



sellers dorsey
realize the opportunity.

SUMMARY: Build Back Better Act (BBBA) of 2021 (House Version Passed on November 19, 2021)

November 24, 2021

Sellers Dorsey | www.SellersDorsey.com

For questions or more information, please contact your Sellers Dorsey representative
or email info@sellersdorsey.com

Table of Contents

Executive Summary	6
Title III – Committee on Energy and Commerce.....	7
Subtitle E – Affordable Health Care Coverage.....	7
Section 30601. Ensuring Affordability for Coverage of Certain Low-Income Populations	7
Section 30602. Establishing a Health Insurance Affordability Fund.....	8
Section 30603. Funding for the Provision of Health Insurance Consumer Information.....	8
Section 30604. Requirements with Respect to Cost-Sharing for Certain Insulin Products.....	8
Section 30605. Cost-Sharing Reductions for Individuals Receiving Unemployment Compensation	9
Section 30606. Oversight of Pharmacy Benefit Manager Services.....	9
Section 30607. Funding to Support State Applications for Section 1332 Waivers and Administration .	10
Section 30608. Adjustments to Uncompensated Care Pools and Disproportionate Share Hospital Payments	10
Section 30609. Further Increase in FMAP for Medical Assistance for Newly Eligible Mandatory Individuals.....	11
Subtitle F – Medicaid: Part 1 – Investments in Home and Community-Based Services and Long-Term Care Quality and Workforce	11
Section 30711. HCBS Improvement Planning Grants	11
Section 30712. HCBS Improvement Program	12
Section 30713. Funding for Federal Activities Related to Medicaid HCBS.....	13
Section 30714. Funding for HCBS Quality Measurement and Improvement	13
Section 30715. Permanent Extension of Medicaid Protections against Spousal Impoverishment for Recipients of Home and Community-based Services.....	13
Section 30716. Permanent Extension of Money Follows the Person Rebalancing Demonstration.....	13
Section 30717. Funding to Improve the Accuracy and Reliability of Certain Skilled Nursing Facility Data	14
Section 30718. Ensuring Accurate Information on Cost Reports	14
Section 30719. Survey Improvements.....	14
Section 30720. Nurse Staffing Requirements	15
Subtitle F – Medicaid: Part 2 – Expanding Access to Maternal Health	15
Section 30721. Extending Continuous Coverage for Pregnant and Postpartum Individuals.....	15
Section 30722. State Option to Provide Coordinated Care through a Maternal Health Home for Pregnant and Postpartum Individuals	15
Subtitle F – Medicaid: Part 3 – Territories.....	16
Section 30731. Increasing Medicaid Cap Amounts and Federal Medical Assistance Percentage for the Territories.....	16

Subtitle F – Medicaid: Part 4 – Other Medicaid	16
Section 30741. Investments to Ensure Continued Access to Health Care for Children and Other Individuals	16
Subtitle F – Medicaid: Part 5 – Maintenance of Effort	18
Section 30751. Encouraging Continued Access After the End of the Public Health Emergency.....	18
Subtitle G – Children’s Health Insurance Program	18
Section 30801. Investments to Strengthen CHIP.....	18
Subtitle H – Medicare Coverage for Hearing Services	19
Section 30901. Providing Coverage for Hearing Care under the Medicare Program.....	19
Subtitle I – Public Health: Part 1 – Health Care Infrastructure and Workforce.....	19
Section 31001. Funding to Support Core Public Health Infrastructure for State, Territorial, Local, and Tribal Health Departments at the Centers for Disease Control and Prevention.....	19
Section 31002. Funding for Health Center Capital Grants	20
Section 31003. Funding for Teaching Health Center Graduate Medical Education	20
Section 31004. Funding for Children’s Hospitals that Operate Graduate Medical Education Programs	20
Section 31005. Funding for National Health Service Corps	20
Section 31006. Funding for the Nurse Corps	21
Section 31007. Funding for Schools of Medicine in Underserved Areas.....	21
Section 31008. Funding for Schools of Nursing in Underserved Areas	21
Section 31009. Funding for Palliative Care and Hospice Education and Training	22
Section 31010. Funding for Palliative Medicine Physician Training	22
Section 31011. Funding for Palliative Care and Hospice Academic Career Awards.....	23
Section 31012. Funding for Hospice and Palliative Nursing.....	23
Section 31013. Funding for Dissemination of Palliative Care Information	23
Subtitle I – Public Health: Part 2 – Pandemic Preparedness.....	23
Section 31021. Funding for Laboratory Activities at The Centers for Disease Control and Prevention.	23
Section 31022. Funding for Public Health and Preparedness Research, Development, and Countermeasure Capacity.....	24
Section 31023. Funding for Infrastructure Modernization and Innovation at The Food and Drug Administration.....	24
Subtitle I – Public Health: Part 3 – Maternal Mortality	25
Section 31031. Funding for Local Entities Addressing Social Determinants of Health.....	25
Section 31032. Funding for the Office of Minority Health	25
Section 31033. Funding to Grow and Diversity the Nursing Workforce in Maternal and Perinatal Health	25
Section 31034. Funding for Perinatal Quality Collaborations	26

Section 31035. Funding to Grow and Diversify the Doula Workforce	26
Section 31036. Funding to Grow and Diversify the Maternal Mental Health and Substance Use Disorder Treatment Workforce	26
Section 31037. Funding for Maternal Mental Health Equity Grant Programs.....	26
Section 31038. Funding for Education and Training at Health Professions Schools to Identify and Address Health Risks Associated with Climate Change	27
Section 31039. Funding for Minority-Serving Institutions to Study Maternal Mortality, Severe Maternal Morbidity, and Adverse Maternal Health Outcomes	27
Section 31040. Funding for Identification of Maternity Care Health Professional Target Areas.....	27
Section 31041. Funding for Maternal Mortality Review Committees to Promote Representative Community Engagement	28
Section 31042. Funding for the Surveillance for Emerging Threats to Mothers and Babies	28
Section 31043. Funding for Enhancing Reviews and Surveillance to Eliminate Maternal Mortality Program.	28
Section 31044. Funding for the Pregnancy Risk Assessment Monitoring System	28
Section 31045. Funding for the National Institute of Child Health and Human Development.....	29
Section 31046. Funding for Expanding the Use of Technology-Enabled Collaborative Learning and Capacity Building Models for Pregnant and Postpartum Individuals	29
Section 31047. Funding for Promoting Equity in Maternal Health Outcomes through Digital Tools	29
Section 31048. Funding for Antidiscrimination and Bias Training	30
Subtitle I – Public Health: Part 4 – Other Public Health Investments	30
Section 31051. Funding for Mental Health and Substance Use Disorder Professionals	30
Section 35102. Funding to Support Peer Recovery Specialists	30
Section 31053. Funding for Project AWARE.....	30
Section 31054. Funding for the National Suicide Prevention Lifeline	31
Section 31055. Funding for Community Violence and Trauma Interventions.....	31
Section 31056. Funding for the National Child Traumatic Stress Network.....	31
Section 31057. Funding for HIV Health Care Services Programs.....	31
Section 31058. Funding for Clinical Services Demonstration Project.....	32
Section 31059. Funding to Support the Lifespan Respite Care Program.....	32
Section 31060. Funding to Increase Research Capacity at Certain Institutions.....	32
Section 31061. Funding for Research Related to Developmental Delays.....	32
Section 31062. Supplemental Funding for the World Trade Center Health Program.....	33
Subtitle I – Public Health: Part 5 – Native Hawaiian Provisions	33
Section 31071. Native Hawaiian Health Care Systems	33
Section 31072. Native Hawaiian Health Improvement Grants	33

