

Chapter 1 : H.R. "Community Safety and Security Act of | House Committee on Rules

2D SESSION H. R. To amend titles XVIII, XIX, and XXI of the Social Security Act to provide in each case for consideration of such provisions as fall within.

The Beneficiary Access to Care and Medicare Equity Act of Introduction Medicaid is a joint federal-state entitlement program that pays for medical assistance primarily for low-income persons who are aged, blind, disabled, members of families with dependent children, and certain other pregnant women and children. Within broad federal guidelines, each state designs and administers its own program. While the bills are very different from each other, both are largely comprised of provisions affecting the Medicare program, and both include important changes to Medicaid, SCHIP and other health programs. Among the Medicaid provisions, both bills would increase annual disproportionate share hospital DSH allotments to states beginning in FY, but use different methods to achieve those increases. The following sections describe the recent legislative changes as well as the major proposed amendments in H. Since , states have been required to recognize, in establishing their payment rates, the situation of hospitals that serve a disproportionate number of Medicaid beneficiaries and low-income patients. The DSH adjustment was intended to offset the costs to hospitals of treating uninsured, low-income patients, and to protect access to care for vulnerable populations. Under broad federal guidelines, each state determines which hospitals receive DSH payments and the payment amounts to each. States that contract with health maintenance organizations HMOs or other prepaid managed care providers may include DSH expenses in the payment rates to contractors. In , Congress intervened to control the growth of these expenditures by limiting DSH payments by state and setting national limits. The new law was successful. The allotments were specified for fiscal years beginning in through For most states, those amounts declined over the 5-year period. Allotments for FY and thereafter were to revert to amounts calculated based on the methodology specified in BBA BIPA also extended a special hospital-specific DSH limit that had previously applied only to certain public hospitals in California to such hospitals in all states for a 2-year period. Recognizing this increased fiscal pressure that states are under since the economic slowing began over one year ago, both bills include provisions to increase annual state DSH allotments for fiscal years beginning in Each bill, however, uses different methods to achieve those increases. Allotments for FY and thereafter would be equal to the allotment for the previous year, increased by 1. For these states, beginning in the first fiscal year that their allotment would equal or no longer exceed the prior law levels, their allotment would be equal to the allotment for the previous year increased by the percentage change in the CPI-U for the previous year. The bill specifies special formulas for these purposes. Allotment of funds among the states is determined by a formula set in law. Each annual allotment is available to states for a period of 3 years. Under current law, allotments not spent at the end of the applicable 3-year period will be redistributed by a method to be determined by the Secretary of HHS to states that have fully exhausted their original allotments for that year. Redistributed funds not spent by the end of the fiscal year in which they are reallocated will expire. The change decreased the amount available for redistribution to states that had exhausted their original allotments for those years by allowing states that had not spent their full allotments to retain a portion of their unspent funds. Specifically, out of the total pool of unspent funds for a given year, states that exhausted their allotments were given amounts equal to their excess expenditures. Then states which had not exhausted their allotments received an amount equal to their proportional contribution to the pool of unspent funds. The distribution method for such funds among these states, should the pool of available funds be insufficient to cover all excess expenditures, is left to the Secretary to determine. Each such state would receive an amount equal to the ratio of its contribution to the total pool of unspent funds to the remaining available funds. For FY forward, S. Any remaining unspent redistributed dollars beginning with the FY appropriation would become part of this pool. In addition, the bill specifies that unspent funds in the pool would remain in the pool i. Eligible states include those whose total cumulative spending through the end of the previous fiscal year exceeds their cumulative original allotments for the same time period. Section of the Social Security Act provides the Secretary of HHS with broad authority to conduct research and demonstration projects under

Medicaid and five other programs. Under this authority, the Secretary may waive provisions in Section of Medicaid statute¹ usually freedom of provider choice, comparability of benefits, and statewideness. Most large-scale statewide waivers are approved for a 5-year period. The costs of such waivers are allowable expenditures under the applicable program. Congress has twice changed Section authority as it applies to the Medicaid waiver review and approval process. First, BBA provided a process for a 3-year extension of Medicaid statewide comprehensive Section waiver projects beyond the initial 5-year term. Second, BIPA defined a process for approving extensions beyond initial 3-year extensions. Much of the detail surrounding the policies and procedures for reviewing and approving Section waiver proposals has been issued by the Secretary of HHS through written guidance. For example, in , the Secretary published a notice in the Federal Register outlining requirements with respect to public notification and involvement during the development phase of proposed waiver projects under Medicaid. SCHIP did not yet exist at that time. Since that time, the Secretary has provided other waiver guidance. In other letters to state Medicaid directors and to state health officials, the Secretary has described policy with respect to overall budget neutrality requirements, coverage of childless adults under SCHIP, as well as further details on public notice and involvement requirements. The bill places on both states and the Secretary of HHS certain public notice and hearing requirements, and requirements regarding receipt and consideration of public comments in the waiver development, review and approval process. It would clarify that: The federal share of the cost of Medicaid items and services excluding administrative expenses is established by a formula set in statute. Determined annually, the FMAP is designed so that the federal government pays a larger portion of Medicaid costs in states with lower per capita income relative to the national average and vice versa for states with higher per capita income. In the territories, Medicaid is also subject to spending caps. The state percentage for Alaska is calculated using an adjusted per capita income calculation instead of the statewide average per capita income generally used. The adjusted per capita income for Alaska is calculated as the 3-year average per capita income for the state divided by 1. Spending caps for the territories would be increased. Only states and territories that maintain Medicaid eligibility levels as of January 1, or reinstate eligibility levels as of that date would be eligible for the FMAP increase. The grant allotments for each state and territory are specified, and these funds may be used for services directed at the goals set forth in Title XX. The following side-by-side comparison provides a brief description of current law and the changes made to Medicaid, SCHIP and other health programs under H. These provisions can be found in Title IX of H. The other titles of both bills are devoted to major changes to the Medicare program not described here.

Chapter 2 : Banking Act - Wikipedia

HR IH. th CONGRESS. 2d Session. H. R. To amend titles XVIII, XIX, and XXI of the Social Security Act to provide benefits improvements and beneficiary protections in the Medicare and Medicaid Programs and the State child health insurance program (SCHIP), as revised by the Balanced Budget Act of and the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of , and.

