

MOTION TO RECOMMIT, WITH INSTRUCTION

M____. _____ moves to recommit the bill H.R. 3922 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Continuing Community
3 Health and Medical Professional Programs to Improve
4 Our Nation and Keep Insurance Delivery Stable Act of
5 2017” or the “CHAMPION KIDS Act of 2017”.

6 SEC. 2. TABLE OF CONTENTS.

7 The table of contents of this Act is as follows:

- Sec. 1. Short title.
- Sec. 2. Table of contents.

TITLE I—MEDICAID AND PUBLIC HEALTH EXTENDERS

- 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.
- Sec. 106. Decreasing reduction in Medicaid DSH allotments.
- Sec. 107. Puerto Rico and United States Virgin Island Disaster Relief Medicaid.
- Sec. 108. Delay of Bipartisan Budget Act of 2013 third party liability provisions.

TITLE II—CHIP

- Sec. 201. Five-year funding extension of the Children’s Health Insurance Program.
- Sec. 202. Extension of certain programs and demonstration projects.
- Sec. 203. Extension of outreach and enrollment program.
- Sec. 204. Extension of additional Federal financial participation for CHIP.

TITLE III—OFFSET

- Sec. 301. Implementation of Office of Inspector General recommendation to delay certain Medicare plan prepayments.

1 **TITLE I—MEDICAID AND PUBLIC**
2 **HEALTH EXTENDERS**

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)—

18 (A) in paragraph (1), by striking subpara-
19 graphs (B) through (D);

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

4 “(1) CENTERS.—The Secretary”; and

5 (C) in paragraph (1), as amended, by re-
6 designating clauses (i) through (v) as subpara-
7 graphs (A) through (E) and moving the margin
8 of each of such redesignated subparagraph 2
9 ems to the left;

10 (4) by striking subsection (d) and inserting the
11 following:

12 “(d) IMPROVING QUALITY OF CARE.—

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

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

21 “(B) workforce configuration;

22 “(C) reducing the cost of care;

23 “(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)—

21 (A) in the heading of subparagraph (B), by
22 striking “AND PLANS”; and

23 (B) by striking “and subparagraphs (B)
24 and (C) of subsection (e)(1) to a health center

1 or to a network or plan” and inserting “to a
2 health center or to a network”;

3 (7) by striking subsection (s);

4 (8) by redesignating subsections (g) through (r)
5 as subsections (h) through (s), respectively;

6 (9) by inserting after subsection (f), the fol-
7 lowing:

8 “(g) NEW ACCESS POINTS AND EXPANDED SERV-
9 ICES.—

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

11 “(A) IN GENERAL.—The Secretary may
12 approve applications for grants under subpara-
13 graph (A) or (B) of subsection (e)(1) to estab-
14 lish new delivery sites.

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

22 “(C) CONSIDERATION OF APPLICATIONS.—
23 In carrying out subparagraph (A), the Sec-
24 retary shall approve applications for grants
25 under subparagraphs (A) and (B) of subsection

1 (e)(1) in such a manner that the ratio of the
2 medically underserved populations in rural
3 areas which may be expected to use the services
4 provided by the applicants involved to the medi-
5 cally underserved populations in urban areas
6 which may be expected to use the services pro-
7 vided by the applicants is not less than two to
8 three or greater than three to two.

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

18 “(2) APPROVAL OF EXPANDED SERVICE APPLI-
19 CATIONS.—

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

1 (b)(1) or additional health services described in
2 subsection (b)(2).

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

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

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

6 (B) in paragraph (5)—

7 (i) by striking subparagraph (B);

8 (ii) by redesignating subparagraph
9 (C) as subparagraph (B); and

10 (iii) in subparagraph (B) (as so redesi-
11 gnated)—

12 (I) in the subparagraph heading,
13 by striking “ABUSE” and inserting
14 “USE DISORDER”; and

15 (II) by striking “abuse” and in-
16 serting “use disorder”;

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

18 (A) in paragraph (2)—

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

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

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

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

5 (v) in subparagraph (C), by striking
6 the period at the end and inserting “;
7 and”; and

8 (vi) by adding after subparagraph (C)
9 the following:

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

17 (B) in paragraph (3)—

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

21 (ii) in subparagraph (B), by striking
22 “in the catchment area of the center” and
23 inserting “, including other health care
24 providers that provide care within the
25 catchment area, local hospitals, and spe-

1 cialty providers in the catchment area of
2 the center, to provide access to services not
3 available through the health center and to
4 reduce the non-urgent use of hospital
5 emergency departments”;

6 (iii) in subparagraph (H)(ii), by in-
7 serting “who shall be directly employed by
8 the center” after “approves the selection of
9 a director for the center”;

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

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

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

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

22 (C) by striking paragraph (4);

23 (12) in subsection (m) (as so redesignated), by
24 adding at the end the following: “Funds expended to
25 carry out activities under this subsection and oper-

1 ational support activities under subsection (n) shall
2 not exceed 3 percent of the amount appropriated for
3 this section for the fiscal year involved.”;

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

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

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

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

1 “(A) the distribution of funds for carrying
2 out this section”;

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

6 “(B) an assessment”;

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

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

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

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

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

20 “(F) the rationale for any substantial
21 changes in the distribution of funds;

22 “(G) the rate of closures for health centers
23 and access points;

1 “(H) the number and reason for any
2 grants awarded pursuant to subsection
3 (e)(1)(B); and

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

7 (16) in subsection (s) (as so redesignated) by
8 adding at the end the following new paragraph:

9 “(5) FUNDING FOR PARTICIPATION OF HEALTH
10 CENTERS IN ALL OF US RESEARCH PROGRAM.—In
11 addition to any amounts made available pursuant to
12 paragraph (1) of this subsection, section 402A of
13 this Act, or section 10503 of the Patient Protection
14 and Affordable Care Act, there is authorized to be
15 appropriated, and there is appropriated, out of any
16 monies in the Treasury not otherwise appropriated,
17 to the Secretary \$25,000,000 for fiscal year 2018 to
18 support the participation of health centers in the All
19 of Us Research Program under the Precision Medi-
20 cine Initiative under section 498E of this Act.”.