Section 31073. Native Hawaiian Health Care Systems Liability Coverage.....	34
Title XIII – Committee on Ways and Means	34
Subtitle F – Social Safety Net: Part 4 – Pathway to Practice Training Programs	34
Section 137401. Administrative Funding of the Rural and Underserved Pathway to Practice Training Programs for Post-Baccalaureate Students, Medical Students, and Medical Residents.....	34
Section 137402. Establishing Rural and Underserved Pathway to Practice Training Programs for Post-Baccalaureate Students and Medical Students.....	34
Section 137403. Funding for the Rural and Underserved Pathway to Practice Training Programs for Post-Baccalaureate Students and Medical Students.....	35
Section 137404. Establishing Rural and Underserved Pathway to Practice Training Programs for Medical Residents	35
Section 137405. Distribution of Additional Residency Positions	35

Executive Summary

On November 19, 2021, the House passed the Build Back Better Act (BBBA) on essentially a party line vote. The bill will now move to the Senate, where it will be advanced through the budget reconciliation process, requiring a simple majority of votes in the Senate. The following analysis is based on the version of the BBBA [passed by the House on November 19](#). Funding amounts and programmatic provisions could change between the November 19 BBBA version and that which is eventually passed by the Senate.

The version of the BBBA as passed by the House on November 19 appropriates \$1.75 trillion for investments in various components of the social safety net infrastructure. Highlights include a universal preschool for three- and four-year-olds, paid family leave and medical leave, permanent refundability of the child tax credit, investments to lower the cost of childcare, and investments in clean energy and climate. The bill also includes significant investments in new and existing federal, state, and local health and human services programs and initiatives, including:

1. Expanded Affordable Care Act (ACA) premium tax credits
2. Enhanced Federal Medical Assistance Percentage (FMAP) for states to fund home and community-based services (HCBS)
3. Permanent authorization for Money Follows the Person
4. Permanent authorization for the Children's Health Insurance Program (CHIP)
5. Hearing services coverage under Medicare

Below is a summary of the provisions in the November 19 BBBA which we have identified as having a specific impact on health care and human services providers, payers, and other stakeholders.

Title III – Committee on Energy and Commerce

Subtitle E – Affordable Health Care Coverage

Section 30601. Ensuring Affordability for Coverage of Certain Low-Income Populations

Summary

Continues the increased amount of Affordable Care Act (ACA) health insurance premium subsidies (tax credits) for qualified health care coverage on the health care marketplace as authorized under the American Rescue Plan Act (ARPA) of 2021. The subsidies allow individuals/families to not pay more than 8.5% of their household income for a benchmark plan at the second-lowest cost Silver health insurance plan on the health care marketplace relative to the federal poverty level (FPL) (which was previously up to 400% of FPL). The ARPA temporarily removed the 400% FPL income threshold during 2021. These sections continue those provisions and beginning in 2022 expand the ACA premium subsidies to individuals with incomes below 100% of the FPL who are not eligible for Medicaid under their state's current program, even if they have an ability to receive employer sponsored coverage. It also provides for an extended open enrollment period for these individuals.

For plan years 2023 through 2025, cost sharing is further reduced for individuals/families with household income below 100% of the FPL by requiring qualified health plans to cover 99% of benefit costs. In addition, beginning in 2024 and continuing through 2025, qualified health plans must provide non-emergency transportation (NEMT) services and open access to family planning providers as additional benefits with no cost sharing. These additional provisions will be partially funded through federal funds appropriated to the Secretary of Health and Human Services for these purposes. This provides low-income individuals in states that have not expanded Medicaid a low-cost/no-cost option for health care coverage through 2025.

Provides funding for additional outreach and enrollment through the Federal Exchange and Navigator Program in states that have not expanded Medicaid to inform individuals of the coverage and reduced cost-sharing provisions available.

Funding Amount

- \$105 million: \$15 million for fiscal year (FY) 2022, \$30 million each for FY 2023 through FY 2025 to carry out outreach and enrollment activities
- \$65 million for purposes of carrying out the reductions in cost sharing and additional benefits of this section, as well as the provisions set forth in Sections 30602 and 30603 below

Effective Dates

- Calendar years 2022 through 2025, extended ACA premium subsidies
- Calendar years 2023 through 2025, further reductions in cost sharing for low-income families
- Calendar years 2024 through 2025, additional NEMT and Family Planning benefits for low-income individuals and families
- Calendar years 2022 through 2025, expanded education and outreach

Section 30602. Establishing a Health Insurance Affordability Fund

Summary

Beginning in 2023, provides states the option to apply for funding to establish and implement a state reinsurance program or provide additional cost-sharing reductions for individuals receiving marketplace qualified health plan coverage. Once state applications are approved, they will automatically be renewed through 2025 unless the Administrator for the Centers for Medicare and Medicaid Services (CMS) notifies the state otherwise. For states that have not expanded Medicaid, requires CMS to establish and implement a reinsurance program for the period beginning calendar year 2023 through calendar year 2025.

Funding Amount

- \$10 billion annually for state reinsurance and cost sharing reductions
- \$65 million for purposes of carrying out the provisions of this section and the reductions in cost sharing and additional benefits set forth in Section 30601 above and Section 30603 below

Effective Dates

Calendar years 2023 through 2025

Section 30603. Funding for the Provision of Health Insurance Consumer Information

Summary

Provides funding to support health insurance marketplace consumer information grants.

Funding Amount

\$100 million

Effective Dates

Calendar years 2022 through 2025

Section 30604. Requirements with Respect to Cost-Sharing for Certain Insulin Products

Summary

Amends Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–111 et seq.) by requiring health insurance plans offering group and individual coverage options to cover one of each dosage form (vial, pump, inhaler) of each different type (rapid-acting, premixed; short-acting) of insulin products. Insurers cannot apply any deductible or impose any cost-sharing in excess of the lesser of \$35 or 25% of the negotiated drug price, including all price concessions received through third-party entities/pharmacy benefit managers, per 30-day insulin supply. This requirement does not apply to services rendered by out-of-network providers and will not impact actuarial value of qualified health plans. Insurers must provide coverage of select insulin products for a plan year before an enrollee has incurred cost-sharing expenses.

Funding Amount

None

Effective Dates

January 1, 2023

Section 30605. Cost-Sharing Reductions for Individuals Receiving Unemployment Compensation

Summary

For calendar year 2022, continues the expanded ACA health insurance premium subsidies (tax credits) for qualified health care coverage on the health care marketplace for individuals with income above 150% of FPL who qualify for tax credits and were eligible for Unemployment Compensation for at least one week of unemployment compensation during the year.

