following:

''(B) AGGREGATE CAP.—The total amount available for payment from the Fund for each of fiscal years 2010 through 2014, taking into account deposits made under subparagraph (C), shall not exceed 20 percent of the amount made available under subsection (a) for the fiscal year. In the case of fiscal years 2015 through 2018 (and for each of the semi-annual allotment periods for fiscal year 2019), there shall be no limit on the amount available for payment from the Fund.'';

(iii) in subparagraph (D)—

(I) by inserting ''before fiscal year 2015'' after ''fiscal year or period''; and

(II) by striking ''for any succeeding fiscal year''; and

(iv) by adding at the end the following subparagraph:

''(E) TRANSFERS.—Notwithstanding any other provision of this title, the following amounts shall also be available, without fiscal year limitation, for making payments from the Fund:

''(i) UNOBLIGATED NATIONAL ALLOTMENT FOR FISCAL YEARS BEGINNING WITH FISCAL YEAR 2014.—

''(I) FISCAL YEAR 2014 ALLOTMENT.—As of December 31 of fiscal year 2015, the portion, if any, of the amount appropriated under subsection (a) for fiscal year 2014 that is unobligated for allotment to a State under subsection (m) for such fiscal year.

''(II) SUCCEEDING FISCAL YEAR ALLOTMENTS.—As of December 31 of fiscal year 2016, and each succeeding fiscal year, the portion, if any, of the amount appropriated under subsection (a) for the preceding fiscal year that is unobligated for allotment to a State under subsection (m) for such preceding fiscal year.

''(ii) UNEXPENDED ALLOTMENTS NOT USED FOR REDISTRIBUTION.—As of December 31 of fiscal year 2015, and as of November 15 of each succeeding fiscal year, the total amount of allotments made to States under subsection (a) for the second preceding fiscal year that is not expended or redistributed under subsection (f) during the period in which such allotments are available for obligation.

''(iii) UNEXPENDED PERFORMANCE INCENTIVE FUNDS.—As of January 1, 2016, and as of January 1 of each succeeding calendar year, the portion, if any, of the amount appropriated under section 2105(a)(3)(E)(iii) for the preceding fiscal year that is not expended or obligated under such section.''; and

(B) in paragraph (3)—

(i) in subparagraph (A)—

(I) by redesignating clauses (i) and (ii) as subclauses (I) and (II), respectively, and realigning the left margins accordingly;

(II) by striking ''If a State's'' and all that follows through ''2015,'' and inserting the following:

''(i) FOR FISCAL YEARS 2009 THROUGH 2014.—If a State's expenditures under this title in fiscal year 2009, fiscal year 2010, fiscal year 2011, fiscal year 2012, fiscal year 2013, or fiscal year 2014'';

(III) by striking ''or period'' each place it appears;

(IV) in subclause (II) (as so redesignated), by striking ''(or in which the period occurs)''; and

(V) by adding at the end the following clause:

''(ii) FOR FISCAL YEARS AFTER 2014.—

''(I) IN GENERAL.—For each of fiscal years 2015 through 2018 (and for each of the semi-annual allotment periods for fiscal year 2019), if the Secretary determines that a State is a shortfall State described in subclause (II) for that fiscal year or period, the Secretary shall pay to the State from the Fund, in addition to any other payments made to the State under this title for the fiscal year or period, an amount equal to the amount described in subclause (III).

''(II) SHORTFALL STATES DESCRIBED.—For purposes of this clause, with respect to a fiscal year or semi-annual allotment period, a shortfall State is a State for which the Secretary estimates, on the basis of the most recent data available to the Secretary, that the projected expenditures for the State and fiscal year or period under this title (including in the form of coverage described in paragraph (1) or (2) of section 2101, or both) will exceed the sum of—

''(aa) the amount of the State's allotments for any preceding fiscal year that remains available for expenditure and that will not be expended by the end of the immediately preceding fiscal year;

''(bb) the amount (if any) that will be redistributed to the State under subsection (f) for the fiscal year or period;

''(cc) the amount (if any) to be paid to the State in the first quarter of the fiscal year under section 2105(a)(3); and

''(dd) the amount of the State's allotment for the fiscal year or period.

''(III) AMOUNT DESCRIBED.—With respect to a State and fiscal year or period, the amount described in this subclause is equal to the amount by which the projected expenditures for the State under this title for the fiscal year or period (estimated by the Secretary on the basis of the most recent data available to the Secretary) exceed the sum determined under subclause (II) for the State and fiscal year or period.

''(IV) RETROSPECTIVE ADJUSTMENT.—The Secretary may adjust the determinations made under this clause with respect to a State and fiscal year or period as necessary on the basis of the amounts reported by States not later than November 30 of the succeeding fiscal year, as approved by the Secretary.'';

(ii) in subparagraph (B)(ii), by striking ''(or semi-annual period occurring in a fiscal year)'';

(iii) in subparagraph (C)—

(I) in the matter preceding clause (i), by striking ''subparagraph (A)(ii)'' and inserting ''subparagraph (A)(i)(II)''; and

(II) in clause (ii), by striking ''(or semi-annual period occurring in a fiscal year)''; and

(iv) in subparagraph (G), by inserting ''the expenditures under the State child health plan and'' after ''regarding''.

(2) CONFORMING AMENDMENT.—Section 2104(f)(2)(A)(ii) of the Social Security Act (42 U.S.C. 13957dd(f)(2)(A)(ii)) is amended by inserting ''only in the case of a fiscal year before fiscal year 2015,'' before ''the amount''.

