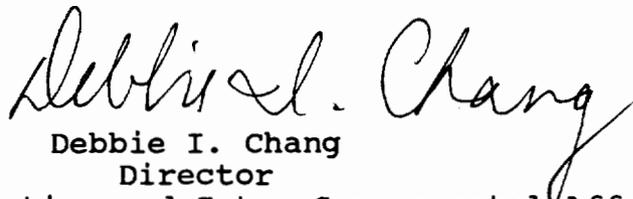


# HCFA LEGISLATIVE SUMMARY

September 6, 1994

**SOCIAL SECURITY INDEPENDENCE AND PROGRAM IMPROVEMENTS ACT OF 1994**  
**(P.L. 103-296)**

On August 15, 1994, the President signed into law H.R. 4277, the Social Security Independence and Program Improvements Act of 1994 (P.L. 103-296). The law establishes the Social Security Administration as an independent agency and makes program improvements to the Old-Age, Survivors, and Disability Insurance and Supplemental Security Income programs (including benefits to individuals disabled by drug addiction and alcoholism). Attached are summaries of those provisions affecting the Medicare and Medicaid programs, and other provisions of interest. For a text of the conference agreement, see House Report 103-670.



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Corrected 11/28/94

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AS AN INDEPENDENT AGENCY**

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## Title I

### ESTABLISHMENT OF THE SOCIAL SECURITY ADMINISTRATION AS AN INDEPENDENT AGENCY

**Appointment and Duties of Commissioner** - A Commissioner of a Social Security Administration (SSA) will be appointed by the President, with the advice and consent of the Senate, for a 6 year term and may be removed from office only following a Presidential finding of malfeasance. The current Commissioner will continue to serve in the post until a Commissioner is nominated by the President (to occur within 60 days after the Act's enactment) and confirmed by the Senate. Among other duties, the Commissioner must consult, on an ongoing basis, with the Secretary of Health and Human Services (HHS or Department) to ensure: (1) the coordination of the Old-Age and Survivors and Disability Insurance (OASDI) and Supplemental Security Income (SSI) programs with Medicare and Medicaid, and (2) that adequate information concerning Medicare and Medicaid benefits is available to the public. [Sections 102 and 106 of P.L. 103-296]

**Social Security Advisory Board** - This provision establishes a seven member Board to advise the Commissioner on policies related to OASDI and SSI programs. In this capacity, the Board will study and make recommendations relating to the coordination of OASDI and SSI with programs that provide health security. Board members will be appointed by the President, the Speaker of the House, and the President Pro Tempore of the Senate.  
[Section 103]

**Data Exchanges** - This section establishes a mechanism for SSA and HHS to continue to exchange data. It also requires SSA to provide data to HHS which can be used to analyze the quality of services SSA provides to Medicare and Medicaid beneficiaries.  
[Section 104]

(a) The Commissioner must disclose to the Secretary or a State, and the Secretary to the Commissioner, any record or information requested in writing by the Secretary or Commissioner for the purpose of administering a program, if that information was of a type disclosed before the date of enactment (August 15, 1994).

(b) The Commissioner and Secretary must enter into an agreement under which the Commissioner provides the Secretary with data concerning the quality of (1) services and information provided to Medicare and Medicaid beneficiaries and (2) administrative services provided by SSA in support of the Medicare and Medicaid programs. The agreement will stipulate the type of data to be provided and the terms and conditions under which the data are to be provided.

(c) The Commissioner and Secretary must periodically review programmatic needs for additional or different exchanges of data and enter into agreements for the exchange of this information.

(d) Records and information exchanged under (a) and (c) above are subject to Privacy Act requirements, thus obligating SSA and HHS to establish routine uses for disclosures via the Federal Register. With respect to data exchanges under (a), however, such disclosures need not be published as a routine use until March 31, 1996.

**Transfers to the New SSA** - This provision requires the Commissioner and the Secretary to jointly develop a written interagency agreement for the transfer of personnel, resources, and support functions from HHS to the independent SSA. For 1 year after the effective date, all full-time or part-time permanent employees are protected against separation or reduction in grade or compensation if such action is caused solely as a result of transfer. Further, any employee who was not employed by SSA immediately before enactment will be exempt from directed reassignment for 1 year after the effective date; the exemption is limited to 6 months in the case of directed reassignments between Baltimore and Washington, D.C. duty stations.  
[Section 105]

**SSA Performance of Medicare and Medicaid Functions and Cost Allocation** -

(a) SSA shall continue to perform HHS functions relating to the administration of Medicare and Medicaid (including adjudications, subject to final decisions by the Secretary) that SSA performed immediately before the date of enactment (August 15, 1994), except to the extent that the Commissioner and Secretary (or other applicable agency head) agree to alter the terms pertaining to any function or to terminate SSA's performance of any function.

