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Deficit Reduction Act of 2005

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Sponsor

Name: Sen. Gregg, Judd [R-NH]

Party: Republican • **State:** NH • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Budget Committee	Senate	Reported Original Measure	Oct 27, 2005

Subjects & Policy Tags

No subjects or policy tags are listed for this bill.

Related Bills

Bill	Relationship	Last Action
109 HRES 752	Related bill	May 9, 2006: Placed on the House Calendar, Calendar No. 172.
109 HRES 653	Procedurally related	Feb 1, 2006: Motion to reconsider laid on the table Agreed to without objection.
109 HRES 640	Procedurally related	Dec 19, 2005: Motion to reconsider laid on the table Agreed to without objection.
109 HR 4241	Related bill	Nov 18, 2005: The Clerk was authorized to correct section numbers, punctuation, and cross references, and to make other necessary technical and conforming corrections in the engrossment of H.R. 4241.

(This measure has not been amended since the Conference Report was filed in the House on December 19, 2005. The summary of that version is repeated here.)

Deficit Reduction Act of 2005 - Title I: Agriculture Provisions - Agricultural Reconciliation Act of 2005 - Subtitle A: Commodity Programs - (Sec. 1101) Amends the Farm Security and Rural Investment Act of 2002 to revise the national dairy market loss payment formula by decreasing the multiplier for the periods beginning on: (1) October 1, 2005, and ending on August 31, 2007; and (2) September 1, 2007.

Extends the sign-up and contract periods through September 30, 2007.

(Sec. 1102) Reduces advance payments for peanuts and for covered commodities to: (1) 40% for crop year 2006; and (2) 22% for crop year 2007.

(Sec. 1103) Repeals authority to issue upland cotton user marketing certificates.

Subtitle B: Conservation - (Sec. 1201) Cancels the watershed rehabilitation program.

(Sec. 1202) Amends the Food Security Act of 1985 to: (1) extend conservation security program authority through FY2011; and (2) extend and increase Commodity Credit Corporation (CCC) funding for such program.

(Sec. 1203) Amends environmental quality incentives program provisions to: (1) extend program authority through FY2010; (2) apply the aggregate payment limitation to any six-year period. (Currently, such limitation applies to FY2002-FY2007); and (3) set forth specified funding provisions for FY2007-FY2009, and for FY2010.

Subtitle C: Energy - (Sec. 1301) Amends the Farm Security and Rural Investment Act of 2002 to reduce FY 2007 funding for the renewable energy systems and energy efficiency improvements program.

Subtitle D: Rural Development - (Sec. 1401) Cancels authority to obligate funds previously made available for expanded access to broadband telecommunications services in rural areas unobligated as of October 1, 2006, as of that date.

(Sec. 1402) Cancels authority to obligate funds previously made available for value-added agricultural product market development grants unobligated as of October 1, 2006, as of that date.

(Sec. 1403) Amends the Consolidated Farm and Rural Development Act to terminate rural business investment program funding after FY2006. Cancels authority to obligate funds previously made available for such program unobligated as of October 1, 2006, as of that date.

(Sec. 1404) Cancels authority to obligate funds previously made available for rural business strategic investment grants unobligated as of October 1, 2006, as of that date.

(Sec. 1405) Amends the Farm Security and Rural Investment Act of 2002 to terminate rural firefighters and emergency personnel grant authority after FY2006. Cancels authority to obligate funds previously made available for such program unobligated as of October 1, 2006, as of that date.

Subtitle E: Research - (Sec. 1501) Amends the Agricultural Research, Extension, and Education Reform Act of 1998 to eliminate FY2007-FY2009 CCC transfer funding for the initiative for future agriculture and food systems. Makes funds

available for a two-year period from the date of transfer, except for FY2006 funds which shall be available for a one-year period beginning on October 1, 2005.

Title II: Housing and Deposit Insurance Provisions - Subtitle A: FHA Asset Disposition - (Sec. 2002) Provides for Federal Housing Administration (FHA) asset disposition.

Subjects the discount sale of multifamily real property during FY2006-FY2010, by the Secretary of Housing and Urban Development (HUD), to the availability of appropriations to the extent that the property value exceeds the sale proceeds.

States that such transaction is not subject to the availability of appropriations if the multifamily real property is sold during that period for an amount equal to or greater than the property market value.

Subjects a discount loan sale during FY2006-FY2010 to the availability of appropriations to the extent that the loan value exceeds the sale proceeds.

States that such transaction is not subject to the availability of appropriations if the discount loan sale is sold, during such fiscal years, for an amount equal to or greater than the loan market value.

(Sec. 2003) Amends the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 to state that a grant provided during FY2006-FY2010 for the necessary costs of rehabilitation, demolition, or construction on HUD-owned multifamily properties (with a view to disposing of them) shall be available only to the extent that appropriations are made in advance for such purposes, and shall not be derived from the General Insurance Fund.

Amends the Housing and Community Development Amendments of 1978 to limit discretionary assistance by the Secretary of HUD for upfront grants during FY2006-FY2010 for the necessary cost of rehabilitation and other related development costs

Subtitle B: Deposit Insurance Reform - Federal Deposit Insurance Reform Act of 2005 - (Sec. 2102) Merges the Bank Insurance Fund and the Savings Association Insurance Fund into the Deposit Insurance Fund (DIF).

(Sec. 2103) Amends the Federal Deposit Insurance Act (FDIA) and the Federal Credit Union Act to prescribe an inflation adjustment formula governing the standard maximum deposit insurance amount (defined as \$100,000).

Requires the FDIC Board of Directors and the National Credit Union Administration Board, upon determining every five years that an inflation adjustment is appropriate, to calculate it and prescribe jointly the new standard maximum deposit insurance amount (for depository institutions) and the standard maximum share insurance amount (for credit unions).

Requires the FDIC to provide pass-through deposit insurance for the deposits of an employee benefit plan. Prohibits an insured depository institution that is neither well capitalized nor adequately capitalized, from accepting such deposits.

Increases from \$100,000 to \$250,000 the standard maximum deposit insurance for certain retirement accounts.

(Sec. 2104) Amends the FDIA to replace assessment guidelines for achieving and maintaining a designated reserve ratio (DRR) and for independent treatment of deposit insurance funds. Requires the FDIC Board of Directors (Board) to set assessments as it determines appropriate.

Declares that no insured depository institution shall be barred from the lowest-risk category solely because of size.

Reduces from five years to three years the mandatory assessment recordkeeping period.

Increases penalties from \$100 to 1% of assessments per day for failure of a depository institution assessed more than \$10,000 to make timely assessment payments.

Reduces the statute of limitations for assessment actions from five years to three years after the date the assessment was due.

Provides that if an insured depository institution has made a false or fraudulent statement with intent to evade its assessment, the FDIC shall have until three years after discovery of the false or fraudulent statement in which to bring an action to recover the underpaid amount.

Deems assessment deposit information to be conclusive and not subject to change if it is contained in records that are no longer required to be maintained beyond the semiannual period.

(Sec. 2105) Replaces the current 1.25 percent DRR used to recapitalize undercapitalized insurance funds with a reserve ratio range of 1.15 to 1.5% of estimated insured deposits, subject to specified factors and annual redetermination.

(Sec. 2106) Directs the Board to collect information from all appropriate sources in determining the risk of DIF losses.

(Sec. 2107) Revises requirements for FDIC repayment of overpaid assessments and refunds of any balance in the insurance fund in excess of the DRR.

Prescribes guidelines governing the payment of mandatory dividends to insured depository institutions whenever the DIF reserve ratio exceeds specified percentages of the estimated insured deposits required to maintain the DRR.

Cites conditions under which the Board may suspend or limit dividends if it makes certain determinations in writing.

Requires the Board to provide a one-time credit based upon the December 31, 1996, assessment base of each eligible depository institution, as compared to the combined aggregate assessment base of all such institutions.

Places a temporary restriction on the use of such credits.

Restricts the amount of such credit for depository institutions that exhibit financial, operational, or compliance weakness, including undercapitalization.

(Sec. 2108) Requires the Board to establish and implement a DIF restoration plan whenever its reserve ratio is projected to fall, or actually falls below the DRR. Prescribes requirements for such plans, notably restoration to the DRR level within five years (or such longer period as the Corporation may determine to be necessary due to extraordinary circumstances).

