

ONE HUNDRED FOURTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**  
COMMITTEE ON ENERGY AND COMMERCE  
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**MEMORANDUM**

**July 11, 2016**

**To: Committee on Energy and Commerce Democratic Members and Staff**

**Fr: Committee on Energy and Commerce Democratic Staff**

**Re: Markup of H.R. 5510, FTC Process and Transparency Reform Act of 2016; H.R. 5111, Consumer Review Fairness Act; H.R. 5092, Reinforcing American-Made Products Act; H.R. 5104, Better Online Ticket Sales (BOTS) Act; H.R. 1301, the Amateur Radio Parity Act of 2015; H.R. 3299, Strengthening Public Health Emergency Response Act of 2015; H.R. 921, Sports Medicine Licensure Clarity Act of 2015; and H.R. 670, Special Needs Trust Fairness Act of 2015**

On **Tuesday, July 12, 2016, at 4:00 p.m. in room 2123 of the Rayburn House Office Building**, the Committee on Energy and Commerce will meet in open markup session for opening statements on H.R. 5510, FTC Process and Transparency Reform Act of 2016; H.R. 5111, Consumer Review Fairness Act; H.R. 5092, Reinforcing American Made Products Act; H.R. 5104, Better Online Ticket Sales (BOTS) Act; H.R. 1301, the Amateur Radio Parity Act of 2015; H.R. 3299, Strengthening Public Health Emergency Response Act of 2015; H.R. 921, Sports Medicine Licensure Clarity Act of 2015; and H.R. 670, Special Needs Trust Fairness Act of 2015. The Committee will reconvene on **Wednesday, July 13, at 2:00 p.m. in room 2123 of the Rayburn House Office Building**.

**I. H.R. 5510, FTC PROCESS AND TRANSPARENCY REFORM ACT OF 2016**

**A. Hearing and Subcommittee Markup**

On May 24, 2016, the Subcommittee on Commerce, Manufacturing, and Trade held a legislative hearing and received testimony on 17 bills, ten of which related to general processes of the Federal Trade Commission (FTC). The other seven bills related to specific consumer concerns.

Eight of the FTC process bills, all introduced by Republican members, were combined into H.R. 5510, the “FTC Process and Transparency Reform Act of 2016,” which was introduced by subcommittee Chairman Burgess (R-TX) on June 16, 2016.

The subcommittee held a markup of the discussion draft of the bill on June 8-9, 2016. During consideration of the discussion draft, Chairman Burgess offered an amendment in the nature of a substitute, to which three amendments were offered by Democratic members.

### **1. Democratic Amendments at Subcommittee Markup**

Rep. Butterfield (D-NC) offered an amendment that created an exception to the economic analysis requirement of the bill for recommendations requested by and submitted to members of Congress. The amendment was adopted by a voice vote.

Rep. Clarke (D-NY) offered and withdrew an amendment that would have created an exception to the bill’s eight-year cap on consent decrees for enforcement cases relating to unfair or deceptive practices affecting seniors. The majority committed to work with Rep. Clarke on her amendment at full committee markup.

Subcommittee Ranking Member Schakowsky (D-IL) offered an amendment creating an exception to the requirement that FTC prove concrete harm in data security and privacy cases, including cases against companies that monitor users through internet-connected cameras without disclosure to the user. The amendment was rejected along party lines by a vote of 12-8.

### **2. Republican Amendment in the Nature of a Substitute, As Amended**

Chairman Burgess’s amendment in the nature of a substitute, as amended by the Butterfield amendment, was adopted by voice vote. Ultimately, the bill was favorably reported out of the subcommittee by a vote of 12 to 8, with no Democratic members supporting final passage.

## **B. Summary of H.R. 5510**

H.R. 5510 is similar to the subcommittee mark with three differences. The bill, as introduced, includes the language of the Butterfield amendment as passed by the subcommittee and changes the language of sections 4 and 6, making them apply both to FTC consumer protection and competition actions.

### **1. Unlawful Act or Practice**

Section 2 of the bill would prohibit the FTC from declaring an act or practice unfair unless the act or practice is likely to cause substantial injury not reasonably avoidable by consumers and not outweighed by countervailing benefits to consumers or competition. This section mirrors select language contained in the FTC’s nine-page policy statement on unfairness, written in 1980.