(b) SSA will perform these functions in accordance with the same financial and other terms in effect on the day before the enactment date, except to the extent that the Commissioner or Secretary agree to alter these terms. In the conference report accompanying the bill, the conferees urge the Secretary and the Commissioner to jointly examine the most appropriate methodology for determining the costs to be borne by the Medicare Hospital Insurance (HI) and Supplementary Medical Insurance (SMI) Trust Funds for Medicare functions performed by SSA. The conferees also request that the Secretary and Commissioner report their joint findings on Trust Fund cost allocation to Congress by August 15, 1997. [Section 105] See also "Certification of Trust Funds" section below.

**Interim Inspector General** - The Commissioner may appoint an Inspector General for SSA under the Inspector General Act of 1978. Until an SSA Inspector General is appointed, the HHS Inspector General, at the request of the Commissioner, may serve as SSA's Inspector General while continuing to serve as the HHS Inspector General. [Section 106]

**Continuation of Orders, Determinations, Rules and Regulations** - All orders, rules, regulations, determinations, contracts, collective bargaining agreements, certificates, licenses and privileges in effect under the authority of the Secretary at the time of transition, and which pertain to the SSA, will continue under the authority of an independent SSA until modified or terminated by the Commissioner. [Section 106]

**Continuation of Proceedings** - All proceedings pending before the Secretary immediately before March 31, 1995, which relate to functions vested in the Commissioner will continue and be the responsibility of the Commissioner. [Section 106]

**Continuation of Suits** - Proceedings will continue, appeals taken, and judgments rendered for all suits commenced before March 31, 1995, in the same manner and effect as if the bill had not been enacted. No cause of action, suit, or other proceeding commenced by or against HHS will terminate by reason of enactment of the legislation. [Section 106]

**Continuation of Penalties** - The legislation will not have the effect of releasing or extinguishing any civil or criminal penalty, forfeiture, or liability incurred as a result of any function vested in the Commissioner. [Section 106]

**Judicial Review** - Orders and actions of the Commissioner in the exercise of SSA functions will be subject to judicial review to the same extent and in the same manner as if such orders had been made, and actions taken by, the Secretary in the exercise of SSA functions immediately before March 31, 1995. [Section 106]

**Conforming Amendments to Title II** -

(a) **Conforming Amendments, Generally** - Title II of the Social Security Act, other than section 201, section 231(c), section 226, and section 226A, are each amended to replace "Department of Health and Human Services" with "Social Security Administration," and "the Secretary" with "the Commissioner" as necessary, in order to accomplish the appropriate division of program responsibility resulting from the separation of SSA from HHS. [Section 107]

(b) **Management of Trust Funds (Section 201(c))** - The membership of the Old-Age and Survivors Insurance (OASI) and Disability Insurance (DI) Trust Funds Boards of Trustees is expanded to

include the Commissioner. The Secretary will remain on the Board. [Section 107]

(c) **SSA Consolidated Appropriations (Section 201(g))** - This provision retains SSA's current authority to fund its Medicare administrative support expenses through consolidated administrative spending. SSA will continue to pay for its work on behalf of Medicare with dollars from its Limitation on Administrative Expenses (LAE) Account and adjust trust fund charges to reflect payment for this work. [Section 107]

(d) **Certification of Trust Funds (Section 201(g))** - After the close of each fiscal year, the Commissioner will determine the portion of costs which should have been borne by the OASI, DI, HI, and SMI Trust Funds. The Secretary will determine the portion of the costs for administration of title XVIII which should have been borne by the general fund and the HI and SMI Trust Funds. After these determinations are made, the Commissioner and Secretary shall each certify to the Treasury the amounts, if any, which should be transferred between the Trust Funds and the general fund of the Treasury to ensure that each of the Trust Funds and the general fund have borne their proper share of costs in the administration of title II, XVI, and XVIII programs. The determinations made by the Commissioner and Secretary will be made in accordance with the cost allocation methodology in existence on the date of enactment, until the methodology is revised by agreement of the Commissioner and Secretary. [Section 107] See also "SSA Performance of Medicare and Medicaid Functions and Cost Allocation" section above.

