

110TH CONGRESS
1ST SESSION

H. R. 676

To provide for comprehensive health insurance coverage for all United States residents, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JANUARY 24, 2007

Mr. CONYERS (for himself, Mr. KUCINICH, Mr. McDERMOTT, Mrs. CHRISTENSEN, Ms. LEE, Mr. FARR, Mr. McNULTY, Mr. GRIJALVA, Mr. HINCHEY, Mr. GUTIERREZ, Ms. JACKSON-LEE of Texas, Ms. WATSON, Mr. ELLISON, Mr. LOEBSACK, Mr. CLAY, Mr. HONDA, Ms. ROYBAL-ALLARD, Mr. MCGOVERN, Ms. CARSON, Ms. BALDWIN, Mr. SCOTT of Virginia, Mr. ENGEL, Mr. ABERCROMBIE, Ms. WOOLSEY, Mr. WEXLER, Mr. PASTOR, Mr. PAYNE, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. WEINER, Mr. MEEHAN, Mr. AL GREEN of Texas, Mr. FATTAH, Mr. WYNN, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. FILNER, Mr. JACKSON of Illinois, Ms. KILPATRICK of Michigan, Mr. LEWIS of Georgia, Mr. GEORGE MILLER of California, Ms. MOORE of Wisconsin, Mr. RANGEL, and Mr. TOWNS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide for comprehensive health insurance coverage for all United States residents, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
 3 “United States National Health Insurance Act (or the Ex-
 4 panded and Improved Medicare for All Act)”.

5 (b) TABLE OF CONTENTS.—The table of contents of
 6 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Definitions and terms.

TITLE I—ELIGIBILITY AND BENEFITS

Sec. 101. Eligibility and registration.

Sec. 102. Benefits and portability.

Sec. 103. Qualification of participating providers.

Sec. 104. Prohibition against duplicating coverage.

TITLE II—FINANCES

Subtitle A—Budgeting and Payments

Sec. 201. Budgeting process.

Sec. 202. Payment of providers and health care clinicians.

Sec. 203. Payment for long-term care.

Sec. 204. Mental health services.

Sec. 205. Payment for prescription medications, medical supplies, and medically
 necessary assistive equipment.

Sec. 206. Consultation in establishing reimbursement levels.

Subtitle B—Funding

Sec. 211. Overview: funding the USNHI Program.

Sec. 212. Appropriations for existing programs for uninsured and indigent.

TITLE III—ADMINISTRATION

Sec. 301. Public administration; appointment of Director.

Sec. 302. Office of Quality Control.

Sec. 303. Regional and State administration; employment of displaced clerical
 workers.

Sec. 304. Confidential Electronic Patient Record System.

Sec. 305. National Board of Universal Quality and Access.

TITLE IV—ADDITIONAL PROVISIONS

Sec. 401. Treatment of VA and IHS health programs.

Sec. 402. Public health and prevention.

Sec. 403. Reduction in health disparities.

TITLE V—EFFECTIVE DATE

Sec. 501. Effective date.

1 **SEC. 2. DEFINITIONS AND TERMS.**

2 In this Act:

3 (1) USNHI PROGRAM; PROGRAM.—The terms
4 “USNHI Program” and “Program” mean the pro-
5 gram of benefits provided under this Act and, unless
6 the context otherwise requires, the Secretary with
7 respect to functions relating to carrying out such
8 program.

9 (2) NATIONAL BOARD OF UNIVERSAL QUALITY
10 AND ACCESS.—The term “National Board of Uni-
11 versal Quality and Access” means such Board estab-
12 lished under section 305.

13 (3) REGIONAL OFFICE.—The term “regional of-
14 fice” means a regional office established under sec-
15 tion 303.

16 (4) SECRETARY.—The term “Secretary” means
17 the Secretary of Health and Human Services.

18 (5) DIRECTOR.—The term “Director” means,
19 in relation to the Program, the Director appointed
20 under section 301.

