Whereas school counselors have long advocated that the education system of the United States must leave no child behind and must provide opportunities for every student;

Whereas personal and social growth results in increased academic achievement;

Whereas school counselors help develop well-rounded students by guiding the students through their academic, personal, social, and career development;

Whereas school counselors have been instrumental in helping students, teachers, and parents deal with the trauma that was inflicted upon them by hurricanes Katrina, Rita, and Wilma, and other recent natural disasters;

Whereas students face a myriad of challenges every day, including peer pressure, depression, the deployment of family members to serve in conflicts overseas, and school violence;

Whereas school counselors are usually the only professionals in a school building who are trained in both education and mental health matters;

Whereas the roles and responsibilities of school counselors are often misunderstood, and the school counselor position is often among the first to be eliminated in order to meet budgetary constraints;

Whereas the national average ratio of students to school counselors of 475-to-1 is almost twice the 250-to-1 ratio recommended by the American School Counselor Association, the American Counseling Association, the American Medical Association, the American Psychological Association, and other organizations; and

Whereas the celebration of National School Counseling Week would increase awareness of the important and necessary role school counselors play in the lives of students in the United States: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of February 1 through February 5, 2010, as ''National School Counseling Week''; and

(2) encourages the people of the United States to observe the week with appropriate ceremonies and activities that promote awareness of the role school counselors perform in the school and the community at large in preparing students for fulfilling lives as contributing members of society.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3265. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table.

SA 3266. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3267. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3268. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3269. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3270. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3271. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3272. Mr. LEMIEUX submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3273. Mrs. SHAHEEN (for herself, Mr. BENNET, and Ms. COLLINS) submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3274. Mr. MERKLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

SA 3275. Ms. SNOWE submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3265. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 179, line 5, add at the end the following: ''Of the amount appropriated under this subsection, there shall be made available $100,000,000 for each of fiscal years 2010 through 2019 to carry out section 4101 (and the amendments made by such section), $1,000,000,000 for each of fiscal years 2010 through 2013 for the National Cancer Institute (in addition to amounts otherwise appropriated to such Institute), and $120,000,000 for each of fiscal years 2010 through 2019 for the Maternal and Child Health Services Block Grant program under title V of the Social Security Act.''.

SA 3266. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

SEC. 6608. REQUIRED INVESTIGATION OF OUTLIERS.

Section 1862 of the Social Security Act (42 U.S.C. 1395y), as amended by section 6402(h), is amended by adding at the end the following new subsection:

''(p) REQUIRED INVESTIGATION OF OUTLIERS.—The Secretary shall conduct an investigation (in consultation with the Inspector General of the Department of Health and Human Services) or other appropriate review of a provider of services or supplier if the Secretary determines that the provider of services or supplier is an outlier in terms of utilization or payment under this title over a period of not less than 2 years.''.

SA 3267. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1783, between lines 2 and 3, insert the following:

SEC. 6412. REQUIRING INDIVIDUALS OR ENTITIES THAT PARTICIPATE IN OR CONDUCT ACTIVITIES UNDER FEDERAL HEALTH CARE PROGRAMS TO COMPLY WITH CERTAIN CONGRESSIONAL REQUESTS.

(a) IN GENERAL.—Section 1128J of the Social Security Act, as added by section 6402, is amended by adding at the end the following new subsection:

''(f) COMPLIANCE WITH CERTAIN REQUESTS BY INDIVIDUALS AND ENTITIES THAT PARTICIPATE IN OR CONDUCT ACTIVITIES UNDER FEDERAL HEALTH CARE PROGRAMS.—

''(1) IN GENERAL.—Any individual or entity that participates in or conducts activities under a Federal health care program (as defined in section 1128B(f)) shall, as a condition of such participation or such conduct, comply (at a time and in a manner specified by the Chairman or ranking member) with any request submitted by the Chairman or the ranking member of a relevant committee of Congress to the individual or entity for the following:

''(A) Documents.

''(B) Information.

''(C) Interviews.

''(2) RELEVANT COMMITTEE OF CONGRESS DEFINED.—In this subsection, the term 'relevant committee of Congress' means the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.''.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date that is 2 years after the date of enactment of this Act.

SA 3268. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

SEC. 6608. MEDICAL ID THEFT INFORMATION SHARING PROGRAM AND CLEARINGHOUSE.

