To provide for innovation in health care through State initiatives that expand coverage and access.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 17, 2007

Ms. BALDWIN (for herself, Mr. PRICE of Georgia, Mr. TIERNEY, Mr. FORTUÑO, Mr. STARK, Mr. LINDER, Mr. CONYERS, Mr. WESTMORELAND, Mrs. CAPP, Mr. SOUDER, Mr. ALLEN, Mr. MARCHANT, Mr. GENE GREEN of Texas, Mr. GOHMERT, Mr. LARSON of Connecticut, Mr. BURTON of Indiana, Mr. WELCH of Vermont, Mr. GINGREY, Mr. HOLT, Mr. WAMP, Mr. COOPER, Mr. CANTOR, Mr. PAYNE, Mr. CARTER, Ms. JACKSON-LEE of Texas, Mr. AKIN, Ms. MOORE of Wisconsin, Mr. WU, and Mr. LANGEVIN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

A BILL

To provide for innovation in health care through State initiatives that expand coverage and access.

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

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Health Partnership

5 Through Creative Federalism Act”.

SEC. 2. STATE HEALTH REFORM PROJECTS.

(a) Purposes; Establishment of State Health Care Expansion and Improvement Program.—

(1) Purposes.—The purposes of the programs approved under this section shall include, but not be limited to—

(A) achieving the goals of increased health coverage and access; and

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

(2) Intent of Congress.—It is the intent of Congress that—

(A) the programs approved under this Act each comprise significant coverage expansions;

(B) taken as a whole, such programs should be diverse and balanced in their approaches to covering the uninsured; and

(C) each such program should be rigorously and objectively evaluated, so that the State programs developed pursuant to this Act may guide the development of future State and national policy.

(b) Applications by States and Local Governments.—
(1) **Entities that may apply.**—

(A) In general.—A State may apply for a State health care expansion and improvement program for the entire State (or for regions of the State) under paragraph (2).

(B) Regional and sub-state groups.— A regional entity consisting of more than one State or one or more local governments within a State may apply for a multi-State or a sub-state health care expansion and improvement program for the region or area involved.

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

(2) Submission of application.—In accordance with this section, each State or regional entity desiring to implement a State health care expansion and improvement program may submit an application to the State Health Coverage Innovation Commission under subsection (c) (referred to in this section as the “Commission”) for approval.

(3) Local government applications.— Where a State fails to submit an application under
this section, a unit of local government of such
State, or a consortium of such units of local govern-
ments, may submit an application directly to the
Commission for programs or projects under this sub-
section. Such an application shall be subject to the
requirements of this section.

(c) State Health Coverage Innovation Com-
mission.—

(1) In general.—Within 90 days after the
date of the enactment of this Act, the Secretary of
Health and Human Services (in this section referred
to as the "Secretary") shall establish a State Health
Coverage Innovation Commission that—

(A) shall be comprised of—

(i) the Secretary;

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

(iii) two members of a State legisla-
ture to be appointed, on a joint and bipar-
tisan basis, by the National Conference of
State Legislators and the American Legis-
lative Exchange Council;
(iv) two county officials to be appointed by the National Association of Counties on a bipartisan basis;

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

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

(vii) two individuals to be appointed by the Minority Leader of the House of Representatives;

(viii) two individuals to be appointed by the Majority Leader of the Senate; and

(ix) two individuals to be appointed by the Minority Leader of the Senate;

(B) shall request States to submit proposals, which may include a variety of reform options such as tax credit approaches, expansions of public programs such as Medicaid and the State Children’s Health Insurance Program, the creation of purchasing pooling arrangements similar to the Federal Employees Health Benefits Program, individual market
purchasing options, single risk pool or single
payer systems, health savings accounts, a com-
bination of the options described in this sub-
paragraph, or other alternatives determined ap-
propriate by the Commission, including options
suggested by States or the public, and nothing
in this subparagraph shall be construed to pre-
vent the Commission from approving a reform
proposal not included in this subparagraph;

(C) shall conduct a thorough review of the
grant application from a State and carry on a
dialogue with all State applicants concerning
possible modifications and adjustments;

(D) shall submit the recommendations and
legislative proposal described in subsection
(d)(4)(C);

(E) shall be responsible for receiving infor-
mation to determine the status and progress
achieved under program or projects granted
under this section;

(F) shall report to the public concerning
progress made by States with respect to the
performance measures and goals established
under this Act, the periodic progress of the
State relative to its State performance meas-
ures and goals, and the State program application procedures, by region and State jurisdiction;

(G) shall promote information exchange between States and the Federal Government;

(H) shall be responsible for making recommendations to the Secretary and the Congress, using equivalency or minimum standards, for minimizing the negative effect of State program on national employer groups, provider organizations, and insurers because of differing State requirements under the programs; and

(I) may require States to submit additional information or reports concerning the status and progress achieved under health care expansion and improvement programs granted under this section, as needed.