21 **TITLE I—ELIGIBILITY AND**
22 **BENEFITS**

23 **SEC. 101. ELIGIBILITY AND REGISTRATION.**

24 (a) IN GENERAL.—All individuals residing in the
25 United States (including any territory of the United
26 States) are covered under the USNHI Program entitling

1 them to a universal, best quality standard of care. Each
2 such individual shall receive a card with a unique number
3 in the mail. An individual's social security number shall
4 not be used for purposes of registration under this section.

5 (b) REGISTRATION.—Individuals and families shall
6 receive a United States National Health Insurance Card
7 in the mail, after filling out a United States National
8 Health Insurance application form at a health care pro-
9 vider. Such application form shall be no more than 2 pages
10 long.

11 (c) PRESUMPTION.—Individuals who present them-
12 selves for covered services from a participating provider
13 shall be presumed to be eligible for benefits under this Act,
14 but shall complete an application for benefits in order to
15 receive a United States National Health Insurance Card
16 and have payment made for such benefits.

17 **SEC. 102. BENEFITS AND PORTABILITY.**

18 (a) IN GENERAL.—The health insurance benefits
19 under this Act cover all medically necessary services, in-
20 cluding at least the following:

- 21 (1) Primary care and prevention.
- 22 (2) Inpatient care.
- 23 (3) Outpatient care.
- 24 (4) Emergency care.
- 25 (5) Prescription drugs.

1 (6) Durable medical equipment.

2 (7) Long term care.

3 (8) Mental health services.

4 (9) The full scope of dental services (other than
5 cosmetic dentistry).

6 (10) Substance abuse treatment services.

7 (11) Chiropractic services.

8 (12) Basic vision care and vision correction
9 (other than laser vision correction for cosmetic pur-
10 poses).

11 (13) Hearing services, including coverage of
12 hearing aids.

13 (b) PORTABILITY.—Such benefits are available
14 through any licensed health care clinician anywhere in the
15 United States that is legally qualified to provide the bene-
16 fits.

17 (c) NO COST-SHARING.—No deductibles, copay-
18 ments, coinsurance, or other cost-sharing shall be imposed
19 with respect to covered benefits.

20 **SEC. 103. QUALIFICATION OF PARTICIPATING PROVIDERS.**

21 (a) REQUIREMENT TO BE PUBLIC OR NON-PROF-
22 IT.—

23 (1) IN GENERAL.—No institution may be a par-
24 ticipating provider unless it is a public or not-for-
25 profit institution.

1 (2) CONVERSION OF INVESTOR-OWNED PRO-
2 VIDERS.—Investor-owned providers of care opting to
3 participate shall be required to convert to not-for-
4 profit status.

5 (3) COMPENSATION FOR CONVERSION.—The
6 owners of such investor-owned providers shall be
7 compensated for the actual appraised value of con-
8 verted facilities used in the delivery of care.

9 (4) FUNDING.—There are authorized to be ap-
10 propriated from the Treasury such sums as are nec-
11 essary to compensate investor-owned providers as
12 provided for under paragraph (3).

13 (5) REQUIREMENTS.—The conversion to a not-
14 for-profit health care system shall take place over a
15 15-year period, through the sale of U.S. Treasury
16 Bonds. Payment for conversions under paragraph
17 (3) shall not be made for loss of business profits,
18 but may be made only for costs associated with the
19 conversion of real property and equipment.

20 (b) QUALITY STANDARDS.—

21 (1) IN GENERAL.—Health care delivery facili-
22 ties must meet regional and State quality and licens-
23 ing guidelines as a condition of participation under
24 such program, including guidelines regarding safe
25 staffing and quality of care.

1 (2) LICENSURE REQUIREMENTS.—Participating
2 clinicians must be licensed in their State of practice
3 and meet the quality standards for their area of
4 care. No clinician whose license is under suspension
5 or who is under disciplinary action in any State may
6 be a participating provider.