21 (c) NATIONAL HEALTH SERVICE CORPS.—Section
22 10503(b)(2)(E) of the Patient Protection and Affordable
23 Care Act (42 U.S.C. 254b–2(b)(2)(E)) is amended by
24 striking “2017” and inserting “2019”.

1 (d) CONFORMING AMENDMENT.—Section 3014(h)(1)
2 of title 18, United States Code, is amended by striking
3 “, as amended by section 221 of the Medicare Access and
4 CHIP Reauthorization Act of 2015,”.

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

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

10 (b) SPECIAL DIABETES PROGRAM FOR INDIANS.—
11 Section 330C(c)(2) of the Public Health Service Act (42
12 U.S.C. 254e–3(c)(2)) is amended—

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

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

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

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

1 **SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS**
2 **TO TEACHING HEALTH CENTERS THAT OPER-**
3 **ATE GRADUATE MEDICAL EDUCATION PRO-**
4 **GRAMS.**

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

8 “(a) PAYMENTS.—

9 “(1) IN GENERAL.—Subject to subsection
10 (h)(2), the Secretary shall make payments under
11 this section for direct expenses and indirect expenses
12 to qualified teaching health centers that are listed as
13 sponsoring institutions by the relevant accrediting
14 body for—

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

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

19 “(C) establishment of new approved grad-
20 uate medical residency training programs, as
21 appropriate.

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

25 “(A) serve a health professional shortage
26 area with a designation in effect under section

1 332 or a medically underserved community (as
2 defined in section 799B); or

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

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

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

10 “(1) IN GENERAL.—To carry out”;

11 (2) by striking “and \$15,000,000 for the first
12 quarter of fiscal year 2018” and inserting “,
13 \$15,000,000 for the first quarter of fiscal year
14 2018, \$111,500,000 for the period consisting of the
15 second, third, and fourth quarters of fiscal year
16 2018, and \$126,500,000 for fiscal year 2019, to re-
17 main available until expended”; and

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

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

1 (c) ANNUAL REPORTING.—Subsection (h)(1) of sec-
2 tion 340H of the Public Health Service Act (42 U.S.C.
3 256h) is amended—

4 (1) by redesignating subparagraph (D) as sub-
5 paragraph (H); and

6 (2) by inserting after subparagraph (C) the fol-
7 lowing:

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

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

12 “(F) Of the number of residents described
13 in paragraph (4) who completed their residency
14 training at the end of such residency academic
15 year, the number and percentage of such resi-
16 dents entering primary care practice (meaning
17 any of the areas of practice listed in the defini-
18 tion of a primary care residency program in
19 section 749A).

20 “(G) Of the number of residents described
21 in paragraph (4) who completed their residency
22 training at the end of such residency academic
23 year, the number and percentage of such resi-
24 dents who entered practice at a health care fa-
25 cility—

1 “(i) primarily serving a health profes-
2 sional shortage area with a designation in
3 effect under section 332 or a medically un-
4 derserved community (as defined in section
5 799B); or

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

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

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

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

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

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

9 (f) TECHNICAL CORRECTION.—Subsection (f) of sec-
10 tion 340H (42 U.S.C. 256h) is amended by striking “hos-
11 pital” each place it appears and inserting “teaching health
12 center”.

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

19 **SEC. 104. EXTENSION FOR FAMILY-TO-FAMILY HEALTH IN-**
20 **FORMATION CENTERS.**

21 Section 501(c) of the Social Security Act (42 U.S.C.
22 701(c)) is amended—

23 (1) in paragraph (1)(A)—

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

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

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

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

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

12 (3) by amending paragraph (5) to read as fol-
13 lows:

14 “(5) For purposes of this subsection—

15 “(A) the term ‘Indian tribe’ has the meaning
16 given such term in section 4 of the Indian Health
17 Care Improvement Act (25 U.S.C. 1603);

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

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

23 **SEC. 105. YOUTH EMPOWERMENT PROGRAM; PERSONAL**
24 **RESPONSIBILITY EDUCATION.**

25 (a) **YOUTH EMPOWERMENT PROGRAM.—**

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

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

5 “(a) IN GENERAL.—

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

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

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

20 “(2) OTHER ALLOTMENTS.—

21 “(A) OTHER ENTITIES.—For the purpose
22 described in subsection (b), the Secretary shall,
23 for each of fiscal years 2018 and 2019, for any
24 State which has not transmitted an application
25 for the fiscal year under section 505(a), allot to

1 one or more entities in the State the amount
2 that would have been allotted to the State
3 under paragraph (1) if the State had submitted
4 such an application.

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

9 “(i) not later than 30 days after the
10 deadline for the State involved to submit
11 an application for the fiscal year under
12 section 505(a), the Secretary publishes a
13 notice soliciting grant applications; and

14 “(ii) not later than 120 days after
15 such deadline, all such applications must
16 be submitted.

17 “(b) PURPOSE.—

18 “(1) IN GENERAL.—Except for research under
19 paragraph (5) and information collection and report-
20 ing under paragraph (6), the purpose of an allot-
21 ment under subsection (a) to a State (or to another
22 entity in the State pursuant to subsection (a)(2)) is
23 to enable the State or other entity to implement edu-
24 cation exclusively on sexual risk avoidance (meaning
25 voluntarily refraining from sexual activity).

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

4 “(A) ensure that the unambiguous and pri-
5 mary emphasis and context for each topic de-
6 scribed in paragraph (3) is a message to youth
7 that normalizes the optimal health behavior of
8 avoiding nonmarital sexual activity;

9 “(B) be medically accurate and complete;

10 “(C) be age-appropriate; and

11 “(D) be based on adolescent learning and
12 developmental theories for the age group receiv-
13 ing the education.

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

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

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

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

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

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

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

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

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

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

4 “(5) RESEARCH.—

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

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

14 “(i) rigorous;

15 “(ii) evidence-based; and

16 “(iii) designed and conducted by inde-
17 pendent researchers who have experience
18 in conducting and publishing research in
19 peer-reviewed outlets.

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

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

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

6 “(c) NATIONAL EVALUATION.—

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

8 “(A) in consultation with appropriate State
9 and local agencies, conduct one or more rig-
10 orous evaluations of the education funded
11 through this section and associated data; and

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

16 “(2) CONSULTATION.—In conducting the eval-
17 uations required by paragraph (1), including the es-
18 tablishment of evaluation methodologies, the Sec-
19 retary shall consult with relevant stakeholders.