(2) Period of Appointment; Representation Requirements; Vacancies.—Members shall be appointed for a term of 5 years. In appointing such members under paragraph (1)(A), the designated appointing individuals shall ensure the representation of urban and rural areas and an appropriate geographic distribution of such members. Any vacancy in the Commission shall not affect its pow-
ers, but shall be filled in the same manner as the
original appointment.

(3) CHAIRPERSON, MEETINGS.—

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

(B) QUORUM.—Two-thirds of the members
of the Commission shall constitute a quorum,
but a lesser number of members may hold hear-
ings.

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

(4) POWERS OF THE COMMISSION.—

(A) NEGOTIATIONS WITH STATES.—The
Commission may conduct detailed discussions
and negotiations with States submitting appli-
cations under this section, either individually or
in groups, to facilitate a final set of rec-
ommendations for purposes of subsection
(d)(4)(C).

(B) HEARINGS.—The Commission may
hold such hearings, sit and act at such times
and places, take such testimony, and receive
such evidence as the Commission considers ad-
visable to carry out the purposes of this sub-
section.

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

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

(E) POSTAL SERVICES.—The Commission
may use the United States mails in the same
manner and under the same conditions as other
departments and agencies of the Federal Gov-
ernment.
(5) Personnel matters.—

(A) Compensation.—Each member of the Commission who is not an officer or employee of the Federal Government or of a State or local government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission. All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(B) Travel expenses.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.
(C) **STAFF.**—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(D) **DETAIL OF GOVERNMENT EMPLOYEES.**—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(E) **TEMPORARY AND INTERMITTENT SERVICES.**—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals which do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(6) **FUNDING.**—For the purpose of carrying out this subsection, there are authorized to be appro-
appropriated $3,000,000 for fiscal year 2008 and each fiscal year thereafter.

(d) REQUIREMENTS FOR PROGRAMS.—

(1) STATE PLAN.—A State that seeks to operate a program under this section shall prepare and submit to the Commission, as part of the application under subsection (b), a State health care plan that shall have as its goal increased coverage, and in service of that goal such additional goals as improvements in quality, efficiency, cost-effectiveness, and the appropriate use of information technology. To achieve such goal, the State plan shall comply with the following:

(A) COVERAGE.—

(i) IN GENERAL.—With respect to coverage, the State plan shall—

(I) provide and describe the manner in which the State will ensure that an increased number of individuals residing within the State will have expanded access to health care coverage with a specific 5-year target for reduction in the number or proportion of uninsured individuals through either private or public program expansion,
or both, in accordance with or in addi-
tion to the options established by the
Commission;

(II) describe the number and per-
centage of current uninsured individ-
uals who will achieve coverage under a
State health program;

(III) describe the coverage that
will be provided to beneficiaries under
a State health program;

(IV) identify Federal, State, or
local and private programs that cur-ently provide health care services in
the State and describe how such pro-
grams could be coordinated with a
State health program, to the extent
practicable; and

(V) provide for improvements in
the availability of appropriate health
care coverage that will increase access
to care in urban, suburban, rural, and
frontier areas of the State with medi-
cally underserved populations or
where there may be an inadequate
supply of health care providers.
(ii) COVERAGE OPTIONS.—The coverage under the State plan may be—

(I) health insurance coverage that meets the aggregate actuarial value requirement of section 2103(a)(2)(B) of the Social Security Act (42 U.S.C. 1397cc(a)(2)(B));

(II) a combination of health insurance coverage and a consumer-directed health care spending account, if the actuarial value of such coverage plus the amount of annual deposits into such account from sources other than the beneficiary is not less than the actuarial value amount described in subclause (I); or

(III) health care access not less on average than that provided through coverage described in subclause (I).

(iii) CONSTRUCTION.—Nothing in this clause shall be construed to limit in any way the authority of the Secretary of Health and Human Services to issue waiv-
ers under section 1115 of the Social Security Act.

