

1 **DIVISION E—HEALTH AND**
 2 **HUMAN SERVICES EXTENDERS**

3 **SEC. 50100. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) **SHORT TITLE.**—This division may be cited as the
 5 “Advancing Chronic Care, Extenders, and Social Services
 6 (ACCESS) Act”

7 (b) **TABLE OF CONTENTS.**—The table of contents for
 8 this division is as follows:

DIVISION E—HEALTH AND HUMAN SERVICES EXTENDERS

Sec. 50100. Short title; table of contents.

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Sec. 50101. Funding extension of the Children’s Health Insurance Program through fiscal year 2027.

Sec. 50102. Extension of pediatric quality measures program.

Sec. 50103. Extension of outreach and enrollment program.

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Sec. 50201. Extension of work GPCI floor.

Sec. 50202. Repeal of Medicare payment cap for therapy services; limitation to ensure appropriate therapy.

Sec. 50203. Medicare ambulance services.

Sec. 50204. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals.

Sec. 50205. Extension of the Medicare-dependent hospital (MDH) program.

Sec. 50206. Extension of funding for quality measure endorsement, input, and selection; reporting requirements.

Sec. 50207. Extension of funding outreach and assistance for low-income programs; State health insurance assistance program reporting requirements.

Sec. 50208. Extension of home health rural add-on.

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Sec. 50351. GAO study and report on improving medication synchronization.

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Sec. 50403. Independent accreditation for dialysis facilities and assurance of high quality surveys.

Sec. 50404. Modernizing the application of the Stark rule under Medicare.

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Sec. 50411. Making permanent the removal of the rental cap for durable medical equipment under Medicare with respect to speech generating devices.

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- Sec. 50412. Increased civil and criminal penalties and increased sentences for Federal health care program fraud and abuse.
- Sec. 50413. Reducing the volume of future EHR-related significant hardship requests.
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- Sec. 50601. Continuing evidence-based home visiting program.
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- Sec. 50712. Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse.
- Sec. 50713. Title IV–E payments for evidence-based kinship navigator programs.

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- Sec. 50721. Elimination of time limit for family reunification services while in foster care and permitting time-limited family reunification services when a child returns home from foster care.
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Sec. 50761. Reauthorizing adoption and legal guardianship incentive programs.

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Sec. 50772. Technical corrections to State requirement to address the developmental needs of young children.

PART VIII—ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE

Sec. 50781. Delay of adoption assistance phase-in.

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- Sec. 51001. Home health payment reform.
- Sec. 51002. Information to satisfy documentation of Medicare eligibility for home health services.
- Sec. 51003. Technical amendments to Public Law 114–10.
- Sec. 51004. Expanded access to Medicare intensive cardiac rehabilitation programs.
- Sec. 51005. Extension of blended site neutral payment rate for certain long-term care hospital discharges; temporary adjustment to site neutral payment rates.
- Sec. 51006. Recognition of attending physician assistants as attending physicians to serve hospice patients.
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- Sec. 53105. Medicaid Improvement Fund.
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- Sec. 53107. Payment for outpatient physical therapy services and outpatient occupational therapy services furnished by a therapy assistant.
- Sec. 53108. Reduction for non-emergency ESRD ambulance transports.
- Sec. 53109. Hospital transfer policy for early discharges to hospice care.
- Sec. 53110. Medicare payment update for home health services.
- Sec. 53111. Medicare payment update for skilled nursing facilities.
- Sec. 53112. Preventing the artificial inflation of star ratings after the consolidation of Medicare Advantage plans offered by the same organization.
- Sec. 53113. Sunsetting exclusion of biosimilars from Medicare part D coverage gap discount program.
- Sec. 53114. Adjustments to Medicare part B and part D premium subsidies for higher income individuals.
- Sec. 53115. Medicare Improvement Fund.
- Sec. 53116. Closing the Donut Hole for Seniors.

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1 **【TITLE I—CHIP】**
2 **【SEC. 50101. FUNDING EXTENSION OF THE CHILDREN’S**
3 **HEALTH INSURANCE PROGRAM THROUGH**
4 **FISCAL YEAR 2027.**

5 **【(a) IN GENERAL.—**Section 2104(a) of the Social
6 Security Act (42 U.S.C. 1397dd(a)), as amended by sec-
7 tion 3002(a) of the HEALTHY KIDS Act (division C of
8 Public Law 115–120), is amended—**】**

9 **【(1) in paragraph (25), by striking “; and” and**
10 **inserting a semicolon;】**

11 **【(2) in paragraph (26), by striking the period**
12 **at the end and inserting a semicolon; and】**

13 **【(3) by adding at the end the following new**
14 **paragraphs:】**

15 **【“(27) for each of fiscal years 2024 through**
16 **2026, such sums as are necessary to fund allotments**
17 **to States under subsections (c) and (m); and】**

18 **【“(28) for fiscal year 2027, for purposes of**
19 **making two semi-annual allotments—】**

20 **【“(A) \$7,650,000,000 for the period be-**
21 **ginning on October 1, 2026, and ending on**
22 **March 31, 2027; and】**

1 【“(B) \$7,650,000,000 for the period be-
2 ginning on April 1, 2027, and ending on Sep-
3 tember 30, 2027.”.】

4 【(b) ALLOTMENTS.—】

5 【(1) IN GENERAL.—Section 2104(m) of the So-
6 cial Security Act (42 U.S.C. 1397dd(m)), as amend-
7 ed by section 3002(b) of the HEALTHY KIDS Act
8 (division C of Public Law 115–120), is amended—
9 】

10 【(A) in paragraph (2)(B)—】

11 【(i) in the matter preceding clause (i),
12 by striking “(25)” and inserting “(27)”；】

13 【(ii) in clause (i), by striking “and
14 2023” and inserting “, 2023, and 2027”；
15 and】

16 【(iii) in clause (ii)(I), by striking
17 “(or, in the case of fiscal year 2018, under
18 paragraph (4))” and inserting “(or, in the
19 case of fiscal year 2018 or 2024, under
20 paragraph (4) or (10), respectively)”；】

21 【(B) in paragraph (5)—】

22 【(i) by striking “or (10)” and insert-
23 ing “(10), or (11)”； and】

24 【(ii) by striking “or 2023,” and in-
25 serting “2023, or 2027,”；】

1 **[(C) in paragraph (7)—]**

2 **[(i) in subparagraph (A), by striking**
3 **“2023” and inserting “2027,”; and]**

4 **[(ii) in the matter following subpara-**
5 **graph (B), by striking “or fiscal year**
6 **2022” and inserting “fiscal year 2022, fis-**
7 **cal year 2024, or fiscal year 2026”];]**

8 **[(D) in paragraph (9)—]**

9 **[(i) by striking “or (10)” and insert-**
10 **ing “(10), or (11)”; and]**

11 **[(ii) by striking “or 2023,” and in-**
12 **serting “2023, or 2027,”; and]**

13 **[(E) by adding at the end the following:]**

14 **[“(11) FOR FISCAL YEAR 2027.—]**

15 **[“(A) FIRST HALF.—Subject to para-**
16 **graphs (5) and (7), from the amount made**
17 **available under subparagraph (A) of paragraph**
18 **(28) of subsection (a) for the semi-annual pe-**
19 **riod described in such subparagraph, increased**
20 **by the amount of the appropriation for such pe-**
21 **riod under section 50101(b)(2) of the Advanc-**
22 **ing Chronic Care, Extenders, and Social Serv-**
23 **ices Act, the Secretary shall compute a State al-**
24 **lotment for each State (including the District of**
25 **Columbia and each commonwealth and terri-**

1 tory) for such semi-annual period in an amount
2 equal to the first half ratio (described in sub-
3 paragraph (D)) of the amount described in sub-
4 paragraph (C).】

5 【“(B) SECOND HALF.—Subject to para-
6 graphs (5) and (7), from the amount made
7 available under subparagraph (B) of paragraph
8 (28) of subsection (a) for the semi-annual pe-
9 riod described in such subparagraph, the Sec-
10 retary shall compute a State allotment for each
11 State (including the District of Columbia and
12 each commonwealth and territory) for such
13 semi-annual period in an amount equal to the
14 amount made available under such subpara-
15 graph, multiplied by the ratio of—】

16 【“(i) the amount of the allotment to
17 such State under subparagraph (A); to】

18 【“(ii) the total of the amount of all of
19 the allotments made available under such
20 subparagraph.】

21 【“(C) FULL YEAR AMOUNT BASED ON
22 REBASED AMOUNT.—The amount described in
23 this subparagraph for a State is equal to the
24 Federal payments to the State that are attrib-
25 utable to (and countable towards) the total

1 amount of allotments available under this sec-
2 tion to the State in fiscal year 2026 (including
3 payments made to the State under subsection
4 (n) for fiscal year 2026 as well as amounts re-
5 distributed to the State in fiscal year 2026),
6 multiplied by the allotment increase factor
7 under paragraph (6) for fiscal year 2027.】

8 【“(D) FIRST HALF RATIO.—The first half
9 ratio described in this subparagraph is the ratio
10 of—】

11 【“(i) the sum of—】

12 【“(I) the amount made available
13 under subsection (a)(28)(A); and】

14 【“(II) the amount of the appro-
15 priation for such period under section
16 50101(b)(2) of the Advancing Chronic
17 Care, Extenders, and Social Services
18 Act; to】

19 【“(ii) the sum of—】

20 【“(I) the amount described in
21 clause (i); and】

22 【“(II) the amount made available
23 under subsection (a)(28)(B).”】

24 【(2) ONE-TIME APPROPRIATION FOR FISCAL
25 YEAR 2027.—There is appropriated to the Secretary

1 of Health and Human Services, out of any money in
2 the Treasury not otherwise appropriated, such sums
3 as are necessary to fund allotments to States under
4 subsections (c) and (m) of section 2104 of the Social
5 Security Act (42 U.S.C. 1397dd) for fiscal year
6 2027, taking into account the full year amounts cal-
7 culated for States under paragraph (11)(C) of sub-
8 section (m) of such section (as added by paragraph
9 (1)) and the amounts appropriated under subpara-
10 graphs (A) and (B) of subsection (a)(28) of such
11 section (as added by subsection (a)). Such amount
12 shall accompany the allotment made for the period
13 beginning on October 1, 2026, and ending on March
14 31, 2027, under paragraph (28)(A) of section
15 2104(a) of such Act (42 U.S.C. 1397dd(a)), to re-
16 main available until expended. Such amount shall be
17 used to provide allotments to States under para-
18 graph (11) of section 2104(m) of such Act for the
19 first 6 months of fiscal year 2027 in the same man-
20 ner as allotments are provided under subsection
21 (a)(28)(A) of such section 2104 and subject to the
22 same terms and conditions as apply to the allot-
23 ments provided from such subsection (a)(28)(A).】

24 【(c) EXTENSION OF THE CHILD ENROLLMENT CON-
25 TINGENCY FUND.—Section 2104(n) of the Social Security

1 Act (42 U.S.C. 1397dd(n)), as amended by section
2 3002(c) of the HEALTHY KIDS Act (division C of Public
3 Law 115–120), is amended—】

4 【(1) in paragraph (2)—】

5 【(A) in subparagraph (A)(ii)—】

6 【(i) by striking “and 2018 through
7 2022” and inserting “2018 through 2022,
8 and 2024 through 2026”; and】

9 【(ii) by striking “and 2023” and in-
10 sserting “2023, and 2027”; and】

11 【(B) in subparagraph (B)—】

12 【(i) by striking “and 2018 through
13 2022” and inserting “2018 through 2022,
14 and 2024 through 2026”; and】

15 【(ii) by striking “and 2023” and in-
16 sserting “2023, and 2027”; and】

17 【(2) in paragraph (3)(A), in the matter pre-
18 ceding clause (i)—】

19 【(A) by striking “or in any of fiscal years
20 2018 through 2022” and inserting “fiscal years
21 2018 through 2022, or fiscal years 2024
22 through 2026”; and】

23 【(B) by striking “or 2023” and inserting
24 “2023, or 2027”.】

1 **[(d) EXTENSION OF QUALIFYING STATES OPTION.—**
2 Section 2105(g)(4) of the Social Security Act (42 U.S.C.
3 1397ee(g)(4)), as amended by section 3002(d) of the
4 HEALTHY KIDS Act (division C of Public Law 115–
5 120), is amended—**]**

6 **[(1) in the paragraph heading, by striking**
7 **“THROUGH 2023” and inserting “THROUGH 2027”;**
8 **and]**

9 **[(2) in subparagraph (A), by striking “2023”**
10 **and inserting “2027”.]**

11 **[(e) EXTENSION OF EXPRESS LANE ELIGIBILITY**
12 **OPTION.—**Section 1902(e)(13)(I) of the Social Security
13 Act (42 U.S.C. 1396a(e)(13)(I)), as amended by section
14 3002(e) of the HEALTHY KIDS Act (division C of Public
15 Law 115–120), is amended by striking “2023” and insert-
16 ing “2027”.**]**

17 **[(f) ASSURANCE OF ELIGIBILITY STANDARD FOR**
18 **CHILDREN AND FAMILIES.—]**

19 **[(1) IN GENERAL.—**Section 2105(d)(3) of the
20 Social Security Act (42 U.S.C. 1397ee(d)(3)), as
21 amended by section 3002(f)(1) of the HEALTHY
22 KIDS Act (division C of Public Law 115–120), is
23 amended—**]**

1 【(A) in the paragraph heading, by striking
2 “THROUGH SEPTEMBER 30, 2023” and inserting
3 “THROUGH SEPTEMBER 30, 2027”; and】

4 【(B) in subparagraph (A), in the matter
5 preceding clause (i), by striking “2023” each
6 place it appears and inserting “2027”.】

7 【(2) CONFORMING AMENDMENTS.—Section
8 1902(gg)(2) of the Social Security Act (42 U.S.C.
9 1396a(gg)(2)), as amended by section 3002(f)(2) of
10 the HEALTHY KIDS Act (division C of Public Law
11 115–120), is amended—】

12 【(A) in the paragraph heading, by striking
13 “THROUGH SEPTEMBER 30, 2023” and insert-
14 ing “THROUGH SEPTEMBER 30, 2027”; and】

15 【(B) by striking “2023,” each place it ap-
16 pears and inserting “2027”.】

17 **【SEC. 50102. EXTENSION OF PEDIATRIC QUALITY MEAS-**
18 **URES PROGRAM.**

19 【(a) IN GENERAL.—Section 1139A(i)(1) of the So-
20 cial Security Act (42 U.S.C. 1320b–9a(i)(1)), as amended
21 by section 3003(b) of the HEALTHY KIDS Act (division
22 C of Public Law 115–120), is amended—】

23 【(1) in subparagraph (B), by striking “; and”
24 and inserting a semicolon;】

1 **[(2) in subparagraph (C), by striking the pe-**
2 **riod at the end and inserting “; and”; and]**

3 **[(3) by adding at the end the following new**
4 **subparagraph:]**

5 **["(D) for the period of fiscal years 2024**
6 **through 2027, \$60,000,000 for the purpose of**
7 **carrying out this section (other than sub-**
8 **sections (e), (f), and (g)).”.]**

9 **[(b) MAKING REPORTING MANDATORY.—Section**
10 **1139A of the Social Security Act (42 U.S.C. 1320b–9a)**
11 **is amended—]**

12 **[(1) in subsection (a)—]**

13 **[(A) in the heading for paragraph (4), by**
14 **inserting “AND MANDATORY REPORTING” after**
15 **“REPORTING”;]**

16 **[(B) in paragraph (4)—]**

17 **[(i) by striking “Not later than” and**
18 **inserting the following:]**

19 **["(A) VOLUNTARY REPORTING.—Not later**
20 **than”; and]**

21 **[(ii) by adding at the end the fol-**
22 **lowing:]**

23 **["(B) MANDATORY REPORTING.—Begin-**
24 **ning with the annual State report on fiscal year**
25 **2024 required under subsection (c)(1), the Sec-**

1 retary shall require States to use the initial core
2 measurement set and any updates or changes to
3 that set to report information regarding the
4 quality of pediatric health care under titles XIX
5 and XXI using the standardized format for re-
6 porting information and procedures developed
7 under subparagraph (A).”; and】

8 【(C) in paragraph (6)(B), by inserting
9 “and, beginning with the report required on
10 January 1, 2025, and for each annual report
11 thereafter, the status of mandatory reporting by
12 States under titles XIX and XXI, utilizing the
13 initial core quality measurement set and any
14 updates or changes to that set” before the
15 semicolon; and】

16 【(2) in subsection (c)(1)(A), by inserting “and,
17 beginning with the annual report on fiscal year
18 2024, all of the core measures described in sub-
19 section (a) and any updates or changes to those
20 measures” before the semicolon.】

21 **【SEC. 50103. EXTENSION OF OUTREACH AND ENROLLMENT**
22 **PROGRAM.**

23 【(a) IN GENERAL.—Section 2113 of the Social Secu-
24 rity Act (42 U.S.C. 1397mm), as amended by section

1 3004(a) of the HEALTHY KIDS Act (division C of Pub-
2 lie Law 115–120), is amended—】

3 【(1) in subsection (a)(1), by striking “2023”
4 and inserting “2027”; and】

5 【(2) in subsection (g)—】

6 【(A) by striking “and \$120,000,000” and
7 inserting “, \$120,000,000”; and】

8 【(B) by inserting “, and \$48,000,000 for
9 the period of fiscal years 2024 through 2027”
10 after “2023”.】

11 【(b) ADDITIONAL RESERVED FUNDS.—Section
12 2113(a) of the Social Security Act (42 U.S.C.
13 1397mm(a)) is amended—】

14 【(1) in paragraph (1), by striking “paragraph
15 (2)” and inserting “paragraphs (2) and (3)”; and】

16 【(2) by adding at the end the following new
17 paragraph:】

18 【“(3) TEN PERCENT SET ASIDE FOR EVALU-
19 ATING AND PROVIDING TECHNICAL ASSISTANCE TO
20 GRANTEES.—For the period of fiscal years 2024
21 through 2027, an amount equal to 10 percent of
22 such amounts shall be used by the Secretary for the
23 purpose of evaluating and providing technical assist-
24 ance to eligible entities awarded grants under this
25 section.”.】

1 **[(c) USE OF RESERVED FUNDS FOR NATIONAL EN-**
2 **ROLLMENT AND RETENTION STRATEGIES.—**Section
3 2113(h) of the Social Security Act (42 U.S.C.
4 1397mm(h)) is amended—**]**

5 **[(1) in paragraph (5), by striking “; and” and**
6 **inserting a semicolon;]**

7 **[(2) by redesignating paragraph (6) as para-**
8 **graph (7); and]**

9 **[(3) by inserting after paragraph (5) the fol-**
10 **lowing new paragraph:]**

11 **[(“(6) the development of materials and toolkits**
12 **and the provision of technical assistance to States**
13 **regarding enrollment and retention strategies for eli-**
14 **gible children under this title and title XIX; and”.)]**

15 **TITLE II—MEDICARE**
16 **EXTENDERS**

17 **SEC. 50201. EXTENSION OF WORK GPCI FLOOR.**

18 Section 1848(e)(1)(E) of the Social Security Act (42
19 U.S.C. 1395w-4(e)(1)(E)) is amended by striking “Janu-
20 ary 1, 2018” and inserting “January 1, 2020”.

21 **SEC. 50202. REPEAL OF MEDICARE PAYMENT CAP FOR**
22 **THERAPY SERVICES; LIMITATION TO ENSURE**
23 **APPROPRIATE THERAPY.**

24 Section 1833(g) of the Social Security Act (42 U.S.C.
25 1395l(g)) is amended—

1 (1) in paragraph (1)—

2 (A) by striking “Subject to paragraphs (4)
3 and (5)” and inserting “(A) Subject to para-
4 graphs (4) and (5)”;

5 (B) in the subparagraph (A), as inserted
6 and designated by subparagraph (A) of this
7 paragraph, by adding at the end the following
8 new sentence: “The preceding sentence shall
9 not apply to expenses incurred with respect to
10 services furnished after December 31, 2017.”;
11 and

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

14 “(B) With respect to services furnished during 2018
15 or a subsequent year, in the case of physical therapy serv-
16 ices of the type described in section 1861(p), speech-lan-
17 guage pathology services of the type described in such sec-
18 tion through the application of section 1861(ll)(2), and
19 physical therapy services and speech-language pathology
20 services of such type which are furnished by a physician
21 or as incident to physicians’ services, with respect to ex-
22 penses incurred in any calendar year, any amount that
23 is more than the amount specified in paragraph (2) for
24 the year shall not be considered as incurred expenses for

1 purposes of subsections (a) and (b) unless the applicable
2 requirements of paragraph (7) are met.”;

3 (2) in paragraph (3)—

4 (A) by striking “Subject to paragraphs (4)
5 and (5)” and inserting “(A) Subject to para-
6 graphs (4) and (5)”;

7 (B) in the subparagraph (A), as inserted
8 and designated by subparagraph (A) of this
9 paragraph, by adding at the end the following
10 new sentence: “The preceding sentence shall
11 not apply to expenses incurred with respect to
12 services furnished after December 31, 2017.”;
13 and

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

16 “(B) With respect to services furnished during 2018
17 or a subsequent year, in the case of occupational therapy
18 services (of the type that are described in section 1861(p)
19 through the operation of section 1861(g) and of such type
20 which are furnished by a physician or as incident to physi-
21 cians’ services), with respect to expenses incurred in any
22 calendar year, any amount that is more than the amount
23 specified in paragraph (2) for the year shall not be consid-
24 ered as incurred expenses for purposes of subsections (a)

1 and (b) unless the applicable requirements of paragraph
2 (7) are met.”;

3 (3) in paragraph (5)—

4 (A) by redesignating subparagraph (D) as
5 paragraph (8) and moving such paragraph to
6 immediately follow paragraph (7), as added by
7 paragraph (4) of this section; and

8 (B) in subparagraph (E)(iv), by inserting
9 “, except as such process is applied under para-
10 graph (7)(B)” before the period at the end; and

11 (4) by adding at the end the following new
12 paragraph:

13 “(7) For purposes of paragraphs (1)(B) and (3)(B),
14 with respect to services described in such paragraphs, the
15 requirements described in this paragraph are as follows:

16 “(A) INCLUSION OF APPROPRIATE MODIFIER.—
17 The claim for such services contains an appropriate
18 modifier (such as the KX modifier described in para-
19 graph (5)(B)) indicating that such services are medi-
20 cally necessary as justified by appropriate docu-
21 mentation in the medical record involved.

22 “(B) TARGETED MEDICAL REVIEW FOR CER-
23 TAIN SERVICES ABOVE THRESHOLD.—

24 “(i) IN GENERAL.—In the case where ex-
25 penses that would be incurred for such services

1 would exceed the threshold described in clause
2 (ii) for the year, such services shall be subject
3 to the process for medical review implemented
4 under paragraph (5)(E).

5 “(ii) THRESHOLD.—The threshold under
6 this clause for—

7 “(I) a year before 2028, is \$3,000;

8 “(II) 2028, is the amount specified in
9 subclause (I) increased by the percentage
10 increase in the MEI (as defined in section
11 1842(i)(3)) for 2028; and

12 “(III) a subsequent year, is the
13 amount specified in this clause for the pre-
14 ceding year increased by the percentage in-
15 crease in the MEI (as defined in section
16 1842(i)(3)) for such subsequent year;

17 except that if an increase under subclause (II)
18 or (III) for a year is not a multiple of \$10, it
19 shall be rounded to the nearest multiple of \$10.

20 “(iii) APPLICATION.—The threshold under
21 clause (ii) shall be applied separately—

22 “(I) for physical therapy services and
23 speech-language pathology services; and

24 “(II) for occupational therapy serv-
25 ices.

1 “(iv) FUNDING.—For purposes of carrying
2 out this subparagraph, the Secretary shall pro-
3 vide for the transfer, from the Federal Supple-
4 mentary Medical Insurance Trust Fund under
5 section 1841 to the Centers for Medicare &
6 Medicaid Services Program Management Ac-
7 count, of \$5,000,000 for each fiscal year begin-
8 ning with fiscal year 2018, to remain available
9 until expended. Such funds may not be used by
10 a contractor under section 1893(h) for medical
11 reviews under this subparagraph.”.

12 **SEC. 50203. MEDICARE AMBULANCE SERVICES.**

13 (a) EXTENSION OF CERTAIN GROUND AMBULANCE
14 ADD-ON PAYMENTS.—

15 (1) GROUND AMBULANCE.—Section
16 1834(l)(13)(A) of the Social Security Act (42 U.S.C.
17 1395m(l)(13)(A)) is amended by striking “2018”
18 and inserting “2023” each place it appears.

19 (2) SUPER RURAL AMBULANCE.—Section
20 1834(l)(12)(A) of the Social Security Act (42 U.S.C.
21 1395m(l)(12)(A)) is amended, in the first sentence,
22 by striking “2018” and inserting “2023”.

23 (b) REQUIRING GROUND AMBULANCE PROVIDERS OF
24 SERVICES AND SUPPLIERS TO SUBMIT COST AND OTHER
25 INFORMATION.—Section 1834(l) of the Social Security

1 Act (42 U.S.C. 1395m(l)) is amended by adding at the
2 end the following new paragraph:

3 “(17) SUBMISSION OF COST AND OTHER INFOR-
4 MATION.—

5 “(A) DEVELOPMENT OF DATA COLLECTION
6 SYSTEM.—The Secretary shall develop a data
7 collection system (which may include use of a
8 cost survey) to collect cost, revenue, utilization,
9 and other information determined appropriate
10 by the Secretary with respect to providers of
11 services (in this paragraph referred to as ‘pro-
12 viders’) and suppliers of ground ambulance
13 services. Such system shall be designed to col-
14 lect information—

15 “(i) needed to evaluate the extent to
16 which reported costs relate to payment
17 rates under this subsection;

18 “(ii) on the utilization of capital
19 equipment and ambulance capacity, includ-
20 ing information consistent with the type of
21 information described in section 1121(a);
22 and

23 “(iii) on different types of ground am-
24 bulance services furnished in different geo-
25 graphic locations, including rural areas

1 and low population density areas described
2 in paragraph (12).

3 “(B) SPECIFICATION OF DATA COLLEC-
4 TION SYSTEM.—

5 “(i) IN GENERAL.—The Secretary
6 shall—

7 “(I) not later than December 31,
8 2019, specify the data collection sys-
9 tem under subparagraph (A); and

10 “(II) identify the providers and
11 suppliers of ground ambulance serv-
12 ices that would be required to submit
13 information under such data collection
14 system, including the representative
15 sample described in clause (ii).

16 “(ii) DETERMINATION OF REP-
17 RESENTATIVE SAMPLE.—

18 “(I) IN GENERAL.—Not later
19 than December 31, 2019, with respect
20 to the data collection for the first year
21 under such system, and for each sub-
22 sequent year through 2024, the Sec-
23 retary shall determine a representative
24 sample to submit information under
25 the data collection system.

1 “(II) REQUIREMENTS.—The
2 sample under subclause (I) shall be
3 representative of the different types of
4 providers and suppliers of ground am-
5 bulance services (such as those pro-
6 viders and suppliers that are part of
7 an emergency service or part of a gov-
8 ernment organization) and the geo-
9 graphic locations in which ground am-
10 bulance services are furnished (such
11 as urban, rural, and low population
12 density areas).

13 “(III) LIMITATION.—The Sec-
14 retary shall not include an individual
15 provider or supplier of ground ambu-
16 lance services in the sample under
17 subclause (I) in 2 consecutive years,
18 to the extent practicable.

19 “(C) REPORTING OF COST INFORMA-
20 TION.—For each year, a provider or supplier of
21 ground ambulance services identified by the
22 Secretary under subparagraph (B)(i)(II) as
23 being required to submit information under the
24 data collection system with respect to a period
25 for the year shall submit to the Secretary infor-

1 mation specified under the system. Such infor-
2 mation shall be submitted in a form and man-
3 ner, and at a time, specified by the Secretary
4 for purposes of this subparagraph.

5 “(D) PAYMENT REDUCTION FOR FAILURE
6 TO REPORT.—

7 “(i) IN GENERAL.—Beginning Janu-
8 ary 1, 2022, subject to clause (ii), a 10
9 percent reduction to payments under this
10 part shall be made for the applicable pe-
11 riod (as defined in clause (ii)) to a provider
12 or supplier of ground ambulance services
13 that—

14 “(I) is required to submit infor-
15 mation under the data collection sys-
16 tem with respect to a period under
17 subparagraph (C); and

18 “(II) does not sufficiently submit
19 such information, as determined by
20 the Secretary.

21 “(ii) APPLICABLE PERIOD DE-
22 FINED.—For purposes of clause (i), the
23 term ‘applicable period’ means, with re-
24 spect to a provider or supplier of ground
25 ambulance services, a year specified by the

1 Secretary not more than 2 years after the
2 end of the period with respect to which the
3 Secretary has made a determination under
4 clause (i)(II) that the provider or supplier
5 of ground ambulance services failed to suf-
6 ficiently submit information under the data
7 collection system.

8 “(iii) HARDSHIP EXEMPTION.—The
9 Secretary may exempt a provider or sup-
10 plier from the payment reduction under
11 clause (i) with respect to an applicable pe-
12 riod in the event of significant hardship,
13 such as a natural disaster, bankruptcy, or
14 other similar situation that the Secretary
15 determines interfered with the ability of
16 the provider or supplier of ground ambu-
17 lance services to submit such information
18 in a timely manner for the specified period.

19 “(iv) INFORMAL REVIEW.—The Sec-
20 retary shall establish a process under
21 which a provider or supplier of ground am-
22 bulance services may seek an informal re-
23 view of a determination that the provider
24 or supplier is subject to the payment re-
25 duction under clause (i).

1 “(E) ONGOING DATA COLLECTION.—

2 “(i) REVISION OF DATA COLLECTION
3 SYSTEM.—The Secretary may, as the Sec-
4 retary determines appropriate and, if avail-
5 able, taking into consideration the report
6 (or reports) under subparagraph (F), re-
7 vise the data collection system under sub-
8 paragraph (A).

9 “(ii) SUBSEQUENT DATA COLLEC-
10 TION.—In order to continue to evaluate
11 the extent to which reported costs relate to
12 payment rates under this subsection and
13 for other purposes the Secretary deems ap-
14 propriate, the Secretary shall require pro-
15 viders and suppliers of ground ambulance
16 services to submit information for years
17 after 2024 as the Secretary determines ap-
18 propriate, but in no case less often than
19 once every 3 years.

20 “(F) GROUND AMBULANCE DATA COLLEC-
21 TION SYSTEM STUDY.—

22 “(i) IN GENERAL.—Not later than
23 March 15, 2023, and as determined nec-
24 essary by the Medicare Payment Advisory
25 Commission thereafter, such Commission

1 shall assess, and submit to Congress a re-
2 port on, information submitted by pro-
3 viders and suppliers of ground ambulance
4 services through the data collection system
5 under subparagraph (A), the adequacy of
6 payments for ground ambulance services
7 under this subsection, and geographic vari-
8 ations in the cost of furnishing such serv-
9 ices.

10 “(ii) CONTENTS.—A report under
11 clause (i) shall contain the following:

12 “(I) An analysis of information
13 submitted through the data collection
14 system.

15 “(II) An analysis of any burden
16 on providers and suppliers of ground
17 ambulance services associated with the
18 data collection system.

19 “(III) A recommendation as to
20 whether information should continue
21 to be submitted through such data
22 collection system or if such system
23 should be revised under subparagraph
24 (E)(i).

1 “(IV) Other information deter-
2 mined appropriate by the Commission.

3 “(G) PUBLIC AVAILABILITY.—The Sec-
4 retary shall post information on the results of
5 the data collection under this paragraph on the
6 Internet website of the Centers for Medicare &
7 Medicaid Services, as determined appropriate
8 by the Secretary.

9 “(H) IMPLEMENTATION.—The Secretary
10 shall implement this paragraph through notice
11 and comment rulemaking.

12 “(I) ADMINISTRATION.—Chapter 35 of
13 title 44, United States Code, shall not apply to
14 the collection of information required under this
15 subsection.

16 “(J) LIMITATIONS ON REVIEW.—There
17 shall be no administrative or judicial review
18 under section 1869, section 1878, or otherwise
19 of the data collection system or identification of
20 respondents under this paragraph.

21 “(K) FUNDING FOR IMPLEMENTATION.—
22 For purposes of carrying out subparagraph (A),
23 the Secretary shall provide for the transfer,
24 from the Federal Supplementary Medical Insur-
25 ance Trust Fund under section 1841, of

1 \$15,000,000 to the Centers for Medicare &
2 Medicaid Services Program Management Ac-
3 count for fiscal year 2018. Amounts transferred
4 under this subparagraph shall remain available
5 until expended.”.

6 **SEC. 50204. EXTENSION OF INCREASED INPATIENT HOS-**
7 **PITAL PAYMENT ADJUSTMENT FOR CERTAIN**
8 **LOW-VOLUME HOSPITALS.**

9 (a) IN GENERAL.—Section 1886(d)(12) of the Social
10 Security Act (42 U.S.C. 1395ww(d)(12)) is amended—

11 (1) in subparagraph (B), in the matter pre-
12 ceding clause (i), by striking “fiscal year 2018” and
13 inserting “fiscal year 2023”;

14 (2) in subparagraph (C)—

15 (A) in clause (i)—

16 (i) by striking “through 2017” the
17 first place it appears and inserting
18 “through 2022”; and

19 (ii) by striking “ and has less than
20 800 discharges” and all that follows
21 through the period at the end and insert-
22 ing the following “and has—

23 “(I) with respect to each of fiscal
24 years 2005 through 2010, less than
25 800 discharges during the fiscal year;

1 “(II) with respect to each of fis-
2 cal years 2011 through 2018, less
3 than 1,600 discharges of individuals
4 entitled to, or enrolled for, benefits
5 under part A during the fiscal year or
6 portion of fiscal year;

7 “(III) with respect to each of fis-
8 cal years 2019 through 2022, less
9 than 3,800 discharges during the fis-
10 cal year; and

11 “(IV) with respect to fiscal year
12 2023 and each subsequent fiscal year,
13 less than 800 discharges during the
14 fiscal year.”; and

15 (B) in clause (ii)—

16 (i) by striking “subparagraph (B)”
17 and inserting “subparagraphs (B) and
18 (D)”;

19 (ii) by inserting “(except as provided
20 in clause (i)(II) and subparagraph (D)(i))”
21 after “regardless”;

22 (3) in subparagraph (D)—

23 (A) by striking “through 2017” and insert-
24 ing “through 2022”;

1 (B) by striking “hospitals with 200 or
2 fewer” and inserting the following: “hospitals—
3 “(i) with respect to each of fiscal
4 years 2011 through 2018, with 200 or
5 fewer”;

6 (C) by striking the period at the end and
7 inserting “or portion of fiscal year; and”;

8 (D) by adding at the end the following new
9 clause:

10 “(ii) with respect to each of fiscal
11 years 2019 through 2022, with 500 or
12 fewer discharges in the fiscal year to 0 per-
13 cent for low-volume hospitals with greater
14 than 3,800 discharges in the fiscal year.”.

15 (b) MEDPAC REPORT ON EXTENSION OF IN-
16 CREASED INPATIENT HOSPITAL PAYMENT ADJUSTMENT
17 FOR CERTAIN LOW-VOLUME HOSPITALS.—

18 (1) IN GENERAL.—Not later than March 15,
19 2022, the Medicare Payment Advisory Commission
20 shall submit to Congress a report on the extension
21 of the increased inpatient hospital payment adjust-
22 ment for certain low-volume hospitals under section
23 1886(d)(12) of the Social Security Act (42 U.S.C.
24 1395ww(d)(12)) under the provisions of, and amend-
25 ments made by, this section.

1 (2) CONTENTS.—The report under paragraph
2 (1) shall include an evaluation of the effects of such
3 extension on the following:

4 (A) Beneficiary utilization of inpatient hos-
5 pital services under title XVIII of the Social Se-
6 curity Act (42 U.S.C. 1395 et seq.).

7 (B) The financial status of hospitals with
8 a low volume of Medicare or total inpatient ad-
9 missions.

10 (C) Program spending under such title
11 XVIII.

12 (D) Other matters relevant to evaluating
13 the effects of such extension.

14 **SEC. 50205. EXTENSION OF THE MEDICARE-DEPENDENT**
15 **HOSPITAL (MDH) PROGRAM.**

16 (a) IN GENERAL.—Section 1886(d)(5)(G) of the So-
17 cial Security Act (42 U.S.C. 1395ww(d)(5)(G)) is amend-
18 ed—

19 (1) in clause (i), by striking “October 1, 2017”
20 and inserting “October 1, 2022”;

21 (2) in clause (ii)(II), by striking “October 1,
22 2017” and inserting “October 1, 2022”; and

23 (3) in clause (iv), by striking subclause (I) and
24 inserting the following new subclause:

25 “(I) that is located in—

1 “(aa) a rural area; or

2 “(bb) a State with no rural area (as de-
3 fined in paragraph (2)(D)) and satisfies any of
4 the criteria in subclause (I), (II), or (III) of
5 paragraph (8)(E)(ii),”; and

6 (4) by inserting after subclause (IV) the fol-
7 lowing new flush sentences:

8 “Subclause (I)(bb) shall apply for purposes of payment
9 under clause (ii) only for discharges of a hospital occur-
10 ring on or after the effective date of a determination of
11 medicare-dependent small rural hospital status made by
12 the Secretary with respect to the hospital after the date
13 of the enactment of this sentence. For purposes of apply-
14 ing subclause (II) of paragraph (8)(E)(ii) under subclause
15 (I)(bb), such subclause (II) shall be applied by inserting
16 ‘as of January 1, 2018,’ after ‘such State’ each place it
17 appears.”.

18 (b) CONFORMING AMENDMENTS.—

19 (1) EXTENSION OF TARGET AMOUNT.—Section
20 1886(b)(3)(D) of the Social Security Act (42 U.S.C.
21 1395ww(b)(3)(D)) is amended—

22 (A) in the matter preceding clause (i), by
23 striking “October 1, 2017” and inserting “Oc-
24 tober 1, 2022”; and

1 (B) in clause (iv), by striking “through fis-
2 cal year 2017” and inserting “through fiscal
3 year 2022”.

4 (2) PERMITTING HOSPITALS TO DECLINE RE-
5 CLASSIFICATION.—Section 13501(e)(2) of the Omni-
6 bus Budget Reconciliation Act of 1993 (42 U.S.C.
7 1395ww note) is amended by striking “through fis-
8 cal year 2017” and inserting “through fiscal year
9 2022”.

10 (c) GAO STUDY AND REPORT.—

11 (1) STUDY.—The Comptroller General of the
12 United States (in this subsection referred to as the
13 “Comptroller General”) shall conduct a study on the
14 medicare-dependent, small rural hospital program
15 under section 1886(d) of the Social Security Act (42
16 U.S.C. 1395x(d)). Such study shall include an anal-
17 ysis of the following:

18 (A) The payor mix of medicare-dependent,
19 small rural hospitals (as defined in paragraph
20 (5)(G)(iv) of such section 1886(d)), how such
21 mix will trend in future years (based on current
22 trends and projections), and whether or not the
23 requirement under subclause (IV) of such para-
24 graph should be revised.

1 (B) The characteristics of medicare-de-
2 pendent, small rural hospitals that meet the re-
3 quirement of such subclause (IV) through the
4 application of paragraph (a)(iii)(A) or
5 (a)(iii)(B) of section 412.108 of title 42, Code
6 of Federal Regulations, including Medicare in-
7 patient and outpatient utilization, payor mix,
8 and financial status (including Medicare and
9 total margins), and whether or not Medicare
10 payments for such hospitals should be revised.

11 (C) Such other items related to medicare-
12 dependent, small rural hospitals as the Comp-
13 troller General determines appropriate.

14 (2) REPORT.—Not later than 2 years after the
15 date of the enactment of this Act, the Comptroller
16 General shall submit to Congress a report containing
17 the results of the study conducted under paragraph
18 (1), together with recommendations for such legisla-
19 tion and administrative action as the Comptroller
20 General determines appropriate.

1 **SEC. 50206. EXTENSION OF FUNDING FOR QUALITY MEAS-**
2 **URE ENDORSEMENT, INPUT, AND SELECTION;**
3 **REPORTING REQUIREMENTS.**

4 (a) **EXTENSION OF FUNDING.**—Section 1890(d)(2)
5 of the Social Security Act (42 U.S.C. 1395aaa(d)(2)) is
6 amended—

7 (1) in the first sentence—

8 (A) by striking “2014 and” and inserting
9 “2014,”; and

10 (B) by inserting the following before the
11 period: “, and \$7,500,000 for each of fiscal
12 years 2018 and 2019”; and

13 (2) by adding at the end the following new sen-
14 tence: “Amounts transferred for each of fiscal years
15 2018 and 2019 shall be in addition to any unobli-
16 gated funds transferred for a preceding fiscal year
17 that are available under the preceding sentence.”

18 (b) **ANNUAL REPORT BY SECRETARY TO CON-**
19 **GRESS.**—Section 1890 of the Social Security Act (42
20 U.S.C. 1395aaa) is amended by adding at the end the fol-
21 lowing new subsection:

22 “(e) **ANNUAL REPORT BY SECRETARY TO CON-**
23 **GRESS.**—By not later than March 1 of each year (begin-
24 ning with 2019), the Secretary shall submit to Congress
25 a report containing the following:

1 “(1) A comprehensive plan that identifies the
2 quality measurement needs of programs and initia-
3 tives of the Secretary and provides a strategy for
4 using the entity with a contract under subsection (a)
5 and any other entity the Secretary has contracted
6 with or may contract with to perform work associ-
7 ated with section 1890A to help meet those needs,
8 specifically with respect to the programs under this
9 title and title XIX. In years after the first plan
10 under this paragraph is submitted, the requirements
11 of this paragraph may be met by providing an up-
12 date to the plan.

13 “(2) The amount of funding provided under
14 subsection (d) for purposes of carrying out this sec-
15 tion and section 1890A that has been obligated by
16 the Secretary, the amount of funding provided that
17 has been expended, and the amount of funding pro-
18 vided that remains unobligated.

19 “(3) With respect to the activities described
20 under this section or section 1890A, a description of
21 how the funds described in paragraph (2) have been
22 obligated or expended, including how much of that
23 funding has been obligated or expended for work
24 performed by the Secretary, the entity with a con-

1 tract under subsection (a), and any other entity the
2 Secretary has contracted with to perform work.

3 “(4) A description of the activities for which
4 the funds described in paragraph (2) were used, in-
5 cluding task orders and activities assigned to the en-
6 tity with a contract under subsection (a), activities
7 performed by the Secretary, and task orders and ac-
8 tivities assigned to any other entity the Secretary
9 has contracted with to perform work related to car-
10 rying out section 1890A.

11 “(5) The amount of funding described in para-
12 graph (2) that has been obligated or expended for
13 each of the activities described in paragraph (4).

14 “(6) Estimates for, and descriptions of, obliga-
15 tions and expenditures that the Secretary anticipates
16 will be needed in the succeeding two year period to
17 carry out each of the quality measurement activities
18 required under this section and section 1890A, in-
19 cluding any obligations that will require funds to be
20 expended in a future year.”.

21 (c) REVISIONS TO ANNUAL REPORT FROM CON-
22 SENSUS-BASED ENTITY TO CONGRESS AND THE SEC-
23 RETARY.—

1 (1) IN GENERAL.—Section 1890(b)(5)(A) of the
2 Social Security Act (42 U.S.C. 1395aaa(b)(5)(A)) is
3 amended—

4 (A) by redesignating clauses (i) through
5 (vi) as subclauses (I) through (VI), respectively,
6 and moving the margins accordingly;

7 (B) in the matter preceding subclause (I),
8 as redesignated by subparagraph (A), by strik-
9 ing “containing a description of—” and insert-
10 ing “containing the following:

11 “(i) A description of—”; and

12 (C) by adding at the end the following new
13 clauses:

14 “(ii) An itemization of financial infor-
15 mation for the fiscal year ending Sep-
16 tember 30 of the preceding year, includ-
17 ing—

18 “(I) annual revenues of the enti-
19 ty (including any government funding,
20 private sector contributions, grants,
21 membership revenues, and investment
22 revenue);

23 “(II) annual expenses of the enti-
24 ty (including grants paid, benefits
25 paid, salaries or other compensation,

1 fundraising expenses, and overhead
2 costs); and

3 “(III) a breakdown of the
4 amount awarded per contracted task
5 order and the specific projects funded
6 in each task order assigned to the en-
7 tity.

8 “(iii) Any updates or modifications of
9 internal policies and procedures of the en-
10 tity as they relate to the duties of the enti-
11 ty under this section, including—

12 “(I) specifically identifying any
13 modifications to the disclosure of in-
14 terests and conflicts of interests for
15 committees, work groups, task forces,
16 and advisory panels of the entity; and

17 “(II) information on external
18 stakeholder participation in the duties
19 of the entity under this section (in-
20 cluding complete rosters for all com-
21 mittees, work groups, task forces, and
22 advisory panels funded through gov-
23 ernment contracts, descriptions of rel-
24 evant interests and any conflicts of in-
25 terest for members of all committees,

1 work groups, task forces, and advisory
2 panels, and the total percentage by
3 health care sector of all convened
4 committees, work groups, task forces,
5 and advisory panels.”.

6 (2) EFFECTIVE DATE.—The amendments made
7 by this subsection shall apply to reports submitted
8 for years beginning with 2019.

9 (d) GAO STUDY AND REPORT.—

10 (1) STUDY.—The Comptroller General of the
11 United States shall conduct a study on health care
12 quality measurement efforts funded under sections
13 1890 and 1890A of the Social Security Act (42
14 U.S.C. 1395aaa; 1395aaa–1). Such study shall in-
15 clude an examination of the following:

16 (A) The extent to which the Secretary of
17 Health and Human Services (in this subsection
18 referred to as the “Secretary”) has set and
19 prioritized objectives to be achieved for each of
20 the quality measurement activities required
21 under such sections 1890 and 1890A.

22 (B) The efforts that the Secretary has un-
23 dertaken to meet quality measurement objec-
24 tives associated with such sections 1890 and
25 1890A, including division of responsibilities for

1 those efforts within the Department of Health
2 and Human Services and through contracts
3 with a consensus-based entity under subsection
4 (a) of such section 1890 (in this subsection re-
5 ferred to as the “consensus-based entity”) and
6 other entities, and the extent of any overlap
7 among the work performed by the Secretary,
8 the consensus-based entity, the Measure Appli-
9 cations Partnership (MAP) convened by such
10 entity to provide input to the Secretary on the
11 selection of quality and efficiency measures, and
12 any other entities the Secretary has contracted
13 with to perform work related to carrying out
14 such sections 1890 and 1890A.

15 (C) The total amount of funding provided
16 to the Secretary for purposes of carrying out
17 such sections 1890 and 1890A, the amount of
18 such funding that has been obligated or ex-
19 pended by the Secretary, and the amount of
20 such funding that remains unobligated.

21 (D) How the funds described in subpara-
22 graph (C) have been allocated, including how
23 much of the funding has been allocated for
24 work performed by the Secretary, the con-
25 sensus-based entity, and any other entity the

1 Secretary has contracted with to perform work
2 related to carrying out such sections 1890 and
3 1890A, respectively, and descriptions of such
4 work.

5 (E) The extent to which the Secretary has
6 developed a comprehensive and long-term plan
7 to ensure that it can achieve quality measure-
8 ment objectives related to carrying out such
9 sections 1890 and 1890A in a timely manner
10 and with efficient use of available resources, in-
11 cluding the roles of the consensus-based entity,
12 the Measure Applications Partnership (MAP),
13 and any other entity the Secretary has con-
14 tracted with to perform work related to such
15 sections 1890 and 1890A in helping the Sec-
16 retary achieve those objectives.

17 (2) REPORT.—Not later than 18 months after
18 the date of enactment of this Act, the Comptroller
19 General of the United States shall submit to Con-
20 gress a report containing the results of the study
21 conducted under paragraph (1), together with rec-
22 ommendations for such legislation and administra-
23 tive action as the Comptroller General determines
24 appropriate.

