

Grassley, Bennet, Portman, Nelson, Scott, McCaskill, Brown Amendment #1 to the Chairman's Mark

Short title: This amendment may be cited as the “Advancing Care for Exceptional Kids Act of 2017” or the “ACE Kids Act of 2017”.

Purpose: To amend Title XIX of the Social Security Act by inserting after section 1946 a new section.

Description of Amendment: This amendment would establish a state option in the Medicaid program to provide coordinated care through enhanced pediatric health homes for children with complex medical conditions.

Grassley – Menendez Amendment #2 to the Chairman’s Mark

Short title/Purpose: To amend Title V of the Social Security Act to extend the Maternal, Infant, and Early Childhood Home Visiting Program.

Description of Amendment: This amendment extend the Maternal, Infant, and Early Childhood Home Visiting Program until 2022.

Roberts Amendment #1 to S. 1827 – Keep Kids’ Insurance Dependable and Secure Act

Short Title: This amendment may be cited as the “Giving States More Tools to Reduce the Crowd-Out of Private Coverage”

Description of Amendment: This amendment would allow a state, beginning in FY2018, to apply a waiting period of not more than 12 months for the enrollment of individuals who are eligible for, but declined an offer of, or disenrolled from, group health insurance coverage.

Roberts Amendment #2 to S. 1827 – Keep Kids’ Insurance Dependable and Secure Act

Short Title: This amendment may be cited as the “Report on Best Practices to Prevent Substitution of CHIP Coverage for Private Coverage”

Description of Amendment: This amendment would direct the Government Accountability Office (GAO) to submit a report to Congress within eighteen months of the date of enactment describing the best practices by states in addressing the issue of CHIP crowd-out. Specifically, the report would include:

- The impact of different geographic areas, including urban and rural areas, on CHIP crowd-out
- The impact of different state labor markets on CHIP crowd-out
- The impact of different strategies for addressing CHIP crowd-out
- Any relationship between changes in the availability and affordability of dependent coverage under employer-sponsored health insurance and CHIP crowd-out

Cornyn Amendment #1 to S. 1827

Short Title: The Protecting Seniors' Access to Medicare Act of 2017

Description of Amendment: This amendment would amend the Patient Protection and Affordable Care Act (PPACA) to terminate the Independent Payment Advisory Board (IPAB). Under the PPACA, the IPAB is tasked with developing proposals to reduce the per capita rate of growth in Medicare spending.

At the appropriate place, insert the following:

SEC. __. REPEAL OF THE INDEPENDENT PAYMENT ADVISORY BOARD.

Effective as of the enactment of the Patient Protection and Affordable Care Act (Public Law 111–148), sections 3403 and 10320 of such Act (including the amendments made by such sections) are repealed, and any provision of law amended by such sections is hereby restored as if such sections had not been enacted into law.

Isakson Amendment #1 to S. 1827 - Keep Kids' Insurance Dependable and Secure Act of 2017

Short Title: Repeal of Disproportionate Share Hospital Cuts for 2018 and 2019.

Description of Amendment:

This amendment would cancel the cuts in payments to DSH hospitals for 2018 and 2019. It would also add a \$5 billion decrease in 2026.

Isakson Amendment #2 to S. 1827 - Keep Kids' Insurance Dependable and Secure Act of 2017

Short Title: Repeal of Disproportionate Share Hospital Cuts for 2018 and 2019 and Creation of a Supplemental Fund in 2020.

Description of Amendment:

This amendment would cancel the cuts in payments to DSH hospitals in 2018 and 2019. It would also create a supplemental fund starting in 2020 that would bring states with a below average DSH allotment per uninsured person up to the national average. In 2026 and 2027, each year would see an \$8 billion reduction in DSH allotments.