(B) QUALITY.—With respect to quality, the State plan may describe efforts to improve health care quality in the State, including an explanation of how such efforts would change (if at all) under the State plan.

(C) COSTS.—With respect to costs, the State plan shall—

(i) describe such steps as the State may undertake to improve the efficiency of health care;

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

(iii) estimate the amount of Federal, State, and local expenditures, as well as, the costs to business and individuals under the State health program; and

(iv) describe how the State plan will ensure the financial solvency of the State health program.

(D) HEALTH INFORMATION TECHNOLOGY.—With respect to health information technology, the State plan may describe efforts
to improve the appropriate use of health information technology, including an explanation of how such efforts would change (if at all) under the State plan.

(E) EXCEPTIONS TO FEDERAL POLICIES.—
The State plan shall describe the exceptions to otherwise applicable Federal statutes, regulations, and policies that would apply within the geographic area and time period governed by the plan.

(2) TECHNICAL ASSISTANCE.—The Secretary shall, if requested, provide technical assistance to States to assist such States in developing applications and plans under this section, including technical assistance by private sector entities if determined appropriate by the Commission.

(3) INITIAL REVIEW.—With respect to a State application under subsection (b), the Secretary and the Commission shall complete an initial review of such State application within 60 days of the receipt of such application, analyze the scope of the proposal, and determine whether additional information is needed from the State. The Commission shall advise the State within such period of the need to submit additional information.
(4) Final determination.—

(A) In general.—In a timely manner consistent with subparagraph (C), the Commission shall determine whether to submit a State proposal to Congress for approval.

(B) Voting.—

(i) In general.—The determination to submit a State proposal to Congress under subparagraph (A) shall be approved by 2⁄3 of the members of the Commission who are present and eligible to vote and a majority of the entire Commission.

(ii) Eligibility.—A member of the Commission shall not participate in a determination under subparagraph (A) if—

(I) in the case of a member who is a Governor, such determination relates to the State of which the member is the Governor; or

(II) in the case of member not described in subclause (I), such determination relates to the geographic area of a State of which such member serves as a State or local official or as a Member of Congress.
(C) Submission.—Not later than 90 days prior to October 1 of each fiscal year, the Commission may submit to Congress a list, in the form of a legislative proposal, of the State applications that the Commission recommends for approval under this section.

(5) Program or Project Period.—A State program or project may be approved for a period of 5 years and may be extended for a subsequent period of time upon approval by the Commission, based upon achievement of targets.

(e) Expedited Congressional Consideration.—

(1) Introduction and Expedited Consideration in the House of Representatives.—

(A) Introduction in House of Representatives.—The legislative proposal submitted pursuant to subsection (d)(4)(C) shall be in the form of a joint resolution (in this subsection referred to as the “resolution”). Such resolution shall be introduced in the House of Representatives by the Speaker immediately upon receipt of the language and shall be referred non-sequentially to the appropriate committee (or committees) of House of Representatives. If the resolution is not introduced in ac-
cordance with the preceding sentence, the reso-

olution may be introduced by any member of the

House of Representatives.

(B) COMMITTEE CONSIDERATION.—Not

later than 15 calendar days after the introduc-
tion of the resolution described in subparagraph

(A), each committee of House of Representa-
tives to which the resolution was referred shall

report the resolution. The report may include,

at the committee’s discretion, a recommenda-
tion for action by the House. If a committee

has not reported such resolution (or an iden-
tical resolution) at the end of 15 calendar days

after its introduction or at the end of the first
day after there has been reported to the House

a resolution, whichever is earlier, such com-
mittee shall be deemed to be discharged from

further consideration of such resolution and

such resolution shall be placed on the appro-
priate calendar of the House of Representatives.

(C) EXPEDITED PROCEDURE IN HOUSE.—

Not later than 5 legislative days after the date

on which all committees have been discharged

from consideration of a resolution, the Speaker

of the House of Representatives, or the Speak-
er’s designee, shall move to proceed to the consider-
2 eration of the resolution. It shall also be in
3 order for any member of the House of Rep-
4 resentatives to move to proceed to the consider-
5 ation of the resolution at any time after the
6 conclusion of such 5-day period. All points of
7 order against the resolution (and against con-
8 sideration of the resolution) are waived. A mo-
9 tion to proceed to the consideration of the reso-
10 lution is highly privileged in the House of Rep-
11 resentatives and is not debatable. The motion is
12 not subject to amendment, to a motion to post-
13 pone consideration of the resolution, or to a mo-
14 tion to proceed to the consideration of other
15 business. A motion to reconsider the vote by
16 which the motion to proceed is agreed to or not
17 agreed to shall not be in order. If the motion
18 to proceed is agreed to, the House of Rep-
19 resentatives shall immediately proceed to con-
20 sideration of the resolution without intervening
21 motion, order, or other business, and the reso-
22 lution shall remain the unfinished business of
23 the House of Representatives until disposed of.
24 A motion to recommit the resolution shall not
25 be in order. Upon its passage in the House, the
clerk of the House shall provide for its immediate transmittal to the Senate.

