

AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To provide a mechanism for cost containment in the nation's health care system.

**IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.**

**S. \_\_\_\_\_**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. BINGAMAN

Viz:

1 In section 1101(a), strike "The comprehensive" and  
2 insert "Subject to the provisions of section 1603, the com-  
3 prehensive".

4 In section 1603(a), insert the following new para-  
5 graphs and redesignate the remaining paragraph accord-  
6 ingly:

1           (2) FISCAL ANALYSIS BY NATIONAL HEALTH  
2 BOARD.—

3           (A) IN GENERAL.—Not later than 6  
4 months prior to the effective date of this Act,  
5 the National Health Board, in cooperation with  
6 the Congressional Budget Office, shall under-  
7 take and a conclude a fiscal analysis of—

8                   (i) the cost of the comprehensive ben-  
9 efits package under section 1101;

10                   (ii) the ability of the health care sys-  
11 tem's cost containment mechanisms, as de-  
12 fined in this Act, to control health care  
13 spending and Federal health expenditures  
14 based on current economic projections; and

15                   (iii) the impact of new health care fi-  
16 nancial obligations under this Act on the  
17 Federal budget deficit, in current economic  
18 terms, and the source of any projected  
19 spending increases, including those de-  
20 scribed in clauses (i) and (ii), provider re-  
21 imbursement rates, and administrative ex-  
22 penses.

23           (B) SUBMISSION OR REPORT.—The Board  
24 shall prepare and submit a preliminary analysis  
25 under this paragraph not later than January 1,

1 1997, and submit a final report not later than  
 2 July 1, 1997, and July 1 of each year there-  
 3 after.

4 (C) REQUIREMENT OF REPORT.—In a re-  
 5 port submitted under this paragraph, the Board  
 6 shall specify the source and amount of any Fed-  
 7 eral budget deficit increases in order that Con-  
 8 gress may more adequately assess other sources  
 9 of funding or spending reductions that may be  
 10 appropriate to maintain the benefit package  
 11 without adjustments.

12 (D) REPORT.—Based on the fiscal analysis  
 13 contained in a report under this paragraph, if  
 14 the Board concludes that the Federal govern-  
 15 ment's obligation to contribute to the health  
 16 care system (through the provision of subsidies  
 17 to employers and families) will result in pre-  
 18 viously unprojected increases in the Federal  
 19 budget deficit, the Board shall report and make  
 20 corrective recommendations to the President  
 21 and the Congress.

22 (3) REPORT AND RECOMMENDATIONS.—

23 (A) IN GENERAL.—If determined to be  
 24 necessary by the Board, in consultation with  
 25 the Congressional Budget Office, to prevent sig-

1           nificant Federal deficit increases attributable to  
2           the provisions of this Act (or subsequent  
3           amendments to this Act), the Board shall in-  
4           clude in the reports under paragraph (2)(B),  
5           adjustments in specific aspects of the com-  
6           prehensive benefits package (such as scope of  
7           benefits, co-payments, deductibles, and phase-  
8           in's for additional benefits) or other appropriate  
9           programmatic savings to achieve savings con-  
10          sistent with the findings in a report under para-  
11          graph (2).

12           (B) NO BOARD ADJUSTMENTS.—If the re-  
13          port of the Board under paragraph (2) contains  
14          no adjustments in the benefit package, the ben-  
15          efit package described in section 1101 shall be-  
16          come effective, except that the President may  
17          take action under section 9100(e)(4) as the  
18          President determines appropriate.

19           (C) BOARD ADJUSTMENTS.—If the report  
20          of the Board under paragraph (2) contains ad-  
21          justments in the benefit package or other ap-  
22          propriate program adjustments, the adjust-  
23          ments shall apply unless a joint resolution dis-  
24          approving the adjustments is passed by Con-  
25          gress within 45 legislative days of the date of

1 the submission of the report. The provisions of  
2 section 2908 of the Defense Base Closure and  
3 Realignment Act of 1990 shall apply to Con-  
4 gressional consideration of a joint resolution  
5 considered under this paragraph.

6 (D) AUTHORITY OF PRESIDENT.—The re-  
7 quirements of this section shall not be limited  
8 in any way by section 9100(e)(4) or any other  
9 provision of this Act.

10 (4) SCOPE OF RECOMMENDATIONS.—The  
11 Board may make adjustments in the services covered  
12 under the benefit package, including any periodicity  
13 tables; copayment, deductible, and out-of-pocket re-  
14 quirements; phase-in schedules for additional health  
15 benefits; and other appropriate programmatic ad-  
16 justments. The Board may not require co-payments  
17 for preventive health services, but may re-classify  
18 services described in section 1101 as preventive serv-  
19 ices.

Chris -

Here are the  
latest Republican  
amendments to the  
Kennedy bill. I got  
them this morning.

Monica Healy

800-240

4407

Possible Hatch Amendments  
Submitted May 18, 1994

Title I

1. Change reference from 1,000 to 100 for employee limitation in Sec. 1401

Title III

1. Pertaining to the role of Migrant and Community Health Centers in health care reform.

Title V:

1. One amendment modifying the language on malpractice. (Sec. 5301-5312)
2. One amendment on the quality management and improvement subtitle

United States Senate  
Committee on Labor and Human Resources

Senator Edward M. Kennedy, Chair

Amendments  
to the  
Health Security Act

Title I

May 18, 1994



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  9. Kassebaum Amendments List
  11. Kassebaum Amendment to strike subtitles C,D,E, and F of Title I, (relating to state responsibilities, purchasing cooperatives, large group sponsors, and health plans)
  13. Kassebaum Amendment to revise benefits provisions
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  57. Gregg Proposed Amendments (54, total)
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  73. Simon Amendment pertaining to the National Health Board
  77. Simon Amendment pertaining to State single-payer
  79. Simon Amendment pertaining to State single-payer
  81. Simon Amendment pertaining to OPM Insurance Program
  83. Simon Amendment relating to U.S. citizens receiving coverage who live outside the U.S.
  89. Wellstone Amendment to make technical and miscellaneous amendments
  91. Kennedy Amendment regarding psychotherapy coinsurance

Hatch Amendment  
Title I  
[Advisory Council on Breakthrough Drugs]

Strike Sec. 1672, Advisory Council on Breakthrough Drugs  
[pp. 105-106]



Hatch Amendments en bloc  
Title I  
[Abortion in the Benefits Package]

At the end of Section 1141(b) [p. 32] add a new subsection as follows:

"(10) Abortion, except where--

(A) a woman suffers from a physical disorder, illness, or injury that would, as certified by a physician, place the woman in danger of death if the fetus were carried to term; or

(B) the pregnancy is the result of rape or incest.

This paragraph shall not be construed to remove or diminish coverage of any reproductive health service, family planning service, or service for pregnant women otherwise provided for under this Act, except abortion."

At the end of Section 1151(b) [p. 32] add a new subsection as follows:

"(c) NO AUTHORITY TO ALTER ABORTION EXCLUSION.-- Notwithstanding any other provision of this Act, the National Health Board may not expand the comprehensive benefits package to include any abortion that is excluded under section 1141(b)(10)."



**Senator Coats' Amendments to the Chairman's Mark of  
The Health Security Act**

**Title I and Title VI Amendments**

1. Two amendments pertaining to abortion  
(Sec. 1141)
2. One amendment pertaining to Medical Savings Accounts
3. Five amendments pertaining to the standard benefits package  
(Sections 1114, 1115, 1135, and Parts 1-5 of Subtitle I of Title I)
4. One amendment pertaining to the FEHBP (Sec. 1321)
5. One amendment pertaining to balanced billing (Sec. 1507)
6. One amendment pertaining to direct billing (Sec. 1507)
7. Five amendments pertaining to taxes (Sec. 1914)
8. One amendment pertaining to community rating
9. Three amendments pertaining to a patient's choice of doctor and  
to preserve the patient-doctor relationship (Sec. 1141 / 1154)
10. One amendment pertaining to the religious conviction clause  
(Sec. 1162)
11. One amendment pertaining to sexual orientation  
(Sections 1202, 1236, 1303, and 1502)
12. Two amendments pertaining to the employer mandate (Sec. 6141)

8 a.m. Tuesday, May 17, 1994



AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To exclude abortions from the comprehensive benefit package except in certain circumstances.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

S. \_\_\_\_\_

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENTS intended to be proposed by Mr. COATS

Viz:

- 1 Add at the end of section 1141(b), the following:
- 2 (10) Abortions, except where—
- 3 (A) a woman suffers from a physical dis-
- 4 order, illness, or injury that would, as certified
- 5 by a physician, place the woman in danger of
- 6 death if the fetus were carried to term; or
- 7 (B) the pregnancy is the result of rape or
- 8 incest.