Funding Amount

None

Effective Dates

Through calendar year 2022

Section 30606. Oversight of Pharmacy Benefit Manager Services

Summary

Beginning on or after January 1, 2023, group health plans (or health insurers offering group health insurance coverage, or any entity providing pharmacy benefit management (PBM) services) will not enter a contract with a drug manufacturer, distributor, wholesaler, subcontractor, rebate aggregator, or any third party that limits the disclosure of information to plan sponsors in a way that prevents the plan from making reports. Group health plan sponsors are required to receive a report on the costs, fees, and rebate information associated with PBMs contracts every six months (or twice a year). Each report must include:

- Information collected from drug manufacturers on the total amount of copayment assistance dollars paid, or copayment cards applied, that were funded by the drug manufacturer.
- A list of each drug covered by the plan, insurer, or entity providing PBM services. This includes drug brand name (chemical entity and National Drug Code), number of beneficiaries for whom the drug was filled, number of prescriptions for the drug including dosage units and fill channel (retail, mail order, or specialty pharmacy), wholesale acquisition cost, total out-of-pocket spending by beneficiaries including copayments, coinsurance, and deductibles. Additional reporting requirements remain for any drug that exceeds \$10,000 in gross spending for the plan during the reporting period.
- Total gross spending on prescription drugs by the plan before rebates and other manufacturer fees.
- Total amount received or expected to be received by the health plan in drug manufacturer rebates, fees, alternative discounts, and all other remuneration from a manufacturer.
- Total net spending on prescription drugs by the health plan.
- Amounts paid directly or indirectly in rebates, fees, or other remuneration to brokers, consultants, advisors, or any other individual or firm who referred the health plan to the PBM.

The HHS Secretary will enforce the reporting requirements in consultation with the Secretaries of Labor and Treasury, and any failure to provide reports in a timely manner will be subject to a civil monetary penalty of \$10,000 for each day the violation continues. Any reports containing false information will be subject to a civil monetary penalty in an amount that will not exceed \$100,000 for each false item of information (in addition to other penalties prescribed by law).

No later than three years after the date of enactment of the BBBA, the Comptroller General of the United States will report to Congress on pharmacy networks of group health plans, health insurers, and entities providing PBM services.

Funding Amount

N/A

Effective Dates

January 1, 2023

Section 30607. Funding to Support State Applications for Section 1332 Waivers and Administration

Summary

Allocates \$50 million to the HHS Secretary to award grants to states for purposes of developing a new 1332 waiver application, preparing an application for a 1332 waiver extension or amendment, or implementing a state plan under this section. The amount of grant funds awarded to a state for these purposes may not exceed \$5 million.

Funding Amount

\$50 million

Effective Dates

FY 2022 until funding expended

Section 30608. Adjustments to Uncompensated Care Pools and Disproportionate Share Hospital Payments

Summary

Prohibits states that have not expanded Medicaid from including uninsured individuals who would otherwise be eligible for Medicaid coverage if the state had expanded Medicaid from receiving federal financial participation for uncompensated care costs under a Section 1115(a) demonstration waiver.

Decreases the disproportionate share hospital (DSH) allotment for states that have not expanded Medicaid by 12.5% from what their allotment would have been for that fiscal year. In the event a state with expanded Medicaid rescinds coverage for its expansion population, CMS will decrease that state's DSH allotment by 12.5% proportionally to reflect the number of days the state is not providing coverage to that population in that fiscal year. Alternatively, if a state expands Medicaid during a fiscal year, that state will get the full DSH allotment as calculated under the traditional formula regardless of when it expands Medicaid during that year.

For purposes of applying this section, coverage to the expansion population must be either benchmark coverage or benchmark equivalent coverage as defined in §1937 of the Social Security Act.

Funding Amount

N/A

Effective Dates

FY 2023 (October 1, 2022)

Section 30609. Further Increase in FMAP for Medical Assistance for Newly Eligible Mandatory Individuals

Summary

Amends Section 1905(y)(1) of the Social Security Act to amend the enhanced FMAP for the Medicaid expansion population from 90% to 93% through 2025 and then reduces the FMAP back to 90% beginning in 2026 and each year thereafter.

Funding Amount

N/A

Effective Dates

Date of enactment

Subtitle F – Medicaid: Part 1 – Investments in Home and Community-Based Services and Long-Term Care Quality and Workforce

Section 30711. HCBS Improvement Planning Grants

Summary

Provides planning grants to states to develop and submit a Home and Community-Based Services (HCBS) Improvement Plan to the HHS Secretary. States that have an approved HCBS Improvement Plan may use the grant funds to implement and report on the HCBS Improvement Plan. The grant funds cannot be used as the source of non-federal share.

The HCBS Improvement Plan must include the following information:

1. Information on the state's existing Medicaid HCBS landscape – HCBS eligibility, access to HCBS services, (including barriers to access and unmet need), utilization, service delivery systems, workforce, payment rates, quality, number of Medicaid individuals who receive services in an institutional setting for more than 30 days, HCBS share of Medicaid long-term services and supports (LTSS) spending, and HCBS population demographics.
2. Goals for HCBS improvements – states must provide information on how they will conduct the following:
 - a. Reduce barriers to and disparities in access and utilization of HCBS.
 - b. Monitor and report on access and utilization of HCBS as well as disparities in access to HCBS.
 - c. Monitor and report State Medicaid spending for HCBS.
 - d. Monitor and report wages, benefits, vacancies, and turnover rates for direct care workers.
 - e. Assess and monitor the sufficiency of payment rates under the State Medicaid program.
 - f. Coordinate inter-/intra-agency collaboration and implementation of the HCBS Improvement Plan.

States must develop an HCBS Improvement Plan through a public notice and comment process that includes consultation with Medicaid eligible individuals receiving HCBS. The HHS Secretary may modify the requirements to the HCBS Improvement Plan if the state requests that it is impractical for the state to collect and submit the information.

Funding Amount

- \$130 million available until expended
- \$5 million available for providing guidance and technical assistance to states interested in applying for or awarded the grants

Effective Dates

The HHS Secretary shall solicit requests for HCBS Improvement Planning Grants no later than 12 months after the date of enactment of the BBBA. States shall submit an HCBS Improvement Plan no later than 24 months after the state has been awarded the planning grant.

Section 30712. HCBS Improvement Program

Summary

A state that is awarded a planning grant and has an HCBS Improvement Plan approved by the HHS Secretary is called “HCBS Program Improvement State” under section 30716 above. HCBS Program Improvement States will receive a permanent six percentage point increase to FMAP for HCBS expenditures, as well as enhanced FMAP increased to 80% for administrative costs associated with the HCBS Improvement Program. HCBS Program Improvement States will receive an additional two percentage point increase to FMAP for the first six fiscal quarters of the state’s HCBS Improvement Program if the state promotes a self-directed model of care. A state’s FMAP, after applicable enhancements, may not exceed 95%.

