

**AMENDMENT IN THE NATURE OF A SUBSTITUTE  
TO H.R. 8107  
OFFERED BY M. \_\_\_\_\_**

Strike all after the enacting clause and insert the following:

**1 SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Ensuring Access to  
3 Medicaid Buy-in Programs Act of 2024”.

**4 SEC. 2. REMOVING CERTAIN AGE RESTRICTIONS ON MED-  
5 ICAID ELIGIBILITY FOR WORKING ADULTS  
6 WITH DISABILITIES.**

7 (a) IN GENERAL.—Section 1902(a)(10)(A)(ii)(XV)  
8 of the Social Security Act (42 U.S.C.  
9 1396a(a)(10)(A)(ii)(XV)) is amended by striking “, but  
10 less than 65,” and inserting “(and, before January 1,  
11 2027, at the option of the State, is less than 65)”.

12 (b) DEFINITIONS.—Section 1905(v)(1)(A) of the So-  
13 cial Security Act (42 U.S.C. 1396d(v)(1)(A)) is amended  
14 by striking “, but less than 65,” and inserting “(and, be-  
15 fore January 1, 2027, at the option of the State, is less  
16 than 65)”.

1 **SEC. 3. MAKING CERTAIN ADJUSTMENTS TO COVERAGE OF**  
2 **HOME OR COMMUNITY-BASED SERVICES**  
3 **UNDER MEDICAID.**

4 (a) INCREASING TRANSPARENCY OF HCBS COV-  
5 ERAGE UNDER MEDICAID.—Section 1915(c) of the Social  
6 Security Act (42 U.S.C. 1396n(c)) is amended—

7 (1) in paragraph (2)—

8 (A) in subparagraph (E)—

9 (i) by inserting “, not less frequently  
10 than” before “annually”; and

11 (ii) by inserting “(including, with re-  
12 spect to such information provided on or  
13 after July 9, 2027, the information speci-  
14 fied in paragraph (11))” before the period  
15 at the end; and

16 (B) by adding at the end the following  
17 flush sentence:

18 “The Secretary shall make all information provided under  
19 subparagraph (E) on or after the date of the enactment  
20 of this sentence publicly available on the website of the  
21 Centers for Medicare & Medicaid Services.”; and

22 (2) by adding at the end the following new  
23 paragraph:

24 “(11) For purposes of paragraph (2)(E), the  
25 information specified in this paragraph is the fol-  
26 lowing:

1           “(A) In the case of a State that limits the  
2           number of individuals who may be provided  
3           home or community-based services under a  
4           waiver granted under this subsection and main-  
5           tains a list of individuals who have applied to  
6           receive such services under such waiver but  
7           who, due to such limit, have not yet been ap-  
8           proved to receive such services, a description of  
9           how the State maintains such list, including—

10                   “(i) information on whether the State  
11                   screens individuals on such list to deter-  
12                   mine whether such individuals are eligible  
13                   to receive such services under such waiver;

14                   “(ii) information on whether (and, if  
15                   applicable, how often) the State periodi-  
16                   cally re-screens individuals on such list;

17                   “(iii) the number of people on such  
18                   list; and

19                   “(iv) the average amount of time that  
20                   individuals approved to receive such serv-  
21                   ices were on such list before being so ap-  
22                   proved.

23           “(B) With respect to homemaker services,  
24           home health aide services, personal care serv-  
25           ices, and habilitation services furnished under

1           waivers under this subsection, for individuals  
2           who began receiving such services during the  
3           most recent 12-month period, the average  
4           amount of time from when such services are ini-  
5           tially approved for such an individual to when  
6           such individual begins receiving such services.  
7           The State may report this metric using statis-  
8           tically valid random sampling of individuals.”.

9           (b) DEMONSTRATION PROGRAM TO EXPAND HCBS  
10          COVERAGE UNDER SECTION 1915(C) WAIVERS.—Section  
11          1915(c) of the Social Security Act (42 U.S.C. 1396n(c)),  
12          as amended by subsection (a), is further amended—

13                 (1) in paragraph (2)(E), by inserting “, and the  
14                 information specified in paragraph (12)(C)(v), when  
15                 applicable” after “paragraph (11)”; and

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

18                         “(12)(A)(i) Not later than 18 months after the  
19                         date on which the planning grants under subpara-  
20                         graph (B) are awarded, notwithstanding paragraph  
21                         (1), the Secretary may approve a waiver under this  
22                         subsection for not more than 5 States, selected in  
23                         accordance with clause (ii), to include as medical as-  
24                         sistance under the State plan of such State, for the  
25                         5-year period beginning on the date of such ap-

1       proval, payment for part or all of the cost of home  
2       or community-based services (other than room and  
3       board (as described in such paragraph)) approved by  
4       the Secretary which are provided pursuant to a writ-  
5       ten plan of care to individuals other than individuals  
6       described in such paragraph.