## **2. Time Limitation for Consent Orders**

Section 3 of the bill would place an eight year cap on consent decrees used in FTC's consumer protection enforcement actions and requires review of FTC consent decrees after five years, unless the case at issue is related to alleged fraud. Currently, consent decrees, or portions of consent decrees, are generally in place for 20 years. This section does not apply to consent orders used in antitrust cases.

## **3. Annual Reporting on the Status of Investigations**

Section 4 of the bill would require FTC to submit an annual report to Congress that includes the number of investigations begun, the number of investigations closed with no official action, the disposition of investigations that have resulted in official action and, for each investigation that closed without action, an explanation of the legal analysis supporting the agency's decision to close the investigation. For each investigation summarized, FTC would be required to notify each party that had been investigated and acquire their consent to the inclusion of a description of the investigation in the report.

## **4. Requirement of Analysis and Rationale for Legislative and Regulatory Recommendations**

Section 5 of the bill would require the inclusion of an economic analysis for any legislative or regulatory recommendations made by FTC, or a statement that no economic analysis was conducted. No economic analysis would be required for recommendations made as part of the appearance of a commissioner before Congress; recommendations made to a state or local government; or recommendations requested by and submitted to any member of Congress.

## **5. Effects of Guidelines, General Statements of Policy, and Similar Guidance**

Section 6 of the bill would prohibit FTC from basing any enforcement action on guidelines, but allows compliance with FTC guidelines to be used by companies as evidence of compliance with a statute.

## **6. Termination of Inactive Investigations**

Section 7 of the bill would require that FTC investigations in which the person or entity being investigated has been notified of the investigation would automatically terminate after six months if there is no communication to the person being investigated, unless FTC votes to extend the investigation. The commission may also vote to extend the investigation within 30 days after the six-month time limit runs, if it determines that the expiration of the time was due to excusable neglect or a circumstance beyond the control of the commission.

## **7. Nonpublic Collaborative Discussions**

Section 8 of the bill would allow a bipartisan majority of commissioners to hold a meeting that is closed to the public to discuss official business if: (1) no agency action is taken, (2) each person present is an FTC commissioner or employee, and (3) an attorney from the Office of General Counsel is present.

## **8. Annual Plan Required**

Section 9 of the bill would require FTC to publish an annual plan for the next year of its projected activities, including policy priorities; planned rulemakings and guidance documents; planned commission or working group restructurings; planned workshops, conferences, and reports; and projected timelines for these activities. It would also require a separate report on enforcement actions involving elder fraud for the previous calendar year.

## **II. H.R. 5111, CONSUMER REVIEW FAIRNESS ACT OF 2016**

### **A. Hearing and Subcommittee Markup**

A legislative hearing on H.R. 5111 was held by the Subcommittee on Commerce, Manufacturing, and Trade on May 24, 2016. The bill was considered at the subcommittee markup held on June 8-9, 2016. No amendments were offered and the bill was favorably reported out of the subcommittee by voice vote.

### **B. Summary of H.R. 5111**

H.R. 5111 was introduced by Rep. Lance (R-NJ) with bipartisan support. The bill would invalidate clauses in form contracts for the sale or lease of goods or services that prohibit a party to that contract from posting negative online reviews about the goods or services sold. The bill is identical to S. 2044, Consumer Review Freedom Act of 2015, as passed out of the Senate Committee on Commerce, Science, and Transportation.

## **III. H.R. 5092, REINFORCING AMERICAN-MADE PRODUCTS ACT OF 2016**

### **A. Hearing and Subcommittee Markup**

A legislative hearing on H.R. 5092 was held by the Subcommittee on Commerce, Manufacturing, and Trade on May 24, 2016. The bill was considered at the June 8-9 subcommittee markup.

At the markup, Rep. Kennedy (D-MA) offered and withdrew an amendment that would have created a single federal standard yet allow states to pass state laws with standards identical to the federal standard. The amendment would have further allowed state attorneys general to enforce the federal standard and it would have preserved the right of California, currently the only state with its own law on Made in America labeling, to use its current enforcement tools to enforce the standard established by FTC.

**B. Summary of H.R. 5092**

Rep. Harper (R-MS) introduced H.R. 5092, which would preempt state laws affecting how products having ‘Made in the U.S.A.,’ ‘Made in America,’ or some equivalent labeling are introduced, sold, advertised, or offered for sale in interstate or foreign commerce. Currently, only California has such a law. The bill is identical to S. 1518, the “Reinforcing American-Made Products Act of 2015,” as passed out of the Senate Committee on Commerce, Science, and Transportation.

