

115TH CONGRESS
1ST SESSION

H. R. 4541

To extend funding for certain public health programs, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 4, 2017

Mrs. MURPHY of Florida (for herself, Mr. NEAL, and Mr. PALLONE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To extend funding for certain public health programs, and
for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Continuing Community
5 Health and Medical Professional Programs to Improve
6 Our Nation and Keep Insurance Delivery Stable Act of
7 2017” or the “CHAMPION KIDS Act of 2017”.

8 **SEC. 2. TABLE OF CONTENTS.**

9 The table of contents of this Act is as follows:

- Sec. 1. Short title.
 Sec. 2. Table of contents.

TITLE I—MEDICAID AND PUBLIC HEALTH EXTENDERS

- Sec. 101. Extension for community health centers and the National Health Service Corps.
 Sec. 102. Extension for special diabetes programs.
 Sec. 103. Reauthorization of program of payments to teaching health centers that operate graduate medical education programs.
 Sec. 104. Extension for family-to-family health information centers.
 Sec. 105. Youth empowerment program; personal responsibility education.
 Sec. 106. Decreasing reduction in Medicaid DSH allotments.
 Sec. 107. Increase in territorial cap for Medicaid payments.
 Sec. 108. Puerto Rico and United States Virgin Island Disaster Relief Medicaid.
 Sec. 109. Delay of Bipartisan Budget Act of 2013 third-party liability provisions.

TITLE II—CHIP

- Sec. 201. Five-year funding extension of the Children’s Health Insurance Program.
 Sec. 202. Extension of certain programs and demonstration projects.
 Sec. 203. Extension of outreach and enrollment program.
 Sec. 204. Extension of additional Federal financial participation for CHIP.

TITLE III—OFFSET

- Sec. 301. Implementation of Office of Inspector General recommendation to delay certain Medicare plan prepayments.

1 **TITLE I—MEDICAID AND PUBLIC**
 2 **HEALTH EXTENDERS**

3 **SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS**
 4 **AND THE NATIONAL HEALTH SERVICE**
 5 **CORPS.**

6 (a) COMMUNITY HEALTH CENTERS FUNDING.—Sec-
 7 tion 10503(b)(1)(E) of the Patient Protection and Afford-
 8 able Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended
 9 by striking “2017” and inserting “2019”.

1 (b) OTHER COMMUNITY HEALTH CENTERS PROVI-
2 SIONS.—Section 330 of the Public Health Service Act (42
3 U.S.C. 254b) is amended—

4 (1) in subsection (b)(1)(A)(ii), by striking
5 “abuse” and inserting “use disorder”;

6 (2) in subsection (b)(2)(A), by striking “abuse”
7 and inserting “use disorder”;

8 (3) in subsection (c)—

9 (A) in paragraph (1), by striking subpara-
10 graphs (B) through (D);

11 (B) by striking “(1) IN GENERAL” and all
12 that follows through “The Secretary” and in-
13 serting the following:

14 “(1) CENTERS.—The Secretary”; and

15 (C) in paragraph (1), as amended, by re-
16 designating clauses (i) through (v) as subpara-
17 graphs (A) through (E) and moving the margin
18 of each of such redesignated subparagraph 2
19 ems to the left;

20 (4) by striking subsection (d) and inserting the
21 following:

22 “(d) IMPROVING QUALITY OF CARE.—

23 “(1) SUPPLEMENTAL AWARDS.—The Secretary
24 may award supplemental grant funds to health cen-
25 ters funded under this section to implement evi-

1 dence-based models for increasing access to high-
2 quality primary care services, which may include
3 models related to—

4 “(A) improving the delivery of care for in-
5 dividuals with multiple chronic conditions;

6 “(B) workforce configuration;

7 “(C) reducing the cost of care;

8 “(D) enhancing care coordination;

9 “(E) expanding the use of telehealth and
10 technology-enabled collaborative learning and
11 capacity building models;

12 “(F) care integration, including integration
13 of behavioral health, mental health, or sub-
14 stance use disorder services; and

15 “(G) addressing emerging public health or
16 substance use disorder issues to meet the health
17 needs of the population served by the health
18 center.

19 “(2) SUSTAINABILITY.—In making supple-
20 mental awards under this subsection, the Secretary
21 may consider whether the health center involved has
22 submitted a plan for continuing the activities funded
23 under this subsection after supplemental funding is
24 expended.

1 “(3) SPECIAL CONSIDERATION.—The Secretary
2 may give special consideration to applications for
3 supplemental funding under this subsection that
4 seek to address significant barriers to access to care
5 in areas with a greater shortage of health care pro-
6 viders and health services relative to the national av-
7 erage.”;

8 (5) in subsection (e)(1)—

9 (A) in subparagraph (B)—

10 (i) by striking “2 years” and inserting
11 “1 year”; and

12 (ii) by adding at the end the fol-
13 lowing: “The Secretary shall not make a
14 grant under this paragraph unless the ap-
15 plicant provides assurances to the Sec-
16 retary that within 120 days of receiving
17 grant funding for the operation of the
18 health center, the applicant will submit, for
19 approval by the Secretary, an implementa-
20 tion plan to meet the requirements of sub-
21 section (l)(3). The Secretary may extend
22 such 120-day period for achieving compli-
23 ance upon a demonstration of good cause
24 by the health center.”; and

25 (B) in subparagraph (C)—

1 (i) in the subparagraph heading, by
2 striking “AND PLANS”;

3 (ii) by striking “or plan (as described
4 in subparagraphs (B) and (C) of sub-
5 section (c)(1))”;

6 (iii) by striking “or plan, including
7 the purchase” and inserting the following:
8 “including—

9 “(i) the purchase”;

10 (iv) by inserting “, which may include
11 data and information systems” after “of
12 equipment”;

13 (v) by striking the period at the end
14 and inserting a semicolon; and

15 (vi) by adding at the end the fol-
16 lowing:

17 “(ii) the provision of training and
18 technical assistance; and

19 “(iii) other activities that—

20 “(I) reduce costs associated with
21 the provision of health services;

22 “(II) improve access to, and
23 availability of, health services provided
24 to individuals served by the centers;

1 “(III) enhance the quality and
2 coordination of health services; or

3 “(IV) improve the health status
4 of communities.”;

5 (6) in subsection (e)(5)(B)—

6 (A) in the heading of subparagraph (B), by
7 striking “AND PLANS”; and

8 (B) by striking “and subparagraphs (B)
9 and (C) of subsection (e)(1) to a health center
10 or to a network or plan” and inserting “to a
11 health center or to a network”;

12 (7) by striking subsection (s);

13 (8) by redesignating subsections (g) through (r)
14 as subsections (h) through (s), respectively;

15 (9) by inserting after subsection (f), the fol-
16 lowing:

17 “(g) NEW ACCESS POINTS AND EXPANDED SERV-
18 ICES.—

19 “(1) APPROVAL OF NEW ACCESS POINTS.—

20 “(A) IN GENERAL.—The Secretary may
21 approve applications for grants under subpara-
22 graph (A) or (B) of subsection (e)(1) to estab-
23 lish new delivery sites.

24 “(B) SPECIAL CONSIDERATION.—In car-
25 rying out subparagraph (A), the Secretary may

1 give special consideration to applicants that
2 have demonstrated the new delivery site will be
3 located within a sparsely populated area, or an
4 area which has a level of unmet need that is
5 higher relative to other applicants.

6 “(C) CONSIDERATION OF APPLICATIONS.—

7 In carrying out subparagraph (A), the Sec-
8 retary shall approve applications for grants
9 under subparagraphs (A) and (B) of subsection
10 (e)(1) in such a manner that the ratio of the
11 medically underserved populations in rural
12 areas which may be expected to use the services
13 provided by the applicants involved to the medi-
14 cally underserved populations in urban areas
15 which may be expected to use the services pro-
16 vided by the applicants is not less than two to
17 three or greater than three to two.