(d) EXTENSION AND UPDATE OF PERFORMANCE INCENTIVE PAYMENTS.—

(1) EXTENSION THROUGH FISCAL YEAR 2019.—Section 2105(a)(3) of the Social Security Act (42 U.S.C. 1397ee(a)(3)) is amended—

(A) in subparagraph (A)—

(i) by striking ''2013'' and inserting ''2019''; and

(ii) in the second sentence, by inserting '', except that payment under this paragraph may be made to a State for fiscal year 2014 as a single payment not later than December 31, 2015'' before the period;

(B) in subparagraph (E)—

(i) in clause (ii)—

(I) by striking subclause (I) and inserting the following:

''(I) UNOBLIGATED NATIONAL ALLOTMENT FOR FISCAL YEARS 2009 THROUGH 2013.—As of December 31 of fiscal year 2009, and as of December 31 of each succeeding fiscal year through fiscal year 2013, the portion, if any, of the amount appropriated under section 2104(a) for such fiscal year that is unobligated for allotment to a State under section 2104(m) for such fiscal year or set aside under subsection (a)(3) or (b)(2) of section 2111 for such fiscal year.'';

(II) in subclause (III), by striking ''2013'' and inserting ''2014'';

(ii) by redesignating clause (iii) as clause (iv); and

(iii) by inserting after clause (ii) the following new clause:

''(iii) APPROPRIATION FOR FISCAL YEARS 2015 THROUGH 2019.—Out of any money in the Treasury not otherwise appropriated, there are appropriated $500,000,000 for each of fiscal years 2015 through 2019 for making payments under this paragraph. Amounts appropriated for a fiscal year under this clause shall remain available for making payments under this paragraph until January 1 of the following fiscal year. Any amounts of such appropriations that remain unexpended or unobligated as of such date shall be transferred and made available for making payments under section 2104(n).''; and

(C) in subparagraph (F)(iii), by striking ''2013'' and inserting ''2019''.

(2) UPDATED PERFORMANCE INCENTIVE CRITERIA FOR FISCAL YEARS 2015 THROUGH 2019.—Section 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a)) is amended—

(A) in paragraph (3)(A), by inserting ''or (5)'' after ''paragraph (4)'';

(B) in paragraph (4)—

(i) in the heading, by inserting ''FISCAL YEARS 2009 THROUGH 2014'' after ''FOR CHILDREN''; and

(ii) in the matter preceding subparagraph (A), by striking ''for a fiscal year if'' and inserting ''for fiscal years 2009 through 2014 if''; and

(C) by adding at the end the following new paragraph:

''(5) ENROLLMENT AND RETENTION PROVISIONS FOR CHILDREN FOR FISCAL YEAR 2015 AND SUCCEEDING FISCAL YEARS.—

''(A) IN GENERAL.—For purposes of paragraph (3)(A), a State meets the condition of this paragraph for fiscal year 2015 and any succeeding fiscal year if it is implementing at least 4 of the enrollment and retention provisions specified in subparagraph (B) (treating each clause as a separate enrollment and retention provision) throughout the entire fiscal year.

''(B) ENROLLMENT AND RETENTION PROVISIONS.—The enrollment and retention provisions specified in this subparagraph are the following:

''(i) CONTINUOUS ELIGIBILITY.—The State has elected the option of continuous eligibility for a full 12 months for all children described in section 1902(e)(12) under title XIX under 19 years of age, as well as applying such policy under its State child health plan under this title.

''(ii) EXPRESS LANE ELIGIBILITY.—The State is implementing the option described in section 1902(e)(13) under title XIX as well as, pursuant to section 2107(e)(1), under this title.

''(iii) PRESUMPTIVE ELIGIBILITY.—The State provides medical assistance to children during a presumptive eligibility period by implementing section 1920A under title XIX as well as, pursuant to section 2107(e)(1), under this title, and ensures that such period begins with the determination by any qualified entity that the family income of the child does not exceed the applicable level of income eligibility under the State plan. A State shall not satisfy this provision if the only type of entity recognized by the State as a qualified entity is a hospital that has elected to be a qualified entity under section 1902(a)(47)(B).

''(iv) PREMIUM ASSISTANCE FOR EMPLOYER-SPONSORED PLANS.—The State has opted to offer a premium assistance subsidy for qualified employer-sponsored coverage by implementing section 1906A under title XIX or the option described in section 2105(c)(10) under this title.

''(v) ELIMINATION OF WAITING PERIODS.—The State does not impose a waiting period for coverage of any individual under the State child health plan and ensures that no waiting period applies in the case of coverage provided to any individual eligible for coverage under the State child health plan through coverage purchased by the State under section 2105(c)(3) or employer-sponsored coverage subsidized by the State under section 1906A of title XIX or section 2105(c)(10) of this title.

''(vi) AUTOMATED TRACKING OF COST SHARING OR LOWER CAP ON COST SHARING.—In the

case of a State child health plan that imposes premiums, deductibles, cost sharing, or similar charges that could (as determined by the Secretary) cause families that include an individual receiving assistance under the plan to have out-of-pocket expenses that exceed the limit imposed under section 2103(e)(3)(B), the State has either—

''(I) established, or, in the case of a State child health plan that provides child health assistance through managed care entities or organizations, required such entities or organizations to coordinate with the State agency responsible for implementing the State child health plan under this title in establishing—

''(aa) an electronic process for tracking such expenses that does not rely on documentation provided by the individual or the family; and

''(bb) a system for notifying each such family of the aggregate monthly or quarterly limits on out-of-pocket expenses applicable to the family under section 2103(e)(3)(B) and explaining to each such family that no such expenses shall be imposed on any individual in the family for the remainder of any month or quarter with respect to which the family has reached the applicable aggregate monthly or quarterly family limit imposed under such section; or

''(II) elected to eliminate deductibles, copayments, coinsurance, or other forms of cost-sharing (other than premiums) imposed under this title with respect to any individual receiving coverage under the State child health plan.

''(vii) REAL-TIME ELIGIBILITY DETERMINATIONS THROUGH THE USE OF ENHANCED DATA SOURCES.—With respect to applications and renewals for medical assistance under title XIX or child health assistance under this title for a fiscal year, the State meets the following criteria for all income determinations made using modified adjusted gross income under section 1902(e)(14)(A):

''(I) The State relies on enhanced data sources (which may include, but shall not be limited to, the data sources available under section 1137 or the federal Data Services Hub) to make the determinations.

''(II) In the case of initial applications, the State makes at least 50 percent of the determinations within 24 hours of receiving the application. If a State successfully makes the required minimum percentage of timely determinations for a fiscal year, such State shall not receive credit for meeting this provision in any subsequent fiscal year unless the State makes a percentage of timely income determinations that is at least 5 percentage points higher (or, if at least 75 percent of the State's determinations in a previous fiscal year were timely, 1 percentage point higher) than the percentage that the State achieved in the last fiscal year in which the State received credit for meeting this provision.