(e) **State and Local Agreements (Section 218(n))** - Responsibility for entering into or modifying agreements for the extension of title XVIII insurance to services performed by State and local government employees is transferred from the Secretary to the Commissioner. [Section 107]

**Conforming Amendment to Title VII - Quadrennial Advisory Council (Section 706)** - Authority for the quadrennial Advisory Council on Social Security is abolished. The Advisory Council appointed in 1994 is authorized to complete its work. There is no authorization for an Advisory Council for Medicare. The conferees, in the accompanying conference report, expect that Congress will consider authorizing quadrennial Advisory Councils for Medicare in future legislation. [Section 108] Note that section 1114(f) of the Social Security Act still authorizes the Secretary to establish advisory committees.

**Conforming Amendments to Title XI** -

(a) **Cooperative Research or Demonstration Projects (Section 1110(b)(1))** - This provision continues the Secretary's authority to determine the manner in which research and

demonstration project costs related to HHS programs will be allocated among appropriations and the Trust Funds.  
[Section 108]

**(b) Right to Hearing and Judicial Review in PRO Cases (Section 1155)** - This provision preserves the entitlement of title XVIII beneficiaries, practitioners and providers (subject to section 1154(a)(3)(D)), to a hearing by the Secretary to the same extent as title II beneficiaries are entitled to a hearing by the Commissioner under section 205(b). References to the Commissioner in section 205 (as amended by the bill), are to be deemed references to the Secretary for matters related to title XVIII. [Section 108]

**Conforming Amendments to Title XVI** - Title XVI of the Social Security Act, other than section 1614(f)(2)(B), is amended to replace "Department of Health and Human Services" with "Social Security Administration," and "the Secretary" with "the Commissioner" as necessary, in order to accomplish the appropriate division of program responsibility resulting from the separation of SSA from HHS. [Section 107]

**Conforming Amendments to Title XVIII** -

**(a) Federal Hospital Insurance Trust Fund (Section 1817)** - This provision transfers from HHS to SSA the responsibility for maintaining wage reports and certifying wages upon which FICA taxes are imposed. [Section 108]

**(b) Payment of Premiums (Section 1840(a))** - This provisions establishes authority in the Commissioner to prescribe regulations, in consultation with the Secretary, regarding the collection of title XVIII premiums through deductions to OASI and DI monthly benefits. [Section 108]

**(c) Federal Supplementary Medical Insurance Trust Fund (Section 1841(b))** - This provision adds the Commissioner to the membership of the SMI Trust Fund Board of Trustees.  
[Section 108]

**(d) Representation of Claimants, Hearings, and Judicial Review (Section 1872)** - This provision preserves title XVIII claimants' rights to representation, a hearing, and judicial review, to the same extent as those extended to title II beneficiaries in sections 205, 206 and 216(j). All references to the Commissioner shall be considered references to the Secretary. [Section 108]

**(e) Right to Hearing and Judicial Review (Section 1866(h)(1)), Claim for Benefits Determinations (Section 1869(b)(1)), ESRD Payment Determination (Section 1881(g)(3))** - This provision clarifies that in the application of section 205 as incorporated

by the above sections, all references to the Commissioner shall be considered references to the Secretary. [Section 108]

**(f) Right to Hearing and Judicial Review, Health Maintenance Organizations and Competitive Medical Plans (Section 1876(c)(5)(B))** - This provision clarifies that in the application of section 205 as incorporated by the above section, all references to the Commissioner shall be considered references to the Secretary. [Section 108]

**Conforming Amendments to Title XIX -**

**(a) Reference to Section 1616 or 1634 Agreements (Section 1902(a)(10)(A)(ii)(XI))** - This provision replaces "Secretary" with "Commissioner" in referring to section 1616 or 1634 agreements with States. [Section 108]