(Sec. 2109) Requires the FDIC to prescribe final regulations, within 270 days after enactment of this Act, establishing the DRR, implementing increases in deposit insurance coverage, implementing the dividend requirement and the one-time assessment credit, and providing for premium assessments.

Title III: Digital Television Transition and Public Safety - Digital Television Transition and Public Safety Act of 2005 -

(Sec. 3002) Amends the Communications Act of 1934 to direct the Federal Communications Commission (FCC), by February 18, 2009: (1) to terminate all licenses for full-power television (TV) stations in the analog TV service, and require the cessation of broadcasting by such stations in the analog TV service; and (2) to require that all broadcasting by Class A stations, whether in the analog or digital TV service, and all broadcasting by full-power stations in the digital TV

service, occur only between channels 2 and 38, inclusive, or 38 and 51, inclusive (between frequencies 54 and 698 megahertz, inclusive).

(Sec. 3003) Provides deadlines for the FCC auction of recovered analog spectrum. Extends auction authority through the end of FY2011.

(Sec. 3004) Requires: (1) proceeds from the auction of recovered analog spectrum to be deposited into the Digital Television Transition and Public Safety Fund (Fund) (established in this section); and (2) a specified amount from the Fund to be transferred to the general fund of the Treasury on September 30, 2009.

(Sec. 3005) Directs the Assistant Secretary of Commerce for Communications and Information (Assistant Secretary) to: (1) implement and administer a program through which U.S. households may obtain, upon request, up to two coupons that can be applied toward the purchase of digital-to-analog converter boxes; and (2) make specified payments from the Fund through FY2009 to carry out such program. Provides that all such coupons, valued at \$40 each, shall expire three months after issuance. Authorizes the use of additional funds if the Assistant Secretary certifies to the congressional commerce committees that current amounts will be insufficient to fulfill coupon requests from eligible households.

(Sec. 3006) Authorizes the Assistant Secretary to use amounts from the Fund to implement a grant program to assist public safety agencies in the acquisition of, deployment of, or training for the use of interoperable communications systems that utilize, or enable interoperability with systems that can utilize, reallocated public safety spectrum for radio communication. Requires the public safety agency to provide, from nonfederal sources, at least 20 percent of the costs of acquiring and deploying the systems funded under the grant program.

(Sec. 3007) Directs the Assistant Secretary to use amounts from the Fund to carry out a grant program to reimburse the Metropolitan Television Alliance (formed by New York City TV broadcast licensees to locate new shared broadcasting facilities as a result of the attacks of September 11, 2001) for costs incurred in the design and deployment of a temporary digital TV broadcast system in the New York City area to ensure an adequate digital TV signal there.

(Sec. 3008) Directs the Assistant Secretary to use amounts from the Fund to implement and administer a program through which each eligible low-power TV station may receive compensation toward the purchase of a digital-to-analog conversion device to convert the incoming digital signal of its corresponding full-power TV station to analog format transmission on the low-power TV station's analog channel.

(Sec. 3009) Directs the Assistant Secretary to use amounts from the Fund to implement and administer a program through which each licensee of an eligible low-power TV station may receive reimbursement for equipment to upgrade low-power TV stations in eligible rural communities from analog to digital format.

(Sec. 3010) Directs the Assistant Secretary to use amounts from the Fund to implement: (1) a unified national emergency alert system, including a tsunami warning and coastal vulnerability program; and (2) the ENHANCE 911 Act of 2004.

(Sec. 3012) Directs the Secretary of Commerce, upon a specified condition, to make amounts from the Fund available to the Secretary of Transportation for carrying out the essential air service program for FY2007 or FY2008.

(Sec. 3013) Directs the FCC to assess extraordinary fees for licenses in the aggregate amount of \$10 million, which shall be deposited in the Treasury during FY2006 as offsetting receipts.

Title IV: Transportation Provisions - (Sec. 4001) Amends maritime law to revise and extend vessel tonnage duties for FY2006-FY2010.

Title V: Medicare - Subtitle A: Provisions Relating to Part A - (Sec. 5001) Amends title XVIII of the Social Security Act (SSA) to require that subsection (d) hospitals that do not submit certain required data to the Secretary of Health and Human Services (Secretary in this title) in FY2007 and each subsequent year will have the applicable market basket percentage reduced by two percentage points.

Requires each "subsection (d) hospital" to submit data on measures selected by the Secretary in the established form, manner, and specified time.

Requires the Secretary to expand the set of measures appropriate for the measurement of the quality of care furnished by hospitals in inpatient settings.

Directs the Secretary, in expanding the number of such measures, to: (1) begin to adopt the baseline set of performance measures as set forth in the November 2005 report by the Institute of Medicine of the National Academy of Sciences under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003; and (2) subsequently add other measures that reflect consensus among affected parties, including measures set forth by one or more national consensus building entities.

Directs the Secretary to develop a plan to implement a value based purchasing program for Medicare payments for subsection (d) hospitals beginning with FY2009.

Provides that, for discharges occurring on or after October 1, 2008, the diagnosis-related group (DRG) assigned for a described discharge shall be a DRG that does not result in higher payment based on the presence of a secondary described diagnosis code.

Requires a hospital to report an individual's secondary diagnosis at admission with the information submitted with respect to the individual's discharge in order for payment to be made.

Requires the Secretary to select diagnosis codes associated with at least two conditions.

(Sec. 5002) Permits the Secretary to include inpatient hospital days of patients eligible for medical assistance under a certain demonstration waiver in the Medicare disproportionate share hospital (DSH) adjustment calculation. Ratifies certain existing regulations.

(Sec. 5003) Extends the Medicare dependent hospital (MDH) status for qualifying rural hospitals through discharges occurring before October 1, 2011. Authorizes an MDH, with respect to discharges occurring on or after October 1, 2006, to elect payments based on its FY2002 hospital-specific costs, if that would result in higher Medicare payments. Bases MDH payments on 75% (currently 50%) of their adjusted hospital-specific costs starting for discharges on October 1, 2006.

(Sec. 5004) Reduces payments to skilled nursing facilities for allowable bad debts attributable to Medicare coinsurance by 30% for those individuals who are not dually eligible for Medicare and Medicaid.

(Sec. 5005) Establishes the compliance threshold at: (1) 60% during the 12-month period beginning on July 1, 2006; (2) 65% during the 12-month period beginning on July 1, 2007; and (3) 75% on July 1, 2008 and subsequently. Directs the Secretary to apply such applicable percentages in the classification criterion used to determine whether a hospital or hospital unit is an inpatient rehabilitation facility for Medicare purposes.

(Sec. 5006) Directs the Secretary to develop a strategic and implementing plan regarding physician investment in

specialty hospitals that address issues related to proportionality of investment return, bona fide investments, annual disclosure of investment information, and the provision of Medicaid and charity care by specialty hospitals. Requires the Secretary to continue the suspension on enrollment of the new specialty hospitals until a certain time.

(Sec. 5007) Directs the Secretary to establish a qualified gainsharing demonstration program for projects to: (1) test and evaluate methodologies and arrangements between hospitals and physicians designed to govern the utilization of inpatient hospital resources and physician work to improve the quality and efficiency of care provided to Medicare beneficiaries; and (2) develop improved operational and financial hospital performance with sharing of remuneration as specified in the project.

(Sec. 5008) Directs the Secretary to establish a demonstration program for the purposes of understanding costs and outcomes across different post-acute care sites.

Subtitle B: Provisions Relating to Part B - Chapter 1: Payment Provisions - (Sec. 5101) Amends SSA title XVIII part B (Supplementary Medical Insurance) to: (1) require the supplier to transfer the title of durable medical equipment (DME) in the capped rental category to the beneficiary after a thirteen month rental period; (2) eliminate automatic payments to the supplier every six months for maintenance and servicing; and (3) allow reasonable and necessary payments (for parts and labor not covered by the supplier's or manufacturer's warranty).

Requires the supplier of oxygen equipment (including portable oxygen equipment) to transfer the title to it to the beneficiary after a 36-month rental period. Requires payments for oxygen to continue after title transfer in the recognized amount for the period of medical need. Allows reasonable and necessary payments for maintenance and servicing of the equipment (for parts and labor not covered by the supplier's or manufacturer's warranty).