The additional federal funds can only be used to supplement and not supplant a state’s spending on HCBS. The state must also uphold maintenance of effort (MOE) requirements to the date on which the state was granted the HCBS Improvement Planning Grant. Under the MOE, the state cannot: (1) reduce the amount, duration, or scope of HCBS available under the State plan or waiver; (2) reduce payment rates for HCBS; or (3) adopt restrictive methodologies, standards, or procedures.

As a condition of receiving increased FMAP, states must undertake efforts to provide or enhance existing self-directed models of care.

To ensure receipt of the increased FMAP rates noted above, the state must designate an HCBS ombudsman (or a long-term care ombudsman program office) that is independent of the State Medicaid agency and managed care entities. The state must also provide annual reports to HHS on the progress of the implementation of HCBS Improvement Plan, use of enhanced federal funds on HCBS, and the status of the direct care workforce showing compliance with all the demonstration benchmarks.

Funding Amount

None

Effective Dates

HCBS Improvement Program implementation date for each state is set by the HHS Secretary

Section 30713. Funding for Federal Activities Related to Medicaid HCBS

Summary

Mandates the HHS Secretary to provide technical assistance and guidance to implement Section 30712 as well as report on the implementation and outcomes of states' HCBS Improvement Programs.

Funding Amount

\$40 million available until expended

Effective Dates

Five years after enactment of the BBBA and every three years afterwards

Section 30714. Funding for HCBS Quality Measurement and Improvement

Summary

Mandates the HHS Secretary to develop and publish HCBS quality measures for state Medicaid programs. States will be required to report the quality measures two years after HHS publishes the HCBS quality measures. Establishes 80% FMAP for administrative activities related to HCBS quality measure reporting pursuant to these new measures.

Funding Amount

\$22 million available until expended

Effective Dates

HCBS quality measures must be published two years after the enactment of the BBBA

Section 30715. Permanent Extension of Medicaid Protections against Spousal Impoverishment for Recipients of Home and Community-based Services

Summary

Provides permanent extension of Medicaid benefits to individuals whose partners are Medicaid HCBS beneficiaries to prevent spousal impoverishment.

Funding Amount

N/A

Effective Dates

Date of enactment of the BBBA

Section 30716. Permanent Extension of Money Follows the Person Rebalancing Demonstration

Summary

Provides permanent funding for the Money Follows the Person Rebalancing Demonstration to help states transition beneficiaries out of institutions and into HCBS. Also provides funding for technical assistance to support adoptions of Money Follows the Person initiatives.

Funding Amount

- \$450 million per fiscal year for Money Follows the Person
- \$5 million for each three-year period beginning in FY 2022 for technical assistance, available until expended

Effective Dates

FY 2022

Section 30717. Funding to Improve the Accuracy and Reliability of Certain Skilled Nursing Facility Data

Summary

Provides funding to HHS to validate resident assessment and direct care staffing data submitted by skilled nursing facilities (SNF). Authorizes the HHS Secretary to reduce SNF payment rates by two percentage points for fiscal years where the data is found to be inaccurate.

Funding Amount

\$50 million available for FY 2022 through FY 2031

Effective Dates

FY 2022

Section 30718. Ensuring Accurate Information on Cost Reports

Summary

Provides funding to HHS to conduct an annual audit of Medicare cost reports for a representative sample of SNFs commencing in FY 2023.

Funding Amount

\$250 million available for FY 2022 through FY 2031

Effective Dates

FY 2023

Section 30719. Survey Improvements

Summary

Provides funding to HHS to improve surveys and reviews of SNFs as well as provide technical assistance and financial support to strengthen enforcement processes to increase compliance with SNFs conditions of participation.

Funding Amount

\$325 million available for FY 2022 through FY 2031

Effective Dates

Date of enactment of the BBBA

Section 30720. Nurse Staffing Requirements

Summary

Provides funding to HHS to conduct studies and create reports for Congress on the appropriateness of establishing minimum staff to resident ratios for nursing staff (registered nurses, licensed practical nurses, and certified nursing assistants) at SNFs. Authorizes the HHS Secretary to promulgate regulations adopting staffing ratios, and the authority to waive the application of staffing ratios in certain rural areas, as appropriate.

Funding Amount

\$50 million available for FY 2022 through FY 2031

Effective Dates

No later than three years after the date of enactment of the BBBA and not less than every five years thereafter

Subtitle F – Medicaid: Part 2 – Expanding Access to Maternal Health

Section 30721. Extending Continuous Coverage for Pregnant and Postpartum Individuals

Summary

Extends continuous coverage for pregnant and postpartum individuals by requiring full Medicaid and CHIP benefits for pregnant and postpartum individuals for a 12-month period post pregnancy. Any pregnant individual who is eligible for and received medical assistance (or CHIP) under the State plan or waiver remains eligible for such benefits through the end of the 12-month period.

Funding Amount

N/A

Effective Dates

Date of enactment of the BBBA

Section 30722. State Option to Provide Coordinated Care through a Maternal Health Home for Pregnant and Postpartum Individuals

Summary

Creates a state option to provide coordinated care through a maternal health home for pregnant and postpartum individuals. Eligible individuals enrolled in a maternal health home will receive maternal health home services from a designated provider, a team of health professionals operating with a provider, or a health team. Maternal health home qualifications include:

- Individualized comprehensive care plan for including primary care, inpatient care, social support services, local hospital emergency care, care management and planning, and behavioral health services.
- Coordinated services to support prenatal, labor and delivery, and postpartum care.
- Coordinated access to specialists, behavioral health providers, early intervention services, and pediatricians.
- Data collection and reporting to the state.

Payments for maternal health home services are to be made to the provider, team of health professionals operating with the provider, or team of health professionals. During the first eight fiscal quarters in effect, the states will receive a 15-percentage point FMAP increase but cannot receive FMAP above 90%. Alternate models of payment outside of fee-for-service or per-member per-month will be allowed. Planning grants may be awarded to states for the development of maternal health homes. Establishes additional state plan amendment requirements for states implementing this option.

Funding Amount

\$5 million in planning grants for maternal health home services

Effective Dates

Date of enactment of the BBBA

Subtitle F – Medicaid: Part 3 – Territories

Section 30731. Increasing Medicaid Cap Amounts and Federal Medical Assistance Percentage for the Territories

Summary

Permanently increases federal Medicaid funding for the territories and increases the capped amounts for each territory. Increases the FMAP for the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa to 83% for FY 2022 and each subsequent fiscal year thereafter. For Puerto Rico, the FMAP will be 76% for FY 2022 and then raised to 83% for FY 2023 and each subsequent fiscal year thereafter.

Additionally, for each fiscal quarter, Puerto Rico’s State plan will establish a reimbursement floor implemented through a directed payment arrangement plan for physicians’ services covered under the Medicare Part B fee schedule. If Puerto Rico fails to meet the reimbursement floor requirements, the FMAP will be reduced for the quarter first by 0.5 percentage points, then by an additional 0.25 percentage points for each preceding quarter. In no case may the FMAP be reduced by more than 5 percentage points.