Federal Reserve Bank of St. A copy of each such agreement shall be filed with the Federal Reserve Board. Upon the failure of a State member bank affiliated with a holding company affiliate to obtain such an agreement within the time so prescribed, the Federal Reserve Board shall require such bank to surrender its stock in the Federal Reserve Bank and to forfeit all rights and privileges of membership in the Federal Reserve System as provided in this section. Whenever the Federal Reserve Board shall have revoked the voting permit of any such holding company affiliate, the Federal Reserve Board may, in its discretion, require any or all State member banks affiliated with such holding company affiliate to surrender their stock in the Federal Reserve Bank and to forfeit all rights and privileges of membership in the Federal Reserve System as provided in this section. The expense of examination of affiliates of any State member bank may, in the discretion of the Federal Reserve Board, be assessed against such bank and, when so assessed, shall be paid by such bank. Of the six persons thus appointed, one shall be designated by the President as governor and one as vice governor of the Federal Reserve Board. The governor of the Federal Reserve Board, subject to its supervision, shall be its active executive officer. At meetings of the Board the Secretary of the Treasury shall preside as chairman, and, in his absence, the governor shall preside. In the absence of both the Secretary of the Treasury and the governor the vice governor shall preside. In the absence of the Secretary of the Treasury, the governor, and the vice governor the Board shall elect a member to act as chairman pro tempore. Paragraph m of section 11 of the Federal Reserve Act, as amended U. Each Federal Reserve Bank by its board of directors shall annually select one member of said committee. Payments upon such subscription shall be subject to call in whole or in part by the board of directors of the Corporation. Such stock shall be in addition to the amount of capital stock required to be subscribed for by Federal Reserve Banks and member and nonmember banks as hereinafter provided, and the United States shall be entitled to the payment of dividends on such stock to the same extent as member and nonmember banks are entitled to such payment on the class A stock of the Corporation held by them. Certificates of stock of the Corporation shall be of two classes—class A and class B. Class A stock shall be held by member and nonmember banks as hereinafter provided and they shall be entitled to payment of dividends out of net earnings at the rate of 6 per centum per annum on the capital stock paid in by them, which dividends shall be cumulative, or to the extent of 50 per centum of such net earnings in any one year, whichever amount shall be the greater, but such stock shall have no vote at meetings of stockholders. Class B stock shall be held by Federal Reserve Banks only and shall not be entitled to the payment of dividends. The remainder of such subscription shall be subject to call from time to time by the board of directors upon ninety days' notice. Every member bank shall apply to the Corporation for class A stock of the Corporation in an amount equal to one half of 1 per centum of its total deposit liabilities as computed in accordance with regulations prescribed by the Federal Reserve Board; except that in the case of a member bank organized after the date this section takes effect, the amount of such class A stock applied for by such member bank during the first twelve months after its organization shall equal 5 per centum of its paid-up capital and surplus, and beginning after the expiration of such twelve months' period the amount of such class A stock of such member bank shall be adjusted annually in the same manner as in the case of other member banks. Upon receipt of such application the Corporation shall request the Federal Reserve Board, in the case of a State member bank, or the Comptroller of the Currency, in the case of a national bank, to certify upon the basis of a thorough examination of such bank whether or not the assets of the applying bank are adequate to enable it to meet all of its liabilities to depositors and other creditors as shown by the books of the bank; and the Federal Reserve Board or the Comptroller of the Currency shall make such certification as soon as practicable. If such

certification be in the affirmative, the Corporation shall grant such application and the applying bank shall pay one half of its subscription in full and shall thereupon become a class A stockholder of the Corporation: Provided, That no member bank shall be required to make such payment or become a class A stockholder of the Corporation before July 1, . The remainder of such subscription shall be subject to call from time to time by the board of directors of the Corporation. If such certification be in the negative, the Corporation shall deny such application. Except as provided in subsection g of this section, if any State member bank shall not have become a class A stockholder of the Corporation on or before July 1, , the Federal Reserve Board shall terminate its membership in the Federal Reserve System in accordance with the provisions of section 9 of this Act. Thereupon the provisions of this section applicable to member banks shall be applicable to such State bank or trust company or mutual savings bank to the same extent as if it were already a member bank: As long as such deposit is maintained with the Corporation, such State bank shall, for the purposes of this section, be deemed to be a class A stockholder of the Corporation. If the laws under which such State bank was organized be amended so as to authorize State banks to subscribe for class A stock of the Corporation, such State bank shall within six months thereafter subscribe for an appropriate amount of such class A stock and the deposit hereinafter provided for in lieu of payment upon class A stock shall be applied upon such subscription. Shares of the capital stock of the Corporation owned by member banks shall not be transferred or hypothecated. When a member bank increases its time and demand deposits it shall, at the beginning of each calendar year, subscribe for an additional amount of capital stock of the Corporation equal to one half of 1 per centum of such increase in deposits. One half of the amount of such additional stock shall be paid for at the time of the subscription therefor, and the balance shall be subject to call by the board of directors of the Corporation. To adopt and use a corporate seal. To have succession until dissolved by an Act of Congress. To sue and be sued, complain and defend, in any court of law or equity, State or Federal. To appoint by its board of directors such officers and employees as are not otherwise provided for in this section, to define their duties, fix their compensation, require bonds of them and fix the penalty thereof, and to dismiss at pleasure such officers or employees. To prescribe by its board of directors, bylaws not inconsistent with law, regulating the manner in which its general business may be conducted, and the privileges granted to it by law may be exercised and enjoyed. To exercise by its board of directors, or duly authorized officers or agents, all powers specifically granted by the provisions of this section and such incidental powers as shall be necessary to carry out the powers so granted. The board of directors of the Corporation shall determine and prescribe the manner in which its obligations shall be incurred and its expenses allowed and paid. The Corporation shall be entitled to the free use of the United States mails in the same manner as the executive departments of the Government. The Corporation with the consent of any Federal reserve bank or of any board, commission, independent establishment, or executive department of the Government, including any field service thereof, may avail itself of the use of information, services, and facilities thereof in carrying out the provisions of this section.

Chapter 3 : Titles | FRASER | St. Louis Fed

Summary of calendrierdelascience.com - th Congress (): Providing for consideration of the bill (H.R.) making appropriations for the Department of Defense for the fiscal year ending September 30, , and for other purposes, and providing for consideration of the bill (H.R.) to amend the Marine Mammal Protection Act of to reduce predation on endangered Columbia River salmon and.

The Banking Act of extended that deadline to July 1, State banks were not eligible to be members of the Federal Reserve System until they became stockholders of the FDIC, and thereby became an insured institution. Separation of commercial and investment banking[edit] Main article: Glassâ€™Steagall Act Over time, the term Glassâ€™Steagall Act came to be used most often to refer to four provisions of the Banking Act that separated commercial banking from investment banking. Institutions were given one year to decide whether they wanted to specialize in commercial or investment banking. Regulation Q[edit] To decrease competition between commercial banks and discourage risky investment strategies, the Banking Act of outlawed the payment of interest on checking accounts and also placed ceilings on the amount of interest that could be paid on other deposits. Regulation of "speculation"[edit] Several provisions of the Banking Act sought to restrict "speculative" uses of bank credit. Section 3 a required each Federal Reserve Bank to monitor local member bank lending and investment to ensure there was not "undue use" of bank credit for "speculative trading or carrying" of securities, commodities or real estate. Section 7 limited the total amount of loans a member bank could make secured by stocks or bonds and permitted the Federal Reserve Board to impose tighter restrictions and to not limit the total amount of such loans that could be made by member banks in any Federal Reserve district. Section 11 a prohibited Federal Reserve member banks from acting as agents for nonbanks in placing loans to brokers or dealers. Glass sought to "correct" what he considered to be the "errors" the Federal Reserve System had made in not controlling what he considered "speculative credit" during the s. The Glass bills also sought to avoid deposit insurance by providing for a "Liquidation Corporation," a federal authority to purchase assets of a closed bank based on "an approximately correct valuation of its assets. Glass and Willis argued the failure of banks to follow, and of the Federal Reserve to enforce, this theory had resulted in the "excesses" that inevitably led to the Wall Street Crash of and the Great Depression. Glass condemned banks for lending to stock market "speculators" and for underwriting "risky" or "utterly worthless" securities, particularly foreign securities, that were sold to unsophisticated bank depositors and small "correspondent banks. Glass and Willis viewed such affiliates as artificial devices to evade limits on bank activities. Large banks such as National City Bank predecessor to Citibank and Chase National Bank typically used such securities affiliates to underwrite securities. They were, however, especially critical of bank securities activities. Willis identified bank investments in, and loans to finance purchases of, government securities during World War I as the beginning of the corruption of commercial banking that culminated in the "speculative excesses" of the s. However, many large banks opposed deposit insurance because "they expected deposits running off from small, weak country banks to come to them. Willis and others noted that there were no significant bank failures in Canada, despite similar bad economic conditions. Canada permitted branch banking which had led to a system of large, nationwide banks , but otherwise shared the U. The House had passed a federal deposit insurance bill on May 27, , that was awaiting Senate action during the "lame duck" session. On the same day, the Senate reconvened in a special session called by President Hoover and Franklin Delano Roosevelt was inaugurated as the new President. On March 11, , Senator Glass reintroduced as S. The next day, Winthrop Aldrich , the newly named chairman and president of Chase National Bank , announced Chase would do the same and that Chase supported prohibiting banks from having securities affiliates. The most important change was a new provision for deposit insurance. As Roosevelt demanded, deposit insurance was based on a sliding scale. As Roosevelt had suggested, deposit insurance would not begin for one year. This bill largely adopted provisions of the new Glass bill. On May 25, , the Senate approved H. The "Vandenberg Amendment" was added to the Senate bill through a procedural maneuver supported by Vice President John Nance Garner , who was over the Senate in a judicial impeachment proceeding. This