1 **SEC. 50207. EXTENSION OF FUNDING OUTREACH AND AS-**
2 **SISTANCE FOR LOW-INCOME PROGRAMS;**
3 **STATE HEALTH INSURANCE ASSISTANCE**
4 **PROGRAM REPORTING REQUIREMENTS.**

5 (a) FUNDING EXTENSIONS.—

6 (1) ADDITIONAL FUNDING FOR STATE HEALTH
7 INSURANCE PROGRAMS.—Subsection (a)(1)(B) of
8 section 119 of the Medicare Improvements for Pa-
9 tients and Providers Act of 2008 (42 U.S.C. 1395b-
10 3 note), as amended by section 3306 of the Patient
11 Protection and Affordable Care Act (Public Law
12 111–148), section 610 of the American Taxpayer
13 Relief Act of 2012 (Public Law 112–240), section
14 1110 of the Pathway for SGR Reform Act of 2013
15 (Public Law 113–67), section 110 of the Protecting
16 Access to Medicare Act of 2014 (Public Law 113–
17 93), and section 208 of the Medicare Access and
18 CHIP Reauthorization Act of 2015 (Public Law
19 114–10) is amended—

20 (A) in clause (vi), by striking “and” at the
21 end;

22 (B) in clause (vii), by striking the period
23 at the end and inserting “; and”; and

24 (C) by adding at the end the following new
25 clauses:

1 “(viii) for fiscal year 2018, of
2 \$13,000,000; and

3 “(ix) for fiscal year 2019, of
4 \$13,000,000.”.

5 (2) ADDITIONAL FUNDING FOR AREA AGENCIES
6 ON AGING.—Subsection (b)(1)(B) of such section
7 119, as so amended, is amended—

8 (A) in clause (vi), by striking “and” at the
9 end;

10 (B) in clause (vii), by striking the period
11 at the end and inserting “; and”; and

12 (C) by inserting after clause (vii) the fol-
13 lowing new clauses:

14 “(viii) for fiscal year 2018, of
15 \$7,500,000; and

16 “(ix) for fiscal year 2019, of
17 \$7,500,000.”.

18 (3) ADDITIONAL FUNDING FOR AGING AND DIS-
19 ABILITY RESOURCE CENTERS.—Subsection (c)(1)(B)
20 of such section 119, as so amended, is amended—

21 (A) in clause (vi), by striking “and” at the
22 end;

23 (B) in clause (vii), by striking the period
24 at the end and inserting “; and”; and

1 (C) by inserting after clause (vii) the fol-
2 lowing new clauses:

3 “(viii) for fiscal year 2018, of
4 \$5,000,000; and

5 “(ix) for fiscal year 2019, of
6 \$5,000,000.”.

7 (4) ADDITIONAL FUNDING FOR CONTRACT
8 WITH THE NATIONAL CENTER FOR BENEFITS AND
9 OUTREACH ENROLLMENT.—Subsection (d)(2) of
10 such section 119, as so amended, is amended—

11 (A) in clause (vi), by striking “and” at the
12 end;

13 (B) in clause (vii), by striking the period
14 at the end and inserting “; and”; and

15 (C) by inserting after clause (vii) the fol-
16 lowing new clauses:

17 “(viii) for fiscal year 2018, of
18 \$12,000,000; and

19 “(ix) for fiscal year 2019, of
20 \$12,000,000.”.

21 (b) STATE HEALTH INSURANCE ASSISTANCE PRO-
22 GRAM REPORTING REQUIREMENTS.—Beginning not later
23 than April 1, 2019, and biennially thereafter, the Agency
24 for Community Living shall electronically post on its
25 website the following information, with respect to grants

1 to States for State health insurance assistance programs,
2 (such information to be presented by State and by entity
3 receiving funds from the State to carry out such a pro-
4 gram funded by such grant):

5 (1) The amount of Federal funding provided to
6 each such State for such program for the period in-
7 volved and the amount of Federal funding provided
8 by each such State for such program to each such
9 entity for the period involved.

10 (2) Information as the Secretary may specify,
11 with respect to such programs carried out through
12 such grants, consistent with the terms and condi-
13 tions for receipt of such grants.

14 **SEC. 50208. EXTENSION OF HOME HEALTH RURAL ADD-ON.**

15 (a) EXTENSION.—

16 (1) IN GENERAL.—Section 421 of the Medicare
17 Prescription Drug, Improvement, and Modernization
18 Act of 2003 (Public Law 108–173; 117 Stat. 2283;
19 42 U.S.C. 1395fff note), as amended by section
20 5201(b) of the Deficit Reduction Act of 2005 (Pub-
21 lic Law 109–171; 120 Stat. 46), section 3131(e) of
22 the Patient Protection and Affordable Care Act
23 (Public Law 111–148; 124 Stat. 428), and section
24 210 of the Medicare Access and CHIP Reauthoriza-

1 tion Act of 2015 (Public Law 114–10; 129 Stat.
2 151) is amended—

3 (A) in subsection (a), by striking “January
4 1, 2018” and inserting “January 1, 2019” each
5 place it appears;

6 (B) by redesignating subsections (b) and
7 (c) as subsections (c) and (d), respectively;

8 (C) in each of subsections (c) and (d), as
9 so redesignated, by striking “subsection (a)”
10 and inserting “subsection (a) or (b)”; and

11 (D) by inserting after subsection (a) the
12 following new subsection:

13 “(b) SUBSEQUENT TEMPORARY INCREASE.—

14 “(1) IN GENERAL.—The Secretary shall in-
15 crease the payment amount otherwise made under
16 such section 1895 for home health services furnished
17 in a county (or equivalent area) in a rural area (as
18 defined in such section 1886(d)(2)(D)) that, as de-
19 termined by the Secretary—

20 “(A) is in the highest quartile of all coun-
21 ties (or equivalent areas) based on the number
22 of Medicare home health episodes furnished per
23 100 individuals who are entitled to, or enrolled
24 for, benefits under part A of title XVIII of the
25 Social Security Act or enrolled for benefits

1 under part B of such title (but not enrolled in
2 a plan under part C of such title)—

3 “(i) in the case of episodes and visits
4 ending during 2019, by 1.5 percent; and

5 “(ii) in the case of episodes and visits
6 ending during 2020, by 0.5 percent;

7 “(B) has a population density of 6 individ-
8 uals or fewer per square mile of land area and
9 is not described in subparagraph (A)—

10 “(i) in the case of episodes and visits
11 ending during 2019, by 4 percent;

12 “(ii) in the case of episodes and visits
13 ending during 2020, by 3 percent;

14 “(iii) in the case of episodes and visits
15 ending during 2021, by 2 percent; and

16 “(iv) in the case of episodes and visits
17 ending during 2022, by 1 percent; and

18 “(C) is not described in either subpara-
19 graph (A) or (B)—

20 “(i) in the case of episodes and visits
21 ending during 2019, by 3 percent;

22 “(ii) in the case of episodes and visits
23 ending during 2020, by 2 percent; and

24 “(iii) in the case of episodes and visits
25 ending during 2021, by 1 percent.

1 “(2) RULES FOR DETERMINATIONS.—

2 “(A) NO SWITCHING.—For purposes of
3 this subsection, the determination by the Sec-
4 retary as to which subparagraph of paragraph
5 (1) applies to a county (or equivalent area)
6 shall be made a single time and shall apply for
7 the duration of the period to which this sub-
8 section applies.

9 “(B) UTILIZATION.—In determining which
10 counties (or equivalent areas) are in the highest
11 quartile under paragraph (1)(A), the following
12 rules shall apply:

13 “(i) The Secretary shall use data from
14 2015.

15 “(ii) The Secretary shall exclude data
16 from the territories (and the territories
17 shall not be described in such paragraph).

18 “(iii) The Secretary may exclude data
19 from counties (or equivalent areas) in rural
20 areas with a low volume of home health
21 episodes (and if data is so excluded with
22 respect to a county (or equivalent area),
23 such county (or equivalent area) shall not
24 be described in such paragraph).

1 “(C) POPULATION DENSITY.—In deter-
2 mining population density under paragraph
3 (1)(B), the Secretary shall use data from the
4 2010 decennial Census.

5 “(3) LIMITATIONS ON REVIEW.—There shall be
6 no administrative or judicial review under section
7 1869, section 1878, or otherwise of determinations
8 under paragraph (1).”.

9 (2) REQUIREMENT TO SUBMIT COUNTY DATA
10 ON CLAIM FORM.—Section 1895(c) of the Social Se-
11 curity Act (42 U.S.C. 1395fff(c)) is amended—

12 (A) in paragraph (1), by striking “and” at
13 the end;

14 (B) in paragraph (2), by striking the pe-
15 riod at the end and inserting “; and”; and

16 (C) by adding at the end the following new
17 paragraph:

18 “(3) in the case of home health services fur-
19 nished on or after January 1, 2019, the claim con-
20 tains the code for the county (or equivalent area) in
21 which the home health service was furnished.”.

22 (b) HHS OIG ANALYSIS.—Not later than January
23 1, 2023, the Inspector General of the Department of
24 Health and Human Services shall submit to Congress—

1 (1) an analysis of the home health claims and
2 utilization of home health services by county (or
3 equivalent area) under the Medicare program; and

4 (2) recommendations the Inspector General de-
5 termines appropriate based on such analysis.

6 **TITLE III—CREATING HIGH-**
7 **QUALITY RESULTS AND OUT-**
8 **COMES NECESSARY TO IM-**
9 **PROVE CHRONIC (CHRONIC)**
10 **CARE**

11 **Subtitle A—Receiving High Quality**
12 **Care in the Home**

13 **SEC. 50301. EXTENDING THE INDEPENDENCE AT HOME**
14 **DEMONSTRATION PROGRAM.**

15 (a) IN GENERAL.—Section 1866E of the Social Secu-
16 rity Act (42 U.S.C. 1395cc-5) is amended—

17 (1) in subsection (e)—

18 (A) in paragraph (1)—

19 (i) by striking “An agreement” and
20 inserting “Agreements”; and

21 (ii) by striking “5-year” and inserting
22 “7-year”; and

23 (B) in paragraph (5)—

24 (i) by striking “10,000” and inserting
25 “15,000”; and

1 (ii) by adding at the end the following
2 new sentence: “An applicable beneficiary
3 that participates in the demonstration pro-
4 gram by reason of the increase from
5 10,000 to 15,000 in the preceding sentence
6 pursuant to the amendment made by sec-
7 tion 50301(a)(1)(B)(i) of the Advancing
8 Chronic Care, Extenders, and Social Serv-
9 ices Act shall be considered in the spend-
10 ing target estimates under paragraph (1)
11 of subsection (c) and the incentive pay-
12 ment calculations under paragraph (2) of
13 such subsection for the sixth and seventh
14 years of such program.”;

15 (2) in subsection (g), in the first sentence, by
16 inserting “, including, to the extent practicable, with
17 respect to the use of electronic health information
18 systems, as described in subsection (b)(1)(A)(vi)”
19 after “under the demonstration program”; and

20 (3) in subsection (i)(1)(A), by striking “will not
21 receive an incentive payment for the second of 2”
22 and inserting “did not achieve savings for the third
23 of 3”.

1 (b) EFFECTIVE DATE.—The amendment made by
2 subsection (a)(3) shall take effect as if included in the en-
3 actment of Public Law 111–148.

4 **SEC. 50302. EXPANDING ACCESS TO HOME DIALYSIS THER-**
5 **APY.**

6 (a) IN GENERAL.—Section 1881(b)(3) of the Social
7 Security Act (42 U.S.C. 1395rr(b)(3)) is amended—

8 (1) by redesignating subparagraphs (A) and
9 (B) as clauses (i) and (ii), respectively;

10 (2) in clause (ii), as redesignated by paragraph
11 (1), by striking “on a comprehensive” and insert
12 “subject to subparagraph (B), on a comprehensive”;

13 (3) by striking “With respect to” and inserting
14 “(A) With respect to”; and

15 (4) by adding at the end the following new sub-
16 paragraph:

17 “(B)(i) For purposes of subparagraph (A)(ii), subject
18 to clause (ii), an individual determined to have end stage
19 renal disease receiving home dialysis may choose to receive
20 monthly end stage renal disease-related clinical assess-
21 ments furnished on or after January 1, 2019, via tele-
22 health.

23 “(ii) Clause (i) shall apply to an individual only if
24 the individual receives a face-to-face clinical assessment,
25 without the use of telehealth—

1 “(I) in the case of the initial 3 months of home
2 dialysis of such individual, at least monthly; and

3 “(II) after such initial 3 months, at least once
4 every 3 consecutive months.”.

5 (b) ORIGINATING SITE REQUIREMENTS.—

6 (1) IN GENERAL.—Section 1834(m) of the So-
7 cial Security Act (42 U.S.C. 1395m(m)) is amend-
8 ed—

9 (A) in paragraph (4)(C)(ii), by adding at
10 the end the following new subclauses:

11 “(IX) A renal dialysis facility,
12 but only for purposes of section
13 1881(b)(3)(B).

14 “(X) The home of an individual,
15 but only for purposes of section
16 1881(b)(3)(B).”; and

17 (B) by adding at the end the following new
18 paragraph:

19 “(5) TREATMENT OF HOME DIALYSIS MONTHLY
20 ESRD-RELATED VISIT.—The geographic require-
21 ments described in paragraph (4)(C)(i) shall not
22 apply with respect to telehealth services furnished on
23 or after January 1, 2019, for purposes of section
24 1881(b)(3)(B), at an originating site described in

1 subclause (VI), (IX), or (X) of paragraph
2 (4)(C)(ii).”.

3 (2) NO FACILITY FEE IF ORIGINATING SITE
4 FOR HOME DIALYSIS THERAPY IS THE HOME.—Sec-
5 tion 1834(m)(2)(B) of the Social Security (42
6 U.S.C. 1395m(m)(2)(B)) is amended—

7 (A) by redesignating clauses (i) and (ii) as
8 subclauses (I) and (II), and indenting appro-
9 priately;

10 (B) in subclause (II), as redesignated by
11 subparagraph (A), by striking “clause (i) or
12 this clause” and inserting “subclause (I) or this
13 subclause”;

14 (C) by striking “SITE.—With respect to”
15 and inserting “SITE.—

16 “(i) IN GENERAL.—Subject to clause
17 (ii), with respect to”; and

18 (D) by adding at the end the following new
19 clause:

20 “(ii) NO FACILITY FEE IF ORIGI-
21 NATING SITE FOR HOME DIALYSIS THER-
22 APY IS THE HOME.—No facility fee shall
23 be paid under this subparagraph to an
24 originating site described in paragraph
25 (4)(C)(ii)(X).”.

1 (c) CLARIFICATION REGARDING TELEHEALTH PRO-
2 VIDED TO BENEFICIARIES.—Section 1128A(i)(6) of the
3 Social Security Act (42 U.S.C. 1320a–7a(i)(6)) is amend-
4 ed—

5 (1) in subparagraph (H), by striking “or” at
6 the end;

7 (2) in subparagraph (I), by striking the period
8 at the end and inserting “; or”; and

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

11 “(J) the provision of telehealth tech-
12 nologies (as defined by the Secretary) on or
13 after January 1, 2019, by a provider of services
14 or a renal dialysis facility (as such terms are
15 defined for purposes of title XVIII) to an indi-
16 vidual with end stage renal disease who is re-
17 ceiving home dialysis for which payment is
18 being made under part B of such title, if—

19 “(i) the telehealth technologies are not
20 offered as part of any advertisement or so-
21 licitation;

22 “(ii) the telehealth technologies are
23 provided for the purpose of furnishing tele-
24 health services related to the individual’s
25 end stage renal disease; and

1 “(iii) the provision of the telehealth
2 technologies meets any other requirements
3 set forth in regulations promulgated by the
4 Secretary.”.

5 (d) CONFORMING AMENDMENT.—Section 1881(b)(1)
6 of the Social Security Act (42 U.S.C. 1395rr(b)(1)) is
7 amended by striking “paragraph (3)(A)” and inserting
8 “paragraph (3)(A)(i)”.

9 **Subtitle B—Advancing Team-Based**
10 **Care**

11 **SEC. 50311. PROVIDING CONTINUED ACCESS TO MEDICARE**
12 **ADVANTAGE SPECIAL NEEDS PLANS FOR**
13 **VULNERABLE POPULATIONS.**

14 (a) EXTENSION.—Section 1859(f)(1) of the Social
15 Security Act (42 U.S.C. 1395w–28(f)(1)) is amended by
16 striking “and for periods before January 1, 2019”.

17 (b) INCREASED INTEGRATION OF DUAL SNPs.—

18 (1) IN GENERAL.—Section 1859(f) of the Social
19 Security Act (42 U.S.C. 1395w–28(f)) is amended—

20 (A) in paragraph (3), by adding at the end
21 the following new subparagraph:

22 “(F) The plan meets the requirements ap-
23 plicable under paragraph (8).”; and

24 (B) by adding at the end the following new
25 paragraph:

1 “(8) INCREASED INTEGRATION OF DUAL
2 SNPS.—

3 “(A) DESIGNATED CONTACT.—The Sec-
4 retary, acting through the Federal Coordinated
5 Health Care Office established under section
6 2602 of Public Law 111–148, shall serve as a
7 dedicated point of contact for States to address
8 misalignments that arise with the integration of
9 specialized MA plans for special needs individ-
10 uals described in subsection (b)(6)(B)(ii) under
11 this paragraph and, consistent with such role,
12 shall establish—

13 “(i) a uniform process for dissemi-
14 nating to State Medicaid agencies informa-
15 tion under this title impacting contracts
16 between such agencies and such plans
17 under this subsection; and

18 “(ii) basic resources for States inter-
19 ested in exploring such plans as a platform
20 for integration, such as a model contract
21 or other tools to achieve those goals.

22 “(B) UNIFIED GRIEVANCES AND APPEALS
23 PROCESS.—

24 “(i) IN GENERAL.—Not later than
25 April 1, 2020, the Secretary shall establish

1 procedures, to the extent feasible as deter-
2 mined by the Secretary, unifying griev-
3 ances and appeals procedures under sec-
4 tions 1852(f), 1852(g), 1902(a)(3),
5 1902(a)(5), and 1932(b)(4) for items and
6 services provided by specialized MA plans
7 for special needs individuals described in
8 subsection (b)(6)(B)(ii) under this title
9 and title XIX. With respect to items and
10 services described in the preceding sen-
11 tence, procedures established under this
12 clause shall apply in place of otherwise ap-
13 plicable grievances and appeals procedures.
14 The Secretary shall solicit comment in de-
15 veloping such procedures from States,
16 plans, beneficiaries and their representa-
17 tives, and other relevant stakeholders.

18 “(ii) PROCEDURES.—The procedures
19 established under clause (i) shall be in-
20 cluded in the plan contract under para-
21 graph (3)(D) and shall—

22 “(I) adopt the provisions for the
23 enrollee that are most protective for
24 the enrollee and, to the extent feasible
25 as determined by the Secretary, are

1 compatible with unified timeframes
2 and consolidated access to external re-
3 view under an integrated process;

4 “(II) take into account dif-
5 ferences in State plans under title
6 XIX to the extent necessary;

7 “(III) be easily navigable by an
8 enrollee; and

9 “(IV) include the elements de-
10 scribed in clause (iii), as applicable.

11 “(iii) ELEMENTS DESCRIBED.—Both
12 unified appeals and unified grievance pro-
13 cedures shall include, as applicable, the fol-
14 lowing elements described in this clause:

15 “(I) Single written notification of
16 all applicable grievances and appeal
17 rights under this title and title XIX.
18 For purposes of this subparagraph,
19 the Secretary may waive the require-
20 ments under section 1852(g)(1)(B)
21 when the specialized MA plan covers
22 items or services under this part or
23 under title XIX.

24 “(II) Single pathways for resolu-
25 tion of any grievance or appeal related

1 to a particular item or service pro-
2 vided by specialized MA plans for spe-
3 cial needs individuals described in
4 subsection (b)(6)(B)(ii) under this
5 title and title XIX.

6 “(III) Notices written in plain
7 language and available in a language
8 and format that is accessible to the
9 enrollee, including in non-English lan-
10 guages that are prevalent in the serv-
11 ice area of the specialized MA plan.

12 “(IV) Unified timeframes for
13 grievances and appeals processes,
14 such as an individual’s filing of a
15 grievance or appeal, a plan’s acknowl-
16 edgment and resolution of a grievance
17 or appeal, and notification of decisions
18 with respect to a grievance or appeal.

19 “(V) Requirements for how the
20 plan must process, track, and resolve
21 grievances and appeals, to ensure
22 beneficiaries are notified on a timely
23 basis of decisions that are made
24 throughout the grievance or appeals
25 process and are able to easily deter-

1 mine the status of a grievance or ap-
2 peal.

3 “(iv) CONTINUATION OF BENEFITS
4 PENDING APPEAL.—The unified procedures
5 under clause (i) shall, with respect to all
6 benefits under parts A and B and title
7 XIX subject to appeal under such proce-
8 dures, incorporate provisions under current
9 law and implementing regulations that pro-
10 vide continuation of benefits pending ap-
11 peal under this title and title XIX.

12 “(C) REQUIREMENT FOR UNIFIED GRIEV-
13 ANCES AND APPEALS.—For 2021 and subse-
14 quent years, the contract of a specialized MA
15 plan for special needs individuals described in
16 subsection (b)(6)(B)(ii) with a State Medicaid
17 agency under paragraph (3)(D) shall require
18 the use of unified grievances and appeals proce-
19 dures as described in subparagraph (B).

20 “(D) REQUIREMENTS FOR INTEGRA-
21 TION.—

22 “(i) IN GENERAL.—For 2021 and
23 subsequent years, a specialized MA plan
24 for special needs individuals described in
25 subsection (b)(6)(B)(ii) shall meet one or

1 more of the following requirements, to the
2 extent permitted under State law, for inte-
3 gration of benefits under this title and title
4 XIX:

5 “(I) The specialized MA plan
6 must meet the requirements of con-
7 tracting with the State Medicaid
8 agency described in paragraph (3)(D)
9 in addition to coordinating long-term
10 services and supports or behavioral
11 health services, or both, by meeting an
12 additional minimum set of require-
13 ments determined by the Secretary
14 through the Federal Coordinated
15 Health Care Office established under
16 section 2602 of the Patient Protection
17 and Affordable Care Act based on
18 input from stakeholders, such as noti-
19 fying the State in a timely manner of
20 hospitalizations, emergency room vis-
21 its, and hospital or nursing home dis-
22 charges of enrollees, assigning one
23 primary care provider for each en-
24 rollee, or sharing data that would ben-
25 efit the coordination of items and

1 services under this title and the State
2 plan under title XIX. Such minimum
3 set of requirements must be included
4 in the contract of the specialized MA
5 plan with the State Medicaid agency
6 under such paragraph.

7 “(II) The specialized MA plan
8 must meet the requirements of a fully
9 integrated plan described in section
10 1853(a)(1)(B)(iv)(II) (other than the
11 requirement that the plan have simi-
12 lar average levels of frailty, as deter-
13 mined by the Secretary, as the PACE
14 program), or enter into a capitated
15 contract with the State Medicaid
16 agency to provide long-term services
17 and supports or behavioral health
18 services, or both.

19 “(III) In the case of a specialized
20 MA plan that is offered by a parent
21 organization that is also the parent
22 organization of a Medicaid managed
23 care organization providing long term
24 services and supports or behavioral
25 services under a contract under sec-

1 described in section 1857(g)(1). If the Sec-
2 retary applies such remedy to a Medicare
3 Advantage organization under the pre-
4 ceding sentence, the organization shall sub-
5 mit to the Secretary (at a time, and in a
6 form and manner, specified by the Sec-
7 retary) information describing how the
8 plan will come into compliance with clause
9 (i).

10 “(E) STUDY AND REPORT TO CONGRESS.—

11 “(i) IN GENERAL.—Not later than
12 March 15, 2022, and, subject to clause
13 (iii), biennially thereafter through 2032,
14 the Medicare Payment Advisory Commis-
15 sion established under section 1805, in
16 consultation with the Medicaid and CHIP
17 Payment and Access Commission estab-
18 lished under section 1900, shall conduct
19 (and submit to the Secretary and the Com-
20 mittees on Ways and Means and Energy
21 and Commerce of the House of Represent-
22 atives and the Committee on Finance of
23 the Senate a report on) a study to deter-
24 mine how specialized MA plans for special
25 needs individuals described in subsection

1 (b)(6)(B)(ii) perform among each other
2 based on data from Healthcare Effective-
3 ness Data and Information Set (HEDIS)
4 quality measures, reported on the plan
5 level, as required under section 1852(e)(3)
6 (or such other measures or data sources
7 that are available and appropriate, such as
8 encounter data and Consumer Assessment
9 of Healthcare Providers and Systems data,
10 as specified by such Commissions as ena-
11 bling an accurate evaluation under this
12 subparagraph). Such study shall include,
13 as feasible, the following comparison
14 groups of specialized MA plans for special
15 needs individuals described in subsection
16 (b)(6)(B)(ii):

17 “(I) A comparison group of such
18 plans that are described in subpara-
19 graph (D)(i)(I).

20 “(II) A comparison group of such
21 plans that are described in subpara-
22 graph (D)(i)(II).

23 “(III) A comparison group of
24 such plans operating within the Fi-
25 nancial Alignment Initiative dem-

1 onstration for the period for which
2 such plan is so operating and the
3 demonstration is in effect, and, in the
4 case that an integration option that is
5 not with respect to specialized MA
6 plans for special needs individuals is
7 established after the conclusion of the
8 demonstration involved.

9 “(IV) A comparison group of
10 such plans that are described in sub-
11 paragraph (D)(i)(III).

12 “(V) A comparison group of MA
13 plans, as feasible, not described in a
14 previous subclause of this clause, with
15 respect to the performance of such
16 plans for enrollees who are special
17 needs individuals described in sub-
18 section (b)(6)(B)(ii).

19 “(ii) ADDITIONAL REPORTS.—Begin-
20 ning with 2033 and every five years there-
21 after, the Medicare Payment Advisory
22 Commission, in consultation with the Med-
23 icaid and CHIP Payment and Access Com-
24 mission, shall conduct a study described in
25 clause (i).”.

1 (2) CONFORMING AMENDMENT TO RESPON-
2 SIBILITIES OF FEDERAL COORDINATED HEALTH
3 CARE OFFICE.—Section 2602(d) of Public Law 111–
4 148 (42 U.S.C. 1315b(d)) is amended by adding at
5 the end the following new paragraphs:

6 “(6) To act as a designated contact for States
7 under subsection (f)(8)(A) of section 1859 of the So-
8 cial Security Act (42 U.S.C. 1395w–28) with respect
9 to the integration of specialized MA plans for special
10 needs individuals described in subsection
11 (b)(6)(B)(ii) of such section.

12 “(7) To be responsible, subject to the final ap-
13 proval of the Secretary, for developing regulations
14 and guidance related to the implementation of a uni-
15 fied grievance and appeals process as described in
16 subparagraphs (B) and (C) of section 1859(f)(8) of
17 the Social Security Act (42 U.S.C. 1395w–28(f)(8)).

18 “(8) To be responsible, subject to the final ap-
19 proval of the Secretary, for developing regulations
20 and guidance related to the integration or alignment
21 of policy and oversight under the Medicare program
22 under title XVIII of such Act and the Medicaid pro-
23 gram under title XIX of such Act regarding special-
24 ized MA plans for special needs individuals described
25 in subsection (b)(6)(B)(ii) of such section 1859.”.

1 (c) IMPROVEMENTS TO SEVERE OR DISABLING
2 CHRONIC CONDITION SNPS.—

3 (1) CARE MANAGEMENT REQUIREMENTS.—Sec-
4 tion 1859(f)(5) of the Social Security Act (42
5 U.S.C. 1395w–28(f)(5)) is amended—

6 (A) by striking “ALL SNPS.—The require-
7 ments” and inserting “ALL SNPS.—

8 “(A) IN GENERAL.—Subject to subpara-
9 graph (B), the requirements”;

10 (B) by redesignating subparagraphs (A)
11 and (B) as clauses (i) and (ii), respectively, and
12 indenting appropriately; and

13 (C) in clause (ii), as redesignated by sub-
14 paragraph (B), by redesignating clauses (i)
15 through (iii) as subclauses (I) through (III), re-
16 spectively, and indenting appropriately; and

17 (D) by adding at the end the following new
18 subparagraph:

19 “(B) IMPROVEMENTS TO CARE MANAGE-
20 MENT REQUIREMENTS FOR SEVERE OR DIS-
21 ABLING CHRONIC CONDITION SNPS.—For 2020
22 and subsequent years, in the case of a special-
23 ized MA plan for special needs individuals de-
24 scribed in subsection (b)(6)(B)(iii), the require-

1 ments described in this paragraph include the
2 following:

3 “(i) The interdisciplinary team under
4 subparagraph (A)(ii)(III) includes a team
5 of providers with demonstrated expertise,
6 including training in an applicable spe-
7 cialty, in treating individuals similar to the
8 targeted population of the plan.

9 “(ii) Requirements developed by the
10 Secretary to provide face-to-face encoun-
11 ters with individuals enrolled in the plan
12 not less frequently than on an annual
13 basis.

14 “(iii) As part of the model of care
15 under clause (i) of subparagraph (A), the
16 results of the initial assessment and an-
17 nual reassessment under clause (ii)(I) of
18 such subparagraph of each individual en-
19 rolled in the plan are addressed in the indi-
20 vidual’s individualized care plan under
21 clause (ii)(II) of such subparagraph.

22 “(iv) As part of the annual evaluation
23 and approval of such model of care, the
24 Secretary shall take into account whether

1 the plan fulfilled the previous year’s goals
2 (as required under the model of care).

3 “(v) The Secretary shall establish a
4 minimum benchmark for each element of
5 the model of care of a plan. The Secretary
6 shall only approve a plan’s model of care
7 under this paragraph if each element of
8 the model of care meets the minimum
9 benchmark applicable under the preceding
10 sentence.”.

11 (2) REVISIONS TO THE DEFINITION OF A SE-
12 VERE OR DISABLING CHRONIC CONDITIONS SPECIAL-
13 IZED NEEDS INDIVIDUAL.—

14 (A) IN GENERAL.—Section
15 1859(b)(6)(B)(iii) of the Social Security Act
16 (42 U.S.C. 1395w–28(b)(6)(B)(iii)) is amend-
17 ed—

18 (i) by striking “who have” and insert-
19 ing “who—

20 “(I) before January 1, 2022,
21 have”;

22 (ii) in subclause (I), as added by
23 clause (i), by striking the period at the end
24 and inserting “; and”; and

1 (iii) by adding at the end the fol-
2 lowing new subclause:

3 “(II) on or after January 1,
4 2022, have one or more comorbid and
5 medically complex chronic conditions
6 that is life threatening or significantly
7 limits overall health or function, have
8 a high risk of hospitalization or other
9 adverse health outcomes, and require
10 intensive care coordination and that is
11 listed under subsection (f)(9)(A).”.

12 (B) PANEL OF CLINICAL ADVISORS.—Sec-
13 tion 1859(f) of the Social Security Act (42
14 U.S.C. 1395w–28(f)), as amended by subsection
15 (b), is amended by adding at the end the fol-
16 lowing new paragraph:

17 “(9) LIST OF CONDITIONS FOR CLARIFICATION
18 OF THE DEFINITION OF A SEVERE OR DISABLING
19 CHRONIC CONDITIONS SPECIALIZED NEEDS INDI-
20 VIDUAL.—

21 “(A) IN GENERAL.—Not later than De-
22 cember 31, 2020, and every 5 years thereafter,
23 subject to subparagraphs (B) and (C), the Sec-
24 retary shall convene a panel of clinical advisors

1 to establish and update a list of conditions that
2 meet each of the following criteria:

3 “(i) Conditions that meet the defini-
4 tion of a severe or disabling chronic condi-
5 tion under subsection (b)(6)(B)(iii) on or
6 after January 1, 2022.

7 “(ii) Conditions that require prescrip-
8 tion drugs, providers, and models of care
9 that are unique to the specific population
10 of enrollees in a specialized MA plan for
11 special needs individuals described in such
12 subsection on or after such date and—

13 “(I) as a result of access to, and
14 enrollment in, such a specialized MA
15 plan for special needs individuals, in-
16 dividuals with such condition would
17 have a reasonable expectation of slow-
18 ing or halting the progression of the
19 disease, improving health outcomes
20 and decreasing overall costs for indi-
21 viduals diagnosed with such condition
22 compared to available options of care
23 other than through such a specialized
24 MA plan for special needs individuals;
25 or

1 “(II) have a low prevalence in the
2 general population of beneficiaries
3 under this title or a disproportionately
4 high per-beneficiary cost under this
5 title.

6 “(B) INCLUSION OF CERTAIN CONDI-
7 TIONS.—The conditions listed under subpara-
8 graph (A) shall include HIV/AIDS, end stage
9 renal disease, and chronic and disabling mental
10 illness.

11 “(C) REQUIREMENT.—In establishing and
12 updating the list under subparagraph (A), the
13 panel shall take into account the availability of
14 varied benefits, cost-sharing, and supplemental
15 benefits under the model described in para-
16 graph (2) of section 1859(h), including the ex-
17 pansion under paragraph (1) of such section.”.

18 (d) QUALITY MEASUREMENT AT THE PLAN LEVEL
19 FOR SNPs AND DETERMINATION OF FEASIBILITY OF
20 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR ALL
21 MA PLANS.—Section 1853(o) of the Social Security Act
22 (42 U.S.C. 1395w–23(o)) is amended by adding at the end
23 the following new paragraphs:

24 “(6) QUALITY MEASUREMENT AT THE PLAN
25 LEVEL FOR SNPs.—

1 “(A) IN GENERAL.—Subject to subpara-
2 graph (B), the Secretary may require reporting
3 of data under section 1852(e) for, and apply
4 under this subsection, quality measures at the
5 plan level for specialized MA plans for special
6 needs individuals instead of at the contract
7 level.

8 “(B) CONSIDERATIONS.—Prior to applying
9 quality measurement at the plan level under
10 this paragraph, the Secretary shall—

11 “(i) take into consideration the min-
12 imum number of enrollees in a specialized
13 MA plan for special needs individuals in
14 order to determine if a statistically signifi-
15 cant or valid measurement of quality at
16 the plan level is possible under this para-
17 graph;

18 “(ii) take into consideration the im-
19 pact of such application on plans that
20 serve a disproportionate number of individ-
21 uals dually eligible for benefits under this
22 title and under title XIX;

23 “(iii) if quality measures are reported
24 at the plan level, ensure that MA plans are

1 not required to provide duplicative infor-
2 mation; and

3 “(iv) ensure that such reporting does
4 not interfere with the collection of encoun-
5 ter data submitted by MA organizations or
6 the administration of any changes to the
7 program under this part as a result of the
8 collection of such data.

9 “(C) APPLICATION.—If the Secretary ap-
10 plies quality measurement at the plan level
11 under this paragraph—

12 “(i) such quality measurement may
13 include Medicare Health Outcomes Survey
14 (HOS), Healthcare Effectiveness Data and
15 Information Set (HEDIS), Consumer As-
16 sessment of Healthcare Providers and Sys-
17 tems (CAHPS) measures and quality
18 measures under part D; and

19 “(ii) the Secretary shall consider ap-
20 plying administrative actions, such as rem-
21 edies described in section 1857(g)(2), at
22 the plan level.

23 “(7) DETERMINATION OF FEASIBILITY OF
24 QUALITY MEASUREMENT AT THE PLAN LEVEL FOR
25 ALL MA PLANS.—

1 “(A) DETERMINATION OF FEASIBILITY.—
2 The Secretary shall determine the feasibility of
3 requiring reporting of data under section
4 1852(e) for, and applying under this subsection,
5 quality measures at the plan level for all MA
6 plans under this part.

7 “(B) CONSIDERATION OF CHANGE.—After
8 making a determination under subparagraph
9 (A), the Secretary shall consider requiring such
10 reporting and applying such quality measures
11 at the plan level as described in such subpara-
12 graph”.

13 (e) GAO STUDY AND REPORT ON STATE-LEVEL IN-
14 TEGRATION BETWEEN DUAL SNPs AND MEDICAID.—

15 (1) STUDY.—The Comptroller General of the
16 United States (in this subsection referred to as the
17 “Comptroller General”) shall conduct a study on
18 State-level integration between specialized MA plans
19 for special needs individuals described in subsection
20 (b)(6) (B)(ii) of section 1859 of the Social Security
21 Act (42 U.S.C. 1395w–28) and the Medicaid pro-
22 gram under title XIX of such Act (42 U.S.C. 1396
23 et seq.). Such study shall include an analysis of the
24 following:

1 (A) The characteristics of States in which
2 the State agency responsible for administering
3 the State plan under such title XIX has a con-
4 tract with such a specialized MA plan and that
5 delivers long-term services and supports under
6 the State plan under such title XIX through a
7 managed care program, including the require-
8 ments under such State plan with respect to
9 long-term services and supports.

10 (B) The types of such specialized MA
11 plans, which may include the following:

12 (i) A plan described in section
13 1853(a)(1)(B)(iv)(II) of such Act (42
14 U.S.C. 1395w-23(a)(1)(B)(iv)(II)).

15 (ii) A plan that meets the require-
16 ments described in subsection (f)(3)(D) of
17 such section 1859.

18 (iii) A plan described in clause (ii)
19 that also meets additional requirements es-
20 tablished by the State.

21 (C) The characteristics of individuals en-
22 rolled in such specialized MA plans.

23 (D) As practicable, the following with re-
24 spect to State programs for the delivery of long-

1 term services and supports under such title
2 XIX through a managed care program:

3 (i) Which populations of individuals
4 are eligible to receive such services and
5 supports.

6 (ii) Whether all such services and sup-
7 ports are provided on a capitated basis or
8 if any of such services and supports are
9 carved out and provided through fee-for
10 service.

11 (E) As practicable, how the availability
12 and variation of integration arrangements of
13 such specialized MA plans offered in States af-
14 fects spending, service delivery options, access
15 to community-based care, and utilization of
16 care.

17 (F) The efforts of State Medicaid pro-
18 grams to transition dually-eligible beneficiaries
19 receiving long-term services and supports
20 (LTSS) from institutional settings to home and
21 community-based settings and related financial
22 impacts of such transitions.

23 (G) Barriers and opportunities for making
24 further progress on dual integration, as well as
25 recommendations for legislation or administra-

1 tive action to expedite or refine pathways to-
2 ward fully integrated care.

3 (2) REPORT.—Not later than 2 years after the
4 date of the enactment of this Act, the Comptroller
5 General shall submit to Congress a report containing
6 the results of the study conducted under paragraph
7 (1), together with recommendations for such legisla-
8 tion and administrative action as the Comptroller
9 General determines appropriate.

10 **Subtitle C—Expanding Innovation**
11 **and Technology**

12 **SEC. 50321. ADAPTING BENEFITS TO MEET THE NEEDS OF**
13 **CHRONICALLY ILL MEDICARE ADVANTAGE**
14 **ENROLLEES.**

15 Section 1859 of the Social Security Act (42 U.S.C.
16 1395w–28) is amended by adding at the end the following
17 new subsection:

18 “(h) NATIONAL TESTING OF MEDICARE ADVANTAGE
19 VALUE-BASED INSURANCE DESIGN MODEL.—

20 “(1) IN GENERAL.—In implementing the Medi-
21 care Advantage Value-Based Insurance Design
22 model that is being tested under section 1115A(b),
23 the Secretary shall revise the testing of the model
24 under such section to cover, effective not later than
25 January 1, 2020, all States.

1 “(2) TERMINATION AND MODIFICATION PROVI-
2 SION NOT APPLICABLE UNTIL JANUARY 1, 2022.—
3 The provisions of section 1115A(b)(3)(B) shall apply
4 to the Medicare Advantage Value-Based Insurance
5 Design model, including such model as revised under
6 paragraph (1), beginning January 1, 2022, but shall
7 not apply to such model, as so revised, prior to such
8 date.

9 “(3) FUNDING.—The Secretary shall allocate
10 funds made available under section 1115A(f)(1) to
11 design, implement, and evaluate the Medicare Ad-
12 vantage Value-Based Insurance Design model, as re-
13 vised under paragraph (1).”.

14 **SEC. 50322. EXPANDING SUPPLEMENTAL BENEFITS TO**
15 **MEET THE NEEDS OF CHRONICALLY ILL**
16 **MEDICARE ADVANTAGE ENROLLEES.**

17 (a) IN GENERAL.—Section 1852(a)(3) of the Social
18 Security Act (42 U.S.C. 1395w–22(a)(3)) is amended—

19 (1) in subparagraph (A), by striking “Each”
20 and inserting “Subject to subparagraph (D), each”;
21 and

22 (2) by adding at the end the following new sub-
23 paragraph:

1 “(D) EXPANDING SUPPLEMENTAL BENE-
2 FITS TO MEET THE NEEDS OF CHRONICALLY
3 ILL ENROLLEES.—

4 “(i) IN GENERAL.—For plan year
5 2020 and subsequent plan years, in addi-
6 tion to any supplemental health care bene-
7 fits otherwise provided under this para-
8 graph, an MA plan, including a specialized
9 MA plan for special needs individuals (as
10 defined in section 1859(b)(6)), may pro-
11 vide supplemental benefits described in
12 clause (ii) to a chronically ill enrollee (as
13 defined in clause (iii)).

14 “(ii) SUPPLEMENTAL BENEFITS DE-
15 SCRIBED.—

16 “(I) IN GENERAL.—Supplemental
17 benefits described in this clause are
18 supplemental benefits that, with re-
19 spect to a chronically ill enrollee, have
20 a reasonable expectation of improving
21 or maintaining the health or overall
22 function of the chronically ill enrollee
23 and may not be limited to being pri-
24 marily health related benefits.

1 “(II) AUTHORITY TO WAIVE UNI-
2 FORMITY REQUIREMENTS.—The Sec-
3 retary may, only with respect to sup-
4 plemental benefits provided to a
5 chronically ill enrollee under this sub-
6 paragraph, waive the uniformity re-
7 quirements under this part, as deter-
8 mined appropriate by the Secretary.

9 “(iii) CHRONICALLY ILL ENROLLEE
10 DEFINED.—In this subparagraph, the term
11 ‘chronically ill enrollee’ means an enrollee
12 in an MA plan that the Secretary deter-
13 mines—

14 “(I) has one or more comorbid
15 and medically complex chronic condi-
16 tions that is life threatening or signifi-
17 cantly limits the overall health or
18 function of the enrollee;

19 “(II) has a high risk of hos-
20 pitalization or other adverse health
21 outcomes; and

22 “(III) requires intensive care co-
23 ordination.”.

24 (b) GAO STUDY AND REPORT.—

1 (1) STUDY.—The Comptroller General of the
2 United States (in this subsection referred to as the
3 “Comptroller General”) shall conduct a study on
4 supplemental benefits provided to enrollees in Medi-
5 care Advantage plans under part C of title XVIII of
6 the Social Security Act, including specialized MA
7 plans for special needs individuals (as defined in sec-
8 tion 1859(b)(6) of such Act (42 U.S.C. 1395w-
9 28(b)(6))). To the extent data are available, such
10 study shall include an analysis of the following:

11 (A) The type of supplemental benefits pro-
12 vided to such enrollees, the total number of en-
13 rollees receiving each supplemental benefit, and
14 whether the supplemental benefit is covered by
15 the standard benchmark cost of the benefit or
16 with an additional premium.

17 (B) The frequency in which supplemental
18 benefits are utilized by such enrollees.

19 (C) The impact supplemental benefits have
20 on—

21 (i) indicators of the quality of care re-
22 ceived by such enrollees, including overall
23 health and function of the enrollees;

24 (ii) the utilization of items and serv-
25 ices for which benefits are available under

1 the original Medicare fee-for-service pro-
2 gram option under parts A and B of such
3 title XVIII by such enrollees; and

4 (iii) the amount of the bids submitted
5 by Medicare Advantage Organizations for
6 Medicare Advantage plans under such part
7 C.

8 (2) CONSULTATION.—In conducting the study
9 under paragraph (1), the Comptroller General shall,
10 as necessary, consult with the Centers for Medicare
11 & Medicaid Services and Medicare Advantage orga-
12 nizations offering Medicare Advantage plans.

13 (3) REPORT.—Not later than 5 years after the
14 date of the enactment of this Act, the Comptroller
15 General shall submit to Congress a report containing
16 the results of the study conducted under paragraph
17 (1), together with recommendations for such legisla-
18 tion and administrative action as the Comptroller
19 General determines appropriate.

20 **SEC. 50323. INCREASING CONVENIENCE FOR MEDICARE AD-**
21 **VANTAGE ENROLLEES THROUGH TELE-**
22 **HEALTH.**

23 (a) IN GENERAL.—Section 1852 of the Social Secu-
24 rity Act (42 U.S.C. 1395w–22) is amended—

1 telecommunications technology when a
2 physician (as defined in section
3 1861(r)) or practitioner (described in
4 section 1842(b)(18)(C)) providing the
5 service is not at the same location as
6 the plan enrollee.

7 “(ii) EXCLUSION OF CAPITAL AND IN-
8 FRASTRUCTURE COSTS AND INVEST-
9 MENTS.—The term ‘additional telehealth
10 benefits’ does not include capital and infra-
11 structure costs and investments relating to
12 such benefits.

13 “(B) PUBLIC COMMENT.—Not later than
14 November 30, 2018, the Secretary shall solicit
15 comments on—

16 “(i) what types of items and services
17 (including those provided through supple-
18 mental health care benefits, such as remote
19 patient monitoring, secure messaging,
20 store and forward technologies, and other
21 non-face-to-face communication) should be
22 considered to be additional telehealth bene-
23 fits; and

1 “(ii) the requirements for the provi-
2 sion or furnishing of such benefits (such as
3 training and coordination requirements).

4 “(3) REQUIREMENTS FOR ADDITIONAL TELE-
5 HEALTH BENEFITS.—The Secretary shall specify re-
6 quirements for the provision or furnishing of addi-
7 tional telehealth benefits, including with respect to
8 the following:

9 “(A) Physician or practitioner qualifica-
10 tions (other than licensure) and other require-
11 ments such as specific training.

12 “(B) Factors necessary for the coordina-
13 tion of such benefits with other items and serv-
14 ices including those furnished in-person.

15 “(C) Such other areas as determined by
16 the Secretary.

17 “(4) ENROLLEE CHOICE.—If an MA plan pro-
18 vides a service as an additional telehealth benefit (as
19 defined in paragraph (2))—

20 “(A) the MA plan shall also provide access
21 to such benefit through an in-person visit (and
22 not only as an additional telehealth benefit);
23 and

24 “(B) an individual enrollee shall have dis-
25 cretion as to whether to receive such service

1 through the in-person visit or as an additional
2 telehealth benefit.

3 “(5) TREATMENT UNDER MA.—For purposes of
4 this subsection and section 1854, if a plan provides
5 additional telehealth benefits, such additional tele-
6 health benefits shall be treated as if they were bene-
7 fits under the original Medicare fee-for-service pro-
8 gram option.

9 “(6) CONSTRUCTION.—Nothing in this sub-
10 section shall be construed as affecting the require-
11 ment under subsection (a)(1) that MA plans provide
12 enrollees with items and services (other than hospice
13 care) for which benefits are available under parts A
14 and B, including benefits available under section
15 1834(m).”.

16 (b) CLARIFICATION REGARDING INCLUSION IN BID
17 AMOUNT.—Section 1854(a)(6)(A)(ii)(I) of the Social Se-
18 curity Act (42 U.S.C. 1395w-24(a)(6)(A)(ii)(I)) is
19 amended by inserting “, including, for plan year 2020 and
20 subsequent plan years, the provision of additional tele-
21 health benefits as described in section 1852(m)” before
22 the semicolon at the end.