(Sec. 5102) Provides that the reduced expenditures attributable to the multiple procedure payment reduction for imaging (under the final rule published November 21, 2005) shall not be taken into account for purposes of the budget neutrality calculation for 2006 and 2007.

Declares that, for specified imaging services furnished on or after January 1, 2007, if the technical component (including the technical component of a global fee) exceeds the Medicare outpatient department (OPD) fee schedule amount established under the prospective payment system (PPS) for such service, the Secretary shall substitute the Medicare OPD fee schedule amount, adjusted by the relevant geographic adjustment factor.

(Sec. 5103) Requires that the ambulatory care surgery center (ASC) be paid the Medicare OPD fee schedule amount whenever the ASC facility payment (without application of any geographic price differences) is greater than the Medicare OPD fee schedule amount for the same service.

(Sec. 5104) Provides that the update to the single conversion factor for physicians' services for 2006 shall be 0%.

Requires the Medicare Payment Advisory Commission (MedPAC) to report to Congress on mechanisms that could be used to replace the sustainable growth rate system. Makes appropriations.

(Sec. 5105) Requires an increase in Medicare payments for covered OPD services in calendar 2006-2008 to non-sole community small rural hospitals with no more than 100 beds, if their OPD payments under the PPS are less than under the prior reimbursement system.

(Sec. 5106) Directs the Secretary to increase the amount of the composite rate component of the basic case-mix adjusted PPS for dialysis services furnished on or after January 1, 2006, by 1.6% above the amount of such component

for such services furnished on December 31, 2005.

(Sec. 5107) Directs the Secretary to implement an exceptions process with respect to physical therapy, speech language pathology, and occupational therapy caps for expenses incurred in 2006.

Directs the Secretary to implement clinically appropriate code edits with respect to Medicare part B payments for physical therapy services, occupational therapy services, and speech-language pathology services in order to identify and eliminate improper payments.

Chapter 2: Miscellaneous - (Sec. 5111) Revises requirements for the reduction in Medicare part B premium subsidy based on income. Increases the monthly adjustment amounts, and accelerates their phase-in for higher income enrollees, with the provision fully effective in 2009.

(Sec. 5112) Authorizes Medicare coverage of ultrasound screening for abdominal aortic aneurysms for an individual meeting certain criteria.

Includes ultrasound screening for abdominal aortic aneurysms in the package of services provided in the initial preventive service exam offered to new Medicare enrollees.

Makes the part B deductible inapplicable to ultrasound screening for abdominal aortic aneurysm.

(Sec. 5113) Makes the part B deductible inapplicable to colorectal cancer screening tests.

(Sec. 5114) Adds diabetes self-management training and medical nutrition therapy services to those that may be covered under the all-inclusive per visit payment rate for federally qualified health centers (FQHCs). Allows FQHCs to receive payments for services provided through a health care professional who contracts with the center.

(Sec. 5115) Permits delayed enrollment under Medicare part B without a delayed enrollment penalty to individuals who: (1) serve as volunteers outside the United States through a program sponsored by a tax-exempt organization that covers at least 12 months; and (2) demonstrate health insurance coverage while serving in the program. Creates a special six-month special part B enrollment period for such individuals, beginning on the first day of the month the individual was no longer in the program.

Subtitle C: Provisions Relating to Parts A and B - (Sec. 5201) Revises requirements for home health payments, eliminating the update for home health payments in 2006.

Amends the Medicare Prescription Drug, Improvement, and Modernization Act to extend through calendar 2006 the current 5% additional payment for home health episodes or visits furnished in a rural area.

Requires a home health agency to submit certain quality data to the Secretary annually, or incur a 2% reduction in the fiscal year market basket update.

Requires MedPAC to report to Congress on a detailed structure of value based payment adjustments for home health services under the Medicare program. Makes appropriations.

(Sec. 5202) Lengthens from 26 days to 28 days after a claim is received the period during which a Medicare administrative contract for the disbursement of funds must prohibit the payment of a claim not submitted electronically.

(Sec. 5203) Delays Medicare part A and B payments by nine days. (Claims that would otherwise be paid on September

22 through September 30, 2006, would be paid on the first business day of October 2006.) Prohibits payment of any interest or late penalty to an entity or individuals for any delay in a payment during the period.

(Sec. 5204) Increases Medicare Integrity Program funding amounts by \$100 million for FY2006.

Subtitle D: Provisions Relating to Part C - (Sec. 5301) Provides for the phase-out of risk adjustment budget neutrality over 2007 through 2010 in determining the amount of payments to Medicare Advantage Organizations.

(Sec. 5302) Directs the Secretary to establish a process and criteria to award site development grants to qualified Programs of All-inclusive Care for Elderly (PACE) providers that have been approved to serve a rural area. Makes appropriations for FY2006.

Directs the Secretary to establish a technical assistance program to provide: (1) outreach and education to state agencies and provider organizations interested in establishing PACE programs in rural areas; and (2) such assistance necessary to support rural PACE pilot sites.

Requires the Secretary to establish an outlier fund to reimburse rural PACE pilot sites for recognized outlier costs incurred for eligible outlier participants.

Outlines outlier expense payments with respect to rural PACE pilot sites.

Requires a rural PACE pilot site to have access and exhaust any risk reserves held or arranged for the provider and any working capital established through a site development grant awarded before receiving any payment from the outlier fund.

Makes appropriations for FY2006-FY2010.

Title VI: Medicaid and SCHIP - Subtitle A: Medicaid - Chapter 1: Payment for Prescription Drugs - (Sec. 6001) - Amends SSA title XIX (Medicaid) to modify the federal upper payment limit (FUL) to 250% of the average manufacturer price (AMP) for multiple source drugs, computed without regard to prompt pay discounts extended to wholesalers. Modifies the definition of multiple source drug so that one qualifies as a multiple source drug if there is at least one other drug (instead of the current two or more) sold and marketed during the period that it is rated as therapeutically equivalent and bioequivalent.

Directs the Secretary to provide on a monthly basis to states the most recently reported AMPs for both single source and multiple source drugs. Requires quarterly updates posted on a website accessible to the public.

Excludes customary prompt pay discounts extended to wholesalers from the definition of AMP.

Requires manufacturers to report the customary prompt pay discounts extended to wholesalers within 30 days after the last day of each rebate period.

Directs the Inspector General of the Department of Health and Human Services to review and report to the Secretary of Health and Human Services and Congress on the requirements for, and manner in which, Amps are determined under the Social Security Act, with any recommendations for changes.

Requires the Secretary to promulgate a regulation clarifying such requirements, taking into consideration the Inspector General's recommendations.

Requires manufacturers to report information on sales of Medicaid covered drugs at a nominal price.

Allows the Secretary to contract with a vendor to obtain retail survey prices for Medicaid covered outpatient drugs that represent a nationwide average of pharmacy sales costs for such drug, net of all discounts and rebates. Requires the vendor to update the Secretary at least monthly on such retail survey prices.

Directs the Secretary to devise and implement a means for providing access to each state Medicaid agency to the retail survey price.

Requires states to report annually to the Secretary the payment rates for all covered drugs, dispensing fees, and utilization rates for noninnovator multiple source drugs.

Directs the Secretary annually to: (1) compare the national retail sales price data for the 50 most widely prescribed drugs with data on Medicaid prices for each such drug for each state; and (2) report the annual rankings to Congress and the states. Makes appropriations for FY2006-FY2010.

(Sec. 6002) Requires states to provide for the collection and submission of utilization and coding information for each Medicaid single source drug, and the 20 multiple source drugs with highest dollar volume, that are physician administered.

Prohibits payment for covered outpatient drugs, unless required information respecting utilization data and coding on such drugs is submitted.

(Sec. 6003) Modifies the existing drug price reporting requirements to require the reporting of both the average manufacturer price and the manufacturer's best price for single source drugs, innovator multiple source drugs, and any drugs sold under a new drug application approved under the Federal Food, Drug, and Cosmetic Act.

(Sec. 6004) Adds certain children's hospitals to the list of providers that may have access to certain discounted drug prices.

