To direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to award grants to develop programs to increase health care providers’ awareness of Valley fever, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. Cox of California introduced the following bill; which was referred to the Committee on ____________________

A BILL

To direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to award grants to develop programs to increase health care providers’ awareness of Valley fever, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “End Valley Fever Now Act”.

(Original Signature of Member)
SEC. 2. GRANTS TO DEVELOP PROGRAMS TO INCREASE
HEALTH CARE PROVIDERS’ AWARENESS OF
VALLEY FEVER.

Part P of title III of the Public Health Service Act
(42 U.S.C. 280g et seq.) is amended by adding at the end
the following:

“SEC. 399V–7. GRANTS TO DEVELOP PROGRAMS TO IN-
CREASE HEALTH CARE PROVIDERS’ AWARE-
NESS OF VALLEY FEVER.

“(a) IN GENERAL.—The Secretary, acting through
the Administrator of the Health Resources and Services
Administration and in consultation with the Director of
the Centers for Disease Control and Prevention, shall
make awards of grants or cooperative agreements to eligi-
able entities to establish and carry out programs—
“(1) to increase health care providers’ aware-
ness of Valley fever; and
“(2) to educate and train health care providers
on the diagnosis and treatment of Valley fever.

“(b) USE OF FUNDS.—An eligible entity selected to
receive a grant or contract under this section shall use
amounts awarded under such a grant or contract to pro-
vide innovative supportive activities (which may include
activities that do not rely on the use of broadband serv-
ices) to enhance education through distance learning, con-
tinuing educational activities, collaborative conferences, and electronic and telelearning activities.

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $1,000,000 for the period of fiscal years 2021 through 2023, to remain available until expended.

“(d) CONDITION.—A recipient of a grant under this section shall, as a condition on receipt of the grant, agree to develop curricula for the purposes specified in subsection (a) in coordination with local providers at hospitals and clinics.

“(e) DEFINITIONS.—In this section:

“(1) The term ‘eligible entity’ means—

“(A) a State department of health (or similar State authority);

“(B) an institution of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)), including a medical school or continuing medical education program at such institution;

“(C) an entity operating a graduate medical residency training program under section 340E or under section 340H; or

“(D) a teaching hospital (as defined in section 415.152 of title 42, Code of Federal Regu-
lations) that has physicians and other medical providers with specialized knowledge in diagnosing and treating Valley fever.

“(2) The term ‘Valley fever’ means the condition caused by Coccidioidomycosis.”.

SEC. 3. STUDY COMPARING DIFFERENT CASE DEFINITIONS USED TO IDENTIFY VALLEY FEVER.

(a) In general.—The Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention shall conduct a study comparing different case definitions used to identify valley fever. Such study shall include the efficacy of the methods being used to establish such case definitions and the cost effectiveness of such methods, including using the case definition for valley fever established by the Council of State and Territorial Epidemiologist.

(b) Valley Fever Defined.—In this Act, the term “Valley fever” has the meaning given the term in section 399V–7 of the Public Health Service Act.
SEC. 4. ALLOWING STATES TO PROVIDE COVERAGE UNDER THE MEDICAID PROGRAM FOR ITEMS AND SERVICES FURNISHED IN CONNECTION WITH QUALIFYING VALLEY FEVER CLINICAL TRIALS.

(a) IN GENERAL.—Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended—

(1) in paragraph (29), by striking “and” at the end;

(2) by redesignating paragraph (30) as paragraph (31); and

(3) by inserting after paragraph (29) the following new paragraph:

“(30) items and services furnished in connection with participation in a qualifying Valley fever clinical trial (as defined in section 2709A(b)(4) of the Public Health Service Act), including travel and incidental expenses, regardless of whether such items and services are furnished by a participating provider under the Medicaid program (other than a provider excluded from participation in such program under section 1128) or whether such items and services are furnished in another State; and”.

(b) REDUCTION IN FMAP FOR STATES THAT DO NOT PROVIDE COVERAGE.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—
(1) in subsection (b), by striking “and (ff)” and inserting “(ff), and (gg)”; and

(2) by adding at the end the following new subsection:

“(gg) Reduction in FMAP for States That Do Not Provide Coverage for Certain Items and Services.—With respect to a calendar quarter beginning on or after January 1, 2021, the Federal medical assistance percentage otherwise determined under subsection (b) for a State that does not provide coverage for items and services described in subsection (a)(30) that are furnished during such quarter shall be reduced by 5 percentage points.”.