1 **SEC. 50324. PROVIDING ACCOUNTABLE CARE ORGANIZA-**
2 **TIONS THE ABILITY TO EXPAND THE USE OF**
3 **TELEHEALTH.**

4 (a) IN GENERAL.—Section 1899 of the Social Secu-
5 rity Act (42 U.S.C. 1395jjj) is amended by adding at the
6 end the following new subsection:

7 “(1) PROVIDING ACOs THE ABILITY TO EXPAND
8 THE USE OF TELEHEALTH SERVICES.—

9 “(1) IN GENERAL.—In the case of telehealth
10 services for which payment would otherwise be made
11 under this title furnished on or after January 1,
12 2020, for purposes of this subsection only, the fol-
13 lowing shall apply with respect to such services fur-
14 nished by a physician or practitioner participating in
15 an applicable ACO (as defined in paragraph (2)) to
16 a Medicare fee-for-service beneficiary assigned to the
17 applicable ACO:

18 “(A) INCLUSION OF HOME AS ORIGINATING
19 SITE.—Subject to paragraph (3), the home of a
20 beneficiary shall be treated as an originating
21 site described in section 1834(m)(4)(C)(ii).

22 “(B) NO APPLICATION OF GEOGRAPHIC
23 LIMITATION.—The geographic limitation under
24 section 1834(m)(4)(C)(i) shall not apply with
25 respect to an originating site described in sec-
26 tion 1834(m)(4)(C)(ii) (including the home of a

1 beneficiary under subparagraph (A)), subject to
2 State licensing requirements.

3 “(2) DEFINITIONS.—In this subsection:

4 “(A) APPLICABLE ACO.—The term ‘appli-
5 cable ACO’ means an ACO participating in a
6 model tested or expanded under section 1115A
7 or under this section—

8 “(i) that operates under a two-sided
9 model—

10 “(I) described in section
11 425.600(a) of title 42, Code of Fed-
12 eral Regulations; or

13 “(II) tested or expanded under
14 section 1115A; and

15 “(ii) for which Medicare fee-for-serv-
16 ice beneficiaries are assigned to the ACO
17 using a prospective assignment method, as
18 determined appropriate by the Secretary.

19 “(B) HOME.—The term ‘home’ means,
20 with respect to a Medicare fee-for-service bene-
21 ficiary, the place of residence used as the home
22 of the beneficiary.

23 “(3) TELEHEALTH SERVICES RECEIVED IN THE
24 HOME.—In the case of telehealth services described
25 in paragraph (1) where the home of a Medicare fee-

1 for-service beneficiary is the originating site, the fol-
2 lowing shall apply:

3 “(A) NO FACILITY FEE.—There shall be
4 no facility fee paid to the originating site under
5 section 1834(m)(2)(B).

6 “(B) EXCLUSION OF CERTAIN SERVICES.—
7 No payment may be made for such services that
8 are inappropriate to furnish in the home setting
9 such as services that are typically furnished in
10 inpatient settings such as a hospital.”.

11 (b) STUDY AND REPORT.—

12 (1) STUDY.—

13 (A) IN GENERAL.—The Secretary of
14 Health and Human Services (in this subsection
15 referred to as the “Secretary”) shall conduct a
16 study on the implementation of section 1899(l)
17 of the Social Security Act, as added by sub-
18 section (a). Such study shall include an analysis
19 of the utilization of, and expenditures for, tele-
20 health services under such section.

21 (B) COLLECTION OF DATA.—The Sec-
22 retary may collect such data as the Secretary
23 determines necessary to carry out the study
24 under this paragraph.

1 (2) REPORT.—Not later than January 1, 2026,
2 the Secretary shall submit to Congress a report con-
3 taining the results of the study conducted under
4 paragraph (1), together with recommendations for
5 such legislation and administrative action as the
6 Secretary determines appropriate.

7 **SEC. 50325. EXPANDING THE USE OF TELEHEALTH FOR IN-**
8 **DIVIDUALS WITH STROKE.**

9 Section 1834(m) of the Social Security Act (42
10 U.S.C. 1395m(m)), as amended by section 50302(b)(1),
11 is amended—

12 (1) in paragraph (4)(C)(i), in the matter pre-
13 ceding subclause (I), by striking “The term” and in-
14 serting “Except as provided in paragraph (6), the
15 term”; and

16 (2) by adding at the end the following new
17 paragraph:

18 “(6) TREATMENT OF STROKE TELEHEALTH
19 SERVICES.—

20 “(A) NON-APPLICATION OF ORIGINATING
21 SITE REQUIREMENTS.—The requirements de-
22 scribed in paragraph (4)(C) shall not apply with
23 respect to telehealth services furnished on or
24 after January 1, 2019, for purposes of diag-
25 nosis, evaluation, or treatment of symptoms of

1 an acute stroke, as determined by the Sec-
2 retary.

3 “(B) INCLUSION OF CERTAIN SITES.—

4 With respect to telehealth services described in
5 subparagraph (A), the term ‘originating site’
6 shall include any hospital (as defined in section
7 1861(e)) or critical access hospital (as defined
8 in section 1861(mm)(1)), any mobile stroke
9 unit (as defined by the Secretary), or any other
10 site determined appropriate by the Secretary, at
11 which the eligible telehealth individual is located
12 at the time the service is furnished via a tele-
13 communications system.

14 “(C) NO ORIGINATING SITE FACILITY FEE
15 FOR NEW SITES.—No facility fee shall be paid
16 under paragraph (2)(B) to an originating site
17 with respect to a telehealth service described in
18 subparagraph (A) if the originating site does
19 not otherwise meet the requirements for an
20 originating site under paragraph (4)(C).”.

1 **Subtitle D—Identifying the**
2 **Chronically Ill Population**

3 **SEC. 50331. PROVIDING FLEXIBILITY FOR BENEFICIARIES**
4 **TO BE PART OF AN ACCOUNTABLE CARE OR-**
5 **GANIZATION.**

6 Section 1899(c) of the Social Security Act (42 U.S.C.
7 1395jjj(c)) is amended—

8 (1) by redesignating paragraphs (1) and (2) as
9 subparagraphs (A) and (B), respectively, and indent-
10 ing appropriately;

11 (2) by striking “ACOs.—The Secretary” and
12 inserting “ACOs.—

13 “(1) IN GENERAL.—Subject to paragraph (2),
14 the Secretary”; and

15 (3) by adding at the end the following new
16 paragraph:

17 “(2) PROVIDING FLEXIBILITY.—

18 “(A) CHOICE OF PROSPECTIVE ASSIGN-
19 MENT.—For each agreement period (effective
20 for agreements entered into or renewed on or
21 after January 1, 2020), in the case where an
22 ACO established under the program is in a
23 Track that provides for the retrospective assign-
24 ment of Medicare fee-for-service beneficiaries to
25 the ACO, the Secretary shall permit the ACO

1 to choose to have Medicare fee-for-service bene-
2 ficiaries assigned prospectively, rather than ret-
3 rospectively, to the ACO for an agreement pe-
4 riod.

5 “(B) ASSIGNMENT BASED ON VOLUNTARY
6 IDENTIFICATION BY MEDICARE FEE-FOR-SERV-
7 ICE BENEFICIARIES.—

8 “(i) IN GENERAL.—For performance
9 year 2018 and each subsequent perform-
10 ance year, if a system is available for elec-
11 tronic designation, the Secretary shall per-
12 mit a Medicare fee-for-service beneficiary
13 to voluntarily identify an ACO professional
14 as the primary care provider of the bene-
15 ficiary for purposes of assigning such bene-
16 ficiary to an ACO, as determined by the
17 Secretary.

18 “(ii) NOTIFICATION PROCESS.—The
19 Secretary shall establish a process under
20 which a Medicare fee-for-service bene-
21 ficiary is—

22 “(I) notified of their ability to
23 make an identification described in
24 clause (i); and

1 “(II) informed of the process by
2 which they may make and change
3 such identification.

4 “(iii) SUPERSEDING CLAIMS-BASED
5 ASSIGNMENT.—A voluntary identification
6 by a Medicare fee-for-service beneficiary
7 under this subparagraph shall supersede
8 any claims-based assignment otherwise de-
9 termined by the Secretary.”.

10 **Subtitle E—Empowering Individ-**
11 **uals and Caregivers in Care De-**
12 **livery**

13 **SEC. 50341. ELIMINATING BARRIERS TO CARE COORDINA-**
14 **TION UNDER ACCOUNTABLE CARE ORGANI-**
15 **ZATIONS.**

16 (a) IN GENERAL.—Section 1899 of the Social Secu-
17 rity Act (42 U.S.C. 1395jjj), as amended by section
18 50324(a), is amended—

19 (1) in subsection (b)(2), by adding at the end
20 the following new subparagraph:

21 “(I) An ACO that seeks to operate an
22 ACO Beneficiary Incentive Program pursuant
23 to subsection (m) shall apply to the Secretary
24 at such time, in such manner, and with such in-
25 formation as the Secretary may require.”;

1 (2) by adding at the end the following new sub-
2 section:

3 “(m) AUTHORITY TO PROVIDE INCENTIVE PAY-
4 MENTS TO BENEFICIARIES WITH RESPECT TO QUALI-
5 FYING PRIMARY CARE SERVICES.—

6 “(1) PROGRAM.—

7 “(A) IN GENERAL.—In order to encourage
8 Medicare fee-for-service beneficiaries to obtain
9 medically necessary primary care services, an
10 ACO participating under this section under a
11 payment model described in clause (i) or (ii) of
12 paragraph (2)(B) may apply to establish an
13 ACO Beneficiary Incentive Program to provide
14 incentive payments to such beneficiaries who
15 are furnished qualifying services in accordance
16 with this subsection. The Secretary shall permit
17 such an ACO to establish such a program at
18 the Secretary’s discretion and subject to such
19 requirements, including program integrity re-
20 quirements, as the Secretary determines nec-
21 essary.

22 “(B) IMPLEMENTATION.—The Secretary
23 shall implement this subsection on a date deter-
24 mined appropriate by the Secretary. Such date

1 shall be no earlier than January 1, 2019, and
2 no later than January 1, 2020.

3 “(2) CONDUCT OF PROGRAM.—

4 “(A) DURATION.—Subject to subpara-
5 graph (H), an ACO Beneficiary Incentive Pro-
6 gram established under this subsection shall be
7 conducted for such period (of not less than 1
8 year) as the Secretary may approve.

9 “(B) SCOPE.—An ACO Beneficiary Incen-
10 tive Program established under this subsection
11 shall provide incentive payments to all of the
12 following Medicare fee-for-service beneficiaries
13 who are furnished qualifying services by the
14 ACO:

15 “(i) With respect to the Track 2 and
16 Track 3 payment models described in sec-
17 tion 425.600(a) of title 42, Code of Fed-
18 eral Regulations (or in any successor regu-
19 lation), Medicare fee-for-service bene-
20 ficiaries who are preliminarily prospectively
21 or prospectively assigned (or otherwise as-
22 signed, as determined by the Secretary) to
23 the ACO.

24 “(ii) With respect to any future pay-
25 ment models involving two-sided risk,

1 Medicare fee-for-service beneficiaries who
2 are assigned to the ACO, as determined by
3 the Secretary.

4 “(C) QUALIFYING SERVICE.—For purposes
5 of this subsection, a qualifying service is a pri-
6 mary care service, as defined in section 425.20
7 of title 42, Code of Federal Regulations (or in
8 any successor regulation), with respect to which
9 coinsurance applies under part B, furnished
10 through an ACO by—

11 “(i) an ACO professional described in
12 subsection (h)(1)(A) who has a primary
13 care specialty designation included in the
14 definition of primary care physician under
15 section 425.20 of title 42, Code of Federal
16 Regulations (or any successor regulation);

17 “(ii) an ACO professional described in
18 subsection (h)(1)(B); or

19 “(iii) a Federally qualified health cen-
20 ter or rural health clinic (as such terms
21 are defined in section 1861(aa)).

22 “(D) INCENTIVE PAYMENTS.—An incentive
23 payment made by an ACO pursuant to an ACO
24 Beneficiary Incentive Program established
25 under this subsection shall be—

1 “(i) in an amount up to \$20, with
2 such maximum amount updated annually
3 by the percentage increase in the consumer
4 price index for all urban consumers
5 (United States city average) for the 12-
6 month period ending with June of the pre-
7 vious year;

8 “(ii) in the same amount for each
9 Medicare fee-for-service beneficiary de-
10 scribed in clause (i) or (ii) of subparagraph
11 (B) without regard to enrollment of such a
12 beneficiary in a medicare supplemental pol-
13 icy (described in section 1882(g)(1)), in a
14 State Medicaid plan under title XIX or a
15 waiver of such a plan, or in any other
16 health insurance policy or health benefit
17 plan;

18 “(iii) made for each qualifying service
19 furnished to such a beneficiary described
20 in clause (i) or (ii) of subparagraph (B)
21 during a period specified by the Secretary;
22 and

23 “(iv) made no later than 30 days after
24 a qualifying service is furnished to such a

1 beneficiary described in clause (i) or (ii) of
2 subparagraph (B).

3 “(E) NO SEPARATE PAYMENTS FROM THE
4 SECRETARY.—The Secretary shall not make
5 any separate payment to an ACO for the costs,
6 including incentive payments, of carrying out
7 an ACO Beneficiary Incentive Program estab-
8 lished under this subsection. Nothing in this
9 subparagraph shall be construed as prohibiting
10 an ACO from using shared savings received
11 under this section to carry out an ACO Bene-
12 ficiary Incentive Program.

13 “(F) NO APPLICATION TO SHARED SAV-
14 INGS CALCULATION.—Incentive payments made
15 by an ACO under this subsection shall be dis-
16 regarded for purposes of calculating bench-
17 marks, estimated average per capita Medicare
18 expenditures, and shared savings under this
19 section.

20 “(G) REPORTING REQUIREMENTS.—An
21 ACO conducting an ACO Beneficiary Incentive
22 Program under this subsection shall, at such
23 times and in such format as the Secretary may
24 require, report to the Secretary such informa-
25 tion and retain such documentation as the Sec-

1 retary may require, including the amount and
2 frequency of incentive payments made and the
3 number of Medicare fee-for-service beneficiaries
4 receiving such payments.

5 “(H) TERMINATION.—The Secretary may
6 terminate an ACO Beneficiary Incentive Pro-
7 gram established under this subsection at any
8 time for reasons determined appropriate by the
9 Secretary.

10 “(3) EXCLUSION OF INCENTIVE PAYMENTS.—
11 Any payment made under an ACO Beneficiary In-
12 centive Program established under this subsection
13 shall not be considered income or resources or other-
14 wise taken into account for purposes of—

15 “(A) determining eligibility for benefits or
16 assistance (or the amount or extent of benefits
17 or assistance) under any Federal program or
18 under any State or local program financed in
19 whole or in part with Federal funds; or

20 “(B) any Federal or State laws relating to
21 taxation.”;

22 (3) in subsection (e), by inserting “, including
23 an ACO Beneficiary Incentive Program under sub-
24 sections (b)(2)(I) and (m)” after “the program”;
25 and

1 (4) in subsection (g)(6), by inserting “or of an
2 ACO Beneficiary Incentive Program under sub-
3 sections (b)(2)(I) and (m)” after “under subsection
4 (d)(4)”.

5 (b) AMENDMENT TO SECTION 1128B.—Section
6 1128B(b)(3) of the Social Security Act (42 U.S.C. 1320a-
7 7b(b)(3)) is amended—

8 (1) by striking “and” at the end of subpara-
9 graph (I);

10 (2) by striking the period at the end of sub-
11 paragraph (J) and inserting “; and”; and

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

14 “(K) an incentive payment made to a
15 Medicare fee-for-service beneficiary by an ACO
16 under an ACO Beneficiary Incentive Program
17 established under subsection (m) of section
18 1899, if the payment is made in accordance
19 with the requirements of such subsection and
20 meets such other conditions as the Secretary
21 may establish.”.

22 (c) EVALUATION AND REPORT.—

23 (1) EVALUATION.—The Secretary of Health
24 and Human Services (in this subsection referred to
25 as the “Secretary”) shall conduct an evaluation of

1 the ACO Beneficiary Incentive Program established
2 under subsections (b)(2)(I) and (m) of section 1899
3 of the Social Security Act (42 U.S.C. 1395j), as
4 added by subsection (a). The evaluation shall include
5 an analysis of the impact of the implementation of
6 the Program on expenditures and beneficiary health
7 outcomes under title XVIII of the Social Security
8 Act (42 U.S.C. 1395 et seq.).

9 (2) REPORT.—Not later than October 1, 2023,
10 the Secretary shall submit to Congress a report con-
11 taining the results of the evaluation under para-
12 graph (1), together with recommendations for such
13 legislation and administrative action as the Sec-
14 retary determines appropriate.

15 **SEC. 50342. GAO STUDY AND REPORT ON LONGITUDINAL**
16 **COMPREHENSIVE CARE PLANNING SERVICES**
17 **UNDER MEDICARE PART B.**

18 (a) STUDY.—The Comptroller General shall conduct
19 a study on the establishment under part B of the Medicare
20 program under title XVIII of the Social Security Act of
21 a payment code for a visit for longitudinal comprehensive
22 care planning services. Such study shall include an anal-
23 ysis of the following to the extent such information is
24 available:

1 (1) The frequency with which services similar to
2 longitudinal comprehensive care planning services
3 are furnished to Medicare beneficiaries, which pro-
4 viders of services and suppliers are furnishing those
5 services, whether Medicare reimbursement is being
6 received for those services, and, if so, through which
7 codes those services are being reimbursed.

8 (2) Whether, and the extent to which, longitu-
9 dinal comprehensive care planning services would
10 overlap, and could therefore result in duplicative
11 payment, with services covered under the hospice
12 benefit as well as the chronic care management code,
13 evaluation and management codes, or other codes
14 that already exist under part B of the Medicare pro-
15 gram.

16 (3) Any barriers to hospitals, skilled nursing fa-
17 cilities, hospice programs, home health agencies, and
18 other applicable providers working with a Medicare
19 beneficiary to engage in the care planning process
20 and complete the necessary documentation to sup-
21 port the treatment and care plan of the beneficiary
22 and provide such documentation to other providers
23 and the beneficiary or the beneficiary's representa-
24 tive.

1 (4) Any barriers to providers, other than the
2 provider furnishing longitudinal comprehensive care
3 planning services, accessing the care plan and asso-
4 ciated documentation for use related to the care of
5 the Medicare beneficiary.

6 (5) Potential options for ensuring that applica-
7 ble providers are notified of a patient's existing lon-
8 gitudinal care plan and that applicable providers
9 consider that plan in making their treatment deci-
10 sions, and what the challenges might be in imple-
11 menting such options.

12 (6) Stakeholder's views on the need for the de-
13 velopment of quality metrics with respect to longitu-
14 dinal comprehensive care planning services, such as
15 measures related to—

16 (A) the process of eliciting input from the
17 Medicare beneficiary or from a legally author-
18 ized representative and documenting in the
19 medical record the patient-directed care plan;

20 (B) the effectiveness and patient-
21 centeredness of the care plan in organizing de-
22 livery of services consistent with the plan;

23 (C) the availability of the care plan and as-
24 sociated documentation to other providers that
25 care for the beneficiary; and

1 (D) the extent to which the beneficiary re-
2 ceived services and support that is free from
3 discrimination based on advanced age, disability
4 status, or advanced illness.

5 (7) Stakeholder's views on how such quality
6 metrics would provide information on—

7 (A) the goals, values, and preferences of
8 the beneficiary;

9 (B) the documentation of the care plan;

10 (C) services furnished to the beneficiary;

11 and

12 (D) outcomes of treatment.

13 (8) Stakeholder's views on—

14 (A) the type of training and education
15 needed for applicable providers, individuals, and
16 caregivers in order to facilitate longitudinal
17 comprehensive care planning services;

18 (B) the types of providers of services and
19 suppliers that should be included in the inter-
20 disciplinary team of an applicable provider; and

21 (C) the characteristics of Medicare bene-
22 ficiaries that would be most appropriate to re-
23 ceive longitudinal comprehensive care planning
24 services, such as individuals with advanced dis-

1 ease and individuals who need assistance with
2 multiple activities of daily living.

3 (9) Stakeholder’s views on the frequency with
4 which longitudinal comprehensive care planning
5 services should be furnished.

6 (b) REPORT.—Not later than 18 months after the
7 date of the enactment of this Act, the Comptroller General
8 shall submit to Congress a report containing the results
9 of the study conducted under subsection (a), together with
10 recommendations for such legislation and administrative
11 action as the Comptroller General determines appropriate.

12 (c) DEFINITIONS.—In this section:

13 (1) APPLICABLE PROVIDER.—The term “appli-
14 cable provider” means a hospice program (as defined
15 in subsection (dd)(2) of section 1861 of the Social
16 Security Act (42 U.S.C. 1395ww)) or other provider
17 of services (as defined in subsection (u) of such sec-
18 tion) or supplier (as defined in subsection (d) of
19 such section) that—

20 (A) furnishes longitudinal comprehensive
21 care planning services through an interdisdisci-
22 plinary team; and

23 (B) meets such other requirements as the
24 Secretary may determine to be appropriate.

1 (2) COMPTROLLER GENERAL.—The term
2 “Comptroller General” means the Comptroller Gen-
3 eral of the United States.

4 (3) INTERDISCIPLINARY TEAM.—The term
5 “interdisciplinary team” means a group that—

6 (A) includes the personnel described in
7 subsection (dd)(2)(B)(i) of such section 1861;

8 (B) may include a chaplain, minister, or
9 other clergy; and

10 (C) may include other direct care per-
11 sonnel.

12 (4) LONGITUDINAL COMPREHENSIVE CARE
13 PLANNING SERVICES.—The term “longitudinal com-
14 prehensive care planning services” means a vol-
15 untary shared decisionmaking process that is fur-
16 nished by an applicable provider through an inter-
17 disciplinary team and includes a conversation with
18 Medicare beneficiaries who have received a diagnosis
19 of a serious or life-threatening illness. The purpose
20 of such services is to discuss a longitudinal care plan
21 that addresses the progression of the disease, treat-
22 ment options, the goals, values, and preferences of
23 the beneficiary, and the availability of other re-
24 sources and social supports that may reduce the

1 beneficiary's health risks and promote self-manage-
2 ment and shared decisionmaking.

3 (5) SECRETARY.—The term “Secretary” means
4 the Secretary of Health and Human Services.

5 **Subtitle F—Other Policies to Im-**
6 **prove Care for the Chronically**
7 **Ill**

8 **SEC. 50351. GAO STUDY AND REPORT ON IMPROVING MEDI-**
9 **CATION SYNCHRONIZATION.**

10 (a) STUDY.—The Comptroller General of the United
11 States (in this section referred to as the “Comptroller
12 General”) shall conduct a study on the extent to which
13 Medicare prescription drug plans (MA–PD plans and
14 stand alone prescription drug plans) under part D of title
15 XVIII of the Social Security Act and private payors use
16 programs that synchronize pharmacy dispensing so that
17 individuals may receive multiple prescriptions on the same
18 day to facilitate comprehensive counseling and promote
19 medication adherence. The study shall include a analysis
20 of the following:

21 (1) The extent to which pharmacies have adopt-
22 ed such programs.

23 (2) The common characteristics of such pro-
24 grams, including how pharmacies structure coun-
25 seling sessions under such programs and the types

1 of payment and other arrangements that Medicare
2 prescription drug plans and private payors employ
3 under such programs to support the efforts of phar-
4 macies.

5 (3) How such programs compare for Medicare
6 prescription drug plans and private payors.

7 (4) What is known about how such programs
8 affect patient medication adherence and overall pa-
9 tient health outcomes, including if adherence and
10 outcomes vary by patient subpopulations, such as
11 disease state and socioeconomic status.

12 (5) What is known about overall patient satis-
13 faction with such programs and satisfaction with
14 such programs, including within patient subpopula-
15 tions, such as disease state and socioeconomic sta-
16 tus.

17 (6) The extent to which laws and regulations of
18 the Medicare program support such programs.

19 (7) Barriers to the use of medication synchroni-
20 zation programs by Medicare prescription drug
21 plans.

22 (b) REPORT.—Not later than 18 months after the
23 date of the enactment of this Act, the Comptroller General
24 shall submit to Congress a report containing the results
25 of the study under subsection (a), together with rec-

1 ommendations for such legislation and administrative ac-
2 tion as the Comptroller General determines appropriate.

3 **SEC. 50352. GAO STUDY AND REPORT ON IMPACT OF OBE-**
4 **SITY DRUGS ON PATIENT HEALTH AND**
5 **SPENDING.**

6 (a) STUDY.—The Comptroller General of the United
7 States (in this section referred to as the “Comptroller
8 General”) shall, to the extent data are available, conduct
9 a study on the use of prescription drugs to manage the
10 weight of obese patients and the impact of coverage of
11 such drugs on patient health and on health care spending.
12 Such study shall examine the use and impact of these obe-
13 sity drugs in the non-Medicare population and for Medi-
14 care beneficiaries who have such drugs covered through
15 an MA–PD plan (as defined in section 1860D–1(a)(3)(C)
16 of the Social Security Act (42 U.S.C. 1395w–
17 101(a)(3)(C))) as a supplemental health care benefit. The
18 study shall include an analysis of the following:

19 (1) The prevalence of obesity in the Medicare
20 and non-Medicare population.

21 (2) The utilization of obesity drugs.

22 (3) The distribution of Body Mass Index by in-
23 dividuals taking obesity drugs, to the extent prac-
24 ticable.

1 (4) What is known about the use of obesity
2 drugs in conjunction with the receipt of other items
3 or services, such as behavioral counseling, and how
4 these compare to items and services received by
5 obese individuals who do not take obesity drugs.

6 (5) Physician considerations and attitudes re-
7 lated to prescribing obesity drugs.

8 (6) The extent to which coverage policies cease
9 or limit coverage for individuals who fail to receive
10 clinical benefit.

11 (7) What is known about the extent to which
12 individuals who take obesity drugs adhere to the pre-
13 scribed regimen.

14 (8) What is known about the extent to which
15 individuals who take obesity drugs maintain weight
16 loss over time.

17 (9) What is known about the subsequent impact
18 such drugs have on medical services that are directly
19 related to obesity, including with respect to sub-
20 populations determined based on the extent of obe-
21 sity.

22 (10) What is known about the spending associ-
23 ated with the care of individuals who take obesity
24 drugs, compared to the spending associated with the
25 care of individuals who do not take such drugs.

1 (b) REPORT.—Not later than 18 months after the
2 date of the enactment of this Act, the Comptroller General
3 shall submit to Congress a report containing the results
4 of the study under subsection (a), together with rec-
5 ommendations for such legislation and administrative ac-
6 tion as the Comptroller General determines appropriate.

7 **SEC. 50353. HHS STUDY AND REPORT ON LONG-TERM RISK**
8 **FACTORS FOR CHRONIC CONDITIONS AMONG**
9 **MEDICARE BENEFICIARIES.**

10 (a) STUDY.—The Secretary of Health and Human
11 Services (in this section referred to as the “Secretary”)
12 shall conduct a study on long-term cost drivers to the
13 Medicare program, including obesity, tobacco use, mental
14 health conditions, and other factors that may contribute
15 to the deterioration of health conditions among individuals
16 with chronic conditions in the Medicare population. The
17 study shall include an analysis of any barriers to collecting
18 and analyzing such information and how to remove any
19 such barriers (including through legislation and adminis-
20 trative actions).

21 (b) REPORT.—Not later than 18 months after the
22 date of the enactment of this Act, the Secretary shall sub-
23 mit to Congress a report containing the results of the
24 study under subsection (a), together with recommenda-
25 tions for such legislation and administrative action as the

1 Secretary determines appropriate. The Secretary shall also
2 post such report on the Internet website of the Depart-
3 ment of Health and Human Services.

4 **SEC. 50354. PROVIDING PRESCRIPTION DRUG PLANS WITH**
5 **PARTS A AND B CLAIMS DATA TO PROMOTE**
6 **THE APPROPRIATE USE OF MEDICATIONS**
7 **AND IMPROVE HEALTH OUTCOMES.**

8 Section 1860D–4(c) of the Social Security Act (42
9 U.S.C. 1395w–104(c)) is amended by adding at the end
10 the following new paragraph:

11 “(6) PROVIDING PRESCRIPTION DRUG PLANS
12 WITH PARTS A AND B CLAIMS DATA TO PROMOTE
13 THE APPROPRIATE USE OF MEDICATIONS AND IM-
14 PROVE HEALTH OUTCOMES.—

15 “(A) PROCESS.—Subject to subparagraph
16 (B), the Secretary shall establish a process
17 under which a PDP sponsor of a prescription
18 drug plan may submit a request for the Sec-
19 retary to provide the sponsor, on a periodic
20 basis and in an electronic format, beginning in
21 plan year 2020, data described in subparagraph
22 (D) with respect to enrollees in such plan. Such
23 data shall be provided without regard to wheth-
24 er such enrollees are described in clause (ii) of
25 paragraph (2)(A).

1 “(B) PURPOSES.—A PDP sponsor may
2 use the data provided to the sponsor pursuant
3 to subparagraph (A) for any of the following
4 purposes:

5 “(i) To optimize therapeutic outcomes
6 through improved medication use, as such
7 phrase is used in clause (i) of paragraph
8 (2)(A).

9 “(ii) To improving care coordination
10 so as to prevent adverse health outcomes,
11 such as preventable emergency department
12 visits and hospital readmissions.

13 “(iii) For any other purpose deter-
14 mined appropriate by the Secretary.

15 “(C) LIMITATIONS ON DATA USE.—A PDP
16 sponsor shall not use data provided to the spon-
17 sor pursuant to subparagraph (A) for any of
18 the following purposes:

19 “(i) To inform coverage determina-
20 tions under this part.

21 “(ii) To conduct retroactive reviews of
22 medically accepted indications determina-
23 tions.

24 “(iii) To facilitate enrollment changes
25 to a different prescription drug plan or an

1 MA–PD plan offered by the same parent
2 organization.

3 “(iv) To inform marketing of benefits.

4 “(v) For any other purpose that the
5 Secretary determines is necessary to in-
6 clude in order to protect the identity of in-
7 dividuals entitled to, or enrolled for, bene-
8 fits under this title and to protect the se-
9 curity of personal health information.

10 “(D) DATA DESCRIBED.—The data de-
11 scribed in this clause are standardized extracts
12 (as determined by the Secretary) of claims data
13 under parts A and B for items and services fur-
14 nished under such parts for time periods speci-
15 fied by the Secretary. Such data shall include
16 data as current as practicable.”.

1 **TITLE IV—PART B IMPROVE-**
2 **MENT ACT AND OTHER PART**
3 **B ENHANCEMENTS**

4 **Subtitle A—Medicare Part B**
5 **Improvement Act**

6 **SEC. 50401. HOME INFUSION THERAPY SERVICES TEM-**
7 **PORARY TRANSITIONAL PAYMENT.**

8 (a) IN GENERAL.—Section 1834(u) of the Social Se-
9 curity Act (42 U.S.C. 1395m(u)) is amended, by adding
10 at the end the following new paragraph:

11 “(7) HOME INFUSION THERAPY SERVICES TEM-
12 PORARY TRANSITIONAL PAYMENT.—

13 “(A) TEMPORARY TRANSITIONAL PAY-
14 MENT.—

15 “(i) IN GENERAL.—The Secretary
16 shall, in accordance with the payment
17 methodology described in subparagraph
18 (B) and subject to the provisions of this
19 paragraph, provide a home infusion ther-
20 apy services temporary transitional pay-
21 ment under this part to an eligible home
22 infusion supplier (as defined in subpara-
23 graph (F)) for items and services described
24 in subparagraphs (A) and (B) of section
25 1861(iii)(2)) furnished during the period

1 specified in clause (ii) by such supplier in
2 coordination with the furnishing of transi-
3 tional home infusion drugs (as defined in
4 clause (iii)).

5 “(ii) PERIOD SPECIFIED.—For pur-
6 poses of clause (i), the period specified in
7 this clause is the period beginning on Jan-
8 uary 1, 2019, and ending on the day be-
9 fore the date of the implementation of the
10 payment system under paragraph (1)(A).

11 “(iii) TRANSITIONAL HOME INFUSION
12 DRUG DEFINED.—For purposes of this
13 paragraph, the term ‘transitional home in-
14 fusion drug’ has the meaning given to the
15 term ‘home infusion drug’ under section
16 1861(iii)(3)(C)), except that clause (ii) of
17 such section shall not apply if a drug de-
18 scribed in such clause is identified in
19 clauses (i), (ii), (iii) or (iv) of subpara-
20 graph (C) as of the date of the enactment
21 of this paragraph.

22 “(B) PAYMENT METHODOLOGY.—For pur-
23 poses of this paragraph, the Secretary shall es-
24 tablish a payment methodology, with respect to
25 items and services described in subparagraph

1 (A)(i). Under such payment methodology the
2 Secretary shall—

3 “(i) create the three payment cat-
4 egories described in clauses (i), (ii), and
5 (iii) of subparagraph (C);

6 “(ii) assign drugs to such categories,
7 in accordance with such clauses;

8 “(iii) assign appropriate Healthcare
9 Common Procedure Coding System
10 (HCPCS) codes to each payment category;
11 and

12 “(iv) establish a single payment
13 amount for each such payment category, in
14 accordance with subparagraph (D), for
15 each infusion drug administration calendar
16 day in the individual’s home for drugs as-
17 signed to such category.

18 “(C) PAYMENT CATEGORIES.—

19 “(i) PAYMENT CATEGORY 1.—The
20 Secretary shall create a payment category
21 1 and assign to such category drugs which
22 are covered under the Local Coverage De-
23 termination on External Infusion Pumps
24 (LCD number L33794) and billed with the
25 following HCPCS codes (as identified as of

1 January 1, 2018, and as subsequently
2 modified by the Secretary): J0133, J0285,
3 J0287, J0288, J0289, J0895, J1170,
4 J1250, J1265, J1325, J1455, J1457,
5 J1570, J2175, J2260, J2270, J2274,
6 J2278, J3010, or J3285.

7 “(ii) PAYMENT CATEGORY 2.—The
8 Secretary shall create a payment category
9 2 and assign to such category drugs which
10 are covered under such local coverage de-
11 termination and billed with the following
12 HCPCS codes (as identified as of January
13 1, 2018, and as subsequently modified by
14 the Secretary): J1555 JB, J1559 JB,
15 J1561 JB, J1562 JB, J1569 JB, or
16 J1575 JB.

17 “(iii) PAYMENT CATEGORY 3.—The
18 Secretary shall create a payment category
19 3 and assign to such category drugs which
20 are covered under such local coverage de-
21 termination and billed with the following
22 HCPCS codes (as identified as of January
23 1, 2018, and as subsequently modified by
24 the Secretary): J9000, J9039, J9040,

1 J9065, J9100, J9190, J9200, J9360, or
2 J9370.

3 “(iv) INFUSION DRUGS NOT OTHER-
4 WISE INCLUDED.—With respect to drugs
5 that are not included in payment category
6 1, 2, or 3 under clause (i), (ii), or (iii), re-
7 spectively, the Secretary shall assign to the
8 most appropriate of such categories, as de-
9 termined by the Secretary, drugs which
10 are—

11 “(I) covered under such local cov-
12 erage determination and billed under
13 HCPCS codes J7799 or J7999 (as
14 identified as of July 1, 2017, and as
15 subsequently modified by the Sec-
16 retary); or

17 “(II) billed under any code that
18 is implemented after the date of the
19 enactment of this paragraph and in-
20 cluded in such local coverage deter-
21 mination or included in subregulatory
22 guidance as a home infusion drug de-
23 scribed in subparagraph (A)(i).

24 “(D) PAYMENT AMOUNTS.—

1 identified as of January 1, 2018, and as
2 subsequently modified by the Secretary).

3 “(iii) PAYMENT AMOUNT FOR CAT-
4 EGORY 2.—For purposes of clause (i), the
5 codes and units described in this clause,
6 with respect to drugs included in payment
7 category 2 described in subparagraph
8 (C)(i), are one unit of HCPCS code 96369
9 plus three units of HCPCS code 96370 (as
10 identified as of January 1, 2018, and as
11 subsequently modified by the Secretary).

12 “(iv) PAYMENT AMOUNT FOR CAT-
13 EGORY 3.—For purposes of clause (i), the
14 codes and units described in this clause,
15 with respect to drugs included in payment
16 category 3 described in subparagraph
17 (C)(i), are one unit of HCPCS code 96413
18 plus three units of HCPCS code 96415 (as
19 identified as of January 1, 2018, and as
20 subsequently modified by the Secretary).

21 “(E) CLARIFICATIONS.—

22 “(i) INFUSION DRUG ADMINISTRATION
23 DAY.—For purposes of this subsection,
24 with respect to the furnishing of transi-
25 tional home infusion drugs or home infu-

1 sion drugs to an individual by an eligible
2 home infusion supplier or a qualified home
3 infusion therapy supplier, a reference to
4 payment to such supplier for an infusion
5 drug administration calendar day in the in-
6 dividual's home shall refer to payment only
7 for the date on which professional services
8 (as described in section 1861(iii)(2)(A))
9 were furnished to administer such drugs to
10 such individual. For purposes of the pre-
11 vious sentence, an infusion drug adminis-
12 tration calendar day shall include all such
13 drugs administered to such individual on
14 such day.

15 “(ii) TREATMENT OF MULTIPLE
16 DRUGS ADMINISTERED ON SAME INFUSION
17 DRUG ADMINISTRATION DAY.—In the case
18 that an eligible home infusion supplier,
19 with respect to an infusion drug adminis-
20 tration calendar day in an individual's
21 home, furnishes to such individual transi-
22 tional home infusion drugs which are not
23 all assigned to the same payment category
24 under subparagraph (C), payment to such
25 supplier for such infusion drug administra-

1 tion calendar day in the individual’s home
2 shall be a single payment equal to the
3 amount of payment under this paragraph
4 for the drug, among all such drugs so fur-
5 nished to such individual during such cal-
6 endar day, for which the highest payment
7 would be made under this paragraph.

8 “(F) ELIGIBLE HOME INFUSION SUP-
9 PLIERS.—In this paragraph, the term ‘eligible
10 home infusion supplier’ means a supplier that is
11 enrolled under this part as a pharmacy that
12 provides external infusion pumps and external
13 infusion pump supplies and that maintains all
14 pharmacy licensure requirements in the State in
15 which the applicable infusion drugs are admin-
16 istered.

17 “(G) IMPLEMENTATION.—Notwithstanding
18 any other provision of law, the Secretary may
19 implement this paragraph by program instruc-
20 tion or otherwise.”.

21 (b) CONFORMING AMENDMENTS.—(1) Section
22 1842(b)(6)(I) of the Social Security Act (42 U.S.C.
23 1395u(b)(6)(I)) is amended by inserting “or, in the case
24 of items and services described in clause (i) of section
25 1834(u)(7)(A) furnished to an individual during the pe-

1 riod described in clause (ii) of such section, payment shall
2 be made to the eligible home infusion therapy supplier”
3 after “payment shall be made to the qualified home infu-
4 sion therapy supplier”.

5 (2) Section 5012(d) of the 21st Century Cures Act
6 is amended by inserting the following before the period
7 at the end: “, except that the amendments made by para-
8 graphs (1) and (2) of subsection (c) shall apply to items
9 and services furnished on or after January 1, 2019”.

10 **SEC. 50402. ORTHOTIST’S AND PROSTHETIST’S CLINICAL**
11 **NOTES AS PART OF THE PATIENT’S MEDICAL**
12 **RECORD.**

13 Section 1834(h) of the Social Security Act (42 U.S.C.
14 1395m(h)) is amended by adding at the end the following
15 new paragraph:

16 “(5) DOCUMENTATION CREATED BY
17 ORTHOTISTS AND PROSTHETISTS.—For purposes of
18 determining the reasonableness and medical neces-
19 sity of orthotics and prosthetics, documentation cre-
20 ated by an orthotist or prosthetist shall be consid-
21 ered part of the individual’s medical record to sup-
22 port documentation created by eligible professionals
23 described in section 1848(k)(3)(B).”.

1 **SEC. 50403. INDEPENDENT ACCREDITATION FOR DIALYSIS**
2 **FACILITIES AND ASSURANCE OF HIGH QUAL-**
3 **ITY SURVEYS.**

4 (a) ACCREDITATION AND SURVEYS.—

5 (1) IN GENERAL.—Section 1865 of the Social
6 Security Act (42 U.S.C. 1395bb) is amended—

7 (A) in subsection (a)—

8 (i) in paragraph (1), in the matter
9 preceding subparagraph (A), by striking
10 “or the conditions and requirements under
11 section 1881(b)”;

12 (ii) in paragraph (4), by inserting
13 “(including a renal dialysis facility)” after
14 “facility”;

15 (B) by adding at the end the following new
16 subsection:

17 “(e) With respect to an accreditation body that has
18 received approval from the Secretary under subsection
19 (a)(3)(A) for accreditation of provider entities that are re-
20 quired to meet the conditions and requirements under sec-
21 tion 1881(b), in addition to review and oversight authori-
22 ties otherwise applicable under this title, the Secretary
23 shall (as the Secretary determines appropriate) conduct,
24 with respect to such accreditation body and provider enti-
25 ties, any or all of the following as frequently as is other-

1 wise required to be conducted under this title with respect
2 to other accreditation bodies or other provider entities:

3 “(1) Validation surveys referred to in sub-
4 section (d).

5 “(2) Accreditation program reviews (as defined
6 in section 488.8(c) of title 42 of the Code of Federal
7 Regulations, or a successor regulation).

8 “(3) Performance reviews (as defined in section
9 488.8(a) of title 42 of the Code of Federal Regula-
10 tions, or a successor regulation).”.

11 (2) TIMING FOR ACCEPTANCE OF REQUESTS
12 FROM ACCREDITATION ORGANIZATIONS.—Not later
13 than 90 days after the date of enactment of this
14 Act, the Secretary of Health and Human Services
15 shall begin accepting requests from national accredi-
16 tation bodies for a finding described in section
17 1865(a)(3)(A) of the Social Security Act (42 U.S.C.
18 1395bb(a)(3)(A)) for purposes of accrediting pro-
19 vider entities that are required to meet the condi-
20 tions and requirements under section 1881(b) of
21 such Act (42 U.S.C. 1395rr(b)).

22 (b) REQUIREMENT FOR TIMING OF SURVEYS OF
23 NEW DIALYSIS FACILITIES.—Section 1881(b)(1) of the
24 Social Security Act (42 U.S.C. 1395rr(b)(1)) is amended
25 by adding at the end the following new sentence: “Begin-

1 ning 180 days after the date of the enactment of this sen-
2 tence, an initial survey of a provider of services or a renal
3 dialysis facility to determine if the conditions and require-
4 ments under this paragraph are met shall be initiated not
5 later than 90 days after such date on which both the pro-
6 vider enrollment form (without regard to whether such
7 form is submitted prior to or after such date of enactment)
8 has been determined by the Secretary to be complete and
9 the provider's enrollment status indicates approval is
10 pending the results of such survey.”.

11 **SEC. 50404. MODERNIZING THE APPLICATION OF THE**
12 **STARK RULE UNDER MEDICARE.**

13 (a) CLARIFICATION OF THE WRITING REQUIREMENT
14 AND SIGNATURE REQUIREMENT FOR ARRANGEMENTS
15 PURSUANT TO THE STARK RULE.—

16 (1) WRITING REQUIREMENT.—Section
17 1877(h)(1) of the Social Security Act (42 U.S.C.
18 1395nn(h)(1)) is amended by adding at the end the
19 following new subparagraph:

20 “(D) WRITTEN REQUIREMENT CLARIFIED.—In
21 the case of any requirement pursuant to this section
22 for a compensation arrangement to be in writing,
23 such requirement shall be satisfied by such means as
24 determined by the Secretary, including by a collec-
25 tion of documents, including contemporaneous docu-

1 ments evidencing the course of conduct between the
2 parties involved.”.

3 (2) SIGNATURE REQUIREMENT.—Section
4 1877(h)(1) of the Social Security Act (42 U.S.C.
5 1395nn(h)(1)), as amended by paragraph (1), is fur-
6 ther amended by adding at the end the following
7 new subparagraph:

8 “(E) SPECIAL RULE FOR SIGNATURE RE-
9 QUIREMENTS.—In the case of any requirement
10 pursuant to this section for a compensation ar-
11 rangement to be in writing and signed by the
12 parties, such signature requirement shall be
13 met if—

14 “(i) not later than 90 consecutive cal-
15 endar days immediately following the date
16 on which the compensation arrangement
17 became noncompliant, the parties obtain
18 the required signatures; and

19 “(ii) the compensation arrangement
20 otherwise complies with all criteria of the
21 applicable exception.”.

22 (b) INDEFINITE HOLDOVER FOR LEASE ARRANGE-
23 MENTS AND PERSONAL SERVICES ARRANGEMENTS PUR-
24 SUANT TO THE STARK RULE.—Section 1877(e) of the So-
25 cial Security Act (42 U.S.C. 1395nn(e)) is amended—

1 (1) in paragraph (1), by adding at the end the
2 following new subparagraph:

3 “(C) HOLDOVER LEASE ARRANGE-
4 MENTS.—In the case of a holdover lease ar-
5 rangement for the lease of office space or equip-
6 ment, which immediately follows a lease ar-
7 rangement described in subparagraph (A) for
8 the use of such office space or subparagraph
9 (B) for the use of such equipment and that ex-
10 pired after a term of at least 1 year, payments
11 made by the lessee to the lessor pursuant to
12 such holdover lease arrangement, if—

13 “(i) the lease arrangement met the
14 conditions of subparagraph (A) for the
15 lease of office space or subparagraph (B)
16 for the use of equipment when the ar-
17 rangement expired;

18 “(ii) the holdover lease arrangement is
19 on the same terms and conditions as the
20 immediately preceding arrangement; and

21 “(iii) the holdover arrangement con-
22 tinues to satisfy the conditions of subpara-
23 graph (A) for the lease of office space or
24 subparagraph (B) for the use of equip-
25 ment.”; and

1 (2) in paragraph (3), by adding at the end the
2 following new subparagraph:

3 “(C) **HOLDOVER PERSONAL SERVICE AR-**
4 **RANGEMENT.**—In the case of a holdover per-
5 sonal service arrangement, which immediately
6 follows an arrangement described in subpara-
7 graph (A) that expired after a term of at least
8 1 year, remuneration from an entity pursuant
9 to such holdover personal service arrangement,
10 if—

11 “(i) the personal service arrangement
12 met the conditions of subparagraph (A)
13 when the arrangement expired;

14 “(ii) the holdover personal service ar-
15 rangement is on the same terms and condi-
16 tions as the immediately preceding ar-
17 rangement; and

18 “(iii) the holdover arrangement con-
19 tinues to satisfy the conditions of subpara-
20 graph (A).”.

1 **Subtitle B—Additional Medicare**
2 **Provisions**

3 **SEC. 50411. MAKING PERMANENT THE REMOVAL OF THE**
4 **RENTAL CAP FOR DURABLE MEDICAL EQUIP-**
5 **MENT UNDER MEDICARE WITH RESPECT TO**
6 **SPEECH GENERATING DEVICES.**

7 Section 1834(a)(2)(A)(iv) of the Social Security Act
8 (42 U.S.C. 1395m(a)(2)(A)(iv)) is amended by striking
9 “and before October 1, 2018,”.

