



1           eral Food, Drug, and Cosmetic Act, and admin-  
2           istration of the vaccine; and (F) during the pe-  
3           riod beginning on the date of the enactment of  
4           the American Rescue Plan Act of 2021 and  
5           ending on the last day of the first calendar  
6           quarter that begins at least one year after the  
7           last day of the emergency period described in  
8           section 1135(g)(1)(B), drugs, biological, prod-  
9           ucts or services for the treatment, or preven-  
10          tion, of COVID–19, including drugs approved  
11          or authorized under section 505 of the Federal  
12          Food, Drug, and Cosmetic Act, biological prod-  
13          ucts licensed under section 351 of the Public  
14          Health Service Act, or drugs or biological prod-  
15          ucts authorized under section 564 of the Fed-  
16          eral Food, Drug, and Cosmetic Act, for such  
17          use (and the administration of such drug or bi-  
18          ological product), or, without regard to the re-  
19          quirements of section 1902(a)(10)(B) (relating  
20          to comparability), in the case of an individual  
21          who is diagnosed with or presumed to have  
22          COVID–19, during the period such individual  
23          has (or is presumed to have) COVID–19, the  
24          treatment of a condition that may seriously

1           complicate the treatment of COVID–19, as de-  
2           termined by the Secretary;”.

3           (2) MAKING COVID–19 VACCINE AVAILABLE TO  
4           ADDITIONAL ELIGIBILITY GROUPS AND TREATMENT  
5           AVAILABLE TO CERTAIN UNINSURED.—Section  
6           1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10))  
7           is amended in the matter following subparagraph  
8           (G)—

9                   (A) by striking “and to other conditions  
10                  which may complicate pregnancy, (VIII)” and  
11                  inserting “, medical assistance for services re-  
12                  lated to other conditions which may complicate  
13                  pregnancy, and medical assistance for vaccines  
14                  described in section 1905(a)(4)(E) and the ad-  
15                  ministration of such vaccines during the period  
16                  described in such section, (VIII)”;

17                  (B) by inserting “and medical assistance  
18                  for vaccines described in section 1905(a)(4)(E)  
19                  and the administration of such vaccines during  
20                  the period described in such section” after “(de-  
21                  scribed in subsection (z)(2))”;

22                  (C) by striking “cancer (XV)” and insert-  
23                  ing “cancer, (XV)”;

24                  (D) by inserting “and medical assistance  
25                  for vaccines described in section 1905(a)(4)(E)

1 and the administration of such vaccines during  
2 the period described in such section” after “de-  
3 scribed in subsection (k)(1)”;

4 (E) by inserting “and medical assistance  
5 for vaccines described in section 1905(a)(4)(E)  
6 and the administration of such vaccines during  
7 the period described in such section” after  
8 “family planning setting”;

9 (F) by striking “and (XVIII)” and insert-  
10 ing “(XVIII)”;

11 (G) by striking “and any visit described in  
12 section 1916(a)(2)(G) that is furnished during  
13 any such portion” and inserting “, any service  
14 described in section 1916(a)(2)(G) that is fur-  
15 nished during any such portion, any vaccine de-  
16 scribed in section 1905(a)(4)(E) (and the ad-  
17 ministration of such vaccine) that is furnished  
18 during any such portion, and any drug, biologi-  
19 cal product, or service that is furnished during  
20 any such portion for the treatment, or preven-  
21 tion, of COVID–19, including drugs approved  
22 or authorized under section 505 of the Federal  
23 Food, Drug, and Cosmetic Act, biological prod-  
24 ucts licensed under section 351 of the Public  
25 Health Service Act, or drugs or biological prod-

1           ucts authorized under section 564 of the Fed-  
2           eral Food, Drug, and Cosmetic Act, for such  
3           use (and the administration of such drug or bi-  
4           ological product), or, in the case of an indi-  
5           vidual who is diagnosed with or presumed to  
6           have COVID–19, during the period such indi-  
7           vidual has (or is presumed to have) COVID–19,  
8           the treatment of a condition that may seriously  
9           complicate the treatment of COVID–19, as de-  
10          termined by the Secretary”; and

11           (H) by striking the semicolon at the end  
12          and inserting “, and (XIX) medical assistance  
13          shall be made available during the period de-  
14          scribed in section 1905(a)(4)(E) for vaccines  
15          described in such section and the administra-  
16          tion of such vaccines, for any individual who is  
17          eligible for and receiving medical assistance  
18          under the State plan or under a waiver of such  
19          plan (other than an individual who is eligible  
20          for medical assistance consisting only of pay-  
21          ment of premiums pursuant to subparagraph  
22          (E) or (F) or section 1933), notwithstanding  
23          any provision of law limiting such individual’s  
24          eligibility for medical assistance under such  
25          plan or waiver to coverage for a limited type of

1 benefits and services that would not otherwise  
2 include coverage of a COVID–19 vaccine and  
3 its administration;”.