(a) ESTABLISHMENT.—Not later than 24 months after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary''), acting through the Administrator of the Centers for Medicare & Medicaid Services and in coordination with the Chairman of the Federal Trade Commission, shall establish an information sharing program regarding beneficiary medical ID theft under the programs under titles XVIII, XIX, and XXI of the Social Security Act (in this section referred to as the ''program'').

(b) CONTENTS OF PROGRAM.—The program shall include—

(1) the establishment of methods to identify and detect relevant warning signs of medical ID theft; and

(2) the establishment of appropriate responses to such warning signs that would mitigate and prevent beneficiary medical ID theft; and

(3) the development of a detailed plan to update the program as appropriate, taking into consideration such warning signs and appropriate responses.

(c) ESTABLISHMENT OF CLEARINGHOUSE.—The Secretary, in coordination with the Chairman of the Federal Trade Commission, shall establish a clearinghouse at the Centers for Medicare & Medicaid Services that collects reports of ID theft against beneficiaries under the programs under titles XVIII, XIX, and XXI of the Social Security Act from the Federal Trade Commission and other sources determined appropriate by the Secretary. Such clearinghouse shall be used to fight medical ID theft against beneficiaries and to prevent the improper payment of claims under such programs.

SA 3269. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1740, strike lines 1 through 16, and insert the following:

''(o) SUSPENSION AUTHORITY.—

''(1) IN GENERAL.—The Secretary shall suspend payment to a provider of services or supplier under this title pending an investigation of credible allegations of fraud against the provider of services or supplier, unless the Secretary finds good cause not to suspend such payment.

''(2) CONSULTATION.—The Secretary shall consult with the Inspector General of the Department of Health and Human Services in determining whether there is a credible allegation of fraud against a provider of services or supplier.''.

SA 3270. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

SEC. 6608. PERMISSIVE EXCLUSION AUTHORITY.

Clauses (i) and (ii) of section 1128(b)(15)(A) of the Social Security Act (42 U.S.C. 1320a–7(b)(15)(A)) are amended to read as follows:

''(i) who has or had a direct or indirect ownership or control interest in the sanctioned entity and who knew or should have known (as defined in section 1128A(i)(7)) of the action constituting the basis for the conviction or exclusion described in subparagraph (B); or

''(ii) who is or was an officer or managing employee (as defined in section 1126(b)) of such an entity at the time of the action constituting the basis for the conviction or exclusion so described.''.

SA 3271. Mr. GRASSLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1783, between lines 2 and 3, insert the following:

SEC. 6412. REQUIREMENTS FOR THE TRANSMISSION OF MANAGEMENT IMPLICATION REPORTS BY THE HHS OIG.

Section 1128J of the Social Security Act, as added by section 6402, is amended by adding at the end the following new subsection:

''(f) TRANSMISSION OF MANAGEMENT IMPLICATION REPORTS BY THE HHS OIG.—

''(1) CONGRESSIONAL NOTIFICATION.—Not later than 30 days after the transmission by the Inspector General of the Department of Health and Human Services to another agency of the Department of Health and Human Services of a management implication report, the Inspector General shall notify the relevant committees of Congress of such transmission.

''(2) SECRETARIAL RESPONSE.—The Secretary shall respond to a management implication report transmitted under paragraph (1) not later than 90 days after such transmission.

''(3) RELEVANT COMMITTEES OF CONGRESS DEFINED.—In this subsection, the term 'relevant committees of Congress' means the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.''.

SA 3272. Mr. LEMIEUX submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 1798, between lines 21 and 22, insert the following:

SEC. 6608. OTHER MISCELLANEOUS PROVISIONS.

(a) INCREASED CIVIL MONEY PENALTIES AND CRIMINAL FINES AND SENTENCES FOR MEDICARE FRAUD AND ABUSE.—

(1) INCREASED CIVIL PENALTIES AND CRIMINAL FINES.—

(A) INCREASED CIVIL MONEY PENALTIES.—Section 1128A of the Social Security Act (42 U.S.C. 1320a-7a) is amended—

(i) in subsection (a), in the flush matter following paragraph (7)—

(I) by striking ''$10,000'' each place it appears and inserting ''$20,000'';

(II) by striking ''$15,000'' and inserting ''$30,000''; and

(III) by striking ''$50,000'' and inserting ''$100,000''; and

(ii) in subsection (b)—

(I) in paragraph (1), in the flush matter following subparagraph (B), by striking ''$2,000'' and inserting ''$4,000'';

(II) in paragraph (2), by striking ''$2,000'' and inserting ''$4,000''; and

(III) in paragraph (3)(A)(i), by striking ''$5,000'' and inserting ''$10,000''.

