“(i) for the period of fiscal years 2010 through 2012, of $5,000,000.

Amounts appropriated under this subparagraph shall remain available until expended.

“(e) REPROGRAMMING FUNDS FROM MEDICARE, MEDICAID, AND SCHIP EXTENSION ACT OF 2007.—The Secretary shall only use the $5,000,000 in funds allocated to make grants to States for Area Agencies on Aging and Aging Disability and Resource Centers for the period of fiscal years 2008 through 2009 under section 118 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–179) (121 Stat. 2400) for the sole purpose of providing outreach to individuals regarding the benefits available under the Medicare prescription drug benefit under part D of title XVIII of the Social Security Act [part D of this subchapter]. The Secretary shall publish the request for proposals issued on April 17, 2008, in order to comply with the preceding sentence.

“(f) MEDICARE SAVINGS PROGRAM DEFINED.—For purposes of this section, the term ‘Medicare Savings Program’ means the program of medical assistance for payment of the cost of medicare cost-sharing under the medicare program pursuant to sections 1922(a)(10)(E) and 1931 of the Social Security Act (42 U.S.C. 1396a(a)(10)(E), 1396u–3).

“(g) SECRETARIAL AUTHORITY TO ENLIST SUPPORT IN CONDUCTING CERTAIN OUTREACH ACTIVITIES.—The Secretary may request that an entity awarded a grant under this section support the conduct of outreach activities aimed at preventing disease and promoting wellness. Notwithstanding any other provision of this section, an entity may use a grant awarded under this subsection (probably should be ‘section”) to support the conduct of activities described in the preceding sentence.

BENEFICIARY OUTREACH DEMONSTRATION PROGRAM


“(a) IN GENERAL.—The Secretary [of Health and Human Services] shall establish a demonstration program (in this section referred to as the ‘demonstration program’) under which medicare specialists employed by the Department of Health and Human Services provide advice and assistance to individuals entitled to benefits under part A of title XVIII of the Social Security Act [part A of this subchapter], or enrolled under part B of such title [part B of this subchapter], or both, regarding the medicare program at the location of existing local offices of the Social Security Administration.

“(b) LOCATIONS.—

“(1) IN GENERAL.—The demonstration program shall be conducted in at least 6 offices or areas. Subject to paragraph (2), in selecting such offices and areas, the Secretary shall provide preference for offices with a high volume of visits by individuals referred to in subsection (a).

“(2) ASSISTANCE FOR RURAL BENEFICIARIES.—The Secretary shall provide for the selection of at least 2 rural areas to participate in the demonstration program. In conducting the demonstration program in such rural areas, the Secretary shall provide for medicare specialists to travel among local offices in a rural area on a scheduled basis.

“(c) DURATION.—The demonstration program shall be conducted over a 3-year period.

“(d) EVALUATION AND REPORT.—

“(1) EVALUATION.—The Secretary shall provide for an evaluation of the demonstration program. Such evaluation shall include an analysis of—

“(A) utilization of, and satisfaction of those individuals referred to in subsection (a) with, the assistance provided under the program; and

“(B) the cost-effectiveness of providing beneficiary assistance through out-stationing medicare specialists at local offices of the Social Security Administration.

“(2) REPORT.—The Secretary shall submit to Congress a report on such evaluation and shall include in such report recommendations regarding the feasibility of permanently out-stationing medicare specialists at local offices of the Social Security Administration.

QUALIFIED MEDICARE BENEFICIARY OUTREACH

Pub. L. 103–432, title I, §154, Oct. 31, 1994, 108 Stat. 4677, provided that: ‘‘Not later than 1 year after the date of the enactment of this Act [Oct. 31, 1994], the Secretary of Health and Human Services shall establish and implement a method for obtaining information from newly eligible medicare beneficiaries that may be used to determine whether such beneficiaries may be eligible for medical assistance for medicare cost-sharing under State medicaid plans as qualified medicare beneficiaries, and for transmitting such information to the State in which such a beneficiary resides.’’

