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(Original Signature of Member)

115TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To extend funding for certain public health programs, and for other purposes.

\_\_\_\_\_  
IN THE HOUSE OF REPRESENTATIVES

M. \_\_\_\_\_ introduced the following bill; which was referred to the  
Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To extend funding for certain public health programs, and  
for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health  
5 And Medical Professionals Improve Our Nation Act of  
6 2017” or the “CHAMPION Act”.

7 **SEC. 2. TABLE OF CONTENTS.**

8 The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—EXTENSION OF PUBLIC HEALTH PROGRAMS

- Sec. 101. Extension for community health centers and the National Health Service Corps.
- Sec. 102. Extension for special diabetes programs.
- Sec. 103. Reauthorization of program of payments to teaching health centers that operate graduate medical education programs.
- Sec. 104. Extension for family-to-family health information centers.
- Sec. 105. Youth empowerment program; personal responsibility education.

TITLE II—OFFSETS

- Sec. 201. Providing for qualified health plan grace period requirements for issuer receipt of advance payments of cost-sharing reductions and premium tax credits that are more consistent with State law grace period requirements.
- Sec. 202. Prevention and Public Health Fund.

1 **TITLE I—EXTENSION OF PUBLIC**  
2 **HEALTH PROGRAMS**

3 **SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS**  
4 **AND THE NATIONAL HEALTH SERVICE**  
5 **CORPS.**

6 (a) COMMUNITY HEALTH CENTERS FUNDING.—Sec-  
7 tion 10503(b)(1)(E) of the Patient Protection and Afford-  
8 able Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended  
9 by striking “2017” and inserting “2019”.

10 (b) OTHER COMMUNITY HEALTH CENTERS PROVI-  
11 SIONS.—Section 330 of the Public Health Service Act (42  
12 U.S.C. 254b) is amended—

13 (1) in subsection (b)(1)(A)(ii), by striking  
14 “abuse” and inserting “use disorder”;

15 (2) in subsection (b)(2)(A), by striking “abuse”  
16 and inserting “use disorder”;

17 (3) in subsection (c)—

1 (A) by striking subparagraphs (B) through  
2 (D);

3 (B) by striking “(1) IN GENERAL” and all  
4 that follows through “The Secretary” and in-  
5 serting the following:

6 “(1) CENTERS.—The Secretary”; and

7 (C) in such paragraph (1), as amended, by  
8 redesignating clauses (i) through (v) as sub-  
9 paragraphs (A) through (E) and moving the  
10 margin of each of such redesignated subpara-  
11 graph 2 ems to the left;

12 (4) by striking subsection (d) and inserting the  
13 following:

14 “(d) IMPROVING QUALITY OF CARE.—

15 “(1) SUPPLEMENTAL AWARDS.—The Secretary  
16 may award supplemental grant funds to health cen-  
17 ters funded under this section to implement evi-  
18 dence-based models for increasing access to high-  
19 quality primary care services, which may include  
20 models related to—

21 “(A) improving the delivery of care for in-  
22 dividuals with multiple chronic conditions;

23 “(B) workforce configuration;

24 “(C) reducing the cost of care;

25 “(D) enhancing care coordination;

1           “(E) expanding the use of telehealth and  
2           technology enabled collaborative learning and  
3           capacity building models;

4           “(F) care integration, including integration  
5           of behavioral health, mental health, or sub-  
6           stance use disorder services; and

7           “(G) addressing emerging public health or  
8           substance use disorder issues to meet the health  
9           needs of the population served by the health  
10          center.

11          “(2) SUSTAINABILITY.—In making supple-  
12          mental awards under this subsection, the Secretary  
13          may consider whether the health center involved has  
14          submitted a plan for continuing the activities funded  
15          under this subsection after supplemental funding is  
16          expended.

17          “(3) SPECIAL CONSIDERATION.—The Secretary  
18          may give special consideration to applications for  
19          supplemental funding under this subsection that  
20          seek to address significant barriers to access to care  
21          in areas with a greater shortage of health care pro-  
22          viders and health services relative to the national av-  
23          erage.”;

24                 (5) in subsection (e)(1)—

25                         (A) in subparagraph (B)—

1 (i) by striking “2 years” and inserting  
2 “1 year”; and

3 (ii) by adding at the end the fol-  
4 lowing: “The Secretary shall not make a  
5 grant under this paragraph unless the ap-  
6 plicant provides assurances to the Sec-  
7 retary that within 120 days of receiving  
8 grant funding for the operation of the  
9 health center, the applicant will submit, for  
10 approval by the Secretary, an implementa-  
11 tion plan to meet the requirements of sub-  
12 section (l)(3). The Secretary may extend  
13 such 120-day period for achieving compli-  
14 ance upon a demonstration of good cause  
15 by the health center.”; and