(B) INCREASED CRIMINAL FINES.—Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b) is amended—

(i) in subsection (a), in the flush matter following paragraph (6)—

(I) by striking ''$25,000'' and inserting ''$100,000''; and

(II) by striking ''$10,000'' and inserting ''$20,000'';

(ii) in subsection (b)—

(I) in paragraph (1), in the flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000''; and

(II) in paragraph (2), in the flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000'';

(iii) in subsection (c), by striking ''$25,000'' and inserting ''$100,000'';

(iv) in subsection (d), in the second flush matter following subparagraph (B), by striking ''$25,000'' and inserting ''$100,000''; and

(v) in subsection (e), by striking ''$2,000'' and inserting ''$4,000''.

(C) EFFECTIVE DATE.—The amendments made by this subsection shall apply to civil money penalties and fines imposed for actions taken on or after the date of enactment of this Act.

(2) INCREASED SENTENCES FOR FELONIES INVOLVING MEDICARE FRAUD AND ABUSE.—

(A) FALSE STATEMENTS AND REPRESENTATIONS.—Section 1128B(a) of the Social Security Act (42 U.S.C. 1320a-7b(a)) is amended, in clause (i) of the flush matter following paragraph (6), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(B) ANTI-KICKBACK.—Section 1128B(b) of the Social Security Act (42 U.S.C. 1320a-7b(b)) is amended—

(i) in paragraph (1), in the flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''; and

(ii) in paragraph (2), in the flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(C) FALSE STATEMENT OR REPRESENTATION WITH RESPECT TO CONDITIONS OR OPERATIONS OF FACILITIES.—Section 1128B(c) of the Social Security Act (42 U.S.C. 1320a-7b(c)) is amended by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(D) EXCESS CHARGES.—Section 1128B(d) of the Social Security Act (42 U.S.C. 1320a-7b(d)) is amended, in the second flush matter following subparagraph (B), by striking ''not more than 5 years'' and inserting ''not more than 10 years''.

(E) MINIMUM SENTENCE.—Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b) is amended by adding at the end thereof the following:

''(g) Notwithstanding any other provision of this section, the minimum period of imprisonment for a conviction under this section relating to Medicare fraud and abuse (if such imprisonment is otherwise provided for under this section) shall be 1 year and 1 day.''.

(F) EFFECTIVE DATE.—The amendments made by this subsection shall apply to criminal penalties imposed for actions taken on or after the date of enactment of this Act.

(b) CONSUMER RIGHT-TO-KNOW.—At the end of title I, insert the following:

''SEC. 1563. CONSUMER RIGHT TO KNOW.

''(a) DEVELOPMENT OF INFORMATION SYSTEM.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall develop a system for the collection of quality and pricing information related to the provision of health care services. Through the use of such information, the Secretary shall, to the extent practicable—

''(1) determine the lowest, median, average, and highest charged amount and reimbursed amount for each outpatient and inpatient health care procedure conducted at each facility in the United States;

''(2) provide comparisons of such prices with respect to procedures in similar facilities in the same county, city, State and on a national basis; and

''(3) develop quality of care data, including data on consumer satisfaction, coordination and continuity of care, infrastructure, the results of accreditation, Medicare-related information, and other survey information, and combine such data with price information to enable consumers to make informed choices.

''(b) USE OF EXISTING SOURCES.—To the extent that the information required under subsection (a) is being collected by the Centers for Medicare & Medicaid Services, States, State medical societies, or private sector entities, the Secretary, to the extent practicable, utilize such information to carry out such subsection.

''(c) AVAILABILITY OF INFORMATION.—The Secretary, either directly or through contract, shall make the information and data collected and developed under this section available on an Internet website. Such information and data shall be displayed by payer (such as Medicare, Medicaid, health insurance plans, employer-based health plans, and other types of health care coverage).''.