20 “(d) APPLICABILITY OF CERTAIN PROVISIONS.—

21 “(1) Sections 503, 507, and 508 apply to allot-
22 ments under subsection (a) to the same extent and
23 in the same manner as such sections apply to allot-
24 ments under section 502(c).

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

4 “(e) FUNDING.—

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

9 “(2) RESERVATION.—The Secretary shall re-
10 serve, for each of fiscal years 2018 and 2019, not
11 more than 20 percent of the amount appropriated
12 pursuant to paragraph (1) for administering the
13 program under this section, including the conducting
14 of national evaluations and the provision of technical
15 assistance to the recipients of allotments.”.

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

18 (b) PERSONAL RESPONSIBILITY EDUCATION.—

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

21 (A) in subsection (a)(1)(A), by striking

22 “2017” and inserting “2019”; and

23 (B) in subsection (a)(4)—

1 (i) in subparagraph (A), by striking
2 “2017” each place it appears and inserting
3 “2019”; and

4 (ii) in subparagraph (B)—

5 (I) in the subparagraph heading,
6 by striking “3-YEAR GRANTS” and in-
7 serting “COMPETITIVE PREP
8 GRANTS”; and

9 (II) in clause (i), by striking “so-
10 licit applications to award 3-year
11 grants in each of fiscal years 2012
12 through 2017” and inserting “con-
13 tinue through fiscal year 2019 grants
14 awarded for any of fiscal years 2015
15 through 2017”;

16 (C) in subsection (c)(1), by inserting after
17 “youth with HIV/AIDS,” the following: “vie-
18 tims of human trafficking,”; and

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

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

1 **SEC. 106. DECREASING REDUCTION IN MEDICAID DSH AL-**
2 **LOTMENTS.**

3 Section 1923(f)(7)(A) of the Social Security Act (42
4 U.S.C. 1396r-4(f)(7)(A)) is amended—

5 (1) in clause (i), in the matter preceding sub-
6 clause (I), by striking “2018” and inserting “2023”;
7 and

8 (2) in clause (ii), by striking subclauses (I)
9 through (VIII) and inserting the following:

10 “(I) \$5,000,000,000 for fiscal
11 year 2023;

12 “(II) \$5,500,000,000 for fiscal
13 year 2024; and

14 “(III) \$6,000,000,000 for fiscal
15 year 2025.”.

16 **SEC. 107. PUERTO RICO AND UNITED STATES VIRGIN IS-**
17 **LAND DISASTER RELIEF MEDICAID.**

18 (a) SIMPLIFIED ELIGIBILITY DETERMINATIONS AND
19 REDETERMINATIONS.—

20 (1) IN GENERAL.—Notwithstanding any provi-
21 sion of title XIX of the Social Security Act (42
22 U.S.C. 1396 et seq.), a State shall, as a condition
23 of participation in the Medicaid program under such
24 title and without submitting an amendment to the
25 State Medicaid plan—

1 (A) use streamlined procedures described
2 in paragraph (2) in processing applications and
3 determining and redetermining eligibility for
4 medical assistance under the State Medicaid
5 plan for DRM-eligible Maria Survivors during
6 the DRM coverage period; and

7 (B) provide, in the case of such a Survivor,
8 for medical assistance under the State Medicaid
9 plan to such Survivor during such period based
10 on the family income level eligibility require-
11 ments established under the State Medicaid
12 plan or, if higher, under the State Medicaid
13 plan of the State in which such Survivor resided
14 as of September 17, 2017.

15 (2) STREAMLINED PROCEDURES.—The stream-
16 lined procedures described in this paragraph, with
17 respect to a State and an applicant for medical as-
18 sistance under the State Medicaid plan, are the fol-
19 lowing:

20 (A) COMMON APPLICATION FORM.—Use of
21 a common 1-page application form developed by
22 the Secretary of Health and Human Services,
23 in consultation with the National Association of
24 State Medicaid Directors. Such form shall—

1 (i) require an applicant to provide an
2 expected address for the duration of the
3 DRM coverage period and to agree to up-
4 date that information if it changes during
5 such period;

6 (ii) include notice regarding the pen-
7 alties for making a fraudulent application;

8 (iii) require the applicant to assign to
9 the State any rights of the applicant (or
10 any other person who is a DRM-eligible
11 Maria Survivor and on whose behalf the
12 applicant has the legal authority to execute
13 an assignment of such rights) under any
14 group health plan or other third-party cov-
15 erage for health care; and

16 (iv) require the applicant to list any
17 health insurance coverage which the appli-
18 cant was enrolled in immediately prior to
19 submitting such application.

20 (B) SELF-ATTESTATION.—Self-attestation
21 by the applicant for medical assistance under
22 the State Medicaid plan that the applicant is a
23 DRM-eligible Maria Survivor, including with re-
24 spect to citizenship, identity, immigration sta-
25 tus, and income requirements.

1 (C) NO DOCUMENTATION.—No require-
2 ment for documentation evidencing the basis on
3 which the applicant qualifies to be a DRM-eli-
4 ble Maria Survivor.

5 (D) ISSUANCE OF ELIGIBILITY CARD.—
6 Issuance of a DRM assistance eligibility card to
7 an applicant who completes such application,
8 including the self-attestation required under
9 subparagraph (B). Such card shall be valid as
10 long as the DRM coverage period is in effect
11 and shall be accompanied by notice of the ter-
12 mination date for the DRM coverage period
13 and, if applicable, notice that such termination
14 date may be extended. If the President extends
15 the DRM coverage period, the State shall notify
16 DRM-eligible Maria Survivors enrolled in the
17 State Medicaid plan of the new termination
18 date for the DRM coverage period.

19 (E) DEEMED ELIGIBILITY.—If an appli-
20 cant completes the application and presents it
21 to a provider or facility participating in the
22 State Medicaid plan that is qualified to make
23 presumptive eligibility determinations under
24 such plan (which at a minimum shall consist of
25 facilities identified in section 1902(a)(55) of the

1 Social Security Act (42 U.S.C. 1396a(a)(55))
2 and it appears to the provider that the appli-
3 cant is a DRM-eligible Maria Survivor based on
4 the information in the application, the applicant
5 will be deemed to be a DRM-eligible Maria Sur-
6 vivor eligible for medical assistance under the
7 State Medicaid plan.

