

PROVIDING FOR THE CONSIDERATION OF H.R. 4680, THE
MEDICARE RX 2000 ACT

JUNE 28, 2000.—Referred to the House Calendar and ordered to be printed

Mr. GOSS, from the Committee on Rules, submitted the following

REPORT

[To accompany H. Res 539]

The Committee on Rules, having had under consideration House Resolution 539, by a record vote of 7 of 1, report the same to the House with the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for the consideration in the House of H.R. 4680, the Medicare Rx 2000 Act, under a closed rule. The rule provides two hours of debate equally divided among and controlled by the chairmen and ranking minority members of the Committees on Ways and Means and Commerce.

The rule waives all points of order against consideration of the bill. The waiver of all points of order against consideration of the bill includes a waiver of clause 4(a) of rule XIII (requiring the three-day availability of the report), and sections 303 (prohibiting consideration of legislation, as reported, providing new budget authority, changes in revenues, or changes in the public debt for a fiscal year until the budget resolution for that year has been agreed to) and 401 of the Congressional Budget Act of 1974 (prohibiting consideration of legislation providing new entitlement authority which becomes effective during the current fiscal year).

The rule provides that the amendment recommended by the Committee on Ways and Means now printed in the bill, modified by the amendment printed in the report, shall be considered as adopted. The rule further provides that the Chair may postpone further consideration of the bill until a time designated by the Speaker. The rule provides one motion to recommit, with or without instructions.

The rule also provides that, at any time on or before the legislative day of Friday, June 30, 2000, it shall be in order for the Speak-

er to entertain motions to suspend the rules with respect to H.R. 3240 and H. Res. 535.

COMMITTEE VOTES

Pursuant to clause 3(b) of House rule XIII the results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

Rules Committee record vote No. 112

Date: June 27, 2000.

Measure: H.R. 4680, the Medicare Rx 2000 Act.

Motion by: Mr. Frost.

Summary of motion: To make in order the amendment in the nature of a substitute offered by Representatives Rangel and Stark which provides that, starting in 2003, Medicare beneficiaries have a choice between traditional Medicare or Medicare HMO with defined benefit and provides that the defined benefit is available everywhere in the country, and costs an estimated \$40 billion over 5 years.

Results: Defeated 1 to 7.

Vote by Members: Goss—Nay; Pryce—Nay; Diaz-Balart—Nay; Hastings—Nay; Sessions—Nay; Reynolds—Nay; Frost—Yea; Dreier—Nay.

Rules Committee record vote No. 113

Date: June 27, 2000.

Measure: H.R. 4680, the Medicare Rx 2000 Act.

Motion by: Mr. Frost.

Summary of motion: To make in order the amendment in the nature of a substitute offered by Representatives Dingell and Stark which provides that, starting in 2003, Medicare beneficiaries have a choice of traditional Medicare or Medicare HMO with defined benefit (or can keep current employer-provided retiree coverage), and costs an estimated \$100 billion over 5 years.

Results: Defeated 1 to 7.

Vote by Members: Goss—Nay; Pryce—Nay; Diaz-Balart—Nay; Hastings—Nay; Sessions—Nay; Reynolds—Nay; Frost—Yea; Dreier—Nay.

Rules Committee record vote No. 114

Date: June 27, 2000.

Measure: H.R. 4680, the Medicare Rx 2000 Act.

Motion by: Mr. Frost.

Summary of motion: To make in order en bloc: an amendment by Representatives Allen, Thurman, Berry, Weygand, and Schakowsky; an amendment by Representative Baldwin; two amendments by Representative Capuano; an amendment by Representative Cardin; an amendment by Representatives Emerson, Berry, and Sanders; an amendment by Representative Sanders; an amendment by Representative Tanner; and two amendments by Representative Weygand.

Results: Defeated 1 to 7.

Vote by Members: Goss—Nay; Pryce—Nay; Diaz-Balart—Nay; Hastings—Nay; Sessions—Nay; Reynolds—Nay; Frost—Yea; Dreier—Nay.

Rules Committee record vote No. 115

Date: June 27, 2000.

Measure: H.R. 4680, the Medicare Rx 2000 Act.

Motion by: Mr. Goss.

Summary of motion: To report the rule providing for consideration of H.R. 4680.

Results: Adopted 7 to 1.

Vote by Members: Goss—Yea; Price—Yea; Diaz-Balart—Yea; Hastings—Yea; Sessions—Yea; Reynolds—Yea; Frost—Nay; Dreier—Yea.

SUMMARY OF AMENDMENT TO BE CONSIDERED AS ADOPTED UPON
ADOPTION OF THE RULE

Clarifies that covered prescription drugs include vaccines, and the Medicare Benefits Administrator may provide for coverage of specified drugs in classes that are otherwise excluded (such as weight gain or loss drugs).

Makes technical amendments correcting cross-reference errors.

Limits to 30,000 the number of participants in the demonstration project for disease management for severely chronically ill medicare beneficiaries.

Adds a new section providing for a State Pharmaceutical Assistance Transition Commission to develop a proposal to respond to transitional issues confronting State pharmaceutical assistance programs for low-income medicare beneficiaries.