(c) PRODUCTIVITY AWARD PROGRAM.—After section 3027, insert the following:

''SEC. 3028. PRODUCTIVITY AWARD PROGRAM.

''Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall establish a Productivity Award Program to recognize employees, work units, and contractors of the Centers for Medicare & Medicaid whose work significantly and measurably increases productivity and promotes innovation to improve the delivery of services and achieving savings for taxpayers. The amount of any such award shall be equal to 10 percent of the amount of the estimated saving to the Federal Government as a result of the action resulting in the award (as determined by the Secretary), but not to exceed $50,000.''.

SA 3273. Mrs. SHAHEEN (for herself, Mr. BENNET, and Ms. COLLINS) submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 796, between lines 5 and 6, insert the following:

SEC. 3028. IMPROVEMENTS TO COMMUNITY-BASED CARE TRANSITIONS PROGRAM.

Section 3026 is amended—

(1) in subsection (a), by inserting ''evidence-based'' before ''care transition services'';

(2) in subsection (b)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by striking ''The term'' and inserting ''Subject to paragraph (7), the term''; and

(B) by adding at the end the following new paragraph:

''(7) LIMITATION.—The term 'eligible entity' includes a subsection (d) hospital described in paragraph (1)(A) or a community-based organization described in paragraph (1)(B) only if the provider of services or organization demonstrates to the Secretary relevant training and experience in the delivery of care transition services, including for individuals providing such services under the program.'';

(3) in subsection (c)—

(A) in paragraph (1)—

(i) by redesignating subparagraph (B) as subparagraph (C);

(ii) by inserting after subparagraph (A) the following new subparagraph:

''(B) EVALUATION.—

''(i) IN GENERAL.—The Secretary shall conduct an evaluation of the program, and shall take such evaluation into account in determining whether to expand the program under subparagraph (C).

''(ii) DETERMINATION OF CRITERIA.—The Secretary shall determine the criteria used under such evaluation, taking into account hospital readmission rates and the experiences of primary caregivers and high-risk Medicare beneficiaries under the program, including the quality of care transition interventions and health outcomes.'';

(iii) in subparagraph (C), as redesignated by subparagraph (A), by striking ''that such expansion'' and all that follows through the period at the end and inserting ''that such expansion would—

''(i) reduce spending under title XVIII of the Social Security Act without reducing quality of care;

''(ii) improve quality of care and reduce such spending; or

''(iii) improve quality of care without increasing such spending.''; and

(iv) by adding at the end the following new subparagraph:

''(D) REQUIRED ELEMENTS OF PROGRAM DURING EXPANSION PERIOD.—If the Secretary expands the program under subparagraph (C), the following shall apply with respect to such expansion:

''(i) EVIDENCE-BASED SERVICES.—The Secretary shall require the use of only evidence-based care transition services during such expansion.

''(ii) EXPANSION OF ELIGIBLE ENTITIES.—The Secretary shall expand the type of providers of services or organizations that may qualify as eligible entities for the provision of care transition services under subsection (b)(1), such as a home health agency, primary health care practice, or a Federally qualified health center. Any provider of services or organization that so qualifies under the preceding sentence shall be required to demonstrate to the Secretary relevant training and experience in the delivery of evidence-based care transition services, including for individuals providing such services under the program.'';

(B) in paragraph (2)(B)—

(i) in the matter preceding clause (i), by striking '', which may include the following:'' and inserting ''. Each care transition intervention proposed shall include, at a minimum, the following:'';

(ii) in clause (i)—

(I) by inserting ''(and, as appropriate, the primary caregiver of the beneficiary)'' after ''high-risk Medicare beneficiary'';

(II) by striking ''not later than 24 hours''; and

(III) by inserting '', with a recommendation that such services should be initiated not less than 24 hours prior to such discharge and, whenever possible, earlier in the stay at the eligible entity'' before the period at the end; and

(iii) by adding at the end the following new clauses:

''(vi) Providing care transition services to the high-risk Medicare beneficiary (and, as appropriate, the primary caregiver of the beneficiary) under the care transition intervention after admission and prior to the discharge of the beneficiary from the eligible entity and for a period of up to 90 days after such discharge.

