

115TH CONGRESS  
1ST SESSION

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

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

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IN THE SENATE OF THE UNITED STATES

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Mr. GRASSLEY (for himself and Mr. BENNET) introduced the following bill;  
which was read twice and referred to the Committee on

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**A BILL**

To amend title XIX of the Social Security Act to streamline enrollment of certain Medicaid providers and suppliers 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”.

6       **SEC. 2. FINDINGS.**

7       The Congress finds as follows:

8               (1) Thankfully, most children are well. How-  
9       ever, there is a small subset of children with medi-

1 cally complex needs. Many of these medically com-  
2 plex needs are congenital, but some are acquired  
3 during childhood. Examples of children with medi-  
4 cally complex needs include children with Down syn-  
5 drome, cancer, cystic fibrosis, or Duchene muscular  
6 dystrophy.

7 (2) Children with medically complex needs often  
8 require health care from multiple specialty providers  
9 that are not always located within their home State.

10 (3) Children with medically complex needs and  
11 families on Medicaid who require care from pro-  
12 viders outside of their home State must navigate a  
13 number of paperwork challenges that can impede  
14 timely access to care.

15 (4) Health care providers treating children from  
16 out-of-State face significant burdens in being  
17 screened and enrolled to participate in the Medicaid  
18 program of the child being treated.

19 (5) Current Federal regulation and guidance  
20 from the Center for Medicaid and CHIP Services  
21 allow States to rely on provider screenings done by  
22 Medicaid contractors or by other state Medicaid or  
23 CHIP programs.

24 (6) The Provider Enrollment, Chain and Own-  
25 ership System (PECOS) is an existing national en-

1 rollment system for Medicare providers and sup-  
2 pliers that is being expanded to support better align-  
3 ment between Medicare, Medicaid and the CHIP  
4 program and that system could serve as a nation-  
5 wide platform for provider enrollment in Medicaid.

6 (7) Congress recognizes the need for thorough  
7 screening of providers and suppliers in the Medicare,  
8 Medicaid and CHIP programs to prevent waste,  
9 fraud, and abuse.

10 (8) A nationwide streamlined screening and en-  
11 rollment process for limited risk providers who care  
12 for children (and the adults who have medically com-  
13 plex needs which began in childhood) under the  
14 Medicaid and CHIP programs will accelerate access  
15 to appropriate care. In addition, such a process has  
16 the potential to strengthen program integrity efforts  
17 by requiring thorough screening and vetting of pro-  
18 viders.

19 **SEC. 3. STREAMLINED SCREENING AND ENROLLMENT**  
20 **PROCESS FOR ELIGIBLE OUT-OF-STATE MED-**  
21 **ICAID PROVIDERS AND SUPPLIERS.**

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

1           “(10) STREAMLINED SCREENING AND ENROLL-  
2           MENT PROCESS FOR ELIGIBLE OUT-OF-STATE PRO-  
3           VIDERS AND SUPPLIERS.—

4                   “(A) IN GENERAL.—Subject to subsection  
5           (a)(65), the State adopts a streamlined screen-  
6           ing and enrollment process for eligible out-of-  
7           State providers and suppliers.

8                   “(B) STREAMLINED SCREENING AND EN-  
9           ROLLMENT PROCESS.—For purposes of sub-  
10          paragraph (A), the term ‘streamlined screening  
11          and enrollment process’ means a process that  
12          enables an eligible out-of-State provider or sup-  
13          plier to enroll as a provider or supplier in the  
14          State plan on a simplified and streamlined basis  
15          in accordance with the requirements of sub-  
16          paragraph (D).

17                  “(C) ELIGIBLE OUT-OF-STATE PROVIDER  
18          OR SUPPLIER.—For purposes of subparagraph  
19          (A), the term ‘eligible out-of-State provider or  
20          supplier’ means a provider or supplier of med-  
21          ical or other items or services furnished to a  
22          child for which payment is available under the  
23          State plan under this title that is located in an-  
24          other State and with respect to which the Sec-  
25          retary has determined there is a limited risk of

1 fraud, waste, or abuse for purposes of deter-  
2 mining the level of screening to be conducted  
3 under section 1866(j)(2)(B).