''(III) In the case of renewals, the State makes at least 50 percent of the determinations within 24 hours of receiving the renewal. If a State successfully makes the required minimum percentage of timely determinations for a fiscal year, such State shall not receive credit for meeting this provision in any subsequent fiscal year unless the State makes a percentage of timely income determinations that is at least 5 percentage points higher (or, if at least 75 percent of the State's determinations in a previous fiscal year were timely, 1 percentage point higher) than the percentage that the State achieved in the last fiscal year in which the State received credit for meeting this provision.

''(viii) ELIMINATION OF PREMIUMS OR RETROACTIVE REINSTATEMENT UPON PREMIUM PAYMENT.—The State has elected to either—

''(I) impose no premiums for coverage under the State child health plan; or

''(II) in the case of an individual whose coverage under the State child health plan has been terminated for failure to make premium payments, provide assistance to such individual for purposes of immediate reenrollment of the individual upon payment of outstanding premiums, with coverage retroactive to the beginning of the most recent month for which an outstanding premium has been paid, and shall not impose any waiting period or fee as a condition of such reenrollment.''.

(e) EXTENSION OF QUALIFYING STATES OPTION.—Section 2105(g)(4) of the Social Security Act (42 U.S.C. 1397ee(g)(4)) is amended—

(1) in the paragraph heading, by striking ''2015'' and inserting ''2019''; and

(2) in subparagraph (A), by striking ''2015'' and inserting ''2019''.

(f) EXTENSION OF CERTAIN PROGRAMS AND DEMONSTRATION PROJECTS.—

(1) QUALITY CARE FOR CHILDREN DEMONSTRATION PROJECT.—Section 1139A(d)(1) of the Social Security Act (42 U.S.C. 1320b–9a(d)(1)) is amended in the matter before subparagraph (A) by inserting '', and during the period of fiscal years 2016 through 2019, the Secretary shall award not more than 10 grants,'' before ''to States''.

(2) CHILDHOOD OBESITY DEMONSTRATION PROJECT.—Section 1139A(e)(8) of the Social Security Act (42 U.S.C. 1320b–9a(e)(8)) is amended by inserting '', and $25,000,000 for the period of fiscal years 2015 though 2019'' after ''2014''.

(3) PEDIATRIC QUALITY MEASURES PROGRAM.—Section 1139A(i) of the Social Security Act (42 U.S.C. 1320b–9a(i)) is amended in the first sentence by inserting before the period at the end the following: '', and there is appropriated for each of fiscal years 2016 through 2019, $45,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g)).''.

(4) OUTREACH AND ENROLLMENT GRANTS; NATIONAL CAMPAIGN.—Section 2113 of the Social Security Act (42 U.S.C. 1397mm) is amended—

(A) in subsection (a)(1), by striking ''2015'' and inserting ''2019''; and

(B) in subsection (g), by inserting '', and $80,000,000 for the period of fiscal years 2016 through 2019, to remain available until expended,'' after ''2015''.

(g) EXPRESS LANE ELIGIBILITY.—Section 1902(e)(13)(I) of the Social Security Act (42 U.S.C. 1396a(e)(13)(I)) is amended by striking ''September 30, 2015'' and inserting ''September 30, 2019''.

(h) AUTHORITY TO USE INCOME DETERMINATION MADE UNDER CERTAIN PROGRAMS.—Section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14)) is amended—

(1) in subparagraph (A), in the first sentence, by striking ''subparagraph (D)'' and inserting ''subparagraphs (D) and (J)''; and

(2) by adding at the end the following new subparagraph:

''(J) USE OF INCOME DETERMINATION MADE UNDER CERTAIN OTHER PROGRAMS.—

''(i) IN GENERAL.—For purposes of determining income eligibility for medical assistance under the State plan or under any waiver of such plan, a State may use a determination of income made by—

''(I) the State program funded under part A of title IV; or

''(II) the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008.

''(ii) SUNSET.—Clause (i) shall not apply after September 30, 2019.''.

SA 1116. Mr. LEE (for himself, Mr. SESSIONS, Mr. CRUZ, Mr. CRAPO, and Mr. SASSE) proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

On page 261, strike line 21 and all that follows through page 262, line 4.

SA 1117. Mrs. MURRAY (for herself, Mr. WYDEN, Mr. BROWN, Ms. BALDWIN, Mr. BENNET, Mr. BLUMENTHAL, Mrs. BOXER, Ms. HIRONO, Ms. MIKULSKI, Mr. MENENDEZ, Mr. MURPHY, Mr. SANDERS, Ms. STABENOW, Mrs. SHAHEEN, Mr. FRANKEN, Mr. REID, Mr. WHITEHOUSE, Ms. CANTWELL, Ms. WARREN, and Mr. BOOKER) proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

At the appropriate place, insert the following:

TITLE ___—WOMEN'S ACCESS TO QUALITY HEALTH CARE

SEC. _01. SHORT TITLE.

This title may be cited as the ''Women's Access to Quality Health Care Act''.

SEC. _02. RENEWAL OF APPLICATION OF MEDICARE PAYMENT RATE FLOOR TO PRIMARY CARE SERVICES FURNISHED UNDER MEDICAID AND INCLUSION OF ADDITIONAL PROVIDERS.

(a) RENEWAL OF PAYMENT FLOOR; ADDITIONAL PROVIDERS.—

(1) IN GENERAL.—Section 1902(a)(13) of the Social Security Act (42 U.S.C. 1396a(a)(13)) is amended by striking subparagraph (C) and inserting the following:

''(C) payment for primary care services (as defined in subsection (jj)) at a rate that is not less than 100 percent of the payment rate that applies to such services and physician under part B of title XVIII (or, if greater, the payment rate that would be applicable under such part if the conversion factor under section 1848(d) for the year involved were the conversion factor under such section for 2009), and that is not less than the rate that would otherwise apply to such services under this title if the rate were determined without regard to this subparagraph, and that are—

''(i) furnished on or after January 1, 2013, and before January 1, 2015, by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine; or

''(ii) furnished on or after January 1, 2015, and before January 1, 2017—

''(I) by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine, but only if the physician self-attests that the physician is Board certified in family medicine, general internal medicine, or pediatric medicine;

''(II) by a physician with a primary specialty designation of obstetrics and gynecology, but only if the physician self-attests that the physician is Board certified in obstetrics and gynecology;