10 **SEC. 50412. INCREASED CIVIL AND CRIMINAL PENALTIES**
11 **AND INCREASED SENTENCES FOR FEDERAL**
12 **HEALTH CARE PROGRAM FRAUD AND ABUSE.**

13 (a) INCREASED CIVIL MONEY PENALTIES AND
14 CRIMINAL FINES.—

15 (1) INCREASED CIVIL MONEY PENALTIES.—Sec-
16 tion 1128A of the Social Security Act (42 U.S.C.
17 1320a-7a) is amended—

18 (A) in subsection (a), in the matter fol-
19 lowing paragraph (10)—

20 (i) by striking “\$10,000” and insert-
21 ing “\$20,000” each place it appears;

22 (ii) by striking “\$15,000” and insert-
23 ing “\$30,000”; and

24 (iii) by striking “\$50,000” and insert-
25 ing “\$100,000” each place it appears; and

1 (B) in subsection (b)—

2 (i) in paragraph (1), in the flush text
3 following subparagraph (B), by striking
4 “\$2,000” and inserting “\$5,000”;

5 (ii) in paragraph (2), by striking
6 “\$2,000” and inserting “\$5,000”; and

7 (iii) in paragraph (3)(A)(i), by strik-
8 ing “\$5,000” and inserting “\$10,000”.

9 (2) INCREASED CRIMINAL FINES.—Section
10 1128B of such Act (42 U.S.C. 1320a–7b) is amend-
11 ed—

12 (A) in subsection (a), in the matter fol-
13 lowing paragraph (6)—

14 (i) by striking “\$25,000” and insert-
15 ing “\$100,000”; and

16 (ii) by striking “\$10,000” and insert-
17 ing “\$20,000”;

18 (B) in subsection (b)—

19 (i) in paragraph (1), in the flush text
20 following subparagraph (B), by striking
21 “\$25,000” and inserting “\$100,000”; and

22 (ii) in paragraph (2), in the flush text
23 following subparagraph (B), by striking
24 “\$25,000” and inserting “\$100,000”;

1 (C) in subsection (c), by striking
2 “\$25,000” and inserting “\$100,000”;

3 (D) in subsection (d), in the flush text fol-
4 lowing paragraph (2), by striking “\$25,000”
5 and inserting “\$100,000”; and

6 (E) in subsection (e), by striking “\$2,000”
7 and inserting “\$4,000”.

8 (b) INCREASED SENTENCES FOR FELONIES INVOLV-
9 ING FEDERAL HEALTH CARE PROGRAM FRAUD AND
10 ABUSE.—

11 (1) FALSE STATEMENTS AND REPRESENTA-
12 TIONS.—Section 1128B(a) of the Social Security Act
13 (42 U.S.C. 1320a–7b(a)) is amended, in the matter
14 following paragraph (6), by striking “not more than
15 five years or both, or (ii)” and inserting “not more
16 than 10 years or both, or (ii)”.

17 (2) ANTIKICKBACK.—Section 1128B(b) of such
18 Act (42 U.S.C. 1320a–7b(b)) is amended—

19 (A) in paragraph (1), in the flush text fol-
20 lowing subparagraph (B), by striking “not more
21 than five years” and inserting “not more than
22 10 years”; and

23 (B) in paragraph (2), in the flush text fol-
24 lowing subparagraph (B), by striking “not more

1 than five years” and inserting “not more than
2 10 years”.

3 (3) FALSE STATEMENT OR REPRESENTATION
4 WITH RESPECT TO CONDITIONS OR OPERATIONS OF
5 FACILITIES.—Section 1128B(e) of such Act (42
6 U.S.C. 1320a–7b(c)) is amended by striking “not
7 more than five years” and inserting “not more than
8 10 years”.

9 (4) EXCESS CHARGES.—Section 1128B(d) of
10 such Act (42 U.S.C. 1320a–7b(d)) is amended, in
11 the flush text following paragraph (2), by striking
12 “not more than five years” and inserting “not more
13 than 10 years”.

14 (c) EFFECTIVE DATE.—The amendments made by
15 this section shall apply to acts committed after the date
16 of the enactment of this Act.

17 **SEC. 50413. REDUCING THE VOLUME OF FUTURE EHR-RE-**
18 **LATED SIGNIFICANT HARDSHIP REQUESTS.**

19 Section 1848(o)(2)(A) of the Social Security Act (42
20 U.S.C. 1395w–4(o)(2)(A)) and section 1886(n)(3)(A) of
21 such Act (42 U.S.C. 1395ww(n)(3)(A)) are each amended
22 in the last sentence by striking “by requiring” and all that
23 follows through “this paragraph”.

1 **SEC. 50414. STRENGTHENING RULES IN CASE OF COMPETI-**
2 **TION FOR DIABETIC TESTING STRIPS.**

3 (a) SPECIAL RULE IN CASE OF COMPETITION FOR
4 DIABETIC TESTING STRIPS.—

5 (1) IN GENERAL.—Paragraph (10) of section
6 1847(b) of the Social Security Act (42 U.S.C.
7 1395w-3(b)) is amended—

8 (A) in subparagraph (A), by striking the
9 second sentence and inserting the following new
10 sentence: “With respect to bids to furnish such
11 types of products on or after January 1, 2019,
12 the volume for such types of products shall be
13 determined by the Secretary through the use of
14 multiple sources of data (from mail order and
15 non-mail order Medicare markets), including
16 market-based data measuring sales of diabetic
17 testing strip products that are not exclusively
18 sold by a single retailer from such markets.”;
19 and

20 (B) by adding at the end the following new
21 subparagraphs:

22 “(C) DEMONSTRATION OF ABILITY TO
23 FURNISH TYPES OF DIABETIC TESTING STRIP
24 PRODUCTS.—With respect to bids to furnish di-
25 abetic testing strip products on or after Janu-
26 ary 1, 2019, an entity shall attest to the Sec-

1 retary that the entity has the ability to obtain
2 an inventory of the types and quantities of dia-
3 betic testing strip products that will allow the
4 entity to furnish such products in a manner
5 consistent with its bid and—

6 “(i) demonstrate to the Secretary,
7 through letters of intent with manufactur-
8 ers, wholesalers, or other suppliers, or
9 other evidence as the Secretary may speci-
10 fy, such ability; or

11 “(ii) demonstrate to the Secretary
12 that it made a good faith attempt to obtain
13 such a letter of intent or such other evi-
14 dence.

15 “(D) USE OF UNLISTED TYPES IN CAL-
16 CULATION OF PERCENTAGE.—With respect to
17 bids to furnish diabetic testing strip products
18 on or after January 1, 2019, in determining
19 under subparagraph (A) whether a bid sub-
20 mitted by an entity under such subparagraph
21 covers 50 percent (or such higher percentage as
22 the Secretary may specify) of all types of dia-
23 betic testing strip products, the Secretary may
24 not attribute a percentage to types of diabetic
25 testing strip products that the Secretary does

1 not identify by brand, model, and market share
2 volume.

3 “(E) ADHERENCE TO DEMONSTRATION.—

4 “(i) IN GENERAL.—In the case of an
5 entity that is furnishing diabetic testing
6 strip products on or after January 1,
7 2019, under a contract entered into under
8 the competition conducted pursuant to
9 paragraph (1), the Secretary shall estab-
10 lish a process to monitor, on an ongoing
11 basis, the extent to which such entity con-
12 tinues to cover the product types included
13 in the entity’s bid.

14 “(ii) TERMINATION.—If the Secretary
15 determines that an entity described in
16 clause (i) fails to maintain in inventory, or
17 otherwise maintain ready access to
18 (through requirements, contracts, or other-
19 wise) a type of product included in the en-
20 tity’s bid, the Secretary may terminate
21 such contract unless the Secretary finds
22 that the failure of the entity to maintain
23 inventory of, or ready access to, the prod-
24 uct is the result of the discontinuation of
25 the product by the product manufacturer,

1 a market-wide shortage of the product, or
2 the introduction of a newer model or
3 version of the product in the market in-
4 volved.”.

5 (b) CODIFYING AND EXPANDING ANTI-SWITCHING
6 RULE.—Section 1847(b) of the Social Security Act (42
7 U.S.C. 1395w-3(b)), as amended by subsection (a)(1), is
8 further amended—

9 (1) by redesignating paragraph (11) as para-
10 graph (12); and

11 (2) by inserting after paragraph (10) the fol-
12 lowing new paragraph:

13 “(11) ADDITIONAL SPECIAL RULES IN CASE OF
14 COMPETITION FOR DIABETIC TESTING STRIPS.—

15 “(A) IN GENERAL.—With respect to an en-
16 tity that is furnishing diabetic testing strip
17 products to individuals under a contract entered
18 into under the competitive acquisition program
19 established under this section, the entity shall
20 furnish to each individual a brand of such prod-
21 ucts that is compatible with the home blood glu-
22 cose monitor selected by the individual.

23 “(B) PROHIBITION ON INFLUENCING AND
24 INCENTIVIZING.—An entity described in sub-
25 paragraph (A) may not attempt to influence or

1 macy if the entity is not able to fur-
2 nish the brand of such product that is
3 compatible with the home blood glu-
4 cose monitor selected by the indi-
5 vidual; and

6 “(III) the right of the individual
7 to return diabetic testing strip prod-
8 ucts furnished to the individual by the
9 entity.

10 “(ii) REQUIREMENT.—With respect to
11 diabetic testing strip products furnished on
12 or after the date on which the Secretary
13 develops the standardized information
14 under clause (i), an entity described in
15 subparagraph (A) may not communicate
16 directly to an individual until the entity
17 has verbally provided the individual with
18 such standardized information.

19 “(D) ORDER REFILLS.—With respect to
20 diabetic testing strip products furnished on or
21 after January 1, 2019, the Secretary shall re-
22 quire an entity furnishing diabetic testing strip
23 products to an individual to contact and receive
24 a request from the individual for such products

1 not more than 14 days prior to dispensing a re-
2 fill of such products to the individual.”.

3 (c) IMPLEMENTATION; NON-APPLICATION OF THE
4 PAPERWORK REDUCTION ACT.—

5 (1) IMPLEMENTATION.—Notwithstanding any
6 other provision of law, the Secretary of Health and
7 Human Services may implement the provisions of,
8 and amendments made by, this section by program
9 instruction or otherwise.

10 (2) NON-APPLICATION OF THE PAPERWORK RE-
11 DUCATION ACT.—Chapter 35 of title 44, United
12 States Code (commonly referred to as the “Paper-
13 work Reduction Act of 1995”), shall not apply to
14 this section or the amendments made by this section.

15 **TITLE V—OTHER HEALTH** 16 **EXTENDERS**

17 **SEC. 50501. EXTENSION FOR FAMILY-TO-FAMILY HEALTH**
18 **INFORMATION CENTERS.**

19 Section 501(c) of the Social Security Act (42 U.S.C.
20 701(c)) is amended—

21 (1) in paragraph (1)(A)—

22 (A) in clause (v), by striking “and” at the
23 end;

24 (B) in clause (vi), by striking the period at
25 the end and inserting “; and”; and

1 (C) by adding at the end the following new
2 clause:

3 “(vii) \$6,000,000 for each of fiscal years 2018
4 and 2019.”;

5 (2) in paragraph (3)(C), by inserting before the
6 period the following: “, and with respect to fiscal
7 years 2018 and 2019, such centers shall also be de-
8 veloped in all territories and at least one such center
9 shall be developed for Indian tribes”; and

10 (3) by amending paragraph (5) to read as fol-
11 lows:

12 “(5) For purposes of this subsection—

13 “(A) the term ‘Indian tribe’ has the meaning
14 given such term in section 4 of the Indian Health
15 Care Improvement Act (25 U.S.C. 1603);

16 “(B) the term ‘State’ means each of the 50
17 States and the District of Columbia; and

18 “(C) the term ‘territory’ means Puerto Rico,
19 Guam, American Samoa, the Virgin Islands, and the
20 Northern Mariana Islands.”.

21 **SEC. 50502. EXTENSION FOR SEXUAL RISK AVOIDANCE EDU-**
22 **CATION.**

23 (a) IN GENERAL.—Section 510 of the Social Security
24 Act (42 U.S.C. 710) is amended to read as follows:

1 **“SEC. 510. SEXUAL RISK AVOIDANCE EDUCATION.**

2 “(a) IN GENERAL.—

3 “(1) ALLOTMENTS TO STATES.—For the pur-
4 pose described in subsection (b), the Secretary shall,
5 for each of fiscal years 2018 and 2019, allot to each
6 State which has transmitted an application for the
7 fiscal year under section 505(a) an amount equal to
8 the product of—

9 “(A) the amount appropriated pursuant to
10 subsection (e)(1) for the fiscal year, minus the
11 amount reserved under subsection (e)(2) for the
12 fiscal year; and

13 “(B) the proportion that the number of
14 low-income children in the State bears to the
15 total of such numbers of children for all the
16 States.

17 “(2) OTHER ALLOTMENTS.—

18 “(A) OTHER ENTITIES.—For the purpose
19 described in subsection (b), the Secretary shall,
20 for each of fiscal years 2018 and 2019, for any
21 State which has not transmitted an application
22 for the fiscal year under section 505(a), allot to
23 one or more entities in the State the amount
24 that would have been allotted to the State
25 under paragraph (1) if the State had submitted
26 such an application.

1 “(B) PROCESS.—The Secretary shall select
2 the recipients of allotments under subparagraph
3 (A) by means of a competitive grant process
4 under which—

5 “(i) not later than 30 days after the
6 deadline for the State involved to submit
7 an application for the fiscal year under
8 section 505(a), the Secretary publishes a
9 notice soliciting grant applications; and

10 “(ii) not later than 120 days after
11 such deadline, all such applications must
12 be submitted.

13 “(b) PURPOSE.—

14 “(1) IN GENERAL.—Except for research under
15 paragraph (5) and information collection and report-
16 ing under paragraph (6), the purpose of an allot-
17 ment under subsection (a) to a State (or to another
18 entity in the State pursuant to subsection (a)(2)) is
19 to enable the State or other entity to implement edu-
20 cation exclusively on sexual risk avoidance (meaning
21 voluntarily refraining from sexual activity).

22 “(2) REQUIRED COMPONENTS.—Education on
23 sexual risk avoidance pursuant to an allotment
24 under this section shall—

1 “(A) ensure that the unambiguous and pri-
2 mary emphasis and context for each topic de-
3 scribed in paragraph (3) is a message to youth
4 that normalizes the optimal health behavior of
5 avoiding nonmarital sexual activity;

6 “(B) be medically accurate and complete;

7 “(C) be age-appropriate;

8 “(D) be based on adolescent learning and
9 developmental theories for the age group receiv-
10 ing the education; and

11 “(E) be culturally appropriate, recognizing
12 the experiences of youth from diverse commu-
13 nities, backgrounds, and experiences.

14 “(3) TOPICS.—Education on sexual risk avoid-
15 ance pursuant to an allotment under this section
16 shall address each of the following topics:

17 “(A) The holistic individual and societal
18 benefits associated with personal responsibility,
19 self-regulation, goal setting, healthy decision-
20 making, and a focus on the future.

21 “(B) The advantage of refraining from
22 nonmarital sexual activity in order to improve
23 the future prospects and physical and emotional
24 health of youth.

1 “(C) The increased likelihood of avoiding
2 poverty when youth attain self-sufficiency and
3 emotional maturity before engaging in sexual
4 activity.

5 “(D) The foundational components of
6 healthy relationships and their impact on the
7 formation of healthy marriages and safe and
8 stable families.

9 “(E) How other youth risk behaviors, such
10 as drug and alcohol usage, increase the risk for
11 teen sex.

12 “(F) How to resist and avoid, and receive
13 help regarding, sexual coercion and dating vio-
14 lence, recognizing that even with consent teen
15 sex remains a youth risk behavior.

16 “(4) CONTRACEPTION.—Education on sexual
17 risk avoidance pursuant to an allotment under this
18 section shall ensure that—

19 “(A) any information provided on contra-
20 ception is medically accurate and complete and
21 ensures that students understand that contra-
22 ception offers physical risk reduction, but not
23 risk elimination; and

1 “(B) the education does not include dem-
2 onstrations, simulations, or distribution of con-
3 traceptive devices.

4 “(5) RESEARCH.—

5 “(A) IN GENERAL.—A State or other enti-
6 ty receiving an allotment pursuant to subsection
7 (a) may use up to 20 percent of such allotment
8 to build the evidence base for sexual risk avoid-
9 ance education by conducting or supporting re-
10 search.

11 “(B) REQUIREMENTS.—Any research con-
12 ducted or supported pursuant to subparagraph
13 (A) shall be—

14 “(i) rigorous;

15 “(ii) evidence-based; and

16 “(iii) designed and conducted by inde-
17 pendent researchers who have experience
18 in conducting and publishing research in
19 peer-reviewed outlets.

20 “(6) INFORMATION COLLECTION AND REPORT-
21 ING.—A State or other entity receiving an allotment
22 pursuant to subsection (a) shall, as specified by the
23 Secretary—

1 “(A) collect information on the programs
2 and activities funded through the allotment;
3 and

4 “(B) submit reports to the Secretary on
5 the data from such programs and activities.

6 “(c) NATIONAL EVALUATION.—

7 “(1) IN GENERAL.—The Secretary shall—

8 “(A) in consultation with appropriate State
9 and local agencies, conduct one or more rig-
10 orous evaluations of the education funded
11 through this section and associated data; and

12 “(B) submit a report to the Congress on
13 the results of such evaluations, together with a
14 summary of the information collected pursuant
15 to subsection (b)(6).

16 “(2) CONSULTATION.—In conducting the eval-
17 uations required by paragraph (1), including the es-
18 tablishment of rigorous evaluation methodologies,
19 the Secretary shall consult with relevant stake-
20 holders and evaluation experts.

21 “(d) APPLICABILITY OF CERTAIN PROVISIONS.—

22 “(1) Sections 503, 507, and 508 apply to allot-
23 ments under subsection (a) to the same extent and
24 in the same manner as such sections apply to allot-
25 ments under section 502(c).

1 “(2) Sections 505 and 506 apply to allotments
2 under subsection (a) to the extent determined by the
3 Secretary to be appropriate.

4 “(e) DEFINITIONS.—In this section:

5 “(1) The term ‘age-appropriate’ means suitable
6 (in terms of topics, messages, and teaching methods)
7 to the developmental and social maturity of the par-
8 ticular age or age group of children or adolescents,
9 based on developing cognitive, emotional, and behav-
10 ioral capacity typical for the age or age group.

11 “(2) The term ‘medically accurate and com-
12 plete’ means verified or supported by the weight of
13 research conducted in compliance with accepted sci-
14 entific methods and—

15 “(A) published in peer-reviewed journals,
16 where applicable; or

17 “(B) comprising information that leading
18 professional organizations and agencies with
19 relevant expertise in the field recognize as accu-
20 rate, objective, and complete.

21 “(3) The term ‘rigorous’, with respect to re-
22 search or evaluation, means using—

23 “(A) established scientific methods for
24 measuring the impact of an intervention or pro-
25 gram model in changing behavior (specifically

1 sexual activity or other sexual risk behaviors),
2 or reducing pregnancy, among youth; or

3 “(B) other evidence-based methodologies
4 established by the Secretary for purposes of this
5 section.

6 “(4) The term ‘youth’ refers to one or more in-
7 dividuals who have attained age 10 but not age 20.

8 “(f) FUNDING.—

9 “(1) IN GENERAL.—To carry out this section,
10 there is appropriated, out of any money in the
11 Treasury not otherwise appropriated, \$75,000,000
12 for each of fiscal years 2018 and 2019.

13 “(2) RESERVATION.—The Secretary shall re-
14 serve, for each of fiscal years 2018 and 2019, not
15 more than 20 percent of the amount appropriated
16 pursuant to paragraph (1) for administering the
17 program under this section, including the conducting
18 of national evaluations and the provision of technical
19 assistance to the recipients of allotments.”.

20 (b) EFFECTIVE DATE.—The amendment made by
21 this section shall take effect as if enacted on October 1,
22 2017.

1 **SEC. 50503. EXTENSION FOR PERSONAL RESPONSIBILITY**
2 **EDUCATION.**

3 (a) IN GENERAL.—Section 513 of the Social Security
4 Act (42 U.S.C. 713) is amended—

5 (1) in subsection (a)(1)(A), by striking “2017”
6 and inserting “2019”; and

7 (2) in subsection (a)(4)—

8 (A) in subparagraph (A), by striking
9 “2017” each place it appears and inserting
10 “2019”; and

11 (B) in subparagraph (B)—

12 (i) in the subparagraph heading, by
13 striking “3-YEAR GRANTS” and inserting
14 “COMPETITIVE PREP GRANTS”; and

15 (ii) in clause (i), by striking “solicit
16 applications to award 3-year grants in each
17 of fiscal years 2012 through 2017” and in-
18 serting “continue through fiscal year 2019
19 grants awarded for any of fiscal years
20 2015 through 2017”;

21 (3) in subsection (c)(1), by inserting after
22 “youth with HIV/AIDS,” the following: “victims of
23 human trafficking,”; and

24 (4) in subsection (f), by striking “2017” and
25 inserting “2019”.

1 (b) EFFECTIVE DATE.—The amendments made by
2 this section shall take effect as if enacted on October 1,
3 2017.

4 **TITLE VI—CHILD AND FAMILY**
5 **SERVICES AND SUPPORTS EX-**
6 **TENDERS**

7 **Subtitle A—Continuing the Mater-**
8 **nal, Infant, and Early Childhood**
9 **Home Visiting Program**

10 **SEC. 50601. CONTINUING EVIDENCE-BASED HOME VISITING**
11 **PROGRAM.**

12 Section 511(j)(1)(H) of the Social Security Act (42
13 U.S.C. 711(j)(1)(H)) is amended by striking “fiscal year
14 2017” and inserting “each of fiscal years 2017 through
15 2022”.

16 **SEC. 50602. CONTINUING TO DEMONSTRATE RESULTS TO**
17 **HELP FAMILIES.**

18 (a) REQUIRE SERVICE DELIVERY MODELS TO DEM-
19 ONSTRATE IMPROVEMENT IN APPLICABLE BENCHMARK
20 AREAS.—Section 511 of the Social Security Act (42
21 U.S.C. 711) is amended in each of subsections (d)(1)(A)
22 and (h)(4)(A) by striking “each of”.

23 (b) DEMONSTRATION OF IMPROVEMENTS IN SUBSE-
24 QUENT YEARS.—Section 511(d)(1) of such Act (42 U.S.C.
25 711(d)(1)) is amended by adding at the end the following:

1 “(D) DEMONSTRATION OF IMPROVEMENTS
2 IN SUBSEQUENT YEARS.—

3 “(i) CONTINUED MEASUREMENT OF
4 IMPROVEMENT IN APPLICABLE BENCH-
5 MARK AREAS.—The eligible entity, after
6 demonstrating improvements for eligible
7 families as specified in subparagraphs (A)
8 and (B), shall continue to track and re-
9 port, not later than 30 days after the end
10 of fiscal year 2020 and every 3 years
11 thereafter, information demonstrating that
12 the program results in improvements for
13 the eligible families participating in the
14 program in at least 4 of the areas specified
15 in subparagraph (A) that the service deliv-
16 ery model or models selected by the entity
17 are intended to improve.

18 “(ii) CORRECTIVE ACTION PLAN.—If
19 the eligible entity fails to demonstrate im-
20 provement in at least 4 of the areas speci-
21 fied in subparagraph (A), as compared to
22 eligible families who do not receive services
23 under an early childhood home visitation
24 program, the entity shall develop and im-
25 plement a plan to improve outcomes in

1 each of the areas specified in subparagraph
2 (A) that the service delivery model or mod-
3 els selected by the entity are intended to
4 improve, subject to approval by the Sec-
5 retary. The plan shall include provisions
6 for the Secretary to monitor implementa-
7 tion of the plan and conduct continued
8 oversight of the program, including
9 through submission by the entity of reg-
10 ular reports to the Secretary.

11 “(iii) TECHNICAL ASSISTANCE.—The
12 Secretary shall provide an eligible entity
13 required to develop and implement an im-
14 provement plan under clause (ii) with tech-
15 nical assistance to develop and implement
16 the plan. The Secretary may provide the
17 technical assistance directly or through
18 grants, contracts, or cooperative agree-
19 ments.

20 “(iv) NO IMPROVEMENT OR FAILURE
21 TO SUBMIT REPORT.—If the Secretary de-
22 termines after a period of time specified by
23 the Secretary that an eligible entity imple-
24 menting an improvement plan under clause
25 (ii) has failed to demonstrate any improve-

1 ment in at least 4 of the areas specified in
2 subparagraph (A), or if the Secretary de-
3 termines that an eligible entity has failed
4 to submit the report required by clause (i),
5 the Secretary shall terminate the grant
6 made to the entity under this section and
7 may include any unexpended grant funds
8 in grants made to nonprofit organizations
9 under subsection (h)(2)(B).”.

10 (c) INCLUDING INFORMATION ON APPLICABLE
11 BENCHMARKS IN APPLICATION.—Section 511(e)(5) of
12 such Act (42 U.S.C. 711(e)(5)) is amended by inserting
13 “that the service delivery model or models selected by the
14 entity are intended to improve” before the period at the
15 end.

16 **SEC. 50603. REVIEWING STATEWIDE NEEDS TO TARGET RE-**
17 **SOURCES.**

18 Section 511(b)(1) of the Social Security Act (42
19 U.S.C. 711(b)(1)) is amended by striking “Not later
20 than” and all that follows through “section 505(a))” and
21 inserting “Each State shall, as a condition of receiving
22 payments from an allotment for the State under section
23 502, conduct a statewide needs assessment (which may be
24 separate from but in coordination with the statewide needs
25 assessment required under section 505(a) and which shall

1 be reviewed and updated by the State not later than Octo-
2 ber 1, 2020)”.
3

4 **SEC. 50604. IMPROVING THE LIKELIHOOD OF SUCCESS IN**
5 **HIGH-RISK COMMUNITIES.**

6 Section 511(d)(4)(A) of the Social Security Act (42
7 U.S.C. 711(d)(4)(A)) is amended by inserting “, taking
8 into account the staffing, community resource, and other
9 requirements to operate at least one approved model of
10 home visiting and demonstrate improvements for eligible
11 families” before the period.

12 **SEC. 50605. OPTION TO FUND EVIDENCE-BASED HOME VIS-**
13 **ITING ON A PAY FOR OUTCOME BASIS.**

14 (a) IN GENERAL.—Section 511(c) of the Social Secu-
15 rity Act (42 U.S.C. 711(c)) is amended by redesignating
16 paragraphs (3) and (4) as paragraphs (4) and (5), respec-
17 tively, and by inserting after paragraph (2) the following:

18 “(3) AUTHORITY TO USE GRANT FOR A PAY
19 FOR OUTCOMES INITIATIVE.—An eligible entity to
20 which a grant is made under paragraph (1) may use
21 up to 25 percent of the grant for outcomes or suc-
22 cess payments related to a pay for outcomes initia-
23 tive that will not result in a reduction of funding for
24 services delivered by the entity under a childhood
home visitation program under this section while the

1 eligible entity develops or operates such an initia-
2 tive.”.

3 (b) DEFINITION OF PAY FOR OUTCOMES INITIA-
4 TIVE.—Section 511(k) of such Act (42 U.S.C. 711(k)) is
5 amended by adding at the end the following:

6 “(4) PAY FOR OUTCOMES INITIATIVE.—The
7 term ‘pay for outcomes initiative’ means a perform-
8 ance-based grant, contract, cooperative agreement,
9 or other agreement awarded by a public entity in
10 which a commitment is made to pay for improved
11 outcomes achieved as a result of the intervention
12 that result in social benefit and direct cost savings
13 or cost avoidance to the public sector. Such an ini-
14 tiative shall include—

15 “(A) a feasibility study that describes how
16 the proposed intervention is based on evidence
17 of effectiveness;

18 “(B) a rigorous, third-party evaluation
19 that uses experimental or quasi-experimental
20 design or other research methodologies that
21 allow for the strongest possible causal infer-
22 ences to determine whether the initiative has
23 met its proposed outcomes as a result of the
24 intervention;

1 “(C) an annual, publicly available report
2 on the progress of the initiative; and

3 “(D) a requirement that payments are
4 made to the recipient of a grant, contract, or
5 cooperative agreement only when agreed upon
6 outcomes are achieved, except that this require-
7 ment shall not apply with respect to payments
8 to a third party conducting the evaluation de-
9 scribed in subparagraph (B).”.

10 (c) EXTENDED AVAILABILITY OF FUNDS.—Section
11 511(j)(3) of such Act (42 U.S.C. 711(j)(3)) is amended—

12 (1) by striking “(3) AVAILABILITY.—Funds”
13 and inserting the following:

14 “(3) AVAILABILITY.—

15 “(A) IN GENERAL.—Except as provided in
16 subparagraph (B), funds”; and

17 (2) by adding at the end the following:

18 “(B) FUNDS FOR PAY FOR OUTCOMES INI-
19 TIATIVES.—Funds made available to an eligible
20 entity under this section for a fiscal year (or
21 portion of a fiscal year) for a pay for outcomes
22 initiative shall remain available for expenditure
23 by the eligible entity for not more than 10 years
24 after the funds are so made available.”.

1 **SEC. 50606. DATA EXCHANGE STANDARDS FOR IMPROVED**
2 **INTEROPERABILITY.**

3 (a) IN GENERAL.—Section 511(h) of the Social Secu-
4 rity Act (42 U.S.C. 711(h)) is amended by adding at the
5 end the following:

6 “(5) DATA EXCHANGE STANDARDS FOR IM-
7 PROVED INTEROPERABILITY.—

8 “(A) DESIGNATION AND USE OF DATA EX-
9 CHANGE STANDARDS.—

10 “(i) DESIGNATION.—The head of the
11 department or agency responsible for ad-
12 ministering a program funded under this
13 section shall, in consultation with an inter-
14 agency work group established by the Of-
15 fice of Management and Budget and con-
16 sidering State government perspectives,
17 designate data exchange standards for nec-
18 essary categories of information that a
19 State agency operating the program is re-
20 quired to electronically exchange with an-
21 other State agency under applicable Fed-
22 eral law.

23 “(ii) DATA EXCHANGE STANDARDS
24 MUST BE NONPROPRIETARY AND INTER-
25 OPERABLE.—The data exchange standards
26 designated under clause (i) shall, to the ex-

1 tent practicable, be nonproprietary and
2 interoperable.

3 “(iii) OTHER REQUIREMENTS.—In
4 designating data exchange standards under
5 this paragraph, the Secretary shall, to the
6 extent practicable, incorporate—

7 “(I) interoperable standards de-
8 veloped and maintained by an inter-
9 national voluntary consensus stand-
10 ards body, as defined by the Office of
11 Management and Budget;

12 “(II) interoperable standards de-
13 veloped and maintained by intergov-
14 ernmental partnerships, such as the
15 National Information Exchange
16 Model; and

17 “(III) interoperable standards
18 developed and maintained by Federal
19 entities with authority over con-
20 tracting and financial assistance.

21 “(B) DATA EXCHANGE STANDARDS FOR
22 FEDERAL REPORTING.—

23 “(i) DESIGNATION.—The head of the
24 department or agency responsible for ad-
25 ministering a program referred to in this

1 section shall, in consultation with an inter-
2 agency work group established by the Of-
3 fice of Management and Budget, and con-
4 sidering State government perspectives,
5 designate data exchange standards to gov-
6 ern Federal reporting and exchange re-
7 quirements under applicable Federal law.

8 “(ii) REQUIREMENTS.—The data ex-
9 change reporting standards required by
10 clause (i) shall, to the extent practicable—

11 “(I) incorporate a widely accept-
12 ed, nonproprietary, searchable, com-
13 puter-readable format;

14 “(II) be consistent with and im-
15 plement applicable accounting prin-
16 ciples;

17 “(III) be implemented in a man-
18 ner that is cost-effective and improves
19 program efficiency and effectiveness;
20 and

21 “(IV) be capable of being contin-
22 ually upgraded as necessary.

23 “(iii) INCORPORATION OF NONPROPRI-
24 ETARY STANDARDS.—In designating data
25 exchange standards under this paragraph,

1 the Secretary shall, to the extent prac-
2 ticable, incorporate existing nonproprietary
3 standards, such as the eXtensible Mark up
4 Language.

5 “(iv) RULE OF CONSTRUCTION.—
6 Nothing in this paragraph shall be con-
7 strued to require a change to existing data
8 exchange standards for Federal reporting
9 about a program referred to in this sec-
10 tion, if the head of the department or
11 agency responsible for administering the
12 program finds the standards to be effective
13 and efficient.”.

14 (b) EFFECTIVE DATE.—The amendment made by
15 subsection (a) shall take effect on the date that is 2 years
16 after the date of enactment of this Act.

17 **SEC. 50607. ALLOCATION OF FUNDS.**

18 Section 511(j) of the Social Security Act (42 U.S.C.
19 711(j)) is amended by adding at the end the following:

20 “(4) ALLOCATION OF FUNDS.—To the extent
21 that the grant amount awarded under this section to
22 an eligible entity is determined on the basis of rel-
23 ative population or poverty considerations, the Sec-
24 retary shall make the determination using the most

1 accurate Federal data available for the eligible enti-
2 ty.”.

3 **Subtitle B—Extension of Health**
4 **Professions Workforce Dem-**
5 **onstration Projects**

6 **SEC. 50611. EXTENSION OF HEALTH WORKFORCE DEM-**
7 **ONSTRATION PROJECTS FOR LOW-INCOME**
8 **INDIVIDUALS.**

9 Section 2008(c)(1) of the Social Security Act (42
10 U.S.C. 1397g(c)(1)) is amended by striking “2017” and
11 inserting “2019”.

12 **TITLE VII—FAMILY FIRST**
13 **PREVENTION SERVICES ACT**
14 **Subtitle A—Investing in Preven-**
15 **tion and Supporting Families**

16 **SEC. 50701. SHORT TITLE.**

17 This subtitle may be cited as the “Family First Pre-
18 vention Services Act”.

19 **SEC. 50702. PURPOSE.**

20 The purpose of this subtitle is to enable States to
21 use Federal funds available under parts B and E of title
22 IV of the Social Security Act to provide enhanced support
23 to children and families and prevent foster care place-
24 ments through the provision of mental health and sub-
25 stance abuse prevention and treatment services, in-home

1 parent skill-based programs, and kinship navigator serv-
2 ices.

3 **PART I—PREVENTION ACTIVITIES UNDER TITLE**

4 **IV—E**

5 **SEC. 50711. FOSTER CARE PREVENTION SERVICES AND**
6 **PROGRAMS.**

7 (a) STATE OPTION.—Section 471 of the Social Secu-
8 rity Act (42 U.S.C. 671) is amended—

9 (1) in subsection (a)(1), by striking “and” and
10 all that follows through the semicolon and inserting
11 “, adoption assistance in accordance with section
12 473, and, at the option of the State, services or pro-
13 grams specified in subsection (e)(1) of this section
14 for children who are candidates for foster care or
15 who are pregnant or parenting foster youth and the
16 parents or kin caregivers of the children, in accord-
17 ance with the requirements of that subsection;”;

18 (2) by adding at the end the following:

19 “(e) PREVENTION AND FAMILY SERVICES AND PRO-
20 GRAMS.—

21 “(1) IN GENERAL.—Subject to the succeeding
22 provisions of this subsection, the Secretary may
23 make a payment to a State for providing the fol-
24 lowing services or programs for a child described in
25 paragraph (2) and the parents or kin caregivers of

1 the child when the need of the child, such a parent,
2 or such a caregiver for the services or programs are
3 directly related to the safety, permanence, or well-
4 being of the child or to preventing the child from en-
5 tering foster care:

6 “(A) MENTAL HEALTH AND SUBSTANCE
7 ABUSE PREVENTION AND TREATMENT SERV-
8 ICES.—Mental health and substance abuse pre-
9 vention and treatment services provided by a
10 qualified clinician for not more than a 12-
11 month period that begins on any date described
12 in paragraph (3) with respect to the child.

13 “(B) IN-HOME PARENT SKILL-BASED PRO-
14 GRAMS.—In-home parent skill-based programs
15 for not more than a 12-month period that be-
16 gins on any date described in paragraph (3)
17 with respect to the child and that include par-
18 enting skills training, parent education, and in-
19 dividual and family counseling.

20 “(2) CHILD DESCRIBED.—For purposes of
21 paragraph (1), a child described in this paragraph is
22 the following:

23 “(A) A child who is a candidate for foster
24 care (as defined in section 475(13)) but can re-
25 main safely at home or in a kinship placement

1 with receipt of services or programs specified in
2 paragraph (1).

3 “(B) A child in foster care who is a preg-
4 nant or parenting foster youth.

5 “(3) DATE DESCRIBED.—For purposes of para-
6 graph (1), the dates described in this paragraph are
7 the following:

8 “(A) The date on which a child is identi-
9 fied in a prevention plan maintained under
10 paragraph (4) as a child who is a candidate for
11 foster care (as defined in section 475(13)).

12 “(B) The date on which a child is identi-
13 fied in a prevention plan maintained under
14 paragraph (4) as a pregnant or parenting foster
15 youth in need of services or programs specified
16 in paragraph (1).

17 “(4) REQUIREMENTS RELATED TO PROVIDING
18 SERVICES AND PROGRAMS.—Services and programs
19 specified in paragraph (1) may be provided under
20 this subsection only if specified in advance in the
21 child’s prevention plan described in subparagraph
22 (A) and the requirements in subparagraphs (B)
23 through (E) are met:

24 “(A) PREVENTION PLAN.—The State
25 maintains a written prevention plan for the

1 child that meets the following requirements (as
2 applicable):

3 “(i) CANDIDATES.—In the case of a
4 child who is a candidate for foster care de-
5 scribed in paragraph (2)(A), the prevention
6 plan shall—

7 “(I) identify the foster care pre-
8 vention strategy for the child so that
9 the child may remain safely at home,
10 live temporarily with a kin caregiver
11 until reunification can be safely
12 achieved, or live permanently with a
13 kin caregiver;

14 “(II) list the services or pro-
15 grams to be provided to or on behalf
16 of the child to ensure the success of
17 that prevention strategy; and

18 “(III) comply with such other re-
19 quirements as the Secretary shall es-
20 tablish.

21 “(ii) PREGNANT OR PARENTING FOS-
22 TER YOUTH.—In the case of a child who is
23 a pregnant or parenting foster youth de-
24 scribed in paragraph (2)(B), the preven-
25 tion plan shall—

1 interventions to address trauma’s consequences
2 and facilitate healing.

3 “(C) ONLY SERVICES AND PROGRAMS PRO-
4 VIDED IN ACCORDANCE WITH PROMISING, SUP-
5 PORTED, OR WELL-SUPPORTED PRACTICES PER-
6 MITTED.—

7 “(i) IN GENERAL.—Only State ex-
8 penditures for services or programs speci-
9 fied in subparagraph (A) or (B) of para-
10 graph (1) that are provided in accordance
11 with practices that meet the requirements
12 specified in clause (ii) of this subparagraph
13 and that meet the requirements specified
14 in clause (iii), (iv), or (v), respectively, for
15 being a promising, supported, or well-sup-
16 ported practice, shall be eligible for a Fed-
17 eral matching payment under section
18 474(a)(6)(A).

19 “(ii) GENERAL PRACTICE REQUIRE-
20 MENTS.—The general practice require-
21 ments specified in this clause are the fol-
22 lowing:

23 “(I) The practice has a book,
24 manual, or other available writings
25 that specify the components of the

1 practice protocol and describe how to
2 administer the practice.

3 “(II) There is no empirical basis
4 suggesting that, compared to its likely
5 benefits, the practice constitutes a
6 risk of harm to those receiving it.

7 “(III) If multiple outcome studies
8 have been conducted, the overall
9 weight of evidence supports the bene-
10 fits of the practice.

11 “(IV) Outcome measures are reli-
12 able and valid, and are administrated
13 consistently and accurately across all
14 those receiving the practice.

15 “(V) There is no case data sug-
16 gesting a risk of harm that was prob-
17 ably caused by the treatment and that
18 was severe or frequent.

19 “(iii) PROMISING PRACTICE.—A prac-
20 tice shall be considered to be a ‘promising
21 practice’ if the practice is superior to an
22 appropriate comparison practice using con-
23 ventional standards of statistical signifi-
24 cance (in terms of demonstrated meaning-
25 ful improvements in validated measures of

1 important child and parent outcomes, such
2 as mental health, substance abuse, and
3 child safety and well-being), as established
4 by the results or outcomes of at least one
5 study that—

6 “(I) was rated by an independent
7 systematic review for the quality of
8 the study design and execution and
9 determined to be well-designed and
10 well-executed; and

11 “(II) utilized some form of con-
12 trol (such as an untreated group, a
13 placebo group, or a wait list study).

14 “(iv) SUPPORTED PRACTICE.—A prac-
15 tice shall be considered to be a ‘supported
16 practice’ if—

17 “(I) the practice is superior to an
18 appropriate comparison practice using
19 conventional standards of statistical
20 significance (in terms of demonstrated
21 meaningful improvements in validated
22 measures of important child and par-
23 ent outcomes, such as mental health,
24 substance abuse, and child safety and
25 well-being), as established by the re-

1 sults or outcomes of at least one study
2 that—

3 “(aa) was rated by an inde-
4 pendent systematic review for the
5 quality of the study design and
6 execution and determined to be
7 well-designed and well-executed;

8 “(bb) was a rigorous ran-
9 dom-controlled trial (or, if not
10 available, a study using a rig-
11 orous quasi-experimental re-
12 search design); and

13 “(cc) was carried out in a
14 usual care or practice setting;
15 and

16 “(II) the study described in sub-
17 clause (I) established that the practice
18 has a sustained effect (when com-
19 pared to a control group) for at least
20 6 months beyond the end of the treat-
21 ment.

22 “(v) WELL-SUPPORTED PRACTICE.—A
23 practice shall be considered to be a ‘well-
24 supported practice’ if—

1 “(I) the practice is superior to an
2 appropriate comparison practice using
3 conventional standards of statistical
4 significance (in terms of demonstrated
5 meaningful improvements in validated
6 measures of important child and par-
7 ent outcomes, such as mental health,
8 substance abuse, and child safety and
9 well-being), as established by the re-
10 sults or outcomes of at least two stud-
11 ies that—

12 “(aa) were rated by an inde-
13 pendent systematic review for the
14 quality of the study design and
15 execution and determined to be
16 well-designed and well-executed;

17 “(bb) were rigorous random-
18 controlled trials (or, if not avail-
19 able, studies using a rigorous
20 quasi-experimental research de-
21 sign); and

22 “(cc) were carried out in a
23 usual care or practice setting;
24 and

1 “(II) at least one of the studies
2 described in subclause (I) established
3 that the practice has a sustained ef-
4 fect (when compared to a control
5 group) for at least 1 year beyond the
6 end of treatment.

7 “(D) GUIDANCE ON PRACTICES CRITERIA
8 AND PRE-APPROVED SERVICES AND PRO-
9 GRAMS.—

10 “(i) IN GENERAL.—Not later than Oc-
11 tober 1, 2018, the Secretary shall issue
12 guidance to States regarding the practices
13 criteria required for services or programs
14 to satisfy the requirements of subpara-
15 graph (C). The guidance shall include a
16 pre-approved list of services and programs
17 that satisfy the requirements.

18 “(ii) UPDATES.—The Secretary shall
19 issue updates to the guidance required by
20 clause (i) as often as the Secretary deter-
21 mines necessary.

22 “(E) OUTCOME ASSESSMENT AND REPORT-
23 ING.—The State shall collect and report to the
24 Secretary the following information with respect
25 to each child for whom, or on whose behalf

1 mental health and substance abuse prevention
2 and treatment services or in-home parent skill-
3 based programs are provided during a 12-
4 month period beginning on the date the child is
5 determined by the State to be a child described
6 in paragraph (2):

7 “(i) The specific services or programs
8 provided and the total expenditures for
9 each of the services or programs.

10 “(ii) The duration of the services or
11 programs provided.

12 “(iii) In the case of a child described
13 in paragraph (2)(A), the child’s placement
14 status at the beginning, and at the end, of
15 the 1-year period, respectively, and wheth-
16 er the child entered foster care within 2
17 years after being determined a candidate
18 for foster care.

19 “(5) STATE PLAN COMPONENT.—

20 “(A) IN GENERAL.—A State electing to
21 provide services or programs specified in para-
22 graph (1) shall submit as part of the State plan
23 required by subsection (a) a prevention services
24 and programs plan component that meets the
25 requirements of subparagraph (B).

1 “(B) PREVENTION SERVICES AND PRO-
2 GRAMS PLAN COMPONENT.—In order to meet
3 the requirements of this subparagraph, a pre-
4 vention services and programs plan component,
5 with respect to each 5-year period for which the
6 plan component is in operation in the State,
7 shall include the following:

8 “(i) How providing services and pro-
9 grams specified in paragraph (1) is ex-
10 pected to improve specific outcomes for
11 children and families.

12 “(ii) How the State will monitor and
13 oversee the safety of children who receive
14 services and programs specified in para-
15 graph (1), including through periodic risk
16 assessments throughout the period in
17 which the services and programs are pro-
18 vided on behalf of a child and reexamina-
19 tion of the prevention plan maintained for
20 the child under paragraph (4) for the pro-
21 vision of the services or programs if the
22 State determines the risk of the child en-
23 tering foster care remains high despite the
24 provision of the services or programs.

1 “(iii) With respect to the services and
2 programs specified in subparagraphs (A)
3 and (B) of paragraph (1), information on
4 the specific promising, supported, or well-
5 supported practices the State plans to use
6 to provide the services or programs, includ-
7 ing a description of—

8 “(I) the services or programs and
9 whether the practices used are prom-
10 ising, supported, or well-supported;

11 “(II) how the State plans to im-
12 plement the services or programs, in-
13 cluding how implementation of the
14 services or programs will be continu-
15 ously monitored to ensure fidelity to
16 the practice model and to determine
17 outcomes achieved and how informa-
18 tion learned from the monitoring will
19 be used to refine and improve prac-
20 tices;

21 “(III) how the State selected the
22 services or programs;

23 “(IV) the target population for
24 the services or programs; and

1 “(V) how each service or pro-
2 gram provided will be evaluated
3 through a well-designed and rigorous
4 process, which may consist of an on-
5 going, cross-site evaluation approved
6 by the Secretary.

7 “(iv) A description of the consultation
8 that the State agencies responsible for ad-
9 ministering the State plans under this part
10 and part B engage in with other State
11 agencies responsible for administering
12 health programs, including mental health
13 and substance abuse prevention and treat-
14 ment services, and with other public and
15 private agencies with experience in admin-
16 istering child and family services, including
17 community-based organizations, in order to
18 foster a continuum of care for children de-
19 scribed in paragraph (2) and their parents
20 or kin caregivers.

21 “(v) A description of how the State
22 shall assess children and their parents or
23 kin caregivers to determine eligibility for
24 services or programs specified in para-
25 graph (1).

1 “(vi) A description of how the services
2 or programs specified in paragraph (1)
3 that are provided for or on behalf of a
4 child and the parents or kin caregivers of
5 the child will be coordinated with other
6 child and family services provided to the
7 child and the parents or kin caregivers of
8 the child under the State plans in effect
9 under subparts 1 and 2 of part B.

10 “(vii) Descriptions of steps the State
11 is taking to support and enhance a com-
12 petent, skilled, and professional child wel-
13 fare workforce to deliver trauma-informed
14 and evidence-based services, including—

15 “(I) ensuring that staff is quali-
16 fied to provide services or programs
17 that are consistent with the prom-
18 ising, supported, or well-supported
19 practice models selected; and

20 “(II) developing appropriate pre-
21 vention plans, and conducting the risk
22 assessments required under clause
23 (iii).

24 “(viii) A description of how the State
25 will provide training and support for case-

1 workers in assessing what children and
2 their families need, connecting to the fami-
3 lies served, knowing how to access and de-
4 liver the needed trauma-informed and evi-
5 dence-based services, and overseeing and
6 evaluating the continuing appropriateness
7 of the services.

8 “(ix) A description of how caseload
9 size and type for prevention caseworkers
10 will be determined, managed, and overseen.

11 “(x) An assurance that the State will
12 report to the Secretary such information
13 and data as the Secretary may require
14 with respect to the provision of services
15 and programs specified in paragraph (1),
16 including information and data necessary
17 to determine the performance measures for
18 the State under paragraph (6) and compli-
19 ance with paragraph (7).

