Committee Print

[SHOWING THE TEXT OF H.R. 2328, AS FAVORABLY FORWARDED BY THE
ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH ON JULY 11, 2019]

116TH CONGRESS
1ST SESSION

H. R. 2328

To reauthorize and extend funding for community health centers and the National Health Service Corps.

IN THE HOUSE OF REPRESENTATIVES

APRIL 15, 2019

Mr. O’HALLERAN (for himself and Ms. STEFANIK) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To reauthorize and extend funding for community health centers and the National Health Service Corps.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Reauthorizing and Extending America’s Community Health Act” or the “REACH Act”.

(b) Table of Contents.—The table of contents for this Act is as follows:
Sec. 1. Short title; table of contents.

TITLE I—PUBLIC HEALTH PROGRAMS

Sec. 101. Extension for community health centers, the National Health Service Corps, and teaching health centers that operate GME programs.

Sec. 102. Extension for special diabetes programs.

Sec. 103. Extension for Family to Family Health Information Centers.

Sec. 104. Extension of Personal Responsibility Education Program.

Sec. 105. Extension of sexual risk avoidance education program.

TITLE II—MEDICARE PROGRAMS

Sec. 201. Extension of the work geographic index floor under the Medicare program.

Sec. 202. Extension of funding outreach and assistance for low-income programs.

Sec. 203. Extension of funding for quality measure endorsement, input, and selection under the Medicare program.

Sec. 204. Extension of the Independence at Home Medical Practice Demonstration Program under the Medicare program.

Sec. 205. Extension of appropriations and transfers to the Patient-Centered Outcomes Research Trust Fund; extension of certain health insurance fees.

Sec. 206. Transitional coverage and retroactive Medicare part D coverage for certain low-income beneficiaries.


Sec. 208. Exclusion of complex rehabilitative manual wheelchairs from Medicare competitive acquisition program; Non-application of Medicare fee-schedule adjustments for certain wheelchair accessories and cushions.

TITLE I—PUBLIC HEALTH PROGRAMS

SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS, THE NATIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH CENTERS THAT OPERATE GME PROGRAMS.

(a) COMMUNITY HEALTH CENTERS.—Section 10503(b)(1)(F) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(F)) is amended by
striking “fiscal year 2019” and inserting “each of fiscal years 2019 through 2023”.

(b) NATIONAL HEALTH SERVICE CORPS.—Section 10503(b)(2)(F) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(2)(F)) is amended by striking “2018 and 2019” and inserting “2019 through 2023”.

c) TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.—Section 340H(g)(1) of the Public Health Service Act (42 U.S.C. 256h(g)(1)) is amended by striking “2018 and 2019” and inserting “2019 through 2023”.

SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS.

(a) REAUTHORIZATION OF SPECIAL DIABETES PROGRAMS FOR TYPE I DIABETES.—Section 330B(b)(2)(D) of the Public Health Service Act (42 U.S.C. 254c–2(b)(2)(D)) is amended by striking “for each of fiscal years 2018 and 2019” and inserting “fiscal years 2019 through 2023”.

(b) REAUTHORIZATION OF SPECIAL DIABETES PROGRAMS FOR INDIANS FOR DIABETES SERVICES.—Section 330C(c)(2)(D) of the Public Health Service Act (42 U.S.C. 254c–3(c)(2)(D)) is amended by striking “fiscal years 2018 and 2019” and inserting “fiscal years 2019 through 2023”.
SEC. 103. EXTENSION FOR FAMILY TO FAMILY HEALTH INFORMATION CENTERS.


SEC. 104. EXTENSION OF PERSONAL RESPONSIBILITY EDUCATION PROGRAM.

Section 513 of the Social Security Act (42 U.S.C. 713) is amended—

(1) in paragraphs (1)(A) and (4)(A) of subsection (a), by striking “2019” and inserting “2023” each place it appears;

(2) in subsection (a)(4)(B)(i), by striking “2019” and inserting “2023”; and

(3) in subsection (f), by striking “2019” and inserting “2023”.

SEC. 105. EXTENSION OF SEXUAL RISK AVOIDANCE EDUCATION PROGRAM.

Section 510 of the Social Security Act (42 U.S.C. 710) is amended by striking “fiscal years 2018 and 2019” each place it appears in subsections (a)(1), (a)(2)(A), (f)(1) and (f)(2) and inserting “fiscal years 2019 through 2023”.