18 “(D) SERVICE AREA OVERLAP.—If in car-

19 rying out subparagraph (A) the applicant pro-
20 poses to serve an area that is currently served
21 by another health center funded under this sec-
22 tion, the Secretary may consider whether the
23 award of funding to an additional health center
24 in the area can be justified based on the unmet

1 need for additional services within the
2 catchment area.

3 “(2) APPROVAL OF EXPANDED SERVICE APPLI-
4 CATIONS.—

5 “(A) IN GENERAL.—The Secretary may
6 approve applications for grants under subpara-
7 graph (A) or (B) of subsection (e)(1) to expand
8 the capacity of the applicant to provide required
9 primary health services described in subsection
10 (b)(1) or additional health services described in
11 subsection (b)(2).

12 “(B) PRIORITY EXPANSION PROJECTS.—In
13 carrying out subparagraph (A), the Secretary
14 may give special consideration to expanded
15 service applications that seek to address emerg-
16 ing public health or behavioral health, mental
17 health, or substance abuse issues through in-
18 creasing the availability of additional health
19 services described in subsection (b)(2) in an
20 area in which there are significant barriers to
21 accessing care.

22 “(C) CONSIDERATION OF APPLICATIONS.—
23 In carrying out subparagraph (A), the Sec-
24 retary shall approve applications for applicants
25 in such a manner that the ratio of the medically

1 underserved populations in rural areas which
2 may be expected to use the services provided by
3 the applicants involved to the medically under-
4 served populations in urban areas which may be
5 expected to use the services provided by such
6 applicants is not less than two to three or
7 greater than three to two.”;

8 (10) in subsection (i) (as so redesignated)—

9 (A) in paragraph (1), by striking “and
10 children and youth at risk of homelessness” and
11 inserting “, children and youth at risk of home-
12 lessness, homeless veterans, and veterans at
13 risk of homelessness”; and

14 (B) in paragraph (5)—

15 (i) by striking subparagraph (B);

16 (ii) by redesignating subparagraph
17 (C) as subparagraph (B); and

18 (iii) in subparagraph (B) (as so reded-
19 ignated)—

20 (I) in the subparagraph heading,
21 by striking “ABUSE” and inserting
22 “USE DISORDER”; and

23 (II) by striking “abuse” and in-
24 serting “use disorder”;

25 (11) in subsection (l) (as so redesignated)—

1 (A) in paragraph (2)—

2 (i) in the paragraph heading, by in-
3 serting “UNMET” before “NEED”;

4 (ii) in the matter preceding subpara-
5 graph (A), by inserting “and an applica-
6 tion for a grant under subsection (g)”
7 after “subsection (e)(1)”;

8 (iii) in subparagraph (A), by inserting
9 “unmet” before “need for health services”;

10 (iv) in subparagraph (B), by striking
11 “and” at the end;

12 (v) in subparagraph (C), by striking
13 the period at the end and inserting “;
14 and”;

15 (vi) by adding after subparagraph (C)
16 the following:

17 “(D) in the case of an application for a
18 grant pursuant to subsection (g)(1), a dem-
19 onstration that the applicant has consulted with
20 appropriate State and local government agen-
21 cies, and health care providers regarding the
22 need for the health services to be provided at
23 the proposed delivery site.”;

24 (B) in paragraph (3)—

1 (i) in the matter preceding subpara-
2 graph (A), by inserting “or subsection (g)”
3 after “subsection (e)(1)(B)”;

4 (ii) in subparagraph (B), by striking
5 “in the catchment area of the center” and
6 inserting “, including other health care
7 providers that provide care within the
8 catchment area, local hospitals, and spe-
9 cialty providers in the catchment area of
10 the center, to provide access to services not
11 available through the health center and to
12 reduce the non-urgent use of hospital
13 emergency departments”;

14 (iii) in subparagraph (H)(ii), by in-
15 sserting “who shall be directly employed by
16 the center” after “approves the selection of
17 a director for the center”;

18 (iv) in subparagraph (L), by striking
19 “and” at the end;

20 (v) in subparagraph (M), by striking
21 the period and inserting “; and”; and

22 (vi) by inserting after subparagraph
23 (M), the following:

24 “(N) the center has written policies and
25 procedures in place to ensure the appropriate

1 use of Federal funds in compliance with appli-
2 cable Federal statutes, regulations, and the
3 terms and conditions of the Federal award.”;
4 and

5 (C) by striking paragraph (4);

6 (12) in subsection (m) (as so redesignated), by
7 adding at the end the following: “Funds expended to
8 carry out activities under this subsection and oper-
9 ational support activities under subsection (n) shall
10 not exceed 3 percent of the amount appropriated for
11 this section for the fiscal year involved.”;

12 (13) in subsection (q) (as so redesignated), by
13 striking “grants for new health centers under sub-
14 sections (c) and (e)” and inserting “operating grants
15 under subsection (e), applications for new access
16 points and expanded service pursuant to subsection
17 (g)”;

18 (14) in subsection (r)(4) (as so redesignated),
19 by adding at the end the following: “A waiver pro-
20 vided by the Secretary under this paragraph may
21 not remain in effect for more than 1 year and may
22 not be extended after such period. An entity may not
23 receive more than one waiver under this paragraph
24 in consecutive years.”;

25 (15) in subsection (s)(3) (as so redesignated)—

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 (r)(4).”;
13 and

14 (16) in subsection (s) (as so redesignated) by
15 adding at the end the following new paragraph:

16 “(5) FUNDING FOR PARTICIPATION OF HEALTH
17 CENTERS IN ALL OF US RESEARCH PROGRAM.—In
18 addition to any amounts made available pursuant to
19 paragraph (1) of this subsection, section 402A of
20 this Act, or section 10503 of the Patient Protection
21 and Affordable Care Act, there is authorized to be
22 appropriated, and there is appropriated, out of any
23 monies in the Treasury not otherwise appropriated,
24 to the Secretary \$25,000,000 for fiscal year 2018 to
25 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.”.

3 (c) NATIONAL HEALTH SERVICE CORPS.—Section
4 10503(b)(2)(E) of the Patient Protection and Affordable
5 Care Act (42 U.S.C. 254b–2(b)(2)(E)) is amended by
6 striking “2017” and inserting “2019”.

7 (d) CONFORMING AMENDMENT.—Section 3014(h)(1)
8 of title 18, United States Code, is amended by striking
9 “, as amended by section 221 of the Medicare Access and
10 CHIP Reauthorization Act of 2015,”.

11 **SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS.**

12 (a) SPECIAL DIABETES PROGRAM FOR TYPE I DIA-
13 BETES.—Section 330B(b)(2)(C) of the Public Health
14 Service Act (42 U.S.C. 254c–2(b)(2)(C)) is amended by
15 striking “2017” and inserting “2019”.

16 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—
17 Section 330C(c)(2) of the Public Health Service Act (42
18 U.S.C. 254c–3(c)(2)) is amended—

19 (1) in subparagraph (C), by striking “and” at
20 the end;

21 (2) in subparagraph (D), by striking the period
22 at the end and inserting “and \$112,500,000 for the
23 period consisting of the second, third, and fourth
24 quarters of fiscal year 2018; and”;

25 (3) by adding at the end the following:

1 “(E) \$150,000,000 for fiscal year 2019.”.

2 **SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS**
3 **TO TEACHING HEALTH CENTERS THAT OPER-**
4 **ATE GRADUATE MEDICAL EDUCATION PRO-**
5 **GRAMS.**

6 (a) PAYMENTS.—Subsection (a) of section 340H of
7 the Public Health Service Act (42 U.S.C. 256h) is amend-
8 ed to read as follows:

9 “(a) PAYMENTS.—

10 “(1) IN GENERAL.—Subject to subsection
11 (h)(2), the Secretary shall make payments under
12 this section for direct expenses and indirect expenses
13 to qualified teaching health centers that are listed as
14 sponsoring institutions by the relevant accrediting
15 body for—

16 “(A) maintenance of existing approved
17 graduate medical residency training programs;

18 “(B) expansion of existing approved grad-
19 uate medical residency training programs; and

20 “(C) establishment of new approved grad-
21 uate medical residency training programs, as
22 appropriate.