(e) Ensuring Access for Medicaid Expansion Population.—Section 1937(b)(5) of such Act is amended by inserting before the period at the end the following:

“, and beginning January 1, 2021, coverage of items and services described in section 1905(a)(30)”.

(d) Prohibition on Imposition of Costsharing Requirements.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended—

(1) in section 1916(a)(2)—

(A) in subparagraph (D), by striking “or” at the end;
(B) in subparagraph (E), by striking “; and” at the end and inserting “, or”; and

(C) by adding at the end the following new subparagraph:

“(F) items and services described in section 1905(a)(30); and”;

(2) in section 1916A(b)(3)(B), by adding at the end the following new clause:

“(xi) Items and services described in section 1905(a)(30).”.

(e) CONTINUOUS COVERAGE FOR INDIVIDUALS WHO LOSE MEDICAID ELIGIBILITY BASED ON INCOME.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following new paragraph:

“(16) CONTINUOUS COVERAGE FOR ITEMS AND SERVICES FURNISHED IN CONNECTION WITH QUALIFYING VALLEY FEVER CLINICAL TRIALS.—In the case of an individual who is eligible for medical assistance under the State plan (or a waiver of such plan) based on the application of modified adjusted gross income under paragraph (14)(A), who while so eligible is furnished items and services described in section 1905(a)(30) in connection with participation in a qualifying Valley fever clinical trial (as defined
in section 2709A(b)(4) of the Public Health Service Act), and who while so furnished such items and services loses eligibility for such medical assistance due to a change in income of the family of which such individual is a member, such individual shall be deemed to continue to be an individual eligible for such medical assistance, without regard to such change in income, only with respect to such items and services through the end of the month in which such qualifying Valley fever clinical trial ends.”.

(f) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendments made by this section shall apply with respect to items and services furnished, and eligibility determinations made, on or after January 1, 2021.

(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) that the Secretary of Health and Human Services determines requires State legislation in order for the respective plan to meet any requirement imposed by amendments made by this section, the respective plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement be-
fore the first day of the first calendar quarter begin-
ning after the close of the first regular session of the
State legislature that begins after the date of the en-
actment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

SEC. 5. REQUIREMENT FOR GROUP HEALTH PLANS AND HEALTH INSURANCE ISSUERS TO PROVIDE COVERAGE FOR ITEMS AND SERVICES FUR-
NISHED IN CONNECTION WITH QUALIFYING VALLEY FEVER CLINICAL TRIALS.

(a) In General.—Subpart I of part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) by redesignating the second section 2709 as section 2710; and

(2) by inserting after the first section 2709 the following new section:

“SEC. 2709A. COVERAGE FOR INDIVIDUALS PARTICIPATING IN QUALIFYING VALLEY FEVER CLINICAL TRIALS.

“(a) In General.—Notwithstanding section 2709, a group health plan or health insurance issuer offering
group or individual health insurance coverage shall, with respect to an enrollee of such plan or coverage, respectively, provide coverage for any item or service furnished to such enrollee in connection with such enrollee’s participation in a qualifying Valley fever clinical trial, including travel and incidental expenses—

“(1) without regard to whether such item or service is furnished by a participating provider or participating facility with respect to such item or service; and

“(2) in a manner so that, if such item or service is furnished to such enrollee by a nonparticipating provider or nonparticipating facility, the cost-sharing requirement (expressed as a copayment amount or coinsurance rate) is not greater than the requirement that would apply if such item or service were furnished by a participating provider or participating facility.

“(b) DEFINITIONS.—In this section:

“(1) NONPARTICIPATING FACILITY; PARTICIPATING FACILITY.—

“(A) NONPARTICIPATING FACILITY.—The term ‘nonparticipating facility’ means, with respect to an item or service and a group health plan or group or individual health insurance
coverage, a health care facility that does not have a contractual relationship with the sponsor of such plan or issuer of such coverage for furnishing such item or service under the plan or coverage.

