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.

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

SECTION 1. SHORT TITLE.

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

SEC. 2. TABLE OF CONTENTS.

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.

1 TITLE I—EXTENSION OF PUBLIC HEALTH PROGRAMS

2 SEC. 101. EXTENSION FOR COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS.

3 (a) COMMUNITY HEALTH CENTERS FUNDING.—Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended by striking “2017” and inserting “2019”.

4 (b) OTHER COMMUNITY HEALTH CENTERS PROVISIONS.—Section 330 of the Public Health Service Act (42 U.S.C. 254b) is amended—

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

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

7 (3) in subsection (c)—
(A) by striking subparagraphs (B) through (D);
(B) by striking “(1) IN GENERAL” and all that follows through “The Secretary” and inserting the following:
“(1) CENTERS.—The Secretary”; and
(C) in such paragraph (1), as amended, by redesignating clauses (i) through (v) as subparagraphs (A) through (E) and moving the margin of each of such redesignated subparagraph 2 ems to the left;
(4) by striking subsection (d) and inserting the following:
“(d) IMPROVING QUALITY OF CARE.—
“(1) SUPPLEMENTAL AWARDS.—The Secretary may award supplemental grant funds to health centers funded under this section to implement evidence-based models for increasing access to high-quality primary care services, which may include models related to—
“(A) improving the delivery of care for individuals with multiple chronic conditions;
“(B) workforce configuration;
“(C) reducing the cost of care;
“(D) enhancing care coordination;
“(E) expanding the use of telehealth and technology enabled collaborative learning and capacity building models;

“(F) care integration, including integration of behavioral health, mental health, or substance use disorder services; and

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

“(2) SUSTAINABILITY.—In making supplemental awards under this subsection, the Secretary may consider whether the health center involved has submitted a plan for continuing the activities funded under this subsection after supplemental funding is expended.

“(3) SPECIAL CONSIDERATION.—The Secretary may give special consideration to applications for supplemental funding under this subsection that seek to address significant barriers to access to care in areas with a greater shortage of health care providers and health services relative to the national average.”;

(5) in subsection (e)(1)—

(A) in subparagraph (B)—
(i) by striking “2 years” and inserting “1 year”; and

(ii) by adding at the end the following: “The Secretary shall not make a grant under this paragraph unless the applicant provides assurances to the Secretary that within 120 days of receiving grant funding for the operation of the health center, the applicant will submit, for approval by the Secretary, an implementation plan to meet the requirements of subsection (l)(3). The Secretary may extend such 120-day period for achieving compliance upon a demonstration of good cause by the health center.”; and

(B) in subparagraph (C)—

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

(ii) by striking “or plan (as described in subparagraphs (B) and (C) of subsection (c)(1))”; (iii) by striking “or plan , including the purchase” and inserting the following: “including—

“(i) the purchase”;
(iv) by inserting “, which may include data and information systems” after “of equipment”;

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

(vi) by adding at the end the following:

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

“(iii) other activities that—

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

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

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

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

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

(7) by striking subsection (s);
(8) by redesignating subsections (g) through (r) as subsections (h) through (s), respectively;

(9) by inserting after subsection (f), the following:

“(g) NEW ACCESS POINTS AND EXPANDED SERVICES.—

“(1) APPROVAL OF NEW ACCESS POINTS.—

“(A) IN GENERAL.—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1), subsection (h), subsection (i), and subsection (j) to establish new delivery sites.

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

“(C) CONSIDERATION OF APPLICATIONS.—In carrying subparagraph (A), the Secretary shall approve applications for grants under subparagraphs (A) and (B) of subsection (e)(1) in such a manner that the ratio of the medically underserved populations in rural areas which
may be expected to use the services provided by
the applicants involved to the medically under-
served populations in urban areas which may be
expected to use the services provided by the ap-
plicants is not less than two to three or greater
than three to two.

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

“(2) APPROVAL OF EXPANDED SERVICE APPLI-
cATIONS.—

“(A) IN GENERAL.—The Secretary may
approve applications for grants under subpara-
graph (A) or (B) of subsection (e)(1) to expand
the capacity of the applicant to provide required
primary health services described in subsection
(b)(1) or additional health services described in
subsection (b)(2).
“(B) PRIORITY EXPANSION PROJECTS.—In carrying out subparagraph (A), the Secretary may give special consideration to expanded service applications that seek to address emerging public health or behavioral health, mental health, or substance abuse issues through increasing the availability of additional health services described in subsection (b)(2) in an area in which there are significant barriers to accessing care.

