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Health Care-Related Expiring Provisions of the 118th Congress, First Session

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Health Care-Related Expiring Provisions of the 118th Congress, First Session

This report provides information on selected health care-related provisions that have expired or are scheduled to expire during the first session of the 118th Congress (i.e., during calendar year [CY] 2023). For purposes of this report, expiring provisions are defined as portions of law that are time-limited and will lapse once a statutory deadline is reached, absent further legislative action. The expiring provisions included in this report are any identified provisions related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance programs and activities.

The report also includes any identified expired or expiring provisions among other health care-related provisions enacted or extended in the Patient Protection and Affordable Care Act (ACA; P.L. 111-148 as amended), as well as certain health care provisions enacted or extended in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA; P.L. 114-10). In addition, this report describes health care-related provisions within the same scope that expired during the 117th Congress (i.e., in CY2021 and CY2022). Although the Congressional Research Service (CRS) has attempted to be comprehensive, it cannot guarantee that every relevant provision is included in this report.

This report focuses on two types of health care-related provisions within the scope discussed above. The first, and most common, type of provision provides or controls mandatory spending, meaning it provides temporary funding, temporary increases or decreases in funding (e.g., Medicare provider bonus payments), or temporary special protections that may result in changes in funding levels (e.g., Medicare funding provisions that establish a payment floor). The second type of provision defines the authority of government agencies or other entities to act, usually by authorizing a policy, project, or activity. Such provisions also may temporarily delay the implementation of a regulation, requirement, or deadline or establish a moratorium on a particular activity. Expiring health care provisions that are predominantly associated with discretionary spending activities—such as discretionary authorizations of appropriations and authorities for discretionary user fees—are excluded from this report.

Certain types of provisions with expiration dates that otherwise would meet the criteria set forth above are also excluded from this report. Some of these provisions are excluded because they are transitional or routine in nature or because they have been superseded by congressional action that modifies their intent. For example, statutorily required Medicare payment rate reductions and payment rate rebasings that are implemented over a specified period are generally not considered to require legislative attention and are excluded from this report.

The report provides tables listing the relevant provisions that have expired or are scheduled to expire in CY2023 and those that expired in CY2021 and CY2022. **Appendix A** includes relevant demonstration projects and pilot programs that have expired or are scheduled to expire in CY2023 and that expired in CY2021. **Appendix B** includes provisions included in the previous CRS Health Care Related Expiring Provisions report.

R47604

June 22, 2023

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This report identifies and briefly describes selected health care-related statutory provisions that have expired or are scheduled to expire during the first session of the 118th Congress (i.e., during calendar year [CY] 2023). For purposes of this report, expiring provisions are defined as portions of law that are time-limited and will lapse once a statutory deadline is reached, absent further legislative action. The expiring provisions included in this report are any identified provisions related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance programs and activities.

The report also includes any identified expired or expiring provisions among other health care-related provisions enacted or extended in the Patient Protection and Affordable Care Act (ACA; P.L. 111-148 as amended), as well as certain health care provisions enacted or extended in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA; P.L. 114-10).¹ In addition, the report describes health care-related provisions within the same scope that expired during the 117th Congress (i.e., during CY2021-CY2022). Although the Congressional Research Service (CRS) has attempted to be comprehensive, it cannot guarantee that every relevant provision is included in this report.

The two types of time-limited provisions discussed in this report generally have been enacted in the context of *authorization laws* and thus typically are within the purview of congressional authorizing committees. The duration for which such a provision is in effect usually is regarded as creating a timeline for legislative decision making. In choosing this timeline, Congress navigates tradeoffs between the frequency of congressional review and the stability of funding or other legal requirements that pertain to the program.

- The first type of provision in this report provides or controls *mandatory spending*, meaning it provides temporary funding, temporary increases or decreases in funding (e.g., Medicare provider bonus payments), or temporary special protections that may result in changes in funding levels (e.g., Medicare funding provisions that establish a payment floor).²
- The second type of provision in this report defines *the authority of government agencies or other entities to act*, usually by authorizing a policy, project, or activity with a date of expiration.³ Such provisions also may temporarily delay the implementation of a regulation, requirement, or deadline, or they may establish a moratorium on a particular activity.