Chapter 2: Long-Term Care Under Medicaid - Subchapter A: Reform of Asset Transfer Rules - Amends SSA title XIX (Medicaid) to revise requirements relating to long-term care.

(Sec. 6011) Lengthens from the usual 36 months to 60 months, or five years, the look-back period for counting for eligibility purposes all income and assets disposed of by the individual for less than fair market value after this Act's enactment.

Changes the start date of the ineligibility period, for all less-than-fair-market-value transfers made on or after enactment of this Act, to the first date of a month during or after which assets have been transferred, or the date on which the individual is eligible for Medicaid and would otherwise be receiving institutional level care based on an approved application but for the application of the penalty period, whichever is later, and which does not occur during any other period of ineligibility as a result of an asset transfer policy.

Specifies the criteria by which an application for an undue hardship waiver shall be approved.

Requires each state to provide for a hardship waiver of the transfer of assets requirement in specified circumstances for individuals residing in nursing facilities. Authorizes the state to make bed hold payments for hardship waiver applicants.

(Sec. 6012) Requires a state to require an individual, upon application for or recertification of medical assistance for LTC

services, to disclose to the state any interest the individual or community spouse has in an annuity (or similar financial instrument), regardless of whether the annuity is irrevocable or is treated as an asset.

Requires the state to notify the annuity's issuer of the state's right as a preferred remainder beneficiary for Medicaid assistance furnished to the individual.

Requires treatment of the purchase of an annuity as the disposal of an asset for less than fair market value unless the state is named: (1) as the remainder beneficiary in the first position for at least the total amount of Medicaid expenditures paid on the annuitant's behalf; or (2) as such a beneficiary in the second position after the community spouse or minor or disabled child, and is named in the first position if such spouse or a representative of such child disposes of any such remainder for less than fair market value.

Treats as an asset subject to transfer penalties any annuity purchased by or on behalf of an applicant for a Medicaid-covered nursing facility or other LTC services, unless it meets one or the other of specified requirements, including absence of a deferral or balloon payments.

(Sec. 6013) Revises requirements for treatment of income and resources for certain institutionalized spouses. Requires states to consider that all income of the institutionalized spouse that could be made available to a community spouse, in accordance with the calculation of the community spouse monthly income allowance, has been made available ("income first" rule) before the state allocates to the community spouse an allowance of resources adequate to provide the difference between the minimum monthly maintenance needs allowance and all income available to the community spouse.

(Sec. 6014) Makes ineligible for Medicaid for nursing facility or other LTC services certain individuals with an equity interest in their homes greater than \$500,000. Allows a state to elect an equity interest threshold exceeding \$500,000, but not more than \$750,000. Indexes such dollar amounts for inflation, beginning with 2011.

(Sec. 6015) Authorizes state-licensed, registered, certified, or equivalent continuing care retirement communities (CCRCs) or life care communities (including related nursing facility services) to require in their admissions contracts that residents spend their resources on their care before applying for Medicaid.

Treats an entrance fee in a CCRC or life care community as a resource for purposes of determining Medicaid eligibility in specified circumstances.

(Sec. 6016) Revises Medicaid asset transfer rules.

Prohibits a state from rounding down or otherwise disregarding any fractional period of ineligibility with respect to the disposal of assets when determining the ineligibility period for Medicaid long-term care services.

Authorizes states to accumulate multiple assets transfers into one penalty period.

Includes among assets: (1) funds used to purchase a promissory note, loan, or mortgage, except under certain conditions; and (2) the purchase of a life estate interest in another individual's home, unless the purchaser resides in the home for at least one year after the date of purchase.

Subchapter B: Expanded Access to Certain Benefits - (Sec. 6021) Exempts an individual who received medical assistance under a State plan with an amendment providing for a qualified state long-term care (LTC) insurance partnership from the requirement that the state seek adjustment or recovery from the individual's estate on account of

medical assistance paid on behalf of the individual for nursing facility and other long-term care services. Declares that a qualified state LTC insurance partnership disregards any assets or resources equal in amount to LTC insurance benefit payments made, if the insurance policy meets certain requirements.

Directs the Secretary to develop standards for uniform reciprocal recognition of qualified state LTC insurance partnership policies among states with such partnerships.

Directs the Secretary to establish a National Clearinghouse for Long-Term Care Information. Makes appropriations for FY2006-FY2010.

Chapter 3: Eliminating Fraud, Waste, and Abuse in Medicaid - (Sec. 6031) Provides that, if a state has in effect a law relating to false or fraudulent claims that meets certain requirements, the federal medical assistance percentage (FMAP), with respect to any amounts recovered under a state action brought under such law, shall be decreased by 10 percentage points.

(Sec. 6032) Requires state plans for medical assistance to require entities receiving annual Medicaid payments of at least \$5 million to establish written policies for all employees with respect to the False Claims Act and associated administrative remedies for false claims and statements.

(Sec. 6033) Prohibits federal matching payments for the ingredient cost of a covered outpatient drug for which the pharmacy has already received payment (other than a reasonable restocking fee).

(Sec. 6034) Establishes the Medicaid Integrity Program under which the Secretary shall promote the integrity of the Medicaid program by entering into contracts with eligible entities to carry out specified activities, including: (1) a review of the actions of individuals or entities furnished items or services for which Medicaid payment may be made to determine whether fraud, waste, or abuse has occurred; and (2) an audit of claims for payment for items or services furnished under a state Medicaid plan. Makes appropriations for FY2006 and following fiscal years.

Provides for increased funding for Medicaid fraud and abuse control activities of the Office of the Inspector General of the Department of Health and Human Services for FY2006-FY2010.

Directs the Secretary to enter into contracts with eligible entities for the purpose of ensuring that, beginning with 2006, the Medicare-Medicaid Data Match Program (Medi-Medi Program) is conducted to identify vulnerabilities of the Medicare and state Medicaid programs, and work with states, the Attorney General, and the Inspector General of the Department of Health and Human Services to coordinate appropriate actions to protect the federal and state share of expenditures under such programs. Makes appropriations for FY2006-FY2010 and following fiscal years for the Medi-Medi Program.

(Sec. 6035) Amends the list of third parties legally responsible for payment of a claim for a health care item or service for which states must take all reasonable measures to ascertain the legal liability to: (1) substitute the term "managed care organization" for "health maintenance organization;" and (2) include self-insured plans, pharmacy benefit managers, and other parties that are legally responsible for payment of a claim for a health care item or service.

Requires a state to provide assurances satisfactory to the Secretary that it has laws in effect requiring health insurers, as a condition of doing business in the state, to: (1) provide, upon state request, information to determine during what period the individual or spouses or dependents may be (or may have been) covered by a health insurer, and the nature of that coverage; (2) accept the state's right of recovery and the assignment to the state of any right of an individual or other entity to payment from the party for an item or service paid for under the state plan; (3) respond to any state inquiry

regarding a claim submitted within three years after provision of an item or service; and (4) agree not to deny a claim submitted by the state solely on the basis of date of submission, type or format of claim form, or failure to present proper documentation at point-of-sale, if certain procedural deadlines are met.

(Sec. 6036) Prohibits Medicaid assistance to an individual who declares he or she is a U.S. citizen unless one example of specified kinds of documentary evidence of citizenship or nationality is presented.

Directs the Secretary to establish an outreach program designed to educate individuals likely to be affected by such requirements.

Chapter 4: Flexibility in Cost Sharing and Benefits - (Sec. 6041) Authorizes a state to impose varied alternative Medicaid premiums and cost-sharing for different income groups of individuals, subject to specified limitations.

(Sec. 6042) Sets forth special rules for state-determined cost-sharing for the least (or less) costly effective prescription drugs.

(Sec. 6043) Gives states the option of permitting hospitals to impose cost-sharing for non-emergency care furnished in an emergency department, if certain conditions are met.

Directs the Secretary to provide for payments to states for the establishment of alternative non-emergency service providers or provider networks.

(Sec. 6044) Allows states, at their option through a state plan amendment, to provide Medicaid benefits to certain groups of beneficiaries through benchmark coverage (federal employee health benefit standard Blue Cross/Blue Shield preferred provider option service benefit plan, state employee health benefit plan, or certain health maintenance organization (HMO) plans).