23 “(2) PRIORITY.—In making payments pursuant
24 to paragraph (1)(C), the Secretary shall give priority
25 to qualified teaching health centers that—

1 “(A) serve a health professional shortage
2 area with a designation in effect under section
3 332 or a medically underserved community (as
4 defined in section 799B); or

5 “(B) are located in a rural area (as de-
6 fined in section 1886(d)(2)(D) of the Social Se-
7 curity Act).”.

8 (b) FUNDING.—Subsection (g) of section 340H of the
9 Public Health Service Act (42 U.S.C. 256h) is amended—

10 (1) by striking “To carry out” and inserting
11 the following:

12 “(1) IN GENERAL.—To carry out”;

13 (2) by striking “and \$15,000,000 for the first
14 quarter of fiscal year 2018” and inserting “,
15 \$15,000,000 for the first quarter of fiscal year
16 2018, \$111,500,000 for the period consisting of the
17 second, third, and fourth quarters of fiscal year
18 2018, and \$126,500,000 for fiscal year 2019, to re-
19 main available until expended”; and

20 (3) by adding at the end the following:

21 “(2) ADMINISTRATIVE EXPENSES.—Of the
22 amount made available to carry out this section for
23 any fiscal year, the Secretary may not use more
24 than 5 percent of such amount for the expenses of
25 administering this section.”.

1 (c) ANNUAL REPORTING.—Subsection (h)(1) of sec-
2 tion 340H of the Public Health Service Act (42 U.S.C.
3 256h) is amended—

4 (1) by redesignating subparagraph (D) as sub-
5 paragraph (H); and

6 (2) by inserting after subparagraph (C) the fol-
7 lowing:

8 “(D) The number of patients treated by
9 residents described in paragraph (4).

10 “(E) The number of visits by patients
11 treated by residents described in paragraph (4).

12 “(F) Of the number of residents described
13 in paragraph (4) who completed their residency
14 training at the end of such residency academic
15 year, the number and percentage of such resi-
16 dents entering primary care practice (meaning
17 any of the areas of practice listed in the defini-
18 tion of a primary care residency program in
19 section 749A).

20 “(G) Of the number of residents described
21 in paragraph (4) who completed their residency
22 training at the end of such residency academic
23 year, the number and percentage of such resi-
24 dents who entered practice at a health care fa-
25 cility—

1 “(i) primarily serving a health profes-
2 sional shortage area with a designation in
3 effect under section 332 or a medically un-
4 derserved community (as defined in section
5 799B); or

6 “(ii) located in a rural area (as de-
7 fined in section 1886(d)(2)(D) of the So-
8 cial Security Act).”.

9 (d) REPORT ON TRAINING COSTS.—Not later than
10 March 31, 2019, the Secretary of Health and Human
11 Services shall submit to the Congress a report on the di-
12 rect graduate expenses of approved graduate medical resi-
13 dency training programs, and the indirect expenses associ-
14 ated with the additional costs of teaching residents, of
15 qualified teaching health centers (as such terms are used
16 or defined in section 340H of the Public Health Service
17 Act (42 U.S.C. 256h)).

18 (e) DEFINITION.—Subsection (j) of section 340H of
19 the Public Health Service Act (42 U.S.C. 256h) is amend-
20 ed—

21 (1) by redesignating paragraphs (2) and (3) as
22 paragraphs (3) and (4), respectively; and

23 (2) by inserting after paragraph (1) the fol-
24 lowing:

1 “(2) NEW APPROVED GRADUATE MEDICAL
2 RESIDENCY TRAINING PROGRAM.—The term ‘new
3 approved graduate medical residency training pro-
4 gram’ means an approved graduate medical resi-
5 dency training program for which the sponsoring
6 qualified teaching health center has not received a
7 payment under this section for a previous fiscal year
8 (other than pursuant to subsection (a)(1)(C)).”.

9 (f) TECHNICAL CORRECTION.—Subsection (f) of sec-
10 tion 340H (42 U.S.C. 256h) is amended by striking “hos-
11 pital” each place it appears and inserting “teaching health
12 center”.

13 (g) PAYMENTS FOR PREVIOUS FISCAL YEARS.—The
14 provisions of section 340H of the Public Health Service
15 Act (42 U.S.C. 256h), as in effect on the day before the
16 date of enactment of this Act, shall continue to apply with
17 respect to payments under such section for fiscal years
18 before fiscal year 2018.

19 **SEC. 104. EXTENSION FOR FAMILY-TO-FAMILY HEALTH IN-**
20 **FORMATION CENTERS.**

21 Section 501(c) of the Social Security Act (42 U.S.C.
22 701(c)) is amended—

23 (1) in paragraph (1)(A)—

24 (A) in clause (v), by striking “and” at the
25 end;

1 (B) in clause (vi), by striking the period at
2 the end and inserting “; and”; and

3 (C) by adding at the end the following new
4 clause:

5 “(vii) \$6,000,000 for each of fiscal years 2018
6 and 2019.”;

7 (2) in paragraph (3)(C), by inserting before the
8 period the following: “, and with respect to fiscal
9 years 2018 and 2019, such centers shall also be de-
10 veloped in all territories and at least one such center
11 shall be developed for Indian tribes”; and

12 (3) by amending paragraph (5) to read as fol-
13 lows:

14 “(5) For purposes of this subsection—

15 “(A) the term ‘Indian tribe’ has the meaning
16 given such term in section 4 of the Indian Health
17 Care Improvement Act (25 U.S.C. 1603);

18 “(B) the term ‘State’ means each of the 50
19 States and the District of Columbia; and

20 “(C) the term ‘territory’ means Puerto Rico,
21 Guam, American Samoa, the Virgin Islands, and the
22 Northern Mariana Islands.”.

23 **SEC. 105. YOUTH EMPOWERMENT PROGRAM; PERSONAL**
24 **RESPONSIBILITY EDUCATION.**

25 (a) YOUTH EMPOWERMENT PROGRAM.—

1 (1) IN GENERAL.—Section 510 of the Social
2 Security Act (42 U.S.C. 710) is amended to read as
3 follows:

4 **“SEC. 510. YOUTH EMPOWERMENT PROGRAM.**

5 “(a) IN GENERAL.—

6 “(1) ALLOTMENTS TO STATES.—For the pur-
7 pose described in subsection (b), the Secretary shall,
8 for each of fiscal years 2018 and 2019, allot to each
9 State which has transmitted an application for the
10 fiscal year under section 505(a) an amount equal to
11 the product of—

12 “(A) the amount appropriated pursuant to
13 subsection (e)(1) for the fiscal year, minus the
14 amount reserved under subsection (e)(2) for the
15 fiscal year; and

16 “(B) the proportion that the number of
17 low-income children in the State bears to the
18 total of such numbers of children for all the
19 States.

20 “(2) OTHER ALLOTMENTS.—

21 “(A) OTHER ENTITIES.—For the purpose
22 described in subsection (b), the Secretary shall,
23 for each of fiscal years 2018 and 2019, for any
24 State which has not transmitted an application
25 for the fiscal year under section 505(a), allot to

1 one or more entities in the State the amount
2 that would have been allotted to the State
3 under paragraph (1) if the State had submitted
4 such an application.

5 “(B) PROCESS.—The Secretary shall select
6 the recipients of allotments under subparagraph
7 (A) by means of a competitive grant process
8 under which—

9 “(i) not later than 30 days after the
10 deadline for the State involved to submit
11 an application for the fiscal year under
12 section 505(a), the Secretary publishes a
13 notice soliciting grant applications; and

14 “(ii) not later than 120 days after
15 such deadline, all such applications must
16 be submitted.