Funding Amount

N/A

Effective Dates

FY 2022

Subtitle F – Medicaid: Part 4 – Other Medicaid

Section 30741. Investments to Ensure Continued Access to Health Care for Children and Other Individuals

Summary

- a. Provides 12 months of continuous eligibility to children under the age of 19 enrolled in Medicaid and CHIP.
- b. Revises the temporary increase of Medicaid FMAP under the Families First Coronavirus Response Act as follows:

- 6.2 percentage points through March 31, 2022
- 3.0 percentage points from April 1, 2022, through June 30, 2022
- 1.5 percentage points from July 1, 2022, through September 30, 2022

After April 1, 2022, states may terminate Medicaid coverage for individuals who are determined no longer eligible and have been enrolled for at least 12 consecutive months. Prior to terminating coverage, states must ensure that they have up-to-date contact information for the individual and must make at least two attempts to contact the beneficiary through at least two modalities and must give at least 30 days' notice following the final outreach attempt. This section prohibits states from initiating redeterminations on more than 1/12 of enrolled individuals each month from April 1, 2022, through September 30, 2022, and requires states to report to CMS data related to eligibility redeterminations.

- Allows for medical assistance under Medicaid for inmates 30 days preceding release.
- Permanent extension of the express lane eligibility option and conforming amendments for assurance of affordability standard for children and families' provisions.
- Expands the community mental health services demonstration program through additional planning grants. Additional grant funding will be awarded to states that cover certified community behavioral health care clinics.
- Permanently extends the option for states to provide qualifying community-based mobile crisis intervention services.
- Extends the 100% FMAP for urban Indian organizations and Native Hawaiian Health Centers first authorized in ARPA for an additional two years.
- Amends Section 1927 (f) of the Social Security Act to update the requirements for the HHS Secretary to conduct a survey of community pharmacy drug prices, state payments, utilizations rates, and performance rankings in all 50 states to establish the national average drug acquisition cost. Establishes the following penalties for retail pharmacies non-compliance:
 - Failure to provide timely information (\$10,000/day for each day information is not reported)
 - False Information (\$100,000 per each piece of false information)
 - Other penalties required by law

Federal financial participation will not be available for states that reimburse a retail pharmacy that fails to respond to surveys of retail prices.

- Provides additional funding to HHS for administrative costs associated with implementation.

Funding Amount

- In general: \$20 million to support technical assistance and administrative costs associated with the provisions in this section, as well as the maternal health sections in Part 2
- Community mental health services: \$40 million in grant funding for purposes of updating the criteria as needed for certified community behavioral health clinics; \$5 million for administration and technical assistance
- Pharmacy: \$7 million per fiscal year starting in FY 2023

Effective Dates

- Varying effective dates: most provisions are effective upon enactment of the BBBA
- Pharmacy: first day of first quarter that is 18 months after enactment of the BBBA

Subtitle F – Medicaid: Part 5 – Maintenance of Effort

Section 30751. Encouraging Continued Access After the End of the Public Health Emergency

Summary

Provides that if, between September 1, 2022, and December 31, 2025, a state puts into effect eligibility standards for individuals that are more restrictive than the eligibility standards, methodologies, or procedures under the state plan or waiver that are in effect on October 1, 2021, the FMAP for that state will be reduced by 3.1 percentage points for the calendar quarter.

During this period, states may request this reduction to not apply with respect to nonpregnant and nondisabled adults whose income exceeds 133% FPL if the state certifies that it is projected to have a budget deficit in the fiscal year during which the certification is made. Once submitted, the condition described above will not apply to the state for the remaining portion of the period.

Funding Amount

N/A

Effective Dates

Date of enactment of the BBBA

Subtitle G – Children’s Health Insurance Program

Section 30801. Investments to Strengthen CHIP

Summary

Permanently extends and invests in the Children’s Health Insurance Program for low-income children. Provides permanent funding for CHIP including the pediatric quality measures program and the child enrollment contingency fund.

Starting January 1, 2024, HHS will collect data, provide coverage, and bill and track rebates for all outpatient drugs (as defined in section 1927 of the Social Security Act) under a state’s CHIP provided the manufacturer has a single rebate agreement with the state CHIP.

Provides states the option to expand children’s eligibility for Medicaid and CHIP beyond the maximum income level otherwise established for children under state child health plans.

Funding Amount

- \$15 million for pediatric quality measures program
- \$60 million for outreach and enrollment program

Effective Dates

Date of enactment of the BBBA

Subtitle H – Medicare Coverage for Hearing Services

Section 30901. Providing Coverage for Hearing Care under the Medicare Program

Summary

Allows qualified audiologists to deliver aural rehabilitation and treatment services and qualified hearing aid professionals to deliver hearing assessment services. Defines ‘qualified hearing aid professional’ as a state licensed hearing aid dispenser, hearing aid specialist, hearing instrument dispenser, or related professional who meets other requirements, determined by the HHS Secretary.

Provides coverage of hearing aids under Medicare Part B to individuals diagnosed with profound or severe hearing loss. Coverage is limited to once per ear during a five-year period and is only for hearing aids that are not sold over the counter and that are determined appropriate by the HHS Secretary. Coverage can only be provided via a written order from a physician, qualified audiologist, qualified hearing aid professional, physician assistant, nurse practitioner, or clinical nurse specialist.

Adds audiology services as part of the services covered by Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs). Includes qualified audiologists and qualified hearing aid professionals as RHC and FQHC practitioners.

Funding Amount

\$370 million available during January 1, 2022, and September 30, 2031

Effective Dates

January 1, 2023

Subtitle I – Public Health: Part 1 – Health Care Infrastructure and Workforce

Section 31001. Funding to Support Core Public Health Infrastructure for State, Territorial, Local, and Tribal Health Departments at the Centers for Disease Control and Prevention

Summary

Provides additional grant funding, including some competitive grants, to HHS to support state, local, and tribal public core health infrastructure. Also provides additional funding to support the core public health infrastructure of the Centers for Disease Control and Prevention. Allowable core public health infrastructure activities include health equity activities, health IT, workforce development, community partnership development, and epidemiology and disease surveillance.

Funding Amount

- \$3.5 billion for grants to health departments serving counties with more than two million residents, or cities with more than 400,000 residents
- \$1.75 billion for competitive grants to states, territories, localities, and tribal entities
- \$1.75 billion for core public health infrastructure at the CDC

Effective Dates

Funds are available in FY 2022 through FY 2026

Section 31002. Funding for Health Center Capital Grants

Summary

Provides funds to HHS for capital grants to and cooperative agreements with health centers and federally qualified health centers for facility renovation, expansion, construction, and other capital improvement costs.

Funding Amount

\$2 billion

Effective Dates

Funds are available beginning FY 2022 until expended

Section 31003. Funding for Teaching Health Center Graduate Medical Education

Summary

Provides additional funds to HHS for new graduate medical education (GME) residency training programs; payments to existing teaching health centers to maintain existing GME programs; payments to teaching health centers to expand existing GME programs; and for establishment of new or expanded primary care residency programs. The section stipulates that, in awarding funds, the Secretary should prioritize states and territories with no existing teaching health center.

Funding Amount

\$3.37 billion

Effective Dates

Funds are available beginning FY 2022 until expended

Section 31004. Funding for Children’s Hospitals that Operate Graduate Medical Education Programs

Summary

Provides additional funds to HHS to support the Children’s Hospital GME program.