TITLE II—MEDICARE PROGRAMS

SEC. 201. EXTENSION OF THE WORK GEOGRAPHIC INDEX FLOOR UNDER THE MEDICARE PROGRAM.

Section 1848(e)(1)(E) of the Social Security Act (42 U.S.C. 1395w–4(e)(1)(E)) is amended by striking “2020” and inserting “2023”.

SEC. 202. EXTENSION OF FUNDING OUTREACH AND ASSISTANCE FOR LOW-INCOME PROGRAMS.


(1) in clause (vii), by striking “and” at the end;

(2) in clause (viii), by striking “and” at the end;
(3) in clause (ix), by striking the period at the end and inserting “; and”; and

(4) by inserting after clause (ix) the following new clause:

“(x) for each of fiscal years 2020 through 2022, of $15,000,000.”.

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

(1) in clause (vii), by striking “and” at the end;

(2) in clause (viii), by striking “and” at the end;

(3) in clause (ix), by striking the period at the end and inserting “; and”; and

(4) by inserting after clause (ix) the following new clause:

“(x) for each of fiscal years 2020 through 2022, of $15,000,000.”.

(c) ADDITIONAL FUNDING FOR AGING AND DISABILITY RESOURCE CENTERS.—Subsection (c)(1)(B) of such section 119, as so amended, is amended—

(1) in clause (vii), by striking “and” at the end;

(2) in clause (viii), by striking “and” at the end;
(3) in clause (ix), by striking the period at the end and inserting “; and”; and

(4) by inserting after clause (ix) the following new clause:

“(x) for each of fiscal years 2020 through 2022, of $5,000,000.”.

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

(1) in clause (vii), by striking “and” at the end;

(2) in clause (viii), by striking “and” at the end;

(3) in clause (ix), by striking the period at the end and inserting “; and”; and

(4) by inserting after clause (ix) the following new clause:

“(x) for each of fiscal years 2020 through 2022, of $15,000,000.”.

SEC. 203. EXTENSION OF FUNDING FOR QUALITY MEASURE ENDORSEMENT, INPUT, AND SELECTION UNDER THE MEDICARE PROGRAM.

(a) In General.—Section 1890(d)(2) of the Social Security Act (42 U.S.C. 1395aaa(d)(2)) is amended—
(1) by striking “and $7,500,000” and inserting “$7,500,000”; and
(2) by striking “and 2019.” and inserting “and 2019, and $30,000,000 for each of fiscal years 2020 through 2022.”.

(b) Input for Removal of Measures.—Section 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b)) is amended by inserting after paragraph (3) the following:
“(4) Removal of Measures.—The entity may, through the multistakeholder groups convened under paragraph (7)(A), provide input to the Secretary on quality and efficiency measures described in paragraph (7)(B) that could be considered for removal.”.

(c) Prioritization of Measure Endorsement.—
Section 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b)), as amended by subsection (b), is further amended by adding at the end the following:
“(9) Prioritization of Measure Endorsement.—The entity—
“(A) during the period beginning on the date of the enactment of this paragraph and ending on December 31, 2023, shall prioritize the endorsement of measures relating to maternal morbidity and mortality by the entity with
a contract under subsection (a) in connection
with endorsement of measures described in
paragraph (2); and
“(B) on and after January 1, 2024, may
prioritize the endorsement of such measures by
such entity.”.

SEC. 204. EXTENSION OF THE INDEPENDENCE AT HOME
MEDICAL PRACTICE DEMONSTRATION PRO-
GRAM UNDER THE MEDICARE PROGRAM.

(a) IN GENERAL.—Section 1866E(e)(1) of the Social
Security Act (42 U.S.C. 1395cc–5(e)(1)) is amended by
striking “7-year” and inserting “10-year”.

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

SEC. 205. EXTENSION OF APPROPRIATIONS AND TRANS-
FERS TO THE PATIENT-CENTERED OUT-
COMES RESEARCH TRUST FUND; EXTENSION
OF CERTAIN HEALTH INSURANCE FEES.

(a) IN GENERAL.—

(1) INTERNAL REVENUE CODE.—Section 9511
of the Internal Revenue Code of 1986 is amended—
(A) in subsection (b)(1)(E), by striking
“2014” and all that follows through “2019”
and inserting “2014 through 2022”;}
(B) in subsection (d)(2)(A), by striking “2019” and inserting “2022”; and
(C) in subsection (f), by striking “2019” and inserting “2022”.