7 (c) PARTICIPATION OF HEALTH MAINTENANCE OR-
8 GANIZATIONS.—

9 (1) IN GENERAL.—Non-profit health mainte-
10 nance organizations that actually deliver care in
11 their own facilities and employ clinicians on a sala-
12 ried basis may participate in the program and re-
13 ceive global budgets or capitation payments as speci-
14 fied in section 202.

15 (2) EXCLUSION OF CERTAIN HEALTH MAINTE-
16 NANCE ORGANIZATIONS.—Other health maintenance
17 organizations, including those which principally con-
18 tract to pay for services delivered by non-employees,
19 shall be classified as insurance plans. Such organiza-
20 tions shall not be participating providers, and are
21 subject to the regulations promulgated by reason of
22 section 104(a) (relating to prohibition against dupli-
23 cating coverage).

1 (d) FREEDOM OF CHOICE.—Patients shall have free
 2 choice of participating physicians and other clinicians,
 3 hospitals, and inpatient care facilities.

4 **SEC. 104. PROHIBITION AGAINST DUPLICATING COVERAGE.**

5 (a) IN GENERAL.—It is unlawful for a private health
 6 insurer to sell health insurance coverage that duplicates
 7 the benefits provided under this Act.

8 (b) CONSTRUCTION.—Nothing in this Act shall be
 9 construed as prohibiting the sale of health insurance cov-
 10 erage for any additional benefits not covered by this Act,
 11 such as for cosmetic surgery or other services and items
 12 that are not medically necessary.

13 **TITLE II—FINANCES**

14 **Subtitle A—Budgeting and**
 15 **Payments**

16 **SEC. 201. BUDGETING PROCESS.**

17 (a) ESTABLISHMENT OF OPERATING BUDGET AND
 18 CAPITAL EXPENDITURES BUDGET.—

19 (1) IN GENERAL.—To carry out this Act there
 20 are established on an annual basis consistent with
 21 this title—

22 (A) an operating budget;

23 (B) a capital expenditures budget;

24 (C) reimbursement levels for providers con-
 25 sistent with subtitle B; and

1 (D) a health professional education budget,
2 including amounts for the continued funding of
3 resident physician training programs.

4 (2) REGIONAL ALLOCATION.—After Congress
5 appropriates amounts for the annual budget for the
6 USNHI Program, the Director shall provide the re-
7 gional offices with an annual funding allotment to
8 cover the costs of each region’s expenditures. Such
9 allotment shall cover global budgets, reimbursements
10 to clinicians, and capital expenditures. Regional of-
11 fices may receive additional funds from the national
12 program at the discretion of the Director.

13 (b) OPERATING BUDGET.—The operating budget
14 shall be used for—

15 (1) payment for services rendered by physicians
16 and other clinicians;

17 (2) global budgets for institutional providers;

18 (3) capitation payments for capitated groups;

19 and

20 (4) administration of the Program.

21 (c) CAPITAL EXPENDITURES BUDGET.—The capital
22 expenditures budget shall be used for funds needed for—

23 (1) the construction or renovation of health fa-
24 cilities; and

25 (2) for major equipment purchases.

1 (d) PROHIBITION AGAINST CO-MINGLING OPER-
 2 ATIONS AND CAPITAL IMPROVEMENT FUNDS.—It is pro-
 3 hibited to use funds under this Act that are earmarked—

4 (1) for operations for capital expenditures; or

5 (2) for capital expenditures for operations.

6 **SEC. 202. PAYMENT OF PROVIDERS AND HEALTH CARE CLI-**
 7 **NICIANS.**

8 (a) ESTABLISHING GLOBAL BUDGETS; MONTHLY
 9 LUMP SUM.—

10 (1) IN GENERAL.—The USNHI Program,
 11 through its regional offices, shall pay each hospital,
 12 nursing home, community or migrant health center,
 13 home care agencies, or other institutional provider
 14 or pre-paid group practice a monthly lump sum to
 15 cover all operating expenses under a global budget.