''(III) by an advanced practice clinician, as defined by the Secretary, that works under the supervision of—

''(aa) a physician that satisfies the criteria specified in subclause (I) or (II); or

''(bb) a nurse practitioner or a physician assistant (as such terms are defined in section 1861(aa)(5)(A)) who is working in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) who is working in accordance with State law;

''(IV) by a rural health clinic, Federally-qualified health center, or other health clinic that receives reimbursement on a fee schedule applicable to a physician, a nurse practitioner or a physician assistant (as such terms are defined in section 1861(aa)(5)(A)) who is working in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) who is working in accordance with State law, for services furnished by a physician, nurse practitioner, physician assistant, or certified nurse-midwife, or services furnished by an advanced practice clinician supervised by a physician described in subclause (I)(aa) or (II)(aa), another advanced practice clinician, or a certified nurse-midwife; or

''(V) by a nurse practitioner or a physician assistant (as such terms are defined in section 1861(aa)(5)(A)) who is working in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) who is working in accordance with State law, in accordance with procedures that ensure that the portion of the payment for such services that the nurse practitioner, physician assistant, or certified nurse-midwife is paid is not less than the amount that the nurse practitioner, physician assistant, or certified nurse-midwife would be paid if the services were provided under part B of title XVIII;''.

(2) CONFORMING AMENDMENT.—Section 1905(dd) of the Social Security Act (42 U.S.C. 1396d(dd)) is amended by striking ''January 1, 2015'' and inserting ''January 1, 2017''.

(b) ENSURING PAYMENT BY MANAGED CARE ENTITIES.—

(1) IN GENERAL.—Section 1903(m)(2)(A) of the Social Security Act (42 U.S.C. 1396b(m)(2)(A)) is amended—

(A) in clause (xii), by striking ''and'' after the semicolon;

(B) by realigning the left margin of clause (xiii) so as to align with the left margin of clause (xii) and by striking the period at the end of clause (xiii) and inserting ''; and''; and

(C) by inserting after clause (xiii) the following:

''(xiv) such contract provides that (I) payments to providers specified in section 1902(a)(13)(C) for primary care services defined in section 1902(jj) that are furnished during a period specified in section 1902(a)(13)(C) and section 1905(dd) are at least equal to the amounts set forth and required by the Secretary by regulation, (II) the entity shall, upon request, provide documentation to the State, sufficient to enable the State and the Secretary to ensure compliance with subclause (I), and (III) the Secretary shall approve payments described in subclause (I) that are furnished through an agreed upon capitation, partial capitation, or other value-based payment arrangement if the capitation, partial capitation, or other value-based payment arrangement is based on a reasonable methodology and the entity provides documentation to the State sufficient to enable the State and the Secretary to ensure compliance with subclause (I).''.

(2) CONFORMING AMENDMENT.—Section 1932(f) of the Social Security Act (42 U.S.C. 1396u–2(f)) is amended by inserting ''and clause (xiv) of section 1903(m)(2)(A)'' before the period.

SEC. __03. INCREASING ACCESS TO SAFETY-NET PROVIDERS.

Title X of the Public Health Service Act (42 U.S.C. 300 et seq.) is amended by inserting after section 1003 the following:

''SEC. 1003A. GRANTS FOR FACILITIES IMPROVEMENTS.

''(a) IN GENERAL.—The Secretary is authorized to award grants to, and enter into contracts with, public or nonprofit private entities to plan, develop, or make improvements to facilities carrying out family planning service projects, and to expand preventive health services, under section 1001.

''(b) FUNDING.—There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, $500,000,000 for each of fiscal years 2016 through 2019, to enable the Secretary to expand access to family planning services and to provide enhanced funding for the family planning program under section 1001.''.

SEC. __04. STRENGTHENING AND IMPROVING COMMUNITY HEALTH CENTERS, THE NATIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH CENTERS.

(a) IN GENERAL.—The Medicare Access and CHIP Reauthorization Act of 2015 is amended by striking section 221.

(b) FUNDING FOR COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS.—

(1) COMMUNITY HEALTH CENTERS.—Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(1)(E)) is amended by striking ''for fiscal year 2015'' and inserting ''for each of fiscal years 2015 through 2019''.

(2) NATIONAL HEALTH SERVICE CORPS.—Section 10503(b)(2)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b-2(b)(2)(E)) is amended by striking ''for fiscal year 2015'' and inserting ''for each of fiscal years 2015 through 2019''.

(c) EXTENSION OF TEACHING HEALTH CENTERS PROGRAM.—Section 340H(g) of the Public Health Service Act (42 U.S.C. 256h(g)) is amended by inserting '', and $100,000,000 for each of fiscal years 2016 through 2019'' before the period.

SEC. __05. INVESTING IN PRIMARY CARE, NURSE PRACTITIONERS.

Part B of title VIII of the Public Health Service Act (42 U.S.C. 296j et seq.) is amended by adding at the end the following:

''SEC. 812. DEMONSTRATION GRANTS FOR NURSE PRACTITIONER TRAINING PROGRAM.

''(a) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a demonstration program (referred to in this section as the 'program') to award grants to eligible entities for the training of nurse practitioners specializing in women's health care for careers as providers in health centers that receive assistance under title X (referred to in this section as 'health centers').

''(b) PURPOSE.—The purpose of the program is to enable each grant recipient to—

''(1) provide new nurse practitioners with clinical training to enable such practitioners to serve as providers in health centers;

''(2) train new nurse practitioners to work under a model of care that is consistent with the principles set forth by the Report Providing Quality Family Planning Services of the Centers for Disease Control and Prevention; and

''(3) establish a model of training for nurse practitioners that specialize in women's health care that may be replicated nationwide.

''(c) GRANTS.—Under the program, the Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary, for the purpose of operating the nurse practitioner programs described in subsection (a) at such entities.

''(d) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall be—

''(1) a health center that receives funding under section 1001; and

''(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(e) ELIGIBILITY OF NURSE PRACTITIONERS.—

''(1) IN GENERAL.—To be eligible for acceptance into a training program carried out by an eligible entity under a grant under this section, an individual shall—

''(A) be licensed, or eligible for licensure, in the State in which the program is being carried out as an advanced practice registered nurse or advanced practice nurse and be eligible or board-certified as a nurse practitioner; and

''(B) demonstrate commitment to a career as a provider in a health center.