7               “(ii) In selecting States for purposes of clause  
8       (i), the Secretary shall—

9                       “(I) select States that received a planning  
10                      grant under subparagraph (B);

11                     “(II) select States that meet the require-  
12                     ments specified in subparagraph (C) and such  
13                     other requirements as the Secretary may deter-  
14                     mine appropriate;

15                     “(III) select States in a manner that en-  
16                     sures geographic diversity;

17                     “(IV) select at least one State with a popu-  
18                     lation that predominantly resides in rural areas;  
19                     and

20                     “(V) give preference to States that have  
21                     demonstrated more progress in rebalancing  
22                     long-term services and supports systems under  
23                     this title, as determined based on the relative  
24                     share of State expenditures for home or com-  
25                     munity-based services under this title as a per-

1           centage of total State expenditures on long-  
2           term services and supports under this title (in  
3           the most recent year for which such data is  
4           available).

5           “(B) (i) Not later than 1 year after the  
6           date of the enactment of this paragraph, the  
7           Secretary shall award planning grants of not  
8           more than \$5,000,000 each to not more than  
9           10 States for purposes of preparing to submit  
10          a request for a waiver under this subsection to  
11          provide home or community-based services to  
12          individuals with respect to whom a determina-  
13          tion described in paragraph (1) has not been  
14          made.

15          “(ii) A State that is awarded a planning  
16          grant under clause (i) shall, in preparing to  
17          submit a request for a waiver described in such  
18          clause, consult with—

19                 “(I) individuals in need of home or  
20                 community-based services with respect to  
21                 whom a determination described in para-  
22                 graph (1) has not been made, and the  
23                 caretakers of such individuals;

24                 “(II) providers furnishing home or  
25                 community-based services; and

1 “(III) other stakeholders.

2 “(C) The requirements specified in this para-  
3 graph are, with respect to a State, the following:

4 “(i) As of the date that such State re-  
5 quests a waiver under this subsection to provide  
6 home or community-based services to individ-  
7 uals with respect to whom a determination de-  
8 scribed in paragraph (1) has not been made, all  
9 other waivers (if any) granted under this sub-  
10 section to such State meet the requirements of  
11 this subsection.

12 “(ii) The State demonstrates to the Sec-  
13 retary that approval of a waiver under this sub-  
14 section with respect to individuals described in  
15 clause (i) will not result in a material increase  
16 of the average amount of time that individuals  
17 with respect to whom a determination described  
18 in paragraph (1) has been made will need to  
19 wait to receive home or community-based serv-  
20 ices under any waiver granted under this sub-  
21 section.

22 “(iii) The State establishes need-based cri-  
23 teria to identify individuals described in clause  
24 (i) who will be eligible for home or community-  
25 based services under such a waiver, and speci-

1           fies the home or community-based services such  
2           individuals so eligible will receive.

3           “(iv) The State provides to the Secretary  
4           data (in such form and manner as the Sec-  
5           retary may specify) regarding—

6                   “(I) the number of individuals de-  
7                   scribed in clause (i) to whom the State will  
8                   make such services available under a waiv-  
9                   er under this subsection; and

10                   “(II) a description of how the types  
11                   and quantities of such services furnished to  
12                   such individuals under a waiver under this  
13                   subsection may differ from the types and  
14                   quantities of such services furnished to in-  
15                   dividuals with respect to whom a deter-  
16                   mination described in paragraph (1) has  
17                   been made under a waiver under such sub-  
18                   section.