**IV. H.R. 5104, BETTER ON-LINE TICKET SALES ACT OF 2016 (BOTS ACT)**

**A. Hearing and Subcommittee Markup**

A legislative hearing on H.R. 5104 was held by the Subcommittee on Commerce, Manufacturing, and Trade on May 24, 2016. The bill was considered at the subcommittee markup held on June 8-9, 2016. Rep. Blackburn (R-TX) offered an amendment in the nature of a substitute that made clarifying changes to the bill, removed the private right of action, and allowed for enforcement by state attorneys general. The amendment in the nature of a substitute was adopted by voice vote.

Ranking Member Pallone offered two amendments at the subcommittee markup, which were both defeated by voice vote. Mr. Pallone’s first amendment would have added requirements for increased transparency, providing additional information about ticket cost and availability, in the online ticket sales marketplace. Mr. Pallone’s second amendment would have directed the Government Accountability Office (GAO) to conduct a study of the ticket sales marketplace and submit a report to Congress.

The bill was favorably forwarded to the full committee, as amended, by a voice vote.

**B. Summary of H.R. 5104**

Rep. Blackburn (R-TN) introduced the BOTS Act on April 28, 2016, with bipartisan support. The bill prohibits the sale of software that circumvents technological ticket sale control measures on a ticket seller’s website, except for investigation or research purposes. It also enables FTC to bring enforcement actions for violations as unfair or deceptive acts or practices. In addition, the bill allows for enforcement by state attorneys general.

**V. H.R. 1301, AMATEUR RADIO PARITY ACT OF 2015**

**A. Hearing and Subcommittee Markup**

The Subcommittee on Communications and Technology held a legislative hearing on H.R. 1301 on January 12, 2016.<sup>1</sup> At the hearing, Ranking Member Eshoo raised concerns about

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<sup>1</sup> For additional background information on the bill, see Democratic Staff memo for “Legislative Hearing on Four Communications Bills” (Jan. 10, 2016).

the impact of H.R. 1301 on homeowners associations. The Community Associations Institute filed a statement for the hearing record raising similar concerns that the bill would override private contracts, and offered specific ideas for amendments.<sup>2</sup> The American Radio Relay League (ARRL), which is the largest membership association for amateur radio operators and enthusiasts in the country, filed a letter with the subcommittee in support of H.R. 1301, indicating that the bill does not take “any jurisdiction or decisionmaking authority away from homeowners’ associations whatsoever.”<sup>3</sup>

The subcommittee held a markup of H.R. 1301 on February 11, 2016, where the bill was favorably reported, without amendment, by voice vote.

**B. Summary of H.R. 1301**

H.R. 1301, as introduced, would direct the FCC to amend its amateur radio rules to prohibit any private land use restrictions that (1) preclude amateur radio communications, (2) fail to reasonably accommodate such communications, or (3) are not the minimum practicable restriction.

**C. Amendment In the Nature of a Substitute**

The majority has noticed an amendment in the nature of the substitute (AINS), which will serve as the legislative vehicle at markup. The amateur radio parity AINS would require the FCC to modify its amateur radio antenna rules to prohibit private land use restrictions that

- (1) facially preclude amateur radio communications,
- (2) do not permit an amateur radio licensee to install and maintain an outdoor antenna on private, exclusively held property, or
- (3) do not constitute the “minimum practicable” restriction on amateur radios.

The AINS would also require the FCC to modify its rules so that those rules:

- (1) ensure that amateur radio licensees get preapproval from their community associations when constructing an outdoor antenna,
- (2) permit community associations to prohibit antennas constructed on commonly held property, and
- (3) permit community associations to establish reasonable written rules relating to the dimensions of an amateur radio antenna structure.

Finally, the amendment would reaffirm that state and local regulations of amateur radio antenna structures must not preclude the use of amateur radios altogether.

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<sup>2</sup> See Statement of Thomas M. Skiba, CAE, Chief Executive Officer, Community Associations Institute, on H.R. 1301, the Amateur Radio Parity Act, Submitted to the Committee on Energy and Commerce, Subcommittee on Communications and Technology (Jan. 12, 2016).