''(2) PREFERENCE.—In accepting individuals into a training program under this section, a grant recipient shall give preference to bilingual applicants that meet the requirements described in paragraph (1).

''(f) GRANT AMOUNT.—Each grant awarded under this section shall be in an amount not to exceed $600,000 per year. A grant recipient may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary.

''(g) TECHNICAL ASSISTANCE GRANTS.—The Secretary may award technical assistance grants to 1 or more health centers that have demonstrated expertise in establishing a nurse practitioner residency training program. Such technical assistance grants shall be for the purpose of providing technical assistance to other recipients of grants under subsection (c).

''(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $10,000,000 for each of fiscal years 2016 through 2019.''.

SA 1118. Mr. COTTON proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

Beginning on page 5, strike line 22 and all that follows through page 127, line 6, and insert the following:

(2) UPDATE OF RATES FOR 2015 AND SUBSEQUENT YEARS.—Subsection (d) of section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended by striking paragraph (16) and inserting the following new paragraphs:

''(16) UPDATE FOR JANUARY THROUGH JUNE OF 2015.—Subject to paragraphs (7)(B), (8)(B), (9)(B), (10)(B), (11)(B), (12)(B), (13)(B), (14)(B), and (15)(B), in lieu of the update to the single conversion factor established in paragraph (1)(C) that would otherwise apply for 2015 for the period beginning on January 1, 2015, and ending on June 30, 2015, the update to the single conversion factor shall be 0.0 percent.

''(17) UPDATE FOR JULY THROUGH DECEMBER OF 2015.—The update to the single conversion factor established in paragraph (1)(C) for the period beginning on July 1, 2015, and ending on December 31, 2015, shall be 0.5 percent.

''(18) UPDATE FOR 2016 AND SUBSEQUENT YEARS.—The update to the single conversion factor established in paragraph (1)(C) for 2016 and each subsequent year shall be 0.5 percent.''.

SA 1119. Mr. CARDIN (for himself, Mr. VITTER, Mr. REID, Mr. WHITEHOUSE, Ms. HIRONO, Mr. CASEY, Mrs. SHAHEEN, Mr. MENENDEZ, Ms. MIKULSKI, Mr. BROWN, Ms. STABENOW, Mr. REED, Mr.

LEAHY, Ms. CANTWELL, Mr. BENNET, Mr. BOOKER, Ms. WARREN, and Ms. KLOBUCHAR) proposed an amendment to the bill H.R. 2, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes; as follows:

Strike section 202 and insert the following:

SEC. ___. MEDICARE PAYMENT FOR THERAPY SERVICES.

(a) REPEAL OF THERAPY CAP AND 1-YEAR EXTENSION OF THRESHOLD FOR MANUAL MEDICAL REVIEW.—Section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)) is amended—

(1) in paragraph (4)—

(A) by striking ''This subsection'' and inserting ''Except as provided in paragraph (5)(C)(iii), this subsection''; and

(B) by inserting the following before the period at the end: ''or with respect to services furnished on or after the date of enactment of subsection (aa)''; and

(2) in paragraph (5)—

(A) in subparagraph (A), in the first sentence, by striking ''March 31, 2015'' and inserting ''the date of enactment of the Medicare Access and CHIP Reauthorization Act of 2015''; and

(B) in subparagraph (C), by adding at the end the following new clause:

''(iii) Beginning on the date of enactment of subsection (aa) and ending on the day before the date of the implementation of such subsection, the manual medical review process described in clause (i), subject to subparagraph (E), shall apply with respect to expenses incurred in a year for services described in paragraphs (1) and (3) (including services described in subsection (a)(8)(B)) that exceed the threshold described in clause (ii) for the year.''; and

(3) in paragraph (6)(A)—

(A) by striking ''March 31, 2015'' and inserting ''the date of enactment of the Medicare Access and CHIP Reauthorization Act of 2015''; and

(B) by striking ''the first three months of 2015'' and inserting ''the period beginning on January 1, 2015, and ending on such date of enactment''.

(b) TARGETED REVIEWS UNDER MANUAL MEDICAL REVIEW PROCESS FOR OUTPATIENT THERAPY SERVICES.—

(1) IN GENERAL.—Section 1833(g)(5) of the Social Security Act (42 U.S.C. 1395l(g)(5)) is amended—

(A) in subparagraph (C)(i), by inserting '', subject to subparagraph (E),'' after ''manual medical review process that''; and

(B) by adding at the end the following new subparagraph:

''(E)(i) In place of the manual medical review process under subparagraph (C)(i), the Secretary shall implement a process for medical review under this subparagraph under which the Secretary shall identify and conduct medical review for services described in subparagraph (C)(i) furnished by a provider of services or supplier (in this subparagraph referred to as a 'therapy provider') using such factors as the Secretary determines to be appropriate.

''(ii) Such factors may include the following:

''(I) The therapy provider has had a high claims denial percentage for therapy services under this part or is less compliant with applicable requirements under this title.

''(II) The therapy provider has a pattern of billing for therapy services under this part that is aberrant compared to peers or otherwise has questionable billing practices for such services, such as billing medically unlikely units of services in a day.

''(III) The therapy provider is newly enrolled under this title or has not previously furnished therapy services under this part.

''(IV) The services are furnished to treat a type of medical condition.

''(V) The therapy provider is part of a group that includes another therapy provider identified using the factors determined under this subparagraph.

''(iii) For purposes of carrying out this subparagraph, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $5,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for fiscal years 2015 and 2016, to remain available until expended. Such funds may not be used by a contractor under section 1893(h) for medical reviews under this subparagraph.''.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to requests described in section 1833(g)(5)(C)(i) of the Social Security Act (42 U.S.C. 1395l(g)(5)(C)(i)) with respect to which the Secretary of Health and Human Services has not conducted medical review under such section by a date (not later than 90 days after the date of the enactment of this Act) specified by the Secretary.