1 (c) CONSTRUCTION OF ABORTION EXCLUSION.—  
2 Subsection (b)(10) shall not be construed to remove of di-  
3 minish coverage of any reproductive health service, family  
4 planning service, or service for pregnant women otherwise  
5 provided for under this Act, except abortions.

6 Add at the end of section 1151, the following new  
7 subsection:

8 (c) NO AUTHORITY TO ALTER ABORTION EXCLU-  
9 SION.—Notwithstanding any other provision of this Act,  
10 the National Health Board may not expand the com-  
11 prehensive benefit package to include any abortion that  
12 is excluded under section 1141(b)(1).

May 17, 1994

MEMORANDUM

To: LABOR COMMITTEE MEMBERS AND STAFF  
From: Minority Health Staff/Sen. Kassebaum  
Subject: INTENDED AMENDMENTS FOR TOMORROW'S HEALTH REFORM MARKUP  
SESSION

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Listed below are amendments intended to be offered by Senator Kassebaum at tomorrow's initial markup session of the health reform legislation.

Additional amendments will be filed as the markup process continues. These will be filed the day prior to the day on which Senator Kassebaum intends to offer them.

\*\* Strike Subtitles C, D, E, and F of Title I (relating to state responsibilities, purchasing cooperatives, large group sponsors, and health plans)

\*\* Senator Kassebaum also serves notice that she may offer a partial substitute amendment during consideration of this bill to replace and revise the functions of these subtitles.

\*\* Amendment relating to benefits package construction

\*\* Amendment relating to removal of the employer and individual mandates

\*\* Amendment relating to the FEHBP buy-in option

\*\* Amendment relating to the state single-payer option

\*\* Amendment relating to retiree health benefit entitlement

\*\* Amendment relating to essential community providers

\*\* Amendment relating to FDA and distribution of prescription samples



AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To strike provisions in the bill relating to State responsibilities, consumer purchasing cooperatives, large group sponsors, and health plans.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

S. \_\_\_\_\_

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by  
Mrs. Kassebaum

Viz:

- 1 In title I of the bill, strike subtitles C, D, E, and
- 2 F and modify all references thereto accordingly.



AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To revise the benefits provisions of the bill

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

S. \_\_\_\_\_

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mrs. KASSEBAUM

Viz:

- 1 Strike subtitle B of title I and insert the following
- 2 new subtitle:

3 **Subtitle B—Benefits**

4 **SEC. 1301. OFFERING OF BENEFIT PACKAGES.**

- 5 (a) BENEFIT PACKAGES.—Each qualified health plan
- 6 shall provide the standard package which shall consist of
- 7 the categories of benefits specified under subsection (b),
- 8 subject to the applicable cost sharing requirement speci-
- 9 fied under subsection (c)(1) for such a package.

1 (b) CATEGORIES OF BENEFITS.—Subject to the pro-  
2 cedures for clarification and modification described in part  
3 II, categories of benefits consist of the following, but only  
4 when the provision of a benefit in the category is medically  
5 necessary or appropriate;

6 (1) Medical and surgical services (and supplies  
7 incident to such services).

8 (2) Medical equipment.

9 (3) Prescription drugs and biologicals.

10 (4) Preventive services.

11 (5) Rehabilitation and home health services re-  
12 lated to an acute care episode.

13 (6) Services for severe mental illness.

14 (7) Substance abuse services.

15 (8) Hospice services.

16 (9) Emergency transportation and transpor-  
17 tation for non-elective medically necessary services in  
18 frontier and similar areas.

19 (10) Extended care services in a nursing home  
20 only as an alternative to inpatient treatment in a  
21 hospital after an illness or injury.

22 (c) COST SHARING.—

23 (1) STANDARD PACKAGE.—The standard pack-  
24 age shall include deductibles, copayments, coinsur-

1       ance, and out-of-pocket limits on cost sharing estab-  
2       lished for such package pursuant to part II.

3               (2) LIMITATION.—In establishing cost sharing  
4       requirements under part II, the Commission shall  
5       establish a limit on the total amount of cost-sharing  
6       that may be incurred by a family within a class of  
7       family enrollment in a year.

8       (d) CRITERIA FOR DETERMINATION OF MEDICAL  
9       NECESSITY AND APPROPRIATENESS.—

10              (1) IN GENERAL.—A health plan shall provide  
11       for coverage of the categories of benefits described  
12       in subsection (b) only for treatments and diagnostic  
13       procedures when the health plan finds that such  
14       treatments and procedures are medically necessary  
15       or appropriate. In the case of dispute concerning a  
16       determination of medical necessity or appropriate-  
17       ness and subject to the succeeding provisions of this  
18       subsection, for purposes of this title, a treatment (as  
19       defined in subparagraph (6)(A)) or diagnostic proce-  
20       dure shall be considered to be “medically necessary  
21       or appropriate” if the following criteria are met:

22              (A) TREATMENT OR DIAGNOSIS OF MEDI-  
23       CAL CONDITION.—



1 (i) IN GENERAL.—The treatment or  
2 diagnostic procedure is for a medical con-  
3 dition.

4 (ii) MEDICAL CONDITION DEFINED.—  
5 The term “medial condition” means a dis-  
6 ease, illness, injury, or biological or psycho-  
7 logical condition or status for which treat-  
8 ment is indicated to improve, maintain, or  
9 stabilize a health outcome (as defined in  
10 paragraph (6)(B)) or which, in the absence  
11 of treatment, could lead to an adverse  
12 change in a health outcome.

13 (iii) ADVERSE CHANGE IN HEALTH  
14 OUTCOME DEFINED.—In clause (ii), an ad-  
15 verse change in a health outcome occurs if  
16 there is a biological or psychological  
17 decremental change in a health status.

18 (B) NOT INVESTIGATIONAL.—There must  
19 be sufficient evidence on which to base conclu-  
20 sions about the existence and magnitude of the  
21 change in health outcome resulting from the  
22 treatment or diagnostic procedure compared  
23 with the best available alternative (or with no  
24 treatment or diagnostic procedure if no alter-  
25 native treatment or procedure is available).

1 (C) EFFECTIVE AND SAFE.—The evidence  
2 must demonstrate that the treatment or diag-  
3 nostic procedure can reasonably be expected to  
4 produce the intended health result or provide  
5 intended information and is safe and the treat-  
6 ment or diagnostic procedure provides a clini-  
7 cally meaningful benefit with respect to safety  
8 and effectiveness in comparison to other avail-  
9 able alternatives or the patients current health  
10 status.

11 (2) RELATIONSHIP TO FDA REVIEW.—

12 (A) APPROVED DRUGS, BIOLOGICALS, AND  
13 MEDICAL DEVICES.—

14 (i) DRUGS.—A drug that has been  
15 found to be safe and effective under sec-  
16 tion 505 of the Federal Food, Drug, and  
17 Cosmetic Act is deemed to meet the re-  
18 quirements of paragraphs (1)(B) and  
19 (1)(C) (relating to not investigational and  
20 safety and effectiveness.)

21 (ii) BIOLOGICALS.—A biological that  
22 has been found to be safe and effective  
23 under section 351 of the Public Health  
24 Service Act is deemed to meet the require-  
25 ments of paragraphs (1)(B) and (1)(C)

1 (relating to not investigational and safety  
2 and effectiveness).

3 (iii) MEDICAL DEVICES.—A medical  
4 device that is marketed after the provision  
5 of a notice under section 510(k) of the  
6 Federal Food, Drug, and Cosmetic Act or  
7 that has an application for premarket ap-  
8 proval approved under section 515 of such  
9 Act is deemed to meet the requirements of  
10 paragraphs (1)(B) and (1)(C) (relating to  
11 not investigational and safety and effec-  
12 tiveness).

13 (B) OTHER DRUGS, BIOLOGICALS, AND DE-  
14 VICES.—A drug, biological, or medical device  
15 not described in subparagraph (A) shall be con-  
16 sidered to be investigational. Nothing shall pro-  
17 hibit a community-rated health plan from cover-  
18 ing (nor as compelling such a plan to cover)  
19 such drugs, biologicals, and medical devices, in-  
20 cluding treatment investigational new drugs.

21 (3) COVERAGE OF INVESTIGATIONAL TREAT-  
22 MENTS IN APPROVED RESEARCH TRIALS.—

23 (A) IN GENERAL.—Coverage of the routine  
24 medical costs (as defined in subparagraph (C))  
25 associated with the delivery of investigational

1 treatments (as defined in subparagraph (B))  
2 may be considered to be medically necessary or  
3 appropriate only if the treatment is part of an  
4 approved research trial (as defined in subpara-  
5 graph (D)).

6 (B) INVESTIGATIONAL TREATMENT DE-  
7 FINED.—In subparagraph (A), the term “inves-  
8 tigational treatment” means a treatment for  
9 which there is not sufficient evidence to deter-  
10 mine the health outcome of the treatment com-  
11 pared with the best available alternative treat-  
12 ment (or with no treatment if there is no alter-  
13 native treatment).