<sup>3</sup> See Letter from Christopher D. Imlay to Chairman Greg Walden and Ranking Member Anna G. Eshoo (Jan. 11, 2016).

## **VI. H.R. 3299, STRENGTHENING PUBLIC HEALTH EMERGENCY RESPONSE ACT OF 2015**

### **A. Hearing and Subcommittee Markup**

The Subcommittee on Health held a legislative hearing on H.R. 3299 on May 19, 2016. The emergency response legislation was considered at the subcommittee markup held on June 7-8, 2016. During the markup an amendment was adopted striking section 2 of the introduced bill and adding requirements to the GAO report on state, local, and hospital preparedness programs. An amendment offered by Rep. Butterfield (D-NC) was adopted to address outstanding concerns regarding the tropical disease priority review voucher (PRV) program, including eligibility for the PRV, the availability of products awarded the PRV to endemic populations, and transparency of the production and distribution of products awarded the PRV.

### **B. Summary and Analysis of H.R. 3299**

Rep. Eshoo (D-CA) and Rep. Brooks (R-IN) introduced H.R. 3299 on July 29, 2015. The goal of H.R. 3299 is to strengthen biodefense capabilities within the Department of Health and Human Services (HHS). For further background in addition to the section-by-section analysis below, please refer to the memorandum from the [legislative hearing](#) on H.R. 3299.

#### **1. GAO Report On State, Local, and Hospital Preparedness Programs**

Section 2 would require GAO to issue a report to Congress on the HPP and Public Health Emergency Preparedness Cooperative Agreements (PHEP).

#### **2. Strategic National Stockpile**

Section 3 would require the Biomedical Advanced Research and Development Authority (BARDA) and the Centers for Disease Control and Prevention (CDC) to ensure that procedures are in place to coordinate the ongoing stockpiling of medical countermeasures within the Strategic National Stockpile.

#### **3. Project Bioshield Procurement Process**

Section 4 would eliminate the need for the Office of Management and Budget (OMB) and Presidential approval to use the special reserve fund to enter into Project Bioshield contracts.

#### **4. BARDA Transaction Authorities**

Section 5 would grant the BARDA Director authority to directly negotiate and enter into any contracts, grants, or cooperative agreements without ASPR oversight. At the legislative hearing, BARDA's Acting Director maintained in [testimony](#) that the current operating structure mitigates potential conflicts of interests and maintains the highest standards of program integrity. The concern that this policy change could impose undue influence upon an otherwise independent process was also raised and discussed.

## **5. Public Health Emergency Medical Countermeasures Enterprise Strategy and Implementation Plan**

Section 6 would require the annual Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) Strategy and Implementation Plan to include the time lapse between BARDA issuing a request for proposal or task order and awarding a contract, as well as to report on the efforts to develop qualified countermeasures, security countermeasures, or qualified pandemic or epidemic products for pandemic flu.

## **6. Priority Review to Encourage Treatments for National Security Threats**

Section 7 would expand the Food and Drug Administration's (FDA) tropical disease priority review voucher (PRV) program by adding to the list of tropical diseases in statute any disease or other agent that is determined to be a material threat by the Department of Homeland Security, in consultation with the HHS Secretary and heads of other appropriate agencies.

While medical countermeasures play an important role in our national security, H.R. 3299 is concerning as it extends an unnecessary incentive to drug companies. Companies that produce medical countermeasures often receive significant federal support throughout the drug research and development, approval, and procurement process. Lucrative federal contracts often support research and development of these drugs and post-approval the government has spent billions purchasing these products for stockpiling.<sup>4</sup>

FDA devotes a significant taxpayer funded resources to guide medical countermeasure sponsors through the drug approval process, approving 89 medical countermeasures, as well as 17 supplemental changes to already approved applications, and 71 modifications to diagnostic devices since 2000.<sup>5</sup> Furthermore, since the first Project BioShield contract was announced in 2004, the government has spent billions procuring approved medical countermeasures for stockpiling and other purposes.<sup>6</sup>

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<sup>4</sup> For example, in the 2015 President's Budget, HHS reported it would spend over \$830 million during the 2015 fiscal year to support medical countermeasure research, development, and procurement through BARDA and Project BioShield. Department of Health and Human Services, *FY2015 Budget in Brief*, (June 4, 2014) ([www.hhs.gov/about/budget/fy2015/budget-in-brief/phssec/index.html#](http://www.hhs.gov/about/budget/fy2015/budget-in-brief/phssec/index.html#)).