Toomey-Crapo Amendment #1

Toomey-Crapo Amendment #1 to the *Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017*

Short Title: To ensure full funding of the Children's Health Insurance Program (CHIP) and prevent CHIP appropriations from being used for unrelated programs

Description of Amendment:

Instead of the specified appropriations amounts in the Chairman's mark, this amendment would provide "Such sums as necessary to make allotments to states in accordance with Sec. 2104(m)," with modifications in FY 2022 to preserve the baseline in the Chairman's mark:

- Replace specified Section 2104(a) appropriations for FY 2018 to FY 2021 with "Such sums as necessary to make allotments to states in accordance with Section 2104(m)"
- Replace specified one-time appropriation for FY 2022 with "Such sums as necessary to make allotments to states in accordance with Section 2104(m) subtracted by \$5.7 billion"
- Add "In the event that a state allotment is revised downward, any excess funding shall be returned to the Treasury"

The amendment also corrects the language for Child Enrollment Contingency Fund and Performance Bonus Payment Fund to prevent the funding from being used for unrelated programs. To do so, it adds the following language to the adjustments made to Social Security Act (SSA) Section 2104(n) in the Chairman's mark:

- In SSA Section 2104(n)(2)(B), strike "20 percent of the amount made available under subsection (a) for the fiscal year or period" after "shall not exceed"
- In SSA Section 2104(n)(2)(B), add "amounts needed to make payments under Section 2104(n)(3) in a given year" after "shall not exceed"
- In SSA Section 2104(n)(2), strike subsection (D)

Cassidy-Carper Amendment #1 to the Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017

Short Title: Commission to study the use of automatic enrollment of eligible individuals in health insurance

Description: Authorizes the Department of Health and Human Services (HHS) to create a commission to study the use of automatic enrollment through section 1332 of the Affordable Care Act by states to enroll eligible individuals into health insurance plans on the individual market and establish a center for technical assistance to assist states in using Section 1332 of the Affordable Care Act for this purpose.

The commission would make recommendations for how automatic enrollment should work and share these recommendations with states and HHS, so that they can work together to implement the recommendations.

Stabenow Amendment #1 to Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017-

Short Title: Excellence in Mental Health and Addiction Treatment Expansion Act

Description of Amendment: Amend Section 223(d) of the Protecting Access to Medicare Act of 2014 to provide an additional year of funding for the 8 states previously selected for the demonstration program for certified community behavioral health clinics (CCBHCs), and provide 11 additional states with two years of funding.

Stabenow Amendment #2 to Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017-

Short Title: Community Health Investment, Modernization, and Excellence Act of 2017

Description of Amendment: Extend funding for the Community Health Center Fund and the National Health Service Corps for five years, with annual increases of \$200 million and \$15 million respectively.

Cantwell Amendment #1 to the Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017

Short Title: Extension of 23 percent increased E-FMAP for five years

Description of Amendment:

The amendment would extend, from FY2018-FY2022, the Affordable Care Act's 23 percent increased E-FMAP found in Section 2105(b) of the Social Security Act. The amendment would retain the current law prohibition on any state receiving an E-FMAP of more than 100 percent.

Offset: To be provided

**Cantwell Amendment #2 to the Keep Kids' Insurance Dependable and Secure (KIDS) Act
of 2017**

Short Title: Expansion of the Basic Health Program

Description of Amendment:

To amend section 1331(e) (1) (B) of the Affordable Care Act (42 U.S.C. 18051) to raise the household income eligibility limit to 250 percent of the federal poverty level by striking "200" and inserting "250."

Offset: To be provided

Nelson-Carper Amendment #1 to S.1827, Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017

Short Title: Lower Premiums Through Reinsurance Act of 2017

Description of Amendment: This amendment will help states quickly establish their own reinsurance programs for the individual health market.

Offset to be determined.

Nelson-Menendez-Carper Amendment #2 to S.1827, Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017

Short Title: Short-term assistance for Puerto Rico and U.S. Virgin Islands Medicaid programs

Description of Amendment: To provide sufficient short-term federal financial assistance to Puerto Rico and the U.S. Virgin Islands' Medicaid programs to address the higher demands placed on their Medicaid programs by the hurricanes and to allow such federal assistance to be used as the state-share for expenditures under such programs, but not to exceed 100 percent of Medicaid costs related to the hurricanes.

Offset to be determined.