highlighted the differences between Garner and Roosevelt on the controversial issue of deposit insurance. In the House, nearly one-third of the Representatives signed a pledge not to adjourn without passing a bill providing federal deposit insurance. Closely tracking the principles Roosevelt had described to Glass on June 7, the Conference Report provided that permanent deposit insurance would begin July 1, , temporary insurance would begin January 1, , unless the President proclaimed an earlier start date, and state non-member banks could be insured, but after July 1, , would only remain insured if they had applied for Federal Reserve System membership [78] Although opponents of H. Roosevelt called the new law "the most important" banking legislation since the Federal Reserve Act of 1913, Parker Willis described Roosevelt as treating the final bill with "indifference" but not "hostility. Berle concluded that limited branch banking with deposit insurance would preserve small banks certain to fail in an economic downturn, as they had consistently in the past. Both present Roosevelt as being influenced by the strong public demand for deposit insurance in accepting the final bill. The Democratic Party platform provisions on banking drafted by Senator Glass called for that separation. In a campaign speech Roosevelt specifically endorsed such separation. Days later, both National City and Chase announced they would eliminate their securities affiliates. Chase also announced it supported a legislative separation of commercial and investment banking. Parker Willis and others have written that the Pecora Investigation hearings concerning J. P. Morgan and Company were that several J. P. Morgan partners had not paid income taxes in one or more years from 1928 and that the firm had provided exclusive investment opportunities to prominent business and political leaders. Morgan hearings Senator Glass dismissed the Pecora Investigation as a "circus. Parker Willis wrote that the Banking Act was "already outdated" when it became law. He wrote that earlier Glass bills could have "made a difference" if they had become law in 1933. In 1933 he sponsored a bill passed by the Senate that would have permitted national banks to underwrite corporate bonds. Others proposed requiring all banks to join the Federal Reserve System. He wished it had not been so heavily compromised to satisfy Representative Steagall a "half portion" of what the Glass bill originally sought. Berle argued the United States needed a "unified banking system" most likely through the Federal Reserve System that would perform more like the nationwide branch bank systems in Australia, Canada, and the United Kingdom which otherwise all shared the U.S. It also ratified the existing policy of limited branch banking, thereby limiting competition among banks geographically. Moss argues this false belief encouraged legislative and regulatory relaxations of traditional restrictions and that this led to financial instability.

Chapter 4 : Bill Summary & Status

H.R. (ih) - To amend titles XVIII, XIX, and XXI of the Social Security Act to provide benefits improvements and beneficiary protections in the Medicare and Medicaid Programs and the State child health insurance program (SCHIP), as revised by the Balanced Budget Act of and the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of , and for other purposes.

That the House recede from its disagreement to the amendment of the Senate, and agree to the same with amendments, as follows: In lieu of the matter stricken and inserted by said amendment, insert: A An exclusive reliance on population-based measures of performance that do not account for the potential in the population for organ donation and do not permit consideration of other outcome and process standards that would more accurately reflect the relative capability and performance of each organ procurement organization. B A lack of due process to appeal to the Secretary of Health and Human Services for recertification on either substantive or procedural grounds. The House bill contained no similar provisions. Concerns have been expressed about the possible ramifications of a rulemaking on the use of conveyor belts in underground coal mines, including concerns about the validity of the testing on which the rule is based. MSHA is urged to carefully examine the record and to conduct additional research that may be required to address any significant concerns that have been raised. The conferees are extremely concerned by a recent catastrophe in Eastern Kentucky. Millions of gallons of slurry coal waste broke free from an impoundment causing considerable damage to the environment and disrupting water supply for citizens along the Big Sandy and Ohio Rivers. The conferees believe this event warrants a thorough examination of current coal waste disposal methods and an exploration of future dumping alternatives. Findings of this study shall be conveyed to the Committees on Appropriations no later than October 15, The conferees concur with the language of the Senate report regarding a study of the structure of NIH and expect to receive a report and recommendations one year from the date of confirmation of the new NIH Director. The conferees are troubled by the recent Institute of Medicine study which found that as many as 98, deaths are caused by medical errors each year. The conferees are supportive of a study to determine the impact of extended work hours for registered nurses on patient safety. As we have learned from the experience of the aviation industry, reducing errors and promoting safety are a result of improving workforce systems. Likewise, it is important that workforce considerations be integrated into efforts to reduce medical errors and promote patient safety. The conferees believe that better understanding of these workforce considerations will lead to improved workplace practices and better outcomes for patients. The conferees support the efforts of the Agency for Healthcare Research and Quality, the National Institute for Occupational Safety and Health, the Department of Labor, and other agencies to work jointly and coordinate their work to improve healthcare quality, patient safety, and worker safety in health care facilities, through such activities as the October jointly sponsored conference on "Enhancing Working Conditions and Patient Safety: The conferees strongly urge the agency to enhance its investigator-initiated research funding through all available mechanisms, as appropriate. The conferees encourage the Secretary to consider funding a study by the National Research Council of the National Academy of Sciences which provides a balanced evaluation of the consequences of high stakes testing, using data from a representative sample of states and local educational agencies. The evaluation may examine the consequences for students in general, minority students and students with limited English proficiency related to academic achievement, dropout and retention rates, quality of instruction, and the extent to which parents are informed about assessment results and consequences. The Secretary shall cooperate with the independent scientific review, and the National Academy of Sciences is requested to give its highest priority to this review. The North Pacific Council shall prepare and transmit to the Secretary a fishery management plan amendment or amendments to implement such Alternatives that are consistent with the Magnuson-Stevens Act including requirements in such Act relating to best available science, bycatch reduction, impacting on fishing communities, the safety of life at sea, and public comment and hearings. The Alternatives shall become fully effective no later than January 1, , as revised if necessary and appropriate based on the independent scientific review referred to in subsection b and other new

