

## **Senate Finance Committee Health and Human Services Extenders**

### **Medicare**

- Work Geographic Practice Cost Index (GPCI) Floor: Extends the current work GPCI floor for three years through calendar year 2022.
- Inpatient Hospital Payment Adjustment for Certain Low-Volume Hospitals: Makes the low-volume payment adjustments, as applied for fiscal year 2019, permanent.
- Medicare-Dependent Hospital (MDH) Program: Makes the MDH program permanent.
- Quality Measure Endorsement, Input, and Selection: In addition to carryover funding available from previous years, the bipartisan agreement provides \$22 million for quality measure endorsement, input, and selection activities in fiscal year 2020, and \$20 million in each of fiscal years 2021 and 2022. It also enhances transparency of the dollars spent through updated reporting requirements.
- Funding for Outreach and Assistance to Low-Income Programs: Extends the programs through fiscal year 2022.
- Independence at Home Demonstration Program: Extends the demonstration, which is currently set to end on December 31, 2020, for an additional three years.

### **Medicaid**

- Money Follows the Person Rebalancing Demonstration: Permanent extension with important policy improvements.
- Protection for Medicaid Recipients of Home and Community-Based Services Against Spousal Impoverishment: Permanent extension with improved reporting requirements.
- Community Mental Health Services Demonstration Program: Extends the demonstration for two years for the current states and adds eleven new states to the demonstration.
- Medicaid Disproportionate Share Hospital Payments: Address the scheduled disproportionate share hospital payment reductions for two years followed by Medicaid DSH payment reductions of \$8 billion for each of fiscal year 2022 through 2025; includes reporting requirements on Medicaid non-DSH supplemental payments, Medicaid shortfall and third party payment improvements, and GAO study and report on uncompensated care costs.
- Medicaid Funding for the Territories: Extends and increases funding to the U.S. territories for four years; includes important program integrity improvements for Puerto Rico's Medicaid program.
- Medicaid and CHIP Third Party Liability: Allows states to implement cost-avoidance measures for certain Medicaid payments alongside improved beneficiary access reporting requirements.

### **Health and Human Services**

- Patient-Centered Outcomes Research Institute (PCORI): Extends the PCOR Trust Fund, the health insurance fees, and an increased level of mandatory appropriations through fiscal year 2029; eliminates the transfers from the Federal Hospital Insurance Trust Fund, and makes policy changes relating to PCORI activities, governance, and oversight.
- Sexual Risk Avoidance Education (SRAE): Extends the program for three years.
- Personal Responsibility Education Program (PREP): Extends the program for three years.

- Health Professions Opportunity Grants (HPOG): Extends the program for three years.
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV): Extends the program through fiscal year 2024.
- Temporary Assistance for Needy Families (TANF): Extends the program for three years and requires reporting on outcomes, eliminates the separate two-parent work rate, requires states to report on spending on families with income over 200 percent of poverty, and clarifies a purpose of TANF is to reduce child poverty.
- Child Welfare: Addresses the expiration of child welfare demonstration projects by including the *Family First Transition Act* to help states with waivers that ended October 1 and to support implementation of *the Family First Prevention Services Act*.