8 (F) CONTINUOUS ELIGIBILITY.—Contin-
9 uous eligibility, without the need for any rede-
10 termination of eligibility, for the duration of the
11 DRM coverage period.

12 (b) NO CONTINUATION OF DRM ASSISTANCE.—

13 (1) IN GENERAL.—Except as provided in para-
14 graphs (2) and (3), no DRM assistance shall be pro-
15 vided after the end of the DRM coverage period.

16 (2) PRESUMPTIVE ELIGIBILITY.—In the case of
17 any DRM-eligible Maria Survivor who is receiving
18 DRM assistance from a State in accordance with
19 this section and who, as of the end of the DRM cov-
20 erage period, has an application pending for medical
21 assistance under the State Medicaid plan for periods
22 beginning after the end of such period, the State
23 shall provide such Survivor with a period of pre-
24 sumptive eligibility for medical assistance under the
25 State Medicaid plan (not to exceed 60 days) until a

1 determination with respect to the Survivor's applica-
2 tion has been made.

3 (3) PREGNANT WOMEN.—In the case of a
4 DRM-eligible Maria Survivor who is receiving DRM
5 assistance from a State in accordance with this sec-
6 tion and whose pregnancy ended during the 60-day
7 period prior to the end of the DRM coverage period,
8 or who is pregnant as of the end of such period,
9 such Survivor shall continue to be eligible for DRM
10 assistance after the end of the DRM coverage pe-
11 riod, including (but not limited to) all pregnancy-re-
12 lated and postpartum medical assistance available
13 under the State Medicaid plan, through the end of
14 the month in which the 60-day period (beginning on
15 the last day of her pregnancy) ends.

16 (c) TREATMENT OF MARIA SURVIVORS PROVIDED
17 ASSISTANCE PRIOR TO DATE OF ENACTMENT.—Any
18 Maria Survivor who is provided medical assistance under
19 a State Medicaid plan in accordance with guidance from
20 the Secretary during the period that begins on September
21 17, 2017, and ends on the date of enactment of this Act
22 shall be treated as a DRM-eligible Maria Survivor, without
23 the need to file an additional application, for purposes of
24 eligibility for medical assistance under this section.

25 (d) SCOPE OF COVERAGE.—

1 (1) IN GENERAL.—A State providing medical
2 assistance under a State Medicaid plan to a DRM-
3 eligible Maria Survivor pursuant to this section shall
4 provide medical assistance that is either—

5 (A) equal in amount and scope to the med-
6 ical assistance that would otherwise be made
7 available to such Survivor if the Survivor were
8 a State resident enrolled in the State Medicaid
9 plan; or

10 (B) if greater in amount and scope, equal
11 in amount and scope to the medical assistance
12 that would have been made available to such
13 Survivor under the State Medicaid plan of the
14 State in which such Survivor resided as of Sep-
15 tember 17, 2017.

16 Coverage for such medical assistance for DRM-eli-
17 ble Maria Survivors shall be retroactive to items and
18 services furnished on or after September 17, 2017
19 (or in the case of applications for DRM assistance
20 submitted after January 1, 2018, the first day of
21 the 5th month preceding the date on which such ap-
22 plication is submitted).

23 (2) CHILDREN BORN TO PREGNANT WOMEN.—
24 In the case of a child born to a DRM-eligible Maria
25 Survivor who is provided DRM assistance during the

1 DRM coverage period, such child shall be treated as
2 having been born to a pregnant woman eligible for
3 medical assistance under the State Medicaid plan
4 and shall be eligible for medical assistance under
5 such plan in accordance with section 1902(e)(4) of
6 the Social Security Act (42 U.S.C. 1396a(e)(4)).
7 The Federal medical assistance percentage applica-
8 ble to the State Medicaid plan shall apply to medical
9 assistance provided to a child under such plan in ac-
10 cordance with the preceding sentence and Federal
11 payments for such assistance shall not be considered
12 to be payments under this section.

13 (e) 100 PERCENT FEDERAL MATCHING PAY-
14 MENTS.—

15 (1) IN GENERAL.—Notwithstanding section
16 1905(b) of the Social Security Act (42 U.S.C.
17 1396d(b)), subject to paragraph (2), the Federal
18 medical assistance percentage or the Federal match-
19 ing rate otherwise applied under section 1903(a) of
20 such Act (42 U.S.C. 1396b(a)) shall be 100 percent
21 for—

22 (A) providing DRM assistance to DRM-eli-
23 gible Maria Survivors during the DRM coverage
24 period in accordance with this section;

1 (B) costs directly attributable to adminis-
2 trative activities related to the provision of such
3 DRM assistance; and

4 (C) DRM assistance provided in accord-
5 ance with paragraph (2) or (3) of subsection
6 (b) after the end of the DRM coverage period.

7 (2) LIMITATION.—

8 (A) TERRITORIES.—Payments provided to
9 a State that is a territory (as defined in section
10 1108(c)(1) of the Social Security Act (42
11 U.S.C. 1308(c)(1))) in accordance with this
12 subsection shall be subject to subsections (f)
13 and (g) of section 1108 of the Social Security
14 Act (42 U.S.C. 1308).

15 (B) OTHER STATES.—

16 (i) IN GENERAL.—In the case of
17 States not described in subparagraph (A),
18 the difference between—

19 (I) the total amount of payments
20 made to such States in accordance
21 with this subsection, by reason of the
22 Federal medical assistance percentage
23 or the Federal matching rate applied
24 under paragraph (1); and

1 (II) the total amount of pay-
2 ments that would otherwise be made
3 to such States if the Federal medical
4 assistance percentage and the Federal
5 matching rate under section 1905(b)
6 of the Social Security Act and
7 1903(a) of such Act were applied;
8 may not exceed the amount appropriated
9 under clause (ii).

10 (ii) APPROPRIATIONS.—There are ap-
11 propriated, out of any amounts in the
12 Treasury not otherwise appropriated,
13 \$1,000,000,000 for the DRM coverage pe-
14 riod for purposes of making payments in
15 accordance with this subsection to States
16 not described in subparagraph (A).