20 “(C) REIMBURSEMENT FOR SERVICES
21 UNDER THE PREVENTION PLAN COMPONENT.—

22 “(i) LIMITATION.—Except as provided
23 in subclause (ii), a State may not receive
24 a Federal payment under this part for a
25 given promising, supported, or well-sup-

1 didates for foster care for whom, or on
2 whose behalf, the services or programs are
3 provided who do not enter foster care, in-
4 cluding those placed with a kin caregiver
5 outside of foster care, during the 12-month
6 period in which the services or programs
7 are provided and through the end of the
8 succeeding 12-month period.

9 “(ii) PER-CHILD SPENDING.—The
10 total amount of expenditures made for
11 mental health and substance abuse preven-
12 tion and treatment services or in-home
13 parent skill-based programs, respectively,
14 for, or on behalf of, each child described in
15 paragraph (2).

16 “(B) DATA.—The Secretary shall establish
17 and annually update the prevention services
18 measures—

19 “(i) based on the median State values
20 of the information reported under each
21 clause of subparagraph (A) for the 3 then
22 most recent years; and

23 “(ii) taking into account State dif-
24 ferences in the price levels of consumption
25 goods and services using the most recent

1 regional price parities published by the Bu-
2 reau of Economic Analysis of the Depart-
3 ment of Commerce or such other data as
4 the Secretary determines appropriate.

5 “(C) PUBLICATION OF STATE PREVENTION
6 SERVICES MEASURES.—The Secretary shall an-
7 nually make available to the public the preven-
8 tion services measures of each State.

9 “(7) MAINTENANCE OF EFFORT FOR STATE
10 FOSTER CARE PREVENTION EXPENDITURES.—

11 “(A) IN GENERAL.—If a State elects to
12 provide services and programs specified in para-
13 graph (1) for a fiscal year, the State foster care
14 prevention expenditures for the fiscal year shall
15 not be less than the amount of the expenditures
16 for fiscal year 2014 (or, at the option of a State
17 described in subparagraph (E), fiscal year 2015
18 or fiscal year 2016 (whichever the State
19 elects)).

20 “(B) STATE FOSTER CARE PREVENTION
21 EXPENDITURES.—The term ‘State foster care
22 prevention expenditures’ means the following:

23 “(i) TANF; IV-B; SSBG.—State ex-
24 penditures for foster care prevention serv-
25 ices and activities under the State program

1 funded under part A (including from
2 amounts made available by the Federal
3 Government), under the State plan devel-
4 oped under part B (including any such
5 amounts), or under the Social Services
6 Block Grant Programs under subtitle A of
7 title XX (including any such amounts).

8 “(ii) OTHER STATE PROGRAMS.—
9 State expenditures for foster care preven-
10 tion services and activities under any State
11 program that is not described in clause (i)
12 (other than any State expenditures for fos-
13 ter care prevention services and activities
14 under the State program under this part
15 (including under a waiver of the pro-
16 gram)).

17 “(C) STATE EXPENDITURES.—The term
18 ‘State expenditures’ means all State or local
19 funds that are expended by the State or a local
20 agency including State or local funds that are
21 matched or reimbursed by the Federal Govern-
22 ment and State or local funds that are not
23 matched or reimbursed by the Federal Govern-
24 ment.

1 “(D) DETERMINATION OF PREVENTION
2 SERVICES AND ACTIVITIES.—The Secretary
3 shall require each State that elects to provide
4 services and programs specified in paragraph
5 (1) to report the expenditures specified in sub-
6 paragraph (B) for fiscal year 2014 and for such
7 fiscal years thereafter as are necessary to deter-
8 mine whether the State is complying with the
9 maintenance of effort requirement in subpara-
10 graph (A). The Secretary shall specify the spe-
11 cific services and activities under each program
12 referred to in subparagraph (B) that are ‘pre-
13 vention services and activities’ for purposes of
14 the reports.

15 “(E) STATE DESCRIBED.—For purposes of
16 subparagraph (A), a State is described in this
17 subparagraph if the population of children in
18 the State in 2014 was less than 200,000 (as de-
19 termined by the United States Census Bureau).

20 “(8) PROHIBITION AGAINST USE OF STATE FOS-
21 TER CARE PREVENTION EXPENDITURES AND FED-
22 ERAL IV–E PREVENTION FUNDS FOR MATCHING OR
23 EXPENDITURE REQUIREMENT.—A State that elects
24 to provide services and programs specified in para-
25 graph (1) shall not use any State foster care preven-

1 tion expenditures for a fiscal year for the State
2 share of expenditures under section 474(a)(6) for a
3 fiscal year.

4 “(9) ADMINISTRATIVE COSTS.—Expenditures
5 described in section 474(a)(6)(B)—

6 “(A) shall not be eligible for payment
7 under subparagraph (A), (B), or (E) of section
8 474(a)(3); and

9 “(B) shall be eligible for payment under
10 section 474(a)(6)(B) without regard to whether
11 the expenditures are incurred on behalf of a
12 child who is, or is potentially, eligible for foster
13 care maintenance payments under this part.

14 “(10) APPLICATION.—

15 “(A) IN GENERAL.—The provision of serv-
16 ices or programs under this subsection to or on
17 behalf of a child described in paragraph (2)
18 shall not be considered to be receipt of aid or
19 assistance under the State plan under this part
20 for purposes of eligibility for any other program
21 established under this Act.

22 “(B) CANDIDATES IN KINSHIP CARE.—A
23 child described in paragraph (2) for whom such
24 services or programs under this subsection are
25 provided for more than 6 months while in the

1 home of a kin caregiver, and who would satisfy
2 the AFDC eligibility requirement of section
3 472(a)(3)(A)(ii)(II) but for residing in the
4 home of the caregiver for more than 6 months,
5 is deemed to satisfy that requirement for pur-
6 poses of determining whether the child is eligi-
7 ble for foster care maintenance payments under
8 section 472.”.

9 (b) DEFINITION.—Section 475 of such Act (42
10 U.S.C. 675) is amended by adding at the end the fol-
11 lowing:

12 “(13) The term ‘child who is a candidate for
13 foster care’ means, a child who is identified in a pre-
14 vention plan under section 471(e)(4)(A) as being at
15 imminent risk of entering foster care (without re-
16 gard to whether the child would be eligible for foster
17 care maintenance payments under section 472 or is
18 or would be eligible for adoption assistance or kin-
19 ship guardianship assistance payments under section
20 473) but who can remain safely in the child’s home
21 or in a kinship placement as long as services or pro-
22 grams specified in section 471(e)(1) that are nec-
23 essary to prevent the entry of the child into foster
24 care are provided. The term includes a child whose
25 adoption or guardianship arrangement is at risk of

1 a disruption or dissolution that would result in a
2 foster care placement.”.

3 (c) PAYMENTS UNDER TITLE IV–E.—Section 474(a)
4 of such Act (42 U.S.C. 674(a)) is amended—

5 (1) in paragraph (5), by striking the period at
6 the end and inserting “; plus”; and

7 (2) by adding at the end the following:

8 “(6) subject to section 471(e)—

9 “(A) for each quarter—

10 “(i) subject to clause (ii)—

11 “(I) beginning after September
12 30, 2019, and before October 1, 2026,
13 an amount equal to 50 percent of the
14 total amount expended during the
15 quarter for the provision of services or
16 programs specified in subparagraph
17 (A) or (B) of section 471(e)(1) that
18 are provided in accordance with prom-
19 ising, supported, or well-supported
20 practices that meet the applicable cri-
21 teria specified for the practices in sec-
22 tion 471(e)(4)(C); and

23 “(II) beginning after September
24 30, 2026, an amount equal to the
25 Federal medical assistance percentage

1 (which shall be as defined in section
2 1905(b), in the case of a State other
3 than the District of Columbia, or 70
4 percent, in the case of the District of
5 Columbia) of the total amount ex-
6 pended during the quarter for the pro-
7 vision of services or programs speci-
8 fied in subparagraph (A) or (B) of
9 section 471(e)(1) that are provided in
10 accordance with promising, supported,
11 or well-supported practices that meet
12 the applicable criteria specified for the
13 practices in section 471(e)(4)(C) (or,
14 with respect to the payments made
15 during the quarter under a coopera-
16 tive agreement or contract entered
17 into by the State and an Indian tribe,
18 tribal organization, or tribal consor-
19 tium for the administration or pay-
20 ment of funds under this part, an
21 amount equal to the Federal medical
22 assistance percentage that would
23 apply under section 479B(d) (in this
24 paragraph referred to as the ‘tribal
25 FMAP’) if the Indian tribe, tribal or-

1 ganization, or tribal consortium made
2 the payments under a program oper-
3 ated under that section, unless the
4 tribal FMAP is less than the Federal
5 medical assistance percentage that ap-
6 plies to the State); except that

7 “(ii) not less than 50 percent of the
8 total amount expended by a State under
9 clause (i) for a fiscal year shall be for the
10 provision of services or programs specified
11 in subparagraph (A) or (B) of section
12 471(e)(1) that are provided in accordance
13 with well-supported practices; plus

14 “(B) for each quarter specified in subpara-
15 graph (A), an amount equal to the sum of the
16 following proportions of the total amount ex-
17 pended during the quarter—

18 “(i) 50 percent of so much of the ex-
19 penditures as are found necessary by the
20 Secretary for the proper and efficient ad-
21 ministration of the State plan for the pro-
22 vision of services or programs specified in
23 section 471(e)(1), including expenditures
24 for activities approved by the Secretary
25 that promote the development of necessary

1 processes and procedures to establish and
2 implement the provision of the services and
3 programs for individuals who are eligible
4 for the services and programs and expendi-
5 tures attributable to data collection and re-
6 porting; and

7 “(ii) 50 percent of so much of the ex-
8 penditures with respect to the provision of
9 services and programs specified in section
10 471(e)(1) as are for training of personnel
11 employed or preparing for employment by
12 the State agency or by the local agency ad-
13 ministering the plan in the political sub-
14 division and of the members of the staff of
15 State-licensed or State-approved child wel-
16 fare agencies providing services to children
17 described in section 471(e)(2) and their
18 parents or kin caregivers, including on how
19 to determine who are individuals eligible
20 for the services or programs, how to iden-
21 tify and provide appropriate services and
22 programs, and how to oversee and evaluate
23 the ongoing appropriateness of the services
24 and programs.”.

1 (d) TECHNICAL ASSISTANCE AND BEST PRACTICES,
2 CLEARINGHOUSE, AND DATA COLLECTION AND EVALUA-
3 TIONS.—Section 476 of such Act (42 U.S.C. 676) is
4 amended by adding at the end the following:

5 “(d) TECHNICAL ASSISTANCE AND BEST PRACTICES,
6 CLEARINGHOUSE, DATA COLLECTION, AND EVALUATIONS
7 RELATING TO PREVENTION SERVICES AND PROGRAMS.—

8 “(1) TECHNICAL ASSISTANCE AND BEST PRAC-
9 TICES.—The Secretary shall provide to States and,
10 as applicable, to Indian tribes, tribal organizations,
11 and tribal consortia, technical assistance regarding
12 the provision of services and programs described in
13 section 471(e)(1) and shall disseminate best prac-
14 tices with respect to the provision of the services and
15 programs, including how to plan and implement a
16 well-designed and rigorous evaluation of a prom-
17 ising, supported, or well-supported practice.

18 “(2) CLEARINGHOUSE OF PROMISING, SUP-
19 PORTED, AND WELL-SUPPORTED PRACTICES.—The
20 Secretary shall, directly or through grants, con-
21 tracts, or interagency agreements, evaluate research
22 on the practices specified in clauses (iii), (iv), and
23 (v), respectively, of section 471(e)(4)(C), and pro-
24 grams that meet the requirements described in sec-
25 tion 427(a)(1), including culturally specific, or

1 location- or population-based adaptations of the
2 practices, to identify and establish a public clearing-
3 house of the practices that satisfy each category de-
4 scribed by such clauses. In addition, the clearing-
5 house shall include information on the specific out-
6 comes associated with each practice, including
7 whether the practice has been shown to prevent child
8 abuse and neglect and reduce the likelihood of foster
9 care placement by supporting birth families and kin-
10 ship families and improving targeted supports for
11 pregnant and parenting youth and their children.

12 “(3) DATA COLLECTION AND EVALUATIONS.—
13 The Secretary, directly or through grants, contracts,
14 or interagency agreements, may collect data and
15 conduct evaluations with respect to the provision of
16 services and programs described in section 471(e)(1)
17 for purposes of assessing the extent to which the
18 provision of the services and programs—

19 “(A) reduces the likelihood of foster care
20 placement;

21 “(B) increases use of kinship care arrange-
22 ments; or

23 “(C) improves child well-being.

24 “(4) REPORTS TO CONGRESS.—

1 (II) in subclause (III), by strik-
2 ing the period at the end and insert-
3 ing “; and”; and

4 (III) by adding at the end the
5 following:

6 “(IV) at the option of the tribe,
7 organization, or consortium, services
8 and programs specified in section
9 471(e)(1) to children described in sec-
10 tion 471(e)(2) and their parents or
11 kin caregivers, in accordance with sec-
12 tion 471(e) and subparagraph (E).”;
13 and

14 (ii) by adding at the end the fol-
15 lowing:

16 “(E) PREVENTION SERVICES AND PRO-
17 GRAMS FOR CHILDREN AND THEIR PARENTS
18 AND KIN CAREGIVERS.—

19 “(i) IN GENERAL.—In the case of a
20 tribe, organization, or consortium that
21 elects to provide services and programs
22 specified in section 471(e)(1) to children
23 described in section 471(e)(2) and their
24 parents or kin caregivers under the plan,
25 the Secretary shall specify the require-

1 ments applicable to the provision of the
2 services and programs. The requirements
3 shall, to the greatest extent practicable, be
4 consistent with the requirements applicable
5 to States under section 471(e) and shall
6 permit the provision of the services and
7 programs in the form of services and pro-
8 grams that are adapted to the culture and
9 context of the tribal communities served.

10 “(ii) PERFORMANCE MEASURES.—The
11 Secretary shall establish specific perform-
12 ance measures for each tribe, organization,
13 or consortium that elects to provide serv-
14 ices and programs specified in section
15 471(e)(1). The performance measures
16 shall, to the greatest extent practicable, be
17 consistent with the prevention services
18 measures required for States under section
19 471(e)(6) but shall allow for consideration
20 of factors unique to the provision of the
21 services by tribes, organizations, or con-
22 sortia.”; and

23 (B) in subsection (d)(1), by striking “and
24 (5)” and inserting “(5), and (6)(A)”.

1 (2) CONFORMING AMENDMENT.—The heading
2 for subsection (d) of section 479B of such Act (42
3 U.S.C. 679c) is amended by striking “FOR FOSTER
4 CARE MAINTENANCE AND ADOPTION ASSISTANCE
5 PAYMENTS”.

6 (f) APPLICATION TO PROGRAMS OPERATED BY TER-
7 RITORIES.—Section 1108(a)(2) of the Social Security Act
8 (42 U.S.C. 1308(a)(2)) is amended by striking “or
9 413(f)” and inserting “413(f), or 474(a)(6)”.

10 **SEC. 50712. FOSTER CARE MAINTENANCE PAYMENTS FOR**
11 **CHILDREN WITH PARENTS IN A LICENSED**
12 **RESIDENTIAL FAMILY-BASED TREATMENT**
13 **FACILITY FOR SUBSTANCE ABUSE.**

14 (a) IN GENERAL.—Section 472 of the Social Security
15 Act (42 U.S.C. 672) is amended—

16 (1) in subsection (a)(2)(C), by striking “or”
17 and inserting “, with a parent residing in a licensed
18 residential family-based treatment facility, but only
19 to the extent permitted under subsection (j), or in
20 a”; and

21 (2) by adding at the end the following:

22 “(j) CHILDREN PLACED WITH A PARENT RESIDING
23 IN A LICENSED RESIDENTIAL FAMILY-BASED TREAT-
24 MENT FACILITY FOR SUBSTANCE ABUSE.—

1 “(1) IN GENERAL.—Notwithstanding the pre-
2 ceding provisions of this section, a child who is eligi-
3 ble for foster care maintenance payments under this
4 section, or who would be eligible for the payments if
5 the eligibility were determined without regard to
6 paragraphs (1)(B) and (3) of subsection (a), shall be
7 eligible for the payments for a period of not more
8 than 12 months during which the child is placed
9 with a parent who is in a licensed residential family-
10 based treatment facility for substance abuse, but
11 only if—

12 “(A) the recommendation for the place-
13 ment is specified in the child’s case plan before
14 the placement;

15 “(B) the treatment facility provides, as
16 part of the treatment for substance abuse, par-
17 enting skills training, parent education, and in-
18 dividual and family counseling; and

19 “(C) the substance abuse treatment, par-
20 enting skills training, parent education, and in-
21 dividual and family counseling is provided
22 under an organizational structure and treat-
23 ment framework that involves understanding,
24 recognizing, and responding to the effects of all
25 types of trauma and in accordance with recog-

1 nized principles of a trauma-informed approach
2 and trauma-specific interventions to address the
3 consequences of trauma and facilitate healing.

4 “(2) APPLICATION.—With respect to children
5 for whom foster care maintenance payments are
6 made under paragraph (1), only the children who
7 satisfy the requirements of paragraphs (1)(B) and
8 (3) of subsection (a) shall be considered to be chil-
9 dren with respect to whom foster care maintenance
10 payments are made under this section for purposes
11 of subsection (h) or section 473(b)(3)(B).”.

12 (b) CONFORMING AMENDMENT.—Section 474(a)(1)
13 of such Act (42 U.S.C. 674(a)(1)) is amended by inserting
14 “subject to section 472(j),” before “an amount equal to
15 the Federal” the first place it appears.

16 **SEC. 50713. TITLE IV-E PAYMENTS FOR EVIDENCE-BASED**
17 **KINSHIP NAVIGATOR PROGRAMS.**

18 Section 474(a) of the Social Security Act (42 U.S.C.
19 674(a)), as amended by section 50711(c), is amended—

20 (1) in paragraph (6), by striking the period at
21 the end and inserting “; plus”; and

22 (2) by adding at the end the following:

23 “(7) an amount equal to 50 percent of the
24 amounts expended by the State during the quarter
25 as the Secretary determines are for kinship navi-

1 gator programs that meet the requirements de-
2 scribed in section 427(a)(1) and that the Secretary
3 determines are operated in accordance with prom-
4 ising, supported, or well-supported practices that
5 meet the applicable criteria specified for the prac-
6 tices in section 471(e)(4)(C), without regard to
7 whether the expenditures are incurred on behalf of
8 children who are, or are potentially, eligible for fos-
9 ter care maintenance payments under this part.”.

10 **PART II—ENHANCED SUPPORT UNDER TITLE IV—**

11 **B**

12 **SEC. 50721. ELIMINATION OF TIME LIMIT FOR FAMILY RE-**
13 **UNIFICATION SERVICES WHILE IN FOSTER**
14 **CARE AND PERMITTING TIME-LIMITED FAM-**
15 **ILY REUNIFICATION SERVICES WHEN A**
16 **CHILD RETURNS HOME FROM FOSTER CARE.**

17 (a) IN GENERAL.—Section 431(a)(7) of the Social
18 Security Act (42 U.S.C. 629a(a)(7)) is amended—

19 (1) in the paragraph heading, by striking
20 “TIME-LIMITED FAMILY” and inserting “FAMILY”;
21 and

22 (2) in subparagraph (A)—

23 (A) by striking “time-limited family” and
24 inserting “family”;

1 (B) by inserting “or a child who has been
2 returned home” after “child care institution”;
3 and

4 (C) by striking “, but only during the 15-
5 month period that begins on the date that the
6 child, pursuant to section 475(5)(F), is consid-
7 ered to have entered foster care” and inserting
8 “and to ensure the strength and stability of the
9 reunification. In the case of a child who has
10 been returned home, the services and activities
11 shall only be provided during the 15-month pe-
12 riod that begins on the date that the child re-
13 turns home”.

14 (b) CONFORMING AMENDMENTS.—

15 (1) Section 430 of such Act (42 U.S.C. 629) is
16 amended in the matter preceding paragraph (1), by
17 striking “time-limited”.

18 (2) Subsections (a)(4), (a)(5)(A), and (b)(1) of
19 section 432 of such Act (42 U.S.C. 629b) are
20 amended by striking “time-limited” each place it ap-
21 pears.

1 **SEC. 50722. REDUCING BUREAUCRACY AND UNNECESSARY**
2 **DELAYS WHEN PLACING CHILDREN IN**
3 **HOMES ACROSS STATE LINES.**

4 (a) STATE PLAN REQUIREMENT.—Section
5 471(a)(25) of the Social Security Act (42 U.S.C.
6 671(a)(25)) is amended—

7 (1) by striking “provide” and inserting “pro-
8 vides”; and

9 (2) by inserting “, which, in the case of a State
10 other than the Commonwealth of Puerto Rico, the
11 United States Virgin Islands, Guam, or American
12 Samoa, not later than October 1, 2027, shall include
13 the use of an electronic interstate case-processing
14 system” before the first semicolon.

15 (b) EXEMPTION OF INDIAN TRIBES.—Section
16 479B(c) of such Act (42 U.S.C. 679c(c)) is amended by
17 adding at the end the following:

18 “(4) INAPPLICABILITY OF STATE PLAN RE-
19 QUIREMENT TO HAVE IN EFFECT PROCEDURES PRO-
20 VIDING FOR THE USE OF AN ELECTRONIC INTER-
21 STATE CASE-PROCESSING SYSTEM.—The require-
22 ment in section 471(a)(25) that a State plan provide
23 that the State shall have in effect procedures pro-
24 viding for the use of an electronic interstate case-
25 processing system shall not apply to an Indian tribe,

1 tribal organization, or tribal consortium that elects
2 to operate a program under this part.”.

3 (c) FUNDING FOR THE DEVELOPMENT OF AN ELEC-
4 TRONIC INTERSTATE CASE-PROCESSING SYSTEM TO EX-
5 PEDITE THE INTERSTATE PLACEMENT OF CHILDREN IN
6 FOSTER CARE OR GUARDIANSHIP, OR FOR ADOPTION.—
7 Section 437 of such Act (42 U.S.C. 629g) is amended by
8 adding at the end the following:

9 “(g) FUNDING FOR THE DEVELOPMENT OF AN
10 ELECTRONIC INTERSTATE CASE-PROCESSING SYSTEM TO
11 EXPEDITE THE INTERSTATE PLACEMENT OF CHILDREN
12 IN FOSTER CARE OR GUARDIANSHIP, OR FOR ADOP-
13 TION.—

14 “(1) PURPOSE.—The purpose of this subsection
15 is to facilitate the development of an electronic inter-
16 state case-processing system for the exchange of
17 data and documents to expedite the placements of
18 children in foster, guardianship, or adoptive homes
19 across State lines.

20 “(2) REQUIREMENTS.—A State that seeks
21 funding under this subsection shall submit to the
22 Secretary the following:

23 “(A) A description of the goals and out-
24 comes to be achieved, which goals and outcomes
25 must result in—

1 “(i) reducing the time it takes for a
2 child to be provided with a safe and appro-
3 priate permanent living arrangement
4 across State lines;

5 “(ii) improving administrative proc-
6 esses and reducing costs in the foster care
7 system; and

8 “(iii) the secure exchange of relevant
9 case files and other necessary materials in
10 real time, and timely communications and
11 placement decisions regarding interstate
12 placements of children.

13 “(B) A description of the activities to be
14 funded in whole or in part with the funds, in-
15 cluding the sequencing of the activities.

16 “(C) A description of the strategies for in-
17 tegrating programs and services for children
18 who are placed across State lines.

19 “(D) Such other information as the Sec-
20 retary may require.

21 “(3) FUNDING AUTHORITY.—The Secretary
22 may provide funds to a State that complies with
23 paragraph (2). In providing funds under this sub-
24 section, the Secretary shall prioritize States that are

1 not yet connected with the electronic interstate case-
2 processing system referred to in paragraph (1).

3 “(4) USE OF FUNDS.—A State to which fund-
4 ing is provided under this subsection shall use the
5 funding to support the State in connecting with, or
6 enhancing or expediting services provided under, the
7 electronic interstate case-processing system referred
8 to in paragraph (1).

9 “(5) EVALUATIONS.—Not later than 1 year
10 after the final year in which funds are awarded
11 under this subsection, the Secretary shall submit to
12 the Congress, and make available to the general
13 public by posting on a website, a report that con-
14 tains the following information:

15 “(A) How using the electronic interstate
16 case-processing system developed pursuant to
17 paragraph (4) has changed the time it takes for
18 children to be placed across State lines.

19 “(B) The number of cases subject to the
20 Interstate Compact on the Placement of Chil-
21 dren that were processed through the electronic
22 interstate case-processing system, and the num-
23 ber of interstate child placement cases that
24 were processed outside the electronic interstate

1 case-processing system, by each State in each
2 year.

3 “(C) The progress made by States in im-
4 plementing the electronic interstate case-proc-
5 essing system.

6 “(D) How using the electronic interstate
7 case-processing system has affected various
8 metrics related to child safety and well-being,
9 including the time it takes for children to be
10 placed across State lines.

11 “(E) How using the electronic interstate
12 case-processing system has affected administra-
13 tive costs and caseworker time spent on placing
14 children across State lines.

15 “(6) DATA INTEGRATION.—The Secretary, in
16 consultation with the Secretariat for the Interstate
17 Compact on the Placement of Children and the
18 States, shall assess how the electronic interstate
19 case-processing system developed pursuant to para-
20 graph (4) could be used to better serve and protect
21 children that come to the attention of the child wel-
22 fare system, by—

23 “(A) connecting the system with other
24 data systems (such as systems operated by
25 State law enforcement and judicial agencies,

1 systems operated by the Federal Bureau of In-
2 vestigation for the purposes of the Innocence
3 Lost National Initiative, and other systems);

4 “(B) simplifying and improving reporting
5 related to paragraphs (34) and (35) of section
6 471(a) regarding children or youth who have
7 been identified as being a sex trafficking victim
8 or children missing from foster care; and

9 “(C) improving the ability of States to
10 quickly comply with background check require-
11 ments of section 471(a)(20), including checks of
12 child abuse and neglect registries as required by
13 section 471(a)(20)(B).”.

14 (d) RESERVATION OF FUNDS TO IMPROVE THE
15 INTERSTATE PLACEMENT OF CHILDREN.—Section 437(b)
16 of such Act (42 U.S.C. 629g(b)) is amended by adding
17 at the end the following:

18 “(4) IMPROVING THE INTERSTATE PLACEMENT
19 OF CHILDREN.—The Secretary shall reserve
20 \$5,000,000 of the amount made available for fiscal
21 year 2018 for grants under subsection (g), and the
22 amount so reserved shall remain available through
23 fiscal year 2022.”.

1 **SEC. 50723. ENHANCEMENTS TO GRANTS TO IMPROVE**
2 **WELL-BEING OF FAMILIES AFFECTED BY**
3 **SUBSTANCE ABUSE.**

4 Section 437(f) of the Social Security Act (42 U.S.C.
5 629g(f)) is amended—

6 (1) in the subsection heading, by striking “IN-
7 CREASE THE WELL-BEING OF, AND TO IMPROVE
8 THE PERMANENCY OUTCOMES FOR, CHILDREN AF-
9 FECTED BY” and inserting “IMPLEMENT IV–E PRE-
10 VENTION SERVICES, AND IMPROVE THE WELL-
11 BEING OF, AND IMPROVE PERMANENCY OUTCOMES
12 FOR, CHILDREN AND FAMILIES AFFECTED BY HER-
13 OIN, OPIOIDS, AND OTHER”;

14 (2) by striking paragraph (2) and inserting the
15 following:

16 “(2) REGIONAL PARTNERSHIP DEFINED.—In
17 this subsection, the term ‘regional partnership’
18 means a collaborative agreement (which may be es-
19 tablished on an interstate, State, or intrastate basis)
20 entered into by the following:

21 “(A) MANDATORY PARTNERS FOR ALL
22 PARTNERSHIP GRANTS.—

23 “(i) The State child welfare agency
24 that is responsible for the administration
25 of the State plan under this part and part
26 E.

1 “(ii) The State agency responsible for
2 administering the substance abuse preven-
3 tion and treatment block grant provided
4 under subpart II of part B of title XIX of
5 the Public Health Service Act.

6 “(B) MANDATORY PARTNERS FOR PART-
7 NERSHIP GRANTS PROPOSING TO SERVE CHIL-
8 DREN IN OUT-OF-HOME PLACEMENTS.—If the
9 partnership proposes to serve children in out-of-
10 home placements, the Juvenile Court or Admin-
11 istrative Office of the Court that is most appro-
12 priate to oversee the administration of court
13 programs in the region to address the popu-
14 lation of families who come to the attention of
15 the court due to child abuse or neglect.

16 “(C) OPTIONAL PARTNERS.—At the option
17 of the partnership, any of the following:

18 “(i) An Indian tribe or tribal Consor-
19 tium.

20 “(ii) Nonprofit child welfare service
21 providers.

22 “(iii) For-profit child welfare service
23 providers.

1 “(iv) Community health service pro-
2 viders, including substance abuse treat-
3 ment providers.

4 “(v) Community mental health pro-
5 viders.

6 “(vi) Local law enforcement agencies.

7 “(vii) School personnel.

8 “(viii) Tribal child welfare agencies
9 (or a consortia of the agencies).

10 “(ix) Any other providers, agencies,
11 personnel, officials, or entities that are re-
12 lated to the provision of child and family
13 services under a State plan approved under
14 this subpart.

15 “(D) EXCEPTION FOR REGIONAL PART-
16 NERSHIPS WHERE THE LEAD APPLICANT IS AN
17 INDIAN TRIBE OR TRIBAL CONSORTIA.—If an
18 Indian tribe or tribal consortium enters into a
19 regional partnership for purposes of this sub-
20 section, the Indian tribe or tribal consortium—

21 “(i) may (but is not required to) in-
22 clude the State child welfare agency as a
23 partner in the collaborative agreement;

24 “(ii) may not enter into a collabo-
25 rative agreement only with tribal child wel-

1 fare agencies (or a consortium of the agen-
2 cies); and

3 “(iii) if the condition described in
4 paragraph (2)(B) applies, may include
5 tribal court organizations in lieu of other
6 judicial partners.”;

7 (3) in paragraph (3)—

8 (A) in subparagraph (A)—

9 (i) by striking “2012 through 2016”
10 and inserting “2017 through 2021”; and

11 (ii) by striking “\$500,000 and not
12 more than \$1,000,000” and inserting
13 “\$250,000 and not more than
14 \$1,000,000”;

15 (B) in subparagraph (B)—

16 (i) in the subparagraph heading, by
17 inserting “; PLANNING” after “APPROVAL”;

18 (ii) in clause (i), by striking “clause
19 (ii)” and inserting “clauses (ii) and (iii)”;
20 and

21 (iii) by adding at the end the fol-
22 lowing:

23 “(iii) SUFFICIENT PLANNING.—A
24 grant awarded under this subsection shall
25 be disbursed in two phases: a planning

1 phase (not to exceed 2 years) and an im-
2 plementation phase. The total disburse-
3 ment to a grantee for the planning phase
4 may not exceed \$250,000, and may not ex-
5 ceed the total anticipated funding for the
6 implementation phase.”; and

7 (C) by adding at the end the following:

8 “(D) LIMITATION ON PAYMENT FOR A FIS-
9 CAL YEAR.—No payment shall be made under
10 subparagraph (A) or (C) for a fiscal year until
11 the Secretary determines that the eligible part-
12 nership has made sufficient progress in meeting
13 the goals of the grant and that the members of
14 the eligible partnership are coordinating to a
15 reasonable degree with the other members of
16 the eligible partnership.”;

17 (4) in paragraph (4)—

18 (A) in subparagraph (B)—

19 (i) in clause (i), by inserting “, par-
20 ents, and families” after “children”;

21 (ii) in clause (ii), by striking “safety
22 and permanence for such children; and”
23 and inserting “safe, permanent caregiving
24 relationships for the children;”;

1 (iii) in clause (iii), by striking “or”
2 and inserting “increase reunification rates
3 for children who have been placed in out-
4 of-home care, or decrease”; and

5 (iv) by redesignating clause (iii) as
6 clause (v) and inserting after clause (ii)
7 the following:

8 “(iii) improve the substance abuse
9 treatment outcomes for parents including
10 retention in treatment and successful com-
11 pletion of treatment;

12 “(iv) facilitate the implementation, de-
13 livery, and effectiveness of prevention serv-
14 ices and programs under section 471(e);
15 and”;

16 (B) in subparagraph (D), by striking
17 “where appropriate,”; and

18 (C) by striking subparagraphs (E) and (F)
19 and inserting the following:

20 “(E) A description of a plan for sustaining
21 the services provided by or activities funded
22 under the grant after the conclusion of the
23 grant period, including through the use of pre-
24 vention services and programs under section
25 471(e) and other funds provided to the State

1 for child welfare and substance abuse preven-
2 tion and treatment services.

3 “(F) Additional information needed by the
4 Secretary to determine that the proposed activi-
5 ties and implementation will be consistent with
6 research or evaluations showing which practices
7 and approaches are most effective.”;

8 (5) in paragraph (5)(A), by striking “abuse
9 treatment” and inserting “use disorder treatment in-
10 cluding medication assisted treatment and in-home
11 substance abuse disorder treatment and recovery”;

12 (6) in paragraph (7)—

13 (A) by striking “and” at the end of sub-
14 paragraph (C); and

15 (B) by redesignating subparagraph (D) as
16 subparagraph (E) and inserting after subpara-
17 graph (C) the following:

18 “(D) demonstrate a track record of suc-
19 cessful collaboration among child welfare, sub-
20 stance abuse disorder treatment and mental
21 health agencies; and”;

22 (7) in paragraph (8)—

23 (A) in subparagraph (A)—

1 (i) by striking “establish indicators
2 that will be” and inserting “review indica-
3 tors that are”; and

4 (ii) by striking “in using funds made
5 available under such grants to achieve the
6 purpose of this subsection” and inserting
7 “and establish a set of core indicators re-
8 lated to child safety, parental recovery,
9 parenting capacity, and family well-being.
10 In developing the core indicators, to the
11 extent possible, indicators shall be made
12 consistent with the outcome measures de-
13 scribed in section 471(e)(6)”; and

14 (B) in subparagraph (B)—

15 (i) in the matter preceding clause (i),
16 by inserting “base the performance meas-
17 ures on lessons learned from prior rounds
18 of regional partnership grants under this
19 subsection, and” before “consult”; and

20 (ii) by striking clauses (iii) and (iv)
21 and inserting the following:

22 “(iii) Other stakeholders or constitu-
23 encies as determined by the Secretary.”;

24 (8) in paragraph (9)(A), by striking clause (i)
25 and inserting the following:

1 “(i) SEMIANNUAL REPORTS.—Not
2 later than September 30 of each fiscal year
3 in which a recipient of a grant under this
4 subsection is paid funds under the grant,
5 and every 6 months thereafter, the grant
6 recipient shall submit to the Secretary a
7 report on the services provided and activi-
8 ties carried out during the reporting pe-
9 riod, progress made in achieving the goals
10 of the program, the number of children,
11 adults, and families receiving services, and
12 such additional information as the Sec-
13 retary determines is necessary. The report
14 due not later than September 30 of the
15 last such fiscal year shall include, at a
16 minimum, data on each of the performance
17 indicators included in the evaluation of the
18 regional partnership.”; and

19 (9) in paragraph (10), by striking “2012
20 through 2016” and inserting “2017 through 2021”.

1 **PART III—MISCELLANEOUS**
2 **SEC. 50731. REVIEWING AND IMPROVING LICENSING**
3 **STANDARDS FOR PLACEMENT IN A RELATIVE**
4 **FOSTER FAMILY HOME.**

5 (a) IDENTIFICATION OF REPUTABLE MODEL LI-
6 CENSING STANDARDS.—Not later than October 1, 2018,
7 the Secretary of Health and Human Services shall identify
8 reputable model licensing standards with respect to the li-
9 censing of foster family homes (as defined in section
10 472(c)(1) of the Social Security Act).

11 (b) STATE PLAN REQUIREMENT.—Section 471(a) of
12 the Social Security Act (42 U.S.C. 671(a)) is amended—

13 (1) in paragraph (34)(B), by striking “and”
14 after the semicolon;

15 (2) in paragraph (35)(B), by striking the period
16 at the end and inserting a semicolon; and

17 (3) by adding at the end the following:

18 “(36) provides that, not later than April 1,
19 2019, the State shall submit to the Secretary infor-
20 mation addressing—

21 “(A) whether the State licensing standards
22 are in accord with model standards identified
23 by the Secretary, and if not, the reason for the
24 specific deviation and a description as to why
25 having a standard that is reasonably in accord

1 with the corresponding national model stand-
2 ards is not appropriate for the State;

3 “(B) whether the State has elected to
4 waive standards established in 471(a)(10)(A)
5 for relative foster family homes (pursuant to
6 waiver authority provided by 471(a)(10)(D)), a
7 description of which standards the State most
8 commonly waives, and if the State has not
9 elected to waive the standards, the reason for
10 not waiving these standards;

11 “(C) if the State has elected to waive
12 standards specified in subparagraph (B), how
13 caseworkers are trained to use the waiver au-
14 thority and whether the State has developed a
15 process or provided tools to assist caseworkers
16 in waiving nonsafety standards per the author-
17 ity provided in 471(a)(10)(D) to quickly place
18 children with relatives; and

19 “(D) a description of the steps the State is
20 taking to improve caseworker training or the
21 process, if any; and”.

1 **SEC. 50732. DEVELOPMENT OF A STATEWIDE PLAN TO PRE-**
2 **VENT CHILD ABUSE AND NEGLECT FATALI-**
3 **TIES.**

4 Section 422(b)(19) of the Social Security Act (42
5 U.S.C. 622(b)(19)) is amended to read as follows:

6 “(19) document steps taken to track and pre-
7 vent child maltreatment deaths by including—

8 “(A) a description of the steps the State is
9 taking to compile complete and accurate infor-
10 mation on the deaths required by Federal law
11 to be reported by the State agency referred to
12 in paragraph (1), including gathering relevant
13 information on the deaths from the relevant or-
14 ganizations in the State including entities such
15 as State vital statistics department, child death
16 review teams, law enforcement agencies, offices
17 of medical examiners, or coroners; and

18 “(B) a description of the steps the State is
19 taking to develop and implement a comprehen-
20 sive, statewide plan to prevent the fatalities
21 that involves and engages relevant public and
22 private agency partners, including those in pub-
23 lic health, law enforcement, and the courts.”.

1 **SEC. 50733. MODERNIZING THE TITLE AND PURPOSE OF**
2 **TITLE IV-E.**

3 (a) PART HEADING.—The heading for part E of title
4 IV of the Social Security Act (42 U.S.C. 670 et seq.) is
5 amended to read as follows:

6 **“PART E—FEDERAL PAYMENTS FOR FOSTER**
7 **CARE, PREVENTION, AND PERMANENCY”.**

8 (b) PURPOSE.—The first sentence of section 470 of
9 such Act (42 U.S.C. 670) is amended—

10 (1) by striking “1995) and” and inserting
11 “1995),”;

12 (2) by inserting “kinship guardianship assist-
13 ance, and prevention services or programs specified
14 in section 471(e)(1),” after “needs,”; and

15 (3) by striking “(commencing with the fiscal
16 year which begins October 1, 1980)”.

17 **SEC. 50734. EFFECTIVE DATES.**

18 (a) EFFECTIVE DATES.—

19 (1) IN GENERAL.—Except as provided in para-
20 graph (2), subject to subsection (b), the amend-
21 ments made by parts I through III of this subtitle
22 shall take effect on October 1, 2018.

23 (2) EXCEPTIONS.—The amendments made by
24 sections 50711(d), 50731, and 50733 shall take ef-
25 fect on the date of enactment of this Act.

26 (b) TRANSITION RULE.—

1 (1) IN GENERAL.—In the case of a State plan
2 under part B or E of title IV of the Social Security
3 Act which the Secretary of Health and Human Serv-
4 ices determines requires State legislation (other than
5 legislation appropriating funds) in order for the plan
6 to meet the additional requirements imposed by the
7 amendments made by parts I through III of this
8 subtitle, the State plan shall not be regarded as fail-
9 ing to comply with the requirements of such part
10 solely on the basis of the failure of the plan to meet
11 such additional requirements before the first day of
12 the first calendar quarter beginning after the close
13 of the first regular session of the State legislature
14 that begins after the date of enactment of this Act.
15 For purposes of the previous sentence, in the case
16 of a State that has a 2-year legislative session, each
17 year of the session shall be deemed to be a separate
18 regular session of the State legislature.

19 (2) APPLICATION TO PROGRAMS OPERATED BY
20 INDIAN TRIBAL ORGANIZATIONS.—In the case of an
21 Indian tribe, tribal organization, or tribal consortium
22 which the Secretary of Health and Human Services
23 determines requires time to take action necessary to
24 comply with the additional requirements imposed by
25 the amendments made by parts I through III of this

1 subtitle (whether the tribe, organization, or tribal
2 consortium has a plan under section 479B of the So-
3 cial Security Act or a cooperative agreement or con-
4 tract entered into with a State), the Secretary shall
5 provide the tribe, organization, or tribal consortium
6 with such additional time as the Secretary deter-
7 mines is necessary for the tribe, organization, or
8 tribal consortium to take the action to comply with
9 the additional requirements before being regarded as
10 failing to comply with the requirements.

11 **PART IV—ENSURING THE NECESSITY OF A**
12 **PLACEMENT THAT IS NOT IN A FOSTER FAM-**
13 **ILY HOME**

14 **SEC. 50741. LIMITATION ON FEDERAL FINANCIAL PARTICI-**
15 **PATION FOR PLACEMENTS THAT ARE NOT IN**
16 **FOSTER FAMILY HOMES.**

17 (a) **LIMITATION ON FEDERAL FINANCIAL PARTICIPA-**
18 **TION.—**

19 (1) **IN GENERAL.—**Section 472 of the Social
20 Security Act (42 U.S.C. 672), as amended by sec-
21 tion 50712(a), is amended—

22 (A) in subsection (a)(2)(C), by inserting “,
23 but only to the extent permitted under sub-
24 section (k)” after “institution”; and

25 (B) by adding at the end the following:

1 “(k) LIMITATION ON FEDERAL FINANCIAL PARTICI-
2 PATION.—

3 “(1) IN GENERAL.—Beginning with the third
4 week for which foster care maintenance payments
5 are made under this section on behalf of a child
6 placed in a child-care institution, no Federal pay-
7 ment shall be made to the State under section
8 474(a)(1) for amounts expended for foster care
9 maintenance payments on behalf of the child un-
10 less—

11 “(A) the child is placed in a child-care in-
12 stitution that is a setting specified in paragraph
13 (2) (or is placed in a licensed residential family-
14 based treatment facility consistent with sub-
15 section (j)); and

16 “(B) in the case of a child placed in a
17 qualified residential treatment program (as de-
18 fined in paragraph (4)), the requirements speci-
19 fied in paragraph (3) and section 475A(c) are
20 met.

21 “(2) SPECIFIED SETTINGS FOR PLACEMENT.—
22 The settings for placement specified in this para-
23 graph are the following:

24 “(A) A qualified residential treatment pro-
25 gram (as defined in paragraph (4)).

1 “(B) A setting specializing in providing
2 prenatal, post-partum, or parenting supports
3 for youth.

4 “(C) In the case of a child who has at-
5 tained 18 years of age, a supervised setting in
6 which the child is living independently.

7 “(D) A setting providing high-quality resi-
8 dential care and supportive services to children
9 and youth who have been found to be, or are
10 at risk of becoming, sex trafficking victims, in
11 accordance with section 471(a)(9)(C).

12 “(3) ASSESSMENT TO DETERMINE APPRO-
13 PRIATENESS OF PLACEMENT IN A QUALIFIED RESI-
14 DENTIAL TREATMENT PROGRAM.—

15 “(A) DEADLINE FOR ASSESSMENT.—In
16 the case of a child who is placed in a qualified
17 residential treatment program, if the assess-
18 ment required under section 475A(c)(1) is not
19 completed within 30 days after the placement is
20 made, no Federal payment shall be made to the
21 State under section 474(a)(1) for any amounts
22 expended for foster care maintenance payments
23 on behalf of the child during the placement.

24 “(B) DEADLINE FOR TRANSITION OUT OF
25 PLACEMENT.—If the assessment required under

1 section 475A(c)(1) determines that the place-
2 ment of a child in a qualified residential treat-
3 ment program is not appropriate, a court dis-
4 approves such a placement under section
5 475A(c)(2), or a child who has been in an ap-
6 proved placement in a qualified residential
7 treatment program is going to return home or
8 be placed with a fit and willing relative, a legal
9 guardian, or an adoptive parent, or in a foster
10 family home, Federal payments shall be made
11 to the State under section 474(a)(1) for
12 amounts expended for foster care maintenance
13 payments on behalf of the child while the child
14 remains in the qualified residential treatment
15 program only during the period necessary for
16 the child to transition home or to such a place-
17 ment. In no event shall a State receive Federal
18 payments under section 474(a)(1) for amounts
19 expended for foster care maintenance payments
20 on behalf of a child who remains placed in a
21 qualified residential treatment program after
22 the end of the 30-day period that begins on the
23 date a determination is made that the place-
24 ment is no longer the recommended or approved
25 placement for the child.

1 “(4) QUALIFIED RESIDENTIAL TREATMENT
2 PROGRAM.—For purposes of this part, the term
3 ‘qualified residential treatment program’ means a
4 program that—

5 “(A) has a trauma-informed treatment
6 model that is designed to address the needs, in-
7 cluding clinical needs as appropriate, of chil-
8 dren with serious emotional or behavioral dis-
9 orders or disturbances and, with respect to a
10 child, is able to implement the treatment identi-
11 fied for the child by the assessment of the child
12 required under section 475A(c);

13 “(B) subject to paragraphs (5) and (6),
14 has registered or licensed nursing staff and
15 other licensed clinical staff who—

16 “(i) provide care within the scope of
17 their practice as defined by State law;

18 “(ii) are on-site according to the
19 treatment model referred to in subpara-
20 graph (A); and

21 “(iii) are available 24 hours a day and
22 7 days a week;

23 “(C) to extent appropriate, and in accord-
24 ance with the child’s best interests, facilitates

1 participation of family members in the child's
2 treatment program;

3 “(D) facilitates outreach to the family
4 members of the child, including siblings, docu-
5 ments how the outreach is made (including con-
6 tact information), and maintains contact infor-
7 mation for any known biological family and fic-
8 tive kin of the child;

9 “(E) documents how family members are
10 integrated into the treatment process for the
11 child, including post-discharge, and how sibling
12 connections are maintained;

13 “(F) provides discharge planning and fam-
14 ily-based aftercare support for at least 6
15 months post-discharge; and

16 “(G) is licensed in accordance with section
17 471(a)(10) and is accredited by any of the fol-
18 lowing independent, not-for-profit organizations:

19 “(i) The Commission on Accreditation
20 of Rehabilitation Facilities (CARF).

21 “(ii) The Joint Commission on Ac-
22 creditation of Healthcare Organizations
23 (JCAHO).

24 “(iii) The Council on Accreditation
25 (COA).

1 “(iv) Any other independent, not-for-
2 profit accrediting organization approved by
3 the Secretary.

4 “(5) ADMINISTRATIVE COSTS.—The prohibition
5 in paragraph (1) on Federal payments under section
6 474(a)(1) shall not be construed as prohibiting Fed-
7 eral payments for administrative expenditures in-
8 curred on behalf of a child placed in a child-care in-
9 stitution and for which payment is available under
10 section 474(a)(3).

11 “(6) RULE OF CONSTRUCTION.—The require-
12 ments in paragraph (4)(B) shall not be construed as
13 requiring a qualified residential treatment program
14 to acquire nursing and behavioral health staff solely
15 through means of a direct employer to employee re-
16 lationship.”.