''(vii) Providing at least some of the care transition services provided to the high-risk Medicare beneficiary under the care transition intervention in-person.''; and

(C) in paragraph (3)—

(i) in subparagraph (A), by striking ''or'' at the end;

(ii) in subparagraph (B), by striking the period at the end and inserting ''; or''; and

(iii) by adding at the end the following new subparagraph:

''(C) support inpatient and ambulatory health care providers in improving the safety and quality of care, with a governing body that is not comprised of a majority of any type of provider or profession.'';

(4) by redesignating subsection (f) as subsection (g); and

(5) by inserting after subsection (e) the following new subsection:

''(f) PROVISION OF DE-IDENTIFIED DATA TO PROVIDERS OF SERVICES AND SUPPLIERS.—

''(1) IN GENERAL.—Notwithstanding any other provision of law, subject to paragraph (3), an eligible entity participating in the program may make available to providers of services and suppliers participating in a care transition intervention under the program de-identified data with respect to high-risk Medicare beneficiaries.

''(2) DATA.—Data made available under paragraph (1) shall identify services provided by providers of services and suppliers to high-risk Medicare beneficiaries, for the purposes of—

''(A) improving the safety, quality, and effectiveness of care transition services provided to those beneficiaries under the program; and

''(B) measuring the safety, quality, and effectiveness of such services provided by a provider of services or supplier to the safety, quality, and effectiveness of such services provided by another provider of services or supplier.

''(3) PRIVACY STANDARDS.—Nothing in this subsection shall be construed to limit, alter, or affect the requirements imposed by the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.''.

SA 3274. Mr. MERKLEY submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time

homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 144, between lines 23 and 24, insert the following:

(3) STANDARDS FOR OFFERING PLANS THROUGH EXCHANGE.—In carrying out its responsibilities under paragraph (1)(B), an Exchange may—

(A) set standards under which health plans may be offered through the Exchange, including the authority to negotiate bids; and

(B) enforce such standards, including by refusing to certify a health plan as a qualified health plan that may be offered through the Exchange.

SA 3275. Ms. SNOWE submitted an amendment intended to be proposed to amendment SA 2786 proposed by Mr. REID (for himself, Mr. BAUCUS, Mr. DODD, and Mr. HARKIN) to the bill H.R. 3590, to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes; which was ordered to lie on the table; as follows:

On page 816, after line 20, insert the following:

SEC. 3115. ACCREDITATION REQUIREMENT FOR ROTARY WING AIR AMBULANCE SERVICES.

Section 1834 of the Social Security Act (42 U.S.C. 1395m), as amended by this Act, is amended by adding at the end the following new subsection:

''(p) ESTABLISHMENT OF ROTARY WING AIR AMBULANCE ACCREDITATION PROCESS.—

''(1) IN GENERAL.—

''(A) ESTABLISHMENT OF PROCESS.—The Secretary, in consultation with the Secretary of Transportation (acting through the Administrator of the Federal Aviation Administration), shall establish a process for the accreditation of suppliers and providers of rotary wing air ambulance services reimbursed under the fee schedule established under subsection (l).

''(B) REQUIREMENT.—On or after January 1, 2012, payment may only be made to a supplier or provider of rotary wing air ambulance services (whether provided directly or under arrangement with a provider under this part) under the fee schedule established under subsection (l) if such supplier or provider is accredited by an organization designated by the Secretary pursuant to the process described in paragraph (2).

''(2) ACCREDITATION ORGANIZATIONS.—

''(A) DESIGNATION.—Not later than June 30, 2011, the Secretary shall designate organizations to accredit suppliers and providers of rotary wing air ambulance services under the process established under paragraph (1).

''(B) FACTORS FOR DESIGNATION.—The Secretary shall consider the following factors in designating accreditation organizations under subparagraph (A):

''(i) The ability of the organization to provide timely reviews of applications.

''(ii) Whether the organization uses random site visits, site audits, or other strategies for ensuring adherence to the criteria developed under paragraphs (3), (4), and (5).

''(iii) The ability of the organization to take into account the capacities of and special circumstances applicable to suppliers and providers of rural air ambulance services (as defined in subsection (l)(14)(C)).

''(iv) The ability of the organization to take into account the capacities of and special circumstances applicable to suppliers and providers of air ambulance services that are owned and operated by units of State or local government, including those that utilize a single aircraft for both air ambulance services and public safety purposes.