17 (3) EXEMPTION FROM ERROR RATE PEN-
18 ALTIES.—All payments attributable to providing
19 DRM assistance in accordance with this section shall
20 be disregarded for purposes of section 1903(u) of
21 the Social Security Act (42 U.S.C. 1396b(u)).

22 (f) VERIFICATION OF STATUS AS A MARIA SUR-
23 VIVOR.—

24 (1) IN GENERAL.—A State shall make a good
25 faith effort to verify the status of an individual who

1 is enrolled in the State Medicaid plan as a DRM-eli-
2 gible Maria Survivor under the provisions of this
3 section. Such effort shall not delay the determina-
4 tion of the eligibility of the Survivor for DRM assist-
5 ance under this section.

6 (2) EVIDENCE OF VERIFICATION.—A State may
7 satisfy the verification requirement under paragraph
8 (1) with respect to an individual by showing that the
9 State obtained information from the Social Security
10 Administration, the Internal Revenue Service, or the
11 State Medicaid Agency for the State from which the
12 individual is from (if the individual was not a resi-
13 dent of such State on any day during the week pre-
14 ceding September 17, 2017).

15 (g) PROVIDER PAYMENT RATES.—In the case of any
16 DRM assistance provided in accordance with this section
17 to a DRM-eligible Maria Survivor that is covered under
18 the State Medicaid plan (as applied without regard to this
19 section) the State shall pay a provider of such assistance
20 the same payment rate as the State would otherwise pay
21 for the assistance if the assistance were provided under
22 the State Medicaid plan (or, if no such payment rate ap-
23 plies under the State Medicaid plan, the usual and cus-
24 tomary prevailing rate for the item or service for the com-
25 munity in which it is provided).

1 (h) APPLICATION TO INDIVIDUALS ELIGIBLE FOR
2 MEDICAL ASSISTANCE.—Nothing in this section shall be
3 construed as affecting any rights accorded to an individual
4 who is a recipient of medical assistance under a State
5 Medicaid plan who is determined to be a DRM-eligible
6 Maria Survivor but the provision of DRM assistance to
7 such individual shall be limited to the provision of such
8 assistance in accordance with this section.

9 (i) DEFINITIONS.—In this section:

10 (1) DRM ASSISTANCE.—The term “DRM as-
11 sistance” means medical assistance under a State
12 Medicaid plan for a DRM-eligible Maria Survivor
13 during the DRM coverage period.

14 (2) DRM COVERAGE PERIOD.—

15 (A) IN GENERAL.—The term “DRM cov-
16 erage period” means the period beginning on
17 September 17, 2017, and, subject to subpara-
18 graph (B), ending on the date that is 24
19 months after the date of enactment of this Act.

20 (B) SECRETARY AUTHORITY TO EXTEND
21 DRM COVERAGE PERIOD.—The Secretary may
22 extend the DRM coverage period for an addi-
23 tional 12 months. Any reference to the term
24 “DRM coverage period” in this section shall in-
25 clude any extension under this subparagraph.

1 (3) DRM-ELIGIBLE MARIA SURVIVOR DE-
2 FINED.—

3 (A) IN GENERAL.—The term “DRM-eli-
4 ble Maria Survivor” means a Maria Survivor
5 whose family income does not exceed the income
6 eligibility standard which would apply to the
7 Survivor under the State Medicaid plan of the
8 State in which the Survivor applies for medical
9 assistance.

10 (B) NO RESOURCES, RESIDENCY, OR CAT-
11 EGORICAL ELIGIBILITY REQUIREMENTS.—Eligi-
12 bility under subparagraph (A) shall be deter-
13 mined without application of any resources test,
14 State residency, or categorical eligibility re-
15 quirements.

16 (C) DEFINITION OF CHILD.—For purposes
17 of subparagraph (A), a DRM-eligible Maria
18 Survivor shall be determined to be a “child” in
19 accordance with the definition of “child” under
20 the State Medicaid plan.

21 (4) MARIA SURVIVOR.—

22 (A) IN GENERAL.—The term “Maria Sur-
23 vivor” means an individual who, on any day
24 during the week preceding September 17, 2017,

1 had a primary residence in Puerto Rico or the
2 Virgin Islands.

3 (B) TREATMENT OF CURRENT MEDICAID
4 BENEFICIARIES.—Nothing in this section shall
5 be construed as preventing an individual who is
6 otherwise entitled to medical assistance under a
7 State Medicaid plan from being treated as a
8 Maria Survivor under this section.

9 (C) TREATMENT OF HOMELESS PER-
10 SONS.—For purposes of this section, in the case
11 of an individual who was homeless on any day
12 during the week described in subparagraph (A),
13 the individual’s “residence” shall be deemed to
14 be the place of residence as otherwise deter-
15 mined for such an individual under title XIX of
16 the Social Security Act (42 U.S.C 1396 et
17 seq.).

18 (5) SECRETARY.—The term “Secretary” means
19 the Secretary of Health and Human Services.

20 (6) STATE.—The term “State” has the mean-
21 ing given that term for purposes of title XIX of the
22 Social Security Act (42 U.S.C 1396 et seq.).

23 (7) STATE MEDICAID PLAN.—The term “State
24 Medicaid plan” means a State plan under title XIX

1 of the Social Security Act (42 U.S.C. 1396 et seq.)
2 (or a waiver of such plan).

3 **SEC. 108. DELAY OF BIPARTISAN BUDGET ACT OF 2013**

4 **THIRD PARTY LIABILITY PROVISIONS.**

5 (a) IN GENERAL.—Section 202(e) of the Bipartisan
6 Budget Act of 2013 (Public Law 113–67; 127 Stat. 1177;
7 42 U.S.C. 1396a note), as amended by section 211 of the
8 Protecting Access to Medicare Act of 2014 (Public Law
9 113–93; 128 Stat. 1047; 42 U.S.C. 1396a note) and sec-
10 tion 220 of the Medicare Access and CHIP Reauthoriza-
11 tion Act of 2015 (Public Law 114–10), is amended by
12 striking “2017” and inserting “2019”.