17 (2) CONFORMING AMENDMENT.—Section
18 474(a)(1) of the Social Security Act (42 U.S.C.
19 674(a)(1)), as amended by section 50712(b), is
20 amended by striking “section 472(j)” and inserting
21 “subsections (j) and (k) of section 472”.

22 (b) DEFINITION OF FOSTER FAMILY HOME, CHILD-
23 CARE INSTITUTION.—Section 472(e) of such Act (42
24 U.S.C. 672(e)(1)) is amended to read as follows:

25 “(c) DEFINITIONS.—For purposes of this part:

1 “(1) FOSTER FAMILY HOME.—

2 “(A) IN GENERAL.—The term ‘foster fam-
3 ily home’ means the home of an individual or
4 family—

5 “(i) that is licensed or approved by
6 the State in which it is situated as a foster
7 family home that meets the standards es-
8 tablished for the licensing or approval; and

9 “(ii) in which a child in foster care
10 has been placed in the care of an indi-
11 vidual, who resides with the child and who
12 has been licensed or approved by the State
13 to be a foster parent—

14 “(I) that the State deems capable
15 of adhering to the reasonable and pru-
16 dent parent standard;

17 “(II) that provides 24-hour sub-
18 stitute care for children placed away
19 from their parents or other care-
20 takers; and

21 “(III) that provides the care for
22 not more than six children in foster
23 care.

24 “(B) STATE FLEXIBILITY.—The number of
25 foster children that may be cared for in a home

1 under subparagraph (A) may exceed the numer-
2 ical limitation in subparagraph (A)(ii)(III), at
3 the option of the State, for any of the following
4 reasons:

5 “(i) To allow a parenting youth in fos-
6 ter care to remain with the child of the
7 parenting youth.

8 “(ii) To allow siblings to remain to-
9 gether.

10 “(iii) To allow a child with an estab-
11 lished meaningful relationship with the
12 family to remain with the family.

13 “(iv) To allow a family with special
14 training or skills to provide care to a child
15 who has a severe disability.

16 “(C) RULE OF CONSTRUCTION.—Subpara-
17 graph (A) shall not be construed as prohibiting
18 a foster parent from renting the home in which
19 the parent cares for a foster child placed in the
20 parent’s care.

21 “(2) CHILD-CARE INSTITUTION.—

22 “(A) IN GENERAL.—The term ‘child-care
23 institution’ means a private child-care institu-
24 tion, or a public child-care institution which ac-
25 commodates no more than 25 children, which is

1 licensed by the State in which it is situated or
2 has been approved by the agency of the State
3 responsible for licensing or approval of institu-
4 tions of this type as meeting the standards es-
5 tablished for the licensing.

6 “(B) SUPERVISED SETTINGS.—In the case
7 of a child who has attained 18 years of age, the
8 term shall include a supervised setting in which
9 the individual is living independently, in accord-
10 ance with such conditions as the Secretary shall
11 establish in regulations.

12 “(C) EXCLUSIONS.—The term shall not in-
13 clude detention facilities, forestry camps, train-
14 ing schools, or any other facility operated pri-
15 marily for the detention of children who are de-
16 termined to be delinquent.”.

17 (c) TRAINING FOR STATE JUDGES, ATTORNEYS, AND
18 OTHER LEGAL PERSONNEL IN CHILD WELFARE
19 CASES.—Section 438(b)(1) of such Act (42 U.S.C.
20 629h(b)(1)) is amended in the matter preceding subpara-
21 graph (A) by inserting “shall provide for the training of
22 judges, attorneys, and other legal personnel in child wel-
23 fare cases on Federal child welfare policies and payment
24 limitations with respect to children in foster care who are

1 placed in settings that are not a foster family home,” after
2 “with respect to the child.”

3 (d) ASSURANCE OF NONIMPACT ON JUVENILE JUS-
4 TICE SYSTEM.—

5 (1) STATE PLAN REQUIREMENT.—Section
6 471(a) of such Act (42 U.S.C. 671(a)), as amended
7 by section 50731, is further amended by adding at
8 the end the following:

9 “(37) includes a certification that, in response
10 to the limitation imposed under section 472(k) with
11 respect to foster care maintenance payments made
12 on behalf of any child who is placed in a setting that
13 is not a foster family home, the State will not enact
14 or advance policies or practices that would result in
15 a significant increase in the population of youth in
16 the State’s juvenile justice system.”.

17 (2) GAO STUDY AND REPORT.—The Comp-
18 troller General of the United States shall evaluate
19 the impact, if any, on State juvenile justice systems
20 of the limitation imposed under section 472(k) of
21 the Social Security Act (as added by section
22 50741(a)(1)) on foster care maintenance payments
23 made on behalf of any child who is placed in a set-
24 ting that is not a foster family home, in accordance
25 with the amendments made by subsections (a) and

1 (b) of this section. In particular, the Comptroller
2 General shall evaluate the extent to which children
3 in foster care who also are subject to the juvenile
4 justice system of the State are placed in a facility
5 under the jurisdiction of the juvenile justice system
6 and whether the lack of available congregate care
7 placements under the jurisdiction of the child wel-
8 fare systems is a contributing factor to that result.
9 Not later than December 31, 2025, the Comptroller
10 General shall submit to Congress a report on the re-
11 sults of the evaluation.

12 **SEC. 50742. ASSESSMENT AND DOCUMENTATION OF THE**
13 **NEED FOR PLACEMENT IN A QUALIFIED RES-**
14 **IDENTIAL TREATMENT PROGRAM.**

15 Section 475A of the Social Security Act (42 U.S.C.
16 675a) is amended by adding at the end the following:

17 “(c) ASSESSMENT, DOCUMENTATION, AND JUDICIAL
18 DETERMINATION REQUIREMENTS FOR PLACEMENT IN A
19 QUALIFIED RESIDENTIAL TREATMENT PROGRAM.—In
20 the case of any child who is placed in a qualified residen-
21 tial treatment program (as defined in section 472(k)(4)),
22 the following requirements shall apply for purposes of ap-
23 proving the case plan for the child and the case system
24 review procedure for the child:

1 “(1)(A) Within 30 days of the start of each
2 placement in such a setting, a qualified individual
3 (as defined in subparagraph (D)) shall—

4 “(i) assess the strengths and needs of the
5 child using an age-appropriate, evidence-based,
6 validated, functional assessment tool approved
7 by the Secretary;

8 “(ii) determine whether the needs of the
9 child can be met with family members or
10 through placement in a foster family home or,
11 if not, which setting from among the settings
12 specified in section 472(k)(2) would provide the
13 most effective and appropriate level of care for
14 the child in the least restrictive environment
15 and be consistent with the short- and long-term
16 goals for the child, as specified in the perma-
17 nency plan for the child; and

18 “(iii) develop a list of child-specific short-
19 and long-term mental and behavioral health
20 goals.

21 “(B)(i) The State shall assemble a family and
22 permanency team for the child in accordance with
23 the requirements of clauses (ii) and (iii). The quali-
24 fied individual conducting the assessment required
25 under subparagraph (A) shall work in conjunction

1 with the family of, and permanency team for, the
2 child while conducting and making the assessment.

3 “(ii) The family and permanency team shall
4 consist of all appropriate biological family members,
5 relative, and fictive kin of the child, as well as, as
6 appropriate, professionals who are a resource to the
7 family of the child, such as teachers, medical or
8 mental health providers who have treated the child,
9 or clergy. In the case of a child who has attained
10 age 14, the family and permanency team shall in-
11 clude the members of the permanency planning team
12 for the child that are selected by the child in accord-
13 ance with section 475(5)(C)(iv).

14 “(iii) The State shall document in the child’s
15 case plan—

16 “(I) the reasonable and good faith effort of
17 the State to identify and include all the individ-
18 uals described in clause (ii) on the child’s fam-
19 ily and permanency team;

20 “(II) all contact information for members
21 of the family and permanency team, as well as
22 contact information for other family members
23 and fictive kin who are not part of the family
24 and permanency team;

1 “(III) evidence that meetings of the family
2 and permanency team, including meetings relat-
3 ing to the assessment required under subpara-
4 graph (A), are held at a time and place conven-
5 ient for family;

6 “(IV) if reunification is the goal, evidence
7 demonstrating that the parent from whom the
8 child was removed provided input on the mem-
9 bers of the family and permanency team;

10 “(V) evidence that the assessment required
11 under subparagraph (A) is determined in con-
12 junction with the family and permanency team;

13 “(VI) the placement preferences of the
14 family and permanency team relative to the as-
15 sessment that recognizes children should be
16 placed with their siblings unless there is a find-
17 ing by the court that such placement is con-
18 trary to their best interest; and

19 “(VII) if the placement preferences of the
20 family and permanency team and child are not
21 the placement setting recommended by the
22 qualified individual conducting the assessment
23 under subparagraph (A), the reasons why the
24 preferences of the team and of the child were
25 not recommended.

1 “(C) In the case of a child who the qualified in-
2 dividual conducting the assessment under subpara-
3 graph (A) determines should not be placed in a fos-
4 ter family home, the qualified individual shall specify
5 in writing the reasons why the needs of the child
6 cannot be met by the family of the child or in a fos-
7 ter family home. A shortage or lack of foster family
8 homes shall not be an acceptable reason for deter-
9 mining that the needs of the child cannot be met in
10 a foster family home. The qualified individual also
11 shall specify in writing why the recommended place-
12 ment in a qualified residential treatment program is
13 the setting that will provide the child with the most
14 effective and appropriate level of care in the least re-
15 strictive environment and how that placement is con-
16 sistent with the short- and long-term goals for the
17 child, as specified in the permanency plan for the
18 child.

19 “(D)(i) Subject to clause (ii), in this subsection,
20 the term ‘qualified individual’ means a trained pro-
21 fessional or licensed clinician who is not an employee
22 of the State agency and who is not connected to, or
23 affiliated with, any placement setting in which chil-
24 dren are placed by the State.

1 “(ii) The Secretary may approve a request of a
2 State to waive any requirement in clause (i) upon a
3 submission by the State, in accordance with criteria
4 established by the Secretary, that certifies that the
5 trained professionals or licensed clinicians with re-
6 sponsibility for performing the assessments de-
7 scribed in subparagraph (A) shall maintain objec-
8 tivity with respect to determining the most effective
9 and appropriate placement for a child.

10 “(2) Within 60 days of the start of each place-
11 ment in a qualified residential treatment program, a
12 family or juvenile court or another court (including
13 a tribal court) of competent jurisdiction, or an ad-
14 ministrative body appointed or approved by the
15 court, independently, shall—

16 “(A) consider the assessment, determina-
17 tion, and documentation made by the qualified
18 individual conducting the assessment under
19 paragraph (1);

20 “(B) determine whether the needs of the
21 child can be met through placement in a foster
22 family home or, if not, whether placement of
23 the child in a qualified residential treatment
24 program provides the most effective and appro-
25 priate level of care for the child in the least re-

1 strictive environment and whether that place-
2 ment is consistent with the short- and long-
3 term goals for the child, as specified in the per-
4 manency plan for the child; and

5 “(C) approve or disapprove the placement.

6 “(3) The written documentation made under
7 paragraph (1)(C) and documentation of the deter-
8 mination and approval or disapproval of the place-
9 ment in a qualified residential treatment program by
10 a court or administrative body under paragraph (2)
11 shall be included in and made part of the case plan
12 for the child.

13 “(4) As long as a child remains placed in a
14 qualified residential treatment program, the State
15 agency shall submit evidence at each status review
16 and each permanency hearing held with respect to
17 the child—

18 “(A) demonstrating that ongoing assess-
19 ment of the strengths and needs of the child
20 continues to support the determination that the
21 needs of the child cannot be met through place-
22 ment in a foster family home, that the place-
23 ment in a qualified residential treatment pro-
24 gram provides the most effective and appro-
25 priate level of care for the child in the least re-

1 strictive environment, and that the placement is
2 consistent with the short- and long-term goals
3 for the child, as specified in the permanency
4 plan for the child;

5 “(B) documenting the specific treatment or
6 service needs that will be met for the child in
7 the placement and the length of time the child
8 is expected to need the treatment or services;
9 and

10 “(C) documenting the efforts made by the
11 State agency to prepare the child to return
12 home or to be placed with a fit and willing rel-
13 ative, a legal guardian, or an adoptive parent,
14 or in a foster family home.

15 “(5) In the case of any child who is placed in
16 a qualified residential treatment program for more
17 than 12 consecutive months or 18 nonconsecutive
18 months (or, in the case of a child who has not at-
19 tained age 13, for more than 6 consecutive or non-
20 consecutive months), the State agency shall submit
21 to the Secretary—

22 “(A) the most recent versions of the evi-
23 dence and documentation specified in paragraph
24 (4); and

1 “(B) the signed approval of the head of
2 the State agency for the continued placement of
3 the child in that setting.”.

4 **SEC. 50743. PROTOCOLS TO PREVENT INAPPROPRIATE DI-**
5 **AGNOSES.**

6 (a) STATE PLAN REQUIREMENT.—Section
7 422(b)(15)(A) of the Social Security Act (42 U.S.C.
8 622(b)(15)(A)) is amended—

9 (1) in clause (vi), by striking “and” after the
10 semicolon;

11 (2) by redesignating clause (vii) as clause (viii);
12 and

13 (3) by inserting after clause (vi) the following:

14 “(vii) the procedures and protocols
15 the State has established to ensure that
16 children in foster care placements are not
17 inappropriately diagnosed with mental ill-
18 ness, other emotional or behavioral dis-
19 orders, medically fragile conditions, or de-
20 velopmental disabilities, and placed in set-
21 tings that are not foster family homes as
22 a result of the inappropriate diagnoses;
23 and”.

1 (b) EVALUATION.—Section 476 of such Act (42
2 U.S.C. 676), as amended by section 50711(d), is further
3 amended by adding at the end the following:

4 “(e) EVALUATION OF STATE PROCEDURES AND PRO-
5 TOCOLS TO PREVENT INAPPROPRIATE DIAGNOSES OF
6 MENTAL ILLNESS OR OTHER CONDITIONS.—The Sec-
7 retary shall conduct an evaluation of the procedures and
8 protocols established by States in accordance with the re-
9 quirements of section 422(b)(15)(A)(vii). The evaluation
10 shall analyze the extent to which States comply with and
11 enforce the procedures and protocols and the effectiveness
12 of various State procedures and protocols and shall iden-
13 tify best practices. Not later than January 1, 2020, the
14 Secretary shall submit a report on the results of the eval-
15 uation to Congress.”.

16 **SEC. 50744. ADDITIONAL DATA AND REPORTS REGARDING**
17 **CHILDREN PLACED IN A SETTING THAT IS**
18 **NOT A FOSTER FAMILY HOME.**

19 Section 479A(a)(7)(A) of the Social Security Act (42
20 U.S.C. 679b(a)(7)(A)) is amended by striking clauses (i)
21 through (vi) and inserting the following:

22 “(i) with respect to each such place-
23 ment—

24 “(I) the type of the placement
25 setting, including whether the place-

1 ment is shelter care, a group home
2 and if so, the range of the child popu-
3 lation in the home, a residential treat-
4 ment facility, a hospital or institution
5 providing medical, rehabilitative, or
6 psychiatric care, a setting specializing
7 in providing prenatal, post-partum, or
8 parenting supports, or some other
9 kind of child-care institution and if so,
10 what kind;

11 “(II) the number of children in
12 the placement setting and the age,
13 race, ethnicity, and gender of each of
14 the children;

15 “(III) for each child in the place-
16 ment setting, the length of the place-
17 ment of the child in the setting,
18 whether the placement of the child in
19 the setting is the first placement of
20 the child and if not, the number and
21 type of previous placements of the
22 child, and whether the child has spe-
23 cial needs or another diagnosed men-
24 tal or physical illness or condition;
25 and

1 “(IV) the extent of any special-
2 ized education, treatment, counseling,
3 or other services provided in the set-
4 ting; and

5 “(ii) separately, the number and ages
6 of children in the placements who have a
7 permanency plan of another planned per-
8 manent living arrangement; and”.

9 **SEC. 50745. CRIMINAL RECORDS CHECKS AND CHECKS OF**
10 **CHILD ABUSE AND NEGLECT REGISTRIES**
11 **FOR ADULTS WORKING IN CHILD-CARE INSTI-**
12 **TUTIONS AND OTHER GROUP CARE SET-**
13 **TINGS.**

14 (a) STATE PLAN REQUIREMENT.—Section
15 471(a)(20) of the Social Security Act (42 U.S.C.
16 671(a)(20)) is amended—

17 (1) in subparagraph (A)(ii), by striking “and”
18 after the semicolon;

19 (2) in subparagraph (B)(iii), by striking
20 “and” after the semicolon;

21 (3) in subparagraph (C), by adding “and” after
22 the semicolon; and

23 (4) by inserting after subparagraph (C), the fol-
24 lowing new subparagraph:

1 “(D) provides procedures for any child-
2 care institution, including a group home, resi-
3 dential treatment center, shelter, or other con-
4 gregate care setting, to conduct criminal
5 records checks, including fingerprint-based
6 checks of national crime information databases
7 (as defined in section 534(f)(3)(A) of title 28,
8 United States Code), and checks described in
9 subparagraph (B) of this paragraph, on any
10 adult working in a child-care institution, includ-
11 ing a group home, residential treatment center,
12 shelter, or other congregate care setting, unless
13 the State reports to the Secretary the alter-
14 native criminal records checks and child abuse
15 registry checks the State conducts on any adult
16 working in a child-care institution, including a
17 group home, residential treatment center, shel-
18 ter, or other congregate care setting, and why
19 the checks specified in this subparagraph are
20 not appropriate for the State;”.

21 (b) TECHNICAL AMENDMENTS.—Subparagraphs (A)
22 and (C) of section 471(a)(20) of the Social Security Act
23 (42 U.S.C. 671(a)(20)) are each amended by striking
24 “section 534(e)(3)(A)” and inserting “section
25 534(f)(3)(A)”.

1 **SEC. 50746. EFFECTIVE DATES; APPLICATION TO WAIVERS.**

2 (a) EFFECTIVE DATES.—

3 (1) IN GENERAL.—Subject to paragraph (2)
4 and subsections (b), (c), and (d), the amendments
5 made by this part shall take effect as if enacted on
6 January 1, 2018.

7 (2) TRANSITION RULE.—In the case of a State
8 plan under part B or E of title IV of the Social Se-
9 curity Act which the Secretary of Health and
10 Human Services determines requires State legisla-
11 tion (other than legislation appropriating funds) in
12 order for the plan to meet the additional require-
13 ments imposed by the amendments made by this
14 part, the State plan shall not be regarded as failing
15 to comply with the requirements of part B or E of
16 title IV of such Act solely on the basis of the failure
17 of the plan to meet the additional requirements be-
18 fore the first day of the first calendar quarter begin-
19 ning after the close of the first regular session of the
20 State legislature that begins after the date of enact-
21 ment of this Act. For purposes of the previous sen-
22 tence, in the case of a State that has a 2-year legis-
23 lative session, each year of the session shall be
24 deemed to be a separate regular session of the State
25 legislature.

1 (b) LIMITATION ON FEDERAL FINANCIAL PARTICI-
2 PATION FOR PLACEMENTS THAT ARE NOT IN FOSTER
3 FAMILY HOMES AND RELATED PROVISIONS.—

4 (1) IN GENERAL.—The amendments made by
5 sections 50741(a), 50741(b), 50741(d), and 50742
6 shall take effect on October 1, 2019.

7 (2) STATE OPTION TO DELAY EFFECTIVE DATE
8 FOR NOT MORE THAN 2 YEARS.—If a State requests
9 a delay in the effective date, the Secretary of Health
10 and Human Services shall delay the effective date
11 provided for in paragraph (1) with respect to the
12 State for the amount of time requested by the State,
13 not to exceed 2 years. If the effective date is so de-
14 layed for a period with respect to a State under the
15 preceding sentence, then—

16 (A) notwithstanding section 50734, the
17 date that the amendments made by section
18 50711(c) take effect with respect to the State
19 shall be delayed for the period; and

20 (B) in applying section 474(a)(6) of the
21 Social Security Act with respect to the State,
22 “on or after the date this paragraph takes ef-
23 fect with respect to the State” is deemed to be
24 substituted for “after September 30, 2019” in
25 subparagraph (A)(i)(I) of such section.

1 (c) CRIMINAL RECORDS CHECKS AND CHECKS OF
2 CHILD ABUSE AND NEGLECT REGISTRIES FOR ADULTS
3 WORKING IN CHILD-CARE INSTITUTIONS AND OTHER
4 GROUP CARE SETTINGS.—Subject to subsection (a)(2),
5 the amendments made by section 50745 shall take effect
6 on October 1, 2018.

7 (d) APPLICATION TO STATES WITH WAIVERS.—In
8 the case of a State that, on the date of enactment of this
9 Act, has in effect a waiver approved under section 1130
10 of the Social Security Act (42 U.S.C. 1320a–9), the
11 amendments made by this part shall not apply with re-
12 spect to the State before the expiration (determined with-
13 out regard to any extensions) of the waiver to the extent
14 the amendments are inconsistent with the terms of the
15 waiver.

16 **PART V—CONTINUING SUPPORT FOR CHILD AND**
17 **FAMILY SERVICES**

18 **SEC. 50751. SUPPORTING AND RETAINING FOSTER FAMI-**
19 **LIES FOR CHILDREN.**

20 (a) SUPPORTING AND RETAINING FOSTER PARENTS
21 AS A FAMILY SUPPORT SERVICE.—Section 431(a)(2)(B)
22 of the Social Security Act (42 U.S.C. 631(a)(2)(B)) is
23 amended by redesignating clauses (iii) through (vi) as
24 clauses (iv) through (vii), respectively, and inserting after
25 clause (ii) the following:

1 “(iii) To support and retain foster
2 families so they can provide quality family-
3 based settings for children in foster care.”.

4 (b) **SUPPORT FOR FOSTER FAMILY HOMES.**—Section
5 436 of such Act (42 U.S.C. 629f) is amended by adding
6 at the end the following:

7 “(c) **SUPPORT FOR FOSTER FAMILY HOMES.**—Out
8 of any money in the Treasury of the United States not
9 otherwise appropriated, there are appropriated to the Sec-
10 retary for fiscal year 2018, \$8,000,000 for the Secretary
11 to make competitive grants to States, Indian tribes, or
12 tribal consortia to support the recruitment and retention
13 of high-quality foster families to increase their capacity
14 to place more children in family settings, focused on
15 States, Indian tribes, or tribal consortia with the highest
16 percentage of children in non-family settings. The amount
17 appropriated under this subparagraph shall remain avail-
18 able through fiscal year 2022.”.

19 **SEC. 50752. EXTENSION OF CHILD AND FAMILY SERVICES**
20 **PROGRAMS.**

21 (a) **EXTENSION OF STEPHANIE TUBBS JONES CHILD**
22 **WELFARE SERVICES PROGRAM.**—Section 425 of the So-
23 cial Security Act (42 U.S.C. 625) is amended by striking
24 “2012 through 2016” and inserting “2017 through
25 2021”.

1 (b) EXTENSION OF PROMOTING SAFE AND STABLE
2 FAMILIES PROGRAM AUTHORIZATIONS.—

3 (1) IN GENERAL.—Section 436(a) of such Act
4 (42 U.S.C. 629f(a)) is amended by striking all that
5 follows “\$345,000,000” and inserting “for each of
6 fiscal years 2017 through 2021.”.

7 (2) DISCRETIONARY GRANTS.—Section 437(a)
8 of such Act (42 U.S.C. 629g(a)) is amended by
9 striking “2012 through 2016” and inserting “2017
10 through 2021”.

11 (c) EXTENSION OF FUNDING RESERVATIONS FOR
12 MONTHLY CASEWORKER VISITS AND REGIONAL PART-
13 NERSHIP GRANTS.—Section 436(b) of such Act (42
14 U.S.C. 629f(b)) is amended—

15 (1) in paragraph (4)(A), by striking “2012
16 through 2016” and inserting “2017 through 2021”;
17 and

18 (2) in paragraph (5), by striking “2012
19 through 2016” and inserting “2017 through 2021”.

20 (d) REAUTHORIZATION OF FUNDING FOR STATE
21 COURTS.—

22 (1) EXTENSION OF PROGRAM.—Section
23 438(c)(1) of such Act (42 U.S.C. 629h(c)(1)) is
24 amended by striking “2012 through 2016” and in-
25 serting “2017 through 2021”.

1 (2) EXTENSION OF FEDERAL SHARE.—Section
2 438(d) of such Act (42 U.S.C. 629h(d)) is amended
3 by striking “2012 through 2016” and inserting
4 “2017 through 2021”.

5 (e) REPEAL OF EXPIRED PROVISIONS.—Section
6 438(e) of such Act (42 U.S.C. 629h(e)) is repealed.

7 **SEC. 50753. IMPROVEMENTS TO THE JOHN H. CHAFEE FOS-**
8 **TER CARE INDEPENDENCE PROGRAM AND**
9 **RELATED PROVISIONS.**

10 (a) AUTHORITY TO SERVE FORMER FOSTER YOUTH
11 UP TO AGE 23.—Section 477 of the Social Security Act
12 (42 U.S.C. 677) is amended—

13 (1) in subsection (a)(5), by inserting “(or 23
14 years of age, in the case of a State with a certifi-
15 cation under subsection (b)(3)(A)(ii) to provide as-
16 sistance and services to youths who have aged out
17 of foster care and have not attained such age, in ac-
18 cordance with such subsection)” after “21 years of
19 age”;

20 (2) in subsection (b)(3)(A)—

21 (A) by inserting “(i)” before “A certifi-
22 cation”;

23 (B) by striking “children who have left fos-
24 ter care” and all that follows through the pe-
25 riod and inserting “youths who have aged out

1 of foster care and have not attained 21 years of
2 age.”; and

3 (C) by adding at the end the following:

4 “(ii) If the State has elected under section
5 475(8)(B) to extend eligibility for foster care to
6 all children who have not attained 21 years of
7 age, or if the Secretary determines that the
8 State agency responsible for administering the
9 State plans under this part and part B uses
10 State funds or any other funds not provided
11 under this part to provide services and assist-
12 ance for youths who have aged out of foster
13 care that are comparable to the services and as-
14 sistance the youths would receive if the State
15 had made such an election, the certification re-
16 quired under clause (i) may provide that the
17 State will provide assistance and services to
18 youths who have aged out of foster care and
19 have not attained 23 years of age.”; and

20 (3) in subsection (b)(3)(B), by striking “chil-
21 dren who have left foster care” and all that follows
22 through the period and inserting “youths who have
23 aged out of foster care and have not attained 21
24 years of age (or 23 years of age, in the case of a
25 State with a certification under subparagraph (A)(i)

1 to provide assistance and services to youths who
2 have aged out of foster care and have not attained
3 such age, in accordance with subparagraph
4 (A)(ii).”.

5 (b) AUTHORITY TO REDISTRIBUTE UNSPENT
6 FUNDS.—Section 477(d) of such Act (42 U.S.C. 677(d))
7 is amended—

8 (1) in paragraph (4), by inserting “or does not
9 expend allocated funds within the time period speci-
10 fied under section 477(d)(3)” after “provided by the
11 Secretary”; and

12 (2) by adding at the end the following:

13 “(5) REDISTRIBUTION OF UNEXPENDED
14 AMOUNTS.—

15 “(A) AVAILABILITY OF AMOUNTS.—To the
16 extent that amounts paid to States under this
17 section in a fiscal year remain unexpended by
18 the States at the end of the succeeding fiscal
19 year, the Secretary may make the amounts
20 available for redistribution in the second suc-
21 ceeding fiscal year among the States that apply
22 for additional funds under this section for that
23 second succeeding fiscal year.

24 “(B) REDISTRIBUTION.—

1 “(i) IN GENERAL.—The Secretary
2 shall redistribute the amounts made avail-
3 able under subparagraph (A) for a fiscal
4 year among eligible applicant States. In
5 this subparagraph, the term ‘eligible appli-
6 cant State’ means a State that has applied
7 for additional funds for the fiscal year
8 under subparagraph (A) if the Secretary
9 determines that the State will use the
10 funds for the purpose for which originally
11 allotted under this section.

12 “(ii) AMOUNT TO BE REDISTRIB-
13 UTED.—The amount to be redistributed to
14 each eligible applicant State shall be the
15 amount so made available multiplied by the
16 State foster care ratio, (as defined in sub-
17 section (c)(4), except that, in such sub-
18 section, ‘all eligible applicant States (as de-
19 fined in subsection (d)(5)(B)(i))’ shall be
20 substituted for ‘all States’).

21 “(iii) TREATMENT OF REDISTRIBUTED
22 AMOUNT.—Any amount made available to
23 a State under this paragraph shall be re-
24 garded as part of the allotment of the

1 State under this section for the fiscal year
2 in which the redistribution is made.

3 “(C) TRIBES.—For purposes of this para-
4 graph, the term ‘State’ includes an Indian tribe,
5 tribal organization, or tribal consortium that re-
6 ceives an allotment under this section.”.

7 (c) EXPANDING AND CLARIFYING THE USE OF EDU-
8 CATION AND TRAINING VOUCHERS.—

9 (1) IN GENERAL.—Section 477(i)(3) of such
10 Act (42 U.S.C. 677(i)(3)) is amended—

11 (A) by striking “on the date” and all that
12 follows through “23” and inserting “to remain
13 eligible until they attain 26”; and

14 (B) by inserting “, but in no event may a
15 youth participate in the program for more than
16 5 years (whether or not consecutive)” before
17 the period.

18 (2) CONFORMING AMENDMENT.—Section
19 477(i)(1) of such Act (42 U.S.C. 677(i)(1)) is
20 amended by inserting “who have attained 14 years
21 of age” before the period.

22 (d) OTHER IMPROVEMENTS.—Section 477 of such
23 Act (42 U.S.C. 677), as amended by subsections (a), (b),
24 and (c), is amended—

1 (1) in the section heading, by striking “**INDE-**
2 **PENDENCE PROGRAM**” and inserting “**PROGRAM**
3 **FOR SUCCESSFUL TRANSITION TO ADULT-**
4 **HOOD**”;

5 (2) in subsection (a)—

6 (A) in paragraph (1)—

7 (i) by striking “identify children who
8 are likely to remain in foster care until 18
9 years of age and to help these children
10 make the transition to self-sufficiency by
11 providing services” and inserting “support
12 all youth who have experienced foster care
13 at age 14 or older in their transition to
14 adulthood through transitional services”;

15 (ii) by inserting “and post-secondary
16 education” after “high school diploma”;
17 and

18 (iii) by striking “training in daily liv-
19 ing skills, training in budgeting and finan-
20 cial management skills” and inserting
21 “training and opportunities to practice
22 daily living skills (such as financial literacy
23 training and driving instruction)”;

24 (B) in paragraph (2), by striking “who are
25 likely to remain in foster care until 18 years of

1 age receive the education, training, and services
2 necessary to obtain employment” and inserting
3 “who have experienced foster care at age 14 or
4 older achieve meaningful, permanent connec-
5 tions with a caring adult”;

6 (C) in paragraph (3), by striking “who are
7 likely to remain in foster care until 18 years of
8 age prepare for and enter postsecondary train-
9 ing and education institutions” and inserting
10 “who have experienced foster care at age 14 or
11 older engage in age or developmentally appro-
12 priate activities, positive youth development,
13 and experiential learning that reflects what
14 their peers in intact families experience”; and

15 (D) by striking paragraph (4) and redesign-
16 ating paragraphs (5) through (8) as para-
17 graphs (4) through (7);

18 (3) in subsection (b)—

19 (A) in paragraph (2)(D), by striking “ado-
20 lescents” and inserting “youth”; and

21 (B) in paragraph (3)—

22 (i) in subparagraph (D)—

23 (I) by inserting “including train-
24 ing on youth development” after “to
25 provide training”; and

1 (II) by striking “adolescents pre-
2 paring for independent living” and all
3 that follows through the period and
4 inserting “youth preparing for a suc-
5 cessful transition to adulthood and
6 making a permanent connection with
7 a caring adult.”;

8 (ii) in subparagraph (H), by striking
9 “adolescents” each place it appears and in-
10 sserting “youth”; and

11 (iii) in subparagraph (K)—

12 (I) by striking “an adolescent”
13 and inserting “a youth”; and

14 (II) by striking “the adolescent”
15 each place it appears and inserting
16 “the youth”; and

17 (4) in subsection (f), by striking paragraph (2)
18 and inserting the following:

19 “(2) REPORT TO CONGRESS.—Not later than
20 October 1, 2019, the Secretary shall submit to the
21 Committee on Ways and Means of the House of
22 Representatives and the Committee on Finance of
23 the Senate a report on the National Youth in Tran-
24 sition Database and any other databases in which
25 States report outcome measures relating to children

1 in foster care and children who have aged out of fos-
2 ter care or left foster care for kinship guardianship
3 or adoption. The report shall include the following:

4 “(A) A description of the reasons for entry
5 into foster care and of the foster care experi-
6 ences, such as length of stay, number of place-
7 ment settings, case goal, and discharge reason
8 of 17-year-olds who are surveyed by the Na-
9 tional Youth in Transition Database and an
10 analysis of the comparison of that description
11 with the reasons for entry and foster care expe-
12 riences of children of other ages who exit from
13 foster care before attaining age 17.

14 “(B) A description of the characteristics of
15 the individuals who report poor outcomes at
16 ages 19 and 21 to the National Youth in Tran-
17 sition Database.

18 “(C) Benchmarks for determining what
19 constitutes a poor outcome for youth who re-
20 main in or have exited from foster care and
21 plans the executive branch will take to incor-
22 porate these benchmarks in efforts to evaluate
23 child welfare agency performance in providing
24 services to children transitioning from foster
25 care.

1 “(D) An analysis of the association be-
2 tween types of placement, number of overall
3 placements, time spent in foster care, and other
4 factors, and outcomes at ages 19 and 21.

5 “(E) An analysis of the differences in out-
6 comes for children in and formerly in foster
7 care at age 19 and 21 among States.”.

8 (e) CLARIFYING DOCUMENTATION PROVIDED TO
9 FOSTER YOUTH LEAVING FOSTER CARE.—Section
10 475(5)(I) of such Act (42 U.S.C. 675(5)(I)) is amended
11 by inserting after “REAL ID Act of 2005” the following:
12 “, and any official documentation necessary to prove that
13 the child was previously in foster care”.

14 **PART VI—CONTINUING INCENTIVES TO STATES**
15 **TO PROMOTE ADOPTION AND LEGAL GUARD-**
16 **IANSHIP**

17 **SEC. 50761. REAUTHORIZING ADOPTION AND LEGAL**
18 **GUARDIANSHIP INCENTIVE PROGRAMS.**

19 (a) IN GENERAL.—Section 473A of the Social Secu-
20 rity Act (42 U.S.C. 673b) is amended—

21 (1) in subsection (b)(4), by striking “2013
22 through 2015” and inserting “2016 through 2020”;

23 (2) in subsection (h)(1)(D), by striking “2016”
24 and inserting “2021”; and

1 (3) in subsection (h)(2), by striking “2016”
2 and inserting “2021”.

3 (b) EFFECTIVE DATE.—The amendments made by
4 subsection (a) shall take effect as if enacted on October
5 1, 2017.

6 **PART VII—TECHNICAL CORRECTIONS**

7 **SEC. 50771. TECHNICAL CORRECTIONS TO DATA EXCHANGE**
8 **STANDARDS TO IMPROVE PROGRAM COORDI-**
9 **NATION.**

10 (a) IN GENERAL.—Section 440 of the Social Security
11 Act (42 U.S.C. 629m) is amended to read as follows:

12 **“SEC. 440. DATA EXCHANGE STANDARDS FOR IMPROVED**
13 **INTEROPERABILITY.**

14 “(a) DESIGNATION.—The Secretary shall, in con-
15 sultation with an interagency work group established by
16 the Office of Management and Budget and considering
17 State government perspectives, by rule, designate data ex-
18 change standards to govern, under this part and part E—

19 “(1) necessary categories of information that
20 State agencies operating programs under State
21 plans approved under this part are required under
22 applicable Federal law to electronically exchange
23 with another State agency; and

24 “(2) Federal reporting and data exchange re-
25 quired under applicable Federal law.

1 “(b) REQUIREMENTS.—The data exchange standards
2 required by paragraph (1) shall, to the extent prac-
3 ticable—

4 “(1) incorporate a widely accepted, non-propri-
5 etary, searchable, computer-readable format, such as
6 the Extensible Markup Language;

7 “(2) contain interoperable standards developed
8 and maintained by intergovernmental partnerships,
9 such as the National Information Exchange Model;

10 “(3) incorporate interoperable standards devel-
11 oped and maintained by Federal entities with au-
12 thority over contracting and financial assistance;

13 “(4) be consistent with and implement applica-
14 ble accounting principles;

15 “(5) be implemented in a manner that is cost-
16 effective and improves program efficiency and effec-
17 tiveness; and

18 “(6) be capable of being continually upgraded
19 as necessary.

20 “(c) RULE OF CONSTRUCTION.—Nothing in this sub-
21 section shall be construed to require a change to existing
22 data exchange standards found to be effective and effi-
23 cient.”.

24 (b) EFFECTIVE DATE.—Not later than the date that
25 is 24 months after the date of the enactment of this sec-

1 tion, the Secretary of Health and Human Services shall
 2 issue a proposed rule that—

3 (1) identifies federally required data exchanges,
 4 include specification and timing of exchanges to be
 5 standardized, and address the factors used in deter-
 6 mining whether and when to standardize data ex-
 7 changes; and

8 (2) specifies State implementation options and
 9 describes future milestones.

10 **SEC. 50772. TECHNICAL CORRECTIONS TO STATE REQUIRE-**
 11 **MENT TO ADDRESS THE DEVELOPMENTAL**
 12 **NEEDS OF YOUNG CHILDREN.**

13 Section 422(b)(18) of the Social Security Act (42
 14 U.S.C. 622(b)(18)) is amended by striking “such chil-
 15 dren” and inserting “all vulnerable children under 5 years
 16 of age”.

17 **PART VIII—ENSURING STATES REINVEST SAV-**
 18 **INGS RESULTING FROM INCREASE IN ADOP-**
 19 **TION ASSISTANCE**

20 **SEC. 50781. DELAY OF ADOPTION ASSISTANCE PHASE-IN.**

21 (a) IN GENERAL.—The table in section 473(e)(1)(B)
 22 of the Social Security Act (42 U.S.C. 673(e)(1)(B)) is
 23 amended by striking the last 2 rows and inserting the fol-
 24 lowing:

2024	2 (or, in the case of a child for whom an adoption assistance agreement is entered into under this section on or after July 1, 2024, any age)
2025 or thereafter	any age.”.

1 (b) **EFFECTIVE DATE.**—The amendment made by
2 this section shall take effect as if enacted on January 1,
3 2018.

4 **SEC. 50782. GAO STUDY AND REPORT ON STATE REINVEST-**
5 **MENT OF SAVINGS RESULTING FROM IN-**
6 **CREASE IN ADOPTION ASSISTANCE.**

7 (a) **STUDY.**—The Comptroller General of the United
8 States shall study the extent to which States are com-
9 plying with the requirements of section 473(a)(8) of the
10 Social Security Act (42 U.S.C. 673(a)(8)) relating to the
11 effects of phasing out the AFDC income eligibility require-
12 ments for adoption assistance payments under section 473
13 of the Social Security Act, as enacted by section 402 of
14 the Fostering Connections to Success and Increasing
15 Adoptions Act of 2008 (Public Law 110–351; 122 Stat.
16 3975) and amended by section 206 of the Preventing Sex
17 Trafficking and Strengthening Families Act (Public Law
18 113–183; 128 Stat. 1919). In particular, the Comptroller
19 General shall analyze the extent to which States are com-
20 plying with the following requirements under section
21 473(a)(8)(D) of the Social Security Act:

1 (1) The requirement to spend an amount equal
2 to the amount of the savings (if any) in State ex-
3 penditures under part E of title IV of the Social Se-
4 curity Act resulting from phasing out the AFDC in-
5 come eligibility requirements for adoption assistance
6 payments under section 473 of such Act to provide
7 to children of families any service that may be pro-
8 vided under part B or E of title IV of such Act.

9 (2) The requirement that a State shall spend
10 not less than 30 percent of the amount of any sav-
11 ings described in paragraph (1) on post-adoption
12 services, post-guardianship services, and services to
13 support and sustain positive permanent outcomes for
14 children who otherwise might enter into foster care
15 under the responsibility of the State, with at least $\frac{2}{3}$
16 of the spending by the State to comply with the 30
17 percent requirement being spent on post-adoption
18 and post-guardianship services.

19 (b) REPORT.—The Comptroller General of the
20 United States shall submit to the Committee on Finance
21 of the Senate, the Committee on Ways and Means of the
22 House of Representatives, and the Secretary of Health
23 and Human Services a report that contains the results of
24 the study required by subsection (a), including rec-

1 ommendations to ensure compliance with laws referred to
2 in subsection (a).

3 **TITLE VIII—SUPPORTING SO-**
4 **CIAL IMPACT PARTNERSHIPS**
5 **TO PAY FOR RESULTS**

6 **SEC. 50801. SHORT TITLE.**

7 This subtitle may be cited as the “Social Impact
8 Partnerships to Pay for Results Act”.

9 **SEC. 50802. SOCIAL IMPACT PARTNERSHIPS TO PAY FOR**
10 **RESULTS.**

11 Title XX of the Social Security Act (42 U.S.C. 1397
12 et seq.) is amended—

13 (1) in the title heading, by striking “TO
14 STATES” and inserting “AND PROGRAMS”; and

15 (2) by adding at the end the following:

16 “Subtitle C—Social Impact Demonstration Projects

17 “PURPOSES

18 “SEC. 2051. The purposes of this subtitle are the fol-
19 lowing:

20 “(1) To improve the lives of families and indi-
21 viduals in need in the United States by funding so-
22 cial programs that achieve real results.

23 “(2) To redirect funds away from programs
24 that, based on objective data, are ineffective, and

1 into programs that achieve demonstrable, measur-
2 able results.

3 “(3) To ensure Federal funds are used effec-
4 tively on social services to produce positive outcomes
5 for both service recipients and taxpayers.

6 “(4) To establish the use of social impact part-
7 nerships to address some of our Nation’s most
8 pressing problems.

9 “(5) To facilitate the creation of public-private
10 partnerships that bundle philanthropic or other pri-
11 vate resources with existing public spending to scale
12 up effective social interventions already being imple-
13 mented by private organizations, nonprofits, chari-
14 table organizations, and State and local governments
15 across the country.

16 “(6) To bring pay-for-performance to the social
17 sector, allowing the United States to improve the im-
18 pact and effectiveness of vital social services pro-
19 grams while redirecting inefficient or duplicative
20 spending.

21 “(7) To incorporate outcomes measurement and
22 randomized controlled trials or other rigorous meth-
23 odologies for assessing program impact.

24 “SOCIAL IMPACT PARTNERSHIP APPLICATION

25 “SEC. 2052. (a) NOTICE.—Not later than 1 year
26 after the date of the enactment of this subtitle, the Sec-

1 retary of the Treasury, in consultation with the Federal
2 Interagency Council on Social Impact Partnerships, shall
3 publish in the Federal Register a request for proposals
4 from States or local governments for social impact part-
5 nership projects in accordance with this section.

6 “(b) REQUIRED OUTCOMES FOR SOCIAL IMPACT
7 PARTNERSHIP PROJECT.—To qualify as a social impact
8 partnership project under this subtitle, a project must
9 produce one or more measurable, clearly defined outcomes
10 that result in social benefit and Federal, State, or local
11 savings through any of the following:

12 “(1) Increasing work and earnings by individ-
13 uals in the United States who are unemployed for
14 more than 6 consecutive months.

15 “(2) Increasing employment and earnings of in-
16 dividuals who have attained 16 years of age but not
17 25 years of age.

18 “(3) Increasing employment among individuals
19 receiving Federal disability benefits.

20 “(4) Reducing the dependence of low-income
21 families on Federal means-tested benefits.

22 “(5) Improving rates of high school graduation.

23 “(6) Reducing teen and unplanned pregnancies.

1 “(7) Improving birth outcomes and early child-
2 hood health and development among low-income
3 families and individuals.

4 “(8) Reducing rates of asthma, diabetes, or
5 other preventable diseases among low-income fami-
6 lies and individuals to reduce the utilization of emer-
7 gency and other high-cost care.

8 “(9) Increasing the proportion of children living
9 in two-parent families.

10 “(10) Reducing incidences and adverse con-
11 sequences of child abuse and neglect.

12 “(11) Reducing the number of youth in foster
13 care by increasing adoptions, permanent guardian-
14 ship arrangements, reunifications, or placements
15 with a fit and willing relative, or by avoiding placing
16 children in foster care by ensuring they can be cared
17 for safely in their own homes.

18 “(12) Reducing the number of children and
19 youth in foster care residing in group homes, child
20 care institutions, agency-operated foster homes, or
21 other non-family foster homes, unless it is deter-
22 mined that it is in the interest of the child’s long-
23 term health, safety, or psychological well-being to
24 not be placed in a family foster home.

1 “(13) Reducing the number of children return-
2 ing to foster care.

3 “(14) Reducing recidivism among juvenile of-
4 fenders, individuals released from prison, or other
5 high-risk populations.

6 “(15) Reducing the rate of homelessness among
7 our most vulnerable populations.

8 “(16) Improving the health and well-being of
9 those with mental, emotional, and behavioral health
10 needs.

11 “(17) Improving the educational outcomes of
12 special-needs or low-income children.

13 “(18) Improving the employment and well-being
14 of returning United States military members.

15 “(19) Increasing the financial stability of low-
16 income families.

17 “(20) Increasing the independence and employ-
18 ability of individuals who are physically or mentally
19 disabled.

20 “(21) Other measurable outcomes defined by
21 the State or local government that result in positive
22 social outcomes and Federal savings.

23 “(c) APPLICATION REQUIRED.—The notice described
24 in subsection (a) shall require a State or local government

1 to submit an application for the social impact partnership
2 project that addresses the following:

3 “(1) The outcome goals of the project.

4 “(2) A description of each intervention in the
5 project and anticipated outcomes of the intervention.

6 “(3) Rigorous evidence demonstrating that the
7 intervention can be expected to produce the desired
8 outcomes.

9 “(4) The target population that will be served
10 by the project.

11 “(5) The expected social benefits to participants
12 who receive the intervention and others who may be
13 impacted.

14 “(6) Projected Federal, State, and local govern-
15 ment costs and other costs to conduct the project.

16 “(7) Projected Federal, State, and local govern-
17 ment savings and other savings, including an esti-
18 mate of the savings to the Federal Government, on
19 a program-by-program basis and in the aggregate, if
20 the project is implemented and the outcomes are
21 achieved as a result of the intervention.

22 “(8) If savings resulting from the successful
23 completion of the project are estimated to accrue to
24 the State or local government, the likelihood of the
25 State or local government to realize those savings.

1 “(9) A plan for delivering the intervention
2 through a social impact partnership model.

3 “(10) A description of the expertise of each
4 service provider that will administer the intervention,
5 including a summary of the experience of the service
6 provider in delivering the proposed intervention or a
7 similar intervention, or demonstrating that the serv-
8 ice provider has the expertise necessary to deliver
9 the proposed intervention.

10 “(11) An explanation of the experience of the
11 State or local government, the intermediary, or the
12 service provider in raising private and philanthropic
13 capital to fund social service investments.

14 “(12) The detailed roles and responsibilities of
15 each entity involved in the project, including any
16 State or local government entity, intermediary, serv-
17 ice provider, independent evaluator, investor, or
18 other stakeholder.

19 “(13) A summary of the experience of the serv-
20 ice provider in delivering the proposed intervention
21 or a similar intervention, or a summary dem-
22 onstrating the service provider has the expertise nec-
23 essary to deliver the proposed intervention.

24 “(14) A summary of the unmet need in the
25 area where the intervention will be delivered or

1 among the target population who will receive the
2 intervention.