14 (C) ROUTINE MEDICAL COSTS DEFINED.—  
15 In subparagraph (A), the term “routine medical  
16 costs” means the cost of health services re-  
17 quired to provide treatment according to the de-  
18 sign of the trial, except those costs normally  
19 paid for by other funding sources (as defined by  
20 the Secretary). Such costs do not include the  
21 cost of the investigational agent, devices or pro-  
22 cedures themselves, the costs of any nonhealth  
23 services that might be required for a person to  
24 receive the treatment, or the costs of managing  
25 the research.

1 (D) APPROVED RESEARCH TRIAL DE-  
2 FINED.—In subparagraph (A), the term “ap-  
3 proved research trial” means a trial—

4 (i) conducted for the primary purpose  
5 of determining the safety, effectiveness, ef-  
6 ficacy, or health outcomes of a treatment,  
7 compared with the best available alter-  
8 native treatment, and

9 (ii) approved by the Secretary.

10 A trial is deemed to be approved under clause  
11 (ii) if it is approved by the National Institutes  
12 of Health, the Food and Drug Administration  
13 (through an investigational new drug exemp-  
14 tion), the Department of Veterans Affairs, the  
15 Department of Defense, or by a qualified non-  
16 governmental research entity (as identified in  
17 guidelines issued by one or more of the Na-  
18 tional Institutes of Health).

19 (4) DOCUMENTATION.—

20 (A) IN GENERAL.—Each community-rated  
21 health plan is responsible for maintaining docu-  
22 mentary evidence supporting the plan’s deci-  
23 sions to cover or to deny coverage based on the  
24 criteria specified in this subsection.

1 (B) DISCLOSURE.—Each community-rated  
2 health plan shall disclose to its enrollees, in a  
3 manner specified by the State, its coverage de-  
4 cisions and must submit information on such  
5 decisions to the State.

6 (5) ARBITRATION EVIDENCE.—The evidence  
7 that may be used in making coverage decisions  
8 under any arbitration process which may apply as a  
9 result of this Act includes—

10 (A) published peer-reviewed literature;

11 (B) opinions of medical specialty groups  
12 and other medical experts; and

13 (C) evidence of general acceptance by the  
14 medical community.

15 (6) TREATMENT AND HEALTH OUTCOME DE-  
16 FINED.—As used in this subsection:

17 (A) IN GENERAL.—The term “treatment”  
18 means any health care intervention undertaken,  
19 with respect to a specific indication, to improve,  
20 maintain, or stabilize a health outcome or to  
21 prevent or mitigate an adverse change in a  
22 health outcome.

23 (B) HEALTH OUTCOME.—The term  
24 “health outcome” means an outcome that af-  
25 fects the length and quality of an enrollee’s life.

1 (e) APPLICATION IN ARBITRATION PROCESS.—The  
2 criteria specified in subsection (d) shall be applied by arbi-  
3 trators under an arbitration process for disputes which  
4 may apply as a result of the enactment of this Act.

5 (f) FREEDOM TO OFFER BENEFITS.—Nothing in  
6 this section shall be construed to prohibit a community-  
7 rated health plan that is not a community-rated health  
8 plan from offering any health care benefits.

## 9 PART II—BENEFITS COMMISSION

### 10 SEC. 1311. ESTABLISHMENT.

11 There is established a commission to be known as the  
12 Benefits Commission (in this part referred to as the  
13 “Commission”).

### 14 SEC. 1312. DUTIES.

15 (a) INITIAL PROPOSAL.—Not later than the termi-  
16 nation of the 6-month period beginning on the date of the  
17 enactment of this Act, the Commission shall develop and  
18 submit to the Congress a proposal for legislation that in-  
19 cludes the following:

20 (1) CLARIFICATION OF CATEGORIES OF BENE-  
21 FITS.—A clarification of the categories of benefits to  
22 be included in the categories of benefits under sec-  
23 tion 1301(b). Such clarification—

24 (A) may eliminate a category of benefits;

1 (B) may not specify the categories of  
2 health care providers who are authorized to de-  
3 liver categories of benefits;

4 (C) with respect to the categories of bene-  
5 fits, may not specify (in this Act or by regula-  
6 tions) particular procedures or treatments, or  
7 classes thereof;

8 (D) with respect to section 1301(b)(9),  
9 shall, after consultation with the Federal Avia-  
10 tion Administration, provide for maximum flexi-  
11 bility to air ambulance services, consistent with  
12 basic public safety requirements, in order to  
13 avoid an adverse change in health outcomes  
14 (within the meaning of section 1301(d)(1)(A))  
15 for persons using such services; and

16 (E) with respect to categories of benefits,  
17 may specify (in this Act or through regulations)  
18 particular procedures or treatments that shall  
19 not be covered in a standard benefit package.

20 (2) SPECIFICATION OF COST SHARING.—A spec-  
21 ification of the precise deductibles, copayments, coin-  
22 insurance, and out-of-pocket limits on cost sharing  
23 that are to apply to the standard package and the  
24 catastrophic package under section 1301(c). Such  
25 specification—



1 (A) shall establish multiple cost sharing  
 2 schedules that vary depending on the delivery  
 3 system by which health care is delivered to indi-  
 4 viduals enrolled in a community rated health  
 5 plan.

6 [REDACTED]  
 7 [REDACTED]  
 8 [REDACTED]  
 9 [REDACTED]

10 (3) COST ESTIMATE.—An estimate of the cost  
 11 of the standard package in 5 diverse regions of the  
 12 United States.

13 (4) NO ADDITION OF BENEFITS.—A clarifica-  
 14 tion under this subsection may not add a new cat-  
 15 egory of benefits.

16 (b) RESUBMISSION OF INITIAL PROPOSAL.—If the  
 17 proposal described in subsection (a) is not approved by  
 18 the Congress, the Commission shall submit to the Con-  
 19 gress a second proposal conforming to the requirements  
 20 of subsection (a) not later than the termination of the 6-  
 21 month period beginning on the date an approval resolution  
 22 with respect to the first proposal is subject to a vote on  
 23 final passage in the last House to consider the resolution  
 24 under section 1314. If such second proposal is not ap-  
 25 proved, the Commission shall submit to the Congress a

1 third proposal in accordance with the procedure described  
2 in the preceding sentence. If such third proposal is not  
3 approved by the Congress, the members of the Commis-  
4 sion shall vacate their positions, and new members shall  
5 be appointed under section 1313 to fill such vacancies.  
6 Such new members shall submit to the Congress not more  
7 than three proposals conforming to the requirements of  
8 subsection (a) in accordance with the procedure described  
9 in this subsection.

10 (c) PROPOSED MODIFICATIONS.—

11 (1) IN GENERAL.—Not earlier than January 1  
12 of the year that occurs 1 year after a legislative pro-  
13 posal described in subsection (a) or (b) is enacted,  
14 and not more frequently than annually, the Commis-  
15 sion may submit to the Congress a proposal for leg-  
16 islation containing recommended modifications to  
17 such enactment. Such a proposal shall be treated as  
18 an initial proposal under subsection (a) for purposes  
19 of consideration in the Congress under section 1314  
20 and implementation under section 1315. Subsection  
21 (a)(4) shall not apply to such a proposal.

22 (2) SUBMISSION OF PROPOSAL IF DEFICIT.—If  
23 the Commission receives a report concerning a defi-  
24 cit for a year under a pay-as-you-go requirement  
25 which may apply as a result of the enactment of this

1 Act, within 60 days after receiving such report, the  
2 Commission may submit under paragraph (1) a pro-  
3 posal to make modifications (which may only include  
4 modifications described in paragraph (3)) that will  
5 result in the sum of—

6 (A) the amount of the reduction in Federal  
7 expenditures for cost-sharing and premiums,  
8 and

9 (B) the amount of the increase in Federal  
10 revenues,

11 for the next fiscal year being equal to the aggregate  
12 amount of such deficit. The Commission shall sub-  
13 mit such a proposal in the case of any year after any  
14 applicable full phase-in year.

15 (3) MODIFICATIONS.—Modifications described  
16 in this paragraph are—

17 (A) changes in the categories of benefits  
18 and cost sharing under sections 1301(b) and  
19 1301(c);

20 (B) a reduction in any applicable phase-in  
21 percentage that may apply;

22 (C) reductions in expenditures under the  
23 medicare program, the medicaid program, or  
24 both; and

1 (D) a reduction in the applicable dollar  
2 limit determined under section 91(b)(2) of the  
3 Internal Revenue Code of 1986, based on fam-  
4 ily income.

5 **SEC. 1313. OPERATION OF THE COMMISSION.**

6 (a) **MEMBERSHIP.—**

7 (1) **IN GENERAL.—**The Commission shall be  
8 composed of 5 members appointed by the President.

