SUBSTITUTE FOR THE AMENDMENT IN THE
NATURE OF A SUBSTITUTE TO H.R. 3922
OFFERED BY M__. ____________

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “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 EXTENDER

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. Extension of health workforce demonstration projects for low-income
individuals.
Sec. 107. Continuing evidence-based home visiting program.
Sec. 108. Decreasing reduction in Medicaid DSH allotments.
Sec. 109. Increase in territorial cap for Medicaid payments.
Sec. 110. Puerto Rico and United States Virgin Island Disaster Relief Med-
icaid.
Sec. 111. Delay of Bipartisan Budget Act of 2013 third party liability provi-
sions.

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.

TITLE I—MEDICAID AND PUBLIC HEALTH EXTENDERS

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

(a) Community Health Centers Funding.—Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended by striking “2017” and inserting “2019”.

(b) Other Community Health Centers Provisions.—Section 330 of the Public Health Service Act (42 U.S.C. 254b) is amended—

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

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

3. in subsection (c)—

(A) in paragraph (1), by striking subparagraphs (B) through (D);
(B) by striking “(1) IN GENERAL” and all that follows through “The Secretary” and inserting the following:

“(1) CENTERS.—The Secretary”; and

(C) in paragraph (1), as amended, by redesignating clauses (i) through (v) as subparagraphs (A) through (E) and moving the margin of each of such redesignated subparagraph 2 ems to the left;

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

“(d) IMPROVING QUALITY OF CARE.—

“(1) SUPPLEMENTAL AWARDS.—The Secretary may award supplemental grant funds to health centers funded under this section to implement evidence-based models for increasing access to high-quality primary care services, which may include models related to—

“(A) improving the delivery of care for individuals with multiple chronic conditions;

“(B) workforce configuration;

“(C) reducing the cost of care;

“(D) enhancing care coordination;
“(E) expanding the use of telehealth and technology-enabled collaborative learning and capacity building models;

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

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

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

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

(5) in subsection (e)(1)—

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

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

(B) in subparagraph (C)—

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

(ii) by striking “or plan (as described in subparagraphs (B) and (C) of subsection (c)(1))”;

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

“(i) the purchase”;
(iv) by inserting “, which may include
data and information systems” after “of
equipment”; 
(v) by striking the period at the end
and inserting a semicolon; and
(vi) by adding at the end the follow-
ing:
“(ii) the provision of training and
technical assistance; and
“(iii) other activities that—
“(I) reduce costs associated with
the provision of health services;
“(II) improve access to, and
availability of, health services provided
to individuals served by the centers;
“(III) enhance the quality and
coordination of health services; or
“(IV) improve the health status
of communities.”;
(6) in subsection (e)(5)(B)—
(A) in the heading of subparagraph (B), by
striking “AND PLANS”; and
(B) by striking “and subparagraphs (B)
and (C) of subsection (e)(1) to a health center
or to a network or plan” and inserting “to a health center or to a network”;

(7) by striking subsection (s);

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

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

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

“(1) APPROVAL OF NEW ACCESS POINTS.—

“(A) IN GENERAL.—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (c)(1) to establish new delivery sites.

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

“(C) CONSIDERATION OF APPLICATIONS.—

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

“(D) Service area overlap.—If in carrying out subparagraph (A) the applicant proposes to serve an area that is currently served by another health center funded under this section, the Secretary may consider whether the award of funding to an additional health center in the area can be justified based on the unmet need for additional services within the catchment area.

“(2) Approval of expanded service applications.—

“(A) In general.—The Secretary may approve applications for grants under subparagraph (A) or (B) of subsection (e)(1) to expand the capacity of the applicant to provide required primary health services described in subsection
(b)(1) or additional health services described in subsection (b)(2).

“(B) PRIORITY EXPANSION PROJECTS.—In carrying out subparagraph (A), the Secretary may give special consideration to expanded service applications that seek to address emerging public health or behavioral health, mental health, or substance abuse issues through increasing the availability of additional health services described in subsection (b)(2) in an area in which there are significant barriers to accessing care.