information, and shall be phased in in as described in paragraph 3. The information and technology industry that has created this new medium should be a contributing partner in addressing digital access and preservation issues inherent in the new digital information environment. This program is a major undertaking to develop standards and a nationwide collecting strategy to build a national repository of digital materials. The Library is directed to develop a phased implementation plan for this program jointly with Federal entities with expertise in telecommunications technology and electronic commerce policy and with participation of other Federal and non-Federal entities. After consultation with the Joint Committee on the Library, membership of which is changed to include the chair of the Legislative Subcommittee of the Committee on Appropriations of the House of Representatives, the Library shall seek approval of the program plan from the Committee on House Administration, the Committee on Rules and Administration of the Senate, and the Committees on Appropriations of the House of Representatives and the Senate. The overall plan should set forth a strategy for the Library of Congress, in collaboration with other Federal and non-Federal entities, to identify a national network of libraries and other organizations with responsibilities for collecting digital materials that will provide access to and maintain those materials. In addition to developing this strategy, the plan shall set forth, in concert with the Copyright Office, the policies, protocols, and strategies for the long-term preservation of such materials, including the technological infrastructure required at the Library of Congress. In conducting the study, the Academy shall consider the short-term and long-term benefits, and costs to the medicare program, of such addition. Study on Medicare coverage of routine thyroid screening The provision would require the Secretary to request the National Academy of Sciences, and as appropriate in conjunction with the United States Preventive Services Task Force, to analyze the addition of routine thyroid screening under Medicare. The analysis would consider the short term and long term benefits, and cost to Medicare, of adding such coverage for some or all beneficiaries. National Research Council reports. Furthermore, the Committee understands that disparities exist in accessing and maintaining the benefits of these recent advances among communities highly impacted by HIV and AIDS. The Committee requests that the Secretary fund an independent study through the Institute of Medicine to evaluate the effectiveness of the current role and structure of the Ryan White CARE Act programs on improving access to effective HIV treatments among underserved communities. The report should include a review of the current structure of the types of services funded through the CARE Act and their relation to medical care, mechanisms to assure access to quality medical services to underserved and uninsured populations, and the effectiveness of the funding allocation formulas in targeting communities of the greatest need. The report should include recommendations to ensure that all persons with HIV-infection have reasonable access to new treatments and quality medical care and providers. The study should be made available by the end of the fiscal year. However, the Committee also notes the proliferation of new entities at NIH, raising concerns about coordination. The Committee expects to receive a report and recommendations by December 31, This Act may be cited as the "Exploration of the Seas Act". Congress finds the following: Today, life on our planet remains dependent on the vitality of the sea. As this trend in population growth continues, increasing demands will be placed on ocean and coastal resources, not only as a result of population growth in coastal regions, but also from the need to harvest increasing amounts of marine life as a source of food to satisfy world protein requirements, and from the mining of energy-producing materials from offshore resource deposits. It has stirred our imaginations over the millennia, led to the discovery of new lands, immense mineral deposits, and reservoirs of other resources, and produced startling scientific findings. Some ocean resources, such as fisheries and minerals, are well recognized. Oil use has increased dramatically in recent times, and the sea bed holds large deposits of largely undiscovered reserves. Other ocean resources offer promise for the future. In addition to fossil fuels, the ocean floor contains deposits of gravel, sand, manganese crusts and nodules, tin, gold, and diamonds. Marine mineral resources are extensive, yet poorly understood. Marine plants and animals possess inestimable potential in the treatment of human illnesses. Coral reefs, sometimes described as the rain forests of the sea, contain uncommon chemicals that may be used to fight diseases for which scientists have not yet found a cure, such as cancer, acquired immunodeficiency syndrome AIDS , and diabetes. The leadership role of the United States has been eroded by a gradual decrease in funding support, even while

public opinion surveys indicate that ocean exploration is at least as important as space exploration. In preparing its report, the Panel shall examine existing oceanographic efforts and the level of coordination or cooperation between and among participating countries and institutions. Subject to national security restrictions, the Panel may obtain from any department or agency of the United States information necessary to enable it to carry out this Act. Upon request of the chairperson of the Panel, the head of any department or agency shall furnish that information at no cost to the Panel. Passed the House of Representatives September 12,

Chapter 5 : Bost Votes to Stem Fentanyl Flow into U.S. | Congressman Mike Bost

Houses on the amendment of the Senate to the bill (H.R.) to provide for the safer and more effective use of the assets of banks, to regulate interbank control, to prevent the undue diversion of.

The House Committee on Appropriations reported an original measure, H. Placed on the Union Calendar, Calendar No. Rules Committee Resolution H. Rule provides for consideration of H. Previous question shall be considered as ordered without intervening motions except motion to recommit with or without instructions. Waives all points of order against consideration of the bill. Measure will be read by paragraph. Bill is open to amendments. Provides that amendments printed in part A of H. The bill shall be considered for amendment under the five-minute rule. Provides that the amendments printed in part a of H. Provides that the amendment printed in part B of H. All points of order are waived against the amendment. Considered under the provisions of rule H. CR H ; text: Porter raised a point of order against the Jackson IL amendment A Porter stated that the amendment violated section F of the Congressional Budget Act. The Chair sustained the point of order. Committee of the Whole House on the state of the Union rises leaving H. Considered as unfinished business. The House resolved into Committee of the Whole House on the state of the Union for further consideration. CR H An amendment no. Porter raised a point of order against the Obey amendment A Porter raised a point of order against the Traficant amendment A Porter stated the the amendment constitutes legislation in an appropriations bill. Porter asked unanimous consent That during consideration of H. Obey or his designee; that none of the designated amendments shall be liable to the point of order that a portion of the amendment addresses a portion of the bill not read for amendment; that all other points of order against the designated amendments shall be considered as reserved pending completion of debate; that each of the designated amendments shall be debatable for thirty minutes equally divided and controlled, shall not be subject to amendment, and may be withdrawn by its proponent after debate thereon. Agreed to without objection. Porter raised a point of order against the Pelosi amendment A Porter stated that the amendment sought to change existing law and as such, constituted legislation in an appropriations bill. Porter raised a point of order against the Hoyer amendment A Porter stated that the amendment sought to add new budget authority and as such, violated the Budget Act. Obey moved that the Committee rise. On motion that the Committee rise Failed by recorded vote: Coburn raised a point of order against the content of the measure. Coburn stated that the proviso on page 44, beginning on line 4 and ending on line 14 constituted legislation on an appropriations bill. Porter stated that the amendment imposed new budget authority outside the scope of the relevant allocation and as such violated the Budget Act. CR H An amendment numbered printed in the Congressional Record to permit NIH to use its funds to prepare a report on the amount of funds that are spent to enhance the competitiveness of entities seeking funds from NIH institutes to conduct biomedical or behavioral research. Porter raised a point of order against the Stearns amendment A Porter stated that the amendment sought to impose new authority not previously authorized and as such, constituted legislation in an appropriations bill. Porter raised a point of order against the Roemer amendment A Currently the bill provides no such funding. Bonilla raised a point of order against the Lowey amendment A Bonilla stated that the amendment sought to change existing law and as such, constituted legislation in an appropriations bill. Porter raised a point of order against the DeLauro amendment A Porter stated that the amendment sought to impose new budget authority and as such, violated the Budget Act. Porter raised a point of order against the Lowey amendment A Porter stated that the amendment sought to provide new budget authority and as such, violated the Budget Act. Porter raised a point of order against the Kaptur amendment A CR H An amendment numbered 1 printed in the Congressional Record to prohibit use of funds to prevent a state vocational rehabilitation agency from counting as successfully rehabilitated a blind or visually-impaired person who is placed in a noncompetitive or non-integrated employment setting at the federal minimum wage or higher. CR H , H Amendment prohibits use of funds in the bill to prohibit military recruiting at secondary schools. CR H Amendment prohibits funds in the bill from being used to promulgate or adopt any final standard establishing a universal medical identifier. CR H , H Amendment prohibits the use of NIH funding to grant an exclusive or partially exclusive