16 (B) in subparagraph (C)—

17 (i) in the subparagraph heading, by  
18 striking “AND PLANS”;

19 (ii) by striking “or plan (as described  
20 in subparagraphs (B) and (C) of sub-  
21 section (c)(1))”;

22 (iii) by striking “or plan , including  
23 the purchase” and inserting the following:  
24 “including—

25 “(i) the purchase”;

1 (iv) by inserting “, which may include  
2 data and information systems” after “of  
3 equipment”;

4 (v) by striking the period at the end  
5 and inserting a semicolon; and

6 (vi) by adding at the end the fol-  
7 lowing:

8 “(ii) the provision of training and  
9 technical assistance; and

10 “(iii) other activities that—

11 “(I) reduce costs associated with  
12 the provision of health services;

13 “(II) improve access to, and  
14 availability of, health services provided  
15 to individuals served by the centers;

16 “(III) enhance the quality and  
17 coordination of health services; or

18 “(IV) improve the health status  
19 of communities.”;

20 (6) in subsection (e)(5)(B), by striking “and  
21 subparagraphs (B) and (C) of subsection (e)(1) to a  
22 health center or to a network or plan” and inserting  
23 “to a health center”;

24 (7) by striking subsection (s);

1 (8) by redesignating subsections (g) through (r)  
2 as subsections (h) through (s), respectively;

3 (9) by inserting after subsection (f), the fol-  
4 lowing:

5 “(g) NEW ACCESS POINTS AND EXPANDED SERV-  
6 ICES.—

7 “(1) APPROVAL OF NEW ACCESS POINTS.—

8 “(A) IN GENERAL.—The Secretary may  
9 approve applications for grants under subpara-  
10 graph (A) or (B) of subsection (e)(1), sub-  
11 section (h), subsection (i), and subsection (j) to  
12 establish new delivery sites.

13 “(B) SPECIAL CONSIDERATION.—In car-  
14 rying out subparagraph (A), the Secretary may  
15 give special consideration to applicants that  
16 have demonstrated the new delivery site will be  
17 located within a sparsely populated area, or an  
18 area which has a level of unmet need that is  
19 higher relative to other applicants.

20 “(C) CONSIDERATION OF APPLICATIONS.—

21 In carrying subparagraph (A), the Secretary  
22 shall approve applications for grants under sub-  
23 paragraphs (A) and (B) of subsection (e)(1) in  
24 such a manner that the ratio of the medically  
25 underserved populations in rural areas which

1           may be expected to use the services provided by  
2           the applicants involved to the medically under-  
3           served populations in urban areas which may be  
4           expected to use the services provided by the ap-  
5           plicants is not less than two to three or greater  
6           than three to two.

7           “(D) SERVICE AREA OVERLAP.—If in car-  
8           rying out subparagraph (A) the applicant pro-  
9           poses to serve an area that is currently served  
10          by another health center funded under this sec-  
11          tion, the Secretary may consider whether the  
12          award of funding to an additional health center  
13          in the area can be justified based on the unmet  
14          need for additional services within the  
15          catchment area.

16          “(2) APPROVAL OF EXPANDED SERVICE APPLI-  
17          CATIONS.—

18                 “(A) IN GENERAL.—The Secretary may  
19                 approve applications for grants under subpara-  
20                 graph (A) or (B) of subsection (e)(1) to expand  
21                 the capacity of the applicant to provide required  
22                 primary health services described in subsection  
23                 (b)(1) or additional health services described in  
24                 subsection (b)(2).

1           “(B) PRIORITY EXPANSION PROJECTS.—In  
2 carrying out subparagraph (A), the Secretary  
3 may give special consideration to expanded  
4 service applications that seek to address emerg-  
5 ing public health or behavioral health, mental  
6 health, or substance abuse issues through in-  
7 creasing the availability of additional health  
8 services described in subsection (b)(2) in an  
9 area in which there are significant barriers to  
10 accessing care.