17 “(b) PURPOSE.—

18 “(1) IN GENERAL.—Except for research under
19 paragraph (5) and information collection and report-
20 ing under paragraph (6), the purpose of an allot-
21 ment under subsection (a) to a State (or to another
22 entity in the State pursuant to subsection (a)(2)) is
23 to enable the State or other entity to implement edu-
24 cation exclusively on sexual risk avoidance (meaning
25 voluntarily refraining from sexual activity).

1 “(2) REQUIRED COMPONENTS.—Education on
2 sexual risk avoidance pursuant to an allotment
3 under this section shall—

4 “(A) ensure that the unambiguous and pri-
5 mary emphasis and context for each topic de-
6 scribed in paragraph (3) is a message to youth
7 that normalizes the optimal health behavior of
8 avoiding nonmarital sexual activity;

9 “(B) be medically accurate and complete;

10 “(C) be age-appropriate; and

11 “(D) be based on adolescent learning and
12 developmental theories for the age group receiv-
13 ing the education.

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 ensures that
21 students understand that contraception offers
22 physical risk reduction, but not risk elimination;
23 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 evaluation methodologies, the Sec-
19 retary shall consult with relevant stakeholders.

20 “(d) APPLICABILITY OF CERTAIN PROVISIONS.—

21 “(1) Sections 503, 507, and 508 apply to allot-
22 ments under subsection (a) to the same extent and
23 in the same manner as such sections apply to allot-
24 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) FUNDING.—

5 “(1) IN GENERAL.—To carry out this section,
6 there is appropriated, out of any money in the
7 Treasury not otherwise appropriated, \$75,000,000
8 for each of fiscal years 2018 and 2019.

9 “(2) RESERVATION.—The Secretary shall re-
10 serve, for each of fiscal years 2018 and 2019, not
11 more than 20 percent of the amount appropriated
12 pursuant to paragraph (1) for administering the
13 program under this section, including the conducting
14 of national evaluations and the provision of technical
15 assistance to the recipients of allotments.”.

16 (2) EFFECTIVE DATE.—The amendment made
17 by this section takes effect on October 1, 2017.

18 (b) PERSONAL RESPONSIBILITY EDUCATION.—

19 (1) IN GENERAL.—Section 513 of the Social
20 Security Act (42 U.S.C. 713) is amended—

21 (A) in subsection (a)(1)(A), by striking

22 “2017” and inserting “2019”;

23 (B) in subsection (a)(4)—

1 (i) in subparagraph (A), by striking
2 “2017” each place it appears and inserting
3 “2019”; and

4 (ii) in subparagraph (B)—

5 (I) in the subparagraph heading,
6 by striking “3-YEAR GRANTS” and in-
7 serting “COMPETITIVE PREP
8 GRANTS”; and

9 (II) in clause (i), by striking “so-
10 licit applications to award 3-year
11 grants in each of fiscal years 2012
12 through 2017” and inserting “con-
13 tinue through fiscal year 2019 grants
14 awarded for any of fiscal years 2015
15 through 2017”;

16 (C) in subsection (c)(1), by inserting after
17 “youth with HIV/AIDS,” the following: “vie-
18 tims of human trafficking,”; and

19 (D) in subsection (f), by striking “2017”
20 and inserting “2019”.

21 (2) EFFECTIVE DATE.—The amendments made
22 by this subsection take effect on October 1, 2017.

1 **SEC. 106. DECREASING REDUCTION IN MEDICAID DSH AL-**
2 **LOTMENTS.**

3 Section 1923(f)(7)(A) of the Social Security Act (42
4 U.S.C. 1396r-4(f)(7)(A)) is amended—

5 (1) in clause (i), in the matter preceding sub-
6 clause (I), by striking “2018” and inserting “2023”;
7 and

8 (2) in clause (ii), by striking subclauses (I)
9 through (VIII) and inserting the following:

10 “(I) \$5,000,000,000 for fiscal
11 year 2023;

12 “(II) \$5,500,000,000 for fiscal
13 year 2024; and

14 “(III) \$6,000,000,000 for fiscal
15 year 2025.”.

16 **SEC. 107. INCREASE IN TERRITORIAL CAP FOR MEDICAID**
17 **PAYMENTS.**

18 Section 1108(g)(5) of the Social Security Act (42
19 U.S.C. 1308(g)(5)) is amended—

20 (1) in subparagraph (A)—

21 (A) by striking “subparagraph (B)” and
22 inserting “subparagraphs (B), (C), and (D)”;
23 and

24 (B) by striking “2019” and inserting
25 “2022”; and

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

3 “(C) The amount of the increase otherwise pro-
4 vided under subparagraph (A) for—

5 “(i) Puerto Rico shall, after application of
6 subparagraph (B), be further increased by
7 \$1,600,000,000 for each of fiscal years 2018
8 through 2022; and

9 “(ii) the Virgin Islands shall be further in-
10 creased by \$55,000,000 for each of fiscal years
11 2018 through 2022.

12 “(D) The amount of the increase otherwise pro-
13 vided under subparagraph (A) for Guam, the North-
14 ern Mariana Islands, and American Samoa, respec-
15 tively, shall be further increased by such amounts
16 that the total amount of increases under this sub-
17 paragraph is equal to \$150,000,000. In applying the
18 previous sentence, the Secretary shall increase
19 amounts for such territories in such a proportion as
20 would be applied under subparagraph (A) if such
21 territories were the only territories to which such
22 subparagraph applied.”.

1 **SEC. 108. PUERTO RICO AND UNITED STATES VIRGIN IS-**
2 **LAND DISASTER RELIEF MEDICAID.**

3 (a) SIMPLIFIED ELIGIBILITY DETERMINATIONS AND
4 REDETERMINATIONS.—

5 (1) IN GENERAL.—Notwithstanding any provi-
6 sion of title XIX of the Social Security Act (42
7 U.S.C. 1396 et seq.), a State shall, as a condition
8 of participation in the Medicaid program under such
9 title and without submitting an amendment to the
10 State Medicaid plan—

11 (A) use streamlined procedures described
12 in paragraph (2) in processing applications and
13 determining and redetermining eligibility for
14 medical assistance under the State Medicaid
15 plan for DRM-eligible Maria Survivors during
16 the DRM coverage period; and

17 (B) provide, in the case of such a Survivor,
18 for medical assistance under the State Medicaid
19 plan to such Survivor during such period based
20 on the family income level eligibility require-
21 ments established under the State Medicaid
22 plan or, if higher, under the State Medicaid
23 plan of the State in which such Survivor resided
24 as of September 17, 2017.

25 (2) STREAMLINED PROCEDURES.—The stream-
26 lined procedures described in this paragraph, with

1 respect to a State and an applicant for medical as-
2 sistance under the State Medicaid plan, are the fol-
3 lowing:

4 (A) COMMON APPLICATION FORM.—Use of
5 a common 1-page application form developed by
6 the Secretary of Health and Human Services,
7 in consultation with the National Association of
8 State Medicaid Directors. Such form shall—

9 (i) require an applicant to provide an
10 expected address for the duration of the
11 DRM coverage period and to agree to up-
12 date that information if it changes during
13 such period;

14 (ii) include notice regarding the pen-
15 alties for making a fraudulent application;

16 (iii) require the applicant to assign to
17 the State any rights of the applicant (or
18 any other person who is a DRM-eligible
19 Maria Survivor and on whose behalf the
20 applicant has the legal authority to execute
21 an assignment of such rights) under any
22 group health plan or other third-party cov-
23 erage for health care; and

24 (iv) require the applicant to list any
25 health insurance coverage which the appli-

1 cant was enrolled in immediately prior to
2 submitting such application.

3 (B) SELF-ATTESTATION.—Self-attestation
4 by the applicant for medical assistance under
5 the State Medicaid plan that the applicant is a
6 DRM-eligible Maria Survivor, including with re-
7 spect to citizenship, identity, immigration sta-
8 tus, and income requirements.