“(B) PARTICIPATING FACILITY.—The term ‘participating facility’ means, with respect to an item or service and a group health plan or group or individual health insurance coverage, a health care facility that has a contractual relationship with the sponsor of such plan or issuer of such coverage for furnishing such item or service under the plan or coverage.

“(2) NONPARTICIPATING PROVIDER; PARTICIPATING PROVIDER.—

“(A) NONPARTICIPATING PROVIDER.—The term ‘nonparticipating provider’ means, with respect to an item or service and a group health plan or group or individual health insurance coverage, a physician or other health care provider who is acting within the scope of practice of that provider’s license or certification under applicable State law and who does not have a contractual relationship with the sponsor of such plan or issuer of such coverage for fur-
nishing such item or service under the plan or coverage.

“(B) Participating Provider.—The term ‘participating provider’ means, with respect to an item or service and a group health plan or group or individual health insurance coverage, a physician or other health care provider who is acting within the scope of practice of that provider’s license or certification under applicable State law and who has a contractual relationship with the sponsor of such plan or issuer of such coverage for furnishing such item or service under the plan or coverage.

“(3) Qualifying Valley Fever Clinical Trial.—

“(A) In general.—The term ‘qualifying Valley fever clinical trial’ means a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of Valley fever (as defined in section 399V–7) and is described in any of the following clauses:

“(i) The study or investigation is approved or funded (which may include fund-
ing through in-kind contributions) by one
or more of the following:

“(I) The National Institutes of
Health.

“(II) The Centers for Disease
Control and Prevention.

“(III) The Agency for Healthcare
Research and Quality.

“(IV) The Centers for Medicare
& Medicaid Services.

“(V) A cooperative group or cen-
ter of any of the entities described in
subelauses (I) through (IV) or the De-
partment of Defense or the Depart-
ment of Veterans Affairs.

“(VI) A qualified non-govern-
mental research entity identified in
the guidelines issued by the National
Institutes of Health for center support
grants.

“(VII) Any of the following if the
conditions described in subparagraph
(B) are met:

“(aa) The Department of
Veterans Affairs.
“(bb) The Department of
Defense.

“(cc) The Department of
Energy.

“(ii) The clinical trial is conducted
under an investigational new drug applica-
tion reviewed by the Food and Drug Ad-
ministration.

“(iii) The clinical trial is a drug trial
that is exempt from having such an inves-
tigational new drug application.

“(B) CONDITIONS.—For purposes of sub-
paragraph (A)(i)(VII), the conditions described
in this subparagraph, with respect to a clinical
trial approved or funded by an entity described
in such subparagraph (A)(i)(VII), are that the
clinical trial has been reviewed and approved
through a system of peer review that the Sec-
retary determines—

“(i) to be comparable to the system of
peer review of studies and investigations
used by the National Institutes of Health;
and

“(ii) assures unbiased review of the
highest scientific standards by qualified in-
dividuals with no interest in the outcome
of the review.’’.(b) EFFECTIVE DATE.—
The amendments made by this section
shall apply with respect to plan years be-
ginning on or after January 1, 2021.

SEC. 6. MEDICARE COVERAGE OF ITEMS AND SERVICES
FURNISHED IN CONNECTION WITH QUALI-
FYING VALLEY FEVER CLINICAL TRIALS.

(a) COVERAGE.—Section 1861(s)(2) of the Social Se-
curity Act (42 U.S.C. 1395x(s)(2)) is amended—

(1) in subparagraph (GG), by striking “and” at
the end;

(2) in subparagraph (HH), by striking the pe-
period at the end and inserting “; and”; and

(3) by adding at the end the following new sub-
paragraph:

“(II) items and services furnished in connection
with participation in a qualifying Valley fever clinical
trial (as defined in section 2709A(b)(4) of the Public
Health Service Act), including travel and incidental
expenses;”.

(b) PAYMENT.—Section 1833(a)(1) of the Social Se-
curity Act (42 U.S.C. 1395l(a)(1)) is amended—

(1) by striking “and (CC)” and inserting
“(CC)”;

and
(2) by inserting before the semicolon at the end the following: “, and (DD) with respect to items and services described in section 1861(s)(2)(II), the amount paid shall be 100 percent of the lesser of the actual charge for the services or the amount determined under the payment basis determined under section 1848”.