11           “(C) CONSIDERATION OF APPLICATIONS.—  
12 In carrying out subparagraph (A), the Sec-  
13 retary shall approve applications for applicants  
14 in such a manner that the ratio of the medically  
15 underserved populations in rural areas which  
16 may be expected to use the services provided by  
17 the applicants involved to the medically under-  
18 served populations in urban areas which may be  
19 expected to use the services provided by such  
20 applicants is not less than two to three or  
21 greater than three to two.”;

22 (10) in subsection (i) (as so redesignated)—

23           (A) in paragraph (1), by striking “and  
24 children and youth at risk of homelessness” and  
25 inserting “, children and youth at risk of home-

1 lessness, homeless veterans, and veterans at  
2 risk of homelessness”; and

3 (B) in paragraph (5)—

4 (i) by striking subparagraph (B);

5 (ii) by redesignating subparagraph  
6 (C) as subparagraph (B); and

7 (iii) in subparagraph (B) (as so redesi-  
8 gnated)—

9 (I) in the subparagraph heading,  
10 by striking “ABUSE” and inserting  
11 “USE DISORDER”; and

12 (II) by striking “abuse” and in-  
13 serting “use disorder”;

14 (11) in subsection (l) (as so redesignated)—

15 (A) in paragraph (2)—

16 (i) in the paragraph heading, by in-  
17 serting “UNMET” before “NEED”;

18 (ii) in the matter preceding subpara-  
19 graph (A), by inserting “and an applica-  
20 tion for a grant under subsection (g)”  
21 after “subsection (e)(1)”;

22 (iii) in subparagraph (A), by inserting  
23 “unmet” before “need for health services”;

24 (iv) in subparagraph (B), by striking  
25 “and” at the end;

1 (v) in subparagraph (C), by striking  
2 the period at the end and inserting “;  
3 and”; and

4 (vi) by adding after subparagraph (C)  
5 the following:

6 “(D) in the case of an application for a  
7 grant pursuant to subsection (g)(1), a dem-  
8 onstration that the applicant has consulted with  
9 appropriate State and local government agen-  
10 cies, and health care providers regarding the  
11 need for the health services to be provided at the  
12 proposed delivery site.”;

13 (B) in paragraph (3)—

14 (i) in the matter preceding subpara-  
15 graph (A), by inserting “or subsection (g)”  
16 after “subsection (e)(1)(B)”;

17 (ii) in subparagraph (B), by striking  
18 “in the catchment area of the center” and  
19 inserting “, including other health care  
20 providers that provide care within the  
21 catchment area, local hospitals, and spe-  
22 cialty providers in the catchment area of  
23 the center, to provide access to services not  
24 available through the health center and to

1 reduce the non-urgent use of hospital  
2 emergency departments”;

3 (iii) in subparagraph (H)(ii), by in-  
4 sserting “who shall be directly employed by  
5 the center” after “approves the selection of  
6 a director for the center”;

7 (iv) in subparagraph (L), by striking  
8 “and” at the end;

9 (v) in subparagraph (M), by striking  
10 the period and inserting “; and”; and

11 (vi) by inserting after subparagraph  
12 (M), the following:

13 “(N) the center has written policies and  
14 procedures in place to ensure the appropriate  
15 use of Federal funds in compliance with appli-  
16 cable Federal statutes, regulations, and the  
17 terms and conditions of the Federal award.”;  
18 and

19 (C) by striking paragraph (4);

20 (12) in subsection (m) (as so redesignated), by  
21 adding at the end the following: “Funds expended to  
22 carry out activities under this subsection and oper-  
23 ational support activities under subsection (n) shall  
24 not exceed three percent of the amount appropriated  
25 for this section for the fiscal year involved.”;

1           (13) in subsection (q) (as so redesignated), by  
2           striking “grants for new health centers under sub-  
3           sections (c) and (e)” and inserting “operating grants  
4           under subsection (e), applications for new access  
5           points and expanded service pursuant to subsection  
6           (g)”;

7           (14) in subsection (r)(4) (as so redesignated),  
8           by adding at the end the following: “A waiver pro-  
9           vided by the Secretary under this paragraph may  
10          not remain in effect for more than 1 year and may  
11          not be extended after such period. An entity may not  
12          receive more than one waiver under this paragraph  
13          in consecutive years.”; and

14          (15) in subsection (s)(3) (as so redesignated)—

15                 (A) by striking “appropriate committees of  
16                 Congress a report concerning the distribution of  
17                 funds under this section” and inserting the fol-  
18                 lowing: “Committee on Health, Education,  
19                 Labor, and Pensions of the Senate, and the  
20                 Committee on Energy and Commerce of the  
21                 House of Representatives, a report including, at  
22                 a minimum—

23                         “(A) the distribution of funds for carrying  
24                         out this section”;

1 (B) by striking “populations. Such report  
2 shall include an assessment” and inserting the  
3 following: “populations;

4 “(B) an assessment”;

5 (C) by striking “and the rationale for any  
6 substantial changes in the distribution of  
7 funds.” and inserting a semicolon; and