13 (b) EFFECTIVE DATE; TREATMENT.—The amend-
14 ment made by subparagraph (A) shall take effect on Sep-
15 tember 30, 2017, and shall apply with respect to claims
16 pending, generated, or filed after such date.

17 **TITLE II—CHIP**

18 **SEC. 201. FIVE-YEAR FUNDING EXTENSION OF THE CHIL-**

19 **DREN’S HEALTH INSURANCE PROGRAM.**

20 (a) APPROPRIATION; TOTAL ALLOTMENT.—Section
21 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a))
22 is amended—

23 (1) in paragraph (19), by striking “and”;

24 (2) in paragraph (20), by striking the period at
25 the end and inserting a semicolon; and

1 (3) by adding at the end the following new
2 paragraphs:

3 “(21) for fiscal year 2018, \$21,500,000,000;

4 “(22) for fiscal year 2019, \$22,600,000,000;

5 “(23) for fiscal year 2020, \$23,700,000,000;

6 “(24) for fiscal year 2021, \$24,800,000,000;

7 and

8 “(25) for fiscal year 2022, for purposes of mak-
9 ing 2 semi-annual allotments—

10 “(A) \$2,850,000,000 for the period begin-
11 ning on October 1, 2021, and ending on March
12 31, 2022; and

13 “(B) \$2,850,000,000 for the period begin-
14 ning on April 1, 2022, and ending on Sep-
15 tember 30, 2022.”.

16 (b) ALLOTMENTS.—

17 (1) IN GENERAL.—Section 2104(m) of the So-
18 cial Security Act (42 U.S.C. 1397dd(m)) is amend-
19 ed—

20 (A) in paragraph (2)—

21 (i) in the heading, by striking
22 “THROUGH 2016” and inserting
23 “THROUGH 2022”; and

24 (ii) in subparagraph (B)—

1 (I) in the matter preceding clause
2 (i), by striking “(19)” and inserting
3 “(24)”;

4 (II) in clause (ii), in the matter
5 preceding subclause (I), by inserting
6 “(other than fiscal year 2022)” after
7 “even-numbered fiscal year”; and

8 (III) in clause (ii)(I), by inserting
9 “(or, in the case of fiscal year 2018,
10 under paragraph (4))” after “clause
11 (i)”;

12 (B) in paragraph (5)—

13 (i) by striking “or (4)” and inserting
14 “(4), or (10)”;

15 (ii) by striking “or 2017” and insert-
16 ing “, 2017, or 2022”;

17 (C) in paragraph (7)—

18 (i) in subparagraph (A), by striking
19 “2017” and inserting “2022”;

20 (ii) in subparagraph (B), in the mat-
21 ter preceding clause (i), by inserting “(or,
22 in the case of fiscal year 2018, by not later
23 than the date that is 60 days after the
24 date of the enactment of the CHAMPION
25 KIDS Act of 2017)” after “before the Au-

1 gust 31 preceding the beginning of the fis-
2 cal year”; and

3 (iii) in the matter following subpara-
4 graph (B), by striking “or fiscal year
5 2016” and inserting “fiscal year 2016, fis-
6 cal year 2018, fiscal year 2020, or fiscal
7 year 2022”;

8 (D) in paragraph (9)—

9 (i) in the heading, by striking “FISCAL
10 YEARS 2015 AND 2017” and inserting
11 “CERTAIN FISCAL YEARS”;

12 (ii) by striking “or (4)” and inserting
13 “, (4), or (10)”; and

14 (iii) by striking “or fiscal year 2017”
15 and inserting “, 2017, or 2022”; and

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

18 “(10) FOR FISCAL YEAR 2022.—

19 “(A) FIRST HALF.—Subject to paragraphs
20 (5) and (7), from the amount made available
21 under subparagraph (A) of paragraph (25) of
22 subsection (a) for the semi-annual period de-
23 scribed in such subparagraph, increased by the
24 amount of the appropriation for such period
25 under section 201(b)(3) of the CHAMPION

1 KIDS Act of 2017, the Secretary shall compute
2 a State allotment for each State (including the
3 District of Columbia and each commonwealth
4 and territory) for such semi-annual period in an
5 amount equal to the first half ratio (described
6 in subparagraph (D)) of the amount described
7 in subparagraph (C).

8 “(B) SECOND HALF.—Subject to para-
9 graphs (5) and (7), from the amount made
10 available under subparagraph (B) of paragraph
11 (25) of subsection (a) for the semi-annual pe-
12 riod described in such subparagraph, the Sec-
13 retary shall compute a State allotment for each
14 State (including the District of Columbia and
15 each commonwealth and territory) for such
16 semi-annual period in an amount equal to the
17 amount made available under such subpara-
18 graph, multiplied by the ratio of—

19 “(i) the amount of the allotment to
20 such State under subparagraph (A); to

21 “(ii) the total of the amount of all of
22 the allotments made available under such
23 subparagraph.

24 “(C) FULL YEAR AMOUNT BASED ON
25 GROWTH FACTOR UPDATED AMOUNT.—The

1 amount described in this subparagraph for a
2 State is equal to the sum of—

3 “(i) the amount of the State allotment
4 for fiscal year 2021 determined under
5 paragraph (2)(B)(i); and

6 “(ii) the amount of any payments
7 made to the State under subsection (n) for
8 fiscal year 2021,

9 multiplied by the allotment increase factor
10 under paragraph (6) for fiscal year 2022.

11 “(D) FIRST HALF RATIO.—The first half
12 ratio described in this subparagraph is the ratio
13 of—

14 “(i) the sum of—

15 “(I) the amount made available
16 under subsection (a)(25)(A); and

17 “(II) the amount of the appro-
18 priation for such period under section
19 201(b)(3) of the CHAMPION KIDS
20 Act of 2017; to

21 “(ii) the sum of—

22 “(I) the amount described in
23 clause (i); and

24 “(II) the amount made available
25 under subsection (a)(25)(B).”.

1 (2) TECHNICAL AMENDMENT.—Section
2 2104(m)(2)(A) of such Act (42 U.S.C.
3 1397dd(m)(2)(A)) is amended by striking “the allot-
4 ment increase factor under paragraph (5)” each
5 place it appears and inserting “the allotment in-
6 crease factor under paragraph (6)”.