9 (2) **CONSULTATION.—**In selecting individuals  
10 for nominations for appointments for the Commis-  
11 sion, the President should consult with—

12 (A) the Speaker of the House of Rep-  
13 resentatives concerning the appointment of 1  
14 member;

15 (B) the Majority Leader of the Senate con-  
16 cerning the appointment of 1 member;

17 (C) the Minority Leader of the House of  
18 Representatives concerning the appointment of  
19 1 member; and

20 (D) the Minority Leader of the Senate con-  
21 cerning the appointment of 1 member.

22 (3) **CHAIRPERSON.—**The President shall des-  
23 ignate 1 individual described in paragraph (1) who  
24 shall serve as Chairperson of the Commission.

1 (b) COMPOSITION.—The membership of the Commis-  
2 sion shall include individuals with national recognition for  
3 their expertise in health economics, hospital and health  
4 plan management, health services, medical research and  
5 effectiveness, and other related fields, who provide a mix  
6 of different professions, broad geographic representation,  
7 and a balance between urban and rural representatives,  
8 including physicians and other providers of health care  
9 services, employers, third party payors, individuals skilled  
10 in the conduct and interpretation of biomedical, health  
11 services, and health economics research, and individuals  
12 having expertise in the research and development of tech-  
13 nological and scientific advances in health care.

14 (c) TERMS.—The terms of members of the Commis-  
15 sion shall be for 3 years, except that of the members first  
16 appointed 2 shall be appointed for a term of 1 year and  
17 2 shall be appointed for a term of 2 years.

18 (d) VACANCIES.—A vacancy in the Commission shall  
19 be filled in the same manner as the original appointment,  
20 but the individual appointed to fill the vacancy shall serve  
21 only for the unexpired portion of the term for which the  
22 individual's predecessor was appointed.

23 (e) ADMINISTRATIVE PROVISIONS.—

24 (1) MEETINGS.—Each meeting of the Commis-  
25 sion shall be open to the public.

1 (2) PAY AND TRAVEL EXPENSES.—

2 (A) IN GENERAL.—Each member, other  
3 than the chairperson of the Commission, shall  
4 be paid at a rate equal to the daily equivalent  
5 of the minimum annual rate of basic pay pay-  
6 able for level IV of the Executive Schedule  
7 under section 5315 of title 5, United States  
8 Code, for each day (including travel time) dur-  
9 ing which the member is engaged in the actual  
10 performance of duties vested in the Commis-  
11 sion.

12 (B) CHAIRPERSON.—The chairperson of  
13 the Commission shall be paid for each day re-  
14 ferred to in subparagraph (A) at a rate equal  
15 to the daily equivalent of the minimum annual  
16 rate of basic pay payable for level III of the Ex-  
17 ecutive Schedule under section 5314 of title 5,  
18 United States Code.

19 (C) TRAVEL EXPENSES.—Members shall  
20 receive travel expenses, including per diem in  
21 lieu of subsistence, in accordance with sections  
22 5702 and 5703 of title 5, United States Code.

23 (3) DIRECTOR OF STAFF.—

1 (A) IN GENERAL.—The Commission shall,  
2 without regard to section 5311(b) of title 5,  
3 United States Code, appoint a Director.

4 (B) PAY.—The Director shall be paid at  
5 the rate of basic pay payable for level IV of the  
6 Executive Schedule under section 5315 of title  
7 5, United States Code.

8 (4) STAFF.—

9 (A) IN GENERAL.—Subject to subpara-  
10 graphs (B) and (C), the Director, with the ap-  
11 proval of the Commission, may appoint and fix  
12 the pay of additional personnel.

13 (B) PAY.—The Director may make such  
14 appointments without regard to the provisions  
15 of title 5, United States Code, governing ap-  
16 pointments in the competitive service, and any  
17 personnel so appointed may be paid without re-  
18 gard to the provisions of chapter 51 and sub-  
19 chapter III of chapter 53 of such title, relating  
20 to classification and General Schedule pay  
21 rates, except that an individual so appointed  
22 may not receive pay in excess of 120 percent of  
23 the annual rate of basic pay payable for GS-15  
24 of the General Schedule.

25 (C) DETAILED PERSONNEL.—

1 (i) IN GENERAL.—Upon request of  
2 the Director, the head of any Federal de-  
3 partment or agency may detail any of the  
4 personnel of that department or agency to  
5 the Commission to assist the Commission  
6 in carrying out its duties under this Act.

7 (ii) AGREEMENT WITH COMPTROLLER  
8 GENERAL.—The Comptroller General of  
9 the United States shall provide assistance,  
10 including the detailing of employees, to the  
11 Commission in accordance with an agree-  
12 ment entered into with the Commission.

13 (5) OTHER AUTHORITY.—

14 (A) CONTRACT SERVICES.—The Commis-  
15 sion may procure by contract, to the extent  
16 funds are available, the temporary or intermit-  
17 tent services of experts or consultants pursuant  
18 to section 3109 of title 5, United States Code.

19 (B) LEASES AND PROPERTY.—The Com-  
20 mission may lease space and acquire personal  
21 property to the extent funds are available.

22 **SEC. 1314. CONGRESSIONAL CONSIDERATION OF COMMIS-**  
23 **SION PROPOSALS.**

24 (a) CONSIDERATION.—A legislative proposal submit-  
25 ted to the Congress by the Commission (except in the case



1 of a proposal submitted pursuant to the second sentence  
2 of section 1003(d)(5)(A)) shall be considered by the Con-  
3 gress under the procedures described in this section.

4 (b) RULES OF HOUSE OF REPRESENTATIVES AND  
5 SENATE.—This section is enacted by the Congress—

6 (1) as an exercise of the rulemaking power of  
7 the House of Representatives and the Senate, re-  
8 spectively, and as such is deemed a part of the rules  
9 of each House, respectively, but applicable only with  
10 respect to the procedure to be followed in that  
11 House in the case of approval resolutions described  
12 in subsection (c), and supersedes other rules only to  
13 the extent that such rules are inconsistent therewith;  
14 and

15 (2) with full recognition of the constitutional  
16 right of either House to change the rules (so far as  
17 relating to the procedure of that House) at any time,  
18 in the same manner and to the same extent as in  
19 the case of any other rule of that House.

20 (c) TERMS OF THE RESOLUTION.—For purposes of  
21 this part, the term “approval resolution” means only a  
22 joint resolution of the two Houses of the Congress, provid-  
23 ing in—

24 (1) the matter after the resolving clause of  
25 which is as follows: “That the Congress approves the

1 recommendations of the Benefits Commission as  
2 submitted by the Commission on  
3 \_\_\_\_\_", the blank space  
4 being filled in with the appropriate date: and

5 (2) the title of which is as follows: "Joint Reso-  
6 lution approving the recommendation of the Benefits  
7 Commission".

8 (d) INTRODUCTION AND REFERRAL.—On the day on  
9 which a recommendation of the Commission is transmitted  
10 to the House of Representatives and the Senate, an ap-  
11 proval resolution with respect to such recommendation  
12 shall be introduced (by request) in the House of Rep-  
13 resentatives by the majority leader of the House, for him-  
14 self or herself and the minority leader of the House, or  
15 by Members of the House designated by the majority lead-  
16 er and minority leader of the House; and shall be intro-  
17 duced (by request) in the Senate by the majority leader  
18 of the Senate, for himself or herself and the minority lead-  
19 er of the Senate, or by Members of the Senate designated  
20 by the majority leader and minority leader of the Senate.  
21 If either House is not in session on the day on which such  
22 recommendation is transmitted, the approval resolution  
23 with respect to such recommendation shall be introduced  
24 in the House, as provided in the preceding sentence, on  
25 the first day thereafter on which the House is in session.

1 The approval resolution introduced in the House of Rep-  
2 resentatives and the Senate shall be referred to the appro-  
3 priate committees of each House.

4 (e) AMENDMENTS PROHIBITED.—No amendment to  
5 an approval resolution shall be in order in either the  
6 House of Representatives or the Senate; and no motion  
7 to suspend the application of this subsection shall be in  
8 order in either House, nor shall it be in order in either  
9 House for the Presiding Officer to entertain a request to  
10 suspend the application of this subsection by unanimous  
11 consent.

12 (f) PERIOD FOR COMMITTEE AND FLOOR CONSIDER-  
13 ATION.—

14 (1) IN GENERAL.—Except as provided in para-  
15 graph (2), if the committee or committees of either  
16 House to which an approval resolution has been re-  
17 ferred have not reported it at the close of the 30th  
18 day after its introduction, such committee or com-  
19 mittees shall be automatically discharged from fur-  
20 ther consideration of the approval resolution and it  
21 shall be placed on the appropriation calendar. A vote  
22 on final passage of the approval resolution shall be  
23 taken in each House on or before the close of the  
24 30th day after the approval resolution is reported by  
25 the committees or committee of that House to which

1 it was referred, or after such committee or commit-  
2 tees have been discharged from further consideration  
3 of the approval resolution. If prior to the passage by  
4 one House of an approval resolution of that House,  
5 that House receives the same approval resolution  
6 from the other House then—

7 (A) the procedure in that House shall be  
8 the same as if no approval resolution had been  
9 received from the other House; but

10 (B) the vote on final passage shall be on  
11 the approval resolution of the other House.