4 (3) PROHIBITION OF COST SHARING.—

5 (A) IN GENERAL.—Subsections (a)(2) and  
6 (b)(2) of section 1916 of the Social Security  
7 Act (42 U.S.C. 1396o) are each amended—

8 (i) in subparagraph (F), by striking  
9 “or” at the end;

10 (ii) in subparagraph (G), by striking  
11 “; and”; and

12 (iii) by adding at the end the fol-  
13 lowing subparagraphs:

14 “(H) during the period beginning on the  
15 date of the enactment of this subparagraph and  
16 ending on the last day of the first calendar  
17 quarter that begins at least one year after the  
18 last day of the emergency period described in  
19 section 1135(g)(1)(B), a COVID–19 vaccine li-  
20 censed under section 351 of the Public Health  
21 Service Act or authorized under section 564 of  
22 the Federal Food, Drug, and Cosmetic Act, and  
23 the administration of such vaccine (for any in-  
24 dividual eligible for medical assistance for such  
25 vaccine (and administration)); or

1           “(I) during the period beginning on the  
2           date of the enactment of this subparagraph and  
3           ending on the last day of the first calendar  
4           quarter that begins at least one year after the  
5           last day of the emergency period described in  
6           section 1135(g)(1)(B), any drug, biological  
7           product, or service furnished for the treatment,  
8           or prevention, of COVID–19, including drugs  
9           approved or authorized under section 505 of the  
10          Federal Food, Drug, and Cosmetic Act, biologi-  
11          cal products licensed under section 351 of the  
12          Public Health Service Act, or drugs or biologi-  
13          cal products authorized under section 564 of  
14          the Federal Food, Drug, and Cosmetic Act, for  
15          such use (and the administration of such drug  
16          or biological product), or, in the case of an indi-  
17          vidual who is diagnosed with or presumed to  
18          have COVID–19, during the period during  
19          which such individual has (or is presumed to  
20          have) COVID–19, the treatment of a condition  
21          that may seriously complicate the treatment of  
22          COVID–19, as determined by the Secretary;  
23          and”.

24                   (B) APPLICATION TO ALTERNATIVE COST  
25          SHARING.—Section 1916A(b)(3)(B) of the So-

1           cial Security Act (42 U.S.C. 1396o–1(b)(3)(B))  
2           is amended—

3                   (i) in clause (xi), by striking “any  
4                   visit” and inserting “any service”; and

5                   (ii) by adding at the end the following  
6                   clauses:

7                   “(xii) During the period beginning on  
8                   the date of the enactment of this clause  
9                   and ending on the last day of the first cal-  
10                  endar quarter that begins at least one year  
11                  after the last day of the emergency period  
12                  described in section 1135(g)(1)(B), a  
13                  COVID–19 vaccine licensed under section  
14                  351 of the Public Health Service Act or  
15                  authorized under section 564 of the Fed-  
16                  eral Food, Drug, and Cosmetic Act, and  
17                  the administration of such vaccine (for any  
18                  individual eligible for medical assistance  
19                  for such vaccine (and administration)).

20                  “(xiii) During the period beginning on  
21                  the date of the enactment of this clause  
22                  and ending on the last day of the first cal-  
23                  endar quarter that begins at least one year  
24                  after the last day of the emergency period  
25                  described in section 1135(g)(1)(B), a drug,



1 biological product, or service furnished for  
2 the treatment, or prevention, of COVID–  
3 19, including drugs approved or authorized  
4 under section 505 of the Federal Food,  
5 Drug, and Cosmetic Act, biological prod-  
6 ucts licensed under section 351 of the Pub-  
7 lic Health Service Act, or drugs or biologi-  
8 cal products authorized under section 564  
9 of the Federal Food, Drug, and Cosmetic  
10 Act, for such use (and the administration  
11 of such drug or biological product), or, in  
12 the case of an individual who is diagnosed  
13 with or presumed to have COVID–19, dur-  
14 ing the period during which such individual  
15 has (or is presumed to have) COVID–19,  
16 the treatment of a condition that may seri-  
17 ously complicate the treatment of COVID–  
18 19, as determined by the Secretary.”.

19 (4) INCLUSION IN THE MEDICAID DRUG RE-  
20 BATE PROGRAM OF COVERED OUTPATIENT DRUGS  
21 USED FOR COVID–19 TREATMENT.—

22 (A) IN GENERAL.—The requirements of  
23 section 1927 of the Social Security Act (42  
24 U.S.C. 1396r–8) shall apply to any drug or bio-  
25 logical product described in subparagraph (F)

1 of section 1905(a)(4) of such Act, as added by  
2 paragraph (1), or described in the subclause  
3 (XVIII) in the matter following subparagraph  
4 (G) of section 1902(a)(10) of such Act, as  
5 added by paragraph (2), that is—

6 (i) furnished as medical assistance in  
7 accordance with such subparagraph (F) or  
8 subclause (XVIII), as applicable, for the  
9 treatment, or prevention, of COVID-19, as  
10 described in such subparagraph of sub-  
11 clause, respectively; and

12 (ii) a covered outpatient drug (as de-  
13 fined in section 1927(k) of such Act, ex-  
14 cept that, in applying paragraph (2)(A) of  
15 such section to a drug described in such  
16 subparagraph (F) or such subclause  
17 (XVIII), such drug shall be deemed a pre-  
18 scribed drug for purposes of section  
19 1905(a)(12) of such Act).