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

(10) in subsection (i) (as so redesignated)—
(A) in paragraph (1), by striking “and children and youth at risk of homelessness” and inserting “, children and youth at risk of homelessness, homeless veterans, and veterans at risk of homelessness”; and

(B) in paragraph (5)—

(i) by striking subparagraph (B);

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

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

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

(II) by striking “abuse” and inserting “use disorder”;

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

(A) in paragraph (2)—

(i) in the paragraph heading, by inserting “UNMET” before “NEED”;

(ii) in the matter preceding subparagraph (A), by inserting “and an application for a grant under subsection (g)” after “subsection (e)(1)”;
(iii) in subparagraph (A), by inserting “unmet” before “need for health services”;

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

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

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

“(D) in the case of an application for a grant pursuant to subsection (g)(1), a demonstration that the applicant has consulted with appropriate State and local government agencies, and health care providers regarding the need for the health services to be provided at the proposed delivery site.”;

(B) in paragraph (3)—

(i) in the matter preceding subparagraph (A), by inserting “or subsection (g)” after “subsection (e)(1)(B)”;

(ii) in subparagraph (B), by striking “in the catchment area of the center” and inserting “, including other health care providers that provide care within the catchment area, local hospitals, and spe-
cialty providers in the catchment area of
the center, to provide access to services not
available through the health center and to
reduce the non-urgent use of hospital
emergency departments’’;

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

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

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

(vi) by inserting after subparagraph
(M), the following:
“(N) the center has written policies and
procedures in place to ensure the appropriate
use of Federal funds in compliance with appli-
cable Federal statutes, regulations, and the
terms and conditions of the Federal award.”;
and

(C) by striking paragraph (4);

(12) in subsection (m) (as so redesignated), by
adding at the end the following: “Funds expended to
carry out activities under this subsection and oper-
ational support activities under subsection (n) shall not exceed 3 percent of the amount appropriated for this section for the fiscal year involved.”;
(13) in subsection (q) (as so redesignated), by striking “grants for new health centers under subsections (c) and (e)” and inserting “operating grants under subsection (e), applications for new access points and expanded service pursuant to subsection (g)”;
(14) in subsection (r)(4) (as so redesignated), by adding at the end the following: “A waiver provided by the Secretary under this paragraph may not remain in effect for more than 1 year and may not be extended after such period. An entity may not receive more than one waiver under this paragraph in consecutive years.”;
(15) in subsection (s)(3) (as so redesignated)—
(A) by striking “appropriate committees of Congress a report concerning the distribution of funds under this section” and inserting the following: “Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report including, at a minimum—
“(A) the distribution of funds for carrying out this section”;

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

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

(D) by adding at the end the following:

“(C) the distribution of awards and funding for new or expanded services in each of rural areas and urban areas;

“(D) the distribution of awards and funding for establishing new access points, and the number of new access points created;

“(E) the amount of unexpended funding for loan guarantees and loan guarantee authority under title XVI;

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

“(G) the rate of closures for health centers and access points;
“(H) the number and reason for any grants awarded pursuant to subsection (e)(1)(B); and
“(I) the number and reason for any waivers provided pursuant to subsection (r)(4).”;
and
(16) in subsection (s) (as so redesignated) by adding at the end the following new paragraph:
“(5) FUNDING FOR PARTICIPATION OF HEALTH CENTERS IN ALL OF US RESEARCH PROGRAM.—In addition to any amounts made available pursuant to paragraph (1) of this subsection, section 402A of this Act, or section 10503 of the Patient Protection and Affordable Care Act, there is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, to the Secretary $25,000,000 for fiscal year 2018 to support the participation of health centers in the All of Us Research Program under the Precision Medicine Initiative under section 498E of this Act.”.