(2) TITLE XI.—Section 1183(a)(2) of the Social Security Act (42 U.S.C. 1320e–2(a)(2)) is amended by striking “2014” and all that follows through “2019” and inserting “2014 through 2022”.

(b) EXTENSION OF CERTAIN HEALTH INSURANCE FEES.—

(1) HEALTH INSURANCE POLICIES.—Section 4375(e) of the Internal Revenue Code of 1986 is amended by striking “2019” and inserting “2022”.

(2) SELF-INSURED HEALTH PLANS.—Section 4376(e) of the Internal Revenue Code of 1986 is amended by striking “2019” and inserting “2022”.

SEC. 206. TRANSITIONAL COVERAGE AND RETROACTIVE MEDICARE PART D COVERAGE FOR CERTAIN LOW-INCOME BENEFICIARIES.

Section 1860D–14 of the Social Security Act (42 U.S.C. 1395w–114) is amended—

(1) by redesignating subsection (e) as subsection (f); and

(2) by adding after subsection (d) the following new subsection:
“(e) LIMITED INCOME NEWLY ELIGIBLE TRANSITION PROGRAM.—

“(1) IN GENERAL.—Beginning not later than January 1, 2021, the Secretary shall carry out a program to provide transitional coverage for covered part D drugs for LI NET eligible individuals in accordance with this subsection.

“(2) LI NET ELIGIBLE INDIVIDUAL DEFINED.—For purposes of this subsection, the term ‘LI NET eligible individual’ means a part D eligible individual who—

“(A) meets the requirements of clauses (ii) and (iii) of subsection (a)(3)(A); and

“(B) has not yet enrolled in a prescription drug plan or an MA–PD plan, or, who has so enrolled, but with respect to whom coverage under such plan has not yet taken effect.

“(3) TRANSITIONAL COVERAGE.—For purposes of this subsection, the term ‘transitional coverage’ means, with respect to an LI NET eligible individual—

“(A) immediate access to covered part D drugs at the point of sale during the period that begins on the first day of the month such individual is determined to meet the require-
ments of clauses (ii) and (iii) of subsection (a)(3)(A) and ends on the date that coverage under a prescription drug plan or MA–PD plan takes effect with respect to such individual; and

“(B) in the case of an LI NET eligible individual who is a full-benefit dual eligible individual (as defined in section 1935(c)(6)) or a recipient of supplemental security income benefits under title XVI, retroactive coverage (in the form of reimbursement of the amounts that would have been paid under this part had such individual been enrolled in a prescription drug plan or MA–PD plan) of covered part D drugs purchased by such individual during the period that begins on the date that is the later of—

“(i) the date that such individual was first eligible for a low-income subsidy under this part; or

“(ii) the date that is 36 months prior to the date such individual enrolls in a prescription drug plan or MA–PD plan,

and ends on the date that coverage under such plan takes effect.

“(4) PROGRAM ADMINISTRATION.—
“(A) SINGLE POINT OF CONTACT.—The Secretary shall, to the extent feasible, administer the program under this subsection through a contract with a single program administrator.

“(B) BENEFIT DESIGN.—The Secretary shall ensure that the transitional coverage provided to LI NET eligible individuals under this subsection—

“(i) provides access to all covered part D drugs under an open formulary;

“(ii) permits all pharmacies determined by the Secretary to be in good standing to process claims under the program;

“(iii) is consistent with such requirements as the Secretary considers necessary to improve patient safety and ensure appropriate dispensing of medication; and

“(iv) meets such other requirements as the Secretary may establish.

“(5) RELATIONSHIP TO OTHER PROVISIONS OF THIS TITLE; WAIVER AUTHORITY.—

“(A) IN GENERAL.—The following provisions shall not apply with respect to the program under this subsection:
“(i) Paragraphs (1) and (3)(B) of section 1860D–4(a) (relating to dissemination of general information; availability of information on changes in formulary through the internet).

“(ii) Subparagraphs (A) and (B) of section 1860D–4(b)(3) (relating to requirements on development and application of formularies; formulary development).

“(iii) Paragraphs (1)(C) and (2) of section 1860D–4(c) (relating to medication therapy management program).

“(B) WAIVER AUTHORITY.—The Secretary may waive such other requirements of titles XI and this title as may be necessary to carry out the purposes of the program established under this subsection.”.