Specifies groups who may not be required to enroll in benchmark coverage, including certain pregnant women, blind or disabled individuals, dual eligibles, medically frail and special medical needs individuals, certain children in foster care, TANF parents, and women in the breast or cervical cancer program.

Chapter 5: State Financing under Medicaid - (Sec. 6051) Expands the Medicaid managed care organization (MCO) provider class to include all MCOs.

(Sec. 6052) Specifies the meaning of case management services in terms of the development of a specific care plan, including referral and monitoring and related activities, based on the information collected through an assessment.

Defines targeted case management services (TCM) as those furnished, without regard to certain requirements, to specific classes of individuals or to individuals who reside in specific areas.

(Sec. 6053) Provides that if, for purposes of SSA titles XIX and XXI (State Children's Health Insurance Program) (SCHIP), the FMAP determined for Alaska for FY2006 or FY2007 is less than the FMAP determined for FY2005, the FY2005 FMAP shall be substituted for the FY2006 or FY2007 FMAP, as the case may be.

Requires the Secretary, in computing the FMAP for any year after 2006 for a state with a significant number of Hurricane Katrina evacuees as of October 1, 2005, to disregard such evacuees (and income attributable to them) from such computation.

(Sec. 6054) Revises the formula for calculation of the disproportionate share (DSH) allotment for the District of Columbia

for FY2000-FY2002.

(Sec. 6055) Amends SSA title XI to increase the FY2006-FY2007 total annual caps on federal spending for the Medicaid programs in Puerto Rico, the Virgin Islands, Guam, the Northern Marianas, and American Samoa.

Chapter 6: Other Provisions - Subchapter A: Family Opportunity Act - Family Opportunity Act of 2005, or the Dylan Lee James Act - (Sec. 6062) Amends SSA title XIX to give states the option to: (1) allow families of disabled children to purchase Medicaid coverage for such children; and (2) impose income-related premiums with respect to such children provided medical assistance

(Sec. 6063) Authorizes the Secretary to conduct, during each of FY2007-FY2011, demonstration projects under which up to ten states are awarded grants, on a competitive basis, to test the effectiveness in improving or maintaining a child's functional level, as well as the cost-effectiveness, of covering home and community-based alternatives to psychiatric residential treatment for children enrolled in the Medicaid program. Makes appropriations for FY2007-FY2011.

(Sec. 6064) Amends SSA title V (Maternal and Child Health Services) to make appropriations for FY2007-FY2009 for the development and support of family-to-family health information centers under SPRANS (Special Projects of Regional and National Significance).

(Sec. 6065) Extends Medicaid eligibility to persons who are under age 21 and who are eligible for SSI (Supplemental Security Income) under SSA title XVI, effective on the later of: (1) the date the application was filed; or (2) the date SSI eligibility was granted.

Subchapter B: Money Follows the Person Rebalancing Demonstration - (Sec. 6071) Authorizes the Secretary to award, on a competitive basis, grants to states for (Money Follows the Person, or MFP) demonstration projects designed to achieve certain objectives, including rebalancing, that is, increasing the use of home and community-based, rather than institutional, long-term care services under state Medicaid programs. Makes appropriations for FY2007-FY2011.

Subchapter C: Miscellaneous - (Sec. 6081) Directs the Secretary to provide for payments to states for the adoption of innovative methods to improve the effectiveness and efficiency in providing medical assistance under Medicaid.

(Sec. 6082) Directs the Secretary to establish a five-year demonstration program under which up to 10 states may provide under their state Medicaid plans for alternate benefits (including contributions to a health opportunity account) for eligible population groups in one or more geographic areas of the state.

(Sec. 6083) Gives states the option of providing for establishment of a non-emergency medical transportation brokerage program in order more cost-effectively to provide transportation for Medicaid-eligible individuals to medical care or services.

(Sec. 6084) Extends the Transitional Medical Assistance and the abstinence education block grant programs through December 31, 2006.

(Sec. 6085) Requires any provider of emergency services that does not have in effect a contract with a Medicaid managed care entity to accept as payment in full no more than it could collect if the beneficiary received medical assistance other than through enrollment in such entity. Specifies a payment formula for a state where rates are negotiated by contract and not publicly released.

(Sec. 6086) Provides for home and community-based services as an optional benefit for elderly and disabled individuals.

(Sec. 6087) Allows a state to provide as "medical assistance" payment for self-directed personal assistance services pursuant to a written plan of care to individuals who would otherwise require and receive Medicaid personal care services, or home and community-based services under a waiver.

Subtitle B: SCHIP - (Sec. 6101) Amends SSA title XXI (SCHIP) to provide for additional allotments to states to eliminate FY2006 funding shortfalls.

(Sec. 6102) Prohibits a waiver, experimental, pilot, or demonstration project from allowing the use of funds to provide child health assistance to nonpregnant childless adults.

(Sec. 6103) Continues through FY2004-FY2005 the authority for qualifying states to apply federal SCHIP matching funds toward the coverage of certain children enrolled in regular Medicaid.

Subtitle C: Katrina Relief - (Sec. 6201) Appropriates \$2 billion (in addition to any funds made available for the National Disaster Medical System under the Department of Homeland Security for health care costs related to Hurricane Katrina) for use by the Secretary to pay eligible states for: (1) the nonfederal share of expenditures with respect to evacuees receiving health care under an approved Multi-State Section 115 Demonstration Project; (2) reimbursement of the reasonable administrative costs related to such projects; (3) reimbursement of the nonfederal share of expenditures for medical care provided to individuals under Medicaid and SCHIP plans; and (4) other purposes, if approved by the Secretary, to restore access to health care in impacted communities.

(Sec. 6202) Authorizes and makes appropriations for FY2006 grants to states for: (1) up to half the losses incurred by a state in connection with the operation of their high risk pool; and (2) seed money to create and initially fund a high risk pool.

Title VII: Human Resources and Other Provisions - Subtitle A: TANF - (Sec. 7101) Amends SSA title IV part A (Temporary Assistance for Needy Families) (TANF) to extend the TANF program at the FY2004 level through FY2010. Makes appropriations.

Extends the National Random Sample Study of Child Welfare through FY2010.

(Sec. 7102) Revises the formula for the caseload reduction credit with respect to work participation rates.

Includes families receiving assistance under separate state programs in the calculation of work participation rates.

Directs the Secretary to promulgate regulations for determining whether activities may be counted as work activities, how to count and verify reported hours of work, and work-eligible individuals.

Provides for a state penalty for failure to establish or comply with work participation verification procedures.

(Sec. 7103) Replaces incentive bonuses to states for a decrease in the illegitimacy rate with healthy marriage promotion and responsible fatherhood grants. Limits the use of funds for: (1) demonstration projects designed to test the effectiveness of tribal governments or consortia in coordinating the provision of child welfare services to tribal families at risk of child abuse or neglect; and (2) activities promoting responsible fatherhood. Makes appropriations for FY2006-FY2010.

Subtitle B: Child Care - (Sec. 7201) Makes appropriations for FY2006-FY2010 for entitlement grants to states for child care.

Subtitle C: Child Support - (Sec. 7301) Modifies the rule requiring assignment of support rights as a condition of receiving TANF.

Revises requirements for the distribution of arrearages with respect to families that formerly received TANF.

Declares that states shall not be required to pay the federal government the federal share of amounts collected on behalf of a family: (1) that formerly received TANF, to the extent that the state pays (passes through) the amount to the family; or (2) that currently receives assistance, to the extent of a certain portion passed through to the family.

Requires the State plan to include an election as to which rules, new or old, to apply in distributing child support arrearages collected on behalf of families formerly receiving assistance.

Gives States the option to discontinue pre-1997 support assignments, and to discontinue post-1997 assignments.

Revises requirements for use of the tax refund intercept program to collect past-due child support on behalf of children who are not minors.

Gives states assisting other states the option to use their statewide automated data processing and information retrieval system for interstate cases.

(Sec. 7302) Revises requirements for the mandatory three-year review and adjustment of child support orders for families receiving TANF. Eliminates the state's dependence on a request of the state agency or of either parent to conduct such a review, if there has been an assignment to the state of rights to collect child support on behalf of a child. (Requires the state, in the case of an assignment, to conduct such a review and adjustment.)