20 (B) CONFORMING AMENDMENT.—Section  
21 1927(d)(7) of the Social Security Act (42  
22 U.S.C. 1396r–8(d)(7)) is amended by adding at  
23 the end the following new subparagraph:

24 “(E) Drugs and biological products de-  
25 scribed in section 1905(a)(4)(F) and subclause

1 (XVIII) in the matter following subparagraph  
2 (G) of section 1902(a)(10) that are furnished  
3 as medical assistance in accordance with such  
4 section or clause, respectively, for the treat-  
5 ment, or prevention, of COVID–19, as de-  
6 scribed in such subparagraph of subclause, re-  
7 spectively.”.

8 (b) TEMPORARY INCREASE IN FEDERAL PAYMENTS  
9 FOR COVERAGE AND ADMINISTRATION OF COVID–19  
10 VACCINES.—Section 1905 of the Social Security Act (42  
11 U.S.C. 1396d) is amended—

12 (1) in subsection (b), by striking “and (ff)” and  
13 inserting “(ff), and (hh)”;

14 (2) in subsection (ff), in the matter preceding  
15 paragraph (1), by inserting “, subject to subsection  
16 (hh)” after “or (z)(2)” and

17 (3) by adding at the end the following new sub-  
18 section:

19 “(hh) TEMPORARY INCREASED FMAP FOR MEDICAL  
20 ASSISTANCE FOR COVERAGE AND ADMINISTRATION OF  
21 COVID–19 VACCINES.—

22 “(1) IN GENERAL.—Notwithstanding any other  
23 provision of this title, during the period described in  
24 paragraph (2), the Federal medical assistance per-  
25 centage for a State, with respect to amounts ex-

1        pended by the State for medical assistance for a vac-  
2        cine described in subsection (a)(4)(E) (and the ad-  
3        ministration of such a vaccine), shall be equal to 100  
4        percent.

5           “(2) PERIOD DESCRIBED.—The period de-  
6        scribed in this paragraph is the period that—

7           “(A) begins on the first day of the first  
8        quarter beginning after the date of the enact-  
9        ment of this subsection; and

10          “(B) ends on the last day of the first quar-  
11        ter that begins at least one year after the last  
12        day of the emergency period described in sec-  
13        tion 1135(g)(1)(B).

14          “(3) EXCLUSION OF EXPENDITURES FROM TER-  
15        RITORIAL CAPS.—Any payment made to a territory  
16        for expenditures for medical assistance under sub-  
17        section (a)(4)(E) that are subject to the Federal  
18        medical assistance percentage specified under para-  
19        graph (1) shall not be taken into account for pur-  
20        poses of applying payment limits under subsections  
21        (f) and (g) of section 1108.”.

1 **SEC. 3102. MODIFICATIONS TO CERTAIN COVERAGE UNDER**  
2 **MEDICAID FOR PREGNANT AND**  
3 **POSTPARTUM WOMEN.**

4 (a) STATE OPTION.—Section 1902(e) of the Social  
5 Security Act (42 U.S.C. 1396a(e)) is amended by adding  
6 at the end the following new paragraph:

7 “(16) EXTENDING CERTAIN COVERAGE FOR  
8 PREGNANT AND POSTPARTUM WOMEN.—

9 “(A) IN GENERAL.—At the option of the  
10 State, the State plan (or waiver of such State  
11 plan) may provide, that an individual who,  
12 while pregnant, is eligible for and has received  
13 medical assistance under the State plan ap-  
14 proved under this title (or a waiver of such  
15 plan) (including during a period of retroactive  
16 eligibility under subsection (a)(34)) shall, in ad-  
17 dition to remaining eligible under paragraph (5)  
18 for all pregnancy-related and postpartum med-  
19 ical assistance available under the State plan  
20 (or waiver) through the last day of the month  
21 in which the 60-day period (beginning on the  
22 last day of her pregnancy) ends, remain eligible  
23 under the State plan (or waiver) for medical as-  
24 sistance for the period beginning on the first  
25 day occurring after the end of such 60-day pe-  
26 riod and ending on the last day of the month

1 in which the 12-month period (beginning on the  
2 last day of her pregnancy) ends.

3 “(B) FULL BENEFITS DURING PREGNANCY  
4 AND THROUGHOUT THE 12-MONTH  
5 POSTPARTUM PERIOD.—The medical assistance  
6 provided for a pregnant or postpartum indi-  
7 vidual by a State making an election under this  
8 paragraph, without regard to the basis on which  
9 the individual is eligible for medical assistance  
10 under the State plan (or waiver), shall—

11 “(i) include all items and services cov-  
12 ered under the State plan (or waiver) that  
13 are not less in amount, duration, or scope,  
14 or are determined by the Secretary to be  
15 substantially equivalent, to the medical as-  
16 sistance available for an individual de-  
17 scribed in subsection (a)(10)(A)(i); and

18 “(ii) be provided for the individual  
19 while pregnant and during the 12-month  
20 period that begins on the last day of the  
21 individual’s pregnancy and ends on the last  
22 day of the month in which such 12-month  
23 period ends.”.

