

Health and Human Services

Section-by-Section Summary

Division FF— Health and Human Services

TITLE IV — MEDICARE PROVISIONS

Subtitle A — Medicare Extenders

Section 4101. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals.

Section 4101 extends the Medicare low-volume hospital payment adjustment for two years through September 30, 2024.

Section 4102. Extension of Medicare-Dependent Hospital program.

Section 4102 extends the Medicare-Dependent Hospital (MDH) program for two years through September 30, 2024.

Section 4103. Extension of fee schedule for ambulance services.

Section 4103 extends a number of add-on payments for ground ambulance services under the Medicare fee schedule through December 31, 2024.

Subtitle B — Other Expiring Medicare Provisions

Section 4111. Extending incentive payments for participation in eligible alternative payment models.

Section 4111 extends incentive payments for participation in advanced alternative payment models (APMs) through 2025. Under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), eligible clinicians who participate in advanced APMs and meet certain payment or patient count thresholds qualify for a 5 percent Medicare Part B incentive payment in payment years 2019 through 2024. This section extends incentive payments through 2025, with a 3.5 percent Medicare Part B incentive payment for services covered in 2025. This section also extends the current freeze on participation thresholds for qualification for the APM bonuses for an additional year.

Section 4112. Extension of support for physicians and other professionals in adjusting to Medicare payment changes.

Section 4112 provides additional support for physicians and other health care professionals in adjusting to Medicare payment changes. For services furnished in 2023, this section increases otherwise applicable Medicare Physician Fee Schedule payments by 2.5 percent. For services furnished in 2024, the section provides a 1.25 percent payment increase.

Section 4113. Advancing telehealth beyond COVID-19.

Section 4113 extends all of the Medicare telehealth flexibilities that were extended in the Consolidated Appropriations Act, 2022, through December 31, 2024.

Section 4114. Revised phase-in of Medicare clinical laboratory test payment changes.

Section 4114 delays by one year pending payment reductions and data reporting periods for the Clinical Laboratory Fee Schedule under the Protecting Access to Medicare Act.

Subtitle C — Medicare Mental Health Care Provisions

Section 4121. Coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program.

Section 4121 establishes Medicare coverage for services provided by marriage and family therapists and licensed professional counselors beginning on January 1, 2024.

Section 4122. Additional residency positions.

Section 4122 supports physician workforce development by providing for the distribution of 200 additional Medicare-funded graduate medical education (GME) residency positions. Specifically, this provision dedicates one-half of the total number of positions to psychiatry or psychiatry subspecialty residencies.

Section 4123. Improving mobile crisis care in Medicare.

Section 4123 establishes a 50 percent payment increase in Medicare Physician Fee Schedule payments rates for crisis psychotherapy services when furnished by a mobile unit, as well as additional settings other than a facility or physician office, beginning on January 1, 2024. The section also requires the Centers for Medicare and Medicaid Services (CMS) to conduct outreach and education to providers on Medicare coverage and payment for crisis psychotherapy services, the ability of peer support specialists and other auxiliary personnel to participate in the furnishing of crisis psychotherapy services, and the ability of peer support specialists and other auxiliary personnel to participate in the furnishing of behavioral health integration services.

Section 4124. Ensuring adequate coverage of outpatient mental health services under the Medicare program.

Section 4124 revises Medicare's partial hospitalization benefit beginning on January 1, 2024 to provide coverage of intensive outpatient services.

Section 4125. Improvements to Medicare prospective payment system for psychiatric hospitals and psychiatric units.

Section 4125 directs HHS to begin collecting (no later than October 1, 2023) data and other information necessary to revise the existing Medicare prospective payment system (PPS) for inpatient psychiatric hospitals and psychiatric units (IPFs). The HHS Secretary is required to update the methodology for determining payment rates under the IPF PPS beginning in rate year 2025.

Section 4126. Exception for physician wellness programs.

Section 4126 adds a new exception to the Stark Law to allow for hospitals and other entities to provide evidence-based programs for physicians to improve their mental health, increase resiliency, and prevent suicide among physicians.