“(C) CONSIDERATION OF APPLICATIONS.—In carrying out subparagraph (A), the Secretary shall approve applications for applicants in such a manner that the ratio of the medically underserved populations in rural areas which may be expected to use the services provided by the applicants involved to the medically underserved populations in urban areas which may be expected to use the services provided by such applicants is not less than two to three or greater than three to two.”;

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

(A) in paragraph (1), by striking “and children and youth at risk of homelessness” and inserting “, children and youth at risk of home-
lessness, homeless veterans, and veterans at
risk of homelessness”; and

(B) in paragraph (5)—

(i) by striking subparagraph (B);

(ii) by redesignating subparagraph

(C) as subparagraph (B); and

(iii) in subparagraph (B) (as so redesignated)—

(I) in the subparagraph heading,

by striking “ABUSE” and inserting

“USE DISORDER”; and

(II) by striking “abuse” and in-

serting “use disorder”;

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

(A) in paragraph (2)—

(i) in the paragraph heading, by in-

serting “UNMET” before “NEED”;

(ii) in the matter preceding subpara-

graph (A), by inserting “and an applica-

tion for a grant under subsection (g)”

after “subsection (e)(1)”;

(iii) in subparagraph (A), by inserting

“unmet” before “need for health services”;

(iv) in subparagraph (B), by striking

“and” at the end;
(v) in subparagraph (C), by striking the period at the end and inserting “; and
(vi) by adding after subparagraph (C) the following:
“(D) in the case of an application for a grant pursuant to subsection (g)(1), a demonstration that the applicant has consulted with appropriate State and local government agencies, and health care providers regarding the need for the health services to be provided at the proposed delivery site.”;
(B) in paragraph (3)—
(i) in the matter preceding subparagraph (A), by inserting “or subsection (g)” after “subsection (e)(1)(B)”;
(ii) in subparagraph (B), by striking “in the catchment area of the center” and inserting “, including other health care providers that provide care within the catchment area, local hospitals, and specialty providers in the catchment area of the center, to provide access to services not available through the health center and to
reduce the non-urgent use of hospital emergency departments”;

(iii) in subparagraph (H)(ii), by inserting “who shall be directly employed by the center” after “approves the selection of a director for the center”;

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

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

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

“(N) the center has written policies and procedures in place to ensure the appropriate use of Federal funds in compliance with applicable Federal statutes, regulations, and the terms and conditions of the Federal award.”;

and

(C) by striking paragraph (4);

(12) in subsection (m) (as so redesignated), by adding at the end the following: “Funds expended to carry out activities under this subsection and operational support activities under subsection (n) shall not exceed three percent of the amount appropriated for this section for the fiscal year involved.”;
(13) in subsection (q) (as so redesignated), by striking “grants for new health centers under subsections (c) and (e)” and inserting “operating grants under subsection (e), applications for new access points and expanded service pursuant to subsection (g)”;

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

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

(A) by striking “appropriate committees of Congress a report concerning the distribution of funds under this section” and inserting the following: “Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report including, at a minimum—

“(A) the distribution of funds for carrying out this section”;
(B) by striking “populations. Such report shall include an assessment” and inserting the following: “populations;
“(B) an assessment”;
(C) by striking “and the rationale for any substantial changes in the distribution of funds.” and inserting a semicolon; and
(D) by adding at the end the following:
“(C) the distribution of awards and funding for new or expanded services in each of rural areas and urban areas;
“(D) the distribution of awards and funding for establishing new access points, and the number of new access points created;
“(E) the amount of unexpended funding for loan guarantees and loan guarantee authority under title XVI;
“(F) the rationale for any substantial changes in the distribution of funds;
“(G) the rate of closures for health centers and access points;
“(H) the number and reason for any grants awarded pursuant to subsection (e)(1)(B); and
“(I) the number and reason for any waivers provided pursuant to subsection (r)(4).’’.

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

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

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

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

(2) in paragraph (4), by inserting “and section 101(d) of the Community Health And Medical Professionals Improve Our Nation Act of 2017” after “section 221(e) of the Medicare Access and CHIP Reauthorization Act of 2015”.

