

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO THE COMMITTEE PRINT RELATING TO THE
MEDICAID PROGRAM
OFFERED BY M__ . _____**

In lieu of the proposed recommendations, insert the following:

1 **Subtitle B—Medicaid**
2 **SEC. 3101. MANDATORY COVERAGE OF COVID-19 VACCINES**
3 **AND ADMINISTRATION AND TREATMENT**
4 **UNDER MEDICAID.**
5 (a) COVERAGE.—
6 (1) IN GENERAL.—Section 1905(a)(4) of the
7 Social Security Act (42 U.S.C. 1396d(a)(4)) is
8 amended—
9 (A) by striking “and (D)” and inserting
10 “(D)”; and
11 (B) by striking the semicolon at the end
12 and inserting “; (E) during the period begin-
13 ning on the date of the enactment of the Amer-
14 ican Rescue Plan Act of 2021 and ending on
15 the last day of the first calendar quarter that
16 begins at least one year after the last day of the
17 emergency period described in section

1 1135(g)(1)(B), a COVID–19 vaccine and ad-
2 ministration of the vaccine; and (F) during the
3 period beginning on the date of the enactment
4 of 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), testing and treatments
9 for COVID-19, including specialized equipment
10 and therapies (including preventive therapies),
11 and, without regard to the requirements of sec-
12 tion 1902(a)(10)(B) (relating to comparability),
13 in the case of an individual who is diagnosed
14 with or presumed to have COVID–19, during
15 the period such individual has (or is presumed
16 to have) COVID–19, the treatment of a condi-
17 tion that may seriously complicate the treat-
18 ment of COVID–19, if otherwise covered under
19 the State plan (or waiver of such plan);”.

20 (2) MAKING COVID–19 VACCINE AVAILABLE TO
21 ADDITIONAL ELIGIBILITY GROUPS AND TREATMENT
22 AVAILABLE TO CERTAIN UNINSURED.—Section
23 1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10))
24 is amended in the matter following subparagraph
25 (G)—

1 (A) by striking “and to other conditions
2 which may complicate pregnancy, (VIII)” and
3 inserting “, medical assistance for services re-
4 lated to other conditions which may complicate
5 pregnancy, and medical assistance for vaccines
6 described in section 1905(a)(4)(E) and the ad-
7 ministration of such vaccines during the period
8 described in such section, (VIII)”;

9 (B) by inserting “and medical assistance
10 for vaccines described in section 1905(a)(4)(E)
11 and the administration of such vaccines during
12 the period described in such section” after “(de-
13 scribed in subsection (z)(2))”;

14 (C) by striking “cancer (XV)” and insert-
15 ing “cancer, (XV)”;

16 (D) by inserting “and medical assistance
17 for vaccines described in section 1905(a)(4)(E)
18 and the administration of such vaccines during
19 the period described in such section” after “de-
20 scribed in subsection (k)(1)”;

21 (E) by inserting “and medical assistance
22 for vaccines described in section 1905(a)(4)(E)
23 and the administration of such vaccines during
24 the period described in such section” after
25 “family planning setting”;

1 (F) by striking “and (XVIII)” and insert-
2 ing “(XVIII)”;

3 (G) by striking “and any visit described in
4 section 1916(a)(2)(G) that is furnished during
5 any such portion” and inserting “, any service
6 described in section 1916(a)(2)(G) that is fur-
7 nished during any such portion, any vaccine de-
8 scribed in section 1905(a)(4)(E) (and the ad-
9 ministration of such vaccine) that is furnished
10 during any such portion, and testing and treat-
11 ments for COVID-19, including specialized
12 equipment and therapies (including preventive
13 therapies), and, in the case of an individual who
14 is diagnosed with or presumed to have COVID-
15 19, during the period such individual has (or is
16 presumed to have) COVID-19, the treatment of
17 a condition that may seriously complicate the
18 treatment of COVID-19, if otherwise covered
19 under the State plan (or waiver of such plan)”;
20 and

21 (H) by striking the semicolon at the end
22 and inserting “, and (XIX) medical assistance
23 shall be made available during the period de-
24 scribed in section 1905(a)(4)(E) for vaccines
25 described in such section and the administra-