Adds a new section that clarifies that the coverage and appeals provisions in subtitle C of title II do not take effect until fiscal year 2001.

Adds a new section delaying from July to October, 2000 the deadline for offering and withdrawing Medicare+Choice plans for 2001.

TEXT OF AMENDMENT TO BE CONSIDERED AS ADOPTED UPON
ADOPTION OF THE RULE

Amend subparagraph (B) of section 1860B(f)(1) of the Social Security Act, as inserted by section 101(a)(2) of the bill, to read as follows:

“(B) a biological product described in clauses (i) through (iii) of subparagraph (B) of such section or insulin described in subparagraph (C) of such section;

In section 1860B(f)(2)(A) of the Social Security Act, as inserted by section 101(a)(2) of the bill, insert before the period at the end the following: “and except to the extent otherwise specifically provided by the Medicare Benefits Administrator with respect to a drug in any of such classes”.

In section 1860G(b)(2)(B) of the Social Security Act, as inserted by section 101(a)(2) of the bill, strike “1851(j)(4)(A)(iii)” and “1851(j)(4)(B)” and insert “1851(j)(5)(A)(iii)” and “1851(j)(5)(B)”, respectively.

In section 1935(e)(3)(B)(ii) of the Social Security Act, as inserted by section 103(d)(1)(C) of the bill, strike “1860(b)(5)” and inserting “1860B(b)(5)”.

In section 105(a) of the bill, add at the end the following: “In no case may the number of participants in the project exceed 30,000 at any time.”.

Redesignate section 105 as section 106 and insert after section 104 the following new section (and conform the table of contents accordingly):

SEC. 105. STATE PHARMACEUTICAL ASSISTANCE TRANSITION COMMISSION.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—There is established as of October 1, 2000, a State Pharmaceutical Assistance Transition Commission (in this section referred to as the “Commission”) to develop a proposal for addressing the unique transitional issues facing State pharmaceutical assistance programs, and program participants, due to the implementation of the medicare prescription drug program under part D of title XVIII of the Social Security Act.

(2) DEFINITIONS.—For purposes of this section:

(A) STATE PHARMACEUTICAL ASSISTANCE PROGRAM DEFINED.—The term “State pharmaceutical assistance program” means a program (other than the medicaid program) operated by a State (or under contract with a State) that provides as of the date of the enactment of this Act assistance to low-income medicare beneficiaries for the purchase of prescription drugs.

(B) PROGRAM PARTICIPANT.—The term “program participant” means a low-income medicare beneficiary who is a participant in a State pharmaceutical assistance program.

(b) COMPOSITION.—The Commission shall consist of the following:

(1) A representative of each governor of each State that the Secretary identifies as operating on a statewide basis a State pharmaceutical assistance program that provides for eligibility and benefits that are comparable or more generous than the low-income assistance eligibility and benefits offered under part D of title XVIII of the Social Security Act.

(2) Representatives from other States that the Secretary identifies have in operation other State pharmaceutical assistance programs, as appointed by the Secretary.

(3) Representatives of organizations that represent the interests of program participants, as appointed by the Secretary but not to exceed the number of representatives under paragraphs (1) and (2).

(4) The Secretary (or the Secretary’s designee).

The Secretary shall designate a member to serve as chair of the Commission and the Commission shall meet at the call of the chair.

(c) DEVELOPMENT OF PROPOSAL.—The Commission shall develop the proposal described in subsection (a) in a manner consistent with the following principles:

(1) Protection of the interests of program participants in a manner that is the least disruptive to such participants.

(2) Protection of the financial interests of States so that States are not financially worse off as a result of the enactment of this title.

(d) REPORT.—By not later than July 1, 2001, the Commission shall submit to the President and the Congress a report that contains a detailed proposal (including specific legislative or administrative recommendations, if any) and such other recommendations as the Commission deems appropriate.

(e) SUPPORT.—The Secretary shall provide the Commission with the administrative support services necessary for the Commission to carry out its responsibilities under this section.

(f) TERMINATION.—The Commission shall terminate 30 days after the date of submission of the report under subsection (d).

Add at the end of subtitle C of title II the following new section (and conform the table of contents accordingly):

SEC. 225. EFFECTIVE DATE OF SUBTITLE.

In no case shall the amendments made by this subtitle apply before October 1, 2000.

Add at the end of subtitle A of title III the following new section (and conform the table of contents accordingly):

SEC. 308. DELAY FROM JULY TO OCTOBER, 2000 IN DEADLINE FOR OFFERING AND WITHDRAWING MEDICARE+CHOICE PLANS FOR 2001.

Notwithstanding any other provision of law, the deadline for a Medicare+Choice organization to withdraw the offering of a Medicare+Choice plan under part C of title XVIII of the Social Security Act (or otherwise to submit information required for the offering of such a plan) for 2001 is delayed from July 1, 2000, to October 1, 2000, and any such organization that provided notice of withdrawal of such a plan during 2000 before the date of the enactment of this Act may rescind such withdrawal at any time before October 1, 2000.