8 (D) by adding at the end the following:

9 “(C) the distribution of awards and fund-  
10 ing for new or expanded services in each of  
11 rural areas and urban areas;

12 “(D) the distribution of awards and fund-  
13 ing for establishing new access points, and the  
14 number of new access points created;

15 “(E) the amount of unexpended funding  
16 for loan guarantees and loan guarantee author-  
17 ity under title XVI;

18 “(F) the rationale for any substantial  
19 changes in the distribution of funds;

20 “(G) the rate of closures for health centers  
21 and access points;

22 “(H) the number and reason for any  
23 grants awarded pursuant to subsection  
24 (e)(1)(B); and

1                   “(I) the number and reason for any waiv-  
2                   ers provided pursuant to subsection (r)(4).”.

3           (c) NATIONAL HEALTH SERVICE CORPS.—Section  
4 10503(b)(2)(E) of the Patient Protection and Affordable  
5 Care Act (42 U.S.C. 254b–2(b)(2)(E)) is amended by  
6 striking “2017” and inserting “2019”.

7           (d) APPLICATION.—Amounts appropriated pursuant  
8 to this section for fiscal year 2018 or 2019 are subject  
9 to the requirements contained in Public Law 115–31 for  
10 funds for programs authorized under sections 330 through  
11 340 of the Public Health Service Act (42 U.S.C. 254b–  
12 256).

13           (e) CONFORMING AMENDMENTS.—Section 3014(h)  
14 of title 18, United States Code, is amended—

15                   (1) in paragraph (1), by striking “, as amended  
16                   by section 221 of the Medicare Access and CHIP  
17                   Reauthorization Act of 2015,”; and

18                   (2) in paragraph (4), by inserting “and section  
19                   101(d) of the Community Health And Medical Pro-  
20                   fessionals Improve Our Nation Act of 2017” after  
21                   “section 221(c) of the Medicare Access and CHIP  
22                   Reauthorization Act of 2015”.

23 **SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS.**

24           (a) SPECIAL DIABETES PROGRAM FOR TYPE I DIA-  
25 BETES.—Section 330B(b)(2)(C) of the Public Health

1 Service Act (42 U.S.C. 254e-2(b)(2)(C)) is amended by  
2 striking “2017” and inserting “2019”.

3 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—

4 Section 330C(c)(2) of the Public Health Service Act (42  
5 U.S.C. 254e-3(c)(2)) is amended—

6 (1) in subparagraph (C), by striking “and” at  
7 the end;

8 (2) in subparagraph (D), by striking the period  
9 at the end and inserting “and \$112,500,000 for the  
10 period consisting of the second, third, and fourth  
11 quarters of fiscal year 2018; and”;

12 (3) by adding at the end the following:

13 “(E) \$150,000,000 for fiscal year 2019.”.

14 **SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS**  
15 **TO TEACHING HEALTH CENTERS THAT OPER-**  
16 **ATE GRADUATE MEDICAL EDUCATION PRO-**  
17 **GRAMS.**

18 (a) PAYMENTS.—Subsection (a) of section 340H of  
19 the Public Health Service Act (42 U.S.C. 256h) is amend-  
20 ed to read as follows:

21 “(a) PAYMENTS.—

22 “(1) IN GENERAL.—Subject to subsection  
23 (h)(2), the Secretary shall make payments under  
24 this section for direct expenses and indirect expenses  
25 to qualified teaching health centers that are listed as

1 sponsoring institutions by the relevant accrediting  
2 body for—

3 “(A) maintenance of existing approved  
4 graduate medical residency training programs;

5 “(B) expansion of existing approved grad-  
6 uate medical residency training programs; and

7 “(C) establishment of new approved grad-  
8 uate medical residency training programs, as  
9 appropriate.

10 “(2) PRIORITY.—In making payments pursuant  
11 to paragraph (1)(C), the Secretary shall give priority  
12 to qualified teaching health centers that—

13 “(A) serve a health professional shortage  
14 area with a designation in effect under section  
15 332 or a medically underserved community (as  
16 defined in section 799B); or

17 “(B) are located in a rural area (as de-  
18 fined in section 1886(d)(2)(D) of the Social Se-  
19 curity Act).”.