Funding Amount

\$200 million

Effective Dates

Funds are available beginning FY 2022 until expended

Section 31005. Funding for National Health Service Corps

Summary

Provides additional funding to HHS to support the National Health Service Corps, which provides scholarships and loan repayment to health professionals in exchange for a commitment to practice in underserved areas.

Funding Amount

\$2 billion

Effective Dates

Funds are available beginning FY 2022 until expended

Section 31006. Funding for the Nurse Corps**Summary**

Provides additional funding to HHS to support the Nurse Corps, which provides scholarships and loan repayment for registered nursing in exchange for a commitment to work for at least a two-year period in a health care facility with a critical shortage of nurses or as faculty in an accredited nursing school.

Funding Amount

\$500 million

Effective Dates

Funds are available beginning FY 2022 until expended

Section 31007. Funding for Schools of Medicine in Underserved Areas**Summary**

Provides funding for the purpose of providing awards to eligible entities for the establishment, improvement, expansion, or creation of a branch campus of allopathic (traditional) or osteopathic (holistic) schools of medicine. The funding will be allocated with priority given to minority-serving entities defined in section 371(a) of the Higher Education Act of 1965. Grants will be awarded for entities to:

- Recruit, enroll, and retain students from disadvantaged backgrounds, rural and underserved areas, low-income individuals, and first-generation college students
- Develop, implement, and expand curricula to include culturally and linguistically appropriate care for rural and underserved populations
- Plan and build a school of allopathic or osteopathic medicine in an area where no such school exists
- Plan, develop, and meet criteria for accreditation
- Hire faculty, particularly from racial and ethnic groups that are underrepresented in medical and other health professions
- Support educational programming
- Modernize infrastructure
- Support all other activities that will positively impact the establishment, improvement, or expansion of a school of allopathic or osteopathic medicine

Funding Amount

\$500 million

Effective Dates

Funds available in FY 2022 until expended

Section 31008. Funding for Schools of Nursing in Underserved Areas**Summary**

Provides funding for the purpose of providing awards to schools of nursing to improve and modernize

nursing education programs and increase the number of faculty and students at these schools. The funding will be allocated to the schools of nursing to:

- Recruit, enroll, and retain students from disadvantaged backgrounds, rural and underserved areas, low-income individuals, and first-generation college students
- Create, support, and modernize curricula and educational programs
- Retain and hire faculty, with emphasis on faculty from underrepresented racial or ethnic groups
- Modernize infrastructure, including technological equipment, personal protective equipment (PPE), simulation or augmented reality resources, telehealth resources, and laboratories
- Partner with health care facilities, nurse-managed health clinics, or community health centers to provide educational opportunities to establish, enhance, or expand clinical education
- Improve and expanding nursing programs to prepare students to become researchers and scientists
- Establish nurse-led intradisciplinary and interprofessional partnerships
- Support all other activities that will positively impact the establishment, improvement, or expansion of a school of nursing

Funding Amount

\$500 million

Effective Dates

Funds available in FY 2022 until expended

Section 31009. Funding for Palliative Care and Hospice Education and Training

Summary

Provides funding to HHS for grants or contract for the establishment and operation of programs to train health professionals in palliative and hospice care, foster patient engagement, integrate palliative and hospice care with primary care and appropriate specialties, and collaborate with community partners to address gaps in care. In awarding funds, the Secretary must prioritize applicants in rural and underserved communities, as well as tribal organizations.

Funding Amount

\$25 million

Effective Dates

Funds available in FY 2022

Section 31010. Funding for Palliative Medicine Physician Training

Summary

Provides funds to HHS for grants or contracts to medical schools, teaching hospitals, and GME programs to provide training to physicians or specialist who plan to teach or practice palliative medicine in interprofessional or interdisciplinary, team-based palliative medicine.

Funding Amount

\$20 million

Effective Dates

Funds available in FY 2022

Section 31011. Funding for Palliative Care and Hospice Academic Career Awards**Summary**

Provides funding to HHS to make awards to accredited schools of medicine, nursing, social work, psychology, allied health, dentistry, and chaplaincy to support non-tenured faculty who are board-certified for board eligible in hospice or palliative care.

Funding Amount

\$20 million

Effective Dates

Funds available in FY 2022

Section 31012. Funding for Hospice and Palliative Nursing**Summary**

Provides funds to HHS for grant awards to accredited schools of nursing, health care facilities, certified nurse assistant programs, and partnerships between such schools and facilities to develop and implement programs to educate and train individuals in providing interprofessional, interdisciplinary, team-based palliative care.

Funding Amount

\$20 million

Effective Dates

Funds available in FY 2022

Section 31013. Funding for Dissemination of Palliative Care Information**Summary**

Provides funds to HHS to award grants and grants to public and private entities to disseminate information and perform other awareness activities to inform the public about resources for palliative and hospice care.

Funding Amount

\$5 million

Effective Dates

Funds available in FY 2022 until expended

Subtitle I – Public Health: Part 2 – Pandemic Preparedness**Section 31021. Funding for Laboratory Activities at The Centers for Disease Control and Prevention****Summary**

Provides funds to the CDC to renovate, improve, expand, and modernize State and local public health

laboratory infrastructure including:

- Improving testing and response
- Improving and expanding the Laboratory Response Network for rapid outbreak detection
- Improving and expanding genomic sequencing capabilities to detect emerging diseases and variant strains
- Improving biosafety and biosecurity
- Enhances the ability of the CDC to monitor and exercise oversight over the biosafety and biosecurity of State and local public health laboratories

Funding Amount

\$1.4 billion

Effective Dates

FY 2022, to remain available until expended

Section 31022. Funding for Public Health and Preparedness Research, Development, and Countermeasure Capacity

Summary

Provides funds to prepare for and respond to public health emergencies. This includes funds and support for surge capacity, including construction, expansion, or modernization of facilities to respond to a public health emergency and the development, procurement, and manufacture of drugs, pharmaceutical ingredients, vaccines, other biological products, diagnostic technology, medical devices, and other supplies deemed necessary for the Strategic National Stockpile under section 319F–2 of the Public Health Service Act (42 U.S.C. 247d–6b).

Provides funds to support global and domestic vaccine production capacity and capabilities, including the development and acquisition of new technology and expanding manufacturing. Provides funds to support activities to mitigate supply chain risks and enhance supply chain elasticity for critical drugs, pharmaceutical ingredients, drug and vaccine raw materials, and other supplies to support domestic manufacturing. Provides funds to support activities of the Biomedical Advanced Research and Development Authority (BARDA) for research, development, and domestic manufacturing for drugs, essential medicines, diagnostics, vaccines, therapeutics, and PPE, and to support increased biosafety and biosecurity for research on infectious disease.

Funding Amount

\$1.3 billion

Effective Dates

FY 2022 to remain available until expended

Section 31023. Funding for Infrastructure Modernization and Innovation at The Food and Drug Administration

Summary

Provides funds to the FDA to improve technological infrastructure by developing integrated systems and improving the interoperability of the information technology systems and to modernize laboratory infrastructure.