Section 4127. Consideration of safe harbor under the anti-kickback statute for certain contingency management interventions.

Section 4127 requires the HHS Inspector General to conduct a review and issue a report to Congress on whether to establish a safe harbor for evidence-based contingency management incentives, which can be used to treat substance use disorders.

Section 4128. Provider outreach and reporting on certain behavioral health integration services.

Section 4128 requires HHS to conduct outreach to physicians and other health care providers on the availability of behavioral health integration services as a covered benefit under the Medicare program. This education will inform practitioners on the requirements to determine eligibility and bill for behavioral health integration codes. This section also requires reports to Congress on the methods used for provider outreach and on the number of Medicare beneficiaries who were furnished behavioral health integration services.

Section 4129. Outreach and reporting on opioid use disorder treatment services furnished by opioid treatment programs.

Section 4129 requires HHS to conduct outreach to physicians and other health care providers on the inclusion of opioid use disorder treatment services furnished by an opioid treatment program as a covered benefit under the Medicare program. This education will inform practitioners of the requirements to determine eligibility and bill for opioid treatment services. This section also requires HHS to conduct outreach to Medicare beneficiaries on the availability of opioid use disorder treatment services furnished by an opioid treatment program. This section requires reports to Congress on the methods used for provider outreach and on the number of Medicare beneficiaries who were furnished opioid use disorder treatment services.

Section 4130. GAO study and report comparing coverage of mental health and substance use disorder benefits and non-mental health and substance use disorder benefits.

Section 4130 directs the Comptroller of the United States to conduct a study to compare the mental health and substance use disorder benefits offered by Medicare Advantage plans to traditional Medicare and to other benefits offered by Medicare Advantage plans.

Subtitle D — Other Medicare Provisions

Section 4131. Temporary inclusion of authorized oral antiviral drugs as covered Part D drugs.

Section 4131 permits coverage of oral antiviral drugs with an emergency use authorization (EUA) from the Food and Drug Administration (FDA) under Medicare Part D through December 31, 2024.

Section 4132. Restoration of CBO access to certain part D payment data.

Section 4132 authorizes the Congressional Budget Office (CBO) to access prescription drug payment data, including rebate and direct and indirect remuneration (DIR) data, under Medicare Part D.

Section 4133. Medicare coverage of certain lymphedema compression treatment items.

Section 4133 provides Medicare Part B coverage for compression garments for the treatment of lymphedema, beginning on January 1, 2024.

Section 4134. Permanent in-home benefit for IVIG services.

Section 4134 provides permanent Medicare coverage for items and services related to the administration of intravenous immune globulin (IVIG), beginning on January 1, 2024.

Section 4135. Access to non-opioid treatments for pain relief.

Section 4135 provides a separate Medicare payment, from 2025 through 2027, for non-opioid treatments that are currently packaged into the payment for surgeries under Medicare's Outpatient Prospective Payment System (OPPS). The section also caps the separate payment at 18 percent of the estimated average OPPS payment amount for the surgeries and other services for which the non-opioid is used in conjunction with.

Section 4136. Technical amendments to Medicare separate payment for disposable negative pressure wound therapy devices.

Section 4136 adjusts payment for disposable negative pressure wound therapy devices by using the supply price to determine the relative value for the service.

Section 4137. Extension of certain home health rural add-on payments.

Section 4137 extends, for one year through December 31, 2023, the 1 percent add-on payment provided to certain home health agencies that furnish services in counties with a low population density.

Section 4138. Remedying election revocations relating to administration of COVID-19 vaccines.

Section 4138 revises Medicare coverage rules under the Religious Nonmedical Health Care Institution (RNHCI) benefit to ensure that beneficiaries who receive Medicare-covered vaccinations for COVID-19 do not have their RNHCI benefits temporarily revoked.

Section 4139. Payment rates for durable medical equipment under the Medicare program.

Section 4139 extends, through December 31, 2023, the temporary blended payment rates provided under the CARES Act for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) in certain non-competitive bid areas.