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

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

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

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

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

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

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

(3) by adding at the end the following:

“(E) $150,000,000 for fiscal year 2019.”.
SEC. 103. REAUTHORIZATION OF PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

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

“(a) PAYMENTS.—

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

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

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

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

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

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

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

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

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

“(1) IN GENERAL.—To carry out”;

(2) by striking “and $15,000,000 for the first quarter of fiscal year 2018” and inserting “, $15,000,000 for the first quarter of fiscal year 2018, $111,500,000 for the period consisting of the second, third, and fourth quarters of fiscal year 2018, and $126,500,000 for fiscal year 2019, to remain available until expended”; and

(3) by adding at the end the following:

“(2) ADMINISTRATIVE EXPENSES.—Of the amount made available to carry out this section for any fiscal year, the Secretary may not use more than 5 percent of such amount for the expenses of administering this section.”.
(c) ANNUAL REPORTING.—Subsection (h)(1) of section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended—

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

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

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

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

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

“(G) Of the number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year, the number and percentage of such residents who entered practice at a health care facility—
“(i) primarily serving a health professional shortage area with a designation in effect under section 332 or a medically underserved community (as defined in section 799B); or

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

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

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

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

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

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

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

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

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

(1) in paragraph (1)(A)—

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

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

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

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

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

“(5) For purposes of this subsection—

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

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

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

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

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

“SEC. 510. YOUTH EMPOWERMENT PROGRAM.

“(a) IN GENERAL.—

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

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

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

“(2) OTHER ALLOTMENTS.—

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

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

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

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

“(b) PURPOSE.—

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

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

“(B) be medically accurate and complete;

“(C) be age-appropriate; and

“(D) be based on adolescent learning and developmental theories for the age group receiving the education.

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

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

“(B) The advantage of refraining from nonmarital sexual activity in order to improve the future prospects and physical and emotional health of youth.
“(C) The increased likelihood of avoiding poverty when youth attain self-sufficiency and emotional maturity before engaging in sexual activity.

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

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

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

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

“(A) any information provided on contraception is medically accurate and ensures that students understand that contraception offers physical risk reduction, but not risk elimination; and
“(B) the education does not include demonstrations, simulations, or distribution of contraceptive devices.

“(5) RESEARCH.—

“(A) IN GENERAL.—A State or other entity receiving an allotment pursuant to subsection (a) may use up to 20 percent of such allotment to build the evidence base for sexual risk avoidance education by conducting or supporting research.

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

“(i) rigorous;

“(ii) evidence-based; and

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

“(6) INFORMATION COLLECTION AND REPORTING.—A State or other entity receiving an allotment pursuant to subsection (a) shall, as specified by the Secretary—
“(A) collect information on the programs and activities funded through the allotment; and

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

“(c) NATIONAL EVALUATION.—

“(1) IN GENERAL.—The Secretary shall—

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

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

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

“(d) APPLICABILITY OF CERTAIN PROVISIONS.—

“(1) Sections 503, 507, and 508 apply to allotments under subsection (a) to the same extent and in the same manner as such sections apply to allotments under section 502(c).
“(2) Sections 505 and 506 apply to allotments under subsection (a) to the extent determined by the Secretary to be appropriate.

“(c) Funding.—

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

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

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

(b) Personal Responsibility Education.—

(1) In general.—Section 513 of the Social Security Act (42 U.S.C. 713) is amended—

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

(B) in subsection (a)(4)—
(i) in subparagraph (A), by striking “2017” each place it appears and inserting “2019”; and

(ii) in subparagraph (B)—

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

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

(C) in subsection (e)(1), by inserting after “youth with HIV/AIDS,” the following: “victims of human trafficking,”; and

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

(2) EFFECTIVE DATE.—The amendments made by this subsection take effect on October 1, 2017.
SEC. 106. EXTENSION OF HEALTH WORKFORCE DEMONSTRATION PROJECTS FOR LOW-INCOME INDIVIDUALS.

Section 2008(c)(1) of the Social Security Act (42 U.S.C. 1397g(c)(1)) is amended by striking “2017” and inserting “2019”.

SEC. 107. CONTINUING EVIDENCE-BASED HOME VISITING PROGRAM.

Section 511(j)(1) of the Social Security Act (42 U.S.C. 711(j)(1)) is amended—

(1) in subparagraph (G), by striking “and”;

(2) in subparagraph (H), by striking the period and inserting a semicolon; and

(3) by adding at the end the following:

“(I) for fiscal year 2018, $600,000,000;
“(J) for fiscal year 2019, $600,000,000;
“(K) for fiscal year 2020, $700,000,000;
“(L) for fiscal year 2021, $700,000,000;

and

“(M) for fiscal year 2022, $800,000,000.”.