§1395b–4. Health insurance information, counseling, and assistance grants

(a) Grants

The Secretary of Health and Human Services (in this section referred to as the ‘‘Secretary’’) shall make grants to States with approved State regulatory programs under section 1395ss of this title, that submit applications to the Secretary that meet the requirements of this section for the purpose of providing information, counseling, and assistance relating to the procurement of adequate and appropriate health insurance coverage to individuals who are eligible to receive benefits under this subchapter (in this section referred to as ‘‘eligible individuals’’). The Secretary shall prescribe regulations to establish a minimum level of funding for a grant issued under this section.

(b) Grant applications

(1) In submitting an application under this section, a State may consolidate and coordinate an application that consists of parts prepared by more than one agency or department of such State.

(2) As part of an application for a grant under this section, a State shall submit a plan for a State-wide health insurance information, counseling, and assistance program. Such program shall—

(A) establish or improve upon a health insurance information, counseling, and assistance program that provides counseling and assistance to eligible individuals in need of health insurance information, including—

(i) information that may assist individuals in obtaining benefits and filing claims under this subchapter and subsection XIX of this chapter;

(ii) policy comparison information for medicare supplemental policies (as described in section 1395ss(g)(1) of this title) and information that may assist individuals in filing claims under such medicare supplemental policies;

(iii) information regarding long-term care insurance; and

(iv) information regarding other types of health insurance benefits that the Secretary determines to be appropriate;

(B) in conjunction with the health insurance information, counseling, and assistance program described in subparagraph (A), establish a system of referral to appropriate Federal or
State departments or agencies for assistance with problems related to health insurance coverage (including legal problems), as determined by the Secretary;

(C) provide for a sufficient number of staff positions (including volunteer positions) necessary to provide the services of the health insurance information, counseling, and assistance program;

(D) provide assurances that staff members (including volunteer staff members) of the health insurance information, counseling, and assistance program have no conflict of interest in providing the counseling described in subparagraph (A);

(E) provide for the collection and dissemination of timely and accurate health care information to staff members;

(F) provide for training programs for staff members (including volunteer staff members);

(G) provide for the coordination of the exchange of health insurance information between the staff of departments and agencies of the State government and the staff of the health insurance information, counseling, and assistance program;

(H) make recommendations concerning consumer issues and complaints related to the provision of health care to agencies and departments of the State government and the Federal Government responsible for providing or regulating health insurance;

(I) establish an outreach program to provide the health insurance information and counseling described in subparagraph (A) and the referrals described in subparagraph (B) to eligible individuals; and

(J) demonstrate, to the satisfaction of the Secretary, an ability to provide the counseling and assistance required under this section.

(c) Special grants

(1) A State that is conducting a health insurance information, counseling, and assistance program that is substantially similar to a program described in subsection (b)(2) of this section shall, as a requirement for eligibility for a grant under this section, demonstrate, to the satisfaction of the Secretary, that such State shall maintain the activities of such program at least at the level that such activities were conducted immediately preceding the date of the issuance of any grant during the period of time covered by such grant under this section.

(2) If the Secretary determines that the existing health insurance information, counseling, and assistance program is substantially similar to a program described in subsection (b)(2) of this section, the Secretary may waive some or all of the requirements described in such subsection and issue a grant to the State for the purpose of increasing the number of services offered by the health insurance information, counseling, and assistance program, experimenting with new methods of outreach in conducting such program, or expanding such program to geographic areas of the State not previously served by the program.

(d) Criteria for issuing grants

In issuing a grant under this section, the Secretary shall consider—

(1) the commitment of the State to carrying out the health insurance information, counseling, and assistance program described in subsection (b)(2) of this section, including the level of cooperation demonstrated—

(A) by the office of the chief insurance regulator of the State, or the equivalent State entity;

(B) other officials of the State responsible for overseeing insurance plans issued by nonprofit hospital and medical service associations; and

(C) departments and agencies of such State responsible for—

(i) administering funds under subchapter XIX of this chapter, and

(ii) administering funds appropriated under the Older Americans Act [42 U.S.C. 3001 et seq.];

(2) the population of eligible individuals in such State as a percentage of the population of such State; and

(3) in order to ensure the needs of rural areas in such State, the relative costs and special problems associated with addressing the special problems of providing health care information, counseling, and assistance eligible individuals residing in rural areas of such State.