(Sec. 7303) Reduces from \$5,000 to \$2,500 the amount of a child support arrearage triggering referral for passport denial of the parent responsible for the arrearage.

(Sec. 7304) Revises the formula for the permanent appropriation of funds for: (1) technical assistance to states, training of state and federal staff, staffing studies, and related activities needed to improve child support and paternity establishment programs; and (2) research, demonstration, and special projects of regional or national significance relating to the operation of such state programs. Appropriates the greater of the preceding fiscal year appropriation or the FY2002 appropriation.

(Sec. 7305) Revises the formula for the permanent appropriation of funds for the Federal Parent Locator Service. Appropriates the greater of the preceding fiscal year appropriation or the FY2002 appropriation. Repeals the fiscal year limitation to make permanent the continuing availability of appropriations until they are expended.

(Sec. 7306) Authorizes the Secretary, through the Federal Parent Locator Service, to: (1) compare information concerning individuals owing past-due support with information maintained by insurers (or their agents) concerning insurance claims, settlements, awards, and payments; and (2) furnish information resulting from the data matches to the state agencies responsible for collection child support from the individuals.

(Sec. 7307) Requires that all child support orders include a provision for medical support for children to be provided by either or both parents, and be enforced.

(Sec. 7308) Reduces from 90% to 66% the federal matching rate for laboratory costs incurred in determining paternity.

(Sec. 7309) Ends federal matching of state spending of federal incentive payments.

(Sec. 7310) Provides for a mandatory annual fee of \$25 for each case of successful child support collection for a family that has never received TANF, if the state collects more than \$500.

Subtitle D: Child Welfare Authority - (Sec. 7401) Prescribes the contents of applications for court improvement grants, including grants for improved data collection and training. Makes appropriations for FY2006-FY2010 for grants to: (1) ensure that the safety, permanence, and well-being needs of children are met in a timely and complete manner; and (2) provide for the training of judges, attorneys, and other legal personnel in child welfare cases.

Requires that courts and agencies demonstrate meaningful collaboration between them in child welfare services programs.

Provides for the use of child welfare records in state court proceedings.

(Sec. 7402) Authorizes appropriations for FY2006 for safe and stable families programs.

(Sec. 7403) Specifies criteria for the foster care circumstances of otherwise federally eligible children living with unlicensed relatives, in another ineligible setting, or who have not yet entered foster care, where the state may receive federal matching funds for the associated administrative expenditures.

(Sec. 7404) Revises eligibility requirements for foster care maintenance payments and adoption assistance.

Subtitle E: Supplemental Security Income - (Sec. 7501) Amends SSA title XVI (Supplemental Security Income) (SSI) to direct the Commissioner, before taking any implementing action, to review state agency determinations that individuals who have attained age 18 are blind or disabled.

(Sec. 7502) Revises the formula for determining eligibility of individuals to installment payment of past-due monthly SSI benefits.

Subtitle F: Repeal of Continued Dumping and Subsidy Offset - (Sec. 7601) Amends the Tariff Act of 1930 to repeal the continued dumping and subsidy offset.

Subtitle G: Effective Date - (Sec. 7701) Sets forth the effective date of this title.

Title VIII: Education and Pension Benefit Provisions - Subtitle A: Higher Education Provisions - Higher Education Reconciliation Act of 2005 - Amends the Higher Education Act of 1965 (HEA) to revise title IV student assistance program requirements.

(Sec. 8002) Eliminates the 50% rule with respect to distance education, where it currently limits the relative number of courses an institution of higher education (IHE) may offer by telecommunications, and the relative number of students who may be enrolled in such courses, for purposes of student assistance program eligibility. (Continues application of the 50% rule to correspondence courses.)

(Sec. 8003) Establishes a program of: (1) academic competitiveness grants for first and second year undergraduate students; and (2) national science and mathematics access to retain talent (SMART) grants for third and fourth year undergraduate students of physical, life, or computer sciences, mathematics, technology, engineering, or critical foreign languages. Establishes the Academic Competitiveness Council.

(Sec. 8004) Reauthorizes the Federal Family Education Loan (FFEL) program. Extends authority for federal insurance on student loans, and for the guaranteed loan and consolidated loan programs. Refers to loan processing and issuance fees

rather than an administrative cost allowance.

(Sec. 8005) Increases loan limits.

(Sec. 8006) Increases PLUS loan interest rates. Establishes a special allowance support level to be used in a formula for calculating excess interest to be recaptured by the Treasury.

(Sec. 8007) Provides for student loan deferments of up to three years for individuals serving on active duty or performing National Guard duty during a war or other military operation or emergency.

(Sec. 8008) Revises loan terms and conditions relating to: (1) disbursement to students studying abroad; and (2) repayment plans for direct loans.

Provides for gradual reduction of loan origination fees paid by student borrowers under the FFEL program.

(Sec. 8009) Revises consolidation loan requirements.

Requires the Secretary of Education (the Secretary, under this title) to offer direct consolidation loans to eligible borrowers who have been denied consolidation loans or consolidation loans with income-sensitive repayment terms by an eligible lender.

Eliminates in-school consolidation loans.

Provides for similar terms and conditions for FFEL consolidation loans and DL consolidations loans.

(Sec. 8010) Revises requirements for disbursements of student loans.

(Sec. 8011) Revises requirements for IHEs as lenders.

(Sec. 8013) Continues certain limitations on special allowance payments under HEA, as amended by the Taxpayer-Teacher Protection Act of 2004 (TTPA), by eliminating specified TTPA termination dates. Prescribes an additional limitation on special allowance payments for loans from the proceeds of tax-exempt issues.

Continues TTPA authorization of an increased maximum amount, and new borrower eligibility, for HEA's loan forgiveness program for school teachers who teach certain subjects in high-poverty schools. Sets guidelines for private school teachers to qualify for such forgiveness program.

(Sec. 8014) Establishes a limited federal default fee.

Revises administrative requirements for: (1) insurance percentage; (2) treatment of exempt claims; (3) consolidation of defaulted loans; (4) documentation of forbearance agreements; (5) voluntary flexible agreements; (6) the default reduction program; (7) exceptional performance insurance rate; and (8) uniform administrative and claims procedure.

(Sec. 8015) Provides for mandatory funds for FY2006 to be available to the Secretary in a specified limited amount for: (1) administrative costs under the DL and FFEL student loan programs; and (2) account maintenance fees payable to guaranty agencies under FFEL.

Authorizes appropriations, but eliminates mandatory funding, for such administrative expenses in FY2007-FY2011.

Continues mandatory funding for FY2007-FY2011 for account maintenance fees payable to guaranty agencies under

FFEL. Limits such fees to not more than 0.1% of the original principal amount of outstanding loans on which insurance was issued under FFEL.

(Sec. 8016) Revises cost of attendance and family contribution requirements.

(Sec. 8018) Revises guidelines for determining a student's eligibility for the simplified needs test (SNT) and automatic-zero expected family contribution (AZ-EFC).

(Sec. 8019) Revises need analysis requirements to treat active duty members of the military as independent students.

Exempts from consideration assets from any small business with 100 or fewer full-time or full-time equivalent employees that is owned or controlled by the family.

Excludes consideration of certain assistance provided by a state to offset a specific component of the cost of attendance, under specified conditions.

(Sec. 8020) Makes eligible for student assistance distance education, including certain instructional programs that use or recognize direct assessment of student learning in place of credit hours or clock hours as the measure of student learning.

(Sec. 8021) Requires any student who has pled guilty or no contest to (or been convicted of) a crime involving fraud in obtaining title IV funds to repay the funds in full to the Secretary or loan holder before being considered eligible again.

Specifies that a conviction for a drug-related offense affects a student's title IV eligibility only if it occurs during the period when the student is enrolled and receiving title IV student aid.

(Sec. 8022) Revises requirements relating to institutional refunds.

(Sec. 8023) Establishes a college access initiative. Directs the Secretary to require each guaranty agency to gather information on programs and student aid available in the state in which it is designated. Requires such information to be made available for free to the public, particularly to traditionally underrepresented populations, via web sites, publications, and other state services.

(Sec. 8024) Increases, from 10% to 15%, the maximum portion of disposable wages for any pay period which may be garnished to repay a student loan under HEA (unless the individual consents to a greater portion).