12 (2) COMPUTATION OF DAYS.—For purposes of  
13 paragraph (1), in computing a number of days in ei-  
14 ther House, there shall be excluded any day on  
15 which the House is not in session.

16 (g) FLOOR CONSIDERATION IN THE HOUSE OF REP.  
17 REPRESENTATIVES.—

18 (1) MOTION TO PROCEED.—A motion in the  
19 House of Representatives to proceed to the consider-  
20 ation of an approval resolution shall be highly privi-  
21 leged and not debatable. An amendment to the mo-  
22 tion shall not be in order, nor shall it be in order  
23 to move to reconsider the vote by which the motion  
24 is agreed to or disagreed to.

1 (2) DEBATE.—Debate in the House of Rep-  
2 resentatives on an approval resolution shall be lim-  
3 ited to not more than 20 hours, which shall be di-  
4 vided equally between those favoring and those op-  
5 posing the bill or resolution. A motion further to  
6 limit debate shall not be debatable. It shall not be  
7 in order to move to recommit an approval resolution  
8 or to move to reconsider the vote by which an ap-  
9 proval resolution is agreed to or disagreed to.

10 (3) MOTION TO POSTPONE.—Motions to post-  
11 pone, made in the House of Representatives with re-  
12 spect to the consideration of an approval resolution,  
13 and motions to proceed to the consideration of other  
14 business, shall be decided without debate.

15 (4) APPEALS.—All appeals from the decisions  
16 of the chairperson relating to the application of the  
17 Rules of the House of Representatives to the proce-  
18 dure relating to an approval resolution shall be de-  
19 cided without debate.

20 (5) GENERAL RULES APPLY.—Except to the ex-  
21 tent specifically provided in the preceding provisions  
22 of this subsection, consideration of an approval reso-  
23 lution shall be governed by the Rules of the House  
24 of Representatives applicable to other bills and reso-  
25 lutions in similar circumstances.

1 (h) FLOOR CONSIDERATION IN THE SENATE.—

2 (1) MOTION TO PROCEED.—A motion in the  
3 Senate to proceed to the consideration of an ap-  
4 proval resolution shall be privileged and not debat-  
5 able. An amendment to the motion shall not be in  
6 order, nor shall it be in order to move to reconsider  
7 the vote by which the motion is agreed to or dis-  
8 agreed to.

9 (2) GENERAL DEBATE.—Debate in the Senate  
10 on an approval resolution, and all debatable motions  
11 and appeals in connection therewith, shall be limited  
12 to not more than 20 hours. The time shall be equally  
13 divided between, and controlled by, the majority  
14 leader and the minority leader or their designees.

15 (3) DEBATE OF MOTIONS AND APPEALS.—De-  
16 bate in the Senate on any debatable motion or ap-  
17 peal in connection with an approval resolution shall  
18 be limited to not more than 1 hour, to be equally di-  
19 vided between, and controlled by, the mover and the  
20 manager of the approval resolution, except that in  
21 the event the manager of the approval resolution is  
22 in favor of any such motion or appeal, the time in  
23 opposition thereto, shall be controlled by the Minor-  
24 ity Leader or his designee. Such leaders, or either of  
25 them, may, from time under their control on the

1 passage of an approval resolution, allot additional  
2 time to any Senator during the consideration of any  
3 debatable motion or appeal.

4 (4) OTHER MOTIONS.—A motion in the Senate  
5 to further limit debate is not debatable. A motion to  
6 recommit an approval resolution is not in order.

7 **SEC. 1315. IMPLEMENTATION.**

8 The provisions of a legislative proposal approved  
9 under section 1314 shall become effective on January 1  
10 of the year following the year of the date of approval of  
11 such proposal (unless such period of time is less than 3  
12 months, in which case such provisions shall become effec-  
13 tive on January 1 of the second year following the date  
14 of approval of such proposal).

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To eliminate the employer and individual mandates.

**IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.**

**S. \_\_\_\_\_**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENTS intended to be proposed by Mrs. KASSEBAUM

Viz:

1 Strike sections 1011 through 1014 and redesignate  
2 subsequent sections and any cross references thereto, ac-  
3 cordingly.

4 Strike subpart A of part 4 of subtitle C of title I,  
5 and modify all references thereto accordingly.

6 Strike subtitle H of title I, and modify all references  
7 thereto accordingly.



- 1 Strike parts 1 and 2 of subtitle B of title VI, and
- 2 modify all references thereto accordingly.

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To strike the FEHBP buy-in option.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

S. \_\_\_\_\_

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care; and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by  
Mrs. Kassebaum

Viz:

- 1 In title I of the bill, strike part 3 of subtitle D.



AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To strike provisions relating to the State single-payer option.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

S. \_\_\_\_\_

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mrs. Kassebaum

Viz:

- 1 Strike section 1014.
- 2 In title I of the bill, strike part 2 of subtitle C, and
- 3 modify all references thereto accordingly.
- 4 Strike subsection (b) of section 1701.
- 5 Strike subsection (b) of section 1706.

- 1 Strike part 3 of subtitle A of title VI, and modify
- 2 all references thereto accordingly.

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To strike provisions relating to new retiree health entitlement.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

S. \_\_\_\_\_

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mrs. Kassebaum

Viz:

- 1 Strike section 1710 and insert in lieu thereof the fol-
- 2 lowing:
- 3 **SEC. 1710. DEFICIT REDUCTION.**
- 4 Notwithstanding any other provision of law, any sav-
- 5 ings generated from the elimination of new retiree health
- 6 entitlement provisions shall be deposited into the Deficit
- 7 Reduction Trust Fund.



AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To add certain providers to categories of providers automatically certified as essential community providers.

**IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.**

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed.

AMENDMENT intended to be proposed by Mrs. KASSEBAUM

Viz:

- 1 Section 1682(a) is amended—
- 2 (1) by striking “and” at the end of paragraph
- 3 (5);
- 4 (2) by striking the period at the end of para-
- 5 graph (6) and inserting a semicolon; and
- 6 (3) by inserting after paragraph (6) the follow-
- 7 ing new paragraphs:
- 8 “(7) hospitals which would qualify for medicare
- 9 disproportionate share adjustments under section



1 1886(d)(5)(F)(i)(I) of the Social Security Act  
2 (1395ww(d)(5)(F)(i)(I));

3 “(8) Federally qualified health centers as de-  
4 fined in section 1861(aa)(4) of the Social Security  
5 Act (42 U.S.C. 1395x(aa)(4));

6 “(9) entities which would be Federally qualified  
7 health centers as defined in section 1861(aa)(4) of  
8 the Social Security Act (42 U.S.C. 1395x(aa)(4))  
9 but for the governance requirements with respect to  
10 the membership of the Board of Directors, if the en-  
11 tity provides assurances of significant consumer  
12 input;

13 “(10) local health departments;

14 “(11) rural health clinics as defined in section  
15 1861(aa)(2) of the Social Security Act (42 U.S.C.  
16 1395x(aa)(2));

17 “(12) sole community hospitals as defined in  
18 section 1886(d)(5)(D)(iii) (1395ww(d)(5)(D)(iii)) of  
19 the Social Security Act;

20 “(13) essential access community hospitals and  
21 rural primary care hospitals designated under sec-  
22 tion 1820 of the Social Security Act (42 U.S.C.  
23 1395i-4);

AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To amend the Federal Food, Drug, and Cosmetic Act to prohibit the distribution of samples of prescription drugs.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

S.

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mrs. KASSEBAUM

Viz:

1 At the appropriate place in the bill, insert the follow-  
2 ing new subpart:

3 **Subpart \_\_\_\_—Prescription Drugs**

4 **SEC. \_\_\_\_01. SHORT TITLE AND REFERENCE.**

5 (A) SHORT TITLE.—This subpart may be cited as the  
6 “Prescription Drug Marketing Reform Act of 1994”.

7 (b) REFERENCE.—Whenever in this subpart an  
8 amendment or repeal is expressed in terms of an amend-

1 ment to, or repeal of, a section or other provision, the ref-  
2 erence shall be considered to be made to a section or other  
3 provision of the Federal Food, Drug, and Cosmetic Act.

