

DIVISION G – OTHER MATTERS

Title I — Health and Human Services

Subtitle A – Public Health Extenders.

Sec. 101. Extension for Community Health Centers, National Health Service Corps, and Teaching Health Centers That Operate GME Programs. This section extends the Teaching Health Center Graduate Medical Education program, the Community Health Center Fund, and the National Health Service Corps through December 31, 2024.

Sec. 102. Extension of Special Diabetes Programs. This section extends the Special Diabetes Program for Type I Diabetes, and the Special Diabetes Program for Indians through December 31, 2024.

Sec. 103. National Health Security Extensions. This section extends, through December 31, 2024, the Assistant Secretary for Preparedness and Response’s direct hire authority for the National Disaster Medical System, the ability for states and Tribes to request temporary reassignment of federally-funded personnel, three national advisory committees related to preparedness and response, and certain authorities related to public-private partnerships under the Biomedical Advanced Research and Development Authority.

Subtitle B – Medicaid

Sec. 201. Requirement for State Medicaid Plans to Provide Coverage for Medication-Assisted Treatment. This section makes permanent existing requirements that state Medicaid programs cover all forms of medications for the treatment of opioid use disorder, including methadone, and the provision of such medications, counseling services, and behavioral therapy.

Sec. 202. Collection and Reporting of Comprehensive Data for Specified Populations Enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). This section requires the Department of Health and Human Services (HHS) to analyze and publish annually specified information on substance use disorder and mental health services provided to Medicaid and CHIP enrollees, based on currently available data that states already collect for their Medicaid and CHIP programs.

Sec. 203. Monitoring Prescribing of Antipsychotic Medications. This section requires states to monitor the prescribing of antipsychotic medications to children, including children in foster care, and adults residing in institutional care settings or receiving home and community-based services, in order to identify potentially abusive prescribing practices of antipsychotics. Current law requires states to monitor the prescribing of antipsychotics to children, but it does not require the monitoring of antipsychotics to other populations.

Sec. 204. Extension of State Option to Provide Medical Assistance for Certain Individuals in Institutions for Mental Diseases. This section makes permanent the state option to provide Medicaid covered services to individuals who have a substance use disorder and reside in an Institution for Mental Diseases (IMD), regardless of the size of the facility, so long as such stays do not exceed 30 days per 12-month period and the facility and state meet certain federal standards.

Sec. 205. Prohibition on Termination of Enrollment Due to Incarceration. This section prohibits states from terminating Medicaid coverage for an individual while incarcerated, but permits states to suspend coverage.

Sec. 206. Addressing Operational Barriers to Promote Continuity of Care for Medicaid and CHIP Beneficiaries Following Incarceration. This section would authorize grants to states for purposes of developing operational capabilities to promote continuity of care for incarcerated individuals who are eligible for Medicaid or CHIP. This section also directs HHS to issue guidance that addresses common implementation and operational challenges states face in ensuring access to high-quality and timely care during and after incarceration for individuals who are eligible for Medicaid or CHIP.

Sec. 207. Guidance Relating to Improving the Behavioral Health Workforce and Integration of Care under Medicaid and CHIP. This section requires HHS to issue guidance to states regarding opportunities to improve the availability and provision of mental health and substance use disorder services in Medicaid and CHIP.

Sec. 208. Funding for Implementation and Operations. This section authorizes and appropriates \$5 million for purposes of implementing Secs. 203, 206, and 207 of this title and \$10 million for purposes of the recurring collection, analysis, and publication of health care data under Sec. 202.

Sec. 209. Certified Community Behavioral Health Clinic Services Under Medicaid. This section establishes Certified Community Behavioral Health Clinic (CCBHC) services as an optional Medicaid benefit.

Sec. 210. Eliminating Certain Disproportionate Share Hospital Payment Cuts. This section eliminates the Medicaid Disproportionate Share Hospital (DSH) cuts through December 31, 2024.

Sec. 211. Promoting Value in Medicaid Managed Care. This section permanently authorizes states to keep a larger share of any Medical Loss Ratio (MLR) remittances paid by Medicaid managed care organizations for the Medicaid expansion population.

Sec. 212. Medicaid Improvement Fund.

This section reduces the amount of funds in the Medicaid Improvement Fund from \$5,140,428,729 to \$0.

Subtitle C – Medicare

Sec. 301. Extension of Funding for Quality Measure Endorsement, Input, and Selection.

This section provides \$9 million in funding to the Centers for Medicare & Medicaid Services (CMS) for quality measure selection and to contract with a consensus-based entity to carry out duties related to quality measure endorsement, input, and selection activities through December 31, 2024.

Sec. 302. Extension of Funding Outreach and Assistance for Low-Income Programs.

This section provides \$62,500,000 for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and a contract with an entity to inform older Americans about benefits available under Federal and state programs through December 31, 2024.

Sec. 303. Extension of the Work Geographic Index Floor under the Medicare Program.

This section extends the 1.0 work geographic practice cost index (GPCI) floor used in the calculation of payments under the Medicare physician fee schedule through December 31, 2024.

Sec. 304. Extension of Incentive Payments for Participation in Eligible Alternative Payment Models.

This section extends incentive payments for qualifying participants (QPs) in advanced alternative payment models (APMs) through payment year 2026 (based on performance year 2024), at an adjusted amount of 1.88 percent, and extends QP eligibility thresholds in effect for performance year 2023 through payment year 2026.

Sec. 305. Temporary Payment Increase under the Medicare Physician Fee Schedule to Account for Exceptional Circumstances and Atypical Timing of Enactment. With respect to services furnished between March 9, 2024 and December 31, 2024, this section increases the statutory 1.25 percent Medicare Physician Fee Schedule (PFS) conversion factor adjustment to a higher adjustment of 2.93 percent.

Sec. 306. Extension of Increased Inpatient Hospital Payment Adjustment for Certain Low-Volume Hospitals. This section extends the increased eligibility for the Medicare low-volume hospital payment adjustment for three months through December 31, 2024.

Sec. 307. Extension of the Medicare-Dependent Hospital Program (MDH). This section extends the Medicare-dependent Hospital (MDH) program for three months through December 31, 2024.

Sec. 308. Extension of Adjustment to Calculation of Hospice Cap Amount under Medicare.

This section extends for one year the annual updates to the Medicare hospice aggregate cap index calculation methodology first made in the Improving Medicare Post-Acute Care Transformation (IMPACT) Act.

Sec. 309. Medicare Improvement Fund. This section reduces the amount of funds in the Medicare Improvement Fund from \$2,197,795,056 to \$0.

Subtitle D – Human Services

Sec. 401. Extension of Temporary Assistance for Needy Families Program. This section extends the Temporary Assistance for Needy Families program and associated policies and programs through September 30, 2024.

Sec. 402. Extension of Child and Family Services Programs. This section extends child welfare programs under Title IV-B of the Social Security Act through December 31, 2024.

Sec. 403. Sexual Risk Avoidance Education Extension. This section extends the Sexual Risk Avoidance Education (SRAE) program under Title V of the Social Security Act through December 31, 2024.

Sec. 404. Personal Responsibility Education Extension. This section extends the Personal Responsibility Education Program (PREP) under Title V of the Social Security Act through December 31, 2024.

Sec. 405. Extension of Funding for Family-to-Family Health Information Centers. This section extends the Family-to-Family Health Information Centers Program under Title V of the Social Security Act through December 31, 2024.