license pursuant to chapter 18 of title 35, USC, except in accordance with section of such title relating to the availability to the public of an invention and its benefits on reasonable terms. CR H An amendment numbered 18 printed in the Congressional Record to express the sense of the Congress that tax reductions for taxpayers in the top 1 percent of income levels should not be enacted until the Congress enacts a universal voluntary prescription drug benefit for all Americans under Medicare. An amendment numbered printed in the Congressional Record to raise the minimum wage. Porter stated that the amendment sought to impose new budget authority and as such, constituted legislation in an appropriations bill. CR H , H Amendment sought to reduce all discretionary account levels by 0. The previous question was ordered pursuant to the rule. The House adopted the amendments en gross as agreed to by the Committee of the Whole House on the state of the Union. Obey moved to recommit with instructions to Appropriations. On motion to recommit with instructions Failed by recorded vote: On passage Passed by the Yeas and Nays: Motion to reconsider laid on the table Agreed to without objection. Received in the Senate. Measure laid before Senate by unanimous consent. Senate struck all after the Enacting Clause and substituted the language of S. As a numbered amendment SA CR S In the nature of a substitute. CR S , S ; text: S To limit the use of funds for standards relating to ergonomic protection. CR S ; text as modified: CR S To limit the use of funds for standards relating to ergonomic protection. CR S ; text: Cloture motion on the motion to commit the bill to Senate Committee on Appropriations with instructions to report back forthwith with an amendment SA presented in Senate. Cloture motion on the motion to commit withdrawn by unanimous consent in Senate. CR S To increase funding for the consolidated health centers. CR S To implement pilot programs for antimicrobial resistance monitoring and prevention. CR S , S , S ; text: CR S To prohibit funds for the purchase of fetal tissue. CR S To express the sense of the Senate concerning needlestick injury prevention. CR S To provide for a clearinghouse on safe needle technology. CR S To provide that none of the funds made available under this Act may be made available to any entity under the Public Health Service Act after September 1, , unless a proposal to require a reasonable rate of return on intramural and extramural research is provided. CR S ,S,, S ; text: S To prohibit universal telecommunication assistance for schools or libraries that fail to implement a filtering or blocking system for computers with Internet access or adopt Internet use policies. CR S To ensure accountability in programs for disadvantaged students and to assist States in their efforts to turn around failing schools. CR S To provide for class-size reduction and other activities. CR S Of a perfecting nature. CR S To fund a coordinated national effort to prevent, detect, and educate the public concerning Fetal Alcohol Syndrome and Fetal Alcohol Effect and to identify effective interventions for children, adolescents, and adults with Fetal Alcohol Syndrome and Fetal Alcohol Effect. CR S To clarify that funds appropriated under this Act to carry out innovative programs under section b of the Elementary and Secondary Education Act of shall be available for same gender schools. CR S To increase the funding for the technology literacy challenge fund. CR S To provide finds for the loan forgiveness for child care providers program, with an offset. CR S To adjust appropriations for workforce investment activities and related activities. CR S To provide for a certification program to improve the effectiveness and responsiveness of suicide hotlines and crisis centers. Point of order under the Budget Act against the measure raised in Senate. Motion to waive the Budget Act with respect to the measure made in Senate. S To permit appropriations to be used for programs under the Individuals with Disabilities Education Act. S To provide funding for targeted grants under section of the Elementary and Secondary Education Act of , and for other purposes. CR S To prohibit health insurance companies from using genetic information to discriminate against enrollees, and to prohibit employers from using such information to discriminate in the workplace. CR S To prohibit health discrimination on the basis of genetic information or genetic services.

H.R. (th): Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, , and Zika Response and Preparedness Act This bill has 6 versions.

Short title; amendments to Social Security Act; references to other Acts; table of contents. Coverage of biennial screening pap smear and pelvic exams. Coverage of screening for glaucoma. Coverage of screening colonoscopy for average risk individuals. Modernization of screening mammography benefit. Coverage of medical nutrition therapy services for beneficiaries with diabetes or a renal disease. Acceleration of reduction of beneficiary copayment for hospital outpatient department services. Preservation of coverage of drugs and biologicals under part B of the medicare program. Elimination of time limitation on medicare benefits for immunosuppressive drugs. Imposition of billing limits on drugs. Waiver of month waiting period for medicare coverage of individuals disabled with amyotrophic lateral sclerosis ALS. Demonstration project for disease management for severely chronically ill medicare beneficiaries. Cancer prevention and treatment demonstration for ethnic and racial minorities. Study on medicare coverage of routine thyroid screening. MedPAC study on consumer coalitions. Study on limitation on State payment for medicare cost-sharing affecting access to services for qualified medicare beneficiaries. Studies on preventive interventions in primary care for older Americans. MedPAC study and report on medicare coverage of cardiac and pulmonary rehabilitation therapy services. Lifestyle modification program demonstration. Clarification of no beneficiary cost-sharing for clinical diagnostic laboratory tests furnished by critical access hospitals. Assistance with fee schedule payment for professional services under all-inclusive rate. Payment in critical access hospitals for emergency room on-call physicians. Treatment of ambulance services furnished by certain critical access hospitals. GAO study on certain eligibility requirements for critical access hospitals. Treatment of rural disproportionate share hospitals. Option to base eligibility for medicare dependent, small rural hospital program on discharges during two of the three most recently audited cost reporting periods. Extension of option to use rebased target amounts to all sole community hospitals. MedPAC analysis of impact of volume on per unit cost of rural hospitals with psychiatric units. Assistance for providers of ambulance services in rural areas. Payment for certain physician assistant services. Revision of medicare reimbursement for telehealth services. Expanding access to rural health clinics. MedPAC study on low-volume, isolated rural health care providers. Revision of acute care hospital payment update for Additional modification in transition for indirect medical education IME percentage adjustment. Decrease in reductions for disproportionate share hospital DSH payments. Payment for inpatient services of rehabilitation hospitals. Payment for inpatient services of psychiatric hospitals. Payment for inpatient services of long-term care hospitals. Elimination of reduction in skilled nursing facility SNF market basket update in Increase in nursing component of PPS Federal rate. Application of SNF consolidated billing requirement limited to part A covered stays. Adjustment of rehabilitation RUGs to correct anomaly in payment rates. Establishment of process for geographic reclassification. Subtitle C--Hospice Care Sec. Five percent increase in payment base. Clarification of physician certification. MedPAC report on access to, and use of, hospice benefit. Subtitle D--Other Provisions Sec. Relief from medicare part A late enrollment penalty for group buy-in for State and local retirees. Revision of hospital outpatient PPS payment update. Clarifying process and standards for determining eligibility of devices for pass-through payments under hospital outpatient PPS. Application of rules for determining provider-based status for certain entities. Inclusion of temperature monitored cryoablation in transitional pass-through for certain medical devices, drugs, and biologicals under OPD PPS. Physician group practice demonstration. Study on enrollment procedures for groups that retain independent contractor physicians. Subtitle C--Other Services Sec. One-year extension of moratorium on therapy caps; report on standards for supervision of physical therapy assistants. Update in renal dialysis composite rate. Payment for ambulance services. Full update for durable medical equipment. Full update for orthotics and prosthetics. Establishment of special payment provisions and requirements for prosthetics and certain custom-fabricated orthotic items. Replacement of prosthetic devices and parts. Revised part B payment for drugs and biologicals

and related services. Contrast enhanced diagnostic procedures under hospital prospective payment system. Qualifications for community mental health centers. Payment of physician and nonphysician services in certain Indian providers. GAO study on coverage of surgical first assisting services of certified registered nurse first assistants. MedPAC study and report on medicare reimbursement for services provided by certain providers. MedPAC study and report on medicare coverage of services provided by certain nonphysician providers. GAO study and report on the costs of emergency and medical transportation services. GAO studies and reports on medicare payments. MedPAC study on access to outpatient pain management services. One-year additional delay in application of 15 percent reduction on payment limits for home health services. Restoration of full home health market basket update for home health services for fiscal year Temporary two-month periodic interim payment. Use of telehealth in delivery of home health services. Study on costs to home health agencies of purchasing nonroutine medical supplies. Treatment of branch offices; GAO study on supervision of home health care provided in isolated rural areas. Clarification of the homebound definition under the medicare home health benefit. Temporary increase for home health services furnished in a rural area. Increase in floor for direct graduate medical education payments. Revisions to medicare appeals process. Revisions to medicare coverage process. Reimbursement improvements for new clinical laboratory tests and durable medical equipment. Recognition of new medical technologies under inpatient hospital PPS. Subtitle E--Other Provisions Sec. Increase in reimbursement for bad debt. Treatment of certain physician pathology services under medicare. Extension of advisory opinion authority. Change in annual MedPAC reporting. Development of patient assessment instruments. Clarification of application of temporary payment increases for Increase in minimum payment amount. Increase in minimum percentage increase. Phase-in of risk adjustment. Full implementation of risk adjustment for congestive heart failure enrollees for Payment of additional amounts for new benefits covered during a contract term.