9 (C) NO DOCUMENTATION.—No require-
10 ment for documentation evidencing the basis on
11 which the applicant qualifies to be a DRM-eligi-
12 ble Maria Survivor.

13 (D) ISSUANCE OF ELIGIBILITY CARD.—
14 Issuance of a DRM assistance eligibility card to
15 an applicant who completes such application,
16 including the self-attestation required under
17 subparagraph (B). Such card shall be valid as
18 long as the DRM coverage period is in effect
19 and shall be accompanied by notice of the ter-
20 mination date for the DRM coverage period
21 and, if applicable, notice that such termination
22 date may be extended. If the President extends
23 the DRM coverage period, the State shall notify
24 DRM-eligible Maria Survivors enrolled in the

1 State Medicaid plan of the new termination
2 date for the DRM coverage period.

3 (E) DEEMED ELIGIBILITY.—If an appli-
4 cant completes the application and presents it
5 to a provider or facility participating in the
6 State Medicaid plan that is qualified to make
7 presumptive eligibility determinations under
8 such plan (which at a minimum shall consist of
9 facilities identified in section 1902(a)(55) of the
10 Social Security Act (42 U.S.C. 1396a(a)(55))
11 and it appears to the provider that the appli-
12 cant is a DRM-eligible Maria Survivor based on
13 the information in the application, the applicant
14 will be deemed to be a DRM-eligible Maria Sur-
15 vivor eligible for medical assistance under the
16 State Medicaid plan.

17 (F) CONTINUOUS ELIGIBILITY.—Contin-
18 uous eligibility, without the need for any rede-
19 termination of eligibility, for the duration of the
20 DRM coverage period.

21 (b) NO CONTINUATION OF DRM ASSISTANCE.—

22 (1) IN GENERAL.—Except as provided in para-
23 graphs (2) and (3), no DRM assistance shall be pro-
24 vided after the end of the DRM coverage period.

1 (2) PRESUMPTIVE ELIGIBILITY.—In the case of
2 any DRM-eligible Maria Survivor who is receiving
3 DRM assistance from a State in accordance with
4 this section and who, as of the end of the DRM cov-
5 erage period, has an application pending for medical
6 assistance under the State Medicaid plan for periods
7 beginning after the end of such period, the State
8 shall provide such Survivor with a period of pre-
9 sumptive eligibility for medical assistance under the
10 State Medicaid plan (not to exceed 60 days) until a
11 determination with respect to the Survivor’s applica-
12 tion has been made.

13 (3) PREGNANT WOMEN.—In the case of a
14 DRM-eligible Maria Survivor who is receiving DRM
15 assistance from a State in accordance with this sec-
16 tion and whose pregnancy ended during the 60-day
17 period prior to the end of the DRM coverage period,
18 or who is pregnant as of the end of such period,
19 such Survivor shall continue to be eligible for DRM
20 assistance after the end of the DRM coverage pe-
21 riod, including (but not limited to) all pregnancy-re-
22 lated and postpartum medical assistance available
23 under the State Medicaid plan, through the end of
24 the month in which the 60-day period (beginning on
25 the last day of her pregnancy) ends.

1 (c) TREATMENT OF MARIA SURVIVORS PROVIDED
2 ASSISTANCE PRIOR TO DATE OF ENACTMENT.—Any
3 Maria Survivor who is provided medical assistance under
4 a State Medicaid plan in accordance with guidance from
5 the Secretary during the period that begins on September
6 17, 2017, and ends on the date of enactment of this Act
7 shall be treated as a DRM-eligible Maria Survivor, without
8 the need to file an additional application, for purposes of
9 eligibility for medical assistance under this section.

10 (d) SCOPE OF COVERAGE.—

11 (1) IN GENERAL.—A State providing medical
12 assistance under a State Medicaid plan to a DRM-
13 eligible Maria Survivor pursuant to this section shall
14 provide medical assistance that is either—

15 (A) equal in amount and scope to the med-
16 ical assistance that would otherwise be made
17 available to such Survivor if the Survivor were
18 a State resident enrolled in the State Medicaid
19 plan; or

20 (B) if greater in amount and scope, equal
21 in amount and scope to the medical assistance
22 that would have been made available to such
23 Survivor under the State Medicaid plan of the
24 State in which such Survivor resided as of Sep-
25 tember 17, 2017.

1 Coverage for such medical assistance for DRM-eligible
2 ble Maria Survivors shall be retroactive to items and
3 services furnished on or after September 17, 2017
4 (or in the case of applications for DRM assistance
5 submitted after January 1, 2018, the first day of
6 the 5th month preceding the date on which such ap-
7 plication is submitted).

8 (2) CHILDREN BORN TO PREGNANT WOMEN.—
9 In the case of a child born to a DRM-eligible Maria
10 Survivor who is provided DRM assistance during the
11 DRM coverage period, such child shall be treated as
12 having been born to a pregnant woman eligible for
13 medical assistance under the State Medicaid plan
14 and shall be eligible for medical assistance under
15 such plan in accordance with section 1902(e)(4) of
16 the Social Security Act (42 U.S.C. 1396a(e)(4)).
17 The Federal medical assistance percentage applica-
18 ble to the State Medicaid plan shall apply to medical
19 assistance provided to a child under such plan in ac-
20 cordance with the preceding sentence and Federal
21 payments for such assistance shall not be considered
22 to be payments under this section.

23 (e) 100 PERCENT FEDERAL MATCHING PAY-
24 MENTS.—

1 (1) IN GENERAL.—Notwithstanding section
2 1905(b) of the Social Security Act (42 U.S.C.
3 1396d(b)), subject to paragraph (2), the Federal
4 medical assistance percentage or the Federal match-
5 ing rate otherwise applied under section 1903(a) of
6 such Act (42 U.S.C. 1396b(a)) shall be 100 percent
7 for—

8 (A) providing DRM assistance to DRM-eli-
9 gible Maria Survivors during the DRM coverage
10 period in accordance with this section;

11 (B) costs directly attributable to adminis-
12 trative activities related to the provision of such
13 DRM assistance; and

14 (C) DRM assistance provided in accord-
15 ance with paragraph (2) or (3) of subsection
16 (b) after the end of the DRM coverage period.

17 (2) LIMITATION.—

18 (A) TERRITORIES.—Payments provided to
19 a State that is a territory (as defined in section
20 1108(c)(1) of the Social Security Act (42
21 U.S.C. 1308(c)(1))) in accordance with this
22 subsection shall be subject to subsections (f)
23 and (g) of section 1108 of the Social Security
24 Act (42 U.S.C. 1308).

25 (B) OTHER STATES.—

1 (i) IN GENERAL.—In the case of
2 States not described in subparagraph (A),
3 the difference between—

4 (I) the total amount of payments
5 made to such States in accordance
6 with this subsection, by reason of the
7 Federal medical assistance percentage
8 or the Federal matching rate applied
9 under paragraph (1); and

10 (II) the total amount of pay-
11 ments that would otherwise be made
12 to such States if the Federal medical
13 assistance percentage and the Federal
14 matching rate under section 1905(b)
15 of the Social Security Act and
16 1903(a) of such Act were applied,
17 may not exceed the amount appropriated
18 under clause (ii).

19 (ii) APPROPRIATIONS.—There are ap-
20 propriated, out of any amounts in the
21 Treasury not otherwise appropriated,
22 \$1,000,000,000 for the DRM coverage pe-
23 riod for purposes of making payments in
24 accordance with this subsection to States
25 not described in subparagraph (A).

1 (3) EXEMPTION FROM ERROR RATE PEN-
2 ALTIES.—All payments attributable to providing
3 DRM assistance in accordance with this section shall
4 be disregarded for purposes of section 1903(u) of
5 the Social Security Act (42 U.S.C. 1396b(u)).

6 (f) VERIFICATION OF STATUS AS A MARIA SUR-
7 VIVOR.—

8 (1) IN GENERAL.—A State shall make a good
9 faith effort to verify the status of an individual who
10 is enrolled in the State Medicaid plan as a DRM-eli-
11 gible Maria Survivor under the provisions of this
12 section. Such effort shall not delay the determina-
13 tion of the eligibility of the Survivor for DRM assist-
14 ance under this section.