4 **SEC. \_\_\_02. PROHIBITION OF DRUG SAMPLES.**

5 Section 503 (21 U.S.C. 353) is amended—

6 (1) in the first sentence of subsection (c)(1), by  
7 inserting “distribute,” after “No person may”,

8 (2) in the second sentence of such subsection,  
9 by striking “and subsection (d)”,

10 (3) by inserting after the second sentence of  
11 such subsection the following: “For purposes of this  
12 subsection, the term ‘distribute’ does not include  
13 providing a drug sample to enable a practitioner li-  
14 censed to prescribe a drug subject to subsection (b)  
15 or a health care professional acting under the direc-  
16 tion and supervision of such a practitioner to provide  
17 for the dispensing of or to dispense a sample of such  
18 drug if the sample is made available to a patient in  
19 accordance with regulations of the Secretary specify-  
20 ing conditions under which such drug is necessary  
21 for medical care.”,

22 (4) in paragraph (2), by inserting “distribute,”  
23 after “No person may”,

1           (5) by redesignating paragraph (3) as para-  
2           graph (4) and by adding after paragraph (2) the fol-  
3           lowing:

4           “(3) Nothing in paragraphs (1) and (2) precludes dis-  
5           tribution of a drug subject to subsection (b) at no cost  
6           or nominal cost pursuant to a program established by the  
7           manufacturer or distributor of such drug to provide it to  
8           specific identified patients who, for financial reasons,  
9           would not otherwise be able to use such drug. The Sec-  
10          retary shall promulgate regulations to specify the docu-  
11          mentation and record keeping required for such a pro-  
12          gram.”, and

13          (6) by repealing subsection (d) and redesignat-  
14          ing subsections (e), (f), and (g) as subsections (d),  
15          (e), and (f), respectively.

16 **SEC. \_\_\_03. ENFORCEMENT.**

17          (a) **PROHIBITED ACT.**—Section 301(t) (21 U.S.C.  
18          331(t)) is amended to read as follows:

19          “(t) The importation of a drug in violation of section  
20          801(d)(1), the distribution, sale, purchase, or trade of a  
21          drug or drug sample or the offer to distribute, sell, pur-  
22          chase, or trade a drug or drug sample in violation of sec-  
23          tion 503(c), the distribution, sale, purchase, or trade of  
24          a coupon or the offer to distribute, sell, purchase, or trade  
25          such a coupon in violation of section 503(c)(2), or the dis-

1 tribution of drugs in violation of section 503(d) or the fail-  
2 ure to otherwise comply with the requirements of section  
3 503(d).”

4 (b) PENALTY.—

5 Section 303(b) (21 U.S.C. 333(b)) is amended—

6 (1) in subparagraph (B), by inserting “distrib-  
7 ute,” after “knowingly”,

8 (2) in subparagraph (C), by inserting “distrib-  
9 uting,” after “knowingly”,

10 (3) in subparagraph (D), by striking  
11 “503(e)(2)(A)” and inserting “503(d)(2)(A)”,

12 (4) in paragraph (5), by striking “because of  
13 the sale” through “503(c)(1)” and inserting “of a  
14 violation of section 503(c)”, and

15 (5) by striking paragraphs (2), (3), and (4) and  
16 redesignating paragraph (5) as paragraph (2).

17 **SEC. \_\_\_04. EFFECTIVE DATE AND REGULATIONS.**

18 The amendments made by this subpart shall take ef-  
19 fect upon the expiration of 180 days after the date of the  
20 enactment of this Act. During such 180 day period the  
21 Secretary of Health and Human Services shall promulgate  
22 regulations to implement the amendments made by this  
23 subpart. If final regulations are not promulgated before  
24 the expiration of such 180 days, the Secretary may not  
25 take any action to prevent a program, established before

- 1 the expiration of such days, from providing a drug or a
- 2 coupon for a drug to patients who would not otherwise
- 3 be able financially to use such drug.



AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To modify certain anti-discrimination provisions,  
and for other purposes.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. THURMOND

Viz:

- 1 Section 1682(c) add the term "chiropractor," after "pharmacist,"





**Proposed Amendments of Senator Gregg to Title I  
of the Chairman's Mark of the Health Security Act**

(submitted May 17, 1994)

1. Strike Sections 1002 and 1701
2. Strike Section 1003 and replace (1) with:  

"Nothing in this Act shall be construed as prohibiting the following:  
    "(1) An individual from obtaining health care from any health care provider of his or her choice."
3. Add a new subsection (5) to Section 1003, as follows:  

"(5) An individual from maintaining his or her existing health insurance policy without any change."
4. Strike Section 1012 (a)
5. Strike Sec. 1222(3)(B)
6. Strike all of Subtitle B-Benefits, Parts 1-4 (Secs. 1101-1141), and replace with Secs. 1101-1109 of H.R. 3955
7. In Sec. 1112(c)(2)(A), strike the semicolon and add: "or allied health care professional;"
8. In Sec. 1115(g), strike the period and add "or involves such other counseling or training by other mental health personal as may be appropriate in the treatment regime."
9. At the end of Sec. 1116, add a new subsection (4), as follows:  

"Nothing in this Act shall be construed to conflict with any constitutionally permissible regulation of abortion by a State or a subdivision of a State."
10. In Sec. 1132(a)(1), strike "shall have a deductible of \$250 per inpatient hospital admission, and"; and in Sec. 1132(a)(2)(A) replace "\$2500" with "\$1500".
11. In Sec. 1133(7)(A) replace "\$2500" with "\$1500".
12. In Sec. 1134(b)(1), strike "shall have a deductible of \$250 per inpatient hospital admission, and"
13. Strike Sec. 1141(a)(2)
14. Strike Sec. 1154.

15. Strike Secs 1141(a) (2) and 1154, and replace Sec. 1141(a) with:

"The comprehensive benefit package does not include an item or service that is not medically necessary or appropriate, as determined by the provider in consultation with the individual and the health plan."

16. Strike Sec. 1161

17. Strike Sec. 1205 and replace with: "If a participating State provides benefits (either directly or through community-rated health plans or otherwise) in addition to those covered under the comprehensive benefit package, the State may provide for payment for such benefits through funds provided under this Act."

18. Strike Sec. 1234(a) (3)

19. Strike Sec. 1234(b)

20. Strike Part 4, Subpart A and Subpart B

21. Strike Sec. 1281

22. In Sec. 1281(d) (1), replace "other than" with "including".

23. Strike Sec. 1321

24. Strike Section 1507(f) (2).

25. In Sec. 1503(a), strike the period and add ", and as may be necessary to underwrite for the age of the group."

26. Strike Sec. 1507(e).

27. Strike Sec. 1507(f) (1).

28. Strike Sec. 1507(f) (2)

29. Strike Sec. 1507(g)

30. Strike Subtitle F, Part 2.

31. Strike Subtitle F, Part 4.

32. Strike Subtitle G, Part 1, Subpart A, Subpart B, Subpart C, Subpart D, Subpart E

33. Strike Sec. 1603

34. Strike Secs. 1612(b)(2)(A) & (B), Sec. 1622, and Sec. 1623.
35. Strike Secs. 1641(b)(2)(D), (E), and (F)
36. Strike Sections 1651-52, and replace with:

"HHS shall request that the National Association of Insurance Commissioners or other such appropriate professional organization develop model capital standards for community rated plans and stands for guaranty funds."

37. Strike Sec. 1671(a)
38. Strike Sec. 1914
39. At the end of Section 1001(b), insert the following:

"The Health Security Card shall contain a printed warning that misuse of the card, or other prohibited or fraudulent acts under the Health Security Act, can subject individual American citizens to civil and criminal penalties, including a doubling of their premiums if they fail to enroll in a health plan, as well as fines of up to \$10,000 and jail terms of up to 5 years per violation."

40. At the end of Section 1001(b), insert the following:

"The Health Security Card shall display the toll free number established under Section 1208(c)."

41. Strike Section 1911, and replace with:

"Any activity undertaken by the Secretary of Health and Human Services, the Secretary of Labor, or the National Health Board that will legally bind or affect the rights or obligations of any person or entity regulated by the Act (such as, but not limited to, the developing, issuing, promulgating, establishing, specifying, or determining of regulations, rules, guidelines, definitions, standards, requirements or methodologies) as called for under this Act, shall be accomplished through notice and comment rulemaking proceedings, in accordance with the Administrative Procedure Act."

42. Strike Section 1154.
43. At the end of Section 1231, Assuring Family Choice of Health Plans, insert new subsection (c), which states as follows:

"A participating State shall ensure that individuals that are eligible to enroll in large group sponsor health plans

under Subtitle E have the option to enroll in a community-rated health plan. No provision of this Act shall be interpreted to inhibit or prohibit individuals who would otherwise participate in a large group sponsor health plan from exercising the option of enrolling in a community-rated health plan."

In Section 1206(a)(1), after ". . . community-rated health plans" and before "offered in the State.", insert: "and large group sponsor plans."