(c) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—

(1) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended by adding at the end the following new subsection:

''(aa) MEDICAL REVIEW OF OUTPATIENT THERAPY SERVICES.—

''(1) IN GENERAL.—

''(A) PROCESS FOR MEDICAL REVIEW.—The Secretary shall implement a process for the medical review (as described in paragraph (2)) of outpatient therapy services (as defined in paragraph (10)) and, subject to paragraph (12), apply such process to such services furnished on or after the date that is 12 months after the date of enactment of this subsection, focusing on services identified under subparagraph (B).

''(B) IDENTIFICATION OF SERVICES FOR REVIEW.—Under the process, the Secretary shall identify services for medical review, using such factors as the Secretary determines appropriate, which may include the following:

''(i) Services furnished by a therapy provider (as defined in paragraph (10)) who, in a prior period, has had a high claims denial percentage or is less compliant with other applicable requirements under this title.

''(ii) Services furnished by a therapy provider whose pattern of billing is aberrant compared to peers or otherwise has questionable billing practices, such as billing medically unlikely units of services in a day.

''(iii) Services furnished by a therapy provider that is newly enrolled under this title or has not previously furnished therapy services under this part.

''(iv) Services furnished to treat a type of medical condition.

''(v) Services identified by use of the standardized data elements required to be reported under section 1834(r).

''(vi) Services furnished by a therapy provider who is part of a group that includes a therapy provider identified by factors described in this subparagraph.

''(vii) Other services as determined appropriate by the Secretary.

''(2) MEDICAL REVIEW.—

''(A) PRIOR AUTHORIZATION MEDICAL REVIEW.—

''(i) IN GENERAL.—Subject to the succeeding provisions of this subparagraph, the Secretary shall use prior authorization medical review for outpatient therapy services furnished to an individual above one or more thresholds established by the Secretary, such as a dollar threshold or a threshold based on other factors.

''(ii) ENDING APPLICATION OF PRIOR AUTHORIZATION FOR A THERAPY PROVIDER.—The Secretary shall end the application of prior authorization medical review to outpatient therapy services furnished by a therapy provider if the Secretary determines that the provider has a low denial rate under such prior authorization. The Secretary may subsequently reapply prior authorization medical review to such therapy provider if the Secretary determines it to be appropriate.

''(iii) PRIOR AUTHORIZATION OF MULTIPLE SERVICES.—The Secretary shall, where practicable, provide for prior authorization medical review for multiple services at a single time, such as services in a therapy plan of care described in section 1861(p)(2).

''(B) OTHER TYPES OF MEDICAL REVIEW.—The Secretary may use pre-payment review or post-payment review for services identified under paragraph (1)(B) that are not subject to prior authorization medical review under subparagraph (A).

''(C) RELATIONSHIP TO LAW ENFORCEMENT ACTIVITIES.—The Secretary may determine that medical review under this subsection does not apply in the case where potential fraud may be involved.

''(3) REVIEW CONTRACTORS.—The Secretary shall conduct prior authorization medical review of outpatient therapy services under this subsection using medicare administrative contractors (as described in section 1874A) or other review contractors (other than contractors under section 1893(h) or other contractors paid on a contingent basis).

''(4) NO PAYMENT WITHOUT PRIOR AUTHORIZATION.—With respect to an outpatient therapy service for which prior authorization medical review under this subsection applies, the following shall apply:

''(A) PRIOR AUTHORIZATION DETERMINATION.—The Secretary shall make a determination, prior to the service being furnished, of whether the service would or would not meet the applicable requirements of section 1862(a)(1)(A).

''(B) DENIAL OF PAYMENT.—Subject to paragraph (6), no payment shall be made under this part for the service unless the Secretary determines pursuant to subparagraph (A) that the service would meet the applicable requirements of such section.

''(5) SUBMISSION OF INFORMATION.—A therapy provider may submit the information necessary for medical review by fax, by mail, or by electronic means. The Secretary shall make available the electronic means described in the preceding sentence as soon as practicable, but not later than 24 months after the date of enactment of this subsection.

''(6) TIMELINESS.—If the Secretary does not make a prior authorization determination under paragraph (4)(A) within 10 business days of the date of the Secretary's receipt of medical documentation needed to make such determination, paragraph (4)(B) shall not apply.

''(7) CONSTRUCTION.—With respect to an outpatient therapy service that has been affirmed by medical review under this subsection, nothing in this subsection shall be construed to preclude the subsequent denial of a claim for such service that does not meet other applicable requirements under this Act or any other provision of law.

''(8) BENEFICIARY PROTECTIONS.—In the case where payment may not be made as a result of application of medical review under this subsection, section 1879 shall apply in the

same manner as such section applies to a denial that is made by reason of section 1862(a)(1).

''(9) IMPLEMENTATION.—

''(A) AUTHORITY.—The Secretary may implement the provisions of this subsection by interim final rule with comment period.

''(B) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to medical review under this subsection.

''(C) LIMITATION.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the identification of services for medical review or the process for medical review under this subsection.

''(10) DEFINITIONS.—For purposes of this subsection:

''(A) OUTPATIENT THERAPY SERVICES.—The term 'outpatient therapy services' means the following services for which payment is made under section 1848, 1834(g), or 1834(k):

''(i) Physical therapy services of the type described in section 1861(p).

''(ii) Speech-language pathology services of the type described in such section though the application of section 1861(ll)(2).

''(iii) Occupational therapy services of the type described in section 1861(p) through the operation of section 1861(g).

''(B) THERAPY PROVIDER.—The term 'therapy provider' means a provider of services (as defined in section 1861(u)) or a supplier (as defined in section 1861(d)) who submits a claim for outpatient therapy services.

''(11) FUNDING.—For purposes of implementing this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $35,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each fiscal year (beginning with fiscal year 2015). Amounts transferred under this paragraph shall remain available until expended.

''(12) SCALING BACK.—

''(A) PERIODIC DETERMINATIONS.—Beginning with 2019, and every two years thereafter, the Secretary shall—

''(i) make a determination of the improper payment rate for outpatient therapy services for a 12-month period; and

''(ii) make such determination publicly available.

''(B) SCALING BACK.—If the improper payment rate for outpatient therapy services determined for a 12-month period under subparagraph (A) is 50 percent or less of the Medicare fee-for-service improper payment rate for such period, the Secretary shall—

''(i) reduce the amount and extent of medical review conducted for a prospective year under the process established in this subsection; and

''(ii) return an appropriate portion of the funding provided for such year under paragraph (11).''.