19           “(v) The State agrees to provide to the  
20           Secretary, not less frequently than annually  
21           during the 5-year period described in subpara-  
22           graph (A)(i), data for purposes of paragraph  
23           (2)(E) (in such form and manner as the Sec-  
24           retary may specify) regarding, with respect to  
25           the preceding year—



1           “(I) the number of individuals de-  
2           scribed in clause (i) to whom the State has  
3           made such services available under a waiv-  
4           er under this subsection;

5           “(II) a description of how the types  
6           and quantities of such services furnished to  
7           such individuals under a waiver under this  
8           subsection differ from the types and quan-  
9           tities of such services furnished to individ-  
10          uals with respect to whom a determination  
11          described in paragraph (1) has been made  
12          under a waiver under such subsection;

13          “(III) the cost of such services fur-  
14          nished to individuals described in clause  
15          (i), broken down by type of service;

16          “(IV) the length of time that such in-  
17          dividuals have received such services; and

18          “(V) a comparison between the data  
19          described in subclause (III) and any com-  
20          parable data available with respect to indi-  
21          viduals with respect to whom a determina-  
22          tion described in paragraph (1) has been  
23          made.”.

24          (c) NON-APPLICATION OF THE PAPERWORK REDUC-  
25          TION ACT.—Chapter 35 of title 44, United States Code

1 (commonly referred to as the “Paperwork Reduction Act  
2 of 1995”), shall not apply to the implementation of the  
3 amendments made by subsections (a) and (b).

4 (d) CMS GUIDANCE TO STATES ON INTERIM COV-  
5 ERAGE UNDER WAIVER.—Not later than January 1,  
6 2027, the Secretary of Health and Human Services shall  
7 issue guidance to the States to clarify how a State may  
8 provide, with respect to an individual who is eligible for  
9 home and community-based services under a State plan  
10 under title XIX of the Social Security Act (42 U.S.C.  
11 1396 et seq.) or under a waiver of such plan, coverage  
12 of such services prior to the finalization of a written plan  
13 of care with respect to such individual.

14 (e) IMPLEMENTATION FUNDING.—There are appro-  
15 priated, out of any monies in the Treasury not otherwise  
16 obligated, \$58,000,000 for fiscal year 2025, to remain  
17 available until expended, to the Secretary of Health and  
18 Human Services for purposes of carrying out subsection  
19 (d) and the amendments made by subsection (b).

20 **SEC. 4. ENSURING ACCURATE PAYMENTS TO PHARMACIES**  
21 **UNDER MEDICAID.**

22 (a) IN GENERAL.—Section 1927(f) of the Social Se-  
23 curity Act (42 U.S.C. 1396r–8(f)) is amended—

24 (1) in paragraph (1)(A)—

1 (A) by redesignating clause (ii) as clause  
2 (iii); and

3 (B) by striking “and” after the semicolon  
4 at the end of clause (i) and all that precedes it  
5 through “(1)” and inserting the following:

6 “(1) DETERMINING PHARMACY ACTUAL ACQUI-  
7 SITION COSTS.—The Secretary shall conduct a sur-  
8 vey of retail community pharmacy drug prices and  
9 applicable non-retail pharmacy drug prices to deter-  
10 mine national average drug acquisition cost bench-  
11 marks as follows:

12 “(A) USE OF VENDOR.—The Secretary  
13 may contract services for—

14 “(i) with respect to retail community  
15 pharmacies, the determination of retail  
16 survey prices of the national average drug  
17 acquisition cost for covered outpatient  
18 drugs that represent a nationwide average  
19 of consumer purchase prices for such  
20 drugs, net of all discounts, rebates, and  
21 other price concessions (to the extent any  
22 information with respect to such discounts,  
23 rebates, and other price concessions is  
24 available) based on a monthly survey of  
25 such pharmacies;

1                   “(ii) with respect to applicable non-re-  
2                   tail pharmacies—

3                   “(I) the determination of survey  
4                   prices, separate from the survey prices  
5                   described in clause (i), of the non-re-  
6                   tail national average drug acquisition  
7                   cost for covered outpatient drugs that  
8                   represent a nationwide average of con-  
9                   sumer purchase prices for such drugs,  
10                  net of all discounts, rebates, and other  
11                  price concessions (to the extent any  
12                  information with respect to such dis-  
13                  counts, rebates, and other price con-  
14                  cessions is available) based on a  
15                  monthly survey of such pharmacies;  
16                  and

17                  “(II) at the discretion of the Sec-  
18                  retary, for each type of applicable  
19                  non-retail pharmacy, the determina-  
20                  tion of survey prices, separate from  
21                  the survey prices described in clause  
22                  (i) or subclause (I) of this clause, of  
23                  the national average drug acquisition  
24                  cost for such type of pharmacy for  
25                  covered outpatient drugs that rep-