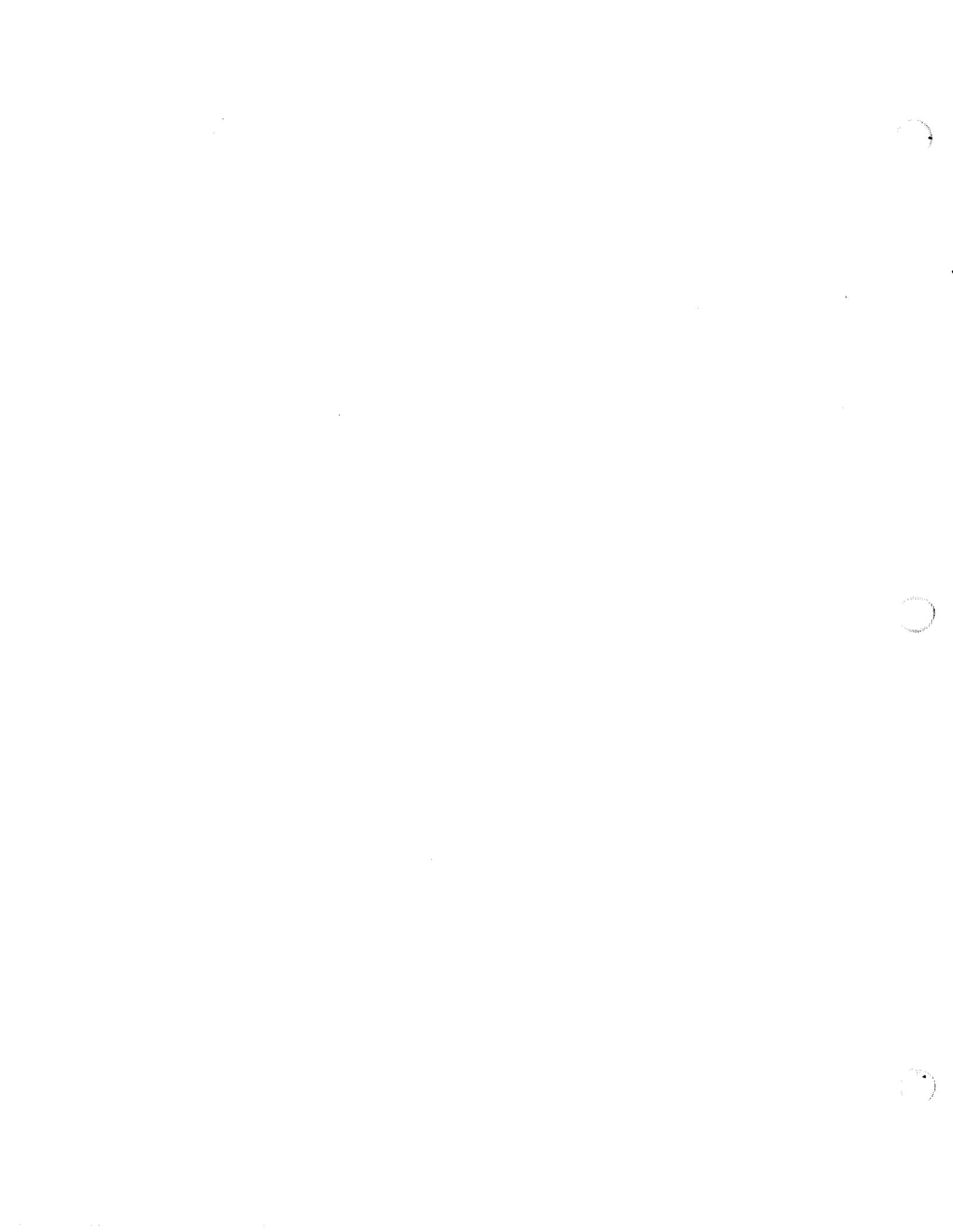
**(b) Reference to Determination of Eligibility for SSI Benefits (Section 1905(j))** - This provision replaces "Secretary" with "Commissioner" in referring to the party responsible for determining eligibility for SSI benefits under title XVI in the definition of the term "State supplementary payment". [Section 108]

**(c) Reference to Determination of Eligibility for SSI Benefits (Section 1905(q)(2))** - This provision replaces "Secretary" with "Commissioner" in referring to the party responsible for determining eligibility for SSI benefits under title XVI in the definition of the term "qualified severely impaired individual." [Section 108]