SEC. 207. HEALTH EQUITY AND ACCESS FOR RETURNING TROOPS AND SERVICEMEMBERS ACT OF 2019.

(a) MODIFICATION OF REQUIREMENT FOR CERTAIN FORMER MEMBERS OF THE ARMED FORCES TO ENROLL IN MEDICARE PART B TO BE ELIGIBLE FOR TRICARE FOR LIFE.—

(1) TRICARE ELIGIBILITY.—
(A) IN GENERAL.—Subsection (d) of section 1086 of title 10, United States Code, is amended by adding at the end the following new paragraph:

“(6)(A) The requirement in paragraph (2)(A) to enroll in the supplementary medical insurance program under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.) shall not apply to a person described in subparagraph (B) during any month in which such person is not entitled to a benefit described in subparagraph (A) of section 226(b)(2) of the Social Security Act (42 U.S.C. 426(b)(2)) if such person has received the counseling and information under subparagraph (C).

“(B) A person described in this subparagraph is a person—

“(i) who is under 65 years of age;

“(ii) who is entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act pursuant to subparagraph (A) or (C) of section 226(b)(2) of such Act (42 U.S.C. 426(b)(2));

“(iii) whose entitlement to a benefit described in subparagraph (A) of such sec-
tion has terminated due to performance of substantial gainful activity; and

“(iv) who is retired under chapter 61 of this title.

“(C) The Secretary of Defense shall co-
ordinate with the Secretary of Health and Human Services and the Commissioner of So-
cial Security to notify persons described in sub-
paragraph (B) of, and provide information and counseling regarding, the effects of not enroll-
ing in the supplementary medical insurance pro-
gram under part B of title XVIII of the So-
cial Security Act (42 U.S.C. 1395j et seq.), as described in subparagraph (A).”.

(B) CONFORMING AMENDMENT.—Para-
graph (2)(A) of such subsection is amended by striking “is enrolled” and inserting “except as provided by paragraph (6), is enrolled”.

(C) IDENTIFICATION OF PERSONS.—Sec-
section 1110a of such title is amended by adding at the end the following new subsection:

“(c) CERTAIN INDIVIDUALS NOT REQUIRED TO EN-
ROLL IN MEDICARE PART B.—In carrying out subsection 
(a), the Secretary of Defense shall coordinate with the
Secretary of Health and Human Services and the Commissioner of Social Security to—

“(1) identify persons described in subparagraph (B) of section 1086(d)(6) of this title; and

“(2) provide information and counseling pursuant to subparagraph (C) of such section.”.

(2) Non-application of Medicare Part B Late Enrollment Penalty.—Section 1839(b) of the Social Security Act (42 U.S.C. 1395r(b)) is amended, in the second sentence, by inserting “or months for which the individual can demonstrate that the individual is an individual described in paragraph (6)(B) of section 1086(d) of title 10, United States Code, who is enrolled in the TRICARE program pursuant to such section” after “an individual described in section 1837(k)(3)”.

(3) Report.—Not later than October 1, 2024, the Secretary of Defense, the Secretary of Health and Human Services, and the Commissioner of Social Security shall jointly submit to the Committees on Armed Services of the House of Representatives and the Senate, the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives, and the Committee on Finance of the Senate a report on the implementation
of section 1086(d)(6) of title 10, United States Code, as added by paragraph (1). Such report shall include, with respect to the period covered by the report—

(A) the number of individuals enrolled in TRICARE for Life who are not enrolled in the supplementary medical insurance program under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.) by reason of such section 1086(d)(6); and

(B) the number of individuals who—

(i) are retired from the Armed Forces under chapter 61 of title 10, United States Code;

(ii) are entitled to hospital insurance benefits under part A of title XVIII of the Social Security Act pursuant to receiving benefits for 24 months as described in subparagraph (A) or (C) of section 226(b)(2) of such Act (42 U.S.C. 426(b)(2)); and

(iii) because of such entitlement, are no longer enrolled in TRICARE Standard, TRICARE Prime, TRICARE Extra, or TRICARE Select under chapter 55 of title 10, United States Code.
(4) Deposit of savings into Medicare Improvement Fund.—Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)) is amended by striking “during and after fiscal year 2021, $0” and inserting “during and after fiscal year 2024, $5,000,000”.

(5) Application.—The amendments made by paragraphs (1) and (2) shall apply with respect to a person who, on or after October 1, 2023, is a person described in section 1086(d)(6)(B) of title 10, United States Code, as added by paragraph (1).