16 (2) ESTABLISHMENT OF GLOBAL BUDGETS.—
 17 The global budget of a provider shall be set through
 18 negotiations between providers and regional direc-
 19 tors, but are subject to the approval of the Director.
 20 The budget shall be negotiated annually, based on
 21 past expenditures, projected changes in levels of
 22 services, wages and input, costs, and proposed new
 23 and innovative programs.

24 (b) THREE PAYMENT OPTIONS FOR PHYSICIANS AND
 25 CERTAIN OTHER HEALTH PROFESSIONALS.—

1 (1) IN GENERAL.—The Program shall pay phy-
2 sicians, dentists, doctors of osteopathy, psycholo-
3 gists, chiropractors, doctors of optometry, nurse
4 practitioners, nurse midwives, physicians’ assistants,
5 and other advanced practice clinicians as licensed
6 and regulated by the States by the following pay-
7 ment methods:

8 (A) Fee for service payment under para-
9 graph (2).

10 (B) Salaried positions in institutions re-
11 ceiving global budgets under paragraph (3).

12 (C) Salaried positions within group prac-
13 tices or non-profit health maintenance organiza-
14 tions receiving capitation payments under para-
15 graph (4).

16 (2) FEE FOR SERVICE.—

17 (A) IN GENERAL.—The Program shall ne-
18 gotiate a simplified fee schedule that is fair
19 with representatives of physicians and other cli-
20 nicians, after close consultation with the Na-
21 tional Board of Universal Quality and Access
22 and regional and State directors. Initially, the
23 current prevailing fees or reimbursement would
24 be the basis for the fee negotiation for all pro-
25 fessional services covered under this Act.

1 (B) CONSIDERATIONS.—In establishing
2 such schedule, the Director shall take into con-
3 sideration regional differences in reimburse-
4 ment, but strive for a uniform national stand-
5 ard.

6 (C) STATE PHYSICIAN PRACTICE REVIEW
7 BOARDS.— The State director for each State, in
8 consultation with representatives of the physi-
9 cian community of that State, shall establish
10 and appoint a physician practice review board
11 to assure quality, cost effectiveness, and fair re-
12 imbursements for physician delivered services.

13 (D) FINAL GUIDELINES.—The regional di-
14 rectors shall be responsible for promulgating
15 final guidelines to all providers.

16 (E) BILLING.—Under this Act physicians
17 shall submit bills to the regional director on a
18 simple form, or via computer. Interest shall be
19 paid to providers whose bills are not paid within
20 30 days of submission.

21 (F) NO BALANCE BILLING.—Licensed
22 health care clinicians who accept any payment
23 from the USNHI Program may not bill any pa-
24 tient for any covered service.

1 (G) UNIFORM COMPUTER ELECTRONIC
2 BILLING SYSTEM.—The Director shall create a
3 uniform computerized electronic billing system,
4 including those areas of the United States
5 where electronic billing is not yet established.

6 (3) SALARIES WITHIN INSTITUTIONS RECEIVING
7 GLOBAL BUDGETS.—

8 (A) IN GENERAL.—In the case of an insti-
9 tution, such as a hospital, health center, group
10 practice, community and migrant health center,
11 or a home care agency that elects to be paid a
12 monthly global budget for the delivery of health
13 care as well as for education and prevention
14 programs, physicians employed by such institu-
15 tions shall be reimbursed through a salary in-
16 cluded as part of such a budget.

17 (B) SALARY RANGES.—Salary ranges for
18 health care providers shall be determined in the
19 same way as fee schedules under paragraph (2).

20 (4) SALARIES WITHIN CAPITATED GROUPS.—

21 (A) IN GENERAL.—Health maintenance or-
22 ganizations, group practices, and other institu-
23 tions may elect to be paid capitation premiums
24 to cover all outpatient, physician, and medical
25 home care provided to individuals enrolled to

1 receive benefits through the organization or en-
2 tity.