In Section 1401(c)(4), strike "INELIGIBLE" and insert in lieu thereof "OPTION"; strike "Except as" and insert in lieu thereof "In addition to the circumstances"; and strike "is not eligible" and insert in lieu thereof "shall be provided the option".

44. In Sections 1251(a), 1252(a), 1255(a) and 1256(a), strike "shall" and insert in lieu thereof, "may".
45. In Section 1404 (and in Section 6022(a)(1)) strike "is a large employer".

Strike Section 1414(d).

Strike Section 1420(b), and in Section 1420(a) strike "1401(b)(1)(A)" and insert in lieu thereof "1401(b)(1)".

46. Strike Sections 1605(d) and (e).
47. At the end of Section 1691(d), strike the period and insert the following:

"; provided, however, that the Secretary of Labor may not undertake such audits or investigations until the Secretary of Labor has established procedural and personnel guidelines to ensure that any information gathered during such an audit or investigation will be used only in the limited circumstances called for in this Act and will not become available, directly or indirectly, for use in carrying out the Secretary of Labor's responsibilities under any other statute."

48. In Section 1301(c)(1), strike "not" in the second sentence, and insert in lieu thereof: ", as it deems appropriate,".
49. Strike Section 1201(3).
50. Strike Section 1208.
51. Strike Section 1301.

52. Replace Section 1507(f)(2) with:

"Nothing in this Act shall be interpreted to: (1) require or force an individual to receive health care solely through his or her health plan; or (2) prohibit any individual from privately contracting with any provider and paying for the treatment or service on a cash basis or any other basis as agreed to between the individual and provider."

53. Insert a new Subtitle C, Part 7, as follows:

**"Part 7 - State Option to Establish Own System**

"Notwithstanding any other provision of this Act, a State may elect to establish its own health care system for its citizens. If a State elects to establish its own system: (1) the State shall not be governed by any provision of this Act; (2) the State's citizens shall not be entitled to any of the benefits established by this Act; and (3) none of the fees, assessments, taxes or other charges that otherwise would imposed on the State's citizens and employers by this Act shall be levied or collected."

54. At the end of Section 1503(a), insert the following new sentence:

"However, each health plan shall be allowed to vary its premiums based on behavioral factors that are inherently costly and risky, such as smoking (and other such activities the plan deems appropriate.)"



POSSIBLE SIMON AMENDMENTS

Title I

1. One amendment pertaining to purchasing cooperatives. (Sec. 1004).
2. One amendment pertaining to detainees (Sec. 1502).
3. One amendment pertaining to the National Health Board (Sec. 1603).
4. Two amendments pertaining to state-single payer (Sec. 1615).
5. One amendment pertaining to the OPM Insurance Program (Sec. 1710).
6. Amendment pertaining to citizens who live outside the U.S., receiving coverage.





AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To permit certain individuals to enroll in health plans offered by religious cooperatives.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. SIMON

Viz:

1 In section 1004(b), insert the following new para-  
2 graph after paragraph (3):

3 (4) MEMBERS OF RELIGIOUS COOPERATIVES.—

4 For those individuals who are eligible to enroll, and  
5 who elect to enroll, in a plan offered by a religious  
6 cooperative under section 1331, that the plan shall  
7 be the applicable health plan.

1 Subtitle D of title I is amended by adding at the end  
2 the following new part:

3 **PART 4—RELIGIOUS COOPERATIVES**

4 **SEC. 1331. RELIGIOUS COOPERATIVES DEFINED; INDIVID-**  
5 **UALS ELIGIBLE FOR COVERAGE THROUGH**  
6 **RELIGIOUS COOPERATIVES**

7 (a) **RELIGIOUS COOPERATIVE DEFINED.**—In this  
8 Act, the term “religious cooperative” means an eligible  
9 sponsor (as defined in subsection (b)) if—

10 (1) the sponsor elects, in a form and manner  
11 specified by the Secretary, to be treated as a reli-  
12 gious cooperative under this title and such election  
13 has not been terminated; and

14 (2) the sponsor has filed with the Secretary a  
15 document describing how the sponsor shall carry out  
16 activities as such a cooperative.

17 (b) **ELIGIBLE SPONSORS.**—In this part, an eligible  
18 sponsor is an entity that meets the following requirements:

19 (1) The entity must qualify for tax-exempt sta-  
20 tus under section 501(c)(8) of the Internal Revenue  
21 Code of 1986.

22 (2) The entity must connect enrollment in  
23 health plans offered through the religious coopera-  
24 tive to a church, convention, association of churches,  
25 or an affiliated group of churches.

1 (3) The entity must—

2 (A) carry out the tenets and principles of  
3 faith of a church, convention, association of  
4 churches, or an affiliated group of churches  
5 with which it is affiliated,

6 (B) be operated, supervised, controlled, or  
7 principally supported by a church, convention,  
8 association of churches, or an affiliated group  
9 of churches, and

10 (C) share common religious bonds and con-  
11 victions with that church, convention, associa-  
12 tion of churches, or affiliated group of church-  
13 es.

14 (4) The entity must have offered its members  
15 health benefits as of September 1, 1993.

16 (5) As of both September 1, 1993, and January  
17 1, 1996, the entity must provide health benefits to  
18 more than 5,000 individuals in the United States.

19 (6) The entity must bear the risk of insuring its  
20 own members and must be subject to regulation by  
21 the State insurance commissioner in each State in  
22 which it sells coverage.

23 (7) The entity must offer its members, in addi-  
24 tion to health insurance coverage, at least the follow-

1 ing fraternal benefits pursuant to section 501(c)(8)  
2 of the Internal Revenue Code of 1986:

3 (A) Special help for health costs not in-  
4 cluded in the comprehensive benefit package.

5 (B) Premium assistance for members with  
6 dependents who have physical or mental disabil-  
7 ities.

8 (C) Assistance for members faced with  
9 high adoption expenses.

10 (8) The compensation paid to officers and di-  
11 rectors of the entity must not exceed those paid to  
12 members of Congress.

13 (c) INDIVIDUALS ELIGIBLE TO ENROLL IN RELI-  
14 GIOUS COOPERATIVE HEALTH PLANS.—

15 (1) IN GENERAL.—An individual is eligible for  
16 enrollment in a religious cooperative health plan if  
17 the individual shares a common religious bond with  
18 a church, convention, association of churches, or an  
19 affiliated group of churches.

20 (2) EXCLUSION OF CERTAIN INDIVIDUALS.—  
21 The following individuals shall not be treated as reli-  
22 gious cooperative eligible individuals:

23 (A) AFDC recipients.

24 (B) SSI recipients.

1 (C) Individuals who are described in sec-  
2 tion 1004(b) (relating to veterans, military per-  
3 sonnel, and Indians) and who elect an applica-  
4 ble health plan described in such section.

5 (d) RESPONSIBILITIES AND AUTHORITIES OF RELI-  
6 GIOUS COOPERATIVES.—A religious cooperative shall un-  
7 dertake all the duties and retain all the privileges specified  
8 in part 2, as determined appropriate by the Secretary.



AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To clarify reimbursement under health plans with respect to prisoners.

**IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.**

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. SIMON

Viz:

- 1 Strike subsection (i) of section 1502 and insert the
- 2 following:
- 3 (i) RELATION TO PRISONERS.—A health plan is not
- 4 required to provide any reimbursement to any detention
- 5 facility for services performed in that facility for prisoners
- 6 in the facility.





AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To increase the authority of the National Health Board to administer and enforce the cost containment provisions.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. SIMON

Viz:

1 Subsection (b) of section 1603 is amended to read

2 as follows:

3 (b) ADMINISTRATION OF COST CONTAINMENT PRO-  
4 VISIONS.—

5 (1) IN GENERAL.—The Board shall oversee the  
6 cost containment requirements of subtitle A of title  
7 VI and certify compliance with such requirements.

1 (2) AUTHORITY TO EMPLOY CONGRESSIONALLY  
2 APPROVED MEASURES TO ENSURE COST CONTAIN-  
3 MENT.—

4 (A) IN GENERAL.—Pursuant to quarterly  
5 reports received under section 6005(a) from  
6 each participating State electing to assume re-  
7 sponsibility for containment of health care ex-  
8 penditures in such State, if the Board deter-  
9 mines that such containment is not being ac-  
10 complished through voluntary negotiations and  
11 automatic reductions in premiums for the com-  
12 prehensive benefit package in community-rated  
13 health plans and rates charged by providers  
14 furnishing health care items and services, the  
15 Board shall recommend to Congress appro-  
16 priate actions by the Board to accomplish such  
17 containment.

18 (B) REPORT TO CONGRESS.—

19 (i) QUARTERLY REPORTS.—The  
20 Board shall submit to Congress a quarterly  
21 report regarding the participating States'  
22 implementation of the responsibility for  
23 containment of health care expenditures in  
24 such States and, if necessary, detailed rec-  
25 ommendations regarding the specific meth-

1 od to be used by the Board to accomplish  
2 such containment in cases of noncompli-  
3 ance.