(e) Annual State report

A State that receives a grant under this section shall, not later than 180 days after receiving such grant, and annually thereafter during the period of the grant, issue a report to the Secretary that includes information concerning—

(1) the number of individuals served by the health insurance information, counseling and assistance program of such State;

(2) an estimate of the amount of funds saved by the State, and by eligible individuals in the State, in the implementation of such program; and

(3) the problems that eligible individuals in such State encounter in procuring adequate and appropriate health care coverage.

(f) Report to Congress

Beginning with 1992, and annually thereafter, the Secretary shall issue a report to the Committee on Finance of the Senate, the Special Committee on Aging of the Senate, the Committee on Ways and Means of the House of Representatives, and the Committee on Energy and Commerce of the House of Representatives that—

(1) summarizes the allocation of funds authorized for grants under this section and the expenditure of such funds;

(2) outlines the problems that eligible individuals encounter in procuring adequate and appropriate health care coverage;

(3) makes recommendations that the Secretary determines to be appropriate to address the problems described in paragraph (3);2 and

(4) in the case of the report issued 2 years after November 5, 1990, evaluates the effectiveness of counseling programs established under

1 So in original. Probably should be preceded by “to”.
2 So in original. Probably should be paragraph “(2)”.
3 So in original. Probably should be paragraph “(2)”.
this program, and makes recommendations regarding continued authorization of funds for
these purposes.

(g) Authorization of appropriations for grants

There are authorized to be appropriated, in equal parts from the Federal Hospital Insurance
Trust Fund and from the Federal Supplementary Medical Insurance Trust Fund, $10,000,000 each for each of fiscal years 1991, 1992, 1993, 1994, 1995, and 1996, to fund the grant programs
described in this section.

(Pub. L. 101–508, title IV, §4360, Nov. 5, 1990, 104
Stat. 1388–138; Pub. L. 103–432, title I, §171(i),
Oct. 31, 1994, 104 Stat. 4450; Pub. L. 103–437,

REFERENCES IN TEXT

The Older Americans Act, referred to in subsec.
(d)(1)(C)(ii), probably means the Older Americans Act of
1965, which is in Pub. L. 89–73, July 14, 1965, 79 Stat. 216,
as amended, and is classified generally to chapter 35
(§3001 et seq.) of this title. For complete classification
of this title, see Short Title note set out
under section 3001 of this title and Tables.

CODIFICATION

Section was enacted as part of the Omnibus Budget
Reconciliation Act of 1996, and not as part of the Social
Security Act which comprises this chapter.

AMENDMENTS

with 1992” for “Not later than 180 days after
November 5, 1996”.