(b) Coverage of Certain DNA Specimen Provenance Assay Tests Under Medicare.—

(1) Benefit.—

(A) Coverage.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended—

(i) in subsection (s)(2)—

(I) in subparagraph (GG), by striking “and” at the end;

(II) in subparagraph (HH), by striking the period and inserting “; and”;

(III) by adding at the end the following new subparagraph:
“(II) a prostate cancer DNA Specimen Provenance Assay test (DSPA test) (as defined in subsection (kkk));”; and

(ii) by adding at the end the following new subsection:

“(kkk) PROSTATE CANCER DNA SPECIMEN PROVENANCE ASSAY TEST.—The term ‘prostate cancer DNA Specimen Provenance Assay Test’ (DSPA test) means a test that, after a determination of cancer in one or more prostate biopsy specimens obtained from an individual, assesses the identity of the DNA in such specimens by comparing such DNA with the DNA that was separately taken from such individual at the time of the biopsy.”.

(B) EXCLUSION FROM COVERAGE.—Section 1862(a)(1) of the Social Security Act (42 U.S.C. 1395y(a)(1)) is amended—

(i) in subparagraph (O), by striking “and” at the end;

(ii) in subparagraph (P), by striking the semicolon at the end and inserting “, and”; and

(iii) by adding at the end the following new subparagraph:

“(Q) in the case of a prostate cancer DNA Specimen Provenance Assay test (DSPA test) (as
defined in section 1861(kkk)), unless such test is
furnished on or after January 1, 2021, and before
January 1, 2026, and such test is ordered by the
physician who furnished the prostate cancer biopsy
that obtained the specimen tested;”.

(2) PAYMENT AMOUNT AND RELATED REQUIRE-
MENTS.—Section 1834 of the Social Security Act
(42 U.S.C. 1395m) is amended by adding at the end
the following new subsection:

“(x) PROSTATE CANCER DNA SPECIMEN PROVE-
NANCE ASSAY TESTS.—

“(1) PAYMENT FOR COVERED TESTS.—

“(A) IN GENERAL.—Subject to subpara-
graph (B), the payment amount for a prostate
cancer DNA Specimen Provenance Assay test
(DSPA test) (as defined in section 1861(kkk))
shall be $200. Such payment shall be payment
for all of the specimens obtained from the bi-
opsy furnished to an individual that are tested.

“(B) LIMITATION.—Payment for a DSPA
test under subparagraph (A) may only be made
on an assignment-related basis.

“(C) PROHIBITION ON SEPARATE PAY-
MENT.—No separate payment shall be made for
obtaining DNA that was separately taken from
an individual at the time of a biopsy described in subparagraph (A).

“(2) HCPCS CODE AND MODIFIER ASSIGNMENT.—

“(A) IN GENERAL.—The Secretary shall assign one or more HCPCS codes to a prostate cancer DNA Specimen Provenance Assay test and may use a modifier to facilitate making payment under this section for such test.

“(B) IDENTIFICATION OF DNA MATCH ON CLAIM.—The Secretary shall require an indication on a claim for a prostate cancer DNA Specimen Provenance Assay test of whether the DNA of the prostate biopsy specimens match the DNA of the individual diagnosed with prostate cancer. Such indication may be made through use of a HCPCS code, a modifier, or other means, as determined appropriate by the Secretary.

“(3) DNA MATCH REVIEW.—

“(A) IN GENERAL.—The Secretary shall review at least three years of claims under part B for prostate cancer DNA Specimen Provenance Assay tests to identify whether the DNA of the prostate biopsy specimens match the
DNA of the individuals diagnosed with prostate cancer.

“(B) POSTING ON INTERNET WEBSITE.—
Not later than July 1, 2023, the Secretary shall post on the internet website of the Centers for Medicare & Medicaid Services the findings of the review conducted under subparagraph (A).”.

(3) COST-SHARING.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended—

(A) by striking “and (CC)” and inserting “(CC)”; and

(B) by inserting before the semicolon at the end the following: “, and (DD) with respect to a prostate cancer DNA Specimen Provenance Assay test (DSPA test) (as defined in section 1861(kkk)), the amount paid shall be an amount equal to 80 percent of the lesser of the actual charge for the test or the amount specified under section 1834(x)”. 
SEC. 208. EXCLUSION OF COMPLEX REHABILITATIVE MANUAL WHEELCHAIRS FROM MEDICARE COMPETITIVE ACQUISITION PROGRAM; NON-APPLICATION OF MEDICARE FEE-SCHEDULE ADJUSTMENTS FOR CERTAIN WHEELCHAIR ACCESSORIES AND CUSHIONS.