7 (3) ONE-TIME APPROPRIATION FOR FISCAL
8 YEAR 2022.—There is appropriated to the Secretary
9 of Health and Human Services, out of any money in
10 the Treasury not otherwise appropriated,
11 \$20,200,000,000 to accompany the allotment made
12 for the period beginning on October 1, 2021, and
13 ending on March 31, 2022, under paragraph
14 (25)(A) of section 2104(a) of the Social Security Act
15 (42 U.S.C. 1397dd(a)) (as added by subsection
16 (a)(3)), to remain available until expended. Such
17 amount shall be used to provide allotments to States
18 under paragraph (10) of section 2104(m) of such
19 Act (as added by subsection (b)(1)(E)) for the first
20 6 months of fiscal year 2022 in the same manner as
21 allotments are provided under subsection (a)(25)(A)
22 of such section 2104 and subject to the same terms
23 and conditions as apply to the allotments provided
24 from such subsection (a)(25)(A).

1 (c) EXTENSION OF THE CHILD ENROLLMENT CON-
2 TINGENCY FUND.—Section 2104(n) of the Social Security
3 Act (42 U.S.C. 1397dd(n)) is amended—

4 (1) in paragraph (2)—

5 (A) in subparagraph (A)(ii)—

6 (i) by striking “2010, 2011, 2012,
7 2013, 2014, and 2016” and inserting
8 “2010 through 2014, 2016, and 2018
9 through 2021”; and

10 (ii) by striking “fiscal year 2015 and
11 fiscal year 2017” and inserting “fiscal
12 years 2015, 2017, and 2022”; and

13 (B) in subparagraph (B)—

14 (i) by striking “2010, 2011, 2012,
15 2013, 2014, and 2016” and inserting
16 “2010 through 2014, 2016, and 2018
17 through 2021”; and

18 (ii) by striking “fiscal year 2015 and
19 fiscal year 2017” and inserting “fiscal year
20 2015, 2017, and 2022”; and

21 (2) in paragraph (3)(A), in the matter pre-
22 ceding clause (i), by striking “or a semi-annual allot-
23 ment period for fiscal year 2015 or 2017” and in-
24 serting “or in any of fiscal years 2018 through 2021

1 (or a semi-annual allotment period for fiscal year
2 2015, 2017, or 2022)”.

3 (d) EXTENSION OF QUALIFYING STATES OPTION.—
4 Section 2105(g)(4) of the Social Security Act (42 U.S.C.
5 1397ee(g)(4)) is amended—

6 (1) in the heading, by striking “THROUGH
7 2017” and inserting “THROUGH 2022”; and

8 (2) in subparagraph (A), by striking “2017”
9 and inserting “2022”.

10 (e) EXTENSION OF EXPRESS LANE ELIGIBILITY OP-
11 TION.—Section 1902(e)(13)(I) of the Social Security Act
12 (42 U.S.C. 1396a(e)(13)(I)) is amended by striking
13 “2017” and inserting “2022”.

14 (f) ASSURANCE OF AFFORDABILITY STANDARD FOR
15 CHILDREN AND FAMILIES.—

16 (1) IN GENERAL.—Section 2105(d)(3) of the
17 Social Security Act (42 U.S.C. 1397ee(d)(3)) is
18 amended—

19 (A) in the paragraph heading, by striking
20 “UNTIL OCTOBER 1, 2019” and inserting
21 “THROUGH SEPTEMBER 30, 2022”; and

22 (B) in subparagraph (A), in the matter
23 preceding clause (i)—

24 (i) by striking “2019” and inserting
25 “2022”; and

1 (ii) by striking “The preceding sen-
2 tence shall not be construed as preventing
3 a State during such period” and inserting
4 “During the period that begins on October
5 1, 2019, and ends on September 30, 2022,
6 the preceding sentence shall only apply
7 with respect to children in families whose
8 income does not exceed 300 percent of the
9 poverty line (as defined in section
10 2110(c)(5)) applicable to a family of the
11 size involved. The preceding sentences shall
12 not be construed as preventing a State
13 during any such periods”.

14 (2) CONFORMING AMENDMENTS.—Section
15 1902(gg)(2) of the Social Security Act (42 U.S.C.
16 1396a(gg)(2)) is amended—

17 (A) in the paragraph heading, by striking
18 “UNTIL OCTOBER 1, 2019” and inserting
19 “THROUGH SEPTEMBER 30, 2022”; and

20 (B) by striking “September 30, 2019,”
21 and inserting “September 30, 2022 (but during
22 the period that begins on October 1, 2019, and
23 ends on September 30, 2022, only with respect
24 to children in families whose income does not
25 exceed 300 percent of the poverty line (as de-

1 fined in section 2110(c)(5)) applicable to a fam-
2 ily of the size involved”).

3 **SEC. 202. EXTENSION OF CERTAIN PROGRAMS AND DEM-**
4 **ONSTRATION PROJECTS.**

5 (a) CHILDHOOD OBESITY DEMONSTRATION
6 PROJECT.—Section 1139A(e)(8) of the Social Security
7 Act (42 U.S.C. 1320b–9a(e)(8)) is amended—

8 (1) by striking “and \$10,000,000” and insert-
9 ing “, \$10,000,000”; and

10 (2) by inserting after “2017” the following: “,
11 and \$25,000,000 for the period of fiscal years 2018
12 through 2022”.

13 (b) PEDIATRIC QUALITY MEASURES PROGRAM.—
14 Section 1139A(i) of the Social Security Act (42 U.S.C.
15 1320b–9a(i)) is amended—

16 (1) by striking “Out of any” and inserting the
17 following:

18 “(1) IN GENERAL.—Out of any”;

19 (2) by striking “there is appropriated for each”
20 and inserting “there is appropriated—

21 “(A) for each”;

22 (3) by striking “, and there is appropriated for
23 the period” and inserting “;

24 “(B) for the period”;

1 (4) by striking “. Funds appropriated under
2 this subsection shall remain available until ex-
3 pended” and inserting “; and”; and

4 (5) by adding at the end the following:

5 “(C) for the period of fiscal years 2018
6 through 2022, \$75,000,000 for the purpose of
7 carrying out this section (other than sub-
8 sections (e), (f), and (g)).