Carper-Nelson Amendment #1 to S. 1827, Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017

Short Title:

Providing for a permanent federal reinsurance program for the federal and states' individual health insurance marketplaces

Description:

A permanent federal reinsurance program would increase stability in the individual health insurance marketplaces by providing federal funding to cover 80 percent of insurance claims between \$50,000 and \$500,000 from 2018-2020. Starting in 2021, federal funding would cover 80 percent of insurance claims between \$100,000 and \$500,000.

Individual Market Reinsurance Program

The Affordable Care Act established a temporary reinsurance program between 2014 and 2016 to stabilize the individual health insurance market by offsetting the costs of individuals with higher than average health care costs. The temporary reinsurance program provided funding to offset larger than expected insurance claims for health insurance companies participating in the state and federal insurance marketplaces.

Under this amendment, the HHS Secretary would be directed to establish a permanent Individual Market Reinsurance Program to lower financial risk and reduce premiums in the individual health insurance marketplaces. The reinsurance program would increase stability in the individual health insurance marketplaces by providing federal funding to cover 80 percent of insurance claims between \$50,000 and \$500,000 from 2018-2020. Starting in 2021, federal funding would cover 80 percent of insurance claims between \$100,000 and \$500,000.

Outreach and Enrollment

This amendment would also provide \$500 million a year from 2018 – 2020 to help states improve outreach and enrollment for the health insurance marketplaces. This funding is intended to help states increase enrollment into health insurance plans available on the individual health insurance marketplaces.

Reports to Congress

Starting in 2019, the Administrator of the Centers for Medicare and Medicaid Services (CMS) shall submit an annual report to Congress regarding the status of each state's individual health insurance market, the impact of reinsurance on health insurance coverage and insurance premiums, and the outreach and enrollment activities supported through the funding provided through this amendment.

Cardin Amendment #1 to the Keep Kid's Insurance Dependable and Secure (KIDS) Act of 2017

Short Title: Ensuring Kids Have Access to Medically Necessary Dental Care

Description of Amendment: This amendment would ensure children covered under CHIP have access to all needed pediatric dental care by eliminating any annual and lifetime caps on dental benefits.

Offset: To be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cardin-Heller-Casey-Stabenow-Brown Amendment #2 to the Keep Kid's Insurance Dependable and Secure (KIDS) Act of 2017

Short Title: Medicare Access to Rehabilitation Act of 2017

Description of Amendment: This amendment would amend Title XVIII of the Social Security Act by repealing the Medicare outpatient rehabilitation therapy caps that limit Medicare beneficiaries' access to medically necessary outpatient physical therapy, occupational therapy, and speech-language pathology services.

These annual financial caps limit services often needed after a stroke, traumatic brain injury, or spinal cord injury, or to effectively manage conditions such as Parkinson's disease, multiple sclerosis, and arthritis. Arbitrarily capping outpatient rehabilitation therapy services causes some beneficiaries to delay necessary care, force others to assume higher out-of-pocket costs, and disrupt the continuum of care for many seniors and individuals with disabilities.

Offset: To be provided.

[Note: Amendment sponsor(s) reserve the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Brown Amendment #1 (to the Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017). **Cosponsored by Senator Portman.**

Short Title: Caring Recovery for Infants and Babies (CRIB) Act (S. 1148)

Description: this amendment would amend title XIX of the Social Security Act to allow a state to cover inpatient or outpatient services at a residential pediatric recovery center for infants with neonatal abstinence syndrome and their families.

Offset: to be provided.

Brown Amendment #2 (to the Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017).

Short Title: Stabilize Medicaid and CHIP Coverage Act (S. 1227)

Description: this amendment would amend titles XIX and XXI of the Social Security Act to require state Medicaid plans and state CHIP plans to provide 12-month continuous enrollment for an eligible individual, regardless of age, and prohibit eligibility standards from applying a waiting period for a targeted low-income child (including a child provided dental-only supplemental coverage).

Offset: to be provided.

Brown Amendment #3 (to the Keep Kids' Insurance Dependable and Secure (KIDS) Act of 2017).

Short Title: Medicaid and CHIP Quality Improvement Act (S. 1317)

Description: this amendment would amend titles XI and XIX of the Social Security Act to expand reporting requirements with respect to the quality of care provided under Medicaid and the Children's Health Insurance Program (CHIP).