inserted closing parenthesis after “of this title”.
Subsec. (b)(2)(D). Pub. L. 103–432, §171(i)(2), substi-
tuted “counseling” for “services” before “described
in subparagraph (A)”.
Subsec. (b)(2)(I). Pub. L. 103–432, §171(i)(3), substi-
tuted “referrals” for “assistance”.
Subsec. (g)(1). Pub. L. 103–432, §171(i)(4), struck out
“and that such activities will continue to be main-
tained at such level” after “covered by such grant
under this section”.
“eligible individuals residing in rural areas” for “to
the rural areas”.
Subsec. (e). Pub. L. 103–432, §171(i)(6)(A), (B), in intro-
ductive provisions, substituted “this section” for “sub-
section (f) of this subchapter”.
Subsec. (e)(1). Pub. L. 103–432, §171(i)(6)(C), struck out
“State-wide” before “health insurance information”.
provisions, substituted “and the Committee on Energy
and Commerce” for “the Committee on Energy and
Commerce of the House of Representatives, and the
Select Committee on Aging”.
Pub. L. 103–432, §171(i)(8)(B), and Pub. L. 103–437,
§15(b)(2), made identical amendments, redesignating
subsec. (f), relating to authorization of appropriations
for grants, as (g).
Pub. L. 103–432, §171(i)(8)(A), in subsec. (f), relating to
authorization of appropriations for grants, substituted
Subsec. (f)(2) to (5). Pub. L. 103–432, §171(i)(7), in sub-
sec. (f), relating to report to Congress, redesignated
pars. (3) to (5) as (2) to (4), respectively, and struck out
former par. (2) which read as follows: “summarizes the
scope and content of training conferences convened
under this section.”
Subsec. (g). Pub. L. 103–432, §171(i)(8)(B), and Pub. L.
103–437, §15(b)(2), made identical amendments, redesign-
ating subsec. (f), relating to authorization of appropri-
ations for grants, as (g).

CHANGE OF NAME

Committee on Energy and Commerce of House of
Representatives treated as referring to Committee on
Commerce of House of Representatives by section 21 of
Title 2, The Congress. Committee on Commerce of
House of Representatives changed to Committee on
Energy and Commerce of Representatives, and
jurisdiction over matters relating to securities and ex-
changes and insurance generally transferred to Com-
mittee on Financial Services of House of Representa-
tives by House Resolution No. 5, One Hundred Seventh

EFFECTIVE DATE OF 1994 AMENDMENT

Amendment by Pub. L. 103–432 effective as if included
in the enactment of Pub. L. 101–508, see section 171(i)(f)
of Pub. L. 103–432, set out as a note under section 1395ss of
this title.

DEMONSTRATION TO IMPROVE CARE TO PREVIOUSLY
UNINSURED

provided that: “(a) ESTABLISHMENT.—Within one year after the date
of the enactment of this Act (July 15, 2008), the Sec-
retary (in this section referred to as the ‘Secretary’) shall establish a demonstration project to determine the greatest needs and most effective methods of out-
treach to Medicare beneficiaries who were previously
uninsured.”

“(b) SCOPE.—The demonstration shall be in no fewer
than 10 sites, and shall include state health insurance
assistance programs, community health centers,
community-based organizations, community health work-
ers, and other service providers under parts A, B, and
C of title XVIII of the Social Security Act [parts A, B,
and C of this subchapter]. Grantees that are plans oper-
ing under part C shall document that enrollees who
were previously uninsured receive the ‘Welcome to
Medicare’ physical exam.”

“(c) DURATION.—The Secretary shall conduct the
demonstration project for a period of 2 years.

“(d) REPORT AND EVALUATION.—The Secretary shall conduct
an evaluation of the demonstration and not later than 1 year after the completion of the project
shall submit to Congress a report including the follow-
ing:

“(1) An analysis of the effectiveness of outreach ac-
tivities targeting beneficiaries who were previously
uninsured, such as revising outreach and enrollment
materials (including the potential for use of video in-
formation), providing one-on-one counseling, working
with community health workers, and amending the
Medicare and You handbook.

“(2) The effect of such outreach on beneficiary ac-
cess to care, utilization of services, efficiency and
cost-effectiveness of health care delivery, patient sat-
fisfaction, and select health outcomes.”

STATE REGULATORY PROGRAMS

For provisions relating to changes required to con-
form State regulatory programs to amendments by sec-
tion 171 of Pub. L. 103–432, see section 171(m) of Pub. L.
103–432, set out as a note under section 1395ss of
this title.

§1395b–5. Beneficiary incentive programs

(a) Repealed. Pub. L. 105–33, title IV, §4311(b)(2),
Aug. 5, 1997, 111 Stat. 386

(b) Program to collect information on fraud and
abuse

(1) Establishment of program

Not later than 3 months after August 21,
1996, the Secretary shall establish a program