3 (B) SCOPE.—Such capitation may include
4 the costs of services of licensed physicians and
5 other licensed, independent practitioners pro-
6 vided to inpatients. Other costs of inpatient and
7 institutional care shall be excluded from capita-
8 tion payments, and shall be covered under insti-
9 tutions' global budgets.

10 (C) PROHIBITION OF SELECTIVE ENROLL-
11 MENT.—Selective enrollment policies are pro-
12 hibited, and patients shall be permitted to en-
13 roll or disenroll from such organizations or enti-
14 ties with appropriate notice.

15 (D) HEALTH MAINTENANCE ORGANIZA-
16 TIONS.—Under this Act—

17 (i) health maintenance organizations
18 shall be required to reimburse physicians
19 based on a salary; and

20 (ii) financial incentives between such
21 organizations and physicians based on uti-
22 lization are prohibited.

23 **SEC. 203. PAYMENT FOR LONG-TERM CARE.**

24 (a) ALLOTMENT FOR REGIONS.—The Program shall
25 provide for each region a single budgetary allotment to

1 cover a full array of long-term care services under this
2 Act.

3 (b) REGIONAL BUDGETS.—Each region shall provide
4 a global budget to local long-term care providers for the
5 full range of needed services, including in-home, nursing
6 home, and community based care.

7 (c) BASIS FOR BUDGETS.—Budgets for long-term
8 care services under this section shall be based on past ex-
9 penditures, financial and clinical performance, utilization,
10 and projected changes in service, wages, and other related
11 factors.

12 (d) FAVORING NON-INSTITUTIONAL CARE.—All ef-
13 forts shall be made under this Act to provide long-term
14 care in a home- or community-based setting, as opposed
15 to institutional care.

16 **SEC. 204. MENTAL HEALTH SERVICES.**

17 (a) IN GENERAL.—The Program shall provide cov-
18 erage for all medically necessary mental health care on
19 the same basis as the coverage for other conditions. Li-
20 censed mental health clinicians shall be paid in the same
21 manner as specified for other health professionals, as pro-
22 vided for in section 202(b).

23 (b) FAVORING COMMUNITY-BASED CARE.—The
24 USNHI Program shall cover supportive residences, occu-
25 pational therapy, and ongoing mental health and coun-

1 seling services outside the hospital for patients with seri-
2 ous mental illness. In all cases the highest quality and
3 most effective care shall be delivered, and, for some indi-
4 viduals, this may mean institutional care.

5 **SEC. 205. PAYMENT FOR PRESCRIPTION MEDICATIONS,**
6 **MEDICAL SUPPLIES, AND MEDICALLY NEC-**
7 **CESSARY ASSISTIVE EQUIPMENT.**

8 (a) NEGOTIATED PRICES.—The prices to be paid
9 each year under this Act for covered pharmaceuticals,
10 medical supplies, and medically necessary assistive equip-
11 ment shall be negotiated annually by the Program.

12 (b) PRESCRIPTION DRUG FORMULARY.—

13 (1) IN GENERAL.—The Program shall establish
14 a prescription drug formulary system, which shall
15 encourage best-practices in prescribing and discour-
16 age the use of ineffective, dangerous, or excessively
17 costly medications when better alternatives are avail-
18 able.

19 (2) PROMOTION OF USE OF GENERICS.—The
20 formulary shall promote the use of generic medica-
21 tions but allow the use of brand-name and off-for-
22 mulary medications when indicated for a specific pa-
23 tient or condition.

24 (3) FORMULARY UPDATES AND PETITION
25 RIGHTS.—The formulary shall be updated frequently

1 and clinicians and patients may petition their region
 2 or the Director to add new pharmaceuticals or to re-
 3 move ineffective or dangerous medications from the
 4 formulary.

