

.....
(Original Signature of Member)

118TH CONGRESS
1ST SESSION

H. R. _____

To amend title XIX of the Social Security Act to streamline enrollment under the Medicaid program of certain providers across State lines, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mrs. TRAHAN introduced the following bill; which was referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to streamline enrollment under the Medicaid program of certain providers across State lines, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Accelerating Kids’ Ac-
5 cess to Care Act”.

1 **SEC. 2. STREAMLINED ENROLLMENT PROCESS FOR ELIGI-**
2 **BLE OUT-OF-STATE PROVIDERS UNDER MED-**
3 **ICAID AND CHIP.**

4 (a) IN GENERAL.—Section 1902(kk) of the Social Se-
5 curity Act (42 U.S.C. 1396a(kk)) is amended by adding
6 at the end the following new paragraph:

7 “(10) STREAMLINED ENROLLMENT PROCESS
8 FOR ELIGIBLE OUT-OF-STATE PROVIDERS.—

9 “(A) IN GENERAL.—The State adopts and
10 implements a process that enables an eligible
11 out-of-State provider to enroll as a participating
12 provider in the State plan (or a waiver of such
13 plan) without the imposition of additional
14 screening requirements by the State, unless the
15 State has a standard agreement with other
16 States governing coverage and payment for
17 services furnished to Medicaid-eligible children
18 with medically complex conditions that was de-
19 veloped in accordance with guidance issued by
20 the Secretary under section 1945A. An eligible
21 out-of-State provider that enrolls as a partici-
22 pating provider in the State plan (or a waiver
23 of such plan) through such process shall be en-
24 rolled for a 5-year period unless the provider is
25 terminated or excluded from participation dur-
26 ing such period.

1 “(B) DEFINITIONS.—In this paragraph:

2 “(i) ELIGIBLE OUT-OF-STATE PRO-
3 VIDER.—The term ‘eligible out-of-State
4 provider’ means, with respect to a State, a
5 provider—

6 “(I) that furnishes to a quali-
7 fying individual any item or service
8 for which Federal financial assistance
9 is available under the State plan (or a
10 waiver of such plan);

11 “(II) that is located in any other
12 State;

13 “(III) with respect to which the
14 Secretary has determined (or, in the
15 case of a provider for which no risk
16 level determination has been made by
17 the Secretary, the State agency ad-
18 ministering or supervising the admin-
19 istration of the State plan (or a waiv-
20 er of such plan) has determined) there
21 is a limited risk of fraud, waste, and
22 abuse for purposes of determining the
23 level of screening to be conducted
24 under section 1866(j)(2) (except that,
25 if such State agency has designated a

1 higher risk level for the provider than
2 the Secretary, the State agency's des-
3 ignation shall apply);

4 “(IV) that has been screened
5 under such section 1866(j)(2) and en-
6 rolled in the Medicare program under
7 title XVIII, or screened under para-
8 graph (1) of this subsection and en-
9 rolled in the State plan (or a waiver
10 of such plan) in which such provider
11 is located; and

12 “(V) that has not been excluded
13 from participation in any Federal
14 health care program pursuant to sec-
15 tion 1128 or 1128A, excluded from
16 participation in the State plan (or a
17 waiver of such plan) pursuant to part
18 1002 of title 42, Code of Federal Reg-
19 ulations, or State law, or terminated
20 from participating in a Federal health
21 care program or the State plan (or a
22 waiver of such plan) for a reason de-
23 scribed in paragraph (8)(A) of this
24 subsection.

1 “(ii) QUALIFYING INDIVIDUAL.—The
2 term ‘qualifying individual’ means, with re-
3 spect to an eligible out-of-State provider,
4 an individual under 21 years of age to
5 whom the provider furnishes items and
6 services for the treatment of a condition.

7 “(iii) STATE.—The term ‘State’
8 means 1 of the 50 States or the District
9 of Columbia.”.

10 (b) CONFORMING AMENDMENTS.—

11 (1) Section 1902(a)(77) of the Social Security
12 Act (42 U.S.C. 1396a(a)(77)) is amended by insert-
13 ing “enrollment,” after “screening,”.

14 (2) The subsection heading for section
15 1902(kk) of such Act (42 U.S.C. 1396a(kk)) is
16 amended by inserting “ENROLLMENT,” after
17 “SCREENING,”.

18 (3) Section 2107(e)(1)(G) of such Act (42
19 U.S.C. 1397gg(e)(1)(G)) is amended by inserting
20 “enrollment,” after “screening,”.

21 (c) EFFECTIVE DATE.—

22 (1) IN GENERAL.—Except as provided in para-
23 graph (2), the amendments made by this section
24 take effect on the date that is 2 years after the date
25 of enactment of this Act.

1 (2) EXCEPTION FOR STATE LEGISLATION.—In
2 the case of a State plan under Medicaid or a State
3 child health plan under CHIP which the Secretary
4 determines requires State legislation (other than leg-
5 islation appropriating funds) in order for the plan to
6 meet the additional requirements imposed by the
7 amendments made by this section, such State plan
8 or State child health plan shall not be regarded as
9 failing to comply with the requirements of Medicaid
10 or CHIP, respectively, solely on the basis of its fail-
11 ure to meet these additional requirements before the
12 first day of the first calendar quarter beginning
13 after the close of the first regular session of the
14 State legislature that begins after the date of the en-
15 actment of this Act. For purposes of the previous
16 sentence, in the case of a State that has a 2-year
17 legislative session, each year of such session shall be
18 deemed to be a separate regular session of the State
19 legislature.