20 (b) FUNDING.—Subsection (g) of section 340H of the  
21 Public Health Service Act (42 U.S.C. 256h) is amended—

22 (1) by striking “To carry out” and inserting  
23 the following:

24 “(1) IN GENERAL.—To carry out”;

1           (2) by striking “and \$15,000,000 for the first  
2           quarter of fiscal year 2018” and inserting “,  
3           \$15,000,000 for the first quarter of fiscal year  
4           2018, \$111,500,000 for the period consisting of the  
5           second, third, and fourth quarters of fiscal year  
6           2018, and \$126,500,000 for fiscal year 2019”; and

7           (3) by adding at the end the following:

8           “(2) ADMINISTRATIVE EXPENSES.—Of the  
9           amount made available to carry out this section for  
10          any fiscal year, the Secretary may not use more  
11          than 5 percent of such amount for the expenses of  
12          administering this section.”.

13          (c) ANNUAL REPORTING.—Subsection (h)(1) of sec-  
14          tion 340H of the Public Health Service Act (42 U.S.C.  
15          256h) is amended—

16               (1) by redesignating subparagraph (D) as sub-  
17               paragraph (H); and

18               (2) by inserting after subparagraph (C) the fol-  
19               lowing:

20                       “(D) The number of patients treated by  
21                       residents described in paragraph (4).

22                       “(E) The number of visits by patients  
23                       treated by residents described in paragraph (4).

24                       “(F) Of the number of residents described  
25                       in paragraph (4) who completed their residency

1 training at the end of such residency academic  
2 year, the number and percentage of such resi-  
3 dents entering primary care practice (meaning  
4 any of the areas of practice listed in the defini-  
5 tion of a primary care residency program in  
6 section 749A).

7 “(G) Of the number of residents described  
8 in paragraph (4) who completed their residency  
9 training at the end of such residency academic  
10 year, the number and percentage of such resi-  
11 dents who entered practice at a health care fa-  
12 cility—

13 “(i) primarily serving a health profes-  
14 sional shortage area with a designation in  
15 effect under section 332 or a medically un-  
16 derserved community (as defined in section  
17 799B); or

18 “(ii) located in a rural area (as de-  
19 fined in section 1886(d)(2)(D) of the So-  
20 cial Security Act).”

21 (d) REPORT ON TRAINING COSTS.—Not later than  
22 March 31, 2019, the Secretary of Health and Human  
23 Services shall submit to the Congress a report on the di-  
24 rect graduate expenses of approved graduate medical resi-  
25 dency training programs, and the indirect expenses associ-

1 ated with the additional costs of teaching residents, of  
2 qualified teaching health centers (as such terms are used  
3 or defined in section 340H of the Public Health Service  
4 Act (42 U.S.C. 256h)).

5 (e) DEFINITION.—Subsection (j) of section 340H of  
6 the Public Health Service Act (42 U.S.C. 256h) is amend-  
7 ed—

8 (1) by redesignating paragraphs (2) and (3) as  
9 paragraphs (3) and (4), respectively; and

10 (2) by inserting after paragraph (1) the fol-  
11 lowing:

12 “(2) NEW APPROVED GRADUATE MEDICAL  
13 RESIDENCY TRAINING PROGRAM.—The term ‘new  
14 approved graduate medical residency training pro-  
15 gram’ means an approved graduate medical resi-  
16 dency training program for which the sponsoring  
17 qualified teaching health center has not received a  
18 payment under this section for a previous fiscal year  
19 (other than pursuant to subsection (a)(1)(C)).”

20 (f) TECHNICAL CORRECTION.—Subsection (f) of the  
21 section 340H (42 U.S.C. 256h) is amended by striking  
22 “hospital” each place it appears and inserting “teaching  
23 health center”.

24 (g) PAYMENTS FOR PREVIOUS FISCAL YEARS.—The  
25 provisions of section 340H of the Public Health Service

1 Act (42 U.S.C. 256h), as in effect on the day before the  
2 date of enactment of this Act, shall continue to apply with  
3 respect to payments under such section for fiscal years  
4 before fiscal year 2018.

5 **SEC. 104. EXTENSION FOR FAMILY-TO-FAMILY HEALTH IN-**  
6 **FORMATION CENTERS.**

7 Section 501(c) of the Social Security Act (42 U.S.C.  
8 701(c)) is amended—

9 (1) in paragraph (1)(A)—

10 (A) in clause (v), by striking “and” at the  
11 end;

12 (B) in clause (vi), by striking the period at  
13 the end and inserting “; and”; and

14 (C) by adding at the end the following new  
15 clause:

16 “(vii) \$6,000,000 for each of fiscal  
17 years 2018 and 2019.”;

18 (2) in paragraph (3)(C), by inserting before the  
19 period the following: “, and with respect to fiscal  
20 years 2018 and 2019, such centers shall also be de-  
21 veloped in all territories and at least one such center  
22 shall be developed for Indian tribes”; and

23 (3) by amending paragraph (5) to read as fol-  
24 lows:

25 “(5) For purposes of this subsection—

1           “(A) the term ‘Indian tribe’ has the mean-  
2           ing given such term in section 4 of the Indian  
3           Health Care Improvement Act (25 U.S.C.  
4           1603);

5           “(B) the term ‘State’ means each of the 50  
6           States and the District of Columbia; and

7           “(C) the term ‘territory’ means Puerto  
8           Rico, Guam, American Samoa, the Virgin Is-  
9           lands, and the Northern Mariana Islands.”.