SEC. 108. DECREASING REDUCTION IN MEDICAID DSH ALLOTMENTS.

Section 1923(f)(7)(A) of the Social Security Act (42 U.S.C. 1396r–4(f)(7)(A)) is amended—
SEC. 109. INCREASE IN TERRITORIAL CAP FOR MEDICAID PAYMENTS.

Section 1108(g)(5) of the Social Security Act (42 U.S.C. 1308(g)(5)) is amended—

(1) in subparagraph (A)—

(A) by striking “subparagraph (B)” and inserting “subparagraphs (B), (C), and (D)”;

and

(B) by striking “2019” and inserting “2022”; and

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

“(C) The amount of the increase otherwise provided under subparagraph (A) for—
“(i) Puerto Rico shall, after application of subparagraph (B), be further increased by $1,600,000,000 for each of fiscal years 2018 through 2022; and

“(ii) the Virgin Islands shall be further increased by $55,000,000 for each of fiscal years 2018 through 2022.

“(D) The amount of the increase otherwise provided under subparagraph (A) for Guam, the Northern Mariana Islands, and America Samoa, respectively, shall be further increased by such amounts that the total amount of increases under this subparagraph is equal to $150,000,000. In applying the previous sentence, the Secretary shall increase amounts for such territories in such a proportion as would be applied under subparagraph (A) if such territories were the only territories to which such subparagraph applied.”.

SEC. 110. PUERTO RICO AND UNITED STATES VIRGIN ISLAND DISASTER RELIEF MEDICAID.

(a) SIMPLIFIED ELIGIBILITY DETERMINATIONS AND REDETERMINATIONS.—

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

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

(B) provide, in the case of such a Survivor, for medical assistance under the State Medicaid plan to such Survivor during such period based on the family income level eligibility requirements established under the State Medicaid plan or, if higher, under the State Medicaid plan of the State in which such Survivor resided as of September 17, 2017.

(2) STREAMLINED PROCEDURES.—The streamlined procedures described in this paragraph, with respect to a State and an applicant for medical assistance under the State Medicaid plan, are the following:

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

(i) require an applicant to provide an expected address for the duration of the DRM coverage period and to agree to update that information if it changes during such period;

(ii) include notice regarding the penalties for making a fraudulent application;

(iii) require the applicant to assign to the State any rights of the applicant (or any other person who is a DRM-eligible Maria Survivor and on whose behalf the applicant has the legal authority to execute an assignment of such rights) under any group health plan or other third-party coverage for health care; and

(iv) require the applicant to list any health insurance coverage which the applicant was enrolled in immediately prior to submitting such application.

(B) SELF-ATTTESTATION.—Self-attestation by the applicant for medical assistance under the State Medicaid plan that the applicant is a DRM-eligible Maria Survivor, including with re-
spect to citizenship, identity, immigration status, and income requirements.

(C) **NO DOCUMENTATION.**—No requirement for documentation evidencing the basis on which the applicant qualifies to be a DRM-eligible Maria Survivor.

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

(E) **DEEMED ELIGIBILITY.**—If an applicant completes the application and presents it to a provider or facility participating in the State Medicaid plan that is qualified to make presumptive eligibility determinations under
such plan (which at a minimum shall consist of facilities identified in section 1902(a)(55) of the Social Security Act (42 U.S.C. 1396a(a)(55)) and it appears to the provider that the applicant is a DRM-eligible Maria Survivor based on the information in the application, the applicant will be deemed to be a DRM-eligible Maria Survivor eligible for medical assistance under the State Medicaid plan.

(F) CONTINUOUS ELIGIBILITY.—Continuous eligibility, without the need for any re-termination of eligibility, for the duration of the DRM coverage period.

(b) NO CONTINUATION OF DRM ASSISTANCE.—

(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), no DRM assistance shall be provided after the end of the DRM coverage period.

(2) PRESUMPTIVE ELIGIBILITY.—In the case of any DRM-eligible Maria Survivor who is receiving DRM assistance from a State in accordance with this section and who, as of the end of the DRM coverage period, has an application pending for medical assistance under the State Medicaid plan for periods beginning after the end of such period, the State shall provide such Survivor with a period of pre-
sumptive eligibility for medical assistance under the
State Medicaid plan (not to exceed 60 days) until a
determination with respect to the Survivor’s applica-
tion has been made.