H.R Restoring Oversight for Members of Congress Act H.R Tribal Connect Act of Providing for consideration of the bill (H.R.) to amend.

Membership[edit] The Committee consists of the seven members of the Federal Reserve Board , the president of the New York Fed, and four of the other eleven regional Federal Reserve Bank presidents, serving one year terms. The Banking Act of revised these protocols to include the Board of Governors and to closely resemble the present-day FOMC, and was amended in to give the current structure of twelve voting members. The rotating seats are filled from the following four groups of banks, one bank president from each group: The New York President always has a voting membership. The Committee meets eight times a year, approximately once every six weeks. Since , eight regularly scheduled meetings have been held each year at intervals of five to eight weeks. If circumstances require consultation or consideration of an action between these regular meetings, members may be called on to participate in a special meeting or a telephone conference, or to vote on a proposed action by proxy. At each regularly scheduled meeting, the Committee votes on the policy to be carried out during the interval between meetings. Attendance at meetings is restricted because of the confidential nature of the information discussed and is limited to Committee members, nonmember Reserve Bank presidents, staff officers, the Manager of the System Open Market Account , and a small number of Board and Reserve Bank staff. Reports prepared by the Manager of the System Open Market Account on operations in the domestic open market and in foreign currencies since the last regular meeting are also distributed. At the meeting itself, staff officers present oral reports on the current and prospective business situation, on conditions in financial markets, and on international financial developments. In its discussions, the Committee considers factors such as trends in prices and wages, employment and production, consumer income and spending, residential and commercial construction, business investment and inventories, foreign exchange markets, interest rates, money and credit aggregates, and fiscal policy. The Manager of the System Open Market Account also reports on account transactions since the previous meeting. After these reports, the Committee members and other Reserve Bank presidents turn to policy. Typically, each participant expresses his or her own views on the state of the economy and prospects for the future and on the appropriate direction for monetary policy. Then each makes a more explicit recommendation on policy for the coming intermeeting period and for the longer run, if under consideration. The directive is cast in terms designed to provide guidance to the Manager in the conduct of day-to-day open market operations. Possible alternative rules that enjoy some support among economists include the traditional monetarist formula of targeting stable growth in an appropriately chosen monetary aggregate, and inflation targeting , now practiced by many central banks. Under inflationary pressure in , the Fed temporarily abandoned interest rate targeting in favor of targeting non-borrowed reserves. It concluded, however, that this approach led to increased volatility in interest rates and monetary growth, and reversed itself in He explained that even a central bank like the Fed, which does not orient its monetary policies around an explicit, published inflation target, nonetheless takes account of its goal of low and stable inflation in formulating its interest rate targets. Bernanke summed up his overall assessment of inflation targeting as follows: Inflation targeting, at least in its best-practice form, consists of two parts: Together, these two elements promote both price stability and well-anchored inflation expectations; the latter in turn facilitates more effective stabilization of output and employment. Thus, a well-conceived and well-executed strategy of inflation targeting can deliver good results with respect to output and employment as well as inflation. Although communication plays several important roles in inflation targeting, perhaps the most important is focusing and anchoring expectations. Clearly there are limits to what talk can achieve; ultimately, talk must be backed up by action, in the form of successful policies. Likewise, for a successful and credible central bank like the Federal Reserve, the immediate benefits of adopting a more explicit communication strategy may be modest. The Fed now publicly indicates the range within which it would like to see future inflation.

Chapter 8 : Bost Veterans Health Bill Receives Committee Hearing | Congressman Mike Bost

Page 1 of 5 MEMORANDUM ON PROPOSED TARIFF LEGISLATION of the th Congress Date approved August 20, 1. Background Bill number: H.R. Telephone:

Conditions for provider representation of beneficiaries Outreach to beneficiaries, providers and suppliers of appeal rights, including use of the Medicare number. Continuing education for QICs and ALJs concerning coverage of items and services Annual report to Congress on the number of appeals, identifying issues that require administrative or legislative action Survey every 5 years of beneficiaries who filed appeals, providers and suppliers, to determine satisfaction with process. The new provisions include the following: Section increases the nursing component of the PPS federal rate An increase of This increase is monitored by the GAO see below. Section limits consolidated billing requirements The Balanced Budget Act required SNFs to submit bills to Medicare for all services to beneficiaries that were covered by Medicare, whether the services were provided under Part A or Part B. In the final rules published on July 30, , HCFA required consolidated billing for beneficiaries during a Part A stay but indefinitely postponed consolidated billing for beneficiaries receiving Medicare coverage under Part B only. Section amends the law to require consolidated billing for beneficiaries during a Part A stay and for beneficiaries receiving therapy services during either Part A- or Part B-covered stays. Section d requires oversight by the Office of Inspector General see below. Section increases by 6. Section c requires oversight by the Office of Inspector General see below. Section authorizes the Secretary to establish a process for geographic reclassification of a SNF for purposes of PPS payments The Secretary may establish a procedure to reclassify a SNF and may use the method for geographic reclassification for in-patient hospitals. Title IX, Subtitle E, requires skilled nursing facilities and nursing facilities to post information on nursing facility staffing Section requires SNFs and nursing facilities certified under Medicaid to "post daily for each shift the current number of licensed and unlicensed nursing staff directly responsible for resident care in the facility. The effective date of these requirements is January 1, A "home skilled nursing facility" is defined as: One in which the enrollee resided at the time of the hospital admission that triggered eligibility for SNF care upon discharge, or; 2. The facility that is providing such services through the continuing care retirement community in which the enrollee resided at the time of hospital admission, or; 3. The report must cover selected states, include a broad representation of providers "with respect to size, ownership, location and Medicare volume" , and include payroll records and Medicaid cost reports. The report must assess the impact of the increased payments for nurse staffing made by section and make recommendations about whether the increased payments should be continued. The purpose of the oversight is "to ensure that there is not duplicate billing for services or excessive services provided. In addition, these provisions provide for biennial screening pap smears and pelvic exams. Effective dates and citations are included in the summaries that follow. Section - Coverage of Biennial Screening Pap Smear and Pelvic Exams The Medicare law is amended to provide that Medicare coverage is available for Screening Pap Smears every 2 years, an increase from the current coverage of every three years. Section x nn 1. The Medicare law is amended to provide that Medicare Screening Pelvic Exams are available every 2 years, an increase from the current coverage of every three years. A "screening pelvic exam" means a pelvic examination provided to a woman if the woman involved has not had such an examination during the preceding 2 years, or during the preceding year in the case of a woman of childbearing age who has had a test as described during any of the previous 2 years that indicated the presence of cervical or vaginal cancer or other abnormality, and includes a clinical breast examination. Effective Date - Effective for both Pap Smears and Pelvic Exams for services furnished on or after July 1, Section - Coverage of Screening for Glaucoma for high risk beneficiaries The law provides new coverage for screening for glaucoma for individuals determined to be at high risk for glaucoma, individuals with a family history of glaucoma, and individuals with diabetes. Effective Date - Applies to services furnished on or after January 1, It provides coverage for screening colonoscopy for individuals who are not at high risk for colorectal cancer. Payment is available if the procedure is performed within ten years after a previous screening colonoscopy. Further, payment is available