24 (b) EFFECTIVE DATE.—The amendment made by  
25 subsection (a) shall apply with respect to State elections

1 made under paragraph (16) of section 1902(e) of the So-  
2 cial Security Act (42 U.S.C. 1396a(e)), as added by sub-  
3 section (a), during the 5-year period beginning on the 1st  
4 day of the 1st fiscal year quarter that begins at least one  
5 year after the date of the enactment of this Act.

6 **SEC. 3103. ALLOWING FOR MEDICAL ASSISTANCE UNDER**  
7 **MEDICAID FOR INMATES DURING 30-DAY PE-**  
8 **RIOD PRECEDING RELEASE.**

9 The subdivision (A) following paragraph (30) of sec-  
10 tion 1905(a) of the Social Security Act (42 U.S.C.  
11 1396d(a)) is amended by inserting “and, during the 5-  
12 year period beginning on the first day of the first fiscal  
13 year quarter that begins at least one year after the date  
14 of the enactment of the American Rescue Plan Act of  
15 2021, except during the 30-day period preceding the date  
16 of release of such individual from such public institution”  
17 after “medical institution”.

18 **SEC. 3104. ENHANCED FEDERAL MEDICAID SUPPORT FOR**  
19 **BUNDLED COMMUNITY-BASED MOBILE CRI-**  
20 **SIS INTERVENTION SERVICES.**

21 Section 1903 of the Social Security Act (42 U.S.C.  
22 1396b) is amended by adding at the end the following new  
23 subsection:

24 “(bb) BUNDLED COMMUNITY-BASED MOBILE CRISIS  
25 INTERVENTION SERVICES.—

1           “(1) IN GENERAL.—Notwithstanding section  
2           1902(a)(1) (relating to Statewideness), section  
3           1902(a)(10)(B) (relating to comparability), section  
4           1902(a)(23)(A) (relating to freedom of choice of  
5           providers), or section 1902(a)(27) (relating to pro-  
6           vider agreements), a State may, during the 5-year  
7           period beginning on the first day of the first fiscal  
8           year quarter that begins on or after the date that  
9           is 1 year after the date of the enactment of this sub-  
10          section, provide medical assistance, through bundled  
11          payments, for qualifying community-based mobile  
12          crisis intervention services under a State plan  
13          amendment or waiver approved under section 1115  
14          or subsection (b) or (c) of section 1915.

15          “(2) QUALIFYING COMMUNITY-BASED MOBILE  
16          CRISIS INTERVENTION SERVICES DEFINED.—For  
17          purposes of this subsection, the term ‘qualifying  
18          community-based mobile crisis intervention services’  
19          means, with respect to a State, items and services  
20          for which medical assistance is available under the  
21          State plan under this title or a waiver of such plan,  
22          that are—

23                 “(A) furnished to an individual otherwise  
24                 eligible for medical assistance under the State  
25                 plan (or waiver of such plan) who is—



1 “(i) outside of a hospital or other fa-  
2 cility setting; and

3 “(ii) experiencing a mental health or  
4 substance use disorder crisis;

5 “(B) furnished by a multidisciplinary mo-  
6 bile crisis team—

7 “(i) that includes at least 1 behavioral  
8 health care professional who is capable of  
9 conducting an assessment of the individual,  
10 in accordance with the professional’s per-  
11 mitted scope of practice under State law,  
12 and other professionals or paraprofes-  
13 sionals with appropriate expertise in behav-  
14 ioral health or mental health crisis re-  
15 sponse, including nurses, social workers,  
16 peer support specialists, and others, as  
17 designated by the State through a State  
18 plan amendment (or waiver of such plan);

19 “(ii) whose members are trained in  
20 trauma-informed care, de-escalation strate-  
21 gies, and harm reduction;

22 “(iii) that is able to respond in a  
23 timely manner and, where appropriate,  
24 provide—

25 “(I) screening and assessment;

1                   “(II) stabilization and de-esca-  
2                   lation;

3                   “(III) coordination with, and re-  
4                   ferrals to, health, social, and other  
5                   services and supports as needed; and

6                   “(IV) assistance in facilitating  
7                   the individual’s access to emergency  
8                   or nonemergency (as applicable)  
9                   transportation services under the  
10                  State plan (or waiver of such plan) to  
11                  ensure access to the next step in care  
12                  or treatment;

13                  “(iv) that maintains relationships with  
14                  relevant community partners, including  
15                  medical and behavioral health providers,  
16                  primary care providers, community health  
17                  centers, crisis respite centers, managed  
18                  care organizations (if applicable), entities  
19                  able to provide assistance with application  
20                  and enrollment in the State plan or a waiv-  
21                  er of the plan, entities able to provide as-  
22                  sistance with applying for and enrolling in  
23                  benefit programs, entities that provide as-  
24                  sistance with housing (such as public hous-  
25                  ing authorities, Continuum of Care pro-

1           grams, or not-for-profit entities that pro-  
2           vide housing assistance), and entities that  
3           provide assistance with other social serv-  
4           ices;

5           “(v) that coordinates with crisis inter-  
6           vention hotlines and emergency response  
7           systems;

8           “(vi) that maintains the privacy and  
9           confidentiality of patient information con-  
10          sistent with Federal and State require-  
11          ments; and

12          “(vii) that operates independently  
13          from (but may coordinate with) State or  
14          local law enforcement agencies;

15          “(C) available 24 hours per day, every day  
16          of the year; and

17          “(D) voluntary to receive.