<sup>5</sup> House Committee on Energy and Commerce, Testimony of Michael Mair, Director of Strategic Operations, Office of Counterterrorism and Emerging Threats, Food and Drug Administration, *Hearing on Strengthening Public Health Emergency Response Act of 2015*, 114th Cong. (May 19, 2016) ([democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/Testimony-FDA-HE-HR3299-Hearing-051916.pdf](http://democrats-energycommerce.house.gov/sites/democrats.energycommerce.house.gov/files/Testimony-FDA-HE-HR3299-Hearing-051916.pdf)).

<sup>6</sup> Congressional Research Service, *Project BioShield Act: Issues for the 113<sup>th</sup> Congress* (June 18, 2014) ([www.fas.org/sgp/crs/terror/R43607.pdf](http://www.fas.org/sgp/crs/terror/R43607.pdf)).

At the May 16, 2016, hearing on H.R. 3299, FDA testified that, to date, there is no evidence that the two existing PRV programs (rare pediatric diseases and neglected tropical diseases) are incentivizing new research and drug development, nor benefiting those Congress intended. For example, in the tropical disease PRV program those afflicted with disease have been unable to access approved drugs because there is no requirement that a sponsor market its drug after receiving the valuable PRV award.

## **VII. H.R. 921, THE SPORTS MEDICINE LICENSURE CLARITY ACT OF 2015**

### **A. Hearing and Subcommittee Markup**

The Subcommittee on Health held a legislative hearing on H.R. 921 on December 9, 2015. The bill along with an amendment in the nature of a substitute were considered at the subcommittee markup held on June 7-8, 2016. H.R. 921 was favorably forwarded, amended, to the full committee.

### **B. Summary of H.R. 921**

H.R. 921, The Sports Medicine Licensure Clarity Act of 2015, which was introduced by Rep. Guthrie (R-KY) and Rep. Richmond (D-LA), would clarify certain aspects of medical professional liability insurance for sports medicine professionals who treat athletes during competitions outside of their home states. Individual States are autonomous in other aspects of medical care, such as requirements for medical licensure and regulation of state medical liability insurance marketplaces. As licensure varies from state to state, when sports medicine professionals travel to different states with their teams, they may be technically performing their duties without a license. Under current law, acts of medical malpractice generally fall under the jurisdiction of the state in which the incident occurred.<sup>7</sup> Many medical liability insurance carriers do not provide coverage for medical care provided outside of the state in which the provider is licensed.<sup>8</sup>

This bill provides that any medical malpractice incident occurring under the care of a traveling team sports medicine professional would be treated as if it occurred in the professional's primary state of practice, rather than the state in which the game was played.

The bill as amended covers doctors, athletic trainers, chiropractors, and physical therapists that travel with professional, amateur, high school, and college teams. The bill does not cover sports medicine professionals practicing beyond the scope of their licensure. It also

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<sup>7</sup> Congressional Research Service, *Medical Malpractice: Overview and Legislation in the 112<sup>th</sup> Congress* (June 18, 2012) ([www.crs.gov/Reports/R41693?source=search&guid=dbd90ee0f8fb4dd08503f75beccd0b62&index=0](http://www.crs.gov/Reports/R41693?source=search&guid=dbd90ee0f8fb4dd08503f75beccd0b62&index=0)).

<sup>8</sup> National Athletic Trainers' Association, *The Sports Medicine Clarity Act (2015)* ([www.nata.org/Sports\\_Medicine\\_Licensure\\_Clarify\\_Act](http://www.nata.org/Sports_Medicine_Licensure_Clarify_Act)).

does not cover professionals practicing at health care facilities in the secondary state or while transporting injured individuals to health care facilities.

H.R. 921 has 179 bipartisan co-sponsors. A related Senate companion bill, S. 689, has been introduced by Sen. Thune (R-SD) and referred to the Senate Health, Education, Labor, and Pensions Committee.

## **VIII. H.R. 670, SPECIAL NEEDS TRUST FAIRNESS ACT OF 2015, AND OTHER MEDICAID POLICIES**

### **A. Subcommittee Hearing**

On September 18, 2015, the Subcommittee on Health held a legislative hearing on H.R. 670. The subcommittee has not held a markup on this bill.