''(v) Whether the organization has established reasonable fees to be charged to suppliers and providers applying for accreditation.

''(vi) With respect to application of the criteria developed under paragraphs (3), (4), and (5), whether the organization has applicable experience in the accreditation of suppliers and providers.

''(vii) Whether the organization has developed an accreditation program that is adequate and appropriate to the goal of ensuring high caliber rotary wing air ambulance services.

''(viii) Such additional factors as are specified by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) with respect to quality, medical services, and emergency medical services integration considerations under paragraph (3)(A)(i).

''(ix) Such additional aviation safety-related factors as are developed by the Administrator of the Federal Aviation Administration under paragraph (4)(A).

''(x) The ability of the organization to effectively enforce the criteria developed under paragraphs (3), (4), and (5).

''(xi) Such other factors as the Secretary determines appropriate.

''(C) REVIEW AND MODIFICATION OF LIST OF ACCREDITATION ORGANIZATIONS.—The Secretary, in consultation with the Secretary of Transportation (acting through the Administrator of the Federal Aviation Administration) shall review on a regular basis the list of organizations designated under subparagraph (A) with reference to the factors described in subparagraph (B) and, as a result of such review, may modify the list of organizations so designated by adding or removing organizations from such list.

''(3) DEVELOPMENT OF QUALITY, MEDICAL SERVICES, AND EMS INTEGRATION-RELATED DESIGNATION FACTORS AND ACCREDITATION CRITERIA.—

''(A) DEVELOPMENT OF DESIGNATION FACTORS AND ACCREDITATION CRITERIA BY ADMINISTRATOR OF CMS.—Not later than January 1, 2011, subject to subparagraphs (B) and (C), the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) shall—

''(i) develop and transmit to the Secretary the additional quality, medical services, and integration with State emergency medical services systems related factors considered under paragraph (2)(B)(viii) in designating accreditation organizations under paragraph (2)(A); and

''(ii) develop and provide to the Secretary high-caliber quality, medical services, and emergency medical services integration criteria that accreditation organizations designated under paragraph (2)(A) shall utilize in the accreditation process established under paragraph (1).

''(B) CONSULTATION WITH FEDERAL AVIATION ADMINISTRATION.—The Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) shall consult with the Administrator of the Federal Aviation Administration in the development of the factors and criteria under clauses (i) and (ii), respectively, of subparagraph (A).

''(C) SCOPE OF QUALITY, MEDICAL SERVICES, AND EMS INTEGRATION-RELATED CRITERIA.—

''(i) CONSIDERATIONS.—In developing the criteria under subparagraph (A)(ii), the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) shall consider National Transportation Safety Board Recommendations A–09–102 through A–09–103 and A–09–106 through A–09–107.

''(ii) CRITERIA.—Such criteria shall address—

''(I) the presence and qualifications of medical personnel on board the air ambulance;

''(II) real-time coordination between suppliers and providers and 911 systems and integration with State emergency medical systems;

''(III) medical oversight of paramedics, flight nurses, or other medical personnel on board air ambulances;

''(IV) quality assurance;

''(V) design of the air ambulance medical bay for the provision of patient care;

''(VI) minimum medically related service requirements;

''(VII) medical equipment and supplies on board the air ambulance;

''(VIII) the need to obtain licensure of the air ambulance by the State within which it is based, consistent with paragraph (8)(C); and

''(IX) such other matters as the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services determines appropriate.

''(4) DEVELOPMENT OF AVIATION SAFETY-RELATED DESIGNATION FACTORS AND ACCREDITATION CRITERIA BY ADMINISTRATOR OF THE FAA.—

''(A) DEVELOPMENT OF DESIGNATION FACTORS AND ACCREDITATION CRITERIA.—Not later than January 1, 2011, subject to subparagraphs (B) and (C), the Administrator of the Federal Aviation Administration shall—

''(i) develop and transmit to the Secretary the additional aviation safety-related factors to be used under paragraph (2)(B)(ix) in designating accreditation organizations under paragraph (2)(A); and

''(ii) develop and provide to the Secretary aviation safety-related criteria that accreditation organizations designated under paragraph (2)(A) shall utilize in the accreditation process established under paragraph (1).

