

S. J. RES. 31

At the request of Mr. PAUL, the name of the Senator from Illinois (Mr. KIRK) was added as a cosponsor of S. J. Res. 31, a joint resolution relating to the disapproval of the proposed foreign military sale to the Government of Pakistan of F-16 Block 52 aircraft.

S. RES. 368

At the request of Mr. CARDIN, the names of the Senator from Vermont (Mr. LEAHY), the Senator from Massachusetts (Mr. MARKEY) and the Senator from Delaware (Mr. COONS) were added as cosponsors of S. Res. 368, a resolution supporting efforts by the Government of Colombia to pursue peace and the end of the country's enduring internal armed conflict and recognizing United States support for Colombia at the 15th anniversary of Plan Colombia.

S. RES. 370

At the request of Mr. CARDIN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. Res. 370, a resolution recognizing that for nearly 40 years, the United States and the Association of South East Asian Nations (ASEAN) have worked toward stability, prosperity, and peace in Southeast Asia.

S. RES. 378

At the request of Mr. JOHNSON, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. Res. 378, a resolution expressing the sense of the Senate regarding the courageous work and life of Russian opposition leader Boris Yefimovich Nemtsov and renewing the call for a full and transparent investigation into the tragic murder of Boris Yefimovich Nemtsov in Moscow on February 27, 2015.

S. RES. 383

At the request of Mr. PERDUE, the names of the Senator from California (Mrs. BOXER) and the Senator from Illinois (Mr. KIRK) were added as cosponsors of S. Res. 383, a resolution recognizing the importance of the United States-Israel economic relationship and encouraging new areas of cooperation.

At the request of Mr. COONS, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. Res. 383, *supra*.

S. RES. 388

At the request of Mrs. SHAHEEN, the name of the Senator from Delaware (Mr. COONS) was added as a cosponsor of S. Res. 388, a resolution supporting the goals of International Women's Day.

S. RES. 391

At the request of Mr. ROBERTS, the name of the Senator from Oklahoma (Mr. INHOFE) was added as a cosponsor of S. Res. 391, a resolution expressing the sense of the Senate to oppose the transfer of foreign enemy combatants from the detention facilities at United States Naval Station, Guantanamo Bay, Cuba, to the United States homeland.

STATEMENTS ON INTRODUCED
BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself, Mr. REED, Mr. KIRK, Mr. DURBIN, and Mr. SCHATZ):

S. 2668. A bill to provide housing opportunities for individuals living with HIV or AIDS; to the Committee on Banking, Housing, and Urban Affairs.

Mr. REED. Mr. President, today I am pleased to be joining my colleague, Senator COLLINS, in introducing a bill to update the funding formula for the Housing Opportunities for Persons with AIDS, or HOPWA, program.

HOPWA is a program within the Department of Housing and Urban Development, HUD, that provides state and local governments with resources to ensure that stable housing and supportive services are available for low-income individuals living with HIV/AIDS and their families.

Stable and affordable housing is a critical component of treatment for HIV-positive individuals. More than half of this population will face homelessness or an unstable housing situation at some point during the course of their illness. Medication for treatment is extremely expensive, and the assistance offered by HOPWA results in better management of this illness, reduces the risk of HIV transmission, and ensures that better public health outcomes can be achieved.

Our bipartisan legislation seeks to strengthen HOPWA by improving the accuracy of the formula used to distribute funding to housing programs that benefit people living with HIV/AIDS. This improved funding formula would take into account the number of persons currently living in a community with HIV/AIDS.

HOPWA's current funding formula instead considers the cumulative number of individuals diagnosed with HIV in a community since 1981, and includes those individuals who have since passed away. In fact, according to HUD, 55 percent of the cases used to determine funding allocations under the current formula are deceased individuals. As a result, this diverts already limited funding from communities that are dealing with the effects of this epidemic most acutely today.

Our bill proposes a more accurate formula that will protect low-income individuals living with HIV/AIDS and their families and will better target federal resources to the states and localities with the greatest need today. In short, we hope to make the program more effective and responsive in addressing the current needs of communities.

Furthermore, to ease the move to a fairer allocation of resources, the bill transitions current grantees to the new formula over a 5-year period. Grantees will not lose more than 5 percent of their share of HOPWA formula funds in each successive year until fiscal year 2021 and cannot gain more than 10 percent of their share in each successive fiscal year.

I thank Senator COLLINS for her partnership, and I urge my colleagues to support this bipartisan bill, which will enable communities to provide care to those living with HIV/AIDS by ensuring that their current housing challenges can be addressed.

By Mr. CORNYN (for himself and Mr. CARPER):

S. 2669. A bill to amend titles XIX and XXI of the Social Security Act to require States to provide to the Secretary of Health and Human Services certain information with respect to provider terminations, and for other purposes; to the Committee on Finance.

Mr. CORNYN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 2669

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Ensuring Removal of Terminated Providers from Medicaid and CHIP Act".

SEC. 2. INCREASING OVERSIGHT OF TERMINATION OF MEDICAID PROVIDERS.