3 “(15) The proposed payment terms, the meth-
4 odology used to calculate outcome payments, the
5 payment schedule, and performance thresholds.

6 “(16) The project budget.

7 “(17) The project timeline.

8 “(18) The criteria used to determine the eligi-
9 bility of an individual for the project, including how
10 selected populations will be identified, how they will
11 be referred to the project, and how they will be en-
12 rolled in the project.

13 “(19) The evaluation design.

14 “(20) The metrics that will be used in the eval-
15 uation to determine whether the outcomes have been
16 achieved as a result of the intervention and how the
17 metrics will be measured.

18 “(21) An explanation of how the metrics used
19 in the evaluation to determine whether the outcomes
20 achieved as a result of the intervention are inde-
21 pendent, objective indicators of impact and are not
22 subject to manipulation by the service provider,
23 intermediary, or investor.

24 “(22) A summary explaining the independence
25 of the evaluator from the other entities involved in

1 the project and the evaluator’s experience in con-
2 ducting rigorous evaluations of program effective-
3 ness including, where available, well-implemented
4 randomized controlled trials on the intervention or
5 similar interventions.

6 “(23) The capacity of the service provider to
7 deliver the intervention to the number of partici-
8 pants the State or local government proposes to
9 serve in the project.

10 “(24) A description of whether and how the
11 State or local government and service providers plan
12 to sustain the intervention, if it is timely and appro-
13 priate to do so, to ensure that successful interven-
14 tions continue to operate after the period of the so-
15 cial impact partnership.

16 “(d) PROJECT INTERMEDIARY INFORMATION RE-
17 QUIRED.—The application described in subsection (c) shall
18 also contain the following information about any inter-
19 mediary for the social impact partnership project (whether
20 an intermediary is a service provider or other entity):

21 “(1) Experience and capacity for providing or
22 facilitating the provision of the type of intervention
23 proposed.

24 “(2) The mission and goals.

1 “(3) Information on whether the intermediary
2 is already working with service providers that pro-
3 vide this intervention or an explanation of the capac-
4 ity of the intermediary to begin working with service
5 providers to provide the intervention.

6 “(4) Experience working in a collaborative envi-
7 ronment across government and nongovernmental
8 entities.

9 “(5) Previous experience collaborating with
10 public or private entities to implement evidence-
11 based programs.

12 “(6) Ability to raise or provide funding to cover
13 operating costs (if applicable to the project).

14 “(7) Capacity and infrastructure to track out-
15 comes and measure results, including—

16 “(A) capacity to track and analyze pro-
17 gram performance and assess program impact;
18 and

19 “(B) experience with performance-based
20 awards or performance-based contracting and
21 achieving project milestones and targets.

22 “(8) Role in delivering the intervention.

23 “(9) How the intermediary would monitor pro-
24 gram success, including a description of the interim
25 benchmarks and outcome measures.

1 “(e) FEASIBILITY STUDIES FUNDED THROUGH
2 OTHER SOURCES.—The notice described in subsection (a)
3 shall permit a State or local government to submit an ap-
4 plication for social impact partnership funding that con-
5 tains information from a feasibility study developed for
6 purposes other than applying for funding under this sub-
7 title.

8 “AWARDING SOCIAL IMPACT PARTNERSHIP AGREEMENTS
9 “SEC. 2053. (a) TIMELINE IN AWARDING AGREE-
10 MENT.—Not later than 6 months after receiving an appli-
11 cation in accordance with section 2052, the Secretary, in
12 consultation with the Federal Interagency Council on So-
13 cial Impact Partnerships, shall determine whether to enter
14 into an agreement for a social impact partnership project
15 with a State or local government.

16 “(b) CONSIDERATIONS IN AWARDING AGREEMENT.—
17 In determining whether to enter into an agreement for a
18 social impact partnership project (the application for
19 which was submitted under section 2052) the Secretary,
20 in consultation with the Federal Interagency Council on
21 Social Impact Partnerships and the head of any Federal
22 agency administering a similar intervention or serving a
23 population similar to that served by the project, shall con-
24 sider each of the following:

25 “(1) The recommendations made by the Com-
26 mission on Social Impact Partnerships.

1 “(2) The value to the Federal Government of
2 the outcomes expected to be achieved if the outcomes
3 specified in the agreement are achieved as a result
4 of the intervention.

5 “(3) The likelihood, based on evidence provided
6 in the application and other evidence, that the State
7 or local government in collaboration with the inter-
8 mediary and the service providers will achieve the
9 outcomes.

10 “(4) The savings to the Federal Government if
11 the outcomes specified in the agreement are achieved
12 as a result of the intervention.

13 “(5) The savings to the State and local govern-
14 ments if the outcomes specified in the agreement are
15 achieved as a result of the intervention.

16 “(6) The expected quality of the evaluation that
17 would be conducted with respect to the agreement.

18 “(7) The capacity and commitment of the State
19 or local government to sustain the intervention, if
20 appropriate and timely and if the intervention is suc-
21 cessful, beyond the period of the social impact part-
22 nership.

23 “(c) AGREEMENT AUTHORITY.—

24 “(1) AGREEMENT REQUIREMENTS.—In accord-
25 ance with this section, the Secretary, in consultation

1 with the Federal Interagency Council on Social Im-
2 pact Partnerships and the head of any Federal agen-
3 cy administering a similar intervention or serving a
4 population similar to that served by the project, may
5 enter into an agreement for a social impact partner-
6 ship project with a State or local government if the
7 Secretary, in consultation with the Federal Inter-
8 agency Council on Social Impact Partnerships, de-
9 termines that each of the following requirements are
10 met:

11 “(A) The State or local government agrees
12 to achieve one or more outcomes as a result of
13 the intervention, as specified in the agreement
14 and validated by independent evaluation, in
15 order to receive payment.

16 “(B) The Federal payment to the State or
17 local government for each specified outcome
18 achieved as a result of the intervention is less
19 than or equal to the value of the outcome to the
20 Federal Government over a period not to exceed
21 10 years, as determined by the Secretary, in
22 consultation with the State or local government.

23 “(C) The duration of the project does not
24 exceed 10 years.

1 “(D) The State or local government has
2 demonstrated, through the application sub-
3 mitted under section 2052, that, based on prior
4 rigorous experimental evaluations or rigorous
5 quasi-experimental studies, the intervention can
6 be expected to achieve each outcome specified in
7 the agreement.

8 “(E) The State, local government, inter-
9 mediary, or service provider has experience rais-
10 ing private or philanthropic capital to fund so-
11 cial service investments (if applicable to the
12 project).

13 “(F) The State or local government has
14 shown that each service provider has experience
15 delivering the intervention, a similar interven-
16 tion, or has otherwise demonstrated the exper-
17 tise necessary to deliver the intervention.

18 “(2) PAYMENT.—The Secretary shall pay the
19 State or local government only if the independent
20 evaluator described in section 2055 determines that
21 the social impact partnership project has met the re-
22 quirements specified in the agreement and achieved
23 an outcome as a result of the intervention, as speci-
24 fied in the agreement and validated by independent
25 evaluation.

1 “(d) NOTICE OF AGREEMENT AWARD.—Not later
2 than 30 days after entering into an agreement under this
3 section the Secretary shall publish a notice in the Federal
4 Register that includes, with regard to the agreement, the
5 following:

6 “(1) The outcome goals of the social impact
7 partnership project.

8 “(2) A description of each intervention in the
9 project.

10 “(3) The target population that will be served
11 by the project.

12 “(4) The expected social benefits to participants
13 who receive the intervention and others who may be
14 impacted.

15 “(5) The detailed roles, responsibilities, and
16 purposes of each Federal, State, or local government
17 entity, intermediary, service provider, independent
18 evaluator, investor, or other stakeholder.

19 “(6) The payment terms, the methodology used
20 to calculate outcome payments, the payment sched-
21 ule, and performance thresholds.

22 “(7) The project budget.

23 “(8) The project timeline.

24 “(9) The project eligibility criteria.

25 “(10) The evaluation design.

1 to assist with completing a feasibility study, a State or
2 local government shall submit an application for feasibility
3 study funding addressing the following:

4 “(1) A description of the outcome goals of the
5 social impact partnership project.

6 “(2) A description of the intervention, including
7 anticipated program design, target population, an
8 estimate regarding the number of individuals to be
9 served, and setting for the intervention.

10 “(3) Evidence to support the likelihood that the
11 intervention will produce the desired outcomes.

12 “(4) A description of the potential metrics to be
13 used.

14 “(5) The expected social benefits to participants
15 who receive the intervention and others who may be
16 impacted.

17 “(6) Estimated costs to conduct the project.

18 “(7) Estimates of Federal, State, and local gov-
19 ernment savings and other savings if the project is
20 implemented and the outcomes are achieved as a re-
21 sult of each intervention.

22 “(8) An estimated timeline for implementation
23 and completion of the project, which shall not exceed
24 10 years.

1 “(9) With respect to a project for which the
2 State or local government selects an intermediary to
3 operate the project, any partnerships needed to suc-
4 cessfully execute the project and the ability of the
5 intermediary to foster the partnerships.

6 “(10) The expected resources needed to com-
7 plete the feasibility study for the State or local gov-
8 ernment to apply for social impact partnership fund-
9 ing under section 2052.

10 “(b) FEDERAL SELECTION OF APPLICATIONS FOR
11 FEASIBILITY STUDY.—Not later than 6 months after re-
12 ceiving an application for feasibility study funding under
13 subsection (a), the Secretary, in consultation with the
14 Federal Interagency Council on Social Impact Partner-
15 ships and the head of any Federal agency administering
16 a similar intervention or serving a population similar to
17 that served by the project, shall select State or local gov-
18 ernment feasibility study proposals for funding based on
19 the following:

20 “(1) The recommendations made by the Com-
21 mission on Social Impact Partnerships.

22 “(2) The likelihood that the proposal will
23 achieve the desired outcomes.

24 “(3) The value of the outcomes expected to be
25 achieved as a result of each intervention.

1 “(4) The potential savings to the Federal Gov-
2 ernment if the social impact partnership project is
3 successful.

4 “(5) The potential savings to the State and
5 local governments if the project is successful.

6 “(c) PUBLIC DISCLOSURE.—Not later than 30 days
7 after selecting a State or local government for feasibility
8 study funding under this section, the Secretary shall cause
9 to be published on the website of the Federal Interagency
10 Council on Social Impact Partnerships information ex-
11 plaining why a State or local government was granted fea-
12 sibility study funding.

13 “(d) FUNDING RESTRICTION.—

14 “(1) FEASIBILITY STUDY RESTRICTION.—The
15 Secretary may not provide feasibility study funding
16 under this section for more than 50 percent of the
17 estimated total cost of the feasibility study reported
18 in the State or local government application sub-
19 mitted under subsection (a).

20 “(2) AGGREGATE RESTRICTION.—Of the total
21 amount made available to carry out this subtitle, the
22 Secretary may not use more than \$10,000,000 to
23 provide feasibility study funding to States or local
24 governments under this section.

1 government to receive outcome payments under this sub-
2 title.

3 “(b) EVALUATOR QUALIFICATIONS.—The head of the
4 relevant agency may not enter into an agreement with a
5 State or local government unless the head determines that
6 the evaluator is independent of the other parties to the
7 agreement and has demonstrated substantial experience in
8 conducting rigorous evaluations of program effectiveness
9 including, where available and appropriate, well-imple-
10 mented randomized controlled trials on the intervention or
11 similar interventions.

12 “(c) METHODOLOGIES TO BE USED.—The evaluation
13 used to determine whether a State or local government
14 will receive outcome payments under this subtitle shall use
15 experimental designs using random assignment or other
16 reliable, evidence-based research methodologies, as cer-
17 tified by the Federal Interagency Council on Social Impact
18 Partnerships, that allow for the strongest possible causal
19 inferences when random assignment is not feasible.

20 “(d) PROGRESS REPORT.—

21 “(1) SUBMISSION OF REPORT.—The inde-
22 pendent evaluator shall—

23 “(A) not later than 2 years after a project
24 has been approved by the Secretary and bian-
25 nually thereafter until the project is concluded,

1 submit to the head of the relevant agency and
2 the Federal Interagency Council on Social Im-
3 pact Partnerships a written report summarizing
4 the progress that has been made in achieving
5 each outcome specified in the agreement; and

6 “(B) before the scheduled time of the first
7 outcome payment and before the scheduled time
8 of each subsequent payment, submit to the
9 head of the relevant agency and the Federal
10 Interagency Council on Social Impact Partner-
11 ships a written report that includes the results
12 of the evaluation conducted to determine wheth-
13 er an outcome payment should be made along
14 with information on the unique factors that
15 contributed to achieving or failing to achieve
16 the outcome, the challenges faced in attempting
17 to achieve the outcome, and information on the
18 improved future delivery of this or similar inter-
19 ventions.

20 “(2) SUBMISSION TO THE SECRETARY AND
21 CONGRESS.—Not later than 30 days after receipt of
22 the written report pursuant to paragraph (1)(B), the
23 Federal Interagency Council on Social Impact Part-
24 nerships shall submit the report to the Secretary

1 and each committee of jurisdiction in the House of
2 Representatives and the Senate.

3 “(e) FINAL REPORT.—

4 “(1) SUBMISSION OF REPORT.—Within 6
5 months after the social impact partnership project is
6 completed, the independent evaluator shall—

7 “(A) evaluate the effects of the activities
8 undertaken pursuant to the agreement with re-
9 gard to each outcome specified in the agree-
10 ment; and

11 “(B) submit to the head of the relevant
12 agency and the Federal Interagency Council on
13 Social Impact Partnerships a written report
14 that includes the results of the evaluation and
15 the conclusion of the evaluator as to whether
16 the State or local government has fulfilled each
17 obligation of the agreement, along with infor-
18 mation on the unique factors that contributed
19 to the success or failure of the project, the chal-
20 lenges faced in attempting to achieve the out-
21 come, and information on the improved future
22 delivery of this or similar interventions.

23 “(2) SUBMISSION TO THE SECRETARY AND
24 CONGRESS.—Not later than 30 days after receipt of
25 the written report pursuant to paragraph (1)(B), the

1 Federal Interagency Council on Social Impact Part-
2 nerships shall submit the report to the Secretary
3 and each committee of jurisdiction in the House of
4 Representatives and the Senate.

5 “(f) LIMITATION ON COST OF EVALUATIONS.—Of
6 the amount made available under this subtitle for social
7 impact partnership projects, the Secretary may not obli-
8 gate more than 15 percent to evaluate the implementation
9 and outcomes of the projects.

10 “(g) DELEGATION OF AUTHORITY.—The Secretary
11 may transfer to the head of another Federal agency the
12 authorities provided in this section and any funds nec-
13 essary to exercise the authorities.

14 “FEDERAL INTERAGENCY COUNCIL ON SOCIAL IMPACT
15 PARTNERSHIPS

16 “SEC. 2056. (a) ESTABLISHMENT.—There is estab-
17 lished the Federal Interagency Council on Social Impact
18 Partnerships (in this section referred to as the ‘Council’)
19 to—

20 “(1) coordinate with the Secretary on the ef-
21 forts of social impact partnership projects funded
22 under this subtitle;

23 “(2) advise and assist the Secretary in the de-
24 velopment and implementation of the projects;

25 “(3) advise the Secretary on specific pro-
26 grammatic and policy matter related to the projects;

1 “(4) provide subject-matter expertise to the
2 Secretary with regard to the projects;

3 “(5) certify to the Secretary that each State or
4 local government that has entered into an agreement
5 with the Secretary for a social impact partnership
6 project under this subtitle and each evaluator se-
7 lected by the head of the relevant agency under sec-
8 tion 2055 has access to Federal administrative data
9 to assist the State or local government and the eval-
10 uator in evaluating the performance and outcomes of
11 the project;

12 “(6) address issues that will influence the fu-
13 ture of social impact partnership projects in the
14 United States;

15 “(7) provide guidance to the executive branch
16 on the future of social impact partnership projects
17 in the United States;

18 “(8) prior to approval by the Secretary, certify
19 that each State and local government application for
20 a social impact partnership contains rigorous, inde-
21 pendent data and reliable, evidence-based research
22 methodologies to support the conclusion that the
23 project will yield savings to the State or local gov-
24 ernment or the Federal Government if the project
25 outcomes are achieved;

1 “(9) certify to the Secretary, in the case of each
2 approved social impact partnership that is expected
3 to yield savings to the Federal Government, that the
4 project will yield a projected savings to the Federal
5 Government if the project outcomes are achieved,
6 and coordinate with the relevant Federal agency to
7 produce an after-action accounting once the project
8 is complete to determine the actual Federal savings
9 realized, and the extent to which actual savings
10 aligned with projected savings; and

11 “(10) provide periodic reports to the Secretary
12 and make available reports periodically to Congress
13 and the public on the implementation of this sub-
14 title.

15 “(b) COMPOSITION OF COUNCIL.—The Council shall
16 have 11 members, as follows:

17 “(1) CHAIR.—The Chair of the Council shall be
18 the Director of the Office of Management and Budg-
19 et.

20 “(2) OTHER MEMBERS.—The head of each of
21 the following entities shall designate one officer or
22 employee of the entity to be a Council member:

23 “(A) The Department of Labor.

24 “(B) The Department of Health and
25 Human Services.

1 “(C) The Social Security Administration.

2 “(D) The Department of Agriculture.

3 “(E) The Department of Justice.

4 “(F) The Department of Housing and
5 Urban Development.

6 “(G) The Department of Education.

7 “(H) The Department of Veterans Affairs.

8 “(I) The Department of the Treasury.

9 “(J) The Corporation for National and
10 Community Service.

11 “COMMISSION ON SOCIAL IMPACT PARTNERSHIPS

12 “SEC. 2057. (a) ESTABLISHMENT.—There is estab-
13 lished the Commission on Social Impact Partnerships (in
14 this section referred to as the ‘Commission’).

15 “(b) DUTIES.—The duties of the Commission shall
16 be to—

17 “(1) assist the Secretary and the Federal Inter-
18 agency Council on Social Impact Partnerships in re-
19 viewing applications for funding under this subtitle;

20 “(2) make recommendations to the Secretary
21 and the Federal Interagency Council on Social Im-
22 pact Partnerships regarding the funding of social
23 impact partnership agreements and feasibility stud-
24 ies; and

1 “(3) provide other assistance and information
2 as requested by the Secretary or the Federal Inter-
3 agency Council on Social Impact Partnerships.

4 “(c) COMPOSITION.—The Commission shall be com-
5 posed of nine members, of whom—

6 “(1) one shall be appointed by the President,
7 who will serve as the Chair of the Commission;

8 “(2) one shall be appointed by the Majority
9 Leader of the Senate;

10 “(3) one shall be appointed by the Minority
11 Leader of the Senate;

12 “(4) one shall be appointed by the Speaker of
13 the House of Representatives;

14 “(5) one shall be appointed by the Minority
15 Leader of the House of Representatives;

16 “(6) one shall be appointed by the Chairman of
17 the Committee on Finance of the Senate;

18 “(7) one shall be appointed by the ranking
19 member of the Committee on Finance of the Senate;

20 “(8) one member shall be appointed by the
21 Chairman of the Committee on Ways and Means of
22 the House of Representatives; and

23 “(9) one shall be appointed by the ranking
24 member of the Committee on Ways and Means of
25 the House of Representatives.

1 “(d) QUALIFICATIONS OF COMMISSION MEMBERS.—

2 The members of the Commission shall—

3 “(1) be experienced in finance, economics, pay
4 for performance, or program evaluation;

5 “(2) have relevant professional or personal ex-
6 perience in a field related to one or more of the out-
7 comes listed in this subtitle; or

8 “(3) be qualified to review applications for so-
9 cial impact partnership projects to determine wheth-
10 er the proposed metrics and evaluation methodolo-
11 gies are appropriately rigorous and reliant upon
12 independent data and evidence-based research.

13 “(e) TIMING OF APPOINTMENTS.—The appointments
14 of the members of the Commission shall be made not later
15 than 120 days after the date of the enactment of this sub-
16 title, or, in the event of a vacancy, not later than 90 days
17 after the date the vacancy arises. If a member of Congress
18 fails to appoint a member by that date, the President may
19 select a member of the President’s choice on behalf of the
20 member of Congress. Notwithstanding the preceding sen-
21 tence, if not all appointments have been made to the Com-
22 mission as of that date, the Commission may operate with
23 no fewer than five members until all appointments have
24 been made.

25 “(f) TERM OF APPOINTMENTS.—

1 “(1) IN GENERAL.—The members appointed
2 under subsection (c) shall serve as follows:

3 “(A) Three members shall serve for 2
4 years.

5 “(B) Three members shall serve for 3
6 years.

7 “(C) Three members (one of which shall be
8 Chair of the Commission appointed by the
9 President) shall serve for 4 years.

10 “(2) ASSIGNMENT OF TERMS.—The Commis-
11 sion shall designate the term length that each mem-
12 ber appointed under subsection (c) shall serve by
13 unanimous agreement. In the event that unanimous
14 agreement cannot be reached, term lengths shall be
15 assigned to the members by a random process.

16 “(g) VACANCIES.—Subject to subsection (e), in the
17 event of a vacancy in the Commission, whether due to the
18 resignation of a member, the expiration of a member’s
19 term, or any other reason, the vacancy shall be filled in
20 the manner in which the original appointment was made
21 and shall not affect the powers of the Commission.

22 “(h) APPOINTMENT POWER.—Members of the Com-
23 mission appointed under subsection (c) shall not be sub-
24 ject to confirmation by the Senate.

1 “LIMITATION ON USE OF FUNDS

2 “SEC. 2058. Of the amounts made available to carry
3 out this subtitle, the Secretary may not use more than
4 \$2,000,000 in any fiscal year to support the review, ap-
5 proval, and oversight of social impact partnership projects,
6 including activities conducted by—

7 “(1) the Federal Interagency Council on Social
8 Impact Partnerships; and

9 “(2) any other agency consulted by the Sec-
10 retary before approving a social impact partnership
11 project or a feasibility study under section 2054.

12 “NO FEDERAL FUNDING FOR CREDIT ENHANCEMENTS

13 “SEC. 2059. No amount made available to carry out
14 this subtitle may be used to provide any insurance, guar-
15 antee, or other credit enhancement to a State or local gov-
16 ernment under which a Federal payment would be made
17 to a State or local government as the result of a State
18 or local government failing to achieve an outcome specified
19 in an agreement.

20 “AVAILABILITY OF FUNDS

21 “SEC. 2060. Amounts made available to carry out
22 this subtitle shall remain available until 10 years after the
23 date of the enactment of this subtitle.

1 “WEBSITE

2 “SEC. 2061. The Federal Interagency Council on So-
3 cial Impact Partnerships shall establish and maintain a
4 public website that shall display the following:

5 “(1) A copy of, or method of accessing, each
6 notice published regarding a social impact partner-
7 ship project pursuant to this subtitle.

8 “(2) A copy of each feasibility study funded
9 under this subtitle.

10 “(3) For each State or local government that
11 has entered into an agreement with the Secretary
12 for a social impact partnership project, the website
13 shall contain the following information:

14 “(A) The outcome goals of the project.

15 “(B) A description of each intervention in
16 the project.

17 “(C) The target population that will be
18 served by the project.

19 “(D) The expected social benefits to par-
20 ticipants who receive the intervention and oth-
21 ers who may be impacted.

22 “(E) The detailed roles, responsibilities,
23 and purposes of each Federal, State, or local
24 government entity, intermediary, service pro-

1 vider, independent evaluator, investor, or other
2 stakeholder.

3 “(F) The payment terms, methodology
4 used to calculate outcome payments, the pay-
5 ment schedule, and performance thresholds.

6 “(G) The project budget.

7 “(H) The project timeline.

8 “(I) The project eligibility criteria.

9 “(J) The evaluation design.

10 “(K) The metrics used to determine wheth-
11 er the proposed outcomes have been achieved
12 and how these metrics are measured.

13 “(4) A copy of the progress reports and the
14 final reports relating to each social impact partner-
15 ship project.

16 “(5) An estimate of the savings to the Federal,
17 State, and local government, on a program-by-pro-
18 gram basis and in the aggregate, resulting from the
19 successful completion of the social impact partner-
20 ship project.

21 “REGULATIONS

22 “SEC. 2062. The Secretary, in consultation with the
23 Federal Interagency Council on Social Impact Partner-
24 ships, may issue regulations as necessary to carry out this
25 subtitle.

1 “DEFINITIONS

2 “SEC. 2063. In this subtitle:

3 “(1) AGENCY.—The term ‘agency’ has the
4 meaning given that term in section 551 of title 5,
5 United States Code.6 “(2) INTERVENTION.—The term ‘intervention’
7 means a specific service delivered to achieve an im-
8 pact through a social impact partnership project.9 “(3) SECRETARY.—The term ‘Secretary’ means
10 the Secretary of the Treasury.11 “(4) SOCIAL IMPACT PARTNERSHIP PROJECT.—
12 The term ‘social impact partnership project’ means
13 a project that finances social services using a social
14 impact partnership model.15 “(5) SOCIAL IMPACT PARTNERSHIP MODEL.—
16 The term ‘social impact partnership model’ means a
17 method of financing social services in which—18 “(A) Federal funds are awarded to a State
19 or local government only if a State or local gov-
20 ernment achieves certain outcomes agreed on by
21 the State or local government and the Sec-
22 retary; and23 “(B) the State or local government coordi-
24 nates with service providers, investors (if appli-

1 cable to the project), and (if necessary) an
2 intermediary to identify—

3 “(i) an intervention expected to
4 produce the outcome;

5 “(ii) a service provider to deliver the
6 intervention to the target population; and

7 “(iii) investors to fund the delivery of
8 the intervention.

9 “(6) STATE.—The term ‘State’ means each
10 State of the United States, the District of Columbia,
11 each commonwealth, territory or possession of the
12 United States, and each federally recognized Indian
13 tribe.

14 “FUNDING

15 “SEC. 2064. Out of any money in the Treasury of
16 the United States not otherwise appropriated, there is
17 hereby appropriated \$100,000,000 for fiscal year 2018 to
18 carry out this subtitle.”.

19 **TITLE IX—PUBLIC HEALTH**
20 **PROGRAMS**

21 **SEC. 50901. EXTENSION FOR COMMUNITY HEALTH CEN-**
22 **TERS, THE NATIONAL HEALTH SERVICE**
23 **CORPS, AND TEACHING HEALTH CENTERS**
24 **THAT OPERATE GME PROGRAMS.**

25 (a) COMMUNITY HEALTH CENTERS FUNDING.—Sec-
26 tion 10503(b)(1)(F) of the Patient Protection and Afford-

1 able Care Act (42 U.S.C. 254b–2(b)(1)(F)), as amended
2 by section 3101 of Public Law 115-96, is amended to read
3 as follows:

4 “(F) \$3,800,000,000 for fiscal year 2018
5 and \$4,000,000,000 for fiscal year 2019.”.

6 (b) OTHER COMMUNITY HEALTH CENTERS PROVI-
7 SIONS.—Section 330 of the Public Health Service Act (42
8 U.S.C. 254b) is amended—

9 (1) in subsection (b)(1)(A)(ii), by striking
10 “abuse” and inserting “use disorder”;

11 (2) in subsection (b)(2)(A), by striking “abuse”
12 and inserting “use disorder”;

13 (3) in subsection (c)—

14 (A) in paragraph (1), by striking subpara-
15 graphs (B) through (D);

16 (B) by striking “(1) IN GENERAL” and all
17 that follows through “The Secretary” and in-
18 serting the following:

19 “(1) CENTERS.—The Secretary”; and

20 (C) in paragraph (1), as amended, by re-
21 designating clauses (i) through (v) as subpara-
22 graphs (A) through (E) and moving the margin
23 of each of such redesignated subparagraph 2
24 ems to the left;

1 (4) by striking subsection (d) and inserting the
2 following:

3 “(d) IMPROVING QUALITY OF CARE.—

4 “(1) SUPPLEMENTAL AWARDS.—The Secretary
5 may award supplemental grant funds to health cen-
6 ters funded under this section to implement evi-
7 dence-based models for increasing access to high-
8 quality primary care services, which may include
9 models related to—

10 “(A) improving the delivery of care for in-
11 dividuals with multiple chronic conditions;

12 “(B) workforce configuration;

13 “(C) reducing the cost of care;

14 “(D) enhancing care coordination;

15 “(E) expanding the use of telehealth and
16 technology-enabled collaborative learning and
17 capacity building models;

18 “(F) care integration, including integration
19 of behavioral health, mental health, or sub-
20 stance use disorder services; and

21 “(G) addressing emerging public health or
22 substance use disorder issues to meet the health
23 needs of the population served by the health
24 center.

1 “(2) SUSTAINABILITY.—In making supple-
2 mental awards under this subsection, the Secretary
3 may consider whether the health center involved has
4 submitted a plan for continuing the activities funded
5 under this subsection after supplemental funding is
6 expended.

7 “(3) SPECIAL CONSIDERATION.—The Secretary
8 may give special consideration to applications for
9 supplemental funding under this subsection that
10 seek to address significant barriers to access to care
11 in areas with a greater shortage of health care pro-
12 viders and health services relative to the national av-
13 erage.”;

14 (5) in subsection (e)(1)—

15 (A) in subparagraph (B)—

16 (i) by striking “2 years” and inserting
17 “1 year”; and

18 (ii) by adding at the end the fol-
19 lowing: “The Secretary shall not make a
20 grant under this paragraph unless the ap-
21 plicant provides assurances to the Sec-
22 retary that within 120 days of receiving
23 grant funding for the operation of the
24 health center, the applicant will submit, for
25 approval by the Secretary, an implementa-

1 “(I) reduce costs associated with
2 the provision of health services;

3 “(II) improve access to, and
4 availability of, health services provided
5 to individuals served by the centers;

6 “(III) enhance the quality and
7 coordination of health services; or

8 “(IV) improve the health status
9 of communities.”;

10 (6) in subsection (e)(5)(B)—

11 (A) in the heading of subparagraph (B), by
12 striking “AND PLANS”; and

13 (B) by striking “and subparagraphs (B)
14 and (C) of subsection (c)(1) to a health center
15 or to a network or plan” and inserting “to a
16 health center or to a network”;

17 (7) in subsection (e), by adding at the end the
18 following:

19 “(6) NEW ACCESS POINTS AND EXPANDED
20 SERVICES.—

21 “(A) APPROVAL OF NEW ACCESS
22 POINTS.—

23 “(i) IN GENERAL.—The Secretary
24 may approve applications for grants under

1 subparagraph (A) or (B) of paragraph (1)
2 to establish new delivery sites.

3 “(ii) SPECIAL CONSIDERATION.—In
4 carrying out clause (i), the Secretary may
5 give special consideration to applicants
6 that have demonstrated the new delivery
7 site will be located within a sparsely popu-
8 lated area, or an area which has a level of
9 unmet need that is higher relative to other
10 applicants.

11 “(iii) CONSIDERATION OF APPLICA-
12 TIONS.—In carrying out clause (i), the
13 Secretary shall approve applications for
14 grants in such a manner that the ratio of
15 the medically underserved populations in
16 rural areas which may be expected to use
17 the services provided by the applicants in-
18 volved to the medically underserved popu-
19 lations in urban areas which may be ex-
20 pected to use the services provided by the
21 applicants is not less than two to three or
22 greater than three to two.

23 “(iv) SERVICE AREA OVERLAP.—If in
24 carrying out clause (i) the applicant pro-
25 poses to serve an area that is currently

1 served by another health center funded
2 under this section, the Secretary may con-
3 sider whether the award of funding to an
4 additional health center in the area can be
5 justified based on the unmet need for addi-
6 tional services within the catchment area.

7 “(B) APPROVAL OF EXPANDED SERVICE
8 APPLICATIONS.—

9 “(i) IN GENERAL.—The Secretary
10 may approve applications for grants under
11 subparagraph (A) or (B) of paragraph (1)
12 to expand the capacity of the applicant to
13 provide required primary health services
14 described in subsection (b)(1) or additional
15 health services described in subsection
16 (b)(2).

17 “(ii) PRIORITY EXPANSION
18 PROJECTS.—In carrying out clause (i), the
19 Secretary may give special consideration to
20 expanded service applications that seek to
21 address emerging public health or behav-
22 ioral health, mental health, or substance
23 abuse issues through increasing the avail-
24 ability of additional health services de-
25 scribed in subsection (b)(2) in an area in

1 which there are significant barriers to ac-
2 cessing care.

3 “(iii) CONSIDERATION OF APPLICA-
4 TIONS.—In carrying out clause (i), the
5 Secretary shall approve applications for
6 grants in such a manner that the ratio of
7 the medically underserved populations in
8 rural areas which may be expected to use
9 the services provided by the applicants in-
10 volved to the medically underserved popu-
11 lations in urban areas which may be ex-
12 pected to use the services provided by such
13 applicants is not less than two to three or
14 greater than three to two.”;

15 (8) in subsection (h)—

16 (A) in paragraph (1), by striking “and
17 children and youth at risk of homelessness” and
18 inserting “, children and youth at risk of home-
19 lessness, homeless veterans, and veterans at
20 risk of homelessness”; and

21 (B) in paragraph (5)—

22 (i) by striking subparagraph (B);

23 (ii) by redesignating subparagraph

24 (C) as subparagraph (B); and

1 (iii) in subparagraph (B) (as so rededesignated)—
2

3 (I) in the subparagraph heading,
4 by striking “ABUSE” and inserting
5 “USE DISORDER”; and

6 (II) by striking “abuse” and inserting
7 “use disorder”;

8 (9) in subsection (k)—

9 (A) in paragraph (2)—

10 (i) in the paragraph heading, by inserting
11 “UNMET” before “NEED”;

12 (ii) in the matter preceding subparagraph
13 (A), by inserting “or subsection
14 (e)(6)” after “subsection (e)(1)”;

15 (iii) in subparagraph (A), by inserting
16 “unmet” before “need for health services”;

17 (iv) in subparagraph (B), by striking
18 “and” at the end;

19 (v) in subparagraph (C), by striking
20 the period at the end and inserting “;
21 and”; and

22 (vi) by adding after subparagraph (C)
23 the following:

24 “(D) in the case of an application for a
25 grant pursuant to subsection (e)(6), a dem-

1 onstration that the applicant has consulted with
2 appropriate State and local government agen-
3 cies, and health care providers regarding the
4 need for the health services to be provided at
5 the proposed delivery site.”;

6 (B) in paragraph (3)—

7 (i) in the matter preceding subpara-
8 graph (A), by inserting “or subsection
9 (e)(6)” after “subsection (e)(1)(B)”;

10 (ii) in subparagraph (B), by striking
11 “in the catchment area of the center” and
12 inserting “, including other health care
13 providers that provide care within the
14 catchment area, local hospitals, and spe-
15 cialty providers in the catchment area of
16 the center, to provide access to services not
17 available through the health center and to
18 reduce the non-urgent use of hospital
19 emergency departments”;

20 (iii) in subparagraph (H)(ii), by in-
21 serting “who shall be directly employed by
22 the center” after “approves the selection of
23 a director for the center”;

24 (iv) in subparagraph (L), by striking
25 “and” at the end;

1 (v) in subparagraph (M), by striking
2 the period and inserting “; and”; and

3 (vi) by inserting after subparagraph
4 (M), the following:

5 “(N) the center has written policies and
6 procedures in place to ensure the appropriate
7 use of Federal funds in compliance with appli-
8 cable Federal statutes, regulations, and the
9 terms and conditions of the Federal award.”;
10 and

11 (C) by striking paragraph (4);

12 (10) in subsection (l), by adding at the end the
13 following: “Funds expended to carry out activities
14 under this subsection and operational support activi-
15 ties under subsection (m) shall not exceed 3 percent
16 of the amount appropriated for this section for the
17 fiscal year involved.”;

18 (11) in subsection (q)(4), by adding at the end
19 the following: “A waiver provided by the Secretary
20 under this paragraph may not remain in effect for
21 more than 1 year and may not be extended after
22 such period. An entity may not receive more than
23 one waiver under this paragraph in consecutive
24 years.”;

25 (12) in subsection (r)(3)—

1 (A) by striking “appropriate committees of
2 Congress a report concerning the distribution of
3 funds under this section” and inserting the fol-
4 lowing: “Committee on Health, Education,
5 Labor, and Pensions of the Senate, and the
6 Committee on Energy and Commerce of the
7 House of Representatives, a report including, at
8 a minimum—

9 “(A) the distribution of funds for carrying
10 out this section”;

11 (B) by striking “populations. Such report
12 shall include an assessment” and inserting the
13 following: “populations;

14 “(B) an assessment”;

15 (C) by striking “and the rationale for any
16 substantial changes in the distribution of
17 funds.” and inserting a semicolon; and

18 (D) by adding at the end the following:

19 “(C) the distribution of awards and fund-
20 ing for new or expanded services in each of
21 rural areas and urban areas;

22 “(D) the distribution of awards and fund-
23 ing for establishing new access points, and the
24 number of new access points created;

1 “(E) the amount of unexpended funding
2 for loan guarantees and loan guarantee author-
3 ity under title XVI;

4 “(F) the rationale for any substantial
5 changes in the distribution of funds;

6 “(G) the rate of closures for health centers
7 and access points;

8 “(H) the number and reason for any
9 grants awarded pursuant to subsection
10 (e)(1)(B); and

11 “(I) the number and reason for any waiv-
12 ers provided pursuant to subsection (q)(4).”;

13 (13) in subsection (r), by adding at the end the
14 following new paragraph:

15 “(5) FUNDING FOR PARTICIPATION OF HEALTH
16 CENTERS IN ALL OF US RESEARCH PROGRAM.—In
17 addition to any amounts made available pursuant to
18 paragraph (1) of this subsection, section 402A of
19 this Act, or section 10503 of the Patient Protection
20 and Affordable Care Act, there is authorized to be
21 appropriated, and there is appropriated, out of any
22 monies in the Treasury not otherwise appropriated,
23 to the Secretary \$25,000,000 for fiscal year 2018 to
24 support the participation of health centers in the All

1 of Us Research Program under the Precision Medi-
2 cine Initiative under section 498E of this Act.”; and

3 (14) by striking subsection (s).

4 (c) NATIONAL HEALTH SERVICE CORPS.—Section
5 10503(b)(2)(F) of the Patient Protection and Affordable
6 Care Act (42 U.S.C. 254b–2(b)(2)(F)), as amended by
7 section 3101 of Public Law 115-96, is amended to read
8 as follows:

9 “(F) \$310,000,000 for each of fiscal years
10 2018 and 2019.”.

11 (d) TEACHING HEALTH CENTERS THAT OPERATE
12 GRADUATE MEDICAL EDUCATION PROGRAMS.—

13 (1) PAYMENTS.—Subsection (a) of section
14 340H of the Public Health Service Act (42 U.S.C.
15 256h) is amended to read as follows:

16 “(a) PAYMENTS.—

17 “(1) IN GENERAL.—Subject to subsection
18 (h)(2), the Secretary shall make payments under
19 this section for direct expenses and indirect expenses
20 to qualified teaching health centers that are listed as
21 sponsoring institutions by the relevant accrediting
22 body for, as appropriate—

23 “(A) maintenance of filled positions at ex-
24 isting approved graduate medical residency
25 training programs;

1 “(B) expansion of existing approved grad-
2 uate medical residency training programs; and

3 “(C) establishment of new approved grad-
4 uate medical residency training programs.

5 “(2) PER RESIDENT AMOUNT.—In making pay-
6 ments under paragraph (1), the Secretary shall con-
7 sider the cost of training residents at teaching
8 health centers and the implications of the per resi-
9 dent amount on approved graduate medical resi-
10 dency training programs at teaching health centers.

11 “(3) PRIORITY.—In making payments under
12 paragraph (1)(C), the Secretary shall give priority to
13 qualified teaching health centers that—

14 “(A) serve a health professional shortage
15 area with a designation in effect under section
16 332 or a medically underserved community (as
17 defined in section 799B); or

18 “(B) are located in a rural area (as de-
19 fined in section 1886(d)(2)(D) of the Social Se-
20 curity Act).”.

21 “(2) FUNDING.—Paragraph (1) of section
22 340H(g) of the Public Health Service Act (42
23 U.S.C. 256h(g)), as amended by section 3101 of
24 Public Law 115-96, is amended by striking “and
25 \$30,000,000 for the period of the first and second

1 quarters of fiscal year 2018,” and inserting “and
2 \$126,500,000 for each of fiscal years 2018 and
3 2019,”.

4 (3) ANNUAL REPORTING.—Subsection (h)(1) of
5 section 340H of the Public Health Service Act (42
6 U.S.C. 256h) is amended—

7 (A) by redesignating subparagraph (D) as
8 subparagraph (H); and

9 (B) by inserting after subparagraph (C)
10 the following:

11 “(D) The number of patients treated by
12 residents described in paragraph (4).

13 “(E) The number of visits by patients
14 treated by residents described in paragraph (4).

15 “(F) Of the number of residents described
16 in paragraph (4) who completed their residency
17 training at the end of such residency academic
18 year, the number and percentage of such resi-
19 dents entering primary care practice (meaning
20 any of the areas of practice listed in the defini-
21 tion of a primary care residency program in
22 section 749A).

23 “(G) Of the number of residents described
24 in paragraph (4) who completed their residency
25 training at the end of such residency academic

1 year, the number and percentage of such resi-
2 dents who entered practice at a health care fa-
3 cility—

4 “(i) primarily serving a health profes-
5 sional shortage area with a designation in
6 effect under section 332 or a medically un-
7 derserved community (as defined in section
8 799B); or

9 “(ii) located in a rural area (as de-
10 fined in section 1886(d)(2)(D) of the So-
11 cial Security Act).”.

12 (4) REPORT ON TRAINING COSTS.—Not later
13 than March 31, 2019, the Secretary of Health and
14 Human Services shall submit to the Congress a re-
15 port on the direct graduate expenses of approved
16 graduate medical residency training programs, and
17 the indirect expenses associated with the additional
18 costs of teaching residents, of qualified teaching
19 health centers (as such terms are used or defined in
20 section 340H of the Public Health Service Act (42
21 U.S.C. 256h)).

22 (5) DEFINITION.—Subsection (j) of section
23 340H of the Public Health Service Act (42 U.S.C.
24 256h) is amended—

1 (A) by redesignating paragraphs (2) and
2 (3) as paragraphs (3) and (4), respectively; and
3 (B) by inserting after paragraph (1) the
4 following:

5 “(2) NEW APPROVED GRADUATE MEDICAL
6 RESIDENCY TRAINING PROGRAM.—The term ‘new
7 approved graduate medical residency training pro-
8 gram’ means an approved graduate medical resi-
9 dency training program for which the sponsoring
10 qualified teaching health center has not received a
11 payment under this section for a previous fiscal year
12 (other than pursuant to subsection (a)(1)(C)).”

13 (6) TECHNICAL CORRECTION.—Subsection (f)
14 of section 340H (42 U.S.C. 256h) is amended by
15 striking “hospital” each place it appears and insert-
16 ing “teaching health center”.

17 (7) PAYMENTS FOR PREVIOUS FISCAL YEARS.—
18 The provisions of section 340H of the Public Health
19 Service Act (42 U.S.C. 256h), as in effect on the
20 day before the date of enactment of Public Law 115-
21 96, shall continue to apply with respect to payments
22 under such section for fiscal years before fiscal year
23 2018.

24 (e) APPLICATION.—Amounts appropriated pursuant
25 to this section for fiscal year 2018 or 2019 are subject

1 to the requirements contained in Public Law 115–31 for
2 funds for programs authorized under sections 330 through
3 340 of the Public Health Service Act (42 U.S.C. 254b–
4 256).

5 (f) CONFORMING AMENDMENTS.—Paragraph (4) of
6 section 3014(h) of title 18, United States Code, as amend-
7 ed by section 3101 of Public Law 115-96, is amended by
8 striking “and section 3101(d) of the CHIP and Public
9 Health Funding Extension Act” and inserting “and sec-
10 tion 50901(e) of the Advancing Chronic Care, Extenders,
11 and Social Services Act”.

12 **SEC. 50902. EXTENSION FOR SPECIAL DIABETES PRO-**
13 **GRAMS.**

14 (a) SPECIAL DIABETES PROGRAM FOR TYPE I DIA-
15 BETES.—Section 330B(b)(2)(D) of the Public Health
16 Service Act (42 U.S.C. 254c–2(b)(2)(D)), as amended by
17 section 3102 of Public Law 115-96, is amended to read
18 as follows:

19 “(D) \$150,000,000 for each of fiscal years
20 2018 and 2019, to remain available until ex-
21 pended.”.

22 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—
23 Subparagraph (D) of section 330C(c)(2) of the Public
24 Health Service Act (42 U.S.C. 254c–3(c)(2)), as amended

1 by section 3102 of Public Law 115-96, is amended to read
2 as follows:

3 “(D) \$150,000,000 for each of fiscal years
4 2018 and 2019, to remain available until ex-
5 pended.”.

6 **TITLE X—MISCELLANEOUS**
7 **HEALTH CARE POLICIES**

8 **SEC. 51001. HOME HEALTH PAYMENT REFORM.**

9 (a) BUDGET NEUTRAL TRANSITION TO A 30-DAY
10 UNIT OF PAYMENT FOR HOME HEALTH SERVICES.—Sec-
11 tion 1895(b) of the Social Security Act (42 U.S.C.
12 1395fff(b)) is amended—

13 (1) in paragraph (2)—

14 (A) by striking “PAYMENT.—In defining”
15 and inserting “PAYMENT.—

16 “(A) IN GENERAL.—In defining”; and

17 (B) by adding at the end the following new
18 subparagraph:

19 “(B) 30-DAY UNIT OF SERVICE.—For pur-
20 poses of implementing the prospective payment
21 system with respect to home health units of
22 service furnished during a year beginning with
23 2020, the Secretary shall apply a 30-day unit of
24 service as the unit of service applied under this
25 paragraph.”;

1 (2) in paragraph (3)—

2 (A) in subparagraph (A), by adding at the
3 end the following new clause:

4 “(iv) BUDGET NEUTRALITY FOR
5 2020.—With respect to payments for home
6 health units of service furnished that end
7 during the 12-month period beginning Jan-
8 uary 1, 2020, the Secretary shall calculate
9 a standard prospective payment amount
10 (or amounts) for 30-day units of service
11 (as described in paragraph (2)(B)) for the
12 prospective payment system under this
13 subsection. Such standard prospective pay-
14 ment amount (or amounts) shall be cal-
15 culated in a manner such that the esti-
16 mated aggregate amount of expenditures
17 under the system during such period with
18 application of paragraph (2)(B) is equal to
19 the estimated aggregate amount of expend-
20 itures that otherwise would have been
21 made under the system during such period
22 if paragraph (2)(B) had not been enacted.
23 The previous sentence shall be applied be-
24 fore (and not affect the application of)
25 paragraph (3)(B). In calculating such

1 amount (or amounts), the Secretary shall
2 make assumptions about behavior changes
3 that could occur as a result of the imple-
4 mentation of paragraph (2)(B) and the
5 case-mix adjustment factors established
6 under paragraph (4)(B) and shall provide
7 a description of such assumptions in the
8 notice and comment rulemaking used to
9 implement this clause.”; and

10 (B) by adding at the end the following new
11 subparagraph:

12 “(D) BEHAVIOR ASSUMPTIONS AND AD-
13 JUSTMENTS.—

14 “(i) IN GENERAL.—The Secretary
15 shall annually determine the impact of dif-
16 ferences between assumed behavior
17 changes (as described in paragraph
18 (3)(A)(iv)) and actual behavior changes on
19 estimated aggregate expenditures under
20 this subsection with respect to years begin-
21 ning with 2020 and ending with 2026.

22 “(ii) PERMANENT ADJUSTMENTS.—
23 The Secretary shall, at a time and in a
24 manner determined appropriate, through
25 notice and comment rulemaking, provide

1 for one or more permanent increases or de-
2 creases to the standard prospective pay-
3 ment amount (or amounts) for applicable
4 years, on a prospective basis, to offset for
5 such increases or decreases in estimated
6 aggregate expenditures (as determined
7 under clause (i)).