''(B) SOLE AUTHORITY OF FAA OVER DEVELOPMENT OF AVIATION SAFETY-RELATED DESIGNATION FACTORS AND ACCREDITATION CRITERIA.—The Administrator of the Federal Aviation Administration shall have sole authority over the development of designation factors and accreditation criteria under subparagraph (A).

''(C) SCOPE OF AVIATION SAFETY-RELATED CRITERIA.—

''(i) IN GENERAL.—The criteria developed by the Administrator of the Federal Aviation Administration under subparagraph (A) shall comprise minimum safety requirements for suppliers and providers of rotary wing air ambulance services to address aviation safety considerations particular to the transportation of patients between health care facilities and from emergency response locations for purposes of medical care and treatment that augment the operating standards under part 135 of title 14, Code of Federal Regulations and other statutory and regulatory requirements pertaining to aviation safety of helicopter aircraft used for emergency medical service.

''(ii) CRITERIA.—Such criteria shall consist of—

''(I) those criteria that the Administrator of the Federal Aviation Administration adopts based upon consideration of any National Transportation Safety Board Recommendations regarding the use of helicopter aircraft for emergency medical service that are not otherwise required by statute or regulation; and

''(II) such other matters as the Administrator of the Federal Aviation Administration determines appropriate.

''(5) REQUIREMENTS FOR CRITERIA DEVELOPMENT PROCESS.—

''(A) CONSIDERATION OF IMPACTS ON PATIENT AND RURAL ACCESS AND GOVERNMENT OWNED AND OPERATED SERVICE PROVIDERS; REQUIREMENT FOR STAKEHOLDER PARTICIPATION.—In developing accreditation criteria under paragraphs (3) and (4), the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration, respectively, shall—

''(i) ensure that such criteria avoid adversely impacting beneficiaries under this title and other patient access to medically necessary and reasonable rotary wing air ambulance services, particularly in rural areas;

''(ii) expressly consider—

''(I) the particular needs and circumstances of suppliers and providers of rural air ambulance services (as defined in subsection (l)(14)(C);

''(II) the particular needs and circumstances of those suppliers and providers of air ambulance services that are owned and operated by units of State or local government (including those that utilize a single aircraft for both air ambulance services and public safety purposes);

''(III) the extent to which any such criteria is economically feasible to ensure continued access to rotary wing air ambulance services, particularly in rural areas;

''(IV) the extent to which any such criteria is technically feasible, taking into account the ability of existing aircraft to comply with any such standards, as well as the market availability and future development of equipment and products that can be installed on or carried aboard existing rotary wing aircraft; and

''(V) the incorporation of any such criteria during appropriate implementation timeframes with the goal of transitioning toward higher caliber criteria for beneficiaries under this title over a reasonable period of time and in a manner that does not impede access to rotary wing air ambulance services, particularly in rural areas; and

''(iii) ensure that the process of developing such criteria is undertaken through a transparent process that provides for input from various stakeholders, including organizations representing physicians and other medical professionals, State, or local governments that own and operate air ambulance services, organizations representing air medical suppliers or providers, patient organizations, State emergency medical services, public health officials, and any other stakeholders determined appropriate by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) or the Administrator of the Federal Aviation Administration, respectively.

''(B) REGULAR UPDATING OF CRITERIA.—The Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration shall ensure that the criteria developed under paragraphs (3) and (4), respectively, are reviewed not less than frequently than every 2 years and updated as appropriate to reflect consideration of new medical and aviation standards, technologies, and equipment.

''(6) INCORPORATION OF ACCREDITATION CRITERIA.—

''(A) IN GENERAL.—The Secretary shall combine the criteria developed by the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) under paragraph (3) and the criteria developed by the Administrator of the Federal Aviation Administration under paragraph (4) into a single set of final criteria and ensure that accreditation organizations designated under paragraph (2)(A) apply such set of final criteria as substantive requirements in the accreditation process established under paragraph (1).

''(B) REVIEW.—The Secretary shall review such set of final criteria to ensure that, taken as a whole, such criteria are consistent with the requirements of clauses (i) and (ii) of paragraph (5)(A). If the Secretary determines that such set of final criteria is not consistent with such requirements, the Secretary shall request that the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services) and the Administrator of the Federal Aviation Administration modify such criteria in accordance with the process described in paragraphs (3), (4), and (5).