1 tion of such vaccines, for any individual who is
2 eligible for and receiving medical assistance
3 under the State plan or under a waiver of such
4 plan (other than an individual who is eligible
5 for medical assistance consisting only of pay-
6 ment of premiums pursuant to subparagraph
7 (E) or (F) or section 1933), notwithstanding
8 any provision of law limiting such individual’s
9 eligibility for medical assistance under such
10 plan or waiver to coverage for a limited type of
11 benefits and services that would not otherwise
12 include coverage of a COVID–19 vaccine and
13 its administration;”.

14 (3) PROHIBITION OF COST SHARING.—

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

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

20 (ii) in subparagraph (G), by striking
21 “; and”; and

22 (iii) by adding at the end the fol-
23 lowing subparagraphs:

24 “(H) during the period beginning on the
25 date of the enactment of this subparagraph and

1 ending on the last day of the first calendar
2 quarter that begins at least one year after the
3 last day of the emergency period described in
4 section 1135(g)(1)(B), a COVID–19 vaccine
5 and the administration of such vaccine (for any
6 individual eligible for medical assistance for
7 such vaccine (and administration)); or

8 “(I) during the period beginning on the
9 date of the enactment of this subparagraph and
10 ending on the last day of the first calendar
11 quarter that begins at least one year after the
12 last day of the emergency period described in
13 section 1135(g)(1)(B), testing and treatments
14 for COVID-19, including specialized equipment
15 and therapies (including preventive therapies),
16 and, in the case of an individual who is diag-
17 nosed with or presumed to have COVID–19,
18 during the period during which such individual
19 has (or is presumed to have) COVID–19, the
20 treatment of a condition that may seriously
21 complicate the treatment of COVID–19, if oth-
22 erwise covered under the State plan (or waiver
23 of such plan); 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 and the administration
14 of such vaccine (for any individual eligible
15 for medical assistance for such vaccine
16 (and administration)).

17 “(xiii) During the period beginning on
18 the date of the enactment of this clause
19 and ending on the last day of the first cal-
20 endar quarter that begins at least one year
21 after the last day of the emergency period
22 described in section 1135(g)(1)(B), testing
23 and treatments for COVID-19, including
24 specialized equipment and therapies (in-
25 cluding preventive therapies), and, in the

1 case of an individual who is diagnosed with
2 or presumed to have COVID–19, during
3 the period during which such individual
4 has (or is presumed to have) COVID–19,
5 the treatment of a condition that may seri-
6 ously complicate the treatment of COVID–
7 19, if otherwise covered under the State
8 plan (or waiver of such plan).”.

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

12 (A) IN GENERAL.—The requirements of
13 section 1927 of the Social Security Act (42
14 U.S.C. 1396r–8) shall apply to any drug or bio-
15 logical product described in subparagraph (F)
16 of section 1905(a)(4) of such Act, as added by
17 paragraph (1), or described in the subclause
18 (XVIII) in the matter following subparagraph
19 (G) of section 1902(a)(10) of such Act, as
20 added by paragraph (2), that is—

21 (i) furnished as medical assistance in
22 accordance with such subparagraph (F) or
23 subclause (XVIII), as applicable, for the
24 treatment, or prevention, of COVID-19, as

1 described in such subparagraph of sub-
2 clause, respectively; and

3 (ii) a covered outpatient drug (as de-
4 fined in section 1927(k) of such Act, ex-
5 cept that, in applying paragraph (2)(A) of
6 such section to a drug described in such
7 subparagraph (F) or such subclause
8 (XVIII), such drug shall be deemed a pre-
9 scribed drug for purposes of section
10 1905(a)(12) of such Act).

11 (B) CONFORMING AMENDMENT.—Section
12 1927(d)(7) of the Social Security Act (42
13 U.S.C. 1396r–8(d)(7)) is amended by adding at
14 the end the following new subparagraph:

15 “(E) Drugs and biological products de-
16 scribed in section 1905(a)(4)(F) and subclause
17 (XVIII) in the matter following subparagraph
18 (G) of section 1902(a)(10) that are furnished
19 as medical assistance in accordance with such
20 section or clause, respectively, for the treatment
21 or prevention, of COVID–19, as described in
22 such subparagraph of subclause, respectively.”.