5 **SEC. 206. CONSULTATION IN ESTABLISHING REIMBURSE-**
 6 **MENT LEVELS.**

7 Reimbursement levels under this subtitle shall be set
 8 after close consultation with regional and State Directors
 9 and after the annual meeting of National Board of Uni-
 10 versal Quality and Access.

11 **Subtitle B—Funding**

12 **SEC. 211. OVERVIEW: FUNDING THE USNHI PROGRAM.**

13 (a) IN GENERAL.—The USNHI Program is to be
 14 funded as provided in subsection (c)(1).

15 (b) USNHI TRUST FUND.—There shall be estab-
 16 lished a USNHI Trust Fund in which funds provided
 17 under this section are deposited and from which expendi-
 18 tures under this Act are made.

19 (c) FUNDING.—

20 (1) IN GENERAL.—There are appropriated to
 21 the USNHI Trust Fund amounts sufficient to carry
 22 out this Act from the following sources:

23 (A) Existing sources of Federal govern-
 24 ment revenues for health care.

1 (B) Increasing personal income taxes on
2 the top 5 percent income earners.

3 (C) Instituting a modest and progressive
4 excise tax on payroll and self-employment in-
5 come.

6 (D) Instituting a small tax on stock and
7 bond transactions.

8 (2) SYSTEM SAVINGS AS A SOURCE OF FINANC-
9 ING.—Funding otherwise required for the Program
10 is reduced as a result of—

11 (A) vastly reducing paperwork; and

12 (B) requiring a rational bulk procurement
13 of medications under section 205(a).

14 (3) ADDITIONAL ANNUAL APPROPRIATIONS TO
15 USNHI PROGRAM.—Additional sums are authorized
16 to be appropriated annually as needed to maintain
17 maximum quality, efficiency, and access under the
18 Program.

19 **SEC. 212. APPROPRIATIONS FOR EXISTING PROGRAMS FOR**
20 **UNINSURED AND INDIGENT.**

21 Notwithstanding any other provision of law, there are
22 hereby transferred and appropriated to carry out this Act,
23 amounts equivalent to the amounts the Secretary esti-
24 mates would have been appropriated and expended for
25 Federal public health care programs for the uninsured and

1 indigent, including funds appropriated under the Medicare
2 program under title XVIII of the Social Security Act,
3 under the Medicaid program under title XIX of such Act,
4 and under the Children's Health Insurance Program
5 under title XXI of such Act.

6 **TITLE III—ADMINISTRATION**

7 **SEC. 301. PUBLIC ADMINISTRATION; APPOINTMENT OF DI-** 8 **RECTOR.**

9 (a) IN GENERAL.—Except as otherwise specifically
10 provided, this Act shall be administered by the Secretary
11 through a Director appointed by the Secretary.

12 (b) LONG-TERM CARE.—The Director shall appoint
13 a director for long-term care who shall be responsible for
14 administration of this Act and ensuring the availability
15 and accessibility of high quality long-term care services.

16 (c) MENTAL HEALTH.—The Director shall appoint a
17 director for mental health who shall be responsible for ad-
18 ministration of this Act and ensuring the availability and
19 accessibility of high quality mental health services.

20 **SEC. 302. OFFICE OF QUALITY CONTROL.**

21 The Director shall appoint a director for an Office
22 of Quality Control. Such director shall, after consultation
23 with state and regional directors, provide annual rec-
24 ommendations to Congress, the President, the Secretary,
25 and other Program officials on how to ensure the highest

1 quality health care service delivery. The director of the Of-
 2 fice of Quality Control shall conduct an annual review on
 3 the adequacy of medically necessary services, and shall
 4 make recommendations of any proposed changes to the
 5 Congress, the President, the Secretary, and other USNHI
 6 program officials.