for other individuals if the procedure is performed within ten years after a previous screening colonoscopy or within 4 years after a previous screening flexible sigmoidoscopy. Section m d The law defines a "colorectal cancer screening test" as a Screening Colonoscopy. Effective Date - Applies to colorectal cancer screening services provided on or after July 1, Modernization of Screening Mammography Benefit The law sets out rules for the requisite age of the beneficiary and the frequency of the service required to obtain coverage for screening mammographies. No coverage is available for screening mammographies for women under 35 years of age; only one screening mammography will be covered for women between 35 and 40 years of age. Women who are 40 years old or more, can continue to get coverage for an annual screening mammography. Future revisions of frequency criteria - With respect to the revision of frequency, the Secretary, in consultation with the Director of the National Cancer Institute, shall review periodically the appropriate frequency for performing screening mammography, based on age and such other factors as the Secretary believes to be pertinent. Based on this review, the Secretary may revise from time to time the frequency with which screening mammography may be paid for under this subsection. Effective Dates - The frequency revisions apply to screening mammographies furnished on or after January 1, Payment for new technologies for Services Furnished in Payment are increased for screening mammographies furnished from April 1, through December 31, that use new technology. New technology defined - For purposes of this subsection, a new technology with respect to a mammography is an advance in technology with respect to the test or equipment that results in the following: Consideration of new CPCS code for new technologies after - The Secretary shall determine, for such mammographies performed after , whether the assignment of a new HCPCS code is appropriate for mammography that uses a new technology. If the Secretary determines that a new code is appropriate for such mammography, the Secretary shall provide for such new code for such tests furnished after Section Coverage of Medical Nutrition Therapy Services for Beneficiaries with Diabetes or Renal Disease Coverage will be available for medical nutrition therapy services for beneficiaries who have diabetes or renal disease who have not received diabetes outpatient self-management training services within a time period determined by the Secretary; are not receiving maintenance dialysis for which Medicare payment is being made, and who meet such other criteria determined by the Secretary. Section x s 2. The term "medical nutrition therapy services" means nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian or nutrition professional as defined below pursuant to a referral by a physician as defined in the Medicare statute. The requirements listed in section 1 a - c above do not apply to individuals who, as of the date of the enactment of this subsection, are licensed or certified as dietitians or nutrition professionals by the State in which medical nutrition therapy services are performed. Section l a 1 Application of Limits on Billing - The law is amended to provide that a "registered dietitian or nutrition professional" is a practitioner who can bill for services under the Medicare statute. Section u b 18 C Effective Date - The Amendments made by this section shall apply to services furnished on or after January 1, Clarify implementation of risk adjustment methodologies: For only, phase in full implementation of risk adjustment for enrollees with congestive heart failure. By January 18, Plans that terminated or reduced service areas may rescind termination or reduction notices and submit new adjusted community rate ACR information to HCFA. Plans that would receive higher payments as a result of the Act must submit revised ACRs and use additional funds to: The rates would be effective January Require payment adjustments if a legislative change requiring coverage of additional benefits resulted in significant increased costs, similar to the adjustment made for national coverage determinations. Easing of regulatory "burdens" Effective with the date of enactment, new regulatory requirements may not take effect other than at the beginning of a calendar year. This provision is effective for marketing materials submitted on or after January 1, Expand Medicare preemption of state managed care laws by: Clarifying that Medicare preempts state law cost-sharing requirements; 2. Preempting state requirements relating to marketing materials and summaries and schedules of benefits. The reduction would have to apply uniformly to each enrollee of the plan. Information about Part B premium reductions would be included with the information beneficiaries receive about plans during the annual open enrollment period. Report to Congress by January 1, on how to phase-in the costs of military facility services furnished by the Departments of Defense and Veterans Affairs.

Section - Waiver of Month Waiting Period for Medicare Coverage of Individuals Disabled with Amyotrophic Lateral Sclerosis ALS The law is amended to provide that for persons who have been medically determined to have Amyotrophic Lateral Sclerosis ALS , there shall be a waiting period of no longer than a month after disability has been established and that entitlement to benefits shall begin with the first month rather than the twenty-fifth month of entitlement or status. Further, the law is amended by adding a new subsection j to conform with the Social Security Act provisions to provide that the initial enrollment period for Medicare for purposes of persons with ALS shall begin on the first day of the first month in which the individual is eligible for Medicare benefits; and that the initial enrollment period begins on the first day of the first month of entitlement to disability insurance benefits.

Chapter 9 : Reform - New Provisions, December

The Banking Act of (Pub.L. , 48 Stat. , enacted June 16,) was a statute enacted by the United States Congress that established the Federal Deposit Insurance Corporation (FDIC) and imposed various other banking reforms.

Examples of Legislative Provisions in Annual Appropriations Acts September 4, RL Order Code RL Examples of Legislative Provisions in Annual Appropriations Acts Updated September 4, Robert Keith Specialist in American National Government Government and Finance Division Examples of Legislative Provisions in Annual Appropriations Acts Summary Over the years, House and Senate rules generally have been used to promote the separate consideration of substantive legislation and measures providing annual appropriations to federal agencies, chiefly so that the regular funding of the federal government is not impeded by controversies associated with authorizing and other legislation. On July 26, , the Senate agreed to S. The procedural separation, however, is not ironclad because 1 the rules are not self-enforcing; 2 the rules may be waived in various ways; and 3 the rules are not fully comprehensive in their coverage and application. Legislative provisions may generate controversy with any type of annual appropriations act, including regular, continuing, and supplemental appropriations acts. The most visible controversies in recent years often have been associated with omnibus appropriations acts, which are measures that combine two or more regular appropriations acts. During the s and s and continuing into the s, there has been a greater use of omnibus appropriations acts; in some instances, a considerable portion of these omnibus appropriations acts has consisted of legislative provisions. This report illustrates House and Senate practices regarding legislative provisions by listing dozens of major legislative provisions that were included in 13 omnibus appropriations acts enacted in recent years, as well legislative provisions included in recent supplemental appropriations acts. In addition, the report lists more than a dozen legislative provisions that were dropped from three of the omnibus appropriations acts. The report will be updated as developments warrant. Overview of Recent Practices, by Robert Keith. Contents The Separation of Legislation and Appropriations. The chief reason behind this procedural division is to ensure that the regular funding of the federal government is not impeded by controversies associated with authorizing and other legislation that establishes and organizes agencies, authorizes and reauthorizes programs, and sets forth policy guidelines and restrictions. Despite these rules, substantive legislation sometimes is included in annual appropriations acts. Each of the House and Senate Appropriations subcommittees develop one regular appropriations act, which provides budget authority to federal agencies for the upcoming fiscal year. Continuing appropriations acts, also called continuing resolutions, provide stop-gap funding for agencies that have not yet received a regular appropriation. Whereas legislative provisions usually deal with matters extraneous to the issue of funding and usually are out of order under House and Senate rules, limitation provisions are an integral part of funding issues and usually do not violate the rules. The two Appropriations Committees revised their subcommittee structure in , at the beginning of the th Congress, reducing the number of subcommittees to 10 in the House Appropriations Committee and 12 in the Senate Appropriations Committee. The subcommittee structure was revised again in , at the beginning of the th Congress, resulting in 12 parallel subcommittees in the House and Senate Appropriations Committees. CRS-2 An omnibus appropriations act generally is regarded as a regular appropriations act or a continuing resolution that has been expanded to encompass agencies and accounts normally covered in two or more of the regular appropriations acts. In the case of a continuing resolution that is an omnibus appropriations act, it typically goes beyond formula-funding for multiple bills to include the full text of the regular appropriations acts. In the House, Rule XXI is intended to keep the consideration of annual appropriations acts separate from the consideration of substantive legislation. In addition, Clause 4 prohibits the inclusion of appropriations in legislation reported by any committee other than the Appropriations Committee. In the Senate, Rule XVI serves to separate the consideration of legislative and appropriations matters in a fashion similar to that employed by the House. On July 26, , the Senate agreed by a vote of 53 to 45 to S. As a consequence of this action, the restriction in Rule XXVIII against the inclusion of new matter in conference reports was not enforced for several years. In the case of annual appropriations acts, the suspension