10 **SEC. 105. YOUTH EMPOWERMENT PROGRAM; PERSONAL**  
11 **RESPONSIBILITY EDUCATION.**

12           (a) YOUTH EMPOWERMENT PROGRAM.—

13           (1) IN GENERAL.—Section 510 of the Social  
14           Security Act (42 U.S.C. 710) is amended to read as  
15           follows:

16 **“SEC. 510. YOUTH EMPOWERMENT PROGRAM.**

17           “(a) IN GENERAL.—

18           “(1) ALLOTMENTS TO STATES.—For the pur-  
19           pose described in subsection (b), the Secretary shall,  
20           for each of fiscal years 2018 and 2019, allot to each  
21           State which has transmitted an application for the  
22           fiscal year under section 505(a) an amount equal to  
23           the product of—

24           “(A) the amount appropriated pursuant to  
25           subsection (e)(1) for the fiscal year, minus the

1 amount reserved under subsection (e)(2) for the  
2 fiscal year; and

3 “(B) the proportion that the number of  
4 low-income children in the State bears to the  
5 total of such numbers of children for all the  
6 States.

7 “(2) OTHER ALLOTMENTS.—

8 “(A) OTHER ENTITIES.—For the purpose  
9 described in subsection (b), the Secretary shall,  
10 for each of fiscal years 2018 and 2019, for any  
11 State which has not transmitted an application  
12 for the fiscal year under section 505(a), allot to  
13 one or more entities in the State the amount  
14 that would have been allotted to the State  
15 under paragraph (1) if the State had submitted  
16 such an application.

17 “(B) PROCESS.—The Secretary shall select  
18 the recipients of allotments under subparagraph  
19 (A) by means of a competitive grant process  
20 under which—

21 “(i) not later than 30 days after the  
22 deadline for the State involved to submit  
23 an application for the fiscal year under  
24 section 505(a), the Secretary publishes a  
25 notice soliciting grant applications; and

1                   “(ii) not later than 120 days after  
2                   such deadline, all such applications must  
3                   be submitted.

4           “(b) PURPOSE.—

5                   “(1) IN GENERAL.—Except for research under  
6                   paragraph (5) and information collection and report-  
7                   ing under paragraph (6), the purpose of an allot-  
8                   ment under subsection (a) to a State (or to another  
9                   entity in the State pursuant to subsection (a)(2)) is  
10                  to enable the State or other entity to implement edu-  
11                  cation exclusively on sexual risk avoidance (meaning  
12                  voluntarily refraining from sexual activity).

13                  “(2) REQUIRED COMPONENTS.—Education on  
14                  sexual risk avoidance pursuant to an allotment  
15                  under this section shall—

16                         “(A) ensure that the unambiguous and pri-  
17                         mary emphasis and context for each topic de-  
18                         scribed in paragraph (3) is a message to youth  
19                         that normalizes the optimal health behavior of  
20                         avoiding nonmarital sexual activity;

21                                 “(B) be medically accurate and complete;

22                                 “(C) be age-appropriate; and

23                                 “(D) be based on adolescent learning and  
24                                 developmental theories for the age group receiv-  
25                                 ing the education.

1           “(3) TOPICS.—Education on sexual risk avoid-  
2           ance pursuant to an allotment under this section  
3           shall address each of the following topics:

4                   “(A) The holistic individual and societal  
5                   benefits associated with personal responsibility,  
6                   self-regulation, goal setting, healthy decision-  
7                   making, and a focus on the future.

8                   “(B) The advantage of refraining from  
9                   nonmarital sexual activity in order to improve  
10                  the future prospects and physical and emotional  
11                  health of youth.

12                  “(C) The increased likelihood of avoiding  
13                  poverty when youth attain self-sufficiency and  
14                  emotional maturity before engaging in sexual  
15                  activity.

16                  “(D) The foundational components of  
17                  healthy relationships and their impact on the  
18                  formation of healthy marriages and safe and  
19                  stable families.

20                  “(E) How other youth risk behaviors, such  
21                  as drug and alcohol usage, increase the risk for  
22                  teen sex.