18          “(3) PAYMENTS.—

19                 “(A) IN GENERAL.—Notwithstanding sec-  
20                 tion 1905(b) or 1905(ff) and subject to sub-  
21                 sections (y) and (z) of section 1905, during  
22                 each of the first 12 fiscal quarters occurring  
23                 during the period described in paragraph (1)  
24                 that a State meets the requirements described  
25                 in paragraph (4), the Federal medical assist-

1           ance percentage applicable to amounts ex-  
2           pended by the State for medical assistance,  
3           through bundled payments described in para-  
4           graph (1), for qualifying community-based mo-  
5           bile crisis intervention services furnished during  
6           such quarter shall be equal to 85 percent.

7           “(B) EXCLUSION OF EXPENDITURES FROM  
8           TERRITORIAL CAPS.—Expenditures for medical  
9           assistance consisting of qualifying community-  
10          based mobile crisis intervention services fur-  
11          nished in a territory during a quarter with re-  
12          spect to which subparagraph (A) applies to  
13          such territory shall not be taken into account  
14          for purposes of applying payment limits under  
15          subsections (f) and (g) of section 1108.

16          “(4) REQUIREMENTS.—The requirements de-  
17          scribed in this paragraph are the following:

18                 “(A) The State demonstrates, to the satis-  
19                 faction of the Secretary—

20                         “(i) that it will be able to support the  
21                         provision of qualifying community-based  
22                         mobile crisis intervention services that  
23                         meet the conditions specified in paragraph  
24                         (2); and

1                   “(ii) how it will support coordination  
2                   between mobile crisis teams and commu-  
3                   nity partners, including health care pro-  
4                   viders, to enable the provision of services,  
5                   needed referrals, and other activities iden-  
6                   tified by the Secretary.

7                   “(B) The State provides assurances satis-  
8                   factory to the Secretary that—

9                   “(i) any additional Federal funds re-  
10                  ceived by the State for qualifying commu-  
11                  nity-based mobile crisis intervention serv-  
12                  ices provided under this subsection that  
13                  are attributable to the increased Federal  
14                  medical assistance percentage under para-  
15                  graph (3)(A) will be used to supplement,  
16                  and not supplant, the level of State funds  
17                  expended for such services for the fiscal  
18                  year preceding the first fiscal quarter oc-  
19                  curring during the period described in  
20                  paragraph (1);

21                  “(ii) if the State made qualifying com-  
22                  munity-based mobile crisis intervention  
23                  services available in a region of the State  
24                  in such fiscal year, the State will continue  
25                  to make such services available in such re-

1           gion under this subsection during each  
2           month occurring during the period de-  
3           scribed in paragraph (1) for which the  
4           Federal medical assistance percentage  
5           under paragraph (3)(A) is applicable with  
6           respect to the State.

7           “(5) STATE PLANNING GRANTS.—As soon as  
8           practicable after the date of enactment of this sub-  
9           section, the Secretary shall award planning grants to  
10          States for purposes of developing a State plan  
11          amendment or section 1115, 1915(b), or 1915(c)  
12          waiver request (or an amendment to such a waiver)  
13          to provide qualifying community-based mobile crisis  
14          intervention services under this subsection.

15          “(6) FUNDING.—There is appropriated, out of  
16          any funds in the Treasury not otherwise appro-  
17          priated, \$15,000,000 to the Secretary for purposes  
18          of implementing, administering, and making grants  
19          under paragraph (5), to remain available until ex-  
20          pended.”.

1 **SEC. 3105. TEMPORARY INCREASE IN FMAP FOR MEDICAL**  
2 **ASSISTANCE UNDER STATE MEDICAID PLANS**  
3 **WHICH BEGIN TO EXPEND AMOUNTS FOR**  
4 **CERTAIN MANDATORY INDIVIDUALS.**

5 Section 1905 of the Social Security Act (42 U.S.C.  
6 1396d), as amended by section 3101 of this subtitle, is  
7 further amended—

8 (1) in subsection (b), in the first sentence, by  
9 striking “and (hh)” and inserting “(hh), and (ii)”;

10 (2) in subsection (ff), by striking “subject to  
11 subsection (hh)” and inserting “subject to sub-  
12 sections (hh) and (ii)”; and

13 (3) by adding at the end the following new sub-  
14 section:

15 “(ii) TEMPORARY INCREASE IN FMAP FOR MEDICAL  
16 ASSISTANCE UNDER STATE MEDICAID PLANS WHICH  
17 BEGIN TO EXPEND AMOUNTS FOR CERTAIN MANDATORY  
18 INDIVIDUALS.—

19 “(1) IN GENERAL.—Subject to paragraph (2),  
20 for the 8-quarter period beginning with the first cal-  
21 endar quarter during which a qualifying State (as  
22 defined in paragraph (4)) expends amounts for all  
23 individuals described in section  
24 1902(a)(10)(A)(i)(VIII) under the State plan (or  
25 waiver of such plan), the Federal medical assistance

1 percentage determined under subsection (b) for such  
2 State shall be increased by 5 percentage points.