(a) EXCLUSION OF COMPLEX REHABILITATIVE MANUAL WHEELCHAIRS FROM COMPETITIVE ACQUISITION PROGRAM.—Section 1847(a)(2)(A) of the Social Security Act (42 U.S.C. 1395w–3(a)(2)(A)) is amended—

(1) by inserting “, complex rehabilitative manual wheelchairs (as determined by the Secretary), and certain manual wheelchairs (identified, as of October 1, 2018, by HCPCS codes E1235, E1236, E1237, E1238, and K0008 or any successor to such codes)” after “group 3 or higher”; and

(2) by striking “such wheelchairs” and inserting “such complex rehabilitative power wheelchairs, complex rehabilitative manual wheelchairs, and certain manual wheelchairs”.

(b) NON-APPLICATION OF MEDICARE FEE SCHEDULE ADJUSTMENTS FOR WHEELCHAIR ACCESSORIES AND SEAT AND BACK CUSHIONS WHEN FURNISHED IN CONNECTION WITH COMPLEX REHABILITATIVE MANUAL WHEELCHAIRS.—
(1) **IN GENERAL.**—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, during the period beginning on January 1, 2020, and ending on December 31, 2020, use information on the payment determined under the competitive acquisition programs under section 1847 of the Social Security Act (42 U.S.C. 1395w–3) to adjust the payment amount that would otherwise be recognized under section 1834(a)(1)(B)(ii) of such Act (42 U.S.C. 1395m(a)(1)(B)(ii)) for wheelchair accessories (including seating systems) and seat and back cushions when furnished in connection with complex rehabilitative manual wheelchairs (as determined by the Secretary), and certain manual wheelchairs (identified, as of October 1, 2018, by HCPCS codes E1235, E1236, E1237, E1238, and K0008 or any successor to such codes).

(2) **IMPLEMENTATION.**—Notwithstanding any other provision of law, the Secretary may implement this subsection by program instruction or otherwise.
TITLE III—MEDICAID PROGRAM

SEC. 301. MODIFICATION OF REDUCTIONS IN MEDICAID DSH ALLOTMENTS.

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

(1) in clause (i), in the matter preceding subclause (I), by striking “2020” and inserting “2022”; and

(2) in clause (ii)—

(A) in subclause (I), by striking “2020” and inserting “2022”; and

(B) in subclause (II), by striking “for each of fiscal years 2021 through 2025” and inserting “for each of fiscal years 2023 through 2025”.

SEC. 302. PUBLIC AVAILABILITY OF HOSPITAL UPPER PAYMENT LIMIT DEMONSTRATIONS.

Section 1903 of the Social Security Act (42 U.S.C. 1396b) is amended by adding at the end the following new subsection:

“(bb) Public Availability of Hospital Upper Payment Limit Demonstrations.—The Secretary shall make publicly available upper payment limit demonstrations for hospital services that a State submits with respect to a fiscal year of the State (beginning with State
fiscal year 2022) to the Administrator of the Centers for Medicare & Medicaid Services.”.

SEC. 303. REPORT BY COMPTROLLER GENERAL.

Not later than the date that is 21 months after the date of the enactment of this Act, the Comptroller General of the United States shall identify and report to Congress policy considerations for legislative action with respect to establishing an equitable formula for determining disproportionate share hospital allotments for States under section 1923 of the Social Security Act (42 U.S.C. 1396r–4) that takes into account the following factors:

(1) The level of uncompensated care costs of hospitals in a State.

(2) Expenditures of a State with respect to hospitals, including payment adjustments made under such section 1923 to disproportionate share hospitals (as defined under the State plan under title XIX of such Act (42 U.S.C. 1396 et seq.) pursuant to subsection (a)(1)(A) of such section 1923), upper payment limit supplemental payments, and other related payments that hospitals may receive from the State.

(3) State policy decisions that may affect the level of uncompensated care costs of hospitals in a State.
Amend the title so as to read: “A bill to reauthorize and extend funding for critical public health programs that improve access to health care and strengthen the health care workforce, to extend provisions of the Medicare program, and for other purposes.”.