Expired or expiring health care provisions that are predominantly associated with discretionary spending activities—such as discretionary authorizations of appropriations and authorities for discretionary user fees—are excluded from this report.⁴

¹ This report is the latest in a series of reports in which the Congressional Research Service (CRS) has tracked health care-related expiring provisions related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance. CRS also has tracked a group of other health-related provisions that were enacted or extended in the Patient Protection and Affordable Care Act (ACA; P.L. 111-148) or extended under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA; P.L. 114-10), which have been periodically extended with Medicare, Medicaid, CHIP, and private health insurance provisions. Any applicable provisions within these categories are included in the CRS health care-related expiring provisions report for a given year.

² *Mandatory spending* is controlled by authorization acts; *discretionary spending* is controlled by appropriations acts. For further information, see CRS Report R44582, *Overview of Funding Mechanisms in the Federal Budget Process, and Selected Examples*, by Jessica Tollestrup.

³ For further information about these types of authorization provisions, see CRS Report R46417, *Congress’s Power Over Appropriations: Constitutional and Statutory Provisions*, by Sean M. Stiff.

⁴ The Congressional Budget Office (CBO) is required to compile this information each year under §202(e)(3) of the (continued...)

Certain types of provisions with expiration dates that otherwise would meet the criteria set forth above also are excluded from this report. Some of these provisions are excluded because they are transitional or routine in nature or because they have been superseded by congressional action that otherwise modifies their intent. For example, statutorily required Medicare payment rate reductions and payment rate re-basings that are implemented over a specified period are generally not considered to require legislative attention and are excluded from this report.

The report is organized as follows: **Table 1** lists the relevant provisions that have expired or are scheduled to expire in CY2023, and **Table 2** lists the relevant provisions that expired in CY2021-CY2022. The provisions in each table are organized by expiration date and by applicable health care-related program. Each table includes a brief summary for each provision and the name of the CRS analyst who covers the topic. Contact information for each CRS analyst can be found at the end of the report.

Appendix A includes relevant demonstration projects and pilot programs that expired in CY2021. **Appendix B** provides information on the provisions that were included in the previous CRS report on health care-related expiring provisions, CRS Report R47303, *Health Care-Related Expiring Provisions of the 117th Congress, Second Session*, published on November 15, 2022, but were not included in the body of this report.

Congressional Budget Act of 1974 (P.L. 93-344, as amended). For information on provisions that were set to expire on or before September 30, 2023, see CBO, *Expired and Expiring Authorizations of Appropriations for Fiscal Year 2023*, April 27, 2023, at <https://www.cbo.gov/publication/58954>.

Table I. Provisions Expired or Expiring in the 118th Congress, First Session

CY2023

Expires After	Health Care-Related Program	Provision^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
3/31/2023	Medicaid	Extension of 100% FMAP to UIOs and Native Hawaiian Health Care Systems	SSA §1905(b) 42 U.S.C. §1396d(b)	Provided eight fiscal quarters of 100% federal reimbursement (i.e., fully federally funded) for Medicaid services received through (1) Urban Indian Organizations (UIOs) and (2) Native Hawaiian Health Centers for the period April 1, 2021, through March 31, 2023.	Alison Mitchell
9/30/2023	Medicare	Outreach and Assistance for Low-Income Programs	MIPPA §119 42 U.S.C. §1395b-3 note	Funding to specific entities to provide for outreach and assistance to low-income Medicare beneficiaries including those who may be eligible for the Low-Income Subsidy program, Medicare Savings Program (MSP), and the Medicare Part D Prescription Drug Program.	Kirsten Colello
9/30/2023	Medicare	Contract with a Consensus-Based Entity Regarding Performance Measurement	SSA §1890 42 U.S.C. §1395aaa	Requires the HHS Secretary to have a contract with a consensus-based entity to carry out specified duties related to performance improvement and quality measurement. These duties include, among others, priority setting, measure endorsement, measure maintenance, and annual reporting to Congress.	Amanda Sarata