7 **SEC. 303. REGIONAL AND STATE ADMINISTRATION; EM-**
 8 **PLOYMENT OF DISPLACED CLERICAL WORK-**
 9 **ERS.**

10 (a) USE OF REGIONAL OFFICES.—The Program
 11 shall establish and maintain regional offices. Such regional
 12 offices shall replace all regional Medicare offices.

13 (b) APPOINTMENT OF REGIONAL AND STATE DIREC-
 14 TORS.—In each such regional office there shall be—

15 (1) one regional director appointed by the Di-
 16 rector; and

17 (2) for each State in the region, a deputy direc-
 18 tor (in this Act referred to as a “State Director”)
 19 appointed by the governor of that State.

20 (c) REGIONAL OFFICE DUTIES.—

21 (1) IN GENERAL.—Regional offices of the Pro-
 22 gram shall be responsible for—

23 (A) coordinating funding to health care
 24 providers and physicians; and

1 (B) coordinating billing and reimburse-
2 ments with physicians and health care providers
3 through a State-based reimbursement system.

4 (d) STATE DIRECTOR'S DUTIES.—Each State Direc-
5 tor shall be responsible for the following duties:

6 (1) Providing an annual state health care needs
7 assessment report to the National Board of Uni-
8 versal Quality and Access, and the regional board,
9 after a thorough examination of health needs, in
10 consultation with public health officials, clinicians,
11 patients and patient advocates.

12 (2) Health planning, including oversight of the
13 placement of new hospitals, clinics, and other health
14 care delivery facilities.

15 (3) Health planning, including oversight of the
16 purchase and placement of new health equipment to
17 ensure timely access to care and to avoid duplica-
18 tion.

19 (4) Submitting global budgets to the regional
20 director.

21 (5) Recommending changes in provider reim-
22 bursement or payment for delivery of health services
23 in the State.

24 (6) Establishing a quality assurance mechanism
25 in the State in order to minimize both under utiliza-

1 tion and over utilization and to assure that all pro-
2 viders meet high quality standards.

3 (7) Reviewing program disbursements on a
4 quarterly basis and recommending needed adjust-
5 ments in fee schedules needed to achieve budgetary
6 targets and assure adequate access to needed care.

7 (e) FIRST PRIORITY IN RETRAINING AND JOB
8 PLACEMENT; 2 YEARS OF UNEMPLOYMENT BENEFITS.—
9 The Program shall provide that clerical, administrative,
10 and billing personnel in insurance companies, doctors of-
11 fices, hospitals, nursing facilities, and other facilities
12 whose jobs are eliminated due to reduced administration—

13 (1) should have first priority in retraining and
14 job placement in the new system; and

15 (2) shall be eligible to receive 2 years of unem-
16 ployment benefits.

17 **SEC. 304. CONFIDENTIAL ELECTRONIC PATIENT RECORD**
18 **SYSTEM.**

19 (a) IN GENERAL.—The Secretary shall create a
20 standardized, confidential electronic patient record system
21 in accordance with laws and regulations to maintain accu-
22 rate patient records and to simplify the billing process,
23 thereby reducing medical errors and bureaucracy.

24 (b) PATIENT OPTION.—Notwithstanding that all bill-
25 ing shall be preformed electronically, patients shall have

1 the option of keeping any portion of their medical records
2 separate from their electronic medical record.

3 **SEC. 305. NATIONAL BOARD OF UNIVERSAL QUALITY AND**
4 **ACCESS.**

5 (a) ESTABLISHMENT.—

6 (1) IN GENERAL.—There is established a Na-
7 tional Board of Universal Quality and Access (in
8 this section referred to as the “Board”) consisting
9 of 15 members appointed by the President, by and
10 with the advice and consent of the Senate.

11 (2) QUALIFICATIONS.—The appointed members
12 of the Board shall include at least one of each of the
13 following:

14 (A) Health care professionals.

15 (B) Representatives of institutional pro-
16 viders of health care.

17 (C) Representatives of health care advo-
18 cacy groups.

19 (D) Representatives of labor unions.