Funding Amount

\$300 million (\$150 million each for technological infrastructure and laboratory infrastructure)

Effective Dates

FY 2022 to remain available until expended

Subtitle I – Public Health: Part 3 – Maternal Mortality**Section 31031. Funding for Local Entities Addressing Social Determinants of Health****Summary**

Provides funding for grants and contracts to community-based, tribal, and other nonprofit organizations operating in areas with high rates of adverse maternal health outcomes or significant racial or ethnic disparities in maternal health outcomes to address social determinants of health including social determinates of maternal health for pregnant and post-partum individuals in.

Funding Amount

\$100 million

Effective Dates

FY 2022 until expended

Section 31032. Funding for the Office of Minority Health**Summary**

Provides funding for the Office of Minority Health to award grants and contracts to community-based organizations to address adverse maternal outcomes that disproportionately impact racial and ethnic minorities.

Funding Amount

\$75 million

Effective Dates

FY 2022 until expended

Section 31033. Funding to Grow and Diversity the Nursing Workforce in Maternal and Perinatal Health**Summary**

Provides funding for grants and scholarships to accredited nursing schools to grow and diversify the perinatal nursing workforce through targeted scholarships, recruitment, and the development of perinatal-health focused curriculum with anti-bias training.

Funding Amount

\$170 million

Effective Dates

FY 2022 until expended

Section 31034. Funding for Perinatal Quality Collaborations

Summary

Provides funding to establish a perinatal quality collaborative program to improve perinatal health outcomes for mothers and infants.

Funding Amount

\$50 million

Effective Dates

FY 2022 until expended

Section 31035. Funding to Grow and Diversify the Doula Workforce

Summary

Provides funding to award grants or contracts to health professional schools, academic health centers, government agencies, tribal organizations, and other entities to grow and diversify the doula workforce through education and training, targeted scholarships, and student recruitment and retention strategies for students from demographic groups experiencing high rates of maternal morbidity and mortality.

Funding Amount

\$50 million

Effective Dates

FY 2022 until expended

Section 31036. Funding to Grow and Diversify the Maternal Mental Health and Substance Use Disorder Treatment Workforce

Summary

Provides funding award grants or contracts to health professional schools, academic health centers, government agencies, tribal organizations, and other entities to grow and diversify the maternal mental health and substance use disorder workforce through education and training, targeted scholarships, and student recruitment and retention strategies for students from underserved communities.

Funding Amount

\$75 million

Effective Dates

FY 2022 until expended

Section 31037. Funding for Maternal Mental Health Equity Grant Programs

Summary

Provides funding to award grants or contracts to community-based organizations, tribal organizations, providers, medical schools, medical education programs, and other nonprofit organizations and schools to establish or expand programs to address substance use disorders or mental health conditions with respect to pregnant, lactating, and postpartum individuals in racial or ethnic groups with high rates of maternal morbidity and mortality.

Funding Amount

\$100 million

Effective Dates

FY 2022 until expended

Section 31038. Funding for Education and Training at Health Professions Schools to Identify and Address Health Risks Associated with Climate Change**Summary**

Provides funding to award grants or contracts to medical schools and teaching programs for the development and implementation of curriculum addressing the health risks associated with climate change for pregnant, lactating, and postpartum individuals.

Funding Amount

\$85 million

Effective Dates

FY 2022 until expended

Section 31039. Funding for Minority-Serving Institutions to Study Maternal Mortality, Severe Maternal Morbidity, and Adverse Maternal Health Outcomes**Summary**

Provides funding to award grants or contracts to minority-serving institutions to research severe maternal morbidity and mortality and maternal health outcomes in racial and ethnic minority groups.

Funding Amount

\$50 million

Effective Dates

FY 2022 until expended

Section 31040. Funding for Identification of Maternity Care Health Professional Target Areas**Summary**

Funds activities under section 332(k) of the Public Health Service Act ([42 U.S.C. 254e\(k\)](#)), which identifies perinatal health professional shortage areas for the purpose of recruiting and retaining medical professionals in these areas.

Funding Amount

\$25 million

Effective Dates

FY 2022 until expended

Section 31041. Funding for Maternal Mortality Review Committees to Promote Representative Community Engagement

Summary

Funds section 317K(d) of the Public Health Service Act ([42 U.S.C. 247-12\(d\)](#)) to promote community engagement and diversity in maternal mortality review committees.

Funding Amount

\$50 million

Effective Dates

FY 2022 until expended

Section 31042. Funding for the Surveillance for Emerging Threats to Mothers and Babies

Summary

Funds activities under section 317KC of the Public Health Service Act ([42 U.S.C. 247b-4](#)) to expand CDC surveillance for emerging threats to mothers and babies and strengthen ties and resources allocated to regional partners.

Funding Amount

\$100 million

Effective Dates

FY 2022 until expended

Section 31043. Funding for Enhancing Reviews and Surveillance to Eliminate Maternal Mortality Program.

Summary

Provides funding to expand and strengthen partnerships within the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program.

Funding Amount

\$30 million

Effective Dates

FY 2022 until expended

Section 31044. Funding for the Pregnancy Risk Assessment Monitoring System

Summary

Funds section 317K of the Public Health Service Act ([42 U.S.C. 247b-12](#)) with respect to the Pregnancy Risk Assessment Monitoring System, supporting COVID-19 awareness among pregnant, birthing, and postpartum individuals with special focus on underserved populations.

Funding Amount

\$15 million

Effective Dates

FY 2022 until expended

Section 31045. Funding for the National Institute of Child Health and Human Development**Summary**

Funds child health and human development activities of the Eunice Kennedy Shriver National Institute of Child Health and Human Development described in section 448 of the Public Health Service 19 Act ([42 U.S.C. 285g](#)), including to conduct or support research for COVID-19 interventions among pregnant, birthing, and postpartum individuals with special focus on underserved populations.

Funding Amount

\$15 million

Effective Dates

FY 2022 until expended

Section 31046. Funding for Expanding the Use of Technology-Enabled Collaborative Learning and Capacity Building Models for Pregnant and Postpartum Individuals**Summary**

Provides funding for grants and contracts awarded to community-based organizations, tribal organizations, providers, medical schools, and education programs operating in underserved areas with high rates of adverse maternal health outcomes or maternal health disparities for provider training and technology adoption.

Funding Amount

\$30 million

Effective Dates

FY 2022 until expended

Section 31047. Funding for Promoting Equity in Maternal Health Outcomes through Digital Tools**Summary**

Provides funding for grants and contracts awarded to community-based organizations, tribal organizations, providers, medical schools, and education programs operating in underserved areas with high rates of adverse maternal health outcomes or maternal health disparities for digital tools related to maternal health outcomes.

Funding Amount

\$30 million

Effective Dates

FY 2022 until expended

Section 31048. Funding for Antidiscrimination and Bias Training

Summary

Provides funding to award competitive grants or contracts to national equity-focused nonprofit organizations, schools of medicine or nursing, and other health professional training programs to implement and evaluate antidiscrimination and bias training for all staff who interact with patients, with a focus on maternal health care.