Expires After	Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2023	Medicare	Quality Measure Selection	SSA §1890A 42 U.S.C. §1395aaa-l	<p>Provides funding for activities under Sec. 1890 and Sec. 1890A (other than (e) and (f)).</p> <p>Requires the HHS Secretary to establish a pre-rulemaking process to select quality measures for use in Medicare. As part of this process, the Secretary makes measures under consideration for use in Medicare public and broadly disseminates the selected quality measures, while the consensus-based entity with a contract gathers and annually transmits to the Secretary multi-stakeholder input.</p>	Amanda Sarata
9/30/2023	Medicaid	State Option to Provide Medicaid Coverage for Certain Individuals with Substance-Use Disorders Who Are Patients in Certain Institutions for Mental Diseases	SSA §1915(l) 42 U.S.C. 1396n(l)	A state plan option to provide services furnished in an eligible Institution for Mental Disease for no more than a period of 30 days (whether or not consecutive) during a 12-month period for Medicaid enrollees aged 21 through 64 with at least one substance use disorder. Available to states October 1, 2019, to September 30, 2023.	Megan Houston
9/30/2023	Medicaid	Federal Share of Medicaid Medical Loss Ratio Remittances	SSA §1903(m) 42 U.S.C. 1396b(m)	Use a state's lower regular Federal Medical Assistance Percentage (FMAP) rate,	Alison Mitchell

Expires After	Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
				rather than its federal share of Medicaid expenditures for the Medicaid expansion, in computing the federal share of certain medical loss ratio remittances associated with expenditures incurred for any fiscal year after fiscal year FY2020 and before FY2024.	
9/30/2023	Other	Sexual Risk Avoidance Education Program	SSA §510 42 U.S.C. §710	Funding to educate adolescents ages 10 to 20 exclusively on abstaining from sexual activity outside of marriage.	Jessica Tollestrup
9/30/2023	Other	Personal Responsibility Education Program	SSA §513 42 U.S.C. §713	Funding to educate adolescents ages 10 through 19 and pregnant and parenting youth under age 21 on both abstinence and contraceptives to prevent pregnancy and sexually transmitted infections.	Jessica Tollestrup
9/30/2023	Other	Community Health Center Fund	ACA §10503(a) (Also, PHSA §330 for underlying health center statute) 42 U.S.C. §254b2	Funding for the Health Resources and Services Administration's federal health center program.	Elayne Heisler
9/30/2023	Other	Special Diabetes Programs for Indians	PHSA §330C 42 U.S.C. §254c-3	Funding for diabetes programs operated by the Indian Health Service or Indian Tribes, Tribal Organizations, or Urban Indian Organizations.	Elayne Heisler

Expires After	Health Care-Related Program	Provision^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2023	Other	Special Diabetes Programs for Type I Diabetes	PHSA §330B 42 U.S.C. §254c-2	Funding for research into the prevention and cure of type I diabetes.	Kavya Sekar
9/30/2023	Other	National Health Service Corps Appropriations	ACA §10503(b) (Also, PHSA §338 for overall NHSC funding) 42 U.S.C. §254k	Funding for scholarships and loan repayment for health providers in exchange for providing care in a health professional shortage area.	Elayne Heisler
9/30/2023	Other	Teaching Health Centers	PHSA §340H 42 U.S.C. §256h	Funding for graduate medical education payments for residents training in outpatient primary care-focused health facilities.	Elayne Heisler
12/31/2023	Medicare	Floor on Geographic Adjustment for Physician Fee Schedule	SSA §1848(e)(1)(E) U.S.C. §1395w-4(e)(1)(E)	Establishes a floor value of 1.0 for the physician work geographic index used in the calculation of payments under the Medicare physician fee schedule.	Jim Hahn
12/31/2023	Medicare	Extension of Pass-Through Status Under the Medicare Program for Certain Devices Impacted by COVID-19	SSA §1833(t)(6) 42 U.S.C. 1395l(t)(6)	Extended the transitional pass-through for additional costs of innovative medical devices, drugs, and biologics, under the Medicare outpatient prospective payment system for one year for certain devices.	Jim Hahn
12/31/2023	Medicare	Revised Phase-In of Medicare Clinical Laboratory Test Payment Changes	SSA §1834A(b)(3) 42 U.S.C. 1395m-1(b)(3)	Delays implementation of new methodology for determining Medicare clinical laboratory test payments for an additional year.	Jim Hahn
12/31/2023	Medicare	Home Health Prospective Payment System (PPS)	MMA §421 42 U.S.C. §1395fff note	An increase to Medicare home health payments for	Phoenix Voorhies

Expires After	Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
		Rural Add-on: Frontier Counties		services provided in <i>low-population-density counties</i> , referred to as “frontier counties,” defined as rural counties with a population density of six or fewer individuals per square mile.	

Source: Congressional Research Service (CRS).

Notes: ACA = Patient Protection and Affordable Care Act; HHS = Health and Human Services; MIPPA = Medicare Improvements for Patients and Providers Act; NHSC = National Health Service Corps; PHSA = Public Health Service Act; SSA = Social Security Act; U.S.C. = U.S. Code.

a. Citations in statute and the U.S.C. are provided where available.