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

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

(d) Scope of coverage.—

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

(A) equal in amount and scope to the medical assistance that would otherwise be made available to such Survivor if the Survivor were a State resident enrolled in the State Medicaid plan; or

(B) if greater in amount and scope, equal in amount and scope to the medical assistance that would have been made available to such Survivor under the State Medicaid plan of the State in which such Survivor resided as of September 17, 2017.

Coverage for such medical assistance for DRM-eligible Maria Survivors shall be retroactive to items and services furnished on or after September 17, 2017 (or in the case of applications for DRM assistance submitted after January 1, 2018, the first day of the 5th month preceding the date on which such application is submitted).
(2) CHILDREN BORN TO PREGNANT WOMEN.—

In the case of a child born to a DRM-eligible Maria
Survivor who is provided DRM assistance during the
DRM coverage period, such child shall be treated as
having been born to a pregnant woman eligible for
medical assistance under the State Medicaid plan
and shall be eligible for medical assistance under
such plan in accordance with section 1902(e)(4) of
the Social Security Act (42 U.S.C. 1396a(e)(4)).
The Federal medical assistance percentage applica-
able to the State Medicaid plan shall apply to medical
assistance provided to a child under such plan in ac-
cordance with the preceding sentence and Federal
payments for such assistance shall not be considered
to be payments under this section.

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

(1) IN GENERAL.—Notwithstanding section
1905(b) of the Social Security Act (42 U.S.C.
1396d(b)), subject to paragraph (2), the Federal
medical assistance percentage or the Federal match-
ing rate otherwise applied under section 1903(a) of
such Act (42 U.S.C. 1396b(a)) shall be 100 percent
for—
(A) providing DRM assistance to DRM-eligible Maria Survivors during the DRM coverage period in accordance with this section;

(B) costs directly attributable to administrative activities related to the provision of such DRM assistance; and

(C) DRM assistance provided in accordance with paragraph (2) or (3) of subsection (b) after the end of the DRM coverage period.

(2) Limitation.—

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

(B) Other States.—

(i) In general.—In the case of States not described in subparagraph (A), the difference between—

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

(II) the total amount of payments that would otherwise be made to such States if the Federal medical assistance percentage and the Federal matching rate under section 1905(b) of the Social Security Act and 1903(a) of such Act were applied; may not exceed the amount appropriated under clause (ii).

(ii) Appropriations.—There are appropriated, out of any amounts in the Treasury not otherwise appropriated, $1,000,000,000 for the DRM coverage period for purposes of making payments in accordance with this subsection to States not described in subparagraph (A).

(3) Exemption from error rate penalties.—All payments attributable to providing DRM assistance in accordance with this section shall be disregarded for purposes of section 1903(u) of the Social Security Act (42 U.S.C. 1396b(u)).

(f) Verification of status as a Maria survivor.—
(1) IN GENERAL.—A State shall make a good faith effort to verify the status of an individual who is enrolled in the State Medicaid plan as a DRM-eligible Maria Survivor under the provisions of this section. Such effort shall not delay the determination of the eligibility of the Survivor for DRM assistance under this section.

(2) EVIDENCE OF VERIFICATION.—A State may satisfy the verification requirement under paragraph (1) with respect to an individual by showing that the State obtained information from the Social Security Administration, the Internal Revenue Service, or the State Medicaid Agency for the State from which the individual is from (if the individual was not a resident of such State on any day during the week preceding September 17, 2017).

(g) PROVIDER PAYMENT RATES.—In the case of any DRM assistance provided in accordance with this section to a DRM-eligible Maria Survivor that is covered under the State Medicaid plan (as applied without regard to this section) the State shall pay a provider of such assistance the same payment rate as the State would otherwise pay for the assistance if the assistance were provided under the State Medicaid plan (or, if no such payment rate applies under the State Medicaid plan, the usual and cus-
tomary prevailing rate for the item or service for the community in which it is provided).