Section 4140. Extending Acute Hospital Care at Home waivers and flexibilities.

Section 4140 extends the Acute Hospital Care at Home initiative, as currently authorized under CMS waivers and flexibilities, through December 31, 2024.

Section 4141. Extension of pass-through status under the Medicare program for certain devices impacted by COVID-19.

Section 4141 extends the pass-through payment for certain medical devices for which pass-through status would have otherwise expired on January 1, 2022, for one additional year through December 31, 2023.

Section 4142. Increasing transparency for home health payments under the Medicare program.

Section 4142 requires HHS to provide publicly available information on the simulation of 60-day episodes under the Medicare home health prospective payment system in effect prior to the Patient Driven Groupings Model. This section also requires HHS to use a public forum to engage with home health stakeholders on the Medicare home health payment rate development within 90 days of enactment.

Section 4143. Waiver of cap on annual payments for nursing and allied health education payments.

Section 4143 eliminates the annual cap on total payments and excludes any resulting increase from factoring into calculations for nursing and allied health education payments for such hospitals for 2010 through 2019.

Subtitle E — Health Care Tax Provisions

Section 4151. Extension of safe harbor for absence of deductible for telehealth.

Section 4151 extends through Calendar Year 2024 the flexibility to exempt telehealth services from the deductible in high-deductible health plans (HDHPs) that can be paired with a Health Savings Account (HSA).

Subtitle F — Offsets

Section 4161. Reduction of Medicare Improvement Fund.

Section 4161 reduces the amount in the Medicare Improvement Fund from \$7,278,000,000 to \$180,000,000.

Section 4162. Extension of adjustment to calculation of hospice cap amount under Medicare.

Section 4162 extends, by one year, the change to the annual updates to the hospice aggregate cap made in the Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) of 2014 and applies the hospice payment update percentage rather than the Consumer Price Index for Urban Consumers (CPI-U) to the hospice aggregate cap through 2032.

Section 4163. Medicare direct spending reductions.

Section 4163 extends the mandatory Medicare payment reductions under sequestration for the first 6 months of fiscal year 2032, while revising Medicare sequestration percentages to 2 percent for fiscal year 2030 and fiscal year 2031.

TITLE V — MEDICAID AND CHIP PROVISIONS

Subtitle A — Territories

Section 5101. Medicaid adjustments for the territories.

Section 5101 extends Puerto Rico’s higher federal Medicaid match of 76 percent through fiscal year 2027 and permanently extends a higher federal Medicaid match of 83 percent for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands. In addition, this section establishes a new framework for Puerto Rico’s Medicaid enhanced allotments for the next five fiscal years. The section also makes programmatic improvements to the territories’ Medicaid programs, including requiring increased provider payment rates and improving contracting practices for Puerto Rico and providing funding for data system improvements for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands.

Subtitle B — Medicaid and CHIP Coverage

Section 5111. Funding extension of the Children’s Health Insurance Program and related provisions.

Section 5111 extends funding for the Children’s Health Insurance Program (CHIP) for two years through fiscal year 2029.

Section 5112. Continuous eligibility for children under Medicaid and CHIP.

Section 5112 requires children to be provided with 12 months of continuous coverage in Medicaid and CHIP effective January 1, 2024.

Section 5113. Modifications to postpartum coverage under Medicaid and CHIP.

Section 5113 makes permanent a state option to allow states to continue to provide 12 months of continuous coverage during the postpartum period in Medicaid or CHIP.

Section 5114. Extension of Money Follows the Person Rebalancing demonstration.

Section 5114 extends funding for the Medicaid Money Follows the Person Rebalancing Demonstration program at \$450 million per year through fiscal year 2027.

Section 5115. Extension of Medicaid protections against spousal impoverishment for recipients of home and community-based services.

Section 5115 extends protections against spousal impoverishment for Medicaid recipients of home and community-based services through fiscal year 2027.

Subtitle C — Medicaid and CHIP Mental Health Care

Section 5121. Medicaid and CHIP requirements for health screenings, referrals, and case management for eligible juveniles in public institutions.