### **B. Summary of H.R. 670**

Under current law, most trusts are counted as assets when determining an individual's eligibility for Medicaid.<sup>9</sup> However, certain exceptions exist, including a "special needs trust." This particular trust is designed to provide funding for non-elderly, disabled individuals that may be utilized for certain expenses that supplant Medicaid benefits. Special needs trusts can be established by parents, grandparents, legal guardians or a court on behalf of the disabled individual.<sup>10</sup> Some individuals, however, may not know an individual who is available and willing to establish the trust on their behalf. Individuals may be allowed to set up a special needs trust for themselves, but only if granted permission after petitioning a court.<sup>11</sup> Oftentimes, this process can take several months and cause the disabled individual to incur significant legal fees.

H.R. 670 would allow individuals to set up special needs trusts for themselves without a court petition. The bill enjoys bipartisan support with 42 co-sponsors.

An identical Senate companion bill, S. 349, passed the Senate by unanimous consent on September 9, 2015.

### **C. Summary and Analysis of Expected AINS to H.R. 670**

The majority is expected to offer an AINS to H.R. 670, which would add two additional Medicaid policies to the bill. The first policy, which has not been introduced as a standalone bill, would extend Medicaid tobacco cessation benefits for certain Medicaid beneficiaries. Pregnancy-

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<sup>9</sup> Center for Medicare and Medicaid Services, *Letter to State Medicaid Directors* (February 21, 2014) (online at <http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-14-001.pdf>).

<sup>10</sup> Social Security Act, Section 1917(d)(4)(A).

<sup>11</sup> Senate Committee on Finance, *Special Needs Trust Fairness Act of 2015*, 114<sup>th</sup> Cong. (July 30, 2015) (S. Rept. 114-99) ([www.congress.gov/114/crpt/srpt99/CRPT-114srpt99.pdf](http://www.congress.gov/114/crpt/srpt99/CRPT-114srpt99.pdf)).

related services are a mandatory benefit for the majority of Medicaid beneficiaries. Those services include prenatal, delivery, postpartum care, family planning services, as well as services to ameliorate conditions that complicate pregnancy (e.g., those that threaten the carrying of the fetus to full-term or the safe delivery of the fetus).<sup>12</sup>

The Affordable Care Act (ACA) added counseling and pharmacotherapy as a mandatory benefit under Medicaid to promote cessation of tobacco use by pregnant women.<sup>13</sup> Such coverage includes prescription and non-prescription tobacco cessation agents approved by the FDA. The policy under consideration would add an additional year of mandatory tobacco cessation benefits for women, maintaining coverage of tobacco cessation through the postpartum stage.

The second policy, which has also not been introduced as a standalone bill, would require additional data reporting from states regarding Medicaid expenditures. On a quarterly basis, states report their Medicaid expenditures to CMS via a “Form CMS-64.” States report their expenditures in each service category, and CMS in turn uses this information to determine the appropriate amount of matching funds to provide to the states. Under the ACA a new adult eligibility group was established to cover certain low-income individuals who are not otherwise eligible for coverage. An increased Federal Medical Assistance Percentage (FMAP) is available for medical services provided to people defined as “newly eligible” who are enrolled in this group.

Given the differing FMAPs applicable to this new population, CMS currently requires that states also specifically disaggregate and report how much was spent across service categories for the newly-eligible population. This helps the agency to determine the appropriate amount of matching funds to apply. The legislation under consideration would require that states also calculate and report expenditures across service category for every eligibility group (i.e. children and pregnant women) in the way that they do for the newly-eligible population.<sup>14</sup>

The costs of H.R. 670, including the additional Medicaid policies, would be offset by explicitly excluding federal Medicaid matching funds (FFP) for costs related to cosmetic and hair growth products, except when such products are medically necessary.

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<sup>12</sup> Congressional Research Service. Medicaid and the State Children’s Health Insurance Program (CHIP) Provisions in the ACA: Summary and Timeline. (June 28, 2012).

<sup>13</sup> Patient Protection and Affordable Care Act, P.L. 111-148: §4107

<sup>14</sup> For more information on the Form CMS-64 process, see [www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/expenditure-reports-mbes-cbes.html](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/financing-and-reimbursement/expenditure-reports-mbes-cbes.html).