3 “(2) EXCEPTION.—In the case of a State that  
4 ceases to provide medical assistance to any indi-  
5 vidual described in paragraph (1) under the State  
6 plan (or waiver of such plan) during a quarter oc-  
7 ccurring during the period described in paragraph  
8 (1), the increase described in such paragraph shall  
9 not apply with respect to such State and such quar-  
10 ter (or any succeeding quarter).

11 “(3) SPECIAL APPLICATION RULES.—Any in-  
12 crease described in paragraph (1) (or payment made  
13 for expenditures on medical assistance that are sub-  
14 ject to such increase)—

15 “(A) shall not apply with respect to dis-  
16 proportionate share hospital payments described  
17 in section 1923;

18 “(B) shall not be taken into account in cal-  
19 culating the enhanced FMAP of a State under  
20 section 2105;

21 “(C) shall not be taken into account for  
22 purposes of part A, D, or E of title IV; and

23 “(D) shall not be taken into account for  
24 purposes of applying payment limits under sub-  
25 sections (f) and (g) of section 1108.



1           “(4) DEFINITION.—For purposes of this sub-  
2           section, the term ‘qualifying State’ means a State  
3           which has not expended amounts for all individuals  
4           described in section 1902(a)(10)(A)(i)(VIII) before  
5           the date of the enactment of this subsection.”.

6   **SEC. 3106. EXTENSION OF 100 PERCENT FEDERAL MEDICAL**  
7                           **ASSISTANCE PERCENTAGE TO URBAN INDIAN**  
8                           **HEALTH ORGANIZATIONS AND NATIVE HA-**  
9                           **WAIIAN HEALTH CARE SYSTEMS.**

10          Section 1905(b) of the Social Security Act (42 U.S.C.  
11   1396d(b)) is amended by inserting after “(as defined in  
12   section 4 of the Indian Health Care Improvement Act)”  
13   the following: “; for the 8 fiscal year quarters beginning  
14   with the first fiscal year quarter beginning after the date  
15   of the enactment of the American Rescue Plan Act of  
16   2021, the Federal medical assistance percentage shall also  
17   be 100 per centum with respect to amounts expended as  
18   medical assistance for services which are received through  
19   an Urban Indian organization (as defined in paragraph  
20   (29) of section 4 of the Indian Health Care Improvement  
21   Act) that has a grant or contract with the Indian Health  
22   Service under title V of such Act; and, for such 8 fiscal  
23   year quarters, the Federal medical assistance percentage  
24   shall also be 100 per centum with respect to amounts ex-  
25   pended as medical assistance for services which are re-

1 ceived through a Native Hawaiian Health Center (as de-  
2 fined in section 12(4) of the Native Hawaiian Health Care  
3 Improvement Act) or a qualified entity (as defined in sec-  
4 tion 6(b) of such Act) that has a grant or contract with  
5 the Papa Ola Lokahi under section 8 of such Act”.

6 **SEC. 3107. SUNSET OF LIMIT ON MAXIMUM REBATE**  
7 **AMOUNT FOR SINGLE SOURCE DRUGS AND**  
8 **INNOVATOR MULTIPLE SOURCE DRUGS.**

9 Section 1927(c)(2)(D) of the Social Security Act (42  
10 U.S.C. 1396r–8(c)(2)(D)) is amended by inserting after  
11 “December 31, 2009,” the following: “and before January  
12 1, 2023,”.

13 **SEC. 3108. ADDITIONAL SUPPORT FOR MEDICAID HOME**  
14 **AND COMMUNITY-BASED SERVICES DURING**  
15 **THE COVID–19 EMERGENCY PERIOD.**

16 (a) INCREASED FMAP.—

17 (1) IN GENERAL.—Notwithstanding section  
18 1905(b) of the Social Security Act (42 U.S.C.  
19 1396d(b)) or section 1905(ff), in the case of a State  
20 that meets the HCBS program conditions under  
21 subsection (b), the Federal medical assistance per-  
22 centage determined for the State under section  
23 1905(b) of such Act (or, if applicable, under section  
24 1905(ff)) and, if applicable, increased under sub-  
25 section (y), (z), or (aa) of section 1905 of such Act

1 (42 U.S.C. 1396d), section 1915(k) of such Act (42  
2 U.S.C. 1396n(k)), or section 6008(a) of the Fami-  
3 lies First Coronavirus Response Act (Public Law  
4 116–127), shall be increased by 7.35 percentage  
5 points with respect to expenditures of the State  
6 under the State Medicaid program for home and  
7 community-based services (as defined in paragraph  
8 (2)(B)) that are provided during the HCBS program  
9 improvement period (as defined in paragraph  
10 (2)(A)). In no case may the application of the pre-  
11 vious sentence result in the Federal medical assist-  
12 ance percentage determined for a State being more  
13 than 95 percent with respect to such expenditures.  
14 Any payment made to Puerto Rico, the Virgin Is-  
15 lands, Guam, the Northern Mariana Islands, or  
16 American Samoa for expenditures on medical assist-  
17 ance that are subject to the Federal medical assist-  
18 ance percentage increase specified under the first  
19 sentence of this paragraph shall not be taken into  
20 account for purposes of applying payment limits  
21 under subsections (f) and (g) of section 1108 of the  
22 Social Security Act (42 U.S.C. 1308).