Subtitle B: Pensions - Amends the Employee Retirement Income Security Act of 1974 (ERISA) to increase annual premiums to be paid to the Pension Benefit Guaranty Corporation (PBGC) by single-employer plans and by multiemployer plans, respectively. Sets forth a premium rate for certain terminated single-employer plans, with a special rule for plans terminated in bankruptcy reorganization.

Title IX: LIHEAP Provisions - (Sec. 9001) Appropriates to the Secretary of Health and Human Services for one-time only obligation and expenditure for low-income energy assistance: (1) \$250 million for FY2007; and (2) \$750 million for FY2007.

Prescribes allocation guidelines.

Title X: Judiciary Related Provisions - Subtitle A: Civil Filing Adjustments - (Sec. 10001) Amends the federal judicial code to increase from \$250 to: (1) \$350 the filing fee for civil actions filed in district courts; and (2) \$450 the fee for

docketing a case on appeal or review, or any other proceeding in a court of appeals.

Subtitle B: Bankruptcy Fees - (Sec. 10101) Increases bankruptcy filing fees: (1) from \$220 to \$245 for cases commenced under chapter 7 (Liquidation); and (2) from \$150 to \$235 for cases commenced under chapter 13 (Adjustment of debts of an individual with regular income).

Requires that incremental amounts collected by reason of increased civil filing fees and bankruptcy filing fees be deposited in a special fund in the Treasury, to be available to offset funds appropriated for the operation and maintenance of the federal courts.

Actions Timeline

- **Feb 8, 2006:** Signed by President.
- **Feb 8, 2006:** Signed by President.
- **Feb 8, 2006:** Became Public Law No: 109-171.
- **Feb 8, 2006:** Became Public Law No: 109-171.
- **Feb 7, 2006:** Presented to President.
- **Feb 7, 2006:** Presented to President.
- **Feb 6, 2006:** Message on Senate action sent to the House.
- **Feb 1, 2006:** Resolving differences -- House actions: House agreed to Senate amendment to House amendment pursuant to H. Res. 653.(consideration: CR H68-114; text as House agreed to Senate amendment: CR H69-114)
- **Feb 1, 2006:** House agreed to Senate amendment to House amendment pursuant to H. Res. 653. (consideration: CR H68-114; text as House agreed to Senate amendment: CR H69-114)
- **Feb 1, 2006:** Cleared for White House.
- **Jan 31, 2006:** Rules Committee Resolution H. Res. 653 Reported to House. Rule provides for consideration of S. 1932. Upon adoption of the resolution, the House shall be deemed to have agreed to the Senate amendment to the House amendment to S. 1932.
- **Dec 22, 2005:** Message on Senate action sent to the House.
- **Dec 21, 2005:** Conference report considered in Senate. (consideration: CR S14202-14221)
- **Dec 21, 2005:** Points of order against conference report to accompany S.1932 raised in Senate.
- **Dec 21, 2005:** Motion to waive sections 313(b)(1)(A) and 313(b)(1)(D) of the Budget Act with respect to the conference report to accompany S. 1932 rejected in Senate by Yea-Nay Vote. 52 - 48. Record Vote Number: 362.
- **Dec 21, 2005:** Points of order were sustained against the applicable sections within the conference report.
- **Dec 21, 2005:** Resolving differences -- Senate actions: Senate concurred in the House amendment with an amendment (SA 2691) Yea-Nay Vote. 51 - 50. Record Vote Number: 363.(consideration: CR S14221)
- **Dec 21, 2005:** Senate concurred in the House amendment with an amendment (SA 2691) Yea-Nay Vote. 51 - 50. Record Vote Number: 363. (consideration: CR S14221)
- **Dec 21, 2005:** Conference report defeated by operation of the Budget Act.
- **Dec 20, 2005:** Conference report considered in Senate. (consideration: CR S14073-14084, S14086-14087, S14089-14099, S14101-14111, S14113-14120, S14123-14132, S14146-14164)
- **Dec 19, 2005:** Conference report filed: Conference report H. Rept. 109-362 filed.(text of conference report: CR H12641-12737)
- **Dec 19, 2005:** Conference report H. Rept. 109-362 filed. (text of conference report: CR H12641-12737)
- **Dec 19, 2005:** Rules Committee Resolution H. Res. 640 Reported to House. Rule provides for consideration of the conference report to S. 1932. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read. Section 2 of House Resolution 619 is amended.
- **Dec 19, 2005:** Rule H. Res. 640 passed House.
- **Dec 19, 2005:** Mr. Nussle brought up conference report H. Rept. 109-362 for consideration under the provisions of H. Res. 640. (consideration: CR H12269-12277)
- **Dec 19, 2005:** DEBATE - Pursuant to the provisions of H. Res. 640, the House proceeded with one hour of debate on the conference report to accompany S. 1932.
- **Dec 19, 2005:** The previous question was ordered without objection. (consideration: CR H12276)
- **Dec 19, 2005:** Conference report agreed to in House: On agreeing to the conference report Agreed to by the Yeas and Nays: 212 - 206 (Roll no. 670).(consideration: CR H12277)
- **Dec 19, 2005:** Motions to reconsider laid on the table Agreed to without objection.
- **Dec 19, 2005:** On agreeing to the conference report Agreed to by the Yeas and Nays: 212 - 206 (Roll no. 670). (consideration: CR H12277)
- **Dec 19, 2005:** Conference papers: Senate report and manager's statement and message on House action held at the desk in Senate.
- **Dec 19, 2005:** Motion to proceed to the conference report on the measure considered in Senate by Yea-Nay Vote. 86 - 9. Record Vote Number: 361.
- **Dec 19, 2005:** Conference report considered in Senate. (consideration: CR S14015-14024)
- **Dec 16, 2005:** Mr. Nussle asked unanimous consent that the House insist upon its amendment, and agree to a

conference. (consideration: CR H11959-11968)

- **Dec 16, 2005:** On motion that the House insist upon its amendment, and agree to a conference Agreed to without objection.
- **Dec 16, 2005:** Mr. Spratt moved that the House instruct conferees. (consideration: CR H11959; text: CR H11959)
- **Dec 16, 2005:** DEBATE - The House proceeded with one hour of debate on the Spratt motion to instruct conferees. The instructions contained in the motion seek to require the managers on the part of the House to recede to the Senate by eliminating House provisions reducing eligibility for food stamps; reducing funding for child support enforcement; repealing the Continued Dumping and Subsidy Offset; modifying the Mining Law of 1972; eliminating the sections of the House amendment that reduce Medicaid benefits and allow increases in beneficiary costs; reducing to the maximum extent possible increases in interest rates and fees paid by student and parent borrowers on student loans; adopting the Senate provision eliminating the stabilization fund that makes payments to Medicare Advantage Regional Plans; adopting the Senate provision on Medicare Advantage risk adjustment; and adopting the Senate provision on Medicare physician payments.
- **Dec 16, 2005:** The previous question was ordered without objection. (consideration: CR H11967)
- **Dec 16, 2005:** On motion that the House instruct conferees Agreed to by the Yeas and Nays: 246 - 175 (Roll no. 652).
- **Dec 16, 2005:** Motion to reconsider laid on the table Agreed to without objection.
- **Dec 16, 2005:** The Speaker appointed conferees for consideration of the Senate bill, and the House amendment thereto, and modifications committed to conference: Nussle, Ryun (KS), Crenshaw, Putnam, Wicker, Hulshof, Ryan (WI), Blunt, DeLay, Spratt, Moore (KS), Neal (MA), DeLauro, Edwards, and Ford.
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on Agriculture for consideration of title I of the Senate bill and title I of the House amendment, and modifications committed to conference: Goodlatte, Lucas, and Peterson (MN).
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on Education and the Workforce for consideration of title VII of the Senate bill and title II and subtitle C of title III of the House amendment, and modifications committed to conference: Boehner, McKeon, and Miller, George.
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on Financial Services for consideration of title II of the Senate bill and title IV of the House amendment, and modifications committed to conference: Oxley, Bachus, and Frank (MA).
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on Energy and Commerce for consideration of title III and title VI of the Senate bill and title III of the House amendment, and modifications committed to conference: Barton (TX), Deal (GA), and Dingell.
- **Dec 16, 2005:** The Speaker appointed conferees Provided that Mr. Ney is appointed in lieu of Mr. Bachus for consideration of subtitles C and D of title II of the Senate bill and subtitle B of title IV of the House amendment.
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on the Judiciary for consideration of title VIII of the Senate bill and title V of the House amendment, and modifications committed to conference: Sensenbrenner, Smith (TX), and Conyers.
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on Resources for consideration of title IV of the Senate bill and title VI of the House amendment, and modifications committed to conference: Pombo, Gibbons, and Rahall.
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on Transportation and Infrastructure for consideration of title V and Division A of the Senate bill and title VII of the House amendment, and modifications committed to conference: Young (AK), LoBiondo, and Oberstar.
- **Dec 16, 2005:** The Speaker appointed conferees - from the Committee on Ways and Means for consideration of secs. 6039, 6071, and subtitle B of title VI of the Senate bill and title VIII of the House amendment, and modifications committed to conference: Thomas, Herger, and Rangel.
- **Dec 16, 2005:** CHANGE OF CONFeree - Without objection and pursuant to clause 11 of rule 1, the Chair announced the removal of Mr. Upton as a conferee on S. 1932 and appointed Mr. Barton to fill the vacancy.
- **Dec 15, 2005:** Motion by Senator DeWine to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 71 - 20. Record Vote Number: 354. (consideration: CR S13630-13632)
- **Dec 15, 2005:** Motion by Senator Kohl to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 75 - 16. Record Vote Number: 355. (consideration: CR S13632-13633)
- **Dec 15, 2005:** Motion by Senator Kennedy to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 83 - 8. Record Vote Number: 356. (consideration: CR S13633-13634)
- **Dec 15, 2005:** Motion by Senator Reed to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 63 - 28.