23 (5) ALTERNATIVE BENEFIT PLANS.—Section
24 1937(b) of the Social Security Act (42 U.S.C.

1 1396u–7(b)) is amended by adding at the end the
2 following new paragraph:

3 “(8) COVID–19 VACCINES, TESTING, AND
4 TREATMENT.—Notwithstanding the previous provi-
5 sions of this section, a State may not provide for
6 medical assistance through enrollment of an indi-
7 vidual with benchmark coverage or benchmark-equiv-
8 alent coverage under this section unless, during the
9 period beginning on the date of the enactment of the
10 American Rescue Plan Act of 2021 and ending on
11 the last day of the first calendar quarter that begins
12 at least one year after the last day of the emergency
13 period described in section 1135(g)(1)(B), such cov-
14 erage includes (and does not impose any deduction,
15 cost sharing, or similar charge for)—

16 “(A) COVID–19 vaccines and administra-
17 tion of the vaccines; and

18 “(B) testing and treatments for COVID-
19 19, including specialized equipment and thera-
20 pies (including preventive therapies), and, in
21 the case of such an individual who is diagnosed
22 with or presumed to have COVID–19, during
23 the period such individual has (or is presumed
24 to have) COVID–19, the treatment of a condi-
25 tion that may seriously complicate the treat-

1 ment of COVID–19, if otherwise covered under
2 the State plan (or waiver of such plan).”.

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

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

9 (2) in subsection (ff), in the matter preceding
10 paragraph (1), by inserting “, subject to subsection
11 (hh)” after “or (z)(2)” and

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

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

17 “(1) IN GENERAL.—Notwithstanding any other
18 provision of this title, during the period described in
19 paragraph (2), the Federal medical assistance per-
20 centage for a State, with respect to amounts ex-
21 pended by the State for medical assistance for a vac-
22 cine described in subsection (a)(4)(E) (and the ad-
23 ministration of such a vaccine), shall be equal to 100
24 percent.

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

3 “(A) begins on the first day of the first
4 quarter beginning after the date of the enact-
5 ment of this subsection; and

6 “(B) ends on the last day of the first quar-
7 ter that begins at least one year after the last
8 day of the emergency period described in sec-
9 tion 1135(g)(1)(B).

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

18 **SEC. 3102. MODIFICATIONS TO CERTAIN COVERAGE UNDER**
19 **MEDICAID FOR PREGNANT AND**
20 **POSTPARTUM WOMEN.**

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

24 “(16) EXTENDING CERTAIN COVERAGE FOR
25 PREGNANT AND POSTPARTUM WOMEN.—

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

21 “(B) FULL BENEFITS DURING PREGNANCY
22 AND THROUGHOUT THE 12-MONTH
23 POSTPARTUM PERIOD.—The medical assistance
24 provided for a pregnant or postpartum indi-
25 vidual by a State making an election under this

1 paragraph, without regard to the basis on which
2 the individual is eligible for medical assistance
3 under the State plan (or waiver), shall—

4 “(i) include all items and services cov-
5 ered under the State plan (or waiver) that
6 are not less in amount, duration, or scope,
7 or are determined by the Secretary to be
8 substantially equivalent, to the medical as-
9 sistance available for an individual de-
10 scribed in subsection (a)(10)(A)(i); and

11 “(ii) be provided for the individual
12 while pregnant and during the 12-month
13 period that begins on the last day of the
14 individual’s pregnancy and ends on the last
15 day of the month in which such 12-month
16 period ends.”.

17 (b) EFFECTIVE DATE.—The amendment made by
18 subsection (a) shall apply with respect to State elections
19 made under paragraph (16) of section 1902(e) of the So-
20 cial Security Act (42 U.S.C. 1396a(e)), as added by sub-
21 section (a), during the 5-year period beginning on the 1st
22 day of the 1st fiscal year quarter that begins at least one
23 year after the date of the enactment of this Act.