23                  “(F) How to resist and avoid, and receive  
24                  help regarding, sexual coercion and dating vio-

1           lence, recognizing that even with consent teen  
2           sex remains a youth risk behavior.

3           “(4) CONTRACEPTION.—Education on sexual  
4           risk avoidance pursuant to an allotment under this  
5           section shall ensure that—

6                   “(A) any information provided on contra-  
7                   ception is medically accurate and ensures that  
8                   students understand that contraception offers  
9                   physical risk reduction, but not risk elimination;  
10                  and

11                   “(B) the education does not include dem-  
12                   onstrations, simulations, or distribution of con-  
13                   traceptive devices.

14           “(5) RESEARCH.—

15                   “(A) IN GENERAL.—A State or other enti-  
16                   ty receiving an allotment pursuant to subsection  
17                   (a) may use up to 20 percent of such allotment  
18                   to build the evidence base for sexual risk avoid-  
19                   ance education by conducting or supporting re-  
20                   search.

21                   “(B) REQUIREMENTS.—Any research con-  
22                   ducted or supported pursuant to subparagraph  
23                   (A) shall be—

24                           “(i) rigorous;

25                           “(ii) evidence-based; and

1                   “(iii) designed and conducted by inde-  
2                   pendent researchers who have experience  
3                   in conducting and publishing research in  
4                   peer-reviewed outlets.

5                   “(6) INFORMATION COLLECTION AND REPORT-  
6                   ING.—A State or other entity receiving an allotment  
7                   pursuant to subsection (a) shall, as specified by the  
8                   Secretary—

9                   “(A) collect information on the programs  
10                  and activities funded through the allotment;  
11                  and

12                  “(B) submit reports to the Secretary on  
13                  the data from such programs and activities.

14                  “(c) NATIONAL EVALUATION.—

15                  “(1) IN GENERAL.—The Secretary shall—

16                  “(A) in consultation with appropriate State  
17                  and local agencies, conduct one or more rig-  
18                  orous evaluations of the education funded  
19                  through this section and associated data; and

20                  “(B) submit a report to the Congress on  
21                  the results of such evaluations, together with a  
22                  summary of the information collected pursuant  
23                  to subsection (b)(6).

24                  “(2) CONSULTATION.—In conducting the eval-  
25                  uations required by paragraph (1), including the es-

1       tablishment of evaluation methodologies, the Sec-  
2       retary shall consult with relevant stakeholders.

3       “(d) APPLICABILITY OF CERTAIN PROVISIONS.—

4             “(1) Sections 503, 507, and 508 apply to allot-  
5       ments under subsection (a) to the same extent and  
6       in the same manner as such sections apply to allot-  
7       ments under section 502(c).

8             “(2) Sections 505 and 506 apply to allotments  
9       under subsection (a) to the extent determined by the  
10      Secretary to be appropriate.

11      “(e) FUNDING.—

12             “(1) IN GENERAL.—To carry out this section,  
13      there is appropriated, out of any money in the  
14      Treasury not otherwise appropriated, \$75,000,000  
15      for each of fiscal years 2018 and 2019.

16             “(2) RESERVATION.—The Secretary shall re-  
17      serve, for each of fiscal years 2018 and 2019, not  
18      more than 20 percent of the amount appropriated  
19      pursuant to paragraph (1) for administering the  
20      program under this section, including the conducting  
21      of national evaluations and the provision of technical  
22      assistance to the recipients of allotments.”.

23             “(2) EFFECTIVE DATE.—The amendment made  
24      by this section takes effect on October 1, 2017.

25      (b) PERSONAL RESPONSIBILITY EDUCATION.—

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

3           (A) in subsection (a)(1)(A), by striking  
4 “2017” and inserting “2019”; and

5           (B) in subsection (a)(4)—

6           (i) in subparagraph (A), by striking  
7 “2017” each place it appears and inserting  
8 “2019”; and

9           (ii) in subparagraph (B)—

10           (I) in the subparagraph heading,  
11 by striking “3-YEAR GRANTS” and in-  
12 serting “COMPETITIVE PREP  
13 GRANTS”; and

14           (II) in clause (i), by striking “so-  
15 licit applications to award 3-year  
16 grants in each of fiscal years 2012  
17 through 2017” and insert “continue  
18 through fiscal year 2019 grants  
19 awarded for any of fiscal years 2015  
20 through 2017”;

21           (C) in subsection (c), by inserting after  
22 “youth with HIV/AIDS,” the following: “vic-  
23 tims of human trafficking,”; and

24           (D) in subsection (f), by striking “2017”  
25 and inserting “2019”.