Record Vote Number: 357. (consideration: CR S13634-13635)

- **Dec 15, 2005:** Senate appointed conferees. Gregg; Domenici; Grassley; Enzi; Allard; Sessions; Stevens; Shelby; Specter; Chambliss; McConnell; Conrad; Murray; Harkin; Sarbanes; Inouye; Bingaman; Baucus; Kennedy; Leahy.
- **Dec 15, 2005:** Message on Senate action sent to the House.
- **Dec 14, 2005:** Resolving differences -- Senate actions: Senate disagreed to the amendment of the House, and requests a conference by Unanimous Consent.(consideration: CR S13521-13531)
- **Dec 14, 2005:** Senate disagreed to the amendment of the House, and requests a conference by Unanimous Consent. (consideration: CR S13521-13531)
- **Dec 14, 2005:** Motion by Senator DeWine to instruct Senate conferees that any conference report shall not include the provisions contained in section 8701 of the House amendment relating to the repeal of section 754 of the Tariff Act of 1930 made in Senate. (consideration: CR S13522-13523; text: CR S13522)
- **Dec 14, 2005:** Motion by Senator Kohl to instruct Senate conferees that any conference report shall not include any of the provisions in the House amendment that reduce funding for the child support program established under part D of title IV of the Social Security Act (42 U.S.C. 651 et seq.), which would reduce funds by \$4,900,000,000 over 5 years and have the effect of reducing child support collections by \$7,900,000,000 over 5 years and \$24,100,000,000 over 10 years, and to insist that the conference report shall not include any restrictions on the ability of States to use Federal child support incentive payments for child support program expenditures that are eligible for Federal matching payments made in Senate. (consideration: CR S13523-13524; text: CR S13523)
- **Dec 14, 2005:** Motion by Senator Harkin to instruct Senate conferees that any reconciliation conference report agreed to jointly by the House and the Senate does not contain any cuts to Federal food assistance programs, including the food stamp program established under the Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.) made in Senate. (consideration: CR S13527, S13530-13531; text: CR S13527)
- **Dec 14, 2005:** Motion by Senator Baucus to instruct Senate conferees to not report a conference report that would impair access to, undermine eligibility for, make unaffordable by increasing beneficiary cost-sharing, adversely affect Medicaid services, or in any way undermine Medicaid's Federal guarantee of health insurance coverage with respect to low-income children, pregnant women, disabled individuals, elderly individuals, individuals with chronic illnesses like HIV/AIDS, cancer, and diabetes, individuals with mental illnesses, and other Medicaid beneficiaries made in Senate. (consideration: CR S13527-13528, S13529-13530; text: CR S13527)
- **Dec 14, 2005:** Motion by Senator Carper to instruct Senate conferees that any conference report shall not include the provisions in the House amendment relating to the reauthorization of the Temporary Assistance for Needy Families Program, including those which would increase work hours for single mothers with young children, impose new cuts on already inadequate child care funding and other proven work supports such as child support, restrict education and training, and reduce State flexibility, and insist that Congress enact free standing legislation that builds on the bipartisan Senate Committee on Finance's reported version of the Personal Responsibility and Individual Development for Everyone Act (the PRIDE Act, S.667) to reauthorize the Nation's welfare-to-work laws made in Senate. (consideration: CR S13528-13529; text: CR S13528)
- **Dec 14, 2005:** Motion by Senator Carper to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 64 - 27. Record Vote Number: 351.
- **Dec 14, 2005:** Motion by Senator Baucus to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 75 - 16. Record Vote Number: 352.
- **Dec 14, 2005:** Motion by Senator Harkin to instruct Senate conferees agreed to in Senate by Yea-Nay Vote. 66 - 26. Record Vote Number: 353.
- **Dec 14, 2005:** Motion by Senator Kennedy to instruct Senate conferees that the Senate provisions increasing need based financial aid in the bill S.1932 which were fully offset by savings in the bill S.1932 be included in the final conference report and that the House provisions in the bill H.R.4241 that impose new fees and costs on students in school and in repayment be rejected in the final conference report made in Senate. (consideration: CR S13536-13537; text: CR S13536-13537)
- **Dec 14, 2005:** Motion by Senator Reed to instruct Senate conferees on a provision that makes available \$2,920,000,000 for the Low-Income Home Energy Assistance Act of 1981 (42 U.S.C. 8621 et seq.), in addition to the \$2,183,000,000 made available for such Act in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act 2006 made in Senate. (consideration: CR S13544-13546; text: CR S13544)
- **Nov 18, 2005:** Mr. Nussle asked unanimous consent to strike all after the enacting clause and insert in lieu thereof the provisions of H.R. 4241 as passed by the House.
- **Nov 18, 2005:** Considered by unanimous consent. (consideration: CR 11/17/2005 H10646-10649)
- **Nov 18, 2005:** Passed/agreed to in House: On passage Passed without objection.(text: CR 11/17/2005 H10646-10649)

- Nov 18, 2005:** On passage Passed without objection. (text: CR 11/17/2005 H10646-10649)
- **Nov 18, 2005:** Motion to reconsider laid on the table Agreed to without objection.
 - **Nov 18, 2005:** Message on House action received in Senate and at desk: House amendment to Senate bill.
 - **Nov 14, 2005:** Received in the House.
 - **Nov 14, 2005:** Message on Senate action sent to the House.
 - **Nov 14, 2005:** Held at the desk.
 - **Nov 3, 2005:** Considered by Senate. (consideration: CR S12286, S12291-12345)
 - **Nov 3, 2005:** Passed/agreed to in Senate: Passed Senate with amendments by Yea-Nay Vote. 52 - 47. Record Vote Number: 303.
 - **Nov 3, 2005:** Passed Senate with amendments by Yea-Nay Vote. 52 - 47. Record Vote Number: 303.
 - **Nov 2, 2005:** Considered by Senate. (consideration: CR S12149-12219)
 - **Nov 1, 2005:** Considered by Senate. (consideration: CR S12079-12099, S12099-12122)
 - **Oct 31, 2005:** Measure laid before Senate by unanimous consent. (consideration: CR S12065-12073)
 - **Oct 27, 2005:** Introduced in Senate
 - **Oct 27, 2005:** Committee on the Budget. Original measure reported to Senate by Senator Gregg. Without written report.
 - **Oct 27, 2005:** Committee on the Budget. Original measure reported to Senate by Senator Gregg. Without written report.
 - **Oct 27, 2005:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 274.
 - **Oct 26, 2005:** Committee on the Budget ordered to be reported an original measure.