''(7) GRANDFATHER PROTECTION FOR AIRCRAFT PRESENTLY PROVIDING ROTARY WING AIR AMBULANCE SERVICES.—

''(A) IN GENERAL.—Subject to subparagraph (B), the Secretary shall exempt any rotary wing air ambulance listed on a currently valid operating certificate with A021 air ambulance operations specifications pursuant to parts 119 and 135 of title 14, Code of Federal Regulations or any air ambulance for which a contractual obligation to purchase such air ambulance had been entered into prior to the date of enactment of the Patient Protection and Affordable Care Act, from compliance with any accreditation criteria developed under paragraphs (3), (4), and (5) or incorporated under paragraph (6), if, as determined by the Administrator of the Federal Aviation Administration in consultation with the Secretary (acting through the Administrator of the Centers for Medicare & Medicaid Services), compliance with such criteria would require the replacement of such aircraft or impose an undue economic burden on a supplier or provider of rotary wing air ambulance services with respect to compliance costs.

''(B) LIMITATION.—The exemption authority under subparagraph (A) shall not apply to any new or used aircraft purchased after the date of enactment of the Patient Protection and Affordable Care Act (including aircraft purchased as a replacement for an existing aircraft) unless the supplier or provider was under contractual obligation to purchase such air ambulance prior to such date of enactment.

''(8) RELATIONSHIP TO OTHER LAWS AND AUTHORITIES.—Nothing in this section shall—

''(A) limit the authority of the Federal Aviation Administration over civil aviation or infringe upon any regulations or guidance respecting civil aviation safety;

''(B) affect the provisions of or requirements under section 41713(b) of title 49, United States Code; or

''(C) affect the authority of States to license providers of air ambulance services or medical personnel aboard such air ambulances, except to the extent otherwise prohibited by law, including such section 41713(b).''.

EXPANDING VETERAN ELIGIBILITY FOR REIMBURSEMENT

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the Veterans' Affairs Committee be discharged from further consideration of H.R. 1377 and the Senate proceed to its immediate consideration.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report the bill by title.

The bill clerk read as follows:

A bill (H.R. 1377) to amend title 38, United States Code, to expand veteran eligibility for reimbursements by the Secretary of Veterans Affairs for emergency treatment furnished in a non-Department facility, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. AKAKA. Mr. President, today I urge our colleagues to pass legislation that would rightfully correct a deficiency in the law governing emergency health care treatment for veterans.

H.R. 1377, which passed the House in March of this year, would expand veteran eligibility for reimbursement for emergency treatment furnished in a non-Department facility. H.R. 1377 is a companion bill to provisions contained in S. 1963, the Caregiver and Veterans Omnibus Health Services Act of 2009, which passed the Senate just a few weeks ago.

Under current law, originally enacted on November 30, 1999, a veteran who is enrolled in VA's health care system can be reimbursed for emergency treatment received at a non-VA hospital. However, the statute only permits such VA reimbursement if the veteran has no other outside health insurance, no matter how limited that other coverage might be. This means that a veteran who has any insurance is not entitled to reimbursement from VA for emergency medical treatment received at a non-VA facility. This holds true even if the veteran's insurance policy does not cover the full amount owed.

In discussing the importance of this legislation, I mention one particular story that came to the committee's attention. A disabled Vietnam veteran from Illinois was in a serious motorcycle accident which led to emergency medical bills totaling over $100,000. This veteran had state mandated motorcycle insurance, but it only covered $10,000 in expenses. Because under current law veterans are personally responsible for any difference between whatever coverage they have and the costs of their emergency care, VA was prohibited from paying for this veteran's care.

H.R. 1377 would modify current law so that a veteran who has outside insurance would be eligible for reimbursement in the event that the outside insurance does not cover the full amount of the emergency care. VA would be authorized to cover the difference between the amount the veteran's insurance will pay and the total cost of care. In essence, VA would become the payer of last resort in such cases. This would keep the veteran from being burdened by medical fees with no insurance with which to pay them. Additionally, this bill would also allow the Secretary of Veterans Affairs to retroactively apply this law to emergency treatment received between the effective date of the current law and the date of enactment of the legislation, thereby ensuring assistance to as many veterans as possible.

Mr. President, I urge passage of H.R. 1377 to rightfully fill this hole in veterans' health care.