4 (ii) CONGRESSIONAL CONSIDER-  
5 ATION.—

6 (I) IN GENERAL.—Subject to  
7 subclause (II), the provisions of  
8 6006(d) shall apply to recommenda-  
9 tions under clause (i) in the same  
10 manner as such provisions apply to  
11 recommendations under section  
12 6006(c)(3).

13 (II) SPECIAL RULES.—In apply-  
14 ing subclause (I) the following shall be  
15 substituted for the matter after the  
16 resolving clause described in section  
17 6006(d)(2)(B): “That Congress dis-  
18 approves the recommendations of the  
19 National Health Board concerning  
20 cost containment in participating  
21 States, as submitted by the Board on  
22 \_\_\_\_\_.”; and the following  
23 shall be substituted for the title de-  
24 scribed in section 6006(d)(2)(C):  
25 “Joint resolution disapproving rec-

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1  
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4

ommendations of the National Health  
Board concerning cost containment in  
participating States, as submitted by  
the Board on \_\_\_\_\_.”

5  
6

In section 6005, strike “annual reports” and insert  
“quarterly reports”.

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To provide financial incentives to a State to develop a single-payer system through per-capita grants.

**IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.**

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed.

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. SIMON

Viz:

1 Section 1615 is amended by adding at the end the  
2 following new subsection:

3 (c) PER-CAPITA GRANTS.—

4 (1) IN GENERAL.—The Secretary shall make  
5 available a 1-year per-capita grant to each of 2  
6 States selected by the Secretary from applications  
7 submitted by States establishing a universal health  
8 care system pursuant to part 2 of subtitle C of this  
9 title.

1 (2) AMOUNT OF GRANT.—Each grant under  
2 paragraph (1) shall be in an amount equal to the  
3 lesser of—

4 (A) the product of \$\_\_\_\_ and the number  
5 of residents of the State, or

6 (B) \$\_\_\_\_,000,000.

7 (3) AUTHORIZATION OF APPROPRIATION.—

8 There are authorized to be appropriated such sums  
9 as are necessary for grants under this subsection.

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To provide financial incentives to a State to develop a single-payer system through grants for start-up support.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_ and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. SIMON

Viz:

- 1 Paragraph (1) of section 1615(b) is amended to read
- 2 as follows:
- 3 (1) IN GENERAL.—The Secretary shall make
- 4 available to States, upon their enacting enabling leg-
- 5 islation to become participating States, grants to as-
- 6 sist in the establishment of consumer purchasing co-
- 7 operatives or State single-payer systems.





AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To provide participation in OPM insurance program through employee election.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. SIMON

Viz:

- 1 Section 1710 is amended to read as follows:
- 2 **SEC. 1710. PARTICIPATION IN OPM INSURANCE PROGRAM.**
- 3 After the FEHBP termination date referred to in
- 4 subtitle C of title VIII, an employee who performs services
- 5 outside the United States for an American employer (as
- 6 defined in section 3121(h) of the Internal Revenue Code
- 7 of 1986) that is a community-rated employer, may elect
- 8 to participate in the health insurance program established

1 by the Office of Personnel Management under such sub-  
2 title.

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To ensure that coverage provided under the Health Security Act extend to United States citizens that live outside the United States.

IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.

**S. 1779**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. SIMON

Viz: [Unless otherwise indicated, section references in this amendment are to the Chairman's mark of the Health Security Act]

1 Section 1902(a)(2) is amended by striking subpara-  
2 graph (C).

3 Subparagraph (D) of section 1902(a)(2) is amended  
4 to read as follows:

5 (C) EXCLUSION OF CERTAIN FOREIGN EM-  
6 PLOYMENT.—The term "employee" does not in-

1           clude an individual with respect to service, if  
2           the individual is not a citizen or resident of the  
3           United States and the service is performed out-  
4           side the United States.

5           At the end of section 1411, add the following new  
6 subsection:

7           (c) CERTAIN CONTRACTS WITH FEE-FOR-SERVICE  
8 PLANS.—

9           (1) IN GENERAL.—With respect to an employee  
10          described in paragraph (2), a contract under this  
11          section with a fee-for-service plan shall ensure that  
12          the plan will reimburse all providers for items and  
13          services provided to the employee regardless of  
14          whether such items or services were provided outside  
15          of the United States and regardless of whether such  
16          providers reside or are located outside the United  
17          States.

18          (2) EMPLOYEE.—An employee described in this  
19          paragraph is an employee who is a citizen or resi-  
20          dent of the United States and who is performing  
21          services outside the United States for an American  
22          employer (as defined in section 3121(h) of the Inter-  
23          nal Revenue Code of 1986) that is an [experience-  
24          rated] employer.

1 At the end of subtitle G of title I, add the following  
2 new section:

3 **SEC. 1710. PARTICIPATION IN OPM INSURANCE PROGRAM.**

4 After the FEHBP termination date referred to in  
5 subtitle C of title VIII, an American employer (as defined  
6 in section 3121(h) of the Internal Revenue Code of 1986)  
7 that is a [community-rated] employer, may elect to par-  
8 ticipate in the health insurance program established by the  
9 Office of Personnel Management under such subtitle with  
10 respect to the employees of such employer who perform  
11 services outside the United States.

12 At the end of section 6121(c), add the following new  
13 paragraph:

14 (7) CERTAIN EMPLOYEES RESIDING ABROAD.—

15 (A) IN GENERAL.—The Office of Personnel  
16 Management shall determine the appropriate  
17 employer and employee premium payment  
18 amounts with respect to employees described in  
19 subparagraph (B) who elect to participate in  
20 the health insurance program established by the  
21 Office of Personnel Management under subtitle  
22 C of title VIII.

23 (B) EMPLOYEE.—An employee described  
24 in this subparagraph is an employee who is a

1 citizen or resident of the United States and who  
2 is performing services outside the United States  
3 for an American employer (as defined in section  
4 3121(h) of the Internal Revenue Code of 1986)  
5 that is a [community-rated] employer.

1       【The following page and line numbers refer to  
2 S1757】

3       On page 1246, between lines 6 and 7, insert the fol-  
4 lowing new subsection:

5       “(d) OTHER EMPLOYEES RESIDING ABROAD.—After  
6 the FEHBP termination date, an employee who is a citi-  
7 zen or resident of the United States and who is performing  
8 services outside the United States for an American em-  
9 ployer (as defined in section 3121(h) of the Internal Reve-  
10 nue Code of 1986) that is a 【community-rated】 employer,  
11 shall be eligible for health insurance under a program  
12 which the Office of Personnel Management shall by regu-  
13 lation establish.





AMENDMENT NO. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Purpose: To make technical and miscellaneous amendments.

**IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.****S. \_\_\_\_\_**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENTS intended to be proposed by Mr. WELLSTONE

Viz:

1 In subsections (e)(2)(B), (f)(2)(B), (g)(2)(B), and  
2 (h)(2)(B), of section 1114, strike "females" and insert  
3 "females and males".

4 In section 1231(b)(2)(B), by inserting "primary or"  
5 before "non-primary".

6 In section 1232(d)(2), insert after the first sentence  
7 the following new sentence: "Cause shall include the fail-

1 ure to resolve disputes in a timely manner, or substantial  
2 failure of the health plan to act in accordance with any  
3 plan requirements.”

4 In section 1687(a)(1), strike “and” at the end there-  
5 of.

6 In section 1687(a)(2), strike the period and insert “;  
7 and”.

8 In section 1687(a), add the following new paragraph  
9 at the end thereof:

10 “(3) such discount shall be borne entirely by  
11 the health plan and shall not result in cost shifting  
12 to any other member of the plan or an increase in  
13 expense to the Federal Government.”

AMENDMENT NO. \_\_\_\_\_ Calendar No. \_\_\_\_\_

Purpose: To make certain revisions with respect to mental health and substance abuse.

**IN THE SENATE OF THE UNITED STATES—103d Cong., 2d Sess.**

**S. \_\_\_\_\_**

To ensure individual and family security through health care coverage for all Americans in a manner that contains the rate of growth in health care costs and promotes responsible health insurance practices, to promote choice in health care, and to ensure and protect the health care of all Americans.

Referred to the Committee on \_\_\_\_\_  
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENTS intended to be proposed by

\_\_\_\_\_

Viz:

1 In the 10th item in the table in section 1135, insert  
2 “(except psychotherapy) after “treatment”.

3 After the 10th item in the table in section 1135, in-  
4 sert the following new item in the appropriate form: “Out-  
5 patient psychotherapy, \$10 per visit, 50 percent of appli-  
6 cable payment rate”.

- 1 In section 1508(a)(6), insert "unserved" before
- 2 "medical equipment".