Table 2. Provisions That Expired in the 117th Congress
CY2021 and CY2022

Expired After	Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2021	Private Health Insurance	Preserving Health Benefits for Workers	ARPA §9501	Provided temporary premium assistance for COBRA continuation coverage for certain individuals who lost employer-based health insurance as a result of involuntary termination or a reduction in hours. It also provided employers with a refundable payroll tax credit to reimburse employers for unpaid premium amounts.	Ryan Rosso
12/31/2021	Private Health Insurance	Health Coverage Tax Credit	26 U.S.C. §35	Provided subsidies for the cost of qualified health insurance for taxpayers eligible for Trade Adjustment	Bernadette Fernandez

Expired After	Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
				Assistance allowances because of job losses or whose defined-benefit pension plans were taken over by the Pension Benefit Guaranty Corporation because of financial difficulties.	
12/31/2021	Private Health Insurance	Application of Premium Tax Credit in Case of Individuals Receiving Unemployment Compensation During 2021	26 U.S.C. §36B ARPA §9663 ACA §1401	Expanded eligibility for and increased the amount of federal cost-sharing reduction assistance for eligible individuals who receive Unemployment Compensation.	Bernadette Fernandez
12/31/2021	Private Health Insurance	Reduced Cost-Sharing	42 U.S.C. §18071 ARPA §2305	Expanded eligibility for and increased the amount of federal cost-sharing reduction assistance for eligible individuals who receive Unemployment Compensation.	Bernadette Fernandez
12/31/2021	Medicare	Home Health Prospective Payment System (PPS) Rural Add-on: Regular	42 U.S.C. §1395fff note BBA 2018 §50208	An increase to Medicare home health payments for services provided in rural counties that are not also “frontier counties.”	Phoenix Voorhies
Generally, plan years ending after 12/31/2021	Private Health Insurance	Temporary Special Rules for Health and Dependent Care Flexible Spending Arrangements (FSA)	CAA, 2021 §214 of Division EE	Allowed employers to provide flexibilities to employees participating in health FSAs, such as carryover of unused health FSA balances (including amounts greater than typically allowed by law) and midyear changes to their	Ryan Rosso

Expired After	Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
3/31/2022	Medicaid	Additional Support for Medicaid Home and Community-Based Services (HCBS) During the COVID-19 Emergency	ARPA §9817	health FSA contribution amounts. Increased in the federal government's share of Medicaid expenditures (i.e., Federal Medical Assistance Percentage rates) by 10 percentage points for certain HCBS for states that meet the HCBS program requirements during the program improvement period.	Alison Mitchell
6/30/2022	Medicare	Extension of Temporary Suspension of Medicare Sequestration	2 U.S.C. §901a(6) P.L. 117-71	Waived the application of sequestration to the Medicare program from May 2020 through March 2022 and limited the sequestration of the Medicare Program to 1% (otherwise would be 2%) from April 2022 through June 2022.	Ryan Rosso
9/30/2022	Medicaid and CHIP	Grants to States for implementing, enhancing, or expanding the provision of assistance through school-based entities under Medicaid or CHIP to support the delivery of medical assistance to Medicaid and CHIP beneficiaries in school-based settings	42 U.S.C. §1396a note SSA §1902 BSCA §1103(b)	Appropriated \$50 million for the HHS Secretary to award grants to states to be used to implement, enhance, or expand the provision of assistance through school-based entities under Medicaid or the State's Children's Health Insurance Program (CHIP).	Evelyne Baumrucker
9/30/2022	Other	Additional Funding for Aging and Disability Services and Programs	42 U.S.C. §1397-1397h SSA §2010 ARPA §9301	Additional funding for SSA Title XX-B Elder Justice activities, with not less than \$100 million for FY2021 and	Kirsten Colello

Expired After	Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2022	Private Health Insurance	Establishing a Grant Program for Exchange Modernization	42 U.S.C. §18031 note ARPA §2801	FY2022 to be provided to enhance state Adult Protective Service programs. Funding for grants awarded to states in September 2021 to “modernize” their health insurance exchanges.	Vanessa Forsberg

Source: Congressional Research Service (CRS)

Notes: “Frontier counties” are defined as rural counties with a population density of six or fewer individuals per square mile. ACA = Patient Protection and Affordable Care Act; ARPA – American Rescue Plan Act; BBA = Bipartisan Budget Act; BSCA = Bipartisan Safer Communities Act; CAA = Consolidated Appropriations Act; COBRA = Consolidated Omnibus Budget Reconciliation Act; MMA = Medicare Modernization Act; PHSA = Public Health Service Act; SSA = Social Security Act; U.S.C. = U.S. Code.