1                   resent a nationwide average of con-  
2                   sumer purchase prices for such drugs,  
3                   net of all discounts, rebates, and other  
4                   price concessions (to the extent any  
5                   information with respect to such dis-  
6                   counts, rebates, and other price con-  
7                   cessions is available) based on a  
8                   monthly survey of such pharmacies;  
9                   and”;

10                   (2) in subparagraph (B) of paragraph (1), by  
11                   striking “subparagraph (A)(ii)” and inserting “sub-  
12                   paragraph (A)(iii)”;

13                   (3) in subparagraph (D) of paragraph (1), by  
14                   striking clauses (ii) and (iii) and inserting the fol-  
15                   lowing:

16                   “(ii) The vendor must update the Sec-  
17                   retary no less often than monthly on the  
18                   survey prices for covered outpatient drugs.

19                   “(iii) The vendor must differentiate,  
20                   in collecting and reporting survey data, the  
21                   relevant pharmacy type indicator for all  
22                   cost information collected, including wheth-  
23                   er a pharmacy is an affiliate (as defined in  
24                   subsection (k)(14)) and whether a phar-  
25                   macy is a retail community pharmacy or

1 an applicable non-retail pharmacy, and, in  
2 the case of an applicable non-retail phar-  
3 macy, which type of applicable non-retail  
4 pharmacy it is.”;

5 (4) by adding at the end of paragraph (1) the  
6 following:

7 “(F) SURVEY REPORTING.—In order to  
8 meet the requirement of section 1902(a)(54), a  
9 State shall require that any retail community  
10 pharmacy or applicable non-retail pharmacy in  
11 the State that receives any payment, reimburse-  
12 ment, administrative fee, discount, rebate, or  
13 other price concession related to the dispensing  
14 of covered outpatient drugs to individuals re-  
15 ceiving benefits under this title, regardless of  
16 whether such payment, reimbursement, admin-  
17 istrative fee, discount, rebate, or other price  
18 concession is received from the State or a man-  
19 aged care entity or other specified entity (as  
20 such terms are defined in section  
21 1903(m)(9)(D)) directly or from a pharmacy  
22 benefit manager or another entity that has a  
23 contract with the State or a managed care enti-  
24 ty or other specified entity (as so defined), shall

1           respond to surveys conducted under this para-  
2           graph.

3           “(G) SURVEY INFORMATION.—Information  
4           on national drug acquisition prices obtained  
5           under this paragraph shall be made publicly  
6           available and shall include at least the fol-  
7           lowing:

8                   “(i) The monthly response rate to the  
9                   survey including a list of pharmacies not in  
10                  compliance with subparagraph (F).

11                   “(ii) The sampling frame and number  
12                   of pharmacies sampled monthly.

13                   “(iii) Information on price concessions  
14                   to the pharmacy, including discounts, re-  
15                   bates, and other price concessions, to the  
16                   extent that such information may be pub-  
17                   licly released and has been collected by the  
18                   Secretary as part of the survey.

19           “(H) PENALTIES.—

20                   “(i) IN GENERAL.—Subject to clauses  
21                   (ii), (iii), and (iv), the Secretary shall en-  
22                   force the provisions of this paragraph with  
23                   respect to a pharmacy through the estab-  
24                   lishment of civil money penalties applicable

1 to a retail community pharmacy or an ap-  
2 plicable non-retail pharmacy.

3 “(ii) BASIS FOR PENALTIES.—The  
4 Secretary shall impose a civil money pen-  
5 alty established under this subparagraph  
6 on a retail community pharmacy or appli-  
7 cable non-retail pharmacy if—

8 “(I) the retail pharmacy or appli-  
9 cable non-retail pharmacy refuses or  
10 otherwise fails to respond to a request  
11 for information about prices in con-  
12 nection with a survey under this sub-  
13 section;

14 “(II) knowingly provides false in-  
15 formation in response to such a sur-  
16 vey; or

17 “(III) otherwise fails to comply  
18 with the requirements established  
19 under this paragraph.

20 “(iii) PARAMETERS FOR PEN-  
21 ALTIES.—

22 “(I) IN GENERAL.—A civil money  
23 penalty established under this sub-  
24 paragraph may be assessed with re-  
25 spect to each violation, and with re-



1           spect to each non-compliant retail  
2           community pharmacy (including a  
3           pharmacy that is part of a chain) or  
4           non-compliant applicable non-retail  
5           pharmacy (including a pharmacy that  
6           is part of a chain), in an amount not  
7           to exceed \$100,000 for each such vio-  
8           lation.