1           (2) EFFECTIVE DATE.—The amendments made  
2           by this subsection take effect on October 1, 2017.

## 3                                   **TITLE II—OFFSETS**

4   **SEC. 201. PROVIDING FOR QUALIFIED HEALTH PLAN**  
5                                   **GRACE PERIOD REQUIREMENTS FOR ISSUER**  
6                                   **RECEIPT OF ADVANCE PAYMENTS OF COST-**  
7                                   **SHARING REDUCTIONS AND PREMIUM TAX**  
8                                   **CREDITS THAT ARE MORE CONSISTENT WITH**  
9                                   **STATE LAW GRACE PERIOD REQUIREMENTS.**

10          (a) IN GENERAL.—Section 1412(c) of the Patient  
11          Protection and Affordable Care Act (42 U.S.C. 18082(c))  
12          is amended—

13                 (1) in paragraph (2)—

14                         (A) in subparagraph (B)(iv)(II), by strik-  
15                         ing “a 3-month grace period” and inserting “a  
16                         grace period specified in subparagraph (C)”;  
17                         and

18                         (B) by adding at the end the following new  
19                         subparagraphs:

20                                 “(C) GRACE PERIOD SPECIFIED.—For pur-  
21                                 poses of subparagraph (B)(iv)(II), the grace pe-  
22                                 riod specified in this subparagraph is—

23   “(i) for plan years beginning before  
24   January 1, 2018, a 3-month grace period;  
25   and

1 “(ii) for plan years beginning on or  
2 after January 1, 2018—

3 “(I) in the case of an Exchange  
4 operating in a State that has a State  
5 law grace period in place, such State  
6 law grace period; and

7 “(II) in the case of an Exchange  
8 operating in a State that does not  
9 have a State law grace period in  
10 place, a 1-month grace period.

11 “(D) STATE LAW GRACE PERIOD.—For  
12 purposes of subparagraph (C), the term ‘State  
13 law grace period’ means, with respect to a  
14 State, a grace period for nonpayment of pre-  
15 miums before discontinuing coverage that is ap-  
16 plicable under the State law to health insurance  
17 coverage offered in the individual market of the  
18 State.”; and

19 (2) in paragraph (3), by adding at the end the  
20 following new sentence: “The requirements of para-  
21 graph (2)(B)(iv) apply to an issuer of a qualified  
22 health plan receiving an advanced payment under  
23 this paragraph in the same manner and to the same  
24 extent that such requirements apply to an issuer of

1 a qualified health plan receiving an advanced pay-  
2 ment under paragraph (2)(A).”

3 (b) REPORT ON ALIGNING GRACE PERIODS FOR  
4 MEDICAID, MEDICARE, AND EXCHANGE PLANS.—Not  
5 later than two years after the date of full implementation  
6 of subsection (a), the Comptroller General of the United  
7 States shall submit to Congress a report on—

8 (1) the effects on consumers of aligning grace  
9 periods applied under the Medicaid program under  
10 title XIX of the Social Security Act, under the Medi-  
11 care program under parts C and D of title XVIII of  
12 such Act, and under qualified health plans offered  
13 on an Exchange established under title I of the Pa-  
14 tient Protection and Affordable Care Act, including  
15 the extent to which such an alignment of grace peri-  
16 ods may help to avoid enrollment status confusion  
17 for individuals under such Medicaid program, Medi-  
18 care program, and qualified health plans; and

19 (2) the extent to which such an alignment of  
20 grace periods may reduce fraud, waste, and abuse  
21 under the Medicaid program.

22 **SEC. 202. PREVENTION AND PUBLIC HEALTH FUND.**

23 Section 4002(b) of the Patient Protection and Af-  
24 fordable Care Act (42 U.S.C. 300u–11(b)) is amended by

1 striking paragraphs (3) through (8) and inserting the fol-  
2 lowing new paragraphs:

3 “(3) for fiscal year 2018, \$900,000,000;

4 “(4) for fiscal year 2019, \$500,000,000;

5 “(5) for fiscal year 2020, \$500,000,000;

6 “(6) for fiscal year 2021, \$500,000,000;

7 “(7) for fiscal year 2022, \$500,000,000;

8 “(8) for fiscal year 2023, \$500,000,000;

9 “(9) for fiscal year 2024, \$500,000,000;

10 “(10) for fiscal year 2025, \$750,000,000;

11 “(11) for fiscal year 2026, \$1,000,000,000; and

12 “(12) for fiscal year 2027 and each fiscal year  
13 thereafter, \$2,000,000,000.”.