9 “(2) AVAILABILITY.—Funds appropriated
10 under this subsection shall remain available until ex-
11 pended.”.

12 **SEC. 203. EXTENSION OF OUTREACH AND ENROLLMENT**
13 **PROGRAM.**

14 (a) EXTENSION AND REAUTHORIZATION.—Section
15 2113 of the Social Security Act (42 U.S.C. 1397mm) is
16 amended—

17 (1) in subsection (a)(1), by striking “2017” and
18 inserting “2022”; and

19 (2) in subsection (g)—

20 (A) by striking “and \$40,000,000” and in-
21 serting “, \$40,000,000”; and

22 (B) by inserting after “2017” the fol-
23 lowing: “, and \$100,000,000 for the period of
24 fiscal years 2018 through 2022”.

1 (b) MAKING ORGANIZATIONS THAT USE PARENT
2 MENTORS ELIGIBLE TO RECEIVE GRANTS.—Section
3 2113(f) of the Social Security Act (42 U.S.C. 1397mm(f))
4 is amended—

5 (1) in paragraph (1)(E), by striking “or com-
6 munity-based doula programs” and inserting “, com-
7 munity-based doula programs, or parent mentors”;
8 and

9 (2) by adding at the end the following new
10 paragraph:

11 “(5) PARENT MENTOR.—The term ‘parent
12 mentor’ means an individual who—

13 “(A) is a parent or guardian of at least
14 one child who is an eligible child under this title
15 or title XIX; and

16 “(B) is trained to assist families with chil-
17 dren who have no health insurance coverage
18 with respect to improving the social deter-
19 minants of the health of such children, includ-
20 ing by providing—

21 “(i) education about health insurance
22 coverage, including, with respect to obtain-
23 ing such coverage, eligibility criteria and
24 application and renewal processes;

1 “(ii) assistance with completing and
2 submitting applications for health insur-
3 ance coverage and renewal;

4 “(iii) a liaison between families and
5 representatives of State plans under title
6 XIX or State child health plans under this
7 title;

8 “(iv) guidance on identifying medical
9 and dental homes and community phar-
10 macies for children; and

11 “(v) assistance and referrals to suc-
12 cessfully address social determinants of
13 children’s health, including poverty, food
14 insufficiency, housing, and environmental
15 hazards.”.

16 (c) EXCLUSION FROM MODIFIED ADJUSTED GROSS
17 INCOME.—Section 1902 of the Social Security Act (42
18 U.S.C. 1396a) is amended—

19 (1) in subsection (a)(17), by striking “(e)(14),
20 (e)(14)” and inserting “(e)(14), (e)(15)”;

21 (2) in subsection (e), in the first paragraph
22 (14), relating to income determined using modified
23 adjusted gross income, by adding at the end the fol-
24 lowing new subparagraph:

1 “(J) EXCLUSION OF PARENT MENTOR
2 COMPENSATION FROM INCOME DETERMINA-
3 TION.—Any nominal amount received by an in-
4 dividual as compensation, including a stipend,
5 for participation as a parent mentor (as defined
6 in paragraph (5) of section 2113(f)) in an activ-
7 ity or program funded through a grant under
8 such section shall be disregarded for purposes
9 of determining the income eligibility of such in-
10 dividual for medical assistance under the State
11 plan or any waiver of such plan.”; and

12 (3) in subsection (e), by striking “(14) EXCLU-
13 SION” and inserting “(15) EXCLUSION”.

14 **SEC. 204. EXTENSION OF ADDITIONAL FEDERAL FINANCIAL**
15 **PARTICIPATION FOR CHIP.**

16 Section 2105(b) of the Social Security Act (42 U.S.C.
17 1397ee(b)) is amended in the second sentence by inserting
18 “and during the period that begins on October 1, 2019,
19 and ends on September 30, 2020, the enhanced FMAP
20 determined for a State for a fiscal year (or for any portion
21 of a fiscal year occurring during such period) shall be in-
22 creased by 11.5 percentage points” after “23 percentage
23 points,”.

1 **TITLE III—OFFSET**
2 **SEC. 301. IMPLEMENTATION OF OFFICE OF INSPECTOR**
3 **GENERAL RECOMMENDATION TO DELAY CER-**
4 **TAIN MEDICARE PLAN PREPAYMENTS.**

5 (a) **MEDICARE ADVANTAGE PAYMENTS.**—Section
6 1853(a)(1) of the Social Security Act (42 U.S.C. 1395w–
7 23(a)(1)) is amended—

8 (1) in subparagraph (A), in the matter pre-
9 ceding clause (i)—

10 (A) by striking “subsections (e), (g), (i),
11 and (l)” and inserting “subparagraph (J), sub-
12 sections (e), (g), (i), and (l),”; and

13 (B) by inserting “(or, for months begin-
14 ning with January 2019, on the date specified
15 in subparagraph (J))” after “in advance”; and

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

18 “(J) **TIMING OF PAYMENTS.**—

19 “(i) **IN GENERAL.**—With respect to
20 monthly payments under this section for
21 months in a year (beginning with 2019),
22 the date specified in this subparagraph
23 with respect to a payment for a month is
24 the first business day occurring on or after
25 the applicable date defined in clause (ii).

1 “(ii) APPLICABLE DATE.—For pur-
2 poses of clause (i), with respect to a year
3 (beginning with 2019), the term ‘applicable
4 date’ means, with respect to a payment
5 for—

6 “(I) January of such year, Janu-
7 ary 2nd;

8 “(II) February of such year,
9 February 5th;

10 “(III) March of such year, March
11 10th;

12 “(IV) April of such year, April
13 15th;

14 “(V) May of such year, May
15 20th;

16 “(VI) June of such year, June
17 25th;

18 “(VII) July and each succeeding
19 month (other than December) of such
20 year, the first day of the next month;
21 and

22 “(VIII) December of such year,
23 December 24th.”.

24 (b) CONFORMING AMENDMENT TO PART D.—Section
25 1860D–15(d)(1) of the Social Security Act (42 U.S.C.

1 1395w-115(d)(1)) is amended by inserting “and shall be
2 made consistent with the timing of monthly payments to
3 MA organizations under section 1853(a)(1)(J)” after “as
4 the Secretary determines”.