15 (2) EVIDENCE OF VERIFICATION.—A State may
16 satisfy the verification requirement under paragraph
17 (1) with respect to an individual by showing that the
18 State obtained information from the Social Security
19 Administration, the Internal Revenue Service, or the
20 State Medicaid Agency for the State from which the
21 individual is from (if the individual was not a resi-
22 dent of such State on any day during the week pre-
23 ceding September 17, 2017).

24 (g) PROVIDER PAYMENT RATES.—In the case of any
25 DRM assistance provided in accordance with this section

1 to a DRM-eligible Maria Survivor that is covered under
2 the State Medicaid plan (as applied without regard to this
3 section) the State shall pay a provider of such assistance
4 the same payment rate as the State would otherwise pay
5 for the assistance if the assistance were provided under
6 the State Medicaid plan (or, if no such payment rate ap-
7 plies under the State Medicaid plan, the usual and cus-
8 tomary prevailing rate for the item or service for the com-
9 munity in which it is provided).

10 (h) APPLICATION TO INDIVIDUALS ELIGIBLE FOR
11 MEDICAL ASSISTANCE.—Nothing in this section shall be
12 construed as affecting any rights accorded to an individual
13 who is a recipient of medical assistance under a State
14 Medicaid plan who is determined to be a DRM-eligible
15 Maria Survivor but the provision of DRM assistance to
16 such individual shall be limited to the provision of such
17 assistance in accordance with this section.

18 (i) DEFINITIONS.—In this section:

19 (1) DRM ASSISTANCE.—The term “DRM as-
20 sistance” means medical assistance under a State
21 Medicaid plan for a DRM-eligible Maria Survivor
22 during the DRM coverage period.

23 (2) DRM COVERAGE PERIOD.—

24 (A) IN GENERAL.—The term “DRM cov-
25 erage period” means the period beginning on

1 September 17, 2017, and, subject to subpara-
2 graph (B), ending on the date that is 24
3 months after the date of enactment of this Act.

4 (B) SECRETARY AUTHORITY TO EXTEND
5 DRM COVERAGE PERIOD.—The Secretary may
6 extend the DRM coverage period for an addi-
7 tional 12 months. Any reference to the term
8 “DRM coverage period” in this section shall in-
9 clude any extension under this subparagraph.

10 (3) DRM-ELIGIBLE MARIA SURVIVOR DE-
11 FINED.—

12 (A) IN GENERAL.—The term “DRM-eli-
13 gible Maria Survivor” means a Maria Survivor
14 whose family income does not exceed the income
15 eligibility standard which would apply to the
16 Survivor under the State Medicaid plan of the
17 State in which the Survivor applies for medical
18 assistance.

19 (B) NO RESOURCES, RESIDENCY, OR CAT-
20 EGORICAL ELIGIBILITY REQUIREMENTS.—Eligi-
21 bility under subparagraph (A) shall be deter-
22 mined without application of any resources test,
23 State residency, or categorical eligibility re-
24 quirements.

1 (C) DEFINITION OF CHILD.—For purposes
2 of subparagraph (A), a DRM-eligible Maria
3 Survivor shall be determined to be a “child” in
4 accordance with the definition of “child” under
5 the State Medicaid plan.

6 (4) MARIA SURVIVOR.—

7 (A) IN GENERAL.—The term “Maria Sur-
8 vivor” means an individual who, on any day
9 during the week preceding September 17, 2017,
10 had a primary residence in Puerto Rico or the
11 Virgin Islands.

12 (B) TREATMENT OF CURRENT MEDICAID
13 BENEFICIARIES.—Nothing in this section shall
14 be construed as preventing an individual who is
15 otherwise entitled to medical assistance under a
16 State Medicaid plan from being treated as a
17 Maria Survivor under this section.

18 (C) TREATMENT OF HOMELESS PER-
19 SONS.—For purposes of this section, in the case
20 of an individual who was homeless on any day
21 during the week described in subparagraph (A),
22 the individual’s “residence” shall be deemed to
23 be the place of residence as otherwise deter-
24 mined for such an individual under title XIX of

1 the Social Security Act (42 U.S.C. 1396 et
2 seq.).

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

5 (6) STATE.—The term “State” has the mean-
6 ing given that term for purposes of title XIX of the
7 Social Security Act (42 U.S.C. 1396 et seq.).

8 (7) STATE MEDICAID PLAN.—The term “State
9 Medicaid plan” means a State plan under title XIX
10 of the Social Security Act (42 U.S.C. 1396 et seq.)
11 (or a waiver of such plan).

12 **SEC. 109. DELAY OF BIPARTISAN BUDGET ACT OF 2013**

13 **THIRD-PARTY LIABILITY PROVISIONS.**

14 (a) IN GENERAL.—Section 202(e) of the Bipartisan
15 Budget Act of 2013 (Public Law 113–67; 127 Stat. 1177;
16 42 U.S.C. 1396a note), as amended by section 211 of the
17 Protecting Access to Medicare Act of 2014 (Public Law
18 113–93; 128 Stat. 1047; 42 U.S.C. 1396a note) and sec-
19 tion 220 of the Medicare Access and CHIP Reauthoriza-
20 tion Act of 2015 (Public Law 114–10), is amended by
21 striking “2017” and inserting “2019”.

22 (b) EFFECTIVE DATE; TREATMENT.—The amend-
23 ment made by subparagraph (A) shall take effect on Sep-
24 tember 30, 2017, and shall apply with respect to claims
25 pending, generated, or filed after such date.

TITLE II—CHIP**SEC. 201. FIVE-YEAR FUNDING EXTENSION OF THE CHILDREN'S HEALTH INSURANCE PROGRAM.**

(a) APPROPRIATION; TOTAL ALLOTMENT.—Section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) is amended—

(1) in paragraph (19), by striking “and”;

(2) in paragraph (20), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following new paragraphs:

“(21) for fiscal year 2018, \$21,500,000,000;

“(22) for fiscal year 2019, \$22,600,000,000;

“(23) for fiscal year 2020, \$23,700,000,000;

“(24) for fiscal year 2021, \$24,800,000,000;

and

“(25) for fiscal year 2022, for purposes of making 2 semi-annual allotments—

“(A) \$2,850,000,000 for the period beginning on October 1, 2021, and ending on March 31, 2022; and

“(B) \$2,850,000,000 for the period beginning on April 1, 2022, and ending on September 30, 2022.”.

(b) ALLOTMENTS.—

1 (1) IN GENERAL.—Section 2104(m) of the So-
2 cial Security Act (42 U.S.C. 1397dd(m)) is amend-
3 ed—

4 (A) in paragraph (2)—

5 (i) in the heading, by striking
6 “THROUGH 2016” and inserting
7 “THROUGH 2022”; and

8 (ii) in subparagraph (B)—

9 (I) in the matter preceding clause

10 (i), by striking “(19)” and inserting
11 “(24)”;

12 (II) in clause (ii), in the matter
13 preceding subclause (I), by inserting
14 “(other than fiscal year 2022)” after
15 “even-numbered fiscal year”; and

16 (III) in clause (ii)(I), by inserting
17 “(or, in the case of fiscal year 2018,
18 under paragraph (4))” after “clause
19 (i)”;

20 (B) in paragraph (5)—

21 (i) by striking “or (4)” and inserting
22 “(4), or (10)”;

23 (ii) by striking “or 2017” and insert-
24 ing “, 2017, or 2022”;

25 (C) in paragraph (7)—

1 (i) in subparagraph (A), by striking
2 “2017” and inserting “2022”;

3 (ii) in subparagraph (B), in the mat-
4 ter preceding clause (i), by inserting “(or,
5 in the case of fiscal year 2018, by not later
6 than the date that is 60 days after the
7 date of the enactment of the CHAMPION
8 KIDS Act of 2017)” after “before the Au-
9 gust 31 preceding the beginning of the fis-
10 cal year”; and