(h) Application to Individuals Eligible for Medical Assistance.—Nothing in this section shall be construed as affecting any rights accorded to an individual who is a recipient of medical assistance under a State Medicaid plan who is determined to be a DRM-eligible Maria Survivor but the provision of DRM assistance to such individual shall be limited to the provision of such assistance in accordance with this section.

(i) Definitions.—In this section:

(1) DRM Assistance.—The term “DRM assistance” means medical assistance under a State Medicaid plan for a DRM-eligible Maria Survivor during the DRM coverage period.

(2) DRM Coverage Period.—

(A) In General.—The term “DRM coverage period” means the period beginning on September 17, 2017, and, subject to subparagraph (B), ending on the date that is 24 months after the date of enactment of this Act.

(B) Secretary Authority to Extend DRM Coverage Period.—The Secretary may extend the DRM coverage period for an additional 12 months. Any reference to the term
“DRM coverage period” in this section shall include any extension under this subparagraph.

(3) DRM-ELIGIBLE MARIA SURVIVOR DEFINED.—

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

(B) NO RESOURCES, RESIDENCY, OR CATEGORICAL ELIGIBILITY REQUIREMENTS.—Eligibility under subparagraph (A) shall be determined without application of any resources test, State residency, or categorical eligibility requirements.

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

(4) MARIA SURVIVOR.—

(A) IN GENERAL.—The term “Maria Survivor” means an individual who, on any day
during the week preceding September 17, 2017, had a primary residence in Puerto Rico or the Virgin Islands.

(B) Treatment of Current Medicaid Beneficiaries.—Nothing in this section shall be construed as preventing an individual who is otherwise entitled to medical assistance under a State Medicaid plan from being treated as a Maria Survivor under this section.

(C) Treatment of Homeless Persons.—For purposes of this section, in the case of an individual who was homeless on any day during the week described in subparagraph (A), the individual’s “residence” shall be deemed to be the place of residence as otherwise determined for such an individual under title XIX of the Social Security Act (42 U.S.C 1396 et seq.).

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

(6) State.—The term “State” has the meaning given that term for purposes of title XIX of the Social Security Act (42 U.S.C 1396 et seq.).

(7) State Medicaid Plan.—The term “State Medicaid plan” means a State plan under title XIX
of the Social Security Act (42 U.S.C. 1396 et seq.)
(or a waiver of such plan).

SEC. 111. DELAY OF BIPARTISAN BUDGET ACT OF 2013
THIRD PARTY LIABILITY PROVISIONS.


(b) EFFECTIVE DATE; TREATMENT.—The amendment made by subparagraph (A) shall take effect on September 30, 2017, and shall apply with respect to claims pending, generated, or filed after such date.

TITLE II—CHIP

SEC. 201. FIVE-YEAR FUNDING EXTENSION OF THE CHILDREN’S HEALTH INSURANCE PROGRAM.

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

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

(2) in paragraph (20), by striking the period at the end and inserting a semicolon; and
(3) by adding at the end the following new paragraphs:

“(21) for fiscal year 2018, $21,500,000,000;
“(22) for fiscal year 2019, $22,600,000,000;
“(23) for fiscal year 2020, $23,700,000,000;
“(24) for fiscal year 2021, $24,800,000,000;
and
“(25) for fiscal year 2022, for purposes of making 2 semi-annual allotments—

“(A) $2,850,000,000 for the period beginning on October 1, 2021, and ending on March 31, 2022; and
“(B) $2,850,000,000 for the period beginning on April 1, 2022, and ending on September 30, 2022.”.

(b) Allotments.—

(1) In general.—Section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) is amended—

(A) in paragraph (2)—

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

(ii) in subparagraph (B)—
(I) in the matter preceding clause (i), by striking “(19)” and inserting “(24)”;

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

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

(B) in paragraph (5)—

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

(ii) by striking “or 2017” and inserting “, 2017, or 2022”; and

(C) in paragraph (7)—

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

(ii) in subparagraph (B), in the matter preceding clause (i), by inserting “(or, in the case of fiscal year 2018, by not later than the date that is 60 days after the date of the enactment of the CHAMPION KIDS Act of 2017)” after “before the Au-
gust 31 preceeding the beginning of the fis-
cal year”; and

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

(D) in paragraph (9)—

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

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

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

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

“(10) FOR FISCAL YEAR 2022.—

“(A) First Half.—Subject to paragraphs
(5) and (7), from the amount made available
under subparagraph (A) of paragraph (25) of
subsection (a) for the semi-annual period de-
scribed in such subparagraph, increased by the
amount of the appropriation for such period
under section 201(b)(3) of the CHAMPION
KIDS Act of 2017, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for such semi-annual period in an amount equal to the first half ratio (described in subparagraph (D)) of the amount described in subparagraph (C).