**(d) Secretary's Specific Subpoena Powers in Proceedings to Terminate Participation of an ICF/MR in the Medicare and Medicaid Programs (Section 1910(b)(2))** - This provision clarifies that in applying section 205(1) of existing law, any reference to the Commissioner of Social Security or the Social Security Administration shall be considered a reference to the Secretary or the Department of Health and Human Services. Section 205(1) contains the rights to delegate powers to subordinate members, officers, or employees; and to be represented by one's own attorneys in enforcing subpoena powers. These rights could be exercised in appeals by an intermediate care facility for the mentally retarded from the Secretary's determination to terminate the participation of the facility in the Medicare and Medicaid programs for failure to meet specified program requirements. [Section 108]

**(e) Secretary's General Subpoena Powers under the Medicaid Program (Section 1918)** - This provision contains the same clarification as in (d) above, that in applying section 205(1) of existing law, any reference to the Commissioner of Social Security or the Social Security Administration shall be

considered a reference to the Secretary or the Department of Health and Human Services. Section 205(1) contains the rights to delegate powers to subordinate members, officers, or employees; and to be represented by one's own attorneys in enforcing subpoena powers. These rights would apply to the general subpoena power for the Medicaid program. [Section 108]



## Title II

### PROGRAM IMPROVEMENTS RELATING TO OASDI AND SSI

**Restrictions on Benefits Based on Disability of Substance Abusers (Sections 205(j), 223, 226, and 226A)** - In general, this section places new restrictions on DI and SSI benefit payments to individuals disabled by drug addiction and alcoholism (DA&A), and establishes barriers against a beneficiary's use of DI or SSI benefits to support an addiction. The provisions are generally effective 180 days after enactment. [Section 201 of P.L. 103-296]

(a) **Payment Limitation** - Individuals whose substance abuse is material to their disability and who are eligible for SSI will be limited to 36 months of benefits. Or, such individuals who are eligible for DI will be limited to 36 months of benefits, but in this case, the time limit will begin with the first month for which treatment is available. An individual is eligible for only one 36 month period, not one under DI then another under SSI. The 36-month DA&A payment restrictions sunset October 1, 2004. Medicare, Medicaid, and dependents' benefits will continue as long as a terminated beneficiary continues to be disabled and otherwise eligible (i.e., except for the 36-month payment limit). The payment limit will not apply to individuals who are disabled independent of their alcoholism or drug addiction at the close of the 36-month period.

(b) **Suspension for Non-Compliance** - Both DI and SSI substance abusers who fail to comply with treatment requirements will have their cash benefits suspended. Suspension begins the month after SSA sends notification of non-compliance. Once benefits are suspended for non-compliance, they may be reinstated only after the recipient has demonstrated compliance with treatment requirements for specified periods: a minimum of 2 months, 3 months, and 6 months, respectively, for the first, second, third, and additional instances of non-compliance. Suspension of benefits for 12 consecutive months for non-compliance will result in termination of benefits. Medicare benefits will **continue** during a period of DI benefit suspension, as will Medicaid benefits during a period of SSI suspension, as long as the individual is otherwise eligible. Medicare/Medicaid benefits will **terminate** if DI/SSI cash benefits are terminated because the individual has been in non-compliance for 12 consecutive months. Medicare/Medicaid benefits will **continue** if DI/SSI cash benefits are terminated because the individual has reached the end of the 36-month maximum time limit, as long as the individual is otherwise eligible.

(c) **Treatment Requirement** - This provision extends the treatment participation requirement, which under previous law

applied only to SSI recipients, to DI beneficiaries whose substance abuse is material to their disability determination. The provision must be implemented beginning with newly adjudicated cases and DI beneficiaries already on the rolls with a primary diagnosis of DA&A, and extended to other applicable beneficiaries as quickly as possible.

(d) **Referral and Monitoring** - Each State must establish Referral and Monitoring Agency (RMA) contracts and issue regulations defining appropriate treatment for substance abusers.

(e) **Retroactive Benefits** - This provision requires the gradual (rather than lump sum) payment of retroactive DI and SSI benefits to substance abusers, except for those beneficiaries who have outstanding debts related to housing and who are at high risk of homelessness. Retroactive benefits due an individual whose entitlement terminates will continue in prorated amounts until they are fully paid. In addition, if a beneficiary dies without having received all retroactive benefits, the unpaid amount becomes an underpayment.