11 (iii) in the matter following subpara-
12 graph (B), by striking “or fiscal year
13 2016” and inserting “fiscal year 2016, fis-
14 cal year 2018, fiscal year 2020, or fiscal
15 year 2022”;

16 (D) in paragraph (9)—

17 (i) in the heading, by striking “FISCAL
18 YEARS 2015 AND 2017” and inserting
19 “CERTAIN FISCAL YEARS”;

20 (ii) by striking “or (4)” and inserting
21 “, (4), or (10)”;

22 (iii) by striking “or fiscal year 2017”
23 and inserting “, 2017, or 2022”;

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

1 “(10) FOR FISCAL YEAR 2022.—

2 “(A) FIRST HALF.—Subject to paragraphs
3 (5) and (7), from the amount made available
4 under subparagraph (A) of paragraph (25) of
5 subsection (a) for the semi-annual period de-
6 scribed in such subparagraph, increased by the
7 amount of the appropriation for such period
8 under section 201(b)(3) of the CHAMPION
9 KIDS Act of 2017, the Secretary shall compute
10 a State allotment for each State (including the
11 District of Columbia and each commonwealth
12 and territory) for such semi-annual period in an
13 amount equal to the first half ratio (described
14 in subparagraph (D)) of the amount described
15 in subparagraph (C).

16 “(B) SECOND HALF.—Subject to para-
17 graphs (5) and (7), from the amount made
18 available under subparagraph (B) of paragraph
19 (25) of subsection (a) for the semi-annual pe-
20 riod described in such subparagraph, the Sec-
21 retary shall compute a State allotment for each
22 State (including the District of Columbia and
23 each commonwealth and territory) for such
24 semi-annual period in an amount equal to the

1 amount made available under such subpara-
2 graph, multiplied by the ratio of—

3 “(i) the amount of the allotment to
4 such State under subparagraph (A), to

5 “(ii) the total of the amount of all of
6 the allotments made available under such
7 subparagraph.

8 “(C) FULL YEAR AMOUNT BASED ON
9 GROWTH FACTOR UPDATED AMOUNT.—The
10 amount described in this subparagraph for a
11 State is equal to the sum of—

12 “(i) the amount of the State allotment
13 for fiscal year 2021 determined under
14 paragraph (2)(B)(i); and

15 “(ii) the amount of any payments
16 made to the State under subsection (n) for
17 fiscal year 2021,

18 multiplied by the allotment increase factor
19 under paragraph (6) for fiscal year 2022.

20 “(D) FIRST HALF RATIO.—The first half
21 ratio described in this subparagraph is the ratio
22 of—

23 “(i) the sum of—

24 “(I) the amount made available
25 under subsection (a)(25)(A); and

1 “(II) the amount of the appro-
2 priation for such period under section
3 201(b)(3) of the CHAMPION KIDS
4 Act of 2017, to

5 “(ii) the sum of—

6 “(I) the amount described in
7 clause (i); and

8 “(II) the amount made available
9 under subsection (a)(25)(B).”.

10 (2) TECHNICAL AMENDMENT.—Section
11 2104(m)(2)(A) of such Act (42 U.S.C.
12 1397dd(m)(2)(A)) is amended by striking “the allot-
13 ment increase factor under paragraph (5)” each
14 place it appears and inserting “the allotment in-
15 crease factor under paragraph (6)”.

16 (3) ONE-TIME APPROPRIATION FOR FISCAL
17 YEAR 2022.—There is appropriated to the Secretary
18 of Health and Human Services, out of any money in
19 the Treasury not otherwise appropriated,
20 \$20,200,000,000 to accompany the allotment made
21 for the period beginning on October 1, 2021, and
22 ending on March 31, 2022, under paragraph
23 (25)(A) of section 2104(a) of the Social Security Act
24 (42 U.S.C. 1397dd(a)) (as added by subsection
25 (a)(3)), to remain available until expended. Such

1 amount shall be used to provide allotments to States
2 under paragraph (10) of section 2104(m) of such
3 Act (as added by subsection (b)(1)(E)) for the first
4 6 months of fiscal year 2022 in the same manner as
5 allotments are provided under subsection (a)(25)(A)
6 of such section 2104 and subject to the same terms
7 and conditions as apply to the allotments provided
8 from such subsection (a)(25)(A).

9 (c) EXTENSION OF THE CHILD ENROLLMENT CON-
10 TINGENCY FUND.—Section 2104(n) of the Social Security
11 Act (42 U.S.C. 1397dd(n)) is amended—

12 (1) in paragraph (2)—

13 (A) in subparagraph (A)(ii)—

14 (i) by striking “2010, 2011, 2012,
15 2013, 2014, and 2016” and inserting
16 “2010 through 2014, 2016, and 2018
17 through 2021”; and

18 (ii) by striking “fiscal year 2015 and
19 fiscal year 2017” and inserting “fiscal
20 years 2015, 2017, and 2022”; and

21 (B) in subparagraph (B)—

22 (i) by striking “2010, 2011, 2012,
23 2013, 2014, and 2016” and inserting
24 “2010 through 2014, 2016, and 2018
25 through 2021”; and

1 (ii) by striking “fiscal year 2015 and
2 fiscal year 2017” and inserting “fiscal year
3 2015, 2017, and 2022”; and

4 (2) in paragraph (3)(A), in the matter pre-
5 ceding clause (i), by striking “or a semi-annual allot-
6 ment period for fiscal year 2015 or 2017” and in-
7 serting “or in any of fiscal years 2018 through 2021
8 (or a semi-annual allotment period for fiscal year
9 2015, 2017, or 2022)”.

10 (d) EXTENSION OF QUALIFYING STATES OPTION.—
11 Section 2105(g)(4) of the Social Security Act (42 U.S.C.
12 1397ee(g)(4)) is amended—

13 (1) in the heading, by striking “THROUGH
14 2017” and inserting “THROUGH 2022”; and

15 (2) in subparagraph (A), by striking “2017”
16 and inserting “2022”.

17 (e) EXTENSION OF EXPRESS LANE ELIGIBILITY OP-
18 TION.—Section 1902(e)(13)(I) of the Social Security Act
19 (42 U.S.C. 1396a(e)(13)(I)) is amended by striking
20 “2017” and inserting “2022”.

21 (f) ASSURANCE OF AFFORDABILITY STANDARD FOR
22 CHILDREN AND FAMILIES.—

23 (1) IN GENERAL.—Section 2105(d)(3) of the
24 Social Security Act (42 U.S.C. 1397ee(d)(3)) is
25 amended—

1 (A) in the paragraph heading, by striking
2 “UNTIL OCTOBER 1, 2019” and inserting
3 “THROUGH SEPTEMBER 30, 2022”; and

4 (B) in subparagraph (A), in the matter
5 preceding clause (i)—

6 (i) by striking “2019” and inserting
7 “2022”; and

8 (ii) by striking “The preceding sen-
9 tence shall not be construed as preventing
10 a State during such period” and inserting
11 “During the period that begins on October
12 1, 2019, and ends on September 30, 2022,
13 the preceding sentence shall only apply
14 with respect to children in families whose
15 income does not exceed 300 percent of the
16 poverty line (as defined in section
17 2110(c)(5)) applicable to a family of the
18 size involved. The preceding sentences shall
19 not be construed as preventing a State
20 during any such periods”.

21 (2) CONFORMING AMENDMENTS.—Section
22 1902(gg)(2) of the Social Security Act (42 U.S.C.
23 1396a(gg)(2)) is amended—

1 (A) in the paragraph heading, by striking
2 “UNTIL OCTOBER 1, 2019” and inserting
3 “THROUGH SEPTEMBER 30, 2022”; and

4 (B) by striking “September 30, 2019,”
5 and inserting “September 30, 2022 (but during
6 the period that begins on October 1, 2019, and
7 ends on September 30, 2022, only with respect
8 to children in families whose income does not
9 exceed 300 percent of the poverty line (as de-
10 fined in section 2110(c)(5)) applicable to a fam-
11 ily of the size involved)”.