“(B) Second half.—Subject to paragraphs (5) and (7), from the amount made available under subparagraph (B) of paragraph (25) of subsection (a) for the semi-annual period described in such subparagraph, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for such semi-annual period in an amount equal to the amount made available under such subparagraph, multiplied by the ratio of—

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

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

“(C) Full year amount based on growth factor updated amount.—The
amount described in this subparagraph for a State is equal to the sum of—

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

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

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

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

“(i) the sum of—

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

“(II) the amount of the appropriation for such period under section 201(b)(3) of the CHAMPION KIDS Act of 2017; to

“(ii) the sum of—

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

“(II) the amount made available under subsection (a)(25)(B).”.
(2) TECHNICAL AMENDMENT.—Section 2104(m)(2)(A) of such Act (42 U.S.C. 1397dd(m)(2)(A)) is amended by striking “the allotment increase factor under paragraph (5)” each place it appears and inserting “the allotment increase factor under paragraph (6)”.

(3) ONE-TIME APPROPRIATION FOR FISCAL YEAR 2022.—There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, $20,200,000,000 to accompany the allotment made for the period beginning on October 1, 2021, and ending on March 31, 2022, under paragraph (25)(A) of section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) (as added by subsection (a)(3)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (10) of section 2104(m) of such Act (as added by subsection (b)(1)(E)) for the first 6 months of fiscal year 2022 in the same manner as allotments are provided under subsection (a)(25)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(25)(A).
(c) Extension of the Child Enrollment Contingency Fund.—Section 2104(n) of the Social Security Act (42 U.S.C. 1397dd(n)) is amended—

(1) in paragraph (2)—

(A) in subparagraph (A)(ii)—


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

(B) in subparagraph (B)—


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

(2) in paragraph (3)(A), in the matter preceding clause (i), by striking “or a semi-annual allotment period for fiscal year 2015 or 2017” and inserting “or in any of fiscal years 2018 through 2021”
(or a semi-annual allotment period for fiscal year 2015, 2017, or 2022)."

(d) **Extension of Qualifying States Option.**—

Section 2105(g)(4) of the Social Security Act (42 U.S.C. 1397ee(g)(4)) is amended—

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

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

(e) **Extension of Express Lane Eligibility Option.**—Section 1902(e)(13)(I) of the Social Security Act (42 U.S.C. 1396a(e)(13)(I)) is amended by striking “2017” and inserting “2022”.

(f) **Assurance of Affordability Standard for Children and Families.**—

(1) **In general.**—Section 2105(d)(3) of the Social Security Act (42 U.S.C. 1397ee(d)(3)) is amended—

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

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

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

(2) Conforming Amendments.—Section 1902(gg)(2) of the Social Security Act (42 U.S.C. 1396a(gg)(2)) is amended—

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

(B) by striking “September 30, 2019,” and inserting “September 30, 2022 (but during the period that begins on October 1, 2019, and ends on September 30, 2022, only with respect to children in families whose income does not exceed 300 percent of the poverty line (as de-
fined in section 2110(e)(5)) applicable to a family of the size involved’’.

SEC. 202. EXTENSION OF CERTAIN PROGRAMS AND DEMONSTRATION PROJECTS.

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

(1) by striking ‘‘and $10,000,000’’ and inserting ‘‘, $10,000,000’’; and

(2) by inserting after ‘‘2017’’ the following: ‘‘, and $25,000,000 for the period of fiscal years 2018 through 2022’’.