of this part of Rule XXVIII facilitated the inclusion of legislative provisions during this period. Toward the end of the th Congress, a provision overturning the FedEx precedent effective at the beginning 3 Under the recodification of the House rules on January 6, pursuant to the adoption of H. In many instances, during the routine operation of the annual appropriations process, minor provisions are included in appropriations acts that technically may be regarded under the rules as legislative in nature, but do not significantly undermine the dichotomy between legislation and appropriations. At other times, however, the legislative provisions included in annual appropriations acts have been much more substantial and have represented a deliberate suspension of the usual procedural boundaries. In the House and Senate, legislative provisions may be included in annual appropriations acts in several ways, as discussed below. Rules Are Not Self-Enforcing. First, the rules that enforce the boundaries between legislation and appropriations are not self-enforcing. In order for a potential violation to be stopped, a Member must successfully raise a point of order and it must be sustained if challenged. Rules May Be Waived. Second, like any other rules of the House and Senate, these rules may be waived in various ways. The Senate sometimes effectively waives its rules when it considers legislation under unanimous consent agreements. Rules Are Not Comprehensive. Finally, the rules are not fully comprehensive in their coverage and application. For example, the House, as previously mentioned, does not regard continuing resolutions to be general appropriations bills; consequently, the prohibitions under Rule XXI do not apply to their consideration. In recent years, the Senate Appropriations Committee has originated a greater number of annual appropriations acts i. CRS-4 It should be noted that a provision in an appropriations act generally is determined to be legislative by a ruling of the chair. Many of the examples provided in the report explicitly state that they amend an existing law and cite a public law number or a section of the United States Code often, a marginal note is provided in the slip law indicating the applicable section of the U. Recent Practices The inclusion of legislative provisions in annual appropriations acts has been a long-standing feature of the appropriations process. In many instances, legislative provisions are regarded as routine or technical and do not generate controversy. In other cases, legislative provisions may spark contentious debate, complicating and prolonging the consideration of the underlying appropriations measure. Controversies regarding the use of legislative provisions sometimes arise in connection with the consideration of regular, continuing, and supplemental appropriations acts, particularly when such acts have been chosen by the House and Senate leadership as vehicles to carry other legislative matters. With respect to regular and supplemental appropriations acts, the latter type of annual appropriations act is more likely to have been used in recent years as a vehicle for significant legislative matters. A recent supplemental appropriations act, for example, included separate titles dealing with funding shortfalls in a mandatory health program, an increase in the minimum wage, small business tax incentives, and other matters typically addressed outside of the annual appropriations process. Several examples of legislative provisions included in recent supplemental appropriations acts are shown in reverse chronological order in Table 1. The listing of legislative provisions in Table 1 and in the other tables for each act is intended merely to be illustrative; it does not represent a comprehensive or systematic survey and should not be used to assess or infer any trends in House and Senate practices. Supplemental Appropriations Act, P. Prepared by the Congressional Research Service using the cited public laws in slip law form. The listing is intended merely to be illustrative; it does not represent a comprehensive or systematic survey and should not be used to assess or infer any trends in House and Senate practices. At first, the omnibus appropriations acts took the form of continuing resolutions, but in recent years they mostly have taken the form of bills. Table 2 lists the 13 most recent omnibus appropriations acts. Prepared by the Congressional Research Service. CRS-8 Table 3 provides examples in reverse chronological order of legislative provisions that were included in those omnibus appropriations acts. The earliest three acts were continuing resolutions enacted in the mid-to-late s; the remaining 10 acts were bills enacted in the s and s. In some instances, a considerable portion of these omnibus appropriations acts has consisted of legislative provisions. The practice of including major legislative provisions in annual appropriations acts, particularly omnibus acts, generates controversy for several reasons. Some Members decry the practice as undermining the deliberative process. They assert that in many instances the inclusion of such provisions in lengthy and complex appropriations bills considered toward the close of a session may require Members to vote on matters

with which they are largely unfamiliar, may give them too little time to debate these matters, may usurp the prerogatives of the relevant authorizing committees, and may shield from proper scrutiny legislation that would not prevail on its own merits. Advocates of the practice, however, argue that it provides needed flexibility to the legislative process, allowing Congress to process and complete its business more efficiently, especially in the waning days of a session. Many such provisions, they maintain, already have been given a thorough review under regular procedures. Further, their inclusion in annual appropriations bills often is at the behest of authorizing committee members, who have not been able to advance their legislation because of a crowded legislative agenda. In , circumstances in the Senate prompted some to advance another argument in favor of using an omnibus appropriations act for FY By the beginning of the appropriations cycle for FY, the Senate had not agreed to the conference report on the FY budget resolution S. Consequently, one of the principal procedural tools used to encourage spending restraint “ points of order to enforce spending allocations to the Appropriations subcommittees under Section b of the Congressional Budget Act of ” was not available. In order for the ceiling on total FY appropriations to be enforced at that time, however, all of the regular appropriations bills for that fiscal year would have had to been considered in a single, omnibus measure. For additional information continued Although the House and Senate regularly incorporate major legislative provisions into annual appropriations acts, Members often are successful in getting legislative provisions dropped from such acts. Table 4 provides a listing of legislative provisions dropped from three of the omnibus appropriations acts listed in the previous table. As with the other tables, the listing is intended merely to be illustrative. For the sake of expedience, the examples provided in Table 4 were drawn from articles contained in the CQ Almanac for calendar year and the CQ Monitor for calendar year In the case of the three omnibus appropriations acts listed in the table, all of the legislative provisions were dropped in conference; however, such provisions sometimes are dropped at earlier stages of the legislative process. Whether the provision originated in the House or the Senate is indicated. In this context, origination in a chamber means that it was offered in the markup of the Appropriations Committee or subcommittee of that chamber, was offered during floor consideration by that chamber, or was proposed in conference by the conferees of that chamber. The three omnibus appropriations acts incorporated the full text of several of the regular appropriations acts. Legislative provisions listed under these omnibus acts may have been dropped in the conference on the omnibus act, or beforehand in a conference on one of the regular appropriations acts subsequently incorporated into the omnibus act. On many occasions, the House and Senate resolved controversy over a contentious legislative provision by adopting a substantial modification of it rather than dropping it altogether. This report does not address such practices. Consolidated Appropriations Act, P. Consolidated Appropriations Resolution, P. Omnibus Consolidated Appropriations Act, P. Educate America Act Stat. Enrichment Corporation] Privatization Act Stat. Continuing Appropriations for Fiscal Year P. In the case of the three omnibus appropriations acts listed in this table, all of the legislative provisions were dropped in conference; however, such provisions sometimes are dropped at earlier stages of the legislative process. Legislative provisions listed under these omnibus acts may have been dropped in the conference on the omnibus act or beforehand in a conference on one of the regular appropriations acts subsequently incorporated into the omnibus act.