1 **SEC. 3103. ALLOWING FOR MEDICAL ASSISTANCE UNDER**
2 **MEDICAID FOR INMATES DURING 30-DAY PE-**
3 **RIOD PRECEDING RELEASE.**

4 The subdivision (A) following paragraph (30) of sec-
5 tion 1905(a) of the Social Security Act (42 U.S.C.
6 1396d(a)) is amended by inserting “and, during the 5-
7 year period beginning on the first day of the first fiscal
8 year quarter that begins at least one year after the date
9 of the enactment of the American Rescue Plan Act of
10 2021, except during the 30-day period preceding the date
11 of release of such individual from such public institution”
12 after “medical institution”.

13 **SEC. 3104. ENHANCED FEDERAL MEDICAID SUPPORT FOR**
14 **COMMUNITY-BASED MOBILE CRISIS INTER-**
15 **VENTION SERVICES.**

16 Section 1903 of the Social Security Act (42 U.S.C.
17 1396b) is amended by adding at the end the following new
18 subsection:

19 “(bb) BUNDLED COMMUNITY-BASED MOBILE CRISIS
20 INTERVENTION SERVICES.—

21 “(1) IN GENERAL.—Notwithstanding section
22 1902(a)(1) (relating to Statewideness), section
23 1902(a)(10)(B) (relating to comparability), section
24 1902(a)(23)(A) (relating to freedom of choice of
25 providers), or section 1902(a)(27) (relating to pro-
26 vider agreements), a State may, during the 5-year

1 period beginning on the first day of the first fiscal
2 year quarter that begins on or after the date that
3 is 1 year after the date of the enactment of this sub-
4 section, provide medical assistance, through bundled
5 payments, for qualifying community-based mobile
6 crisis intervention services under a State plan
7 amendment or waiver approved under section 1115
8 or subsection (b) or (c) of section 1915.

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

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

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

22 “(ii) experiencing a mental health or
23 substance use disorder crisis;

24 “(B) furnished by a multidisciplinary mo-
25 bile crisis team—

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

13 “(ii) whose members are trained in
14 trauma-informed care, de-escalation strate-
15 gies, and harm reduction;

16 “(iii) that is able to respond in a
17 timely manner and, where appropriate,
18 provide—

19 “(I) screening and assessment;

20 “(II) stabilization and de-esca-
21 lation;

22 “(III) coordination with, and re-
23 ferrals to, health, social, and other
24 services and supports as needed; and

1 “(IV) assistance in facilitating
2 the individual’s access to emergency
3 or nonemergency (as applicable)
4 transportation services under the
5 State plan (or waiver of such plan) to
6 ensure access to the next step in care
7 or treatment;

8 “(iv) that maintains relationships with
9 relevant community partners, including
10 medical and behavioral health providers,
11 primary care providers, community health
12 centers, crisis respite centers, managed
13 care organizations (if applicable), entities
14 able to provide assistance with application
15 and enrollment in the State plan or a waiv-
16 er of the plan, entities able to provide as-
17 sistance with applying for and enrolling in
18 benefit programs, entities that provide as-
19 sistance with housing (such as public hous-
20 ing authorities, Continuum of Care pro-
21 grams, or not-for-profit entities that pro-
22 vide housing assistance), and entities that
23 provide assistance with other social serv-
24 ices;

1 “(v) that coordinates with crisis inter-
2 vention hotlines and emergency response
3 systems;

4 “(vi) that maintains the privacy and
5 confidentiality of patient information con-
6 sistent with Federal and State require-
7 ments; and

8 “(vii) that operates independently
9 from (but may coordinate with) State or
10 local law enforcement agencies;

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

13 “(D) voluntary to receive.