- a. Citations in statute and the U.S.C. are provided where available.

Appendix A. Demonstration Projects and Pilot Programs

This appendix lists selected health care-related demonstration projects and pilot programs with portions of law that are time-limited and will lapse once a statutory deadline is reached, absent further legislative action. The relevant expiring demonstration projects and pilot programs are any related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance programs and activities; or they are health care-related demonstration projects and pilot programs that were enacted or extended in the Patient Protection and Affordable Care Act (ACA; P.L. 111-148 as amended) or extended under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA; P.L. 114-10).⁵ Although CRS has attempted to be comprehensive, it cannot guarantee that every relevant demonstration project and pilot program is included here.

Table A-1 lists the relevant demonstration projects and pilot programs that are scheduled to expire during the first session of the 118th Congress (i.e., during calendar year [CY] 2023). **Table A-2** lists the relevant demonstration projects and pilot programs that expired during the 117th Congress (CY2021 and CY2022).

⁵ This report is the latest in a series of reports in which the Congressional Research Service (CRS) has tracked health care-related expiring provisions related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance. CRS also has tracked a group of other health-related provisions that were enacted or extended in the Patient Protection and Affordable Care Act (ACA; P.L. 111-148), which have been periodically extended with Medicare, Medicaid, CHIP, and private health insurance provisions. Any applicable provisions within these categories are included in the CRS health care-related expiring provisions report for a given year.

Table A-1. Demonstration Projects and Pilot Programs Expiring in the 118th Congress, First Session
CY2023

Expiring After	Health Care-Related Program	Provision^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2023	Other	Funding for Childhood Obesity Demonstration Project	SSA §1139A(e)(8) 42 U.S.C. §1320b-9a(e)(8)	Provides \$30 million annually in direct funding for the Childhood Obesity Demonstration Project, a Centers for Disease Control and Prevention program to develop and test strategies for reducing childhood obesity.	Kavya Sekar
12/31/2023	Medicare	Medicare IVIG Access Demonstration	42 U.S.C. §1395I note	Requires the Secretary to establish and implement a Medicare Part B demonstration to evaluate the benefit of in-home administration of intravenous immune globin for treating primary immune deficiency diseases.	Cliff Binder
12/31/2023	Medicare	Independence at Home Demonstration	SSA §1866E 42 U.S.C. §1395cc-5	CMS Innovation Center demonstration to test the effectiveness of delivering comprehensive primary care services at home for Medicare beneficiaries with multiple chronic conditions, and to reward health care providers that provide high quality care while reducing costs.	Jim Hahn

Source: Congressional Research Service (CRS).

Notes: SSA = Social Security Act; U.S.C. = U.S. Code.

a. Citations in statute and the U.S.C. are provided where available.

Table A-2. Demonstration Projects and Pilot Programs That Expired in the 117th Congress
CY2021 and CY2022

Expired After	Health Care-Related Program	Provision^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2021	Other	Demonstration projects to address health professions workforce needs	42 U.S.C. §1397g SSA §2008	Previously provided \$85 million annually in direct funding for grants to provide education and training to low-income individuals to enter health careers.	Elayne Heisler

Source: Congressional Research Service (CRS).

Notes: SSA = Social Security Act; U.S.C. = U.S. Code.

a. Citations in statute and the U.S.C. are provided where available.

Appendix B. Provisions Included in the Previous CRS Health Care-Related Expiring Provisions Report

This appendix provides information on the provisions that were included in the previous Congressional Research Service (CRS) report on health care-related expiring provisions, CRS Report R47303, *Health Care-Related Expiring Provisions of the 117th Congress, Second Session*, published on November 15, 2022, but were not included in the body of this report.

As does this report, R47303 included identified expiring provisions (of the same two types discussed herein) related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance programs and activities. R47303 also included other health care-related provisions that were enacted or extended in the Patient Protection and Affordable Care Act (ACA; P.L. 111-148) or extended under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA; P.L. 114-10). At its publication date on November 15, 2022, R47303 described health care-related provisions that, at the time of publication, expired during the 117th Congress (i.e., during calendar years [CYs] 2021 and 2022).