23 (2) DEFINITIONS.—In this section:

24 (A) HCBS PROGRAM IMPROVEMENT PE-  
25 RIOD.—The term “HCBS program improve-

1           ment period” means, with respect to a State,  
2           the period—

3                   (i) beginning on April 1, 2021; and

4                   (ii) ending on March 31, 2022.

5           (B) HOME AND COMMUNITY-BASED SERV-  
6           ICES.—The term “home and community-based  
7           services” means any of the following:

8                   (i) Home health care services author-  
9                   ized under paragraph (7) of section  
10                  1905(a) of the Social Security Act (42  
11                  U.S.C. 1396d(a)).

12                  (ii) Personal care services authorized  
13                  under paragraph (24) of such section.

14                  (iii) PACE services authorized under  
15                  paragraph (26) of such section.

16                  (iv) Home and community-based serv-  
17                  ices authorized under subsections (b), (c),  
18                  (i), (j), and (k) of section 1915 of such Act  
19                  (42 U.S.C. 1396n), such services author-  
20                  ized under a waiver under section 1115 of  
21                  such Act (42 U.S.C. 1315), and such serv-  
22                  ices through coverage authorized under  
23                  section 1937 of such Act (42 U.S.C.  
24                  1396u–7).

1 (v) Case management services author-  
2 ized under section 1905(a)(19) of the So-  
3 cial Security Act (42 U.S.C. 1396d(a)(19))  
4 and section 1915(g) of such Act (42  
5 U.S.C. 1396n(g)).

6 (vi) Rehabilitative services, including  
7 those related to behavioral health, de-  
8 scribed in section 1905(a)(13) of such Act  
9 (42 U.S.C. 1396d(a)(13)).

10 (vii) Such other services specified by  
11 the Secretary of Health and Human Serv-  
12 ices.

13 (C) COVID–19 PUBLIC HEALTH EMER-  
14 GENCY PERIOD.—The term “COVID–19 public  
15 health emergency period” means the portion of  
16 the emergency period described in paragraph  
17 (1)(B) of section 1135(g) of the Social Security  
18 Act (42 U.S.C. 1320b–5(g)) beginning on or  
19 after the date of the enactment of this Act.

20 (D) ELIGIBLE INDIVIDUAL.—The term “el-  
21 igible individual” means an individual who is el-  
22 igible for and enrolled for medical assistance  
23 under a State Medicaid program and includes  
24 an individual who becomes eligible for medical

1 assistance under a State Medicaid program  
2 when removed from a waiting list.

3 (E) MEDICAID PROGRAM.—The term  
4 “Medicaid program” means, with respect to a  
5 State, the State program under title XIX of the  
6 Social Security Act (42 U.S.C. 1396 et seq.)  
7 (including any waiver or demonstration under  
8 such title or under section 1115 of such Act (42  
9 U.S.C. 1315) relating to such title).

10 (F) STATE.—The term “State” has the  
11 meaning given such term for purposes of title  
12 XIX of the Social Security Act (42 U.S.C. 1396  
13 et seq.).

14 (b) STATE REQUIREMENTS FOR FMAP INCREASE.—  
15 As conditions for receipt of the increase under subsection  
16 (a) to the Federal medical assistance percentage deter-  
17 mined for a State, the State shall meet each of the fol-  
18 lowing conditions (referred to in subsection (a) as the  
19 HCBS program conditions):

20 (1) SUPPLEMENT, NOT SUPPLANT.—The State  
21 shall use the Federal funds attributable to the in-  
22 crease under subsection (a) to supplement, and not  
23 supplant, the level of State funds expended for home  
24 and community-based services for eligible individuals  
25 through programs in effect as of April 1, 2021.

1           (2) REQUIRED IMPLEMENTATION OF CERTAIN  
2           ACTIVITIES.—The State shall implement one or  
3           more of the following activities to enhance, expand,  
4           or strengthen home and community-based services  
5           under the State Medicaid program:

6                   (A) Increase rates for home health agen-  
7                   cies, PACE organizations whose members pro-  
8                   vide direct care, and agencies or beneficiaries  
9                   that employ direct support professionals (in-  
10                  cluding independent providers in a self-directed  
11                  or consumer-directed model) to provide home  
12                  and community-based services under the State  
13                  Medicaid program, if elected by the beneficiary  
14                  for continuation of care, provided that any  
15                  agency, beneficiary, or other individual that re-  
16                  ceives payment under such an increased rate in-  
17                  creases the compensation it pays its home  
18                  health workers or direct support professionals.