(a) INCREASED OVERSIGHT AND REPORTING.—(1) STATE REPORTING REQUIREMENTS.—Section 1902(kk) of the Social Security Act (42 U.S.C. 1396a(kk)) is amended—

(A) by redesignating paragraph (8) as paragraph (9); and

(B) by inserting after paragraph (7) the following new paragraph:

“(8) PROVIDER TERMINATIONS.—

“(A) IN GENERAL.—Beginning on July 1, 2018, in the case of a notification under subsection (a)(41) with respect to a termination for a reason specified in section 455.101 of title 42, Code of Federal Regulations (as in effect on November 1, 2015), or for any other reason specified by the Secretary, of the participation of a provider of services or any other person under the State plan, the State, not later than 21 business days after the effective date of such termination, submits to the Secretary with respect to any such provider or person, as appropriate—

“(i) the name of such provider or person;

“(ii) the provider type of such provider or person;

“(iii) the specialty of such provider's or person's practice;

“(iv) the date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the State license or certification number of such provider or person;

“(v) the reason for the termination;

“(vi) a copy of the notice of termination sent to the provider or person;

“(vii) the date on which such termination is effective, as specified in the notice; and

“(viii) any other information required by the Secretary.

“(B) EFFECTIVE DATE DEFINED.—For purposes of this paragraph, the term 'effective date' means, with respect to a termination described in subparagraph (A), the later of—

“(i) the date on which such termination is effective, as specified in the notice of such termination; or

“(ii) the date on which all appeal rights applicable to such termination have been exhausted or the timeline for any such appeal has expired.”.

(2) CONTRACT REQUIREMENT FOR MANAGED CARE ENTITIES.—Section 1932(d) of the Social Security Act (42 U.S.C. 1396u–2(d)) is amended by adding at the end the following new paragraph:

“(5) CONTRACT REQUIREMENT FOR MANAGED CARE ENTITIES.—With respect to any contract with a managed care entity under section 1903(m) or 1905(t)(3) (as applicable), no later than July 1, 2018, such contract shall include a provision that providers of services or persons terminated (as described in section 1902(kk)(8)) from participation under this title, title XVIII, or title XXI be terminated from participating under this title as a provider in any network of such entity that serves individuals eligible to receive medical assistance under this title.”

(3) TERMINATION NOTIFICATION DATABASE.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by adding at the end the following new subsection:

“(1) TERMINATION NOTIFICATION DATABASE.—In the case of a provider of services or any other person whose participation under this title, title XVIII, or title XXI is terminated (as described in subsection (kk)(8)), the Secretary shall, not later than 21 business days after the date on which the Secretary terminates such participation under title XVIII or is notified of such termination under subsection (a)(4) (as applicable), review such termination and, if the Secretary determines appropriate, include such termination in any database or similar system developed pursuant to section 6401(b)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 1395cc note).”

(4) NO FEDERAL FUNDS FOR ITEMS AND SERVICES FURNISHED BY TERMINATED PROVIDERS.—Section 1903 of the Social Security Act (42 U.S.C. 1396b) is amended—

(A) in subsection (i)(2)—
 (i) in subparagraph (A), by striking the comma at the end and inserting a semicolon;
 (ii) in subparagraph (B), by striking “or” at the end; and
 (iii) by adding at the end the following new subparagraph:

“(D) beginning not later than July 1, 2018, under the plan by any provider of services or person whose participation in the State plan is terminated (as described in section 1902(kk)(8)) after the date that is 60 days after the date on which such termination is included in the database or other system under section 1902(11); or”; and

(B) in subsection (m), by inserting after paragraph (2) the following new paragraph:

“(3) No payment shall be made under this title to a State with respect to expenditures incurred by the State for payment for services provided by a managed care entity (as defined under section 1932(a)(1)) under the State plan under this title (or under a waiver of the plan) unless the State—

“(A) beginning on July 1, 2018, has a contract with such entity that complies with the requirement specified in section 1932(d)(5); and

“(B) beginning on January 1, 2018, complies with the requirement specified in section 1932(d)(6)(A).”

(5) DEVELOPMENT OF UNIFORM TERMINOLOGY FOR REASONS FOR PROVIDER TERMINATION.—Not later than July 1, 2017, the Secretary of Health and Human Services shall, in consultation with the heads of State agencies administering State Medicaid plans (or waivers of such plans), issue regulations establishing uniform terminology to be used with respect to specifying reasons under subparagraph (A)(v) of paragraph (8) of section 1902(kk) of the Social Security Act (42 U.S.C. 1396a(kk)), as amended by paragraph (1), for the termination (as described in such paragraph) of the participation of certain providers in the Medicaid program under title

XIX of such Act or the Children’s Health Insurance Program under title XXI of such Act.

(6) CONFORMING AMENDMENT.—Section 1902(a)(41) of the Social Security Act (42 U.S.C. 1396a(a)(41)) is amended by striking “provide that whenever” and inserting “provide, in accordance with subsection (kk)(8) (as applicable), that whenever”.