(2) GAO STUDY AND REPORT.—

(A) STUDY.—The Comptroller General of the United States shall conduct a study on the effectiveness of medical review of outpatient therapy services under section 1833(aa) of the Social Security Act, as added by paragraph (1). Such study shall include an analysis of—

(i) aggregate data on—

(I) the number of individuals, therapy providers, and claims subject to such review; and

(II) the number of reviews conducted under such section; and

(ii) the outcomes of such reviews.

(B) REPORT.—Not later than 3 years after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study under subparagraph (A), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(d) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—

(1) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

''(r) COLLECTION OF STANDARDIZED DATA ELEMENTS FOR OUTPATIENT THERAPY SERVICES.—

''(1) STANDARDIZED DATA ELEMENTS.—

''(A) IN GENERAL.—Not later than 6 months after the date of enactment of this subsection, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a draft list of standardized data elements for individuals receiving outpatient therapy services.

''(B) CATEGORIES.—

''(i) IN GENERAL.—Such standardized data elements shall include information with respect to the following categories, as determined appropriate by the Secretary:

''(I) Functional status.

''(II) Demographic information.

''(III) Diagnosis.

''(IV) Severity.

''(V) Affected body structures and functions.

''(VI) Limitations with activities of daily living and participation.

''(VII) Other categories determined to be appropriate by the Secretary.

''(ii) ALIGNMENT WITH CATEGORIES FOR REPORTING OF ASSESSMENT DATA UNDER IMPACT.—The Secretary shall, as appropriate, align the functional status category under subclause (I) of clause (i) and the other categories under subclauses (II) through (VII) of such clause with the categories described in clauses (i) through (vi) of section 1899B(b)(1)(B).

''(C) SOLICITATION OF INPUT.—The Secretary shall accept input from stakeholders through the date that is 60 days after the date the Secretary posts the draft list of standardized data elements pursuant to subparagraph (A). In seeking such input, the Secretary shall use one or more mechanisms to solicit input from stakeholders that may include use of open door forums, town hall meetings, requests for information, or other mechanisms determined appropriate by the Secretary.

''(D) OPERATIONAL LIST OF STANDARDIZED DATA ELEMENTS.—Not later than 120 days after the end of the period for accepting input described in subparagraph (C), the Secretary, taking into account such input, shall post on the Internet website of the Centers for Medicare & Medicaid Services an operational list of standardized data elements.

''(E) SUBSEQUENT REVISIONS.—Subsequent revisions to the operational list of standardized data elements shall be made through rulemaking. Such revisions may be based on experience and input from stakeholders.

''(2) SYSTEM TO REPORT STANDARDIZED DATA ELEMENTS.—

''(A) IN GENERAL.—Not later than 18 months after the date the Secretary posts the operational list of standardized data elements pursuant to paragraph (1)(D), the Secretary shall develop and implement an electronic system (which may be a web portal) for therapy providers to report the standardized data elements for individuals with respect to outpatient therapy services.

''(B) STAKEHOLDER INPUT.—The Secretary shall seek input from stakeholders regarding the best way to report the standardized data elements under this subsection.

''(3) REPORTING.—

''(A) FREQUENCY OF REPORTING.—

''(i) IN GENERAL.—Subject to clauses (ii) and (iii), the Secretary shall specify the frequency of reporting standardized data elements under this subsection.

''(ii) STAKEHOLDER INPUT.—The Secretary shall seek input from stakeholders regarding the frequency of the reporting of such data elements.

''(iii) ALIGNMENT WITH FREQUENCY FOR REPORTING OF ASSESSMENT DATA UNDER IMPACT.—The Secretary shall, as appropriate, align the frequency of the reporting of such data elements with respect to an individual under this subsection with the frequency in which data is required to be submitted with respect to an individual under the second sentence of section 1899B(b)(1)(A).

''(B) REPORTING REQUIREMENT.—Beginning on the date the system to report standardized data elements under this subsection is operational, no payment shall be made under this part for outpatient therapy services furnished to an individual unless a therapy provider reports the standardized data elements for such individual.

''(4) REPORT ON NEW PAYMENT SYSTEM FOR OUTPATIENT THERAPY SERVICES.—

''(A) IN GENERAL.—Not later than 24 months after the date described in paragraph (3)(B), the Secretary shall submit to Congress a report on the design of a new payment system for outpatient therapy services. The report shall include an analysis of the standardized data elements collected and other appropriate data and information.

''(B) FEATURES.—Such report shall consider—

''(i) appropriate adjustments to payment (such as case mix and outliers);

''(ii) payments on an episode of care basis; and

''(iii) reduced payment for multiple episodes.

''(C) CONSULTATION.—The Secretary shall consult with stakeholders regarding the design of such a new payment system.

''(5) IMPLEMENTATION.—

''(A) FUNDING.—For purposes of implementing this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $7,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2015 through 2019. Amounts transferred under this subparagraph shall remain available until expended.

''(B) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to specification of the standardized data elements and implementation of the system to report such standardized data elements under this subsection.

''(C) LIMITATION.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the specification of standardized data elements required under this subsection or the system to report such standardized data elements.

''(D) DEFINITION OF OUTPATIENT THERAPY SERVICES AND THERAPY PROVIDER.—In this subsection, the terms 'outpatient therapy services' and 'therapy provider' have the meaning given those term in section 1833(aa).''.

(2) SUNSET OF CURRENT CLAIMS-BASED COLLECTION OF THERAPY DATA.—Section 3005(g)(1) of the Middle Class Tax Extension and Job Creation Act of 2012 (42 U.S.C. 1395l note) is amended, in the first sentence, by inserting ''and ending on the date the system to report standardized data elements under section 1834(r) of the Social Security Act (42 U.S.C. 1395m(r)) is implemented,'' after ''January 1, 2013,''.

(e) REPORTING OF CERTAIN INFORMATION.—Section 1842(t) of the Social Security Act (42

U.S.C. 1395u(t)) is amended by adding at the end the following new paragraph:

''(3) Each request for payment, or bill submitted, by a therapy provider (as defined in section 1833(aa)(10)) for an outpatient therapy service (as defined in such section) furnished by a therapy assistant on or after January 1, 2017, shall include (in a form and manner specified by the Secretary) an indication that the service was furnished by a therapy assistant.''.