19                   (B) Provide paid sick leave, paid family  
20                   leave, and paid medical leave for home health  
21                   workers and direct support professionals.

22                   (C) Provide hazard pay, overtime pay, and  
23                   shift differential pay for home health workers  
24                   and direct support professionals.

1 (D) Provide home and community-based  
2 services to eligible individuals in order to reduce  
3 waiting lists for programs approved under sec-  
4 tions 1115 or 1915 of the Social Security Act  
5 (42 U.S.C. 1315, 1396n).

6 (E) Purchase emergency supplies and  
7 equipment, which may include items not typi-  
8 cally covered under the Medicaid program nec-  
9 essary to enhance access to services and to pro-  
10 tect the health and well-being of home health  
11 workers and direct support professionals.

12 (F) Recruit new home health workers and  
13 direct support professionals.

14 (G) Support family care providers of eligi-  
15 ble individuals with needed supplies and equip-  
16 ment, which may include items not typically  
17 covered under the Medicaid program, such as  
18 personal protective equipment, and pay.

19 (H) Pay for training for home health  
20 workers and direct support professionals that is  
21 specific to the COVID-19 public health emer-  
22 gency.

23 (I) Pay for assistive technologies, staffing,  
24 and other costs incurred during the COVID-19  
25 public health emergency period in order to miti-



1           gate isolation and ensure an individual's per-  
2           son-centered service plan continues to be fully  
3           implemented.

4           (J) Prepare information and public health  
5           and educational materials in accessible formats  
6           (including formats accessible to people with low  
7           literacy or intellectual disabilities) about preven-  
8           tion, treatment, recovery and other aspects of  
9           COVID-19 for eligible individuals, their fami-  
10          lies, and the general community served by com-  
11          munity partners, such as Area Agencies on  
12          Aging, Centers for Independent Living, non-  
13          profit home and community-based services pro-  
14          viders, and other entities providing home and  
15          community-based services.

16          (K) Pay for American sign language and  
17          other languages interpreters to assist in pro-  
18          viding home and community-based services to  
19          eligible individuals and to inform the general  
20          public about COVID-19.

21          (L) Pay for retainer payments for home  
22          and community-based services providers, includ-  
23          ing home health workers and direct support  
24          professionals (regardless of whether such pay-  
25          ments directly benefit a beneficiary) which may

1 be provided without limits on duration during  
2 the COVID–19 public health emergency period.

3 (M) Pay for other expenses deemed appro-  
4 priate by the Secretary to enhance, expand, or  
5 strengthen Home and Community-Based Serv-  
6 ices and expenses which meet the criteria of the  
7 home and community-based settings rule pub-  
8 lished on January 16, 2014.

9 (N) Support (including by paying for mov-  
10 ing costs, security deposits or first month’s  
11 rent, one-time stocking of food products suffi-  
12 cient for the initial month, and other one-time  
13 expenses and start-up costs) transitions from  
14 institutional settings, congregate community  
15 settings, and homeless shelters or other tem-  
16 porary housing for individuals who are eligible  
17 for home and community-based services.

18 (O) Assist eligible individuals in receiving  
19 mental health services and necessary rehabilita-  
20 tive service to regain skills lost during the  
21 COVID–19 public health emergency period.

22 (P) Assist eligible individuals who had to  
23 relocate to a nursing facility or institutional set-  
24 ting from their homes during the COVID–19  
25 public health emergency period, who were iso-

1           lated in their homes during such period, or who  
2           moved into congregate non-institutional settings  
3           as a result of such period, in—

4                   (i) moving back to their homes (in-  
5                   cluding by paying for moving costs, secu-  
6                   rity deposits or first month’s rent, one-  
7                   time stocking of food products sufficient  
8                   for the initial month, and other one-time  
9                   expenses and start-up costs); and

10                   (ii) continuing home and community-  
11                   based services for eligible individuals who  
12                   were served from a waiting list for such  
13                   services during the public health emer-  
14                   gency period.

15 **SEC. 3109. FUNDING FOR STATE STRIKE TEAMS FOR RESI-**  
16 **DENT AND EMPLOYEE SAFETY IN NURSING**  
17 **FACILITIES.**

18           Section 1919 of the Social Security Act (42 U.S.C.  
19 1396r) is amended by adding at the end the following new  
20 subsection:

21           “(k) FUNDING FOR STATE STRIKE TEAMS.—In addi-  
22 tion to amounts otherwise available, there is appropriated  
23 to the Secretary, out of any monies in the Treasury not  
24 otherwise appropriated, \$250,000,000, to remain available  
25 until expended, for purposes of allocating such amount

1 among the States (including the District of Columbia and  
2 each territory of the United States) to increase the capac-  
3 ity of such a State to respond to COVID–19 by allowing  
4 such a State to establish and implement a strike team that  
5 will be deployed to a nursing facility in the State with di-  
6 agnosed or suspected cases of COVID–19 among residents  
7 or staff for the purposes of assisting with clinical care,  
8 infection control, or staffing during the emergency period  
9 described in section 1135(g)(1)(B).”.