9                       “(II) CONSIDERATIONS.—In de-  
10           termining the amount of a civil money  
11           penalty imposed under this subpara-  
12           graph, the Secretary may consider the  
13           size, business structure, and type of  
14           pharmacy involved, as well as the type  
15           of violation and other relevant factors,  
16           as determined appropriate by the Sec-  
17           retary.

18                      “(iv) RULE OF APPLICATION.—The  
19           provisions of section 1128A (other than  
20           subsections (a) and (b)) shall apply to a  
21           civil money penalty under this subpara-  
22           graph in the same manner as such provi-  
23           sions apply to a civil money penalty or pro-  
24           ceeding under section 1128A(a).

1           “(I) LIMITATION ON USE OF APPLICABLE  
2           NON-RETAIL PHARMACY PRICING INFORMA-  
3           TION.—No State shall use pricing information  
4           reported by applicable non-retail pharmacies  
5           under subparagraph (A)(ii) to develop or inform  
6           payment methodologies for retail community  
7           pharmacies.”;

8           (5) in paragraph (2)—

9           (A) in subparagraph (A), by inserting “,  
10           including payment rates and methodologies for  
11           determining ingredient cost reimbursement  
12           under managed care entities or other specified  
13           entities (as such terms are defined in section  
14           1903(m)(9)(D)),” after “under this title”; and

15           (B) in subparagraph (B), by inserting  
16           “and the basis for such dispensing fees” before  
17           the semicolon;

18           (6) by redesignating paragraph (4) as para-  
19           graph (5);

20           (7) by inserting after paragraph (3) the fol-  
21           lowing new paragraph:

22           “(4) OVERSIGHT.—

23           “(A) IN GENERAL.—The Inspector General  
24           of the Department of Health and Human Serv-  
25           ices shall conduct periodic studies of the survey

1 data reported under this subsection, as appro-  
2 priate, including with respect to substantial  
3 variations in acquisition costs or other applica-  
4 ble costs, as well as with respect to how internal  
5 transfer prices and related party transactions  
6 may influence the costs reported by pharmacies  
7 that are affiliates (as defined in subsection  
8 (k)(14)) or are owned by, controlled by, or re-  
9 lated under a common ownership structure with  
10 a wholesaler, distributor, or other entity that  
11 acquires covered outpatient drugs relative to  
12 costs reported by pharmacies not affiliated with  
13 such entities. The Inspector General shall pro-  
14 vide periodic updates to Congress on the results  
15 of such studies, as appropriate, in a manner  
16 that does not disclose trade secrets or other  
17 proprietary information.

18 “(B) APPROPRIATION.—There is appro-  
19 priated to the Inspector General of the Depart-  
20 ment of Health and Human Services, out of  
21 any money in the Treasury not otherwise ap-  
22 propriated, \$5,000,000 for fiscal year 2025, to  
23 remain available until expended, to carry out  
24 this paragraph.”; and

25 (8) in paragraph (5), as so redesignated—

1 (A) by inserting “, and \$9,000,000 for fis-  
2 cal year 2025 and each fiscal year thereafter,”  
3 after “2010”; and

4 (B) by inserting “Funds appropriated  
5 under this paragraph for fiscal year 2025 and  
6 any subsequent fiscal year shall remain avail-  
7 able until expended.” after the period.

8 (b) DEFINITIONS.—Section 1927(k) of the Social Se-  
9 curity Act (42 U.S.C. 1396r–8(k)) is amended—

10 (1) in the matter preceding paragraph (1), by  
11 striking “In the section” and inserting “In this sec-  
12 tion”; and

13 (2) by adding at the end the following new  
14 paragraphs:

15 “(12) APPLICABLE NON-RETAIL PHARMACY.—  
16 The term ‘applicable non-retail pharmacy’ means a  
17 pharmacy that is licensed as a pharmacy by the  
18 State and that is not a retail community pharmacy,  
19 including a pharmacy that dispenses prescription  
20 medications to patients primarily through mail and  
21 specialty pharmacies. Such term does not include  
22 nursing home pharmacies, long-term care facility  
23 pharmacies, hospital pharmacies, clinics, charitable  
24 or not-for-profit pharmacies, government phar-

1       macies, or low dispensing pharmacies (as defined by  
2       the Secretary).