8 “(iii) TEMPORARY ADJUSTMENTS FOR
9 RETROSPECTIVE BEHAVIOR.—The Sec-
10 retary shall, at a time and in a manner de-
11 termined appropriate, through notice and
12 comment rulemaking, provide for one or
13 more temporary increases or decreases to
14 the payment amount for a unit of home
15 health services (as determined under para-
16 graph (4)) for applicable years, on a pro-
17 spective basis, to offset for such increases
18 or decreases in estimated aggregate ex-
19 penditures (as determined under clause
20 (i)). Such a temporary increase or decrease
21 shall apply only with respect to the year
22 for which such temporary increase or de-
23 crease is made, and the Secretary shall not
24 take into account such a temporary in-
25 crease or decrease in computing such

1 amount under this subsection for a subse-
2 quent year.”; and

3 (3) in paragraph (4)(B)—

4 (A) by striking “FACTORS.—The Sec-
5 retary” and inserting “FACTORS.—

6 “(i) IN GENERAL.—The Secretary”;

7 and

8 (B) by adding at the end the following new
9 clause:

10 “(ii) TREATMENT OF THERAPY
11 THRESHOLDS.—For 2020 and subsequent
12 years, the Secretary shall eliminate the use
13 of therapy thresholds (established by the
14 Secretary) in case mix adjustment factors
15 established under clause (i) for calculating
16 payments under the prospective payment
17 system under this subsection.”.

18 (b) TECHNICAL EXPERT PANEL.—

19 (1) IN GENERAL.—During the period beginning
20 on January 1, 2018, and ending on December 31,
21 2018, the Secretary of Health and Human Services
22 shall hold at least one session of a technical expert
23 panel, the participants of which shall include home
24 health providers, patient representatives, and other
25 relevant stakeholders. The technical expert panel

1 shall identify and prioritize recommendations with
2 respect to the prospective payment system for home
3 health services under section 1895(b) of the Social
4 Security Act (42 U.S.C. 1395fff(b)), on the fol-
5 lowing:

6 (A) The Home Health Groupings Model,
7 as described in the proposed rule “Medicare
8 and Medicaid Programs; CY 2018 Home
9 Health Prospective Payment System Rate Up-
10 date and Proposed CY 2019 Case-Mix Adjust-
11 ment Methodology Refinements; Home Health
12 Value-Based Purchasing Model; and Home
13 Health Quality Reporting Requirements” (82
14 Fed. Reg. 35294 through 35332 (July 28,
15 2017)).

16 (B) Alternative case-mix models to the
17 Home Health Groupings Model that were sub-
18 mitted during 2017 as comments in response to
19 proposed rule making, including patient-focused
20 factors that consider the risks of hospitalization
21 and readmission to a hospital, improvement or
22 maintenance of functionality of individuals to
23 increase the capacity for self-care, quality of
24 care, and resource utilization.

1 (2) INAPPLICABILITY OF FACA.—The provisions
2 of the Federal Advisory Committee Act (5 U.S.C.
3 App.) shall not apply to the technical expert panel
4 under paragraph (1).

5 (3) REPORT.—Not later than April 1, 2019, the
6 Secretary of Health and Human Services shall sub-
7 mit to the Committee on Ways and Means and the
8 Committee on Energy and Commerce of the House
9 of Representatives and the Committee on Finance of
10 the Senate a report on the recommendations of such
11 panel described in such paragraph.

12 (4) NOTICE AND COMMENT RULEMAKING.—Not
13 later than December 31, 2019, the Secretary of
14 Health and Human Services shall pursue notice and
15 comment rulemaking on a case-mix system with re-
16 spect to the prospective payment system for home
17 health services under section 1895(b) of the Social
18 Security Act (42 U.S.C. 1395fff(b)).

19 (c) REPORTS.—

20 (1) INTERIM REPORT.—Not later than March
21 15, 2022, the Medicare Payment Advisory Commis-
22 sion shall submit to Congress an interim report on
23 the application of a 30-day unit of service as the
24 unit of service applied under section 1895(b)(2) of
25 the Social Security Act (42 U.S.C. 1395fff(b)(2)), as

1 amended by subsection (a), including an analysis of
2 the level of payments provided to home health agen-
3 cies as compared to the cost of delivering home
4 health services, and any unintended consequences,
5 including with respect to behavioral changes and
6 quality.

7 (2) FINAL REPORT.—Not later than March 15,
8 2026, such Commission shall submit to Congress a
9 final report on such application and any such con-
10 sequences.

11 **SEC. 51002. INFORMATION TO SATISFY DOCUMENTATION**
12 **OF MEDICARE ELIGIBILITY FOR HOME**
13 **HEALTH SERVICES.**

14 (a) PART A.—Section 1814(a) of the Social Security
15 Act (42 U.S.C. 1395f(a)) is amended by inserting before
16 “For purposes of paragraph (2)(C),” the following new
17 sentence: “For purposes of documentation for physician
18 certification and recertification made under paragraph (2)
19 on or after January 1, 2019, and made with respect to
20 home health services furnished by a home health agency,
21 in addition to using documentation in the medical record
22 of the physician who so certifies or the medical record of
23 the acute or post-acute care facility (in the case that home
24 health services were furnished to an individual who was
25 directly admitted to the home health agency from such a

1 facility), the Secretary may use documentation in the med-
2 ical record of the home health agency as supporting mate-
3 rial, as appropriate to the case involved.”.

4 (b) PART B.—Section 1835(a) of the Social Security
5 Act (42 U.S.C. 1395n(a)) is amended by inserting before
6 “For purposes of paragraph (2)(A),” the following new
7 sentence: “For purposes of documentation for physician
8 certification and recertification made under paragraph (2)
9 on or after January 1, 2019, and made with respect to
10 home health services furnished by a home health agency,
11 in addition to using documentation in the medical record
12 of the physician who so certifies or the medical record of
13 the acute or post-acute care facility (in the case that home
14 health services were furnished to an individual who was
15 directly admitted to the home health agency from such a
16 facility), the Secretary may use documentation in the med-
17 ical record of the home health agency as supporting mate-
18 rial, as appropriate to the case involved.”.

19 **SEC. 51003. TECHNICAL AMENDMENTS TO PUBLIC LAW 114-**

20 **10.**

21 (a) MIPS TRANSITION.—Section 1848 of the Social
22 Security Act (42 U.S.C. 1395w-4) is amended—

23 (1) in subsection (q)—

24 (A) in paragraph (1)—

1 (i) in subparagraph (B), by striking
2 “items and services” and inserting “cov-
3 ered professional services (as defined in
4 subsection (k)(3)(A))”; and

5 (ii) in subparagraph (C)(iv)—

6 (I) by amending subclause (I) to
7 read as follows:

8 “(I) The minimum number (as
9 determined by the Secretary) of—

10 “(aa) for performance peri-
11 ods beginning before January 1,
12 2018, individuals enrolled under
13 this part who are treated by the
14 eligible professional for the per-
15 formance period involved; and

16 “(bb) for performance peri-
17 ods beginning on or after Janu-
18 ary 1, 2018, individuals enrolled
19 under this part who are fur-
20 nished covered professional serv-
21 ices (as defined in subsection
22 (k)(3)(A)) by the eligible profes-
23 sional for the performance period
24 involved.”;

1 (II) in subclause (II), by striking
2 “items and services” and inserting
3 “covered professional services (as de-
4 fined in subsection (k)(3)(A))”; and

5 (III) by amending subclause (III)
6 to read as follows:

7 “(III) The minimum amount (as
8 determined by the Secretary) of—

9 “(aa) for performance peri-
10 ods beginning before January 1,
11 2018, allowed charges billed by
12 such professional under this part
13 for such performance period; and

14 “(bb) for performance peri-
15 ods beginning on or after Janu-
16 ary 1, 2018, allowed charges for
17 covered professional services (as
18 defined in subsection (k)(3)(A))
19 billed by such professional for
20 such performance period.”;

21 (B) in paragraph (5)(D)—

22 (i) in clause (i)(I), by inserting “sub-
23 ject to clause (iii),” after “clauses (i) and
24 (ii) of paragraph (2)(A),”; and

1 (ii) by adding at the end the following
2 new clause:

3 “(iii) TRANSITION YEARS.—For each
4 of the second, third, fourth, and fifth years
5 for which the MIPS applies to payments,
6 the performance score for the performance
7 category described in paragraph (2)(A)(ii)
8 shall not take into account the improve-
9 ment of the professional involved.”;

10 (C) in paragraph (5)(E)—

11 (i) in clause (i)(I)(bb)—

12 (I) in the heading by striking
13 “FIRST 2 YEARS” and inserting
14 “FIRST 5 YEARS”; and

15 (II) by striking “the first and
16 second years” and inserting “each of
17 the first through fifth years”;

18 (ii) in clause (i)(II)(bb)—

19 (I) in the heading, by striking “2
20 YEARS” and inserting “5 YEARS”; and

21 (II) by striking the second sen-
22 tence and inserting the following new
23 sentences: “For each of the second,
24 third, fourth, and fifth years for
25 which the MIPS applies to payments,

1 not less than 10 percent and not more
2 than 30 percent of such score shall be
3 based on performance with respect to
4 the category described in clause (ii) of
5 paragraph (2)(A). Nothing in the pre-
6 vious sentence shall be construed, with
7 respect to a performance period for a
8 year described in the previous sen-
9 tence, as preventing the Secretary
10 from basing 30 percent of such score
11 for such year with respect to the cat-
12 egory described in such clause (ii), if
13 the Secretary determines, based on in-
14 formation posted under subsection
15 (r)(2)(I) that sufficient resource use
16 measures are ready for adoption for
17 use under the performance category
18 under paragraph (2)(A)(ii) for such
19 performance period.”;

20 (D) in paragraph (6)(D)—

21 (i) in clause (i), in the second sen-
22 tence, by striking “Such performance
23 threshold” and inserting “Subject to
24 clauses (iii) and (iv), such performance
25 threshold”;

1 (ii) in clause (ii)—

2 (I) in the first sentence, by in-
3 serting “(beginning with 2019 and
4 ending with 2024)” after “for each
5 year of the MIPS”; and

6 (II) in the second sentence, by
7 inserting “subject to clause (iii),”
8 after “For each such year,”;

9 (iii) in clause (iii)—

10 (I) in the heading, by striking
11 “2” and inserting “5”; and

12 (II) in the first sentence, by
13 striking “two years” and inserting
14 “five years”; and

15 (iv) by adding at the end the following
16 new clause:

17 “(iv) ADDITIONAL SPECIAL RULE FOR
18 THIRD, FOURTH AND FIFTH YEARS OF
19 MIPS.—For purposes of determining MIPS
20 adjustment factors under subparagraph
21 (A), in addition to the requirements speci-
22 fied in clause (iii), the Secretary shall in-
23 crease the performance threshold with re-
24 spect to each of the third, fourth, and fifth
25 years to which the MIPS applies to ensure

1 a gradual and incremental transition to the
2 performance threshold described in clause
3 (i) (as estimated by the Secretary) with re-
4 spect to the sixth year to which the MIPS
5 applies.”;

6 (E) in paragraph (6)(E)—

7 (i) by striking “In the case of items
8 and services” and inserting “In the case of
9 covered professional services (as defined in
10 subsection (k)(3)(A))”; and

11 (ii) by striking “under this part with
12 respect to such items and services” and in-
13 serting “under this part with respect to
14 such covered professional services”; and

15 (F) in paragraph (7), in the first sentence,
16 by striking “items and services” and inserting
17 “covered professional services (as defined in
18 subsection (k)(3)(A))”;

19 (2) in subsection (r)(2), by adding at the end
20 the following new subparagraph:

21 “(I) INFORMATION.—The Secretary shall,
22 not later than December 31st of each year (be-
23 ginning with 2018), post on the Internet
24 website of the Centers for Medicare & Medicaid
25 Services information on resource use measures

1 in use under subsection (q), resource use meas-
2 ures under development and the time-frame for
3 such development, potential future resource use
4 measure topics, a description of stakeholder en-
5 gagement, and the percent of expenditures
6 under part A and this part that are covered by
7 resource use measures.”; and

8 (3) in subsection (s)(5)(B), by striking “section
9 1833(z)(2)(C)” and inserting “section
10 1833(z)(3)(D)”.

11 (b) PHYSICIAN-FOCUSED PAYMENT MODEL TECH-
12 NICAL ADVISORY COMMITTEE PROVISION OF INITIAL
13 PROPOSAL FEEDBACK.—Section 1868(c)(2)(C) of the So-
14 cial Security Act (42 U.S.C. 1395ee(c)(2)(C)) is amended
15 to read as follows:

16 “(C) COMMITTEE REVIEW OF MODELS
17 SUBMITTED.—The Committee, on a periodic
18 basis—

19 “(i) shall review models submitted
20 under subparagraph (B);

21 “(ii) may provide individuals and
22 stakeholder entities who submitted such
23 models with—

24 “(I) initial feedback on such
25 models regarding the extent to which

1 such models meet the criteria de-
2 scribed in subparagraph (A); and

3 “(II) an explanation of the basis
4 for the feedback provided under sub-
5 clause (I); and

6 “(iii) shall prepare comments and rec-
7 ommendations regarding whether such
8 models meet the criteria described in sub-
9 paragraph (A) and submit such comments
10 and recommendations to the Secretary.”.

11 **SEC. 51004. EXPANDED ACCESS TO MEDICARE INTENSIVE**
12 **CARDIAC REHABILITATION PROGRAMS.**

13 Section 1861(eee)(4)(B) of the Social Security Act
14 (42 U.S.C. 1395x(eee)(4)(B)) is amended—

15 (1) in clause (v), by striking “or” at the end;

16 (2) in clause (vi), by striking the period at the
17 end and inserting a semicolon; and

18 (3) by adding at the end the following new
19 clauses:

20 “(vii) stable, chronic heart failure (defined
21 as patients with left ventricular ejection fraction
22 of 35 percent or less and New York Heart As-
23 sociation (NYHA) class II to IV symptoms de-
24 spite being on optimal heart failure therapy for
25 at least 6 weeks); or

1 “(viii) any additional condition for which
2 the Secretary has determined that a cardiac re-
3 habilitation program shall be covered, unless
4 the Secretary determines, using the same proc-
5 ess used to determine that the condition is cov-
6 ered for a cardiac rehabilitation program, that
7 such coverage is not supported by the clinical
8 evidence.”.

9 **SEC. 51005. EXTENSION OF BLENDED SITE NEUTRAL PAY-**
10 **MENT RATE FOR CERTAIN LONG-TERM CARE**
11 **HOSPITAL DISCHARGES; TEMPORARY AD-**
12 **JUSTMENT TO SITE NEUTRAL PAYMENT**
13 **RATES.**

14 (a) **EXTENSION.**—Section 1886(m)(6)(B)(i) of the
15 Social Security Act (42 U.S.C. 1395ww(m)(6)(B)(i)) is
16 amended—

17 (1) in subclause (I), by striking “fiscal year
18 2016 or fiscal year 2017” and inserting “fiscal years
19 2016 through 2019”; and

20 (2) in subclause (II), by striking “2018” and
21 inserting “2020”.

22 (b) **TEMPORARY ADJUSTMENT TO SITE NEUTRAL**
23 **PAYMENT RATES.**—Section 1886(m)(6)(B) of the Social
24 Security Act (42 U.S.C. 1395ww(m)(6)(B)) is amended—

1 (1) in clause (ii), in the matter preceding sub-
2 clause (I), by striking “In this paragraph” and in-
3 serting “Subject to clause (iv), in this paragraph”;
4 and

5 (2) by adding at the end the following new
6 clause:

7 “(iv) ADJUSTMENT.—For each of fis-
8 cal years 2018 through 2026, the amount
9 that would otherwise apply under clause
10 (ii)(I) for the year (determined without re-
11 gard to this clause) shall be reduced by 4.6
12 percent.”.

13 **SEC. 51006. RECOGNITION OF ATTENDING PHYSICIAN AS-**
14 **SISTANTS AS ATTENDING PHYSICIANS TO**
15 **SERVE HOSPICE PATIENTS.**

16 (a) RECOGNITION OF ATTENDING PHYSICIAN AS-
17 SISTANTS AS ATTENDING PHYSICIANS TO SERVE HOS-
18 PICE PATIENTS.—

19 (1) IN GENERAL.—Section 1861(dd)(3)(B) of
20 the Social Security Act (42 U.S.C. 1395x(dd)(3)(B))
21 is amended—

22 (A) by striking “or nurse” and inserting “,
23 the nurse”; and

1 (B) by inserting “, or the physician assist-
2 ant (as defined in such subsection)” after “sub-
3 section (aa)(5))”.

4 (2) CLARIFICATION OF HOSPICE ROLE OF PHY-
5 SICIAN ASSISTANTS.—Section 1814(a)(7)(A)(i)(I) of
6 the Social Security Act (42 U.S.C.
7 1395f(a)(7)(A)(i)(I)) is amended by inserting “or a
8 physician assistant” after “a nurse practitioner”.

9 (b) EFFECTIVE DATE.—The amendments made by
10 this section shall apply to items and services furnished on
11 or after January 1, 2019.

12 **SEC. 51007. EXTENSION OF ENFORCEMENT INSTRUCTION**
13 **ON SUPERVISION REQUIREMENTS FOR OUT-**
14 **PATIENT THERAPEUTIC SERVICES IN CRIT-**
15 **ICAL ACCESS AND SMALL RURAL HOSPITALS**
16 **THROUGH 2017.**

17 Section 1 of Public Law 113–198, as amended by sec-
18 tion 1 of Public Law 114–112 and section 16004(a) of
19 the 21st Century Cures Act (Public Law 114–255), is
20 amended—

21 (1) in the section heading, by striking “**2016**”
22 and inserting “**2017**”; and

23 (2) by striking “and 2016” and inserting
24 “2016, and 2017”.

1 **SEC. 51008. ALLOWING PHYSICIAN ASSISTANTS, NURSE**
2 **PRACTITIONERS, AND CLINICAL NURSE SPE-**
3 **CIALISTS TO SUPERVISE CARDIAC, INTEN-**
4 **SIVE CARDIAC, AND PULMONARY REHABILI-**
5 **TATION PROGRAMS.**

6 (a) CARDIAC AND INTENSIVE CARDIAC REHABILITA-
7 TION PROGRAMS.—Section 1861(eee) of the Social Secu-
8 rity Act (42 U.S.C. 1395x(eee)) is amended—

9 (1) in paragraph (1)—

10 (A) by striking “physician-supervised”;
11 and

12 (B) by inserting “under the supervision of
13 a physician (as defined in subsection (r)(1)) or
14 a physician assistant, nurse practitioner, or
15 clinical nurse specialist (as those terms are de-
16 fined in subsection (aa)(5))” before the period
17 at the end;

18 (2) in paragraph (2)—

19 (A) in subparagraph (A)(iii), by striking
20 the period at the end and inserting a semicolon;
21 and

22 (B) in subparagraph (B), by striking “a
23 physician” and inserting “a physician (as de-
24 fined in subsection (r)(1)) or a physician assist-
25 ant, nurse practitioner, or clinical nurse spe-

1 cialist (as those terms are defined in subsection
2 (aa)(5))”; and

3 (3) in paragraph (4)(A), in the matter pre-
4 ceding clause (i)—

5 (A) by striking “physician-supervised”;
6 and

7 (B) by inserting “under the supervision of
8 a physician (as defined in subsection (r)(1)) or
9 a physician assistant, nurse practitioner, or
10 clinical nurse specialist (as those terms are de-
11 fined in subsection (aa)(5))” after “paragraph
12 (3)”.

13 (b) PULMONARY REHABILITATION PROGRAMS.—Sec-
14 tion 1861(fff)(1) of the Social Security Act (42 U.S.C.
15 1395x(fff)(1)) is amended—

16 (1) by striking “physician-supervised”; and

17 (2) by inserting “under the supervision of a
18 physician (as defined in subsection (r)(1)) or a phy-
19 sician assistant, nurse practitioner, or clinical nurse
20 specialist (as those terms are defined in subsection
21 (aa)(5))” before the period at the end.

22 (c) EFFECTIVE DATE.—The amendments made by
23 this section shall apply to items and services furnished on
24 or after January 1, 2024.

1 **SEC. 51009. TRANSITIONAL PAYMENT RULES FOR CERTAIN**
2 **RADIATION THERAPY SERVICES UNDER THE**
3 **PHYSICIAN FEE SCHEDULE.**

4 Section 1848 of the Social Security Act (42 U.S.C.
5 1395w-4) is amended—

6 (1) in subsection (b)(11), by striking “2017
7 and 2018” and inserting “2017, 2018, and 2019”;
8 and

9 (2) in subsection (c)(2)(K)(iv), by striking
10 “2017 and 2018” and inserting “2017, 2018, and
11 2019”.

12 **TITLE XI—PROTECTING SEN-**
13 **IORS’ ACCESS TO MEDICARE**
14 **ACT**

15 **SEC. 52001. REPEAL OF THE INDEPENDENT PAYMENT ADVI-**
16 **SORY BOARD.**

17 (a) REPEAL.—Section 1899A of the Social Security
18 Act (42 U.S.C. 1395kkk) is repealed.

19 (b) CONFORMING AMENDMENTS.—

20 (1) LOBBYING COOLING-OFF PERIOD.—Para-
21 graph (3) of section 207(c) of title 18, United States
22 Code, is repealed.

23 (2) GAO STUDY AND REPORT.—Section
24 3403(b) of the Patient Protection and Affordable
25 Care Act (42 U.S.C. 1395kkk-1) is repealed.

1 (3) MEDPAC REVIEW AND COMMENT.—Section
2 1805(b) of the Social Security Act (42 U.S.C.
3 1395b–6(b)) is amended—

4 (A) by striking paragraph (4);

5 (B) by redesignating paragraphs (5)
6 through (8) as paragraphs (4) through (7), re-
7 spectively; and

8 (C) by redesignating the paragraph (9)
9 that was redesignated by section 3403(c)(1) of
10 the Patient Protection and Affordable Care Act
11 (Public Law 111–148) as paragraph (8).

12 (4) NAME CHANGE.—Section 10320(b) of the
13 Patient Protection and Affordable Care Act (Public
14 Law 111–148) is repealed.

15 (5) RULE OF CONSTRUCTION.—Section
16 10320(c) of the Patient Protection and Affordable
17 Care Act (Public Law 111–148) is repealed.

18 **TITLE XII—OFFSETS**

19 **SEC. 53101. MODIFYING REDUCTIONS IN MEDICAID DSH AL-** 20 **LOTMENTS.**

21 Section 1923(f)(7)(A) of the Social Security Act (42
22 U.S.C. 1396r–4(f)(7)(A)) is amended—

23 (1) in clause (i), in the matter preceding sub-
24 clause (I), by striking “2018” and inserting “2020”;
25 and

1 (2) in clause (ii), by striking subclauses (I)
2 through (VIII) and inserting the following:

3 “(I) \$4,000,000,000 for fiscal
4 year 2020; and

5 “(II) \$8,000,000,000 for each of
6 fiscal years 2021 through 2025.”.

7 **SEC. 53102. THIRD PARTY LIABILITY IN MEDICAID AND**
8 **CHIP.**

9 (a) MODIFICATION OF THIRD PARTY LIABILITY
10 RULES RELATED TO SPECIAL TREATMENT OF CERTAIN
11 TYPES OF CARE AND PAYMENTS.—

12 (1) IN GENERAL.—Section 1902(a)(25)(E) of
13 the Social Security Act (42 U.S.C. 1396a(a)(25)(E))
14 is amended, in the matter preceding clause (i), by
15 striking “prenatal or”.

16 (2) EFFECTIVE DATE.—The amendment made
17 by paragraph (1) shall take effect on the date of en-
18 actment of this Act.

19 (b) DELAY IN EFFECTIVE DATE AND REPEAL OF
20 CERTAIN BIPARTISAN BUDGET ACT OF 2013 AMEND-
21 MENTS.—

22 (1) REPEAL.—Effective as of September 30,
23 2017, subsection (b) of section 202 of the Bipartisan
24 Budget Act of 2013 (Public Law 113–67; 127 Stat.
25 1177; 42 U.S.C. 1396a note) (including any amend-

1 ments made by such subsection) is repealed and the
2 provisions amended by such subsection shall be ap-
3 plied and administered as if such amendments had
4 never been enacted.

5 (2) DELAY IN EFFECTIVE DATE.—Subsection
6 (c) of section 202 of the Bipartisan Budget Act of
7 2013 (Public Law 113–67; 127 Stat. 1177; 42
8 U.S.C. 1396a note) is amended to read as follows:
9 “(c) EFFECTIVE DATE.—The amendments made by
10 subsection (a) shall take effect on October 1, 2019.”.

11 (3) EFFECTIVE DATE; TREATMENT.—The re-
12 peal and amendment made by this subsection shall
13 take effect as if enacted on September 30, 2017, and
14 shall apply with respect to any open claims, includ-
15 ing claims pending, generated, or filed, after such
16 date. The amendments made by subsections (a) and
17 (b) of section 202 of the Bipartisan Budget Act of
18 2013 (Public Law 113–67; 127 Stat. 1177; 42
19 U.S.C. 1396a note) that took effect on October 1,
20 2017, are null and void and section 1902(a)(25) of
21 the Social Security Act (42 U.S.C. 1396a(a)(25))
22 shall be applied and administered as if such amend-
23 ments had not taken effect on such date.

24 (c) GAO STUDY AND REPORT.—Not later than 18
25 months after the date of enactment of this Act, the Comp-

1 troller General of the United States shall submit a report
2 to the Committee on Energy and Commerce of the House
3 of Representatives and the Committee on Finance of the
4 Senate on the impacts of the amendments made by sub-
5 sections (a)(1) and (b)(2), including—

6 (1) the impact, or potential effect, of such
7 amendments on access to prenatal and preventive
8 pediatric care (including early and periodic screen-
9 ing, diagnostic, and treatment services) covered
10 under State plans under such title (or waivers of
11 such plans);

12 (2) the impact, or potential effect, of such
13 amendments on access to services covered under
14 such plans or waivers for individuals on whose behalf
15 child support enforcement is being carried out by a
16 State agency under part D of title IV of such Act;
17 and

18 (3) the impact, or potential effect, on providers
19 of services under such plans or waivers of delays in
20 payment or related issues that result from such
21 amendments.

22 (d) APPLICATION TO CHIP.—

23 (1) IN GENERAL.—Section 2107(e)(1) of the
24 Social Security Act (42 U.S.C. 1397gg(e)(1)) is
25 amended—

1 (A) by redesignating subparagraphs (B)
2 through (R) as subparagraphs (C) through (S),
3 respectively; and

4 (B) by inserting after subparagraph (A)
5 the following new subparagraph:

6 “(B) Section 1902(a)(25) (relating to third
7 party liability).”.

8 (2) MANDATORY REPORTING.—Section
9 1902(a)(25)(I)(i) of the Social Security Act (42
10 U.S.C. 1396a(a)(25)(I)(i)) is amended—

11 (A) by striking “medical assistance under
12 the State plan” and inserting “medical assist-
13 ance under a State plan (or under a waiver of
14 the plan)”;

15 (B) by striking “(and, at State option,
16 child” and inserting “and child”; and

17 (C) by striking “title XXI)” and inserting
18 “title XXI”.

19 **SEC. 53103. TREATMENT OF LOTTERY WINNINGS AND**
20 **OTHER LUMP-SUM INCOME FOR PURPOSES**
21 **OF INCOME ELIGIBILITY UNDER MEDICAID.**

22 (a) IN GENERAL.—Section 1902 of the Social Secu-
23 rity Act (42 U.S.C. 1396a) is amended—

24 (1) in subsection (a)(17), by striking “(e)(14),
25 (e)(14)” and inserting “(e)(14), (e)(15)”; and

1 equal to \$80,000 but less than
2 \$90,000;

3 “(III) over a period of 3 months
4 if the amount of such winnings or in-
5 come (as applicable) is greater than or
6 equal to \$90,000 but less than
7 \$100,000; and

8 “(IV) over a period of 3 months
9 plus 1 additional month for each in-
10 crement of \$10,000 of such winnings
11 or income (as applicable) received, not
12 to exceed a period of 120 months (for
13 winnings or income of \$1,260,000 or
14 more), if the amount of such winnings
15 or income is greater than or equal to
16 \$100,000.

17 “(ii) COUNTING IN EQUAL INSTALL-
18 MENTS.—For purposes of subclauses (II),
19 (III), and (IV) of clause (i), winnings or
20 income to which such subclause applies
21 shall be counted in equal monthly install-
22 ments over the period of months specified
23 under such subclause.

24 “(iii) HARDSHIP EXEMPTION.—An in-
25 dividual whose income, by application of

1 clause (i), exceeds the applicable eligibility
2 threshold established by the State, shall
3 continue to be eligible for medical assist-
4 ance to the extent that the State deter-
5 mines, under procedures established by the
6 State (in accordance with standards speci-
7 fied by the Secretary), that the denial of
8 eligibility of the individual would cause an
9 undue medical or financial hardship as de-
10 termined on the basis of criteria estab-
11 lished by the Secretary.

12 “(iv) NOTIFICATIONS AND ASSIST-
13 ANCE REQUIRED IN CASE OF LOSS OF ELI-
14 GIBILITY.—A State shall, with respect to
15 an individual who loses eligibility for med-
16 ical assistance under the State plan (or a
17 waiver of such plan) by reason of clause
18 (i)—

19 “(I) before the date on which the
20 individual loses such eligibility, inform
21 the individual—

22 “(aa) of the individual’s op-
23 portunity to enroll in a qualified
24 health plan offered through an
25 Exchange established under title

1 I of the Patient Protection and
2 Affordable Care Act during the
3 special enrollment period speci-
4 fied in section 9801(f)(3) of the
5 Internal Revenue Code of 1986
6 (relating to loss of Medicaid or
7 CHIP coverage); and

8 “(bb) of the date on which
9 the individual would no longer be
10 considered ineligible by reason of
11 clause (i) to receive medical as-
12 sistance under the State plan or
13 under any waiver of such plan
14 and be eligible to reapply to re-
15 ceive such medical assistance;
16 and

17 “(II) provide technical assistance
18 to the individual seeking to enroll in
19 such a qualified health plan.

20 “(v) QUALIFIED LOTTERY WINNINGS
21 DEFINED.—In this subparagraph, the term
22 ‘qualified lottery winnings’ means winnings
23 from a sweepstakes, lottery, or pool de-
24 scribed in paragraph (3) of section 4402 of
25 the Internal Revenue Code of 1986 or a

1 lottery operated by a multistate or multi-
2 jurisdictional lottery association, including
3 amounts awarded as a lump sum payment.

4 “(vi) QUALIFIED LUMP SUM INCOME
5 DEFINED.—In this subparagraph, the term
6 ‘qualified lump sum income’ means income
7 that is received as a lump sum from mone-
8 tary winnings from gambling (as defined
9 by the Secretary and including gambling
10 activities described in section 1955(b)(4) of
11 title 18, United States Code).”.

12 (b) RULES OF CONSTRUCTION.—

13 (1) INTERCEPTION OF LOTTERY WINNINGS AL-
14 LOWED.—Nothing in the amendment made by sub-
15 section (a)(2) shall be construed as preventing a
16 State from intercepting the State lottery winnings
17 awarded to an individual in the State to recover
18 amounts paid by the State under the State Medicaid
19 plan under title XIX of the Social Security Act (42
20 U.S.C. 1396 et seq.) for medical assistance fur-
21 nished to the individual.

22 (2) APPLICABILITY LIMITED TO ELIGIBILITY OF
23 RECIPIENT OF LOTTERY WINNINGS OR LUMP SUM
24 INCOME.—Nothing in the amendment made by sub-
25 section (a)(2) shall be construed, with respect to a

1 determination of household income for purposes of a
2 determination of eligibility for medical assistance
3 under the State plan under title XIX of the Social
4 Security Act (42 U.S.C. 1396 et seq.) (or a waiver
5 of such plan) made by applying modified adjusted
6 gross income under subparagraph (A) of section
7 1902(e)(14) of such Act (42 U.S.C. 1396a(e)(14)),
8 as limiting the eligibility for such medical assistance
9 of any individual that is a member of the household
10 other than the individual who received qualified lot-
11 tery winnings or qualified lump-sum income (as de-
12 fined in subparagraph (K) of such section
13 1902(e)(14), as added by subsection (a)(2) of this
14 section).

15 **SEC. 53104. REBATE OBLIGATION WITH RESPECT TO LINE**
16 **EXTENSION DRUGS.**

17 (a) IN GENERAL.—Section 1927(c)(2)(C) of the So-
18 cial Security Act (42 U.S.C. 1396r-8(c)(2)(C)) is amend-
19 ed by striking “(C) TREATMENT OF NEW FORMULA-
20 TIONS.—In the case” and all that follows through the pe-
21 riod at the end of the first sentence and inserting the fol-
22 lowing:

23 “(C) TREATMENT OF NEW FORMULA-
24 TIONS.—

1 “(i) IN GENERAL.—In the case of a
2 drug that is a line extension of a single
3 source drug or an innovator multiple
4 source drug that is an oral solid dosage
5 form, the rebate obligation for a rebate pe-
6 riod with respect to such drug under this
7 subsection shall be the greater of the
8 amount described in clause (ii) for such
9 drug or the amount described in clause
10 (iii) for such drug.

11 “(ii) AMOUNT 1.—For purposes of
12 clause (i), the amount described in this
13 clause with respect to a drug described in
14 clause (i) and rebate period is the amount
15 computed under paragraph (1) for such
16 drug, increased by the amount computed
17 under subparagraph (A) and, as applicable,
18 subparagraph (B) for such drug and re-
19 bate period.

20 “(iii) AMOUNT 2.—For purposes of
21 clause (i), the amount described in this
22 clause with respect to a drug described in
23 clause (i) and rebate period is the amount
24 computed under paragraph (1) for such
25 drug, increased by the product of—

1 “(I) the average manufacturer
2 price for the rebate period of the line
3 extension of a single source drug or
4 an innovator multiple source drug
5 that is an oral solid dosage form;

6 “(II) the highest additional re-
7 bate (calculated as a percentage of av-
8 erage manufacturer price) under this
9 paragraph for the rebate period for
10 any strength of the original single
11 source drug or innovator multiple
12 source drug; and

13 “(III) the total number of units
14 of each dosage form and strength of
15 the line extension product paid for
16 under the State plan in the rebate pe-
17 riod (as reported by the State).”.

18 (b) EFFECTIVE DATE.—The amendments made sub-
19 section (a) shall apply with respect to rebate periods be-
20 ginning on or after October 1, 2018.

21 **SEC. 53105. MEDICAID IMPROVEMENT FUND.**

22 Section 1941(b) of the Social Security Act (42 U.S.C.
23 1396w-1(b)) is amended—

24 (1) in paragraph (1), by striking “\$5,000,000”
25 and inserting “\$0”; and

1 (2) in paragraph (3)(A), by striking
2 “\$980,000,000” and inserting “\$0”.

3 **SEC. 53106. PHYSICIAN FEE SCHEDULE UPDATE.**

4 Section 1848(d)(18) of the Social Security Act (42
5 U.S.C. 1395w-4(d)(18)) is amended by striking “para-
6 graph (1)(C)” and all that follows and inserting the fol-
7 lowing: “paragraph (1)(C)—

8 “(A) for 2016 and each subsequent year
9 through 2018 shall be 0.5 percent; and

10 “(B) for 2019 shall be 0.25 percent.”.

11 **SEC. 53107. PAYMENT FOR OUTPATIENT PHYSICAL THER-**
12 **APY SERVICES AND OUTPATIENT OCCUPA-**
13 **TIONAL THERAPY SERVICES FURNISHED BY**
14 **A THERAPY ASSISTANT.**

15 Section 1834 of the Social Security Act (42 U.S.C.
16 1395m) is amended by adding at the end the following
17 new subsection:

18 “(v) PAYMENT FOR OUTPATIENT PHYSICAL THER-
19 APY SERVICES AND OUTPATIENT OCCUPATIONAL THER-
20 APY SERVICES FURNISHED BY A THERAPY ASSISTANT.—

21 “(1) IN GENERAL.—In the case of an out-
22 patient physical therapy service or outpatient occu-
23 pational therapy service furnished on or after Janu-
24 ary 1, 2022, for which payment is made under sec-
25 tion 1848 or subsection (k), that is furnished in

1 whole or in part by a therapy assistant (as defined
2 by the Secretary), the amount of payment for such
3 service shall be an amount equal to 85 percent of
4 the amount of payment otherwise applicable for the
5 service under this part. Nothing in the preceding
6 sentence shall be construed to change applicable re-
7 quirements with respect to such services.

8 “(2) USE OF MODIFIER.—

9 “(A) ESTABLISHMENT.—Not later than
10 January 1, 2019, the Secretary shall establish
11 a modifier to indicate (in a form and manner
12 specified by the Secretary), in the case of an
13 outpatient physical therapy service or out-
14 patient occupational therapy service furnished
15 in whole or in part by a therapy assistant (as
16 so defined), that the service was furnished by a
17 therapy assistant.

18 “(B) REQUIRED USE.—Each request for
19 payment, or bill submitted, for an outpatient
20 physical therapy service or outpatient occupa-
21 tional therapy service furnished in whole or in
22 part by a therapy assistant (as so defined) on
23 or after January 1, 2020, shall include the
24 modifier established under subparagraph (A)
25 for each such service.

1 “(3) IMPLEMENTATION.—The Secretary shall
2 implement this subsection through notice and com-
3 ment rulemaking.”.

4 **SEC. 53108. REDUCTION FOR NON-EMERGENCY ESRD AM-**
5 **BULANCE TRANSPORTS.**

6 Section 1834(l)(15) of the Social Security Act (42.
7 U.S.C. 1395m(l)(15)) is amended by striking “on or after
8 October 1, 2013” and inserting “during the period begin-
9 ning on October 1, 2013, and ending on September 30,
10 2018, and by 23 percent for such services furnished on
11 or after October 1, 2018”.

12 **SEC. 53109. HOSPITAL TRANSFER POLICY FOR EARLY DIS-**
13 **CHARGES TO HOSPICE CARE.**

14 (a) IN GENERAL.—Section 1886(d)(5)(J) of the So-
15 cial Security Act (42 U.S.C. 1395ww(d)(5)(J)) is amend-
16 ed—

17 (1) in clause (ii)—

18 (A) in subclause (III), by striking “or” at
19 the end;

20 (B) by redesignating subclause (IV) as
21 subclause (V); and

22 (C) by inserting after subclause (III) the
23 following new subclause:

1 “(IV) for discharges occurring on or after Octo-
2 ber 1, 2018, is provided hospice care by a hospice
3 program; or”]; and

4 (2) in clause (iv)—

5 (A) by inserting after the first sentence the
6 following new sentence: “The Secretary shall in-
7 clude in the proposed rule published for fiscal
8 year 2019, a description of the effect of clause
9 (ii)(IV).”; and

10 (B) in subclause (I), by striking “and
11 (III)” and inserting “(III), and, in the case of
12 proposed and final rules for fiscal year 2019
13 and subsequent fiscal years, (IV)”.

14 (b) MEDPAC EVALUATION AND REPORT.—

15 (1) EVALUATION.—The Medicare Payment Ad-
16 visory Commission (in this subsection referred to as
17 the “Commission”) shall conduct an evaluation of
18 the effects of the amendments made by subsection
19 (a), including the effects on—

20 (A) the numbers of discharges of patients
21 from an inpatient hospital setting to a hospice
22 program;

23 (B) the lengths of stays of patients in an
24 inpatient hospital setting who are discharged to
25 a hospice program;

1 (C) spending under the Medicare program
2 under title XVIII of the Social Security Act;
3 and

4 (D) other areas determined appropriate by
5 the Commission.

6 (2) CONSIDERATION.—In conducting the eval-
7 uation under paragraph (1), the Commission shall
8 consider factors such as whether the timely access to
9 hospice care by patients admitted to a hospital has
10 been affected through changes to hospital policies or
11 behaviors made as a result of such amendments.

12 (3) PRELIMINARY RESULTS.—Not later than
13 March 15, 2020, the Commission shall provide Con-
14 gress with preliminary results on the evaluation
15 being conducted under paragraph (1).

16 (4) REPORT.—Not later than March 15, 2021,
17 the Commission shall submit to Congress a report
18 on the evaluation conducted under paragraph (1).

19 **SEC. 53110. MEDICARE PAYMENT UPDATE FOR HOME**
20 **HEALTH SERVICES.**

21 Section 1895(b)(3)(B) of the Social Security Act (42
22 U.S.C. 1395fff(b)(3)(B)) is amended—

23 (1) in clause (iii), in the last sentence, by in-
24 serting before the period at the end the following:
25 “and for 2020 shall be 1.5 percent”; and

1 (2) in clause (vi), by inserting “and 2020” after
2 “except 2018”.

3 **SEC. 53111. MEDICARE PAYMENT UPDATE FOR SKILLED**
4 **NURSING FACILITIES.**

5 Section 1888(e)(5)(B) of the Social Security Act (42
6 U.S.C. 1395yy(e)(5)(B)) is amended—

7 (1) in clause (i), by striking “and (iii)” and in-
8 serting “, (iii), and (iv)”;

9 (2) in clause (ii), by striking “clause (iii)” and
10 inserting “clauses (iii) and (iv)”;

11 (3) by adding at the end the following new
12 clause:

13 “(iv) SPECIAL RULE FOR FISCAL
14 YEAR 2019.—For fiscal year 2019 (or other
15 similar annual period specified in clause
16 (i)), the skilled nursing facility market bas-
17 ket percentage, after application of clause
18 (ii), is equal to 2.4 percent.”.

19 **SEC. 53112. PREVENTING THE ARTIFICIAL INFLATION OF**
20 **STAR RATINGS AFTER THE CONSOLIDATION**
21 **OF MEDICARE ADVANTAGE PLANS OFFERED**
22 **BY THE SAME ORGANIZATION.**

23 Section 1853(o)(4) of the Social Security Act (42
24 U.S.C. 1395w-23(o)(4)) is amended by adding at the end
25 the following new subparagraph:

1 flect an enrollment-weighted average of
2 scores or ratings for the continuing and
3 closed contracts, as determined appropriate
4 by the Secretary.

5 “(ii) APPLICATION.—An adjustment
6 under clause (i) shall apply for any year
7 for which the quality rating of the con-
8 tinuing contract is based primarily on a
9 measurement period that is prior to the
10 first year in which a closed contract is no
11 longer offered.”.

12 **SEC. 53113. SUNSETTING EXCLUSION OF BIOSIMILARS**
13 **FROM MEDICARE PART D COVERAGE GAP**
14 **DISCOUNT PROGRAM.**

15 Section 1860D–14A(g)(2)(A) of the Social Security
16 Act (42 U.S.C. 1395w–114a(g)(2)(A)) is amended by in-
17 serting “, with respect to a plan year before 2019,” after
18 “other than”.

19 **SEC. 53114. ADJUSTMENTS TO MEDICARE PART B AND**
20 **PART D PREMIUM SUBSIDIES FOR HIGHER**
21 **INCOME INDIVIDUALS.**

22 (a) IN GENERAL.—Section 1839(i)(3)(C)(i) of the
23 Social Security Act (42 U.S.C. 1395r(i)(3)(C)(i)) is
24 amended—

1 **SEC. 53115. MEDICARE IMPROVEMENT FUND.**

2 Section 1898(b)(1) of the Social Security Act (42
3 U.S.C. 1395iii(b)(1)) is amended by striking
4 “\$220,000,000” and inserting “\$0”.

5 **SEC. 53116. CLOSING THE DONUT HOLE FOR SENIORS.**

6 (a) CLOSING DONUT HOLE SOONER.—Section
7 1860D–2(b)(2)(D) of the Social Security Act (42 U.S.C.
8 1395w–102(b)(2)(D))—

9 (1) in clause (i), by amending subclause (I) to
10 read as follows:

11 “(I) equal to the difference be-
12 tween—

13 “(aa) the applicable gap per-
14 centage (specified in clause (ii)
15 for the year); and

16 “(bb) the discount percent-
17 age specified in section 1860D–
18 14A(g)(4)(A) for such applicable
19 drugs (or, in the case of a year
20 after 2018, 50 percent); or”; and

21 (2) in clause (ii)—

22 (A) in subclause (IV), by adding “and” at
23 the end;

24 (B) by striking subclause (V); and

25 (C) in subclause (VI)—

1 (i) by striking “2020” and inserting
2 “2019”; and

3 (ii) by redesignating such subclause as
4 subclause (V).

5 (b) LOWERING DISCOUNTED PRICE.—Section
6 1860D–14A(g)(4)(A) of the Social Security Act (42
7 U.S.C. 1395w–114a(g)(4)(A)) is amended by inserting
8 “(or, with respect to a plan year after plan year 2018,
9 25 percent)” after “50 percent”.

10 **SEC. 53117. MODERNIZING CHILD SUPPORT ENFORCEMENT**
11 **FEES.**

12 (a) IN GENERAL.—Section 454(6)(B)(ii) of the So-
13 cial Security Act (42 U.S.C. 654(6)(B)(ii)) is amended—

14 (1) by striking “\$25” and inserting “\$35”; and

15 (2) by striking “\$500” each place it appears
16 and inserting “\$550”.

17 (b) EFFECTIVE DATE.—

18 (1) IN GENERAL.—The amendments made by
19 subsection (a) shall take effect on the 1st day of the
20 1st fiscal year that begins on or after the date of the
21 enactment of this Act, and shall apply to payments
22 under part D of title IV of the Social Security Act
23 (42 U.S.C. 651 et seq.) for calendar quarters begin-
24 ning on or after such 1st day.

1 (2) DELAY PERMITTED IF STATE LEGISLATION
2 REQUIRED.—If the Secretary of Health and Human
3 Services determines that State legislation (other
4 than legislation appropriating funds) is required in
5 order for a State plan developed pursuant to part D
6 of title IV of the Social Security Act (42 U.S.C. 651
7 et seq.) to meet the requirements imposed by the
8 amendment made by subsection (a), the plan shall
9 not be regarded as failing to meet such requirements
10 before the 1st day of the 1st calendar quarter begin-
11 ning after the first regular session of the State legis-
12 lature that begins after the date of the enactment of
13 this Act. For purposes of the preceding sentence, if
14 the State has a 2-year legislative session, each year
15 of the session is deemed to be a separate regular
16 session of the State legislature.

17 **SEC. 53118. INCREASING EFFICIENCY OF PRISON DATA RE-**
18 **PORTING.**

19 (a) IN GENERAL.—Section 1611(e)(1)(I)(i)(II) of the
20 Social Security Act (42 U.S.C. 1382(e)(1)(I)(i)(II)) is
21 amended by striking “30 days” each place it appears and
22 inserting “15 days”.

23 (b) EFFECTIVE DATE.—The amendments made by
24 subsection (a) shall apply with respect to any payment
25 made by the Commissioner of Social Security pursuant to

1 section 1611(e)(1)(I)(i)(II) of the Social Security Act (42
2 U.S.C. 1382(e)(1)(I)(i)(II)) (as amended by such sub-
3 section) on or after the date that is 6 months after the
4 date of enactment of this Act.

5 **SEC. 53119. PREVENTION AND PUBLIC HEALTH FUND.**

6 Section 4002(b) of the Patient Protection and Af-
7 fordable Care Act (42 U.S.C. 300u-11(b)), as amended
8 by section 3103 of Public Law 115-96, is amended by
9 striking paragraphs (4) through (9) and inserting the fol-
10 lowing:

11 “(4) for fiscal year 2019, \$900,000,000;

12 “(5) for each of fiscal years 2020 and 2021,
13 \$950,000,000;

14 “(6) for each of fiscal years 2022 and 2023,
15 \$1,000,000,000;

16 “(7) for each of fiscal years 2024, 2025, 2026,
17 and 2027, \$1,475,000,000; and

18 “(8) for fiscal year 2028 and each fiscal year
19 thereafter, \$2,000,000,000.”.