20 (E) Citizen patient advocates.

21 (3) TERMS.—Each member shall be appointed
22 for a term of 6 years, except that the President shall
23 stagger the terms of members initially appointed so
24 that the term of no more than 3 members expires
25 in any year.

1 (4) PROHIBITION ON CONFLICTS OF INTER-
2 EST.—No member of the Board shall have a finan-
3 cial conflict of interest with the duties before the
4 Board.

5 (b) DUTIES.—

6 (1) IN GENERAL.—The Board shall meet at
7 least twice per year and shall advise the Secretary
8 and the Director on a regular basis to ensure qual-
9 ity, access, and affordability.

10 (2) SPECIFIC ISSUES.—The Board shall specifi-
11 cally address the following issues:

12 (A) Access to care.

13 (B) Quality improvement.

14 (C) Efficiency of administration.

15 (D) Adequacy of budget and funding.

16 (E) Appropriateness of reimbursement lev-
17 els of physicians and other providers.

18 (F) Capital expenditure needs.

19 (G) Long-term care.

20 (H) Mental health and substance abuse
21 services.

22 (I) Staffing levels and working conditions
23 in health care delivery facilities.

24 (3) ESTABLISHMENT OF UNIVERSAL, BEST
25 QUALITY STANDARD OF CARE.—The Board shall

1 specifically establish a universal, best quality of
2 standard of care with respect to—

3 (A) appropriate staffing levels;

4 (B) appropriate medical technology;

5 (C) design and scope of work in the health
6 workplace; and

7 (D) best practices.

8 (4) TWICE-A-YEAR REPORT.—The Board shall
9 report its recommendations twice each year to the
10 Secretary, the Director, Congress, and the Presi-
11 dent.

12 (c) COMPENSATION, ETC.—The following provisions
13 of section 1805 of the Social Security Act shall apply to
14 the Board in the same manner as they apply to the Medi-
15 care Payment Assessment Commission (except that any
16 reference to the Commission or the Comptroller General
17 shall be treated as references to the Board and the Sec-
18 retary, respectively):

19 (1) Subsection (c)(4) (relating to compensation
20 of Board members).

21 (2) Subsection (c)(5) (relating to chairman and
22 vice chairman)

23 (3) Subsection (c)(6) (relating to meetings).

24 (4) Subsection (d) (relating to director and
25 staff; experts and consultants).

(5) Subsection (e) (relating to powers).

TITLE IV—ADDITIONAL PROVISIONS

SEC. 401. TREATMENT OF VA AND IHS HEALTH PROGRAMS.

(a) VA HEALTH PROGRAMS.—This Act provides for health programs of the Department of Veterans' Affairs to initially remain independent for the 10-year period that begins on the date of the establishment of the USNHI program. After such 10-year period, the Congress shall re-evaluate whether such programs shall remain independent or be integrated into the USNHI program.

(b) INDIAN HEALTH SERVICE PROGRAMS.—This Act provides for health programs of the Indian Health Service to initially remain independent for the 5-year period that begins on the date of the establishment of the USNHI program, after which such programs shall be integrated into the USNHI program.

SEC. 402. PUBLIC HEALTH AND PREVENTION.

It is the intent of this Act that the Program at all times stress the importance of good public health through the prevention of diseases.

SEC. 403. REDUCTION IN HEALTH DISPARITIES.

It is the intent of this Act to reduce health disparities by race, ethnicity, income and geographic region, and to provide high quality, cost-effective, culturally appropriate

1 care to all individuals regardless of race, ethnicity, sexual
2 orientation, or language.

3 **TITLE V—EFFECTIVE DATE**

4 **SEC. 501. EFFECTIVE DATE.**

5 Except as otherwise specifically provided, this Act
6 shall take effect on the first day of the first year that be-
7 gins more than 1 year after the date of the enactment
8 of this Act, and shall apply to items and services furnished
9 on or after such date.

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