(f) **Representative Payment** - This provision extends the representative payee requirement, which now applies only to SSI beneficiaries, to DI beneficiaries whose drug addiction or alcoholism is material to a finding of disability. Also, SSA must give preference to the appointment of Social Service Agencies or to Federal, State, or local government agencies as representative payees for DI and SSI substance abusers, unless SSA determines that a family member would be a more appropriate payee. Organizations that serve as representative payees for substance abusers may retain, as compensation for their services, the lesser of 10 percent of the monthly benefit or \$50, indexed to the Consumer Price Index (CPI). The maximum payee services fee (\$25) for other beneficiaries with a qualified organizational payee also will be indexed to the CPI.

(g) **Studies and reports** - This provision requires a number of DA&A studies and reports to Congress:

- A study of (1) the feasibility, cost, and equity of requiring representative payees for all DI and SSI beneficiaries who suffer from drug addiction or alcoholism, regardless of whether the beneficiaries' addictions are material to their disabilities; (2) the feasibility, cost, and equity of providing non-cash benefits; and (3) the extent of substance abuse among child recipients and their representative payees. This study is due December 31, 1995.
- A report on monitoring and testing of Social Security and SSI DA&A beneficiaries is due December 31, 1996.

A report on demonstration projects designed to explore innovative referral, monitoring, and treatment approaches for DA&A beneficiaries subject to a treatment requirement is due December 31, 1997.

**Commission on Childhood Disability** - The Secretary must appoint, by January 1, 1995, up to 15 experts to a Commission on the "Evaluation of Disability in Children." The Commission, in consultation with the National Academy of Sciences, will study the effect of the current SSI definition of disability as it applies to children under the age of 18 and their receipt of services, including the appropriateness of an alternative definition. The Commission also will examine non-cash benefits for children; prorating Zebley lump sum retroactive benefits or holding them in trust; involving private organizations to increase social services, education, and vocational instruction aimed at promoting independence and the ability to engage in substantial gainful activity (SGA); and increasing the extent to which benefits are used to help a child achieve independence and engage in SGA. The Commission must report to Congress by November 30, 1995. [Section 202]

**Regulations Regarding Completion of Plans for Achieving Self-Support (PASS) Under the SSI Program (Section 1633)** - SSA must revise its regulations to take into account the needs of an individual in determining the time necessary for completion of a plan for achieving self-support (PASS). The provision is effective January 1, 1995. [Section 203] Although the conference did not agree to a House-passed provision to deem a PASS approved if it is not disapproved within 60 days, the conferees instructed the General Accounting Office (GAO) to study the PASS provision. GAO will study the number and characteristics of individuals who have applied for PASS, the kinds and durations of PASS approved and completed, and the extent to which individuals' PASS have led to their economic self-sufficiency. GAO is to report to Congress by January 31, 1996.

**SSI Eligibility for Students Temporarily Abroad (Section 1611(f))** Individuals who leave the United States temporarily as part of an educational program that is not available in the United States, that is designed for gainful employment, and that is sponsored by a school in the United States may receive SSI benefits for up to 1 year if they were eligible for SSI the month they left the country. This provision is effective January 1, 1995. [Section 204]

**Disregard of Cost-of-Living Increases for Continued Eligibility for Work Incentives (Section 1619(b)(1)(B))** - Medicaid eligibility now will continue under section 1619(b) for an individual whose Social Security cost-of-living increase otherwise would make them ineligible because of excess unearned

income. This provision is effective for eligibility determinations for months after December 1994. [Section 205]

**Provisions to Combat OASDI and SSI Program Fraud (Section 205(c))**  
The OASDI and SSI programs will strengthen efforts to deter fraud and abuse by:

(a) Requiring that third-party translators certify under oath the accuracy of their translations, whether they are acting as the applicant's legal representative, and their relationship to the applicant.

(b) Authorizing civil penalties to be imposed against third parties, medical professionals, and OASDI and SSI beneficiaries who engage in fraudulent schemes to enroll ineligible individuals in the OASDI and SSI programs. Also, medical professionals may be barred from participation in Medicare and Medicaid.

(c) Treating SSI fraud as a felony.

(d) Clarifying SSA's authority to reopen OASDI and SSI cases where there is reason to believe that an application or supporting documents are fraudulent, and to terminate benefits expeditiously in cases where SSA determines that reliable evidence of disability is insufficient .

(e) Requiring the Inspector General to immediately notify SSA about OASDI and SSI cases under investigation for fraud, and requiring SSA to immediately reopen such cases where there is reason to believe that an application or supporting documents are fraudulent, unless the U.S. Attorney or equivalent State prosecutor determines that doing so would jeopardize criminal prosecution of the parties involved.