(2) Expedited Consideration in the Senate.—

(A) Referral to Committee.—If the resolution is agreed to by the House of Representatives, upon its receipt in the Senate the Majority Leader of the Senate, or the Leader’s designee, the resolution shall be referred to the appropriate committee of Senate.

(B) Committee Consideration.—Not later than 15 calendar days after the referral of the resolution under subparagraph (A), the committee of the Senate to which the resolution was referred shall report the resolution. The report may include, at the committee’s discretion, a recommendation for action by the Senate. If a committee has not reported such resolution (or an identical resolution) at the end of 15 calendar days after its referral or at the end of the first day after there has been reported to the Senate a resolution, whichever is earlier, such committee shall be deemed to be discharged from further consideration of such resolution.
and such resolution shall be placed on the ap-
propriate calendar of the Senate.

(C) Expedited Floor Consideration.—
Not later than 5 legislative days after the date
on which all committees have been discharged
from consideration of a resolution, the Majority
Leader of the Senate, or the Majority Leader’s
designee, shall move to proceed to the consider-
ation of the resolution. It shall also be in order
for any member of the Senate to move to pro-
ceed to the consideration of the resolution at
any time after the conclusion of such 5-day pe-
riod. All points of order against the resolution
(and against consideration of the resolution)
are waived. A motion to proceed to the consid-
eration of the resolution in the Senate is privi-
leged and is not debatable. The motion is not
subject to amendment, to a motion to postpone
consideration of the resolution, or to a motion
to proceed to the consideration of other busi-
ness. A motion to reconsider the vote by which
the motion to proceed is agreed to or not
agreed to shall not be in order. If the motion
to proceed is agreed to, the Senate shall imme-
diately proceed to consideration of the resolu-
tion without intervening motion, order, or other
business, and the resolution shall remain the
unfinished business of the Senate until disposed
of.

(3) Rules of the Senate and House of
Representatives.—This subsection is enacted by
Congress—

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

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

(4) Federal Budget Neutrality.—Except
insofar as it allots appropriations made pursuant to
subsection (k), the legislative proposal submitted
pursuant to subsection (d)(4)(C) may not increase
the cumulative, net Federal budget deficit during the
multi-year operation of all the State applications
contained therein, taking into account such applica-
tions' impact on Federal mandatory and discre-
tionary spending, Federal revenue, and Federal tax
expenditures.

(f) FUNDING.—

(1) IN GENERAL.—The Secretary shall provide
a grant to a State that has an application approved
under subsection (e) to enable such State to carry
out an innovative State health program in the State,
to the extent that such a grant is included in the
recommendation of the Commission.

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

(3) PERFORMANCE-BASED FUNDING ALLOCA-
tION.—In awarding grants under paragraph (1), the
Commission shall direct the Secretary to—

(A) fund a balanced diversity of ap-
proaches as provided for by the Commission in
subsection (e)(1)(B); and
(B) link allocations to the State to the meeting of the goals and performance measures relating to health care coverage and health care costs established under this Act through the State project application process.

(4) REPORT.—One year prior to the end of the 5-year period beginning on the date on which the first State begins to implement a plan approved under subsection (e), the Commission shall prepare and submit to the appropriate committees of Congress, a report on the progress made by States in meeting the goals of expanded coverage and cost containment through performance measures established during the 5-year period of the State plan. Such report may contain the recommendation of the Commission concerning any future action that Congress should take concerning health care reform, including whether or not to extend the program established under this subsection.

(g) MONITORING AND EVALUATION.—

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

(A) submit to the Commission an annual report based on the period representing the re-
respect to the fiscal year, detailing compliance
with the requirements established by the Com-
mission and the Secretary in the approval and
in this section; and

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

(2) EVALUATIONS BY COMMISSION.—The Com-
mission shall prepare and submit to the Congress
annual reports that shall contain—

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

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

(C) an independent evaluation of the effec-
tiveness of such reforms in—

(i) expanding health care coverage for
State residents; and

(ii) reducing or containing health care
costs in the States,

as well as other relevant or significant findings;

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

(E) as required by the Commission or the
Secretary under this section, a periodic, inde-
pendent evaluation of the program.