(b) INCREASING AVAILABILITY OF MEDICAID PROVIDER INFORMATION.—

(1) FFS PROVIDER ENROLLMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended by inserting after paragraph (77) the following new paragraph:

“(78) provide that, not later than January 1, 2017, in the case of a State plan that provides medical assistance on a fee-for-service basis, the State shall require each provider furnishing items and services to individuals eligible to receive medical assistance under such plan to enroll with the State agency and provide to the State agency the provider’s identifying information, including the name, specialty, date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the State license or certification number of the provider.”

(2) MANAGED CARE PROVIDER ENROLLMENT.—Section 1932(d) of the Social Security Act (42 U.S.C. 1396u–2(d)), as amended by subsection (a)(2), is amended by adding at the end the following new paragraph:

“(6) ENROLLMENT OF PARTICIPATING PROVIDERS.—

“(A) IN GENERAL.—Beginning not later than January 1, 2018, a State shall require that, in order to participate as a provider in the network of a managed care entity that provides services to, or orders, prescribes, refers, or certifies eligibility for services for, individuals who are eligible for medical assistance under the State plan under this title and who are enrolled with the entity, the provider is enrolled with the State agency administering the State plan under this title. Such enrollment shall include providing to the State agency the provider’s identifying information, including the name, specialty, date of birth, Social Security number, national provider identifier, Federal taxpayer identification number, and the State license or certification number of the provider.

“(B) RULE OF CONSTRUCTION.—Nothing in subparagraph (A) shall be construed as requiring a provider described in such subparagraph to provide services to individuals who are not enrolled with a managed care entity under this title.”

(c) COORDINATION WITH CHIP.—

(1) IN GENERAL.—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (B), (C), (D), (E), (F), (G), (H), (I), (J), (K), (L), (M), (N), and (O) as subparagraphs (D), (E), (F), (G), (H), (I), (J), (K), (M), (N), (O), (P), (Q), and (R), respectively;

(B) by inserting after subparagraph (A) the following new subparagraphs:

“(B) Section 1902(a)(39) (relating to termination of participation of certain providers).

“(C) Section 1902(a)(78) (relating to enrollment of providers participating in State plans providing medical assistance on a fee-for-service basis).”

(C) by inserting after subparagraph (K) (as redesignated by subparagraph (A)) the following new subparagraph:

“(L) Section 1903(m)(3) (relating to limitation on payment with respect to managed care).”; and

(D) in subparagraph (P) (as redesignated by subparagraph (A)), by striking “(a)(2)(C) and (h)” and inserting “(a)(2)(C) (relating to Indian enrollment), (d)(5) (relating to contract

requirement for managed care entities), (d)(6) (relating to enrollment of providers participating with a managed care entity), and (h) (relating to special rules with respect to Indian enrollees, Indian health care providers, and Indian managed care entities)”.

(2) EXCLUDING FROM MEDICAID PROVIDERS EXCLUDED FROM CHIP.—Section 1902(a)(39) of the Social Security Act (42 U.S.C. 1396a(a)(39)) is amended by striking “title XVIII or any other State plan under this title” and inserting “title XVIII, any other State plan under this title, or any State child health plan under title XXI”.

(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as changing or limiting the appeal rights of providers or the process for appeals of States under the Social Security Act.

(e) OIG REPORT.—Not later than March 31, 2020, the Inspector General of the Department of Health and Human Services shall submit to Congress a report on the implementation of the amendments made by this section. Such report shall include the following:

(1) An assessment of the extent to which providers who are included under subsection (1) of section 1902 of the Social Security Act (42 U.S.C. 1396a) (as added by subsection (a)(3)) in the database or similar system referred to in such subsection are terminated (as described in subsection (kk)(8) of such section, as added by subsection (a)(1)) from participation in all State plans under title XIX of such Act.

(2) Information on the amount of Federal financial participation paid to States under section 1903 of such Act in violation of the limitation on such payment specified in subsections (i)(2)(D) and subsection (m)(3) of such section, as added by subsection (a)(4).

(3) An assessment of the extent to which contracts with managed care entities under title XIX of such Act comply with the requirement specified in section 1932(d)(5) of such Act, as added by subsection (a)(2).

(4) An assessment of the extent to which providers have been enrolled under section 1902(a)(78) or 1932(d)(6)(A) of such Act (42 U.S.C. 1396a(a)(78), 1396u–2(d)(6)(A)) with State agencies administering State plans under title XIX of such Act.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 396—EX-PRESSING THE SENSE OF THE SENATE THAT INDIVIDUALS CAPTURED BY THE UNITED STATES FOR SUPPORTING THE ISLAMIC STATE OF IRAQ AND THE LEVANT SHOULD BE DETAINED AT UNITED STATES NAVAL STATION, GUANTANAMO BAY, CUBA

Mr. DAINES (for himself, Mr. MORAN, Mr. GARDNER, Mr. COTTON, Mr. ROBERTS, Mr. INHOFE, Mr. RUBIO, Mr. KIRK, Mr. BOOZMAN, Mr. CRUZ, Mrs. ERNST, Mr. ISAKSON, Mr. SCOTT, Mr. VITTER, Mr. HATCH, and Mr. PERDUE) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 396

Resolved, That it is the sense of the Senate that—

(1) the Islamic State of Iraq and the Levant (ISIL) has declared war on the United States;