4 “(D) REQUIREMENTS.—For purposes of  
5 subparagraph (B), the requirements of this sub-  
6 paragraph are the following:

7 “(i) An eligible out-of-State provider  
8 or supplier that elects to be and is enrolled  
9 in the program established under this title  
10 in accordance with the process established  
11 by the Secretary under section 2(b) of the  
12 Accelerating Kids’ Access to Care Act is  
13 enrolled in the State plan under this title  
14 without being subject to any additional  
15 screening and enrollment activities re-  
16 quired by the State.

17 “(ii) An eligible out-of-State provider  
18 or supplier that is enrolled in the State  
19 plan through the streamlined screening  
20 and enrollment process shall be enrolled  
21 for a period of 5 years before being re-  
22 quired to obtain revalidation.

23 “(iii) An eligible out-of-State provider  
24 or supplier that is enrolled in the State  
25 plan through the streamlined screening

1                   and enrollment process shall be permitted  
2                   to order all clinically necessary follow-up  
3                   care, including with respect to the pre-  
4                   scribing of medications.”.

5           (b) COORDINATION WITH MEDICARE.—The Sec-  
6   retary shall establish a process for permitting a provider  
7   or a supplier, as the case may be, the option when enroll-  
8   ing in the program established under the Medicare pro-  
9   gram under title XVIII of the Social Security Act pursu-  
10   ant to subpart P of part 424 of title 42, Code of Federal  
11   Regulations (or any successor regulation), to elect, at the  
12   same time, to enroll in the Medicaid program under title  
13   XIX of such Act for purposes of all State plans under  
14   such title XIX. The Secretary may utilize the Medicare  
15   Provider Enrollment, Chain and Ownership System (re-  
16   ferred to as “PECOS”), or another national, standard-  
17   ized, and widely accessible platform to establish such proc-  
18   ess.

19           (c) CONFORMING AMENDMENTS.—

20                   (1) Section 1902(a)(77) of such Act (42 U.S.C.  
21   1396a(a)(77)), is amended by inserting “enroll-  
22   ment,” after “screening,”.

23                   (2) Section 1902(kk) of such Act (42 U.S.C.  
24   1396a(kk)), as amended by subsection (a), is further  
25   amended—

1 (A) in the subsection heading, by inserting  
2 “ENROLLMENT,” after “SCREENING,”; and

3 (B) in paragraph (9), by striking “Noth-  
4 ing” and inserting “Except as provided in para-  
5 graph (10)(D)(i), nothing”.

6 (3) Section 2107(e)(1)(F) of such Act (42  
7 U.S.C. 1397gg(e)(1)(F)) is amended by inserting  
8 “enrollment,” after “screening,”.

9 (d) EFFECTIVE DATE.—

10 (1) IN GENERAL.—Except as provided in para-  
11 graph (2), the amendments made by this section  
12 take effect on January 1, 2019.

13 (2) EXCEPTION FOR STATE LEGISLATION.—In  
14 the case of a State plan for medical assistance under  
15 title XIX of the Social Security Act or a State child  
16 health plan under title XXI of such Act which the  
17 Secretary of Health and Human Services determines  
18 requires State legislation (other than legislation ap-  
19 propriating funds) in order for the plan to meet the  
20 additional requirements imposed by the amendments  
21 made by this section, such State plan shall not be  
22 regarded as failing to comply with the requirements  
23 of such title solely on the basis of its failure to meet  
24 these additional requirements before the first day of  
25 the first calendar quarter beginning after the close

1       of the first regular session of the State legislature  
2       that begins after the date of the enactment of this  
3       Act. For purposes of the previous sentence, in the  
4       case of a State that has a 2-year legislative session,  
5       each year of such session shall be deemed to be a  
6       separate regular session of the State legislature.