14 “(3) PAYMENTS.—

15 “(A) IN GENERAL.—Notwithstanding sec-
16 tion 1905(b) or 1905(ff) and subject to sub-
17 sections (y) and (z) of section 1905, during
18 each of the first 12 fiscal quarters occurring
19 during the period described in paragraph (1)
20 that a State meets the requirements described
21 in paragraph (4), the Federal medical assist-
22 ance percentage applicable to amounts ex-
23 pended by the State for medical assistance,
24 through bundled payments described in para-
25 graph (1), for qualifying community-based mo-

1 bile crisis intervention services furnished during
2 such quarter shall be equal to 85 percent. In no
3 case shall the application of the previous sen-
4 tence result in the Federal medical assistance
5 percentage applicable to amounts expended by a
6 State for medical assistance for such qualifying
7 community-based mobile crisis intervention
8 services furnished during a quarter being less
9 than the Federal medical assistance percentage
10 that would apply to such amounts expended by
11 the State for such services furnished during
12 such quarter without application of the previous
13 sentence.

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

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

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

3 “(i) that it will be able to support the
4 provision of qualifying community-based
5 mobile crisis intervention services that
6 meet the conditions specified in paragraph
7 (2); and

8 “(ii) how it will support coordination
9 between mobile crisis teams and commu-
10 nity partners, including health care pro-
11 viders, to enable the provision of services,
12 needed referrals, and other activities iden-
13 tified by the Secretary.

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

16 “(i) any additional Federal funds re-
17 ceived by the State for qualifying commu-
18 nity-based mobile crisis intervention serv-
19 ices provided under this subsection that
20 are attributable to the increased Federal
21 medical assistance percentage under para-
22 graph (3)(A) will be used to supplement,
23 and not supplant, the level of State funds
24 expended for such services for the fiscal
25 year preceding the first fiscal quarter oc-

1 curring during the period described in
2 paragraph (1);

3 “(ii) if the State made qualifying com-
4 munity-based mobile crisis intervention
5 services available in a region of the State
6 in such fiscal year, the State will continue
7 to make such services available in such re-
8 gion under this subsection during each
9 month occurring during the period de-
10 scribed in paragraph (1) for which the
11 Federal medical assistance percentage
12 under paragraph (3)(A) is applicable with
13 respect to the State.

14 “(5) FUNDING FOR STATE PLANNING
15 GRANTS.—There is appropriated, out of any funds in
16 the Treasury not otherwise appropriated,
17 \$15,000,000 to the Secretary for purposes of imple-
18 menting, administering, and making planning grants
19 to States as soon as practicable for purposes of de-
20 veloping a State plan amendment or section 1115,
21 1915(b), or 1915(c) waiver request (or an amend-
22 ment to such a waiver) to provide qualifying commu-
23 nity-based mobile crisis intervention services under
24 this subsection, to remain available until expended.”.

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)”;

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.—For each quarter occurring
20 during the 8-quarter period beginning with the first
21 calendar quarter during which a qualifying State (as
22 defined in paragraph (3)) 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
26 percentage determined under subsection (b) for such

1 State shall, after application of any increase, if ap-
2 plicable, under section 6008 of the Families First
3 Coronavirus Response Act, be increased by 5 per-
4 centage points, except for any quarter (and each
5 subsequent quarter) during such period during
6 which the State ceases to provide medical assistance
7 to any such individual under the State plan (or
8 waiver of such plan).

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

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

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

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

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

24 “(3) DEFINITION.—For purposes of this sub-
25 section, the term ‘qualifying State’ means a State

1 which has not expended amounts for all individuals
2 described in section 1902(a)(10)(A)(i)(VIII) before
3 the date of the enactment of this subsection.”.

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

8 Section 1905(b) of the Social Security Act (42 U.S.C.
9 1396d(b)) is amended by inserting after “(as defined in
10 section 4 of the Indian Health Care Improvement Act)”
11 the following: “; for the 8 fiscal year quarters beginning
12 with the first fiscal year quarter beginning after the date
13 of the enactment of the American Rescue Plan Act of
14 2021, the Federal medical assistance percentage shall also
15 be 100 per centum with respect to amounts expended as
16 medical assistance for services which are received through
17 an Urban Indian organization (as defined in paragraph
18 (29) of section 4 of the Indian Health Care Improvement
19 Act) that has a grant or contract with the Indian Health
20 Service under title V of such Act; and, for such 8 fiscal
21 year quarters, the Federal medical assistance percentage
22 shall also be 100 per centum with respect to amounts ex-
23 pended as medical assistance for services which are re-
24 ceived through a Native Hawaiian Health Center (as de-
25 fined in section 12(4) of the Native Hawaiian Health Care

1 Improvement Act) or a qualified entity (as defined in sec-
2 tion 6(b) of such Act) that has a grant or contract with
3 the Papa Ola Lokahi under section 8 of such Act”.