Funding Amount

\$50 million

Effective Dates

FY 2022 until expended

Subtitle I – Public Health: Part 4 – Other Public Health Investments

Section 31051. Funding for Mental Health and Substance Use Disorder Professionals

Summary

Appropriates dollars for carrying out section 597 of the Public Health Service Act, which authorizes the Minority Fellowship Program at the Substance Abuse and Mental Health Services Administration (SAMHSA).

Funding Amount

\$50 million

Effective Dates

FY 2022 until expended

Section 35102. Funding to Support Peer Recovery Specialists

Summary

Appropriates dollars for carrying out section 509 of the Public Health Service Act with respect to strengthening recovery community organizations and their statewide network of recovery stakeholders.

Funding Amount

\$25 million

Effective Dates

FY 2022 until expended

Section 31053. Funding for Project AWARE

Summary

Appropriates dollars for Project AWARE, which helps build or expand state and local governments' coordination to increase awareness of mental health issues among school-aged youths.

Funding Amount

\$15 million

Effective Dates

FY 2022 until expended

Section 31054. Funding for the National Suicide Prevention Lifeline**Summary**

Appropriates dollars for the National Suicide Prevention Lifeline program under 520E-3 of the Public Health Service Act, specifically to expand existing response capabilities.

Funding Amount

\$75 million

Effective Dates

FY 2022 until expended

Section 31055. Funding for Community Violence and Trauma Interventions**Summary**

Appropriates dollars to support public health-based interventions to reduce community violence and trauma through competitive grants and research to inform strategic planning.

Funding Amount

\$2.5 billion

Effective Dates

FY 2022, with all funds expended by close of FY 2031

Section 31056. Funding for the National Child Traumatic Stress Network**Summary**

Appropriates dollars for the National Child Traumatic Stress Network at SAMHSA to support high-risk or medically underserved persons who experience violence-related stress.

Funding Amount

\$5 million

Effective Dates

FY 2022 until expended

Section 31057. Funding for HIV Health Care Services Programs**Summary**

Appropriates dollars to Ryan White HIV/AIDS programs for contracts, grants, and cooperative agreements under Title XXVI of the Public Health Service Act.

Funding Amount

\$75 million

Effective Dates

FY 2022 until expended.

Section 31058. Funding for Clinical Services Demonstration Project

Summary

Appropriates dollars for the Health Resources and Services Administration (HRSA) administrator to allocate through grants or contracts pursuant to a demonstration project under 318(b)(2) of the Public Health Service Act to prevent and control sexually transmitted diseases.

Funding Amount

\$60 million

Effective Date

FY 2022 until expended

Section 31059. Funding to Support the Lifespan Respite Care Program

Summary

Appropriates dollars for carrying out XXIX of the Public Health Services Act to provide accessible respite services to family caregivers.

Funding Amount

\$5 million

Effective Dates

FY 2022 until expended

Section 31060. Funding to Increase Research Capacity at Certain Institutions

Summary

Appropriates dollars for the Director of the National Institutes of Health to maintain or expand research programs at minority-serving institutions as designated in the Higher Services Act of 1965, support centers of excellence as defined in the Public Health Services Act, support diversification of the scientific workforce.

Funding Amount

\$75 million

Effective Dates

FY 2022 until expended

Section 31061. Funding for Research Related to Developmental Delays

Summary

Appropriates dollars for the Director of the National Institute of Health to conduct or support developmental delay research. This appropriation must supplement, not supplant other federal, state, and local public funds expended to conduct or support developmental delay research.

Funding Amount

\$10 million

Effective Dates

FY 2022 until expended

Section 31062. Supplemental Funding for the World Trade Center Health Program**Summary**

Establishes the World Trade Center Health Program Supplemental Fund for use by the World Trade Center Program Administrator. Any unused funds by the end of FY 2031 shall be deposited into the Treasury.

Funding Amount

\$2.86 billion

Effective Dates

FY 2022, with all funds expended by FY 2031

Subtitle I – Public Health: Part 5 – Native Hawaiian Provisions**Section 31071. Native Hawaiian Health Care Systems****Summary**

Provides funds to award grants to Papa Ola Lokahi to provide services in section 6(c) of the Native Hawaiian Health Care Improvement Act. These funds must be used for the purchase, construction, renovation, or equipping of health care facilities; maintenance and improvement projects; and information technology, telehealth, electronic health record systems, and medical equipment.

Funding Amount

\$50 million

Effective Dates

FY 2022 until September 30, 2031

Section 31072. Native Hawaiian Health Improvement Grants**Summary**

Provides funds to award grants to eligible Native Hawaiian entities to improve the health status of Native Hawaiians by providing health promotion services, disease prevention services, and primary health services. These entities are defined as:

- Papa Ola Lokahi
- Native Hawaiian health care system
- Native Hawaiian organization
- Consortiums of two or more entities described above or a consortium that contains at least one entity as described above

Funding Amount

\$224 million

Effective Dates

FY 2022 until September 30, 2031

Section 31073. Native Hawaiian Health Care Systems Liability Coverage

Summary

Applies section 102(d) of the Indian Self-Determination and Education Assistance Act to Native Hawaiian health care systems that receive a grant from or enter a contract with the Secretary under section 6 of the Native Hawaiian Health Care Improvement Act and the employees of Native Hawaiian health care systems that receive a grant from or enter a contract with the Secretary under section 6 of the Native Hawaiian Health Care Improvement Act.

Funding Amount

N/A

Effective Dates

Upon the effective date of BBBA, until September 30, 2031

Title XIII – Committee on Ways and Means

Subtitle F – Social Safety Net: Part 4 – Pathway to Practice Training Programs

Section 137401. Administrative Funding of the Rural and Undeserved Pathway to Practice Training Programs for Post-Baccalaureate Students, Medical Students, and Medical Residents

Summary

Transfers funds from the Hospital Insurance Trust Fund and Federal Supplementary Medical Insurance Trust Fund to support the administration of the Pathway to Practice training program.

Funding Amount

\$6 million (transferred, not new appropriation)

Effective Dates

FY 2022 until September 30, 2031

Section 137402. Establishing Rural and Underserved Pathway to Practice Training Programs for Post-Baccalaureate Students and Medical Students

Summary

Establishes the Rural and Underserved Pathway to Practice Training Programs for Post-Baccalaureate Students and Medical Students, a scholarship program awarding funds annually to 1,000 qualifying students who agree to practice in health shortage areas, medically underserved areas, rural areas, and public hospitals.

Funding Amount

Not specified

Effective Dates

Program to be established no later than October 1, 2023

Section 137403. Funding for the Rural and Underserved Pathway to Practice Training Programs for Post-Baccalaureate Students and Medical Students

Summary

Establishes a new refundable Rural and Underserved Pathway to Practice medical scholarship voucher credit program.

Funding Amount

Not specified

Effective Dates

Applies to taxable years ending after the effective date of BBBA

Section 137404. Establishing Rural and Underserved Pathway to Practice Training Programs for Medical Residents

Summary

Incentivizes participation in residency training by excluding individuals who participated in this program from the residency slot cap in certain hospitals.