SEC. 102. EXTENSION FOR SPECIAL DIABETES PROGRAMS.

(a) SPECIAL DIABETES PROGRAM FOR TYPE I DIABETES.—Section 330B(b)(2)(C) of the Public Health
Service Act (42 U.S.C. 254c–2(b)(2)(C)) is amended by striking “2017” and inserting “2019”.

(b) Special Diabetes Program for Indians.—

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

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

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

(3) by adding at the end the following:

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

SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) Payments.—Subsection (a) of section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended to read as follows:

“(a) Payments.—

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

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sponsoring institutions by the relevant accrediting body for—

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

“(B) expansion of existing approved graduate medical residency training programs; and

“(C) establishment of new approved graduate medical residency training programs, as appropriate.

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

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

“(B) are located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act).”.

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

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

“(1) IN GENERAL.—To carry out”;
(2) by striking “and $15,000,000 for the first quarter of fiscal year 2018” and inserting “,
$15,000,000 for the first quarter of fiscal year 2018, $111,500,000 for the period consisting of the
second, third, and fourth quarters of fiscal year 2018, and $126,500,000 for fiscal year 2019”; and

(3) by adding at the end the following:

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

(c) ANNUAL REPORTING.—Subsection (h)(1) of section 340H of the Public Health Service Act (42 U.S.C.
256h) is amended—

(1) by redesignating subparagraph (D) as subparagraph (H); and

(2) by inserting after subparagraph (C) the following:

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

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

“(F) Of the number of residents described in paragraph (4) who completed their residency
training at the end of such residency academic year, the number and percentage of such residents entering primary care practice (meaning any of the areas of practice listed in the definition of a primary care residency program in section 749A).

“(G) Of the number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year, the number and percentage of such residents who entered practice at a health care facility—

“(i) primarily serving a health professional shortage area with a designation in effect under section 332 or a medically underserved community (as defined in section 799B); or

“(ii) located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act).”.

(d) REPORT ON TRAINING COSTS.—Not later than March 31, 2019, the Secretary of Health and Human Services shall submit to the Congress a report on the direct graduate expenses of approved graduate medical residency training programs, and the indirect expenses associ-
ated with the additional costs of teaching residents, of
qualified teaching health centers (as such terms are used
or defined in section 340H of the Public Health Service
Act (42 U.S.C. 256h)).

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

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

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

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

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

(g) PAYMENTS FOR PREVIOUS FISCAL YEARS.—The
provisions of section 340H of the Public Health Service
Act (42 U.S.C. 256h), as in effect on the day before the date of enactment of this Act, shall continue to apply with respect to payments under such section for fiscal years before fiscal year 2018.

SEC. 104. EXTENSION FOR FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS.

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

(1) in paragraph (1)(A)—

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

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

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

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

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

(3) by amending paragraph (5) to read as follows:

“(5) For purposes of this subsection—
“(A) the term ‘Indian tribe’ has the meaning given such term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603);

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

“(C) the term ‘territory’ means Puerto Rico, Guam, American Samoa, the Virgin Islands, and the Northern Mariana Islands.”.

SEC. 105. YOUTH EMPOWERMENT PROGRAM; PERSONAL RESPONSIBILITY EDUCATION.

(a) YOUTH EMPOWERMENT PROGRAM.—

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

“(a) IN GENERAL.—

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

“(A) the amount appropriated pursuant to subsection (e)(1) for the fiscal year, minus the
amount reserved under subsection (e)(2) for the fiscal year; and

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

“(2) OTHER ALLOTMENTS.—

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

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

“(i) not later than 30 days after the deadline for the State involved to submit an application for the fiscal year under section 505(a), the Secretary publishes a notice soliciting grant applications; and
“(ii) not later than 120 days after such deadline, all such applications must be submitted.

“(b) PURPOSE.—

“(1) IN GENERAL.—Except for research under paragraph (5) and information collection and reporting under paragraph (6), the purpose of an allotment under subsection (a) to a State (or to another entity in the State pursuant to subsection (a)(2)) is to enable the State or other entity to implement education exclusively on sexual risk avoidance (meaning voluntarily refraining from sexual activity).