Some of the provisions detailed in R47303 fell within the scope of this report (i.e., they expired in 2021 or 2022, or expired or are set to expire in 2023) as of the publication date of this report and are included in the body of this report. **Table B-1** includes other provisions detailed in R47303 that remained expired during 2021 or 2022 or were extended to dates beyond the first session of the 118th Congress (i.e., after CY2022). The third column in **Table B-1** provides each provision’s expiration date as it appeared in R47303. The fourth column reflects updated information, providing the current expiration date for provisions extended pursuant to modification. For more detailed background information on the provisions included in **Table B-1**, see R47303.

The demonstration projects or pilot programs that are not scheduled to expire at the end of the 118th Congress first session but were included in R47303 would be listed in this appendix; however, CRS did not identify any such projects or programs.

Table B-1. Provisions Included in the Previous CRS Health Care-Related Expiring Provisions Report That Were Not Included in This Report

Health Care-Related Program	Provision^a	Statutory and/or U.S. Code Citation	Expired After Date as of CRS Report R46818	Current Expiration: Expiring After	Description	CRS Contact
Medicare	Low-Volume Adjustment	SSA §1886 42 U.S.C. §1395ww(d)(12)	12/16/2022	9/30/2024	Increased Medicare IPPS payments to hospitals to account for the higher incremental costs associated with a low volume of total discharges.	Marco Villagrana
Medicare	Medicare Dependent Hospital/ Decline Reclassification	SSA §1886 42 U.S.C. §1395ww(d)(5)(G)	12/16/2022	9/30/2024	A program for small rural hospitals with a high proportion of patients who are Medicare beneficiaries. These hospitals receive special treatment, including higher payments, under the Medicare IPPS.	Marco Villagrana
Medicaid	Additional Medicaid Funding and FMAP Rate for Puerto Rico	SSA §1108(g) and §1905(ff) 42 U.S.C. §1308 and §1396d(ff)	12/16/2022	9/30/2027	Provides federal Medicaid annual capped funding amounts to Puerto Rico for FY2023 through FY2027 and increase in the federal government's share of most Medicaid expenditures (i.e., Federal Medical Assistance Percentage rates) from 55% to 76% for Puerto Rico through FY2027.	Alison Mitchell
Other	Maternal, Infant, and Early Childhood Home Visiting Program	SSA §511 42 U.S.C. §711	12/16/2022	9/30/2027	Funding for grants awarded to states, territories, and tribes to support evidence-based early childhood in-home visits by health or social service professionals for families who are low-income or have other risk factors.	Patrick Landers
Private Health Insurance	Exemption for Telehealth Services	I.R.C. §223 26 U.S.C. §223	12/31/2022	Plan years beginning after 12/31/2024	Allows Health Savings Account (HSA)-qualified High Deductible Health Plans (HDHPs) to cover telehealth services before the deductible is met and still be considered an HSA-qualified HDHP. Allows telehealth and other remote care	Ryan Rosso

Health Care-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Expired After Date as of CRS Report R46818	Current Expiration: Expiring After	Description	CRS Contact
Medicare	Assistance for Rural Ambulance Providers in Low Population Density Areas	SSA §1834 42 U.S.C. §1395m(l)(12)(A)	12/31/2022	12/31/2024	coverage to be disregarded for determining HSA eligibility. Medicare add-on payments for ground ambulance transports that originate in qualified rural areas, called super-rural areas.	Marco Villagrana
Medicare	Temporary Increase for Ground Ambulance Services	SSA §1834 42 U.S.C. §1395m(l)(13)(A)	12/31/2022	12/31/2024	Increase in the Medicare ambulance fee schedule rates for ground ambulance transports originating in rural and urban areas that are otherwise established for the year.	Marco Villagrana
Medicare	Supporting Physicians and Other Professionals in Adjusting to Medicare Payment Changes During 2021 Through 2024	SSA §1848 42 U.S.C. §1395w-4(t)	12/31/2021	12/31/2024	An increase in payments made to providers under the Medicare Physician Fee Schedule by 2.5% for services furnished during Calendar Year 2023 and by 1.25% during Calendar Year 2024.	Jim Hahn

Source: Congressional Research Service (CRS).

Notes: IPPS = Inpatient Prospective Payment System; IRC = Internal Revenue Code; SSA = Social Security Act; U.S.C. = U.S. Code.

a. Citations in statute and the U.S.C. are provided where available.

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