

104<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4160

To amend titles XVIII and XIX of the Social Security Act to require Medicare and Medicaid health plans to provide for orientation and medical profiles for enrollees and to require Medicaid health plans to assure appropriate immunizations for children.

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## IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 24, 1996

Mr. STARK introduced the following bill; which was referred to the Committee on Commerce, and in addition to the Committee on Ways and Means, 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

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## A BILL

To amend titles XVIII and XIX of the Social Security Act to require Medicare and Medicaid health plans to provide for orientation and medical profiles for enrollees and to require Medicaid health plans to assure appropriate immunizations for children.

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 “Medicare and Medicaid  
5        Health Plan Beneficiary Orientation and Medical Profile  
6        Act of 1996”.

1 **SEC. 2. PROHIBITION ON PAYMENTS UNDER MEDICARE**  
2 **UNTIL COMPLETION OF ORIENTATION AND**  
3 **MEDICAL PROFILE.**

4 (a) IN GENERAL.—Section 1876(c)(3) of the Social  
5 Security Act (42 U.S.C. 1395mm(c)(3)) is amended by  
6 adding at the end the following:

7 “(G)(i) The Secretary may not make a payment to  
8 an eligible organization under a risk-sharing contract  
9 under this section with respect to an enrollee until the eli-  
10 gible organization certifies to the Secretary that the orga-  
11 nization—

12 “(I) has provided the enrollee an orientation as  
13 described in clause (ii), and

14 “(II) has a medical profile described in clause  
15 (iii) with respect to the enrollee.

16 “(ii) The orientation required under this subpara-  
17 graph includes an explanation of the following features of  
18 the health plan offered by such organization:

19 “(I) Access to care, including choice of physi-  
20 cian, physician location, and hospital coverage.

21 “(II) Utilization review procedures and referral  
22 practices.

23 “(III) Payment structures (including any de-  
24 ductible), additional health care services available  
25 with or without a fee (and the amount of any such

1 fee), applicable coverage packages, and copayment  
2 rates.

3 “(IV) Any physician incentive plan that such  
4 organization operates under the health plan.

5 “(V) Any other procedures required under the  
6 plan that affect access to care.

7 “(iii) The medical profile described in this clause is  
8 such profile of the medical condition of the enrollee as the  
9 Secretary shall specify by regulation.”.

10 (b) PROMULGATION OF REQUIREMENTS FOR ORI-  
11 ENTATION AND MEDICAL PROFILE.—Not later than 180  
12 days after the date of the enactment of this Act, the Sec-  
13 retary of Health and Human Services shall, by rule, first  
14 specify the elements of the orientation and of the medical  
15 profile described in clauses (ii) and (iii) of section  
16 1876(c)(3)(G) of the Social Security Act (as added by sub-  
17 section (a)). Chapter 8 of title 5, United States Code, shall  
18 not apply to such rule. Such rule shall apply on a final  
19 basis, pending notice and opportunity for public comment.

20 (c) EFFECTIVE DATE.—The amendment made by  
21 subsection (a) applies with respect to enrollees as of the  
22 first day of the first month that begins more than 60 days  
23 after the date on which the Secretary first publishes the  
24 rule under subsection (b) in the Federal Register.

1 **SEC. 3. PROHIBITION ON PAYMENTS UNDER MEDICAID**  
2 **UNTIL COMPLETION OF ORIENTATION, MEDI-**  
3 **CAL PROFILE, AND IMMUNIZATION.**

4 (a) REQUIREMENT FOR ORIENTATION AND MEDICAL  
5 PROFILE.—

6 (1) IN GENERAL.—Notwithstanding any other  
7 provision of law, no payment shall be made to a  
8 State under title XIX of the Social Security Act with  
9 respect to expenditures incurred by it for payment  
10 (determined under a prepaid capitation basis or  
11 under any other risk basis) for services provided by  
12 any entity (including a health insuring organization)  
13 for an individual enrolled with the entity until the  
14 entity certifies to the Secretary of Health and  
15 Human Services that—

16 (A) the entity has provided the enrollee  
17 with such orientation as the Secretary of  
18 Health and Human Services specifies, which  
19 orientation shall include the explanation of  
20 rights described in paragraph (2) and the expla-  
21 nation of access to care described in paragraph  
22 (3);

23 (B) the entity has a medical profile de-  
24 scribed in section 1876(e)(3)(G)(iii) of the So-  
25 cial Security Act (as added by section 2(a))  
26 with respect to the enrollee; and

1 (C) if the entity is responsible for the pro-  
2 vision (directly or through arrangements with  
3 providers of services) of immunizations for an  
4 enrollee who is a child—

5 (i) the entity has obtained the immu-  
6 nization status of such child, and

7 (ii) the entity has begun to provide  
8 (or is providing) for immunizations of such  
9 child in accordance with the standards es-  
10 tablished for early and periodic screening,  
11 diagnostic, and treatment services under  
12 such title.

13 (2) EXPLANATION OF RIGHTS.—The expla-  
14 nation of rights described in this paragraph shall in-  
15 clude an explanation of an enrollee’s rights under  
16 such title in relation to enrollment with the entity,  
17 including an explanation of—

18 (A) the enrollee’s rights to benefits from the en-  
19 tity,

20 (B) the restrictions on payments under such  
21 title for services furnished other than by or through  
22 the entity,

23 (C) out-of-area coverage provided by the entity,

24 (D) the entity’s coverage of emergency services  
25 and urgently needed care, and

1 (E) appeal rights of enrollees.

2 (3) EXPLANATION OF ACCESS TO CARE.—The  
3 explanation of access to care described in this para-  
4 graph includes an explanation of the following fea-  
5 tures of the benefits offered by the entity under such  
6 title:

7 (A) Access to care, including choice of phy-  
8 sician, physician location, and hospital coverage.

9 (B) Utilization review procedures and re-  
10 ferral practices.

11 (C) Payment structures and benefits.

12 (D) Any physician incentive plan that such  
13 entity operates in relation to the enrollee.

14 (E) Any other procedures required by the  
15 entity that affect access of the enrollee to care.

16 (b) PROMULGATION OF REQUIREMENTS FOR ORI-  
17 ENTATION AND MEDICAL PROFILE.—Not later than 180  
18 days after the date of the enactment of this Act, the Sec-  
19 retary of Health and Human Services shall, by rule, first  
20 specify the elements of the orientation and of the medical  
21 profile described in paragraphs (2) and (3) of subsection  
22 (a). Chapter 8 of title 5, United States Code, shall not  
23 apply to such rule. Such rule shall apply on a final basis,  
24 pending notice and opportunity for public comment.

25 (c) EFFECTIVE DATES.—

1           (1) IN GENERAL.—Subject to paragraph (2),  
2           subsection (a) applies with respect to enrollees as of  
3           the date that is 60 days after the date on which the  
4           Secretary first publishes the rule under subsection  
5           (b) in the Federal Register.

6           (2) IMMUNIZATION REQUIREMENTS.—Sub-  
7           section (a)(1)(C) applies with respect to enrollees as  
8           of the first day of the first month that begins more  
9           than 60 days after the date on which the Secretary  
10          first publishes the rule under subsection (b) in the  
11          Federal Register.

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