3           “(13) PHARMACY BENEFIT MANAGER.—The  
4       term ‘pharmacy benefit manager’ means any person  
5       or entity that, either directly or through an inter-  
6       mediary, acts as a price negotiator or group pur-  
7       chaser on behalf of a State, managed care entity, or  
8       other specified entity (as such terms are defined in  
9       section 1903(m)(9)(D)), and may also more broadly  
10      manage aspects of the prescription drug benefits  
11      provided by a State, managed care entity, or other  
12      specified entity (as so defined), including the proc-  
13      essing and payment of claims for prescription drugs,  
14      the performance of drug utilization review, the proc-  
15      essing of drug prior authorization requests, the man-  
16      aging of appeals or grievances related to the pre-  
17      scription drug benefits, contracting with pharmacies,  
18      controlling the cost of covered outpatient drugs, or  
19      the provision of services related thereto. Such term  
20      includes any person or entity that acts as a price ne-  
21      gotiator (with regard to payment amounts to phar-  
22      macies and providers for a covered outpatient drug  
23      or the net cost of the drug) or group purchaser on  
24      behalf of a State, managed care entity, or other  
25      specified entity (as so defined), including such a per-

1 son or entity that carries out 1 or more of the other  
2 activities described in the preceding sentence, irre-  
3 spective of whether such person or entity calls itself  
4 a ‘pharmacy benefit manager’.

5 “(14) AFFILIATE.—The term ‘affiliate’ means  
6 any entity that is owned by, controlled by, or related  
7 under a common ownership structure with a phar-  
8 macy benefit manager or a managed care entity or  
9 other specified entity (as such terms are defined in  
10 section 1903(m)(9)(D)).”.

11 (c) EFFECTIVE DATE.—The amendments made by  
12 this section shall take effect on the first day of the first  
13 quarter that begins on or after the date that is 18 months  
14 after the date of enactment of this Act.

15 (d) IDENTIFICATION OF APPLICABLE NON-RETAIL  
16 PHARMACIES.—

17 (1) IN GENERAL.—Not later than 1 year after  
18 the date of the enactment of this section, the Sec-  
19 retary of Health and Human Services shall, in con-  
20 sultation with stakeholders as appropriate, publish  
21 guidance specifying pharmacies that meet the defini-  
22 tion of applicable non-retail pharmacies (as such  
23 term is defined in subsection (k)(12) of section 1927  
24 of the Social Security Act (42 U.S.C. 1396r–8), as  
25 added by subsection (b)), and that will be subject to

1 the survey requirements under subsection (f)(1) of  
2 such section, as amended by subsection (a).

3 (2) INCLUSION OF PHARMACY TYPE INDICA-  
4 TORS.—The guidance published under paragraph (1)  
5 shall include pharmacy type indicators to distinguish  
6 between different types of applicable non-retail phar-  
7 macies, such as pharmacies that dispense prescrip-  
8 tions primarily through the mail and pharmacies  
9 that dispense prescriptions that require special han-  
10 dling or distribution. Such pharmacy type indicators  
11 shall include an indicator that identifies applicable  
12 non-retail pharmacies that are affiliates (as defined  
13 in subsection (k)(14) of section 1927 of the Social  
14 Security Act (42 U.S.C. 1396r–8), as added by sub-  
15 section (b)). An applicable non-retail pharmacy may  
16 be identified through multiple pharmacy type indica-  
17 tors.

18 (e) IMPLEMENTATION.—

19 (1) IN GENERAL.—Notwithstanding any other  
20 provision of law, the Secretary of Health and  
21 Human Services may implement the amendments  
22 made by this section by program instruction or oth-  
23 erwise.

24 (2) NONAPPLICATION OF APA.—Implementation  
25 of the amendments made by this section shall be ex-

1       empt from the requirements of section 553 of title  
2       5, United States Code.

3       (f) NONAPPLICATION OF PAPERWORK REDUCTION  
4 ACT.—Chapter 35 of title 44, United States Code, shall  
5 not apply to any data collection undertaken by the Sec-  
6 retary of Health and Human Services under section  
7 1927(f) of the Social Security Act (42 U.S.C. 1396r–8(f)),  
8 as amended by this section.

Amend the long title to read as follows: “To amend title XIX of the Social Security Act to remove certain age restrictions on Medicaid eligibility for working adults with disabilities, to increase transparency with respect to home and community-based services under Medicaid, and to ensure accurate payments to pharmacies under Medicaid.”.