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

“(A) ensure that the unambiguous and primary emphasis and context for each topic described in paragraph (3) is a message to youth that normalizes the optimal health behavior of avoiding nonmarital sexual activity;

“(B) be medically accurate and complete;

“(C) be age-appropriate; and

“(D) be based on adolescent learning and developmental theories for the age group receiving the education.
“(3) Topics.—Education on sexual risk avoidance pursuant to an allotment under this section shall address each of the following topics:

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

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

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

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

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

“(F) How to resist and avoid, and receive help regarding, sexual coercion and dating vio-
lence, recognizing that even with consent teen
sex remains a youth risk behavior.

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

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

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

“(5) RESEARCH.—

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

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

“(i) rigorous;

“(ii) evidence-based; and
“(iii) designed and conducted by independent researchers who have experience in conducting and publishing research in peer-reviewed outlets.

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

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

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

“(c) NATIONAL EVALUATION.—

“(1) IN GENERAL.—The Secretary shall—

“(A) in consultation with appropriate State and local agencies, conduct one or more rigorous evaluations of the education funded through this section and associated data; and

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

“(2) CONSULTATION.—In conducting the evaluations required by paragraph (1), including the es-
establishment of evaluation methodologies, the Secretary shall consult with relevant stakeholders.

“(d) Applicability of Certain Provisions.—

“(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).

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

“(e) Funding.—

“(1) In General.—To carry out this section, there is appropriated, out of any money in the Treasury not otherwise appropriated, $75,000,000 for each of fiscal years 2018 and 2019.

“(2) Reservation.—The Secretary shall reserve, for each of fiscal years 2018 and 2019, not more than 20 percent of the amount appropriated pursuant to paragraph (1) for administering the program under this section, including the conducting of national evaluations and the provision of technical assistance to the recipients of allotments.”.

(2) Effective Date.—The amendment made by this section takes effect on October 1, 2017.

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

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

(B) in subsection (a)(4)—

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

(ii) in subparagraph (B)—

(I) in the subparagraph heading, by striking “3-YEAR GRANTS” and inserting “COMPETITIVE PREP GRANTS”; and

(II) in clause (i), by striking “solicit applications to award 3-year grants in each of fiscal years 2012 through 2017” and insert “continue through fiscal year 2019 grants awarded for any of fiscal years 2015 through 2017”; and

(C) in subsection (c), by inserting after “youth with HIV/AIDS,” the following: “victims of human trafficking,”; and

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

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

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.

(a) In General.—Section 1412(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 18082(c)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (B)(iv)(II), by striking “a 3-month grace period” and inserting “a grace period specified in subparagraph (C)”;

and

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

“(C) Grace period specified.—For purposes of subparagraph (B)(iv)(II), the grace period specified in this subparagraph is—

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

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

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

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

“(D) STATE LAW GRACE PERIOD.—For purposes of subparagraph (C), the term ‘State law grace period’ means, with respect to a State, a grace period for nonpayment of premiums before discontinuing coverage that is applicable under the State law to health insurance coverage offered in the individual market of the State.”; and

(2) in paragraph (3), by adding at the end the following new sentence: “The requirements of paragraph (2)(B)(iv) apply to an issuer of a qualified health plan receiving an advanced payment under this paragraph in the same manner and to the same extent that such requirements apply to an issuer of
a qualified health plan receiving an advanced pay-
ment under paragraph (2)(A).”

(b) Report on Aligning Grace Periods for
Medicaid, Medicare, and Exchange Plans.—Not
later than two years after the date of full implementation
of subsection (a), the Comptroller General of the United
States shall submit to Congress a report on—

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

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

SEC. 202. PREVENTION AND PUBLIC HEALTH FUND.

Section 4002(b) of the Patient Protection and Af-
fordable Care Act (42 U.S.C. 300u–11(b)) is amended by
striking paragraphs (3) through (8) and inserting the following new paragraphs:

“(3) for fiscal year 2018, $900,000,000;
(4) for fiscal year 2019, $500,000,000;
(5) for fiscal year 2020, $500,000,000;
(6) for fiscal year 2021, $500,000,000;
(7) for fiscal year 2022, $500,000,000;
(8) for fiscal year 2023, $500,000,000;
(9) for fiscal year 2024, $500,000,000;
(10) for fiscal year 2025, $750,000,000;
(11) for fiscal year 2026, $1,000,000,000; and
(12) for fiscal year 2027 and each fiscal year thereafter, $2,000,000,000.”.