

DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2002

OCTOBER 9, 2001.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. REGULA, from the Committee on Appropriations, submitted the following

REPORT

[To accompany H.R. 3061]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for the Departments of Labor, Health and Human Services (except the Food and Drug Administration and the Indian Health Service), and Education, Armed Forces Retirement Home, Corporation for National and Community Service, Corporation for Public Broadcasting, Federal Mediation and Conciliation Service, Federal Mine Safety and Health Review Commission, Institute of Museum and Library Services, Medicare Payment Advisory Commission, National Commission on Libraries and Information Science, National Council on Disability, National Labor Relations Board, National Mediation Board, Occupational Safety and Health Review Commission, Railroad Retirement Board, Social Security Administration, and the United States Institute of Peace for the fiscal year ending September 30, 2002, and for other purposes.

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The Committee is concerned by reports of widespread non-compliance with requirements of blood lead screening of children served by Medicaid, and is distressed that little progress has apparently been made since GAO's 1999 report on the subject. The Committee expects CMS to increase its support for outreach and education and to report steps taken and progress made to the Committee by September 1, 2002. The Committee also urges CMS to permit Medicaid reimbursement for laboratory analysis of environmental samples needed to identify the source of lead exposure for children with lead poisoning.

A provision was included in the Health Insurance Portability and Accountability Act to redesign the specialty code system to alphanumeric; however, implementation of this new system is not final. In the interim, to ensure that pregnant women receive risk-appropriate care, the Committee urges CMS to work to create an interim two-digit specialty code recognizing maternal-fetal medicine.

The Committee recognizes that hospitals, along with others in the health care sector, have concerns about compliance with the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Committee acknowledges that compliance with these provisions, including electronic transaction standards and medical privacy and security requirements, will require health care organizations and providers to make substantial investments in information technology. These concerns are enhanced by the short two-year compliance deadline set in statute. Accordingly, the Committee directs the Secretary to evaluate the effects of these expenditures on the ability of the health care sector to provide health care services and to identify and report to the Committee any sources of Federal funding that would be available to help defray the costs of complying with HIPAA administrative simplification requirements. The Committee also instructs the Secretary to evaluate the appropriateness of the current statutory compliance deadline and report the findings to the Committee. Such findings shall be reported to the Committee no later than February 1, 2002.

Medicare beneficiaries who are blind or visually impaired are eligible for physician-prescribed rehabilitation services from approved health care professionals on the same basis as beneficiaries with other medical conditions that result in reduced physical functioning. The Committee urges CMS to direct its carriers to inform physicians and other providers about the availability of medically necessary rehabilitation services for these beneficiaries.

Medicaid and SCHIP are a major source of dental care provided to the nation's poor children. However, according to the U.S. Surgeon General's report, *Oral Health in America*, fewer than one in five Medicaid-covered children received a single preventive dental visit in a year. Left untreated, dental disease is inevitable and will not abate. Therefore, the Committee believes it is important that CMS maintain a distinct focus on oral health and urges CMS to retain a position of Chief Dental Officer reporting directly to the Director of the Center for Medicaid and State Operations.

The Committee notes with interest the number of applications received by the Centers for Medicare and Medicaid Services for 1115 waivers requesting permission to expand eligibility for Medicaid coverage to non-disabled individuals living with HIV disease.