SA 1120. Mr. MCCONNELL (for Mr. CORNYN) proposed an amendment to the bill S. 178, to provide justice for the victims of trafficking; as follows:

Strike section 101 and insert the following:

SEC. 101. DOMESTIC TRAFFICKING VICTIMS' FUND.

(a) IN GENERAL.—Chapter 201 of title 18, United States Code, is amended by adding at the end the following:

''§ 3014. Additional special assessment

''(a) IN GENERAL.—Beginning on the date of enactment of the Justice for Victims of Trafficking Act of 2015 and ending on September, 30 2019, in addition to the assessment imposed under section 3013, the court shall assess an amount of $5,000 on any non-indigent person or entity convicted of an offense under—

''(1) chapter 77 (relating to peonage, slavery, and trafficking in persons);

''(2) chapter 109A (relating to sexual abuse);

''(3) chapter 110 (relating to sexual exploitation and other abuse of children);

''(4) chapter 117 (relating to transportation for illegal sexual activity and related crimes); or

''(5) section 274 of the Immigration and Nationality Act (8 U.S.C. 1324) (relating to human smuggling), unless the person induced, assisted, abetted, or aided only an individual who at the time of such action was the alien's spouse, parent, son, or daughter (and no other individual) to enter the United States in violation of law.

''(b) SATISFACTION OF OTHER COURT-ORDERED OBLIGATIONS.—An assessment under subsection (a) shall not be payable until the person subject to the assessment has satisfied all outstanding court-ordered fines and orders of restitution arising from the criminal convictions on which the special assessment is based.

''(c) ESTABLISHMENT OF DOMESTIC TRAFFICKING VICTIMS' FUND.—There is established in the Treasury of the United States a fund, to be known as the 'Domestic Trafficking Victims' Fund' (referred to in this section as the 'Fund'), to be administered by the Attorney General, in consultation with the Secretary of Homeland Security and the Secretary of Health and Human Services.

''(d) TRANSFERS.—In a manner consistent with section 3302(b) of title 31, there shall be transferred to the Fund from the General Fund of the Treasury an amount equal to the amount of the assessments collected under this section, which shall remain available until expended.

''(e) USE OF FUNDS.—

''(1) IN GENERAL.—From amounts in the Fund, in addition to any other amounts available, and without further appropriation, the Attorney General, in coordination with the Secretary of Health and Human Services shall, for each of fiscal years 2016 through 2019, use amounts available in the Fund to award grants or enhance victims' programming under—

''(A) sections 202, 203, and 204 of the Trafficking Victims Protection Reauthorization Act of 2005 (42 U.S.C. 14044a, 14044b, and 14044c);

''(B) subsections (b)(2) and (f) of section 107 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7105); and

''(C) section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

''(2) GRANTS.—Of the amounts in the Fund used under paragraph (1), not less than $2,000,000, if such amounts are available in the Fund during the relevant fiscal year, shall be used for grants to provide services for child pornography victims under section 214(b) of the Victims of Child Abuse Act of 1990 (42 U.S.C. 13002(b)).

''(3) APPLICATION.—Amounts transferred from the Fund pursuant to this section for each of fiscal years 2016 through 2019 are subject to the requirements contained in Public Law 113–235 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254b–256).

''(f) TRANSFERS.—

''(1) IN GENERAL.—Effective on the day after the date of enactment of the Justice for Victims of Trafficking Act of 2015, on September 30 of each fiscal year, all unobligated balances in the Fund shall be transferred to the Crime Victims Fund established under section 1402 of the Victims of Crime Act of 1984 (42 U.S.C. 10601).

''(2) AVAILABILITY.—Amounts transferred under paragraph (1)—

''(A) shall be available for any authorized purpose of the Crime Victims Fund; and

''(B) shall remain available until expended.

''(g) COLLECTION METHOD.—The amount assessed under subsection (a) shall, subject to subsection (b), be collected in the manner that fines are collected in criminal cases.

''(h) DURATION OF OBLIGATION.—Subject to section 3613(b), the obligation to pay an assessment imposed on or after the date of enactment of the Justice for Victims of Trafficking Act of 2015 shall not cease until the assessment is paid in full.

''(i) AUTHORIZATION OF APPROPRIATIONS.—

''(1) WRITTEN CERTIFICATION.—Not later than September 30, 2016, and each September 30 thereafter, the Attorney General shall submit to Congress a written certification as to the total amount in the Fund.

''(2) AUTHORIZATION OF APPROPRIATIONS.—In any fiscal year for which a written certification submitted under paragraph (1) indicates the total amount in the Fund is less than $30,000,000, there is authorized to be appropriated to the Fund an amount equal to $30,000,000 minus the total amount indicated in the certification.''.

(b) TECHNICAL AND CONFORMING AMENDMENT.—The table of sections for chapter 201 of title 18, United States Code, is amended by inserting after the item relating to section 3013 the following:

''3014. Additional special assessment.''.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Armed Services are authorized to meet during the session of the Senate on April 14, 2015, at 9 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on April 14, 2015, at 9:30 a.m., in room 253 of the Russell Senate Office Building to conduct a hearing entitled ''Federal Aviation Administration Reauthorization.''

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FINANCE

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on April 14, 2015, at 10 a.m., in room SR–215 of the Dirksen Senate Office Building to conduct a hearing entitled ''Creating a More Efficient and Level Playing Field: Audit and Appeals Issues in Medicare.''

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on April 14, 2015, at 2:15 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m., in room SH–216 of the Hart Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. THUNE. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on April 14, 2015, at 9:30 a.m., to conduct a hearing entitled ''Reducing Unnecessary Duplication in Federal Programs: Billions More Could Be Saved.''

The PRESIDING OFFICER. Without objection, it is so ordered.

SELECT COMMITTEE ON INTELLIGENCE

Mr. THUNE. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON AIRLAND

Mr. THUNE. Mr. President, I ask unanimous consent that the Subcommittee on Airland of the Committee on Armed Services be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON EMERGENCY THREATS AND CAPABILITIES

Mr. THUNE. Mr. President, I ask unanimous consent that the Subcommittee on Emergency Threats and Capabilities of the Committee on Armed Services be authorized to meet during the session of the Senate on April 14, 2015, at 2:30 p.m.