Section 5121 requires states to provide justice-involved youth who are eligible for Medicaid or CHIP with screening, diagnostic, and case management services in the 30-day period prior to their release from incarceration in a post-adjudication setting. In addition, this section requires,

for at least 30 days following release, such youth to be provided with targeted case management services, including referrals to appropriate care and services. This provision takes effect January 1, 2025.

Section 5122. Removal of limitations on Federal financial participation for inmates who are eligible juveniles pending disposition of charges.

Section 5122 allows states to receive federal matching funds through Medicaid and CHIP for health care services provided to justice-involved youth who are incarcerated in public institutions pending disposition of their charges. This provision takes effect January 1, 2025.

Section 5123. Requiring accurate, updated, and searchable provider directories.

Section 5123 codifies requirements that apply to Medicaid managed care organizations, prepaid inpatient health plans, and primary care case management entities regarding the publication of searchable and regularly updated directories of health care providers in their networks, including providers of mental health and substance use disorder services. These requirements would also apply to state Medicaid fee-for-service programs. This provision takes effect July 1, 2025.

Section 5124. Supporting access to a continuum of crisis response services under Medicaid and CHIP.

Section 5124 directs the Secretary of Health and Human Services to issue guidance providing recommendations and best practices to states regarding the development of an effective continuum of crisis care through Medicaid and CHIP. In addition, this section requires the Secretary to establish a technical assistance center to provide support for states in designing and implementing crisis response services.

Subtitle D — Transitioning From Medicaid FMAP Increase Requirements

Section 5131. Transitioning from Medicaid FMAP increase requirements.

Section 5131 provides funding and requirements for state Medicaid programs to support the transition from the enhanced Medicaid funding and continuous coverage requirements of the Families First Coronavirus Response Act (FFCRA). This section would sunset FFCRA's continuous coverage requirement as of April 1, 2023 and allow for states to begin the process of initiating redeterminations of eligibility over a period of at least twelve months. States would be able to receive enhanced Medicaid funding from April 1 through December 31, 2023, subject to meeting certain conditions such as updating beneficiaries' contact information and using more than one modality to contact beneficiaries in the event of returned mail. The section also establishes public reporting requirements for all states during this temporary redetermination period and provides additional enforcement mechanisms for the Centers for Medicare & Medicaid Services during this period.

Subtitle E — Medicaid Improvement Fund

Section 5141. Medicaid improvement fund.

Section 5141 provides \$7,000,000,000 in the Medicaid Improvement Fund.

TITLE VI — HUMAN SERVICES PROVISIONS

Section 6101. The Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022.

Section 6101 reauthorizes the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program through September 30, 2027. It requires the Secretary of Health and Human Services to create an annually updated, publicly available website containing information on individual and family outcomes for states, territories and tribes. It authorizes five years of funding for the MIECHV Program, and describes how funding for both Federal base grants and Federal matching grants is allocated. It also reserves funds for purposes other than the state/territory grants, including a 6 percent set aside to provide and administer grants to Indian tribes.

The funding allocations for FY23-FY27 are as follows:

- FY 2023: \$500,000,000 for base grants
- FY 2024: \$500,000,000 for base grants, and \$50,000,000 for matching grants
- FY 2025: \$500,000,000 for base grants, and \$100,000,000 for matching grants
- FY 2026: \$500,000,000 for base grants, and \$150,000,000 for matching grants
- FY 2027: \$500,000,000 for base grants, and \$300,000,000 for matching grants

This section also provides an option to provide virtual home visits if a state/territory provides certain information to the Secretary demonstrating they have met specific conditions, including the requirement of one in-person visit per year.

Section 6102. Extension of Temporary Assistance for Needy Families program.

Section 6102 continues funding for the Temporary Assistance for Needy Families program (TANF) and associated programs through the end of fiscal year 2023 without policy changes.

Section 6103. One-year extension of child and family services program.

Section 6103 continues mandatory and discretionary child welfare programs authorized under Title IV-B of the Social Security Act through the end of fiscal year 2023 without policy changes.