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

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

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

14 (a) INCREASED FMAP.—

15 (1) IN GENERAL.—Notwithstanding section
16 1905(b) of the Social Security Act (42 U.S.C.
17 1396d(b)) or section 1905(ff), in the case of a State
18 that meets the HCBS program conditions under
19 subsection (b), the Federal medical assistance per-
20 centage determined for the State under section
21 1905(b) of such Act (or, if applicable, under section
22 1905(ff)) and, if applicable, increased under sub-
23 section (y), (z), (aa), or (ii) of section 1905 of such
24 Act (42 U.S.C. 1396d), section 1915(k) of such Act
25 (42 U.S.C. 1396n(k)), or section 6008(a) of the

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

21 (2) DEFINITIONS.—In this section:

22 (A) HCBS PROGRAM IMPROVEMENT PE-
23 RIOD.—The term “HCBS program improve-
24 ment period” means, with respect to a State,
25 the period—

- 1 (i) beginning on April 1, 2021; and
- 2 (ii) ending on March 31, 2022.

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

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

10 (ii) Personal care services authorized
11 under paragraph (24) of such section.

12 (iii) PACE services authorized under
13 paragraph (26) of such section.

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

23 (v) Case management services author-
24 ized under section 1905(a)(19) of the So-
25 cial Security Act (42 U.S.C. 1396d(a)(19))

1 and section 1915(g) of such Act (42
2 U.S.C. 1396n(g)).

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

7 (vii) Such other services specified by
8 the Secretary of Health and Human Serv-
9 ices.

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

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

24 (E) MEDICAID PROGRAM.—The term
25 “Medicaid program” means, with respect to a

1 State, the State program under title XIX of the
2 Social Security Act (42 U.S.C. 1396 et seq.)
3 (including any waiver or demonstration under
4 such title or under section 1115 of such Act (42
5 U.S.C. 1315) relating to such title).

6 (F) STATE.—The term “State” has the
7 meaning given such term for purposes of title
8 XIX of the Social Security Act (42 U.S.C. 1396
9 et seq.).

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

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

22 (2) REQUIRED IMPLEMENTATION OF CERTAIN
23 ACTIVITIES.—The State shall implement one or
24 more of the following activities to enhance, expand,

1 or strengthen home and community-based services
2 under the State Medicaid program:

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

16 (B) Provide paid sick leave, paid family
17 leave, and paid medical leave for home health
18 workers and direct support professionals.

19 (C) Provide hazard pay, overtime pay, and
20 shift differential pay for home health workers
21 and direct support professionals.

22 (D) Provide home and community-based
23 services to eligible individuals in order to reduce
24 waiting lists for programs approved under sec-

1 tions 1115 or 1915 of the Social Security Act
2 (42 U.S.C. 1315, 1396n).

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

9 (F) Recruit new home health workers and
10 direct support professionals.

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

16 (H) Pay for training for home health
17 workers and direct support professionals that is
18 specific to the COVID–19 public health emer-
19 gency.

20 (I) Pay for assistive technologies, staffing,
21 and other costs incurred during the COVID–19
22 public health emergency period in order to miti-
23 gate isolation and ensure an individual’s per-
24 son-centered service plan continues to be fully
25 implemented.

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

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

18 (L) Pay for retainer payments for home
19 and community-based services providers, includ-
20 ing home health workers and direct support
21 professionals (regardless of whether such pay-
22 ments directly benefit a beneficiary) which may
23 be provided without limits on duration during
24 the COVID-19 public health emergency period.

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

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

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

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

1 moved into congregate non-institutional settings
2 as a result of such period, in—

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

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

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

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

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

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