(f) Requiring SSA to obtain and utilize, to the extent it is useful, pre-admission immigrant and refugee medical information, identification information, and employment history compiled by the Immigration and Naturalization Service or the Centers for Disease Control when developing SSI claims for aliens.

(g) Requiring SSA to submit an annual report to the Congress on the extent to which it has reviewed OASDI and SSI cases, including the extent to which the cases reviewed involved a high likelihood or probability of fraud.

These provisions are effective October 1, 1994. [Section 206]

**Disability Reviews for SSI Recipients** - In each of fiscal years 1996, 1997, and 1998, SSA must perform continuing disability reviews (CDRs) for a minimum of 100,000 SSI recipients and one-third of all childhood SSI recipients who are between age 18 and age 19. The latter provision applies to individuals

who attain age 18 beginning 9 months after enactment. SSA must report its findings on these two provisions to the Congress by October 1, 1998. [Sections 207 and 208]

**Exemption from Adjustment in Pass-Along Requirements** - States may exempt Zebley-related retroactive State supplementary payments from the annual supplementary payments expenditure amount that a State must maintain in the following year in order to meet the pass-along requirement. This provision is effective before, on, and after date of enactment. [Section 209]



## Title III

### MISCELLANEOUS PROGRAM IMPROVEMENTS

**Expansion of State Option to Exclude Service of Election Officials or Election Workers from Coverage** - The amount an election worker must be paid for the earnings to be covered under Social Security or Medicare will increase from \$100 to \$1,000 a year. Beginning in the year 2000, the coverage threshold will increase automatically as wage levels rise. This provision is effective January 1, 1995. [Section 303 of P.L. 103-296]

**Authorization for All States to Extend Coverage to State and Local Police Officers and Firefighters Under Existing Coverage Agreements** - All States may extend Social Security coverage to police officers and firefighters who are under a retirement system, rather than only those States specifically authorized to do so. The provision is effective upon enactment. [Section 305]

**Authorization for Disclosure of SSA Information for Purposes of Public or Private Epidemiological and Similar Research (Section 1106)** - SSA must, on a reimbursable basis, disclose information showing whether an individual is alive or deceased, if it is needed for epidemiological or similar research that the Secretary determines has reasonable promise of contributing to national health interests. Requestors must agree to safeguard and to limit re-release of the information. The provision is effective upon enactment. [Section 311]

**Misuse of Symbols, Emblems, or Names in Reference to SSA or HHS (Section 1140)** -

(a) In general, the responsibility for ensuring against the misuse of program terms relating to SSA and HHS is divided between the Commissioner and Secretary, as appropriate.

(b) "Medicaid" is added to the list of program names protected by this section.

(c) Specific written authorization from SSA or HHS is required for a person to reproduce, reprint, or distribute any SSA or HHS form, application, or publication for a fee.

(d) State and local governments are exempt from the prohibition.

(e) A disclaimer that accompanies the inappropriate use of program terms does not provide a defense.

(f) Each piece of mail in a prohibited mass mailing constitutes a violation.

(g) The \$100,000 annual cap on civil penalties that may be imposed for misleading use of program terms is removed.

(h) The penalties collected by the Secretary for violations related to HHS program terms will be deposited into the HI and SMI Trust Funds, as appropriate (and collections relating to SSA terms will be deposited in the OASI Trust Fund).

(i) This section may be enforced through the SSA Inspector General and the HHS Inspector General, as appropriate.

(j) The Commissioner and Secretary must report on the operation and enforcement of this section to the Congress by December 1 of 1995, 1997, and 1999. The provision is effective for violations occurring after March 31, 1995. [Section 312]

**Extension of DI Program Demonstration Project Authority -**  
Authority to waive Social Security or Medicare benefit requirements in connection with demonstration projects and studies designed to promote the objectives or facilitate the administration of the Social Security DI program and encourage disabled beneficiaries to return to work will continue for 3 years (through June 10, 1996). A final report is due to Congress by October 1, 1996. This provision is effective upon enactment. [Section 315]

**Authorize the Department of Labor to Use Social Security Numbers as Claim Identification Numbers (Section 205(c)(2)(C)) -** The Department of Labor may use Social Security numbers as claim identification numbers for workers' compensation claims. This provision is effective upon enactment. [Section 318]