Offset: to be provided.

Casey Amendment #1 to the Chairman's Mark of S. 1827

Cosponsors: Bennet, Brown

Short Title: Health Insurance for Former Foster Youth Act

Description of Amendment: This amendment would clarify Congress's intent with regards to states' obligation to extend Medicaid coverage to former foster youth, and would eliminate the requirement that these individuals already be enrolled in Medicaid to qualify. It would also extend this coverage to youth who left the foster care system at age 14 for a legal guardianship with a kinship caregiver, and require public outreach programs to ensure eligible young adults are aware they can enroll.

Background Information: The Affordable Care Act extended Medicaid coverage to age 26 for all foster youth who were in foster care on their 18th birthday and were already enrolled in Medicaid. This provision of the law was intended to create parity between these individuals and young adults who can stay on their parent's health insurance until the age of 26. This provision is mandatory for every state.

Unfortunately, CMS's implementation of this provision of the Affordable Care Act has created problems for some former foster youth. Under the regulations issued by HHS, individual states are only required to extend Medicaid coverage to former foster youth who remain living in the same state where they aged out of the foster care system. As a result, many former foster youth who move to another state may have trouble finding health coverage.

This amendment clarifies that the intent of the original provision in the Affordable Care Act was to ensure that all former foster youth can maintain Medicaid coverage until they turn 26. It also eliminates the unnecessary loophole that these youth must be enrolled in Medicaid while they were in the system to qualify for Medicaid to 26 coverage; expands Medicaid to 26 coverage to young adults who were in the system, but left at age 14 or older for a legal guardianship with a kinship caregiver; and requires state Medicaid programs to work with state child welfare agencies to establish outreach and enrollment programs for this coverage, run according to best practices established by HHS.

Offset: To be provided.

NOTE: Amendment sponsor reserves the right to modify the amendment for technical or other purposes.

Casey Amendment #2 to the Chairman's Mark of S. 1827

Cosponsor: Brown

Short Title: Family Coverage Act

Description of Amendment: The Family Coverage Act would correct a glitch in the way the Affordable Care Act is being interpreted by the IRS, by allowing an employee's dependents to access premium tax credits if the cost of *family coverage* offered by an employer is greater than 9.5 percent of *household* income. This change not only helps families but also brings the definition of "affordable" into alignment with the coverage intended by Congress and reflected in the rest of the Affordable Care Act.

Background Information: Under the Affordable Care Act, large employers are required to offer comprehensive, affordable health coverage to their employees. In interpreting this part of the law, IRS defined "affordable" based on the cost of insurance for the employee alone, without taking into account the added cost of insuring an entire family. Thus, while the individual's insurance may be less than 9.5 percent of his or her income, coverage for the whole family may still be unaffordable. Additionally, because the IRS considers the family to have access to "affordable" coverage, they cannot go to the marketplace and get a premium tax credit to help cover the cost of insurance. At this point, the rest of that employee's family must pay for the employer plan, shop on the marketplace without the benefit of the premium tax credit, or go uninsured.

The current interpretation of the law affects millions of dependents, many of whom are children. The Government Accountability Office estimates that this definition of "affordability" potentially prevents 460,000 uninsured children—all of whom are ineligible for coverage through Medicaid or the Children's Health Insurance Program (CHIP)—from accessing tax credits. For these children, parents, and other dependents, their only options are to forego coverage or pay a disproportionate share of their income. These families deserve better.

Although this change could be made by IRS without legislation, the Family Coverage Act is a commonsense bill that would strengthen the ACA and help millions of Americans gain access to meaningful health insurance coverage.

The Family Coverage Act will fix this glitch by defining affordable job-based health coverage by what is affordable for a family, not just an individual employee. Unlike the current interpretation of the law, this definition is in line with what was intended by Congress, and would allow families that currently do not have access to affordable health coverage through an employer to access tax credits to buy their coverage.

Offset: To be provided.

NOTE: Amendment sponsor reserves the right to modify the amendment for technical or other purposes.