12 **SEC. 202. EXTENSION OF CERTAIN PROGRAMS AND DEM-**
13 **ONSTRATION PROJECTS.**

14 (a) CHILDHOOD OBESITY DEMONSTRATION
15 PROJECT.—Section 1139A(e)(8) of the Social Security
16 Act (42 U.S.C. 1320b–9a(e)(8)) is amended—

17 (1) by striking “and \$10,000,000” and insert-
18 ing “, \$10,000,000”; and

19 (2) by inserting after “2017” the following: “,
20 and \$25,000,000 for the period of fiscal years 2018
21 through 2022”.

22 (b) PEDIATRIC QUALITY MEASURES PROGRAM.—
23 Section 1139A(i) of the Social Security Act (42 U.S.C.
24 1320b–9a(i)) is amended—

1 (1) by striking “Out of any” and inserting the
2 following:

3 “(1) IN GENERAL.—Out of any”;

4 (2) by striking “there is appropriated for each”
5 and inserting “there is appropriated—

6 “(A) for each”;

7 (3) by striking “, and there is appropriated for
8 the period” and inserting “;

9 “(B) for the period”;

10 (4) by striking “. Funds appropriated under
11 this subsection shall remain available until ex-
12 pended” and inserting “; and”; and

13 (5) by adding at the end the following:

14 “(C) for the period of fiscal years 2018
15 through 2022, \$75,000,000 for the purpose of
16 carrying out this section (other than sub-
17 sections (e), (f), and (g)).

18 “(2) AVAILABILITY.—Funds appropriated
19 under this subsection shall remain available until ex-
20 pended.”.

21 **SEC. 203. EXTENSION OF OUTREACH AND ENROLLMENT**
22 **PROGRAM.**

23 (a) EXTENSION AND REAUTHORIZATION.—Section
24 2113 of the Social Security Act (42 U.S.C. 1397mm) is
25 amended—

1 (1) in subsection (a)(1), by striking “2017” and
2 inserting “2022”; and

3 (2) in subsection (g)—

4 (A) by striking “and \$40,000,000” and in-
5 serting “, \$40,000,000”; and

6 (B) by inserting after “2017” the fol-
7 lowing: “, and \$100,000,000 for the period of
8 fiscal years 2018 through 2022”.

9 (b) MAKING ORGANIZATIONS THAT USE PARENT
10 MENTORS ELIGIBLE TO RECEIVE GRANTS.—Section
11 2113(f) of the Social Security Act (42 U.S.C. 1397mm(f))
12 is amended—

13 (1) in paragraph (1)(E), by striking “or com-
14 munity-based doula programs” and inserting “, com-
15 munity-based doula programs, or parent mentors”;
16 and

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

19 “(5) PARENT MENTOR.—The term ‘parent
20 mentor’ means an individual who—

21 “(A) is a parent or guardian of at least
22 one child who is an eligible child under this title
23 or title XIX; and

24 “(B) is trained to assist families with chil-
25 dren who have no health insurance coverage

1 with respect to improving the social deter-
2 minants of the health of such children, includ-
3 ing by providing—

4 “(i) education about health insurance
5 coverage, including, with respect to obtain-
6 ing such coverage, eligibility criteria and
7 application and renewal processes;

8 “(ii) assistance with completing and
9 submitting applications for health insur-
10 ance coverage and renewal;

11 “(iii) a liaison between families and
12 representatives of State plans under title
13 XIX or State child health plans under this
14 title;

15 “(iv) guidance on identifying medical
16 and dental homes and community phar-
17 macies for children; and

18 “(v) assistance and referrals to suc-
19 cessfully address social determinants of
20 children’s health, including poverty, food
21 insufficiency, housing, and environmental
22 hazards.”.

23 (c) EXCLUSION FROM MODIFIED ADJUSTED GROSS
24 INCOME.—Section 1902 of the Social Security Act (42
25 U.S.C. 1396a) is amended—

1 (1) in subsection (a)(17), by striking “(e)(14),
2 (e)(14)” and inserting “(e)(14), (e)(15)”;

3 (2) in subsection (e), in the first paragraph
4 (14), relating to income determined using modified
5 adjusted gross income, by adding at the end the fol-
6 lowing new subparagraph:

7 “(J) EXCLUSION OF PARENT MENTOR
8 COMPENSATION FROM INCOME DETERMINA-
9 TION.—Any nominal amount received by an in-
10 dividual as compensation, including a stipend,
11 for participation as a parent mentor (as defined
12 in paragraph (5) of section 2113(f)) in an activ-
13 ity or program funded through a grant under
14 such section shall be disregarded for purposes
15 of determining the income eligibility of such in-
16 dividual for medical assistance under the State
17 plan or any waiver of such plan.”; and

18 (3) in subsection (e), by striking “(14) EXCLU-
19 SION” and inserting “(15) EXCLUSION”.

20 **SEC. 204. EXTENSION OF ADDITIONAL FEDERAL FINANCIAL**
21 **PARTICIPATION FOR CHIP.**

22 Section 2105(b) of the Social Security Act (42 U.S.C.
23 1397ee(b)) is amended in the second sentence by inserting
24 “and during the period that begins on October 1, 2019,
25 and ends on September 30, 2020, the enhanced FMAP

1 determined for a State for a fiscal year (or for any portion
 2 of a fiscal year occurring during such period) shall be in-
 3 creased by 11.5 percentage points” after “23 percentage
 4 points,”.

5 **TITLE III—OFFSET**

6 **SEC. 301. IMPLEMENTATION OF OFFICE OF INSPECTOR** 7 **GENERAL RECOMMENDATION TO DELAY CER-** 8 **TAIN MEDICARE PLAN PREPAYMENTS.**

9 (a) **MEDICARE ADVANTAGE PAYMENTS.**—Section
 10 1853(a)(1) of the Social Security Act (42 U.S.C. 1395w-
 11 23(a)(1)) is amended—

12 (1) in subparagraph (A), in the matter pre-
 13 ceding clause (i)—

14 (A) by striking “subsections (e), (g), (i),
 15 and (l)” and inserting “subparagraph (J), sub-
 16 sections (e), (g), (i), and (l),”; and

17 (B) by inserting “(or, for months begin-
 18 ning with January 2019, on the date specified
 19 in subparagraph (J))” after “in advance”; and

20 (2) by adding at the end the following new sub-
 21 paragraph:

22 “(J) **TIMING OF PAYMENTS.**—

23 “(i) **IN GENERAL.**—With respect to
 24 monthly payments under this section for
 25 months in a year (beginning with 2019),

1 the date specified in this subparagraph
2 with respect to a payment for a month is
3 the first business day occurring on or after
4 the applicable date defined in clause (ii).

5 “(ii) APPLICABLE DATE.—For pur-
6 poses of clause (i), with respect to a year
7 (beginning with 2019), the term ‘applicable
8 date’ means, with respect to a payment
9 for—

10 “(I) January of such year, Janu-
11 ary 2nd;

12 “(II) February of such year,
13 February 5th;

14 “(III) March of such year, March
15 10th;

16 “(IV) April of such year, April
17 15th;

18 “(V) May of such year, May
19 20th;

20 “(VI) June of such year, June
21 25th;

22 “(VII) July and each succeeding
23 month (other than December) of such
24 year, the first day of the next month;
25 and

1 “(VIII) December of such year,
2 December 24th.”.

3 (b) CONFORMING AMENDMENT TO PART D.—Section
4 1860D–15(d)(1) of the Social Security Act (42 U.S.C.
5 1395w–115(d)(1)) is amended by inserting “and shall be
6 made consistent with the timing of monthly payments to
7 MA organizations under section 1853(a)(1)(J)” after “as
8 the Secretary determines”.

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