(h) NONCOMPLIANCE.—

(1) CORRECTIVE ACTION PLANS.—If a State is
not in compliance with a requirement of this section,
the Commission, on recommendation of the Sec-
retary, shall develop a corrective action plan for such
State.

(2) TERMINATION.—The Commission, on rec-
ommendation of the Secretary, may revoke any pro-
gram granted under this section. Such decisions
shall be subject to a petition for reconsideration and
appeal pursuant to regulations established by the
Secretary.

(i) RELATIONSHIP TO FEDERAL PROGRAMS.—

(1) IN GENERAL.—Nothing in this Act, or in
section 1115 of the Social Security Act (42 U.S.C.
1315) shall be construed as authorizing the Sec-
retary, the Commission, a State, or any other person
or entity to alter or affect in any way the provisions
of title XIX of such Act (42 U.S.C. 1396 et seq.)
or the regulations implementing such title.
(2) Maintenance of Effort.—No payment may be made under subsection (f)(1) if the State adopts criteria for benefits or criteria for standards and methodologies for purposes of determining an individual’s eligibility for medical assistance under the State plan under title XIX that are more restrictive than those required under Federal law and applied as of the date of enactment of this Act.

(j) Miscellaneous Provisions.—

(1) Application of Certain Requirements.—

(A) Restriction on Application of Preexisting Condition Exclusions.—

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

(ii) Group Health Plans and Group Health Insurance Coverage.—If the State program or project provides for benefits through payment for, or a contract with, a group health plan or group health insurance coverage, the program or project may permit the imposition of a pre-
existing condition exclusion but only inso-
far and to the extent that such exclusion is
permitted under the applicable provisions
of part 7 of subtitle B of title I of the Em-
ployee Retirement Income Security Act of
1974 and title XXVII of the Public Health
Service Act.

(B) Compliance with other require-
ments.—Coverage offered under the program
or project shall comply with the requirements of
subpart 2 of part A of title XXVII of the Public
Health Service Act insofar as such require-
ments apply with respect to a health insurance
issuer that offers group health insurance cov-

(2) Prevention of duplicative pay-
ments.—

(A) Other health plans.—No payment
shall be made to a State under subsection (f)(1)
for expenditures for health assistance provided
for an individual to the extent that a private in-
surer (as defined by the Secretary by regulation
and including a group health plan (as defined
in section 607(1) of the Employee Retirement
Income Security Act of 1974), a service benefit
plan, and a health maintenance organization) would have been obligated to provide such assistance but for a provision of its insurance contract which has the effect of limiting or excluding such obligation because the individual is eligible for or is provided health assistance under the plan.

(B) OTHER FEDERAL GOVERNMENTAL PROGRAMS.—Except as provided in any other provision of law, no payment shall be made to a State under subsection (f)(1) for expenditures for health assistance provided for an individual to the extent that payment has been made or can reasonably be expected to be made promptly (as determined in accordance with regulations) under any other federally operated or financed health care insurance program. For purposes of this paragraph, rules similar to the rules for overpayments under section 1903(d)(2) of the Social Security Act shall apply.

(3) APPLICATION OF CERTAIN GENERAL PROVISIONS.—The following provisions of the Social Security Act shall apply to States under subsection (f)(1)
in the same manner as they apply to a State under such title XIX:

(A) Title XIX Provisions.—

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

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

(iii) Section 1903(w) (relating to limitations on provider taxes and donations).

(iv) Section 1920A (relating to presumptive eligibility for children).

(B) Title XI Provisions.—

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

(ii) Section 1124 (relating to disclosure of ownership and related information).

(iii) Section 1126 (relating to disclosure of information about certain convicted individuals).

(iv) Section 1128A (relating to civil monetary penalties).
(v) Section 1128B(d) (relating to criminal penalties for certain additional charges).

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

(4) **RELATION TO HIPAA.**—Health benefits coverage provided under a State program or project under this section shall be treated as creditable coverage for purposes of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and subtitle K of the Internal Revenue Code of 1986.

(k) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, such sums as may be necessary in each fiscal year. Amounts appropriated for a fiscal year under this subsection and not expended may be used in subsequent fiscal years to carry out this section.

○