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

(1) by striking ‘‘Out of any’’ and inserting the following:

‘‘(1) IN GENERAL.—Out of any’’;

(2) by striking ‘‘there is appropriated for each’’ and inserting ‘‘there is appropriated—

“(A) for each”;

(3) by striking ‘‘, and there is appropriated for the period’’ and inserting ‘‘;

“(B) for the period”;

(4) by inserting after ‘‘2022’’ the following:

‘‘and the period of fiscal years 2023 through 2028’’.
(4) by striking “. Funds appropriated under this subsection shall remain available until expended” and inserting “; and”; and

(5) by adding at the end the following:

“(C) for the period of fiscal years 2018 through 2022, $75,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g)).

“(2) Availability.—Funds appropriated under this subsection shall remain available until expended.”.

SEC. 203. EXTENSION OF OUTREACH AND ENROLLMENT PROGRAM.

(a) Extension and Reauthorization.—Section 2113 of the Social Security Act (42 U.S.C. 1397mm) is amended—

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

(2) in subsection (g)—

(A) by striking “and $40,000,000” and inserting “, $40,000,000”; and

(B) by inserting after “2017” the following: “, and $100,000,000 for the period of fiscal years 2018 through 2022”.
(b) MAKING ORGANIZATIONS THAT USE PARENT MENTORS ELIGIBLE TO RECEIVE GRANTS.—Section 2113(f) of the Social Security Act (42 U.S.C. 1397mm(f)) is amended—

(1) in paragraph (1)(E), by striking “or community-based doula programs” and inserting “, community-based doula programs, or parent mentors”;

and

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

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

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

“(B) is trained to assist families with children who have no health insurance coverage with respect to improving the social determinants of the health of such children, including by providing—

“(i) education about health insurance coverage, including, with respect to obtaining such coverage, eligibility criteria and application and renewal processes;
“(ii) assistance with completing and submitting applications for health insurance coverage and renewal;

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

“(iv) guidance on identifying medical and dental homes and community pharmacies for children; and

“(v) assistance and referrals to successfully address social determinants of children’s health, including poverty, food insufficiency, housing, and environmental hazards.”.

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

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

(2) in subsection (e), in the first paragraph (14), relating to income determined using modified adjusted gross income, by adding at the end the following new subparagraph:
“(J) Exclusion of Parent Mentor Compensation from Income Determination.—Any nominal amount received by an individual as compensation, including a stipend, for participation as a parent mentor (as defined in paragraph (5) of section 2113(f)) in an activity or program funded through a grant under such section shall be disregarded for purposes of determining the income eligibility of such individual for medical assistance under the State plan or any waiver of such plan.”; and

(3) in subsection (e), by striking “(14) Exclusion” and inserting “(15) Exclusion”.

SEC. 204. EXTENSION OF ADDITIONAL FEDERAL FINANCIAL PARTICIPATION FOR CHIP.

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

SEC. 301. IMPLEMENTATION OF OFFICE OF INSPECTOR GENERAL RECOMMENDATION TO DELAY CERTAIN MEDICARE PLAN PREPAYMENTS.

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

(1) in subparagraph (A), in the matter preceding clause (i)—

(A) by striking “subsections (e), (g), (i), and (l)” and inserting “subparagraph (J), subsections (e), (g), (i), and (l),”; and

(B) by inserting “(or, for months beginning with January 2019, on the date specified in subparagraph (J))” after “in advance”; and

(2) by adding at the end the following new subparagraph:

“(J) TIMING OF PAYMENTS.—

“(i) IN GENERAL.—With respect to monthly payments under this section for months in a year (beginning with 2019), the date specified in this subparagraph with respect to a payment for a month is the first business day occurring on or after the applicable date defined in clause (ii).
“(ii) APPLICABLE DATE.—For purposes of clause (i), with respect to a year (beginning with 2019), the term ‘applicable date’ means, with respect to a payment for—

“(I) January of such year, January 2nd;

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

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

“(IV) April of such year, April 15th;

“(V) May of such year, May 20th;

“(VI) June of such year, June 25th;

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

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

(b) CONFORMING AMENDMENT TO PART D.—Section 1860D–15(d)(1) of the Social Security Act (42 U.S.C.
1395w–115(d)(1)) is amended by inserting “and shall be made consistent with the timing of monthly payments to MA organizations under section 1853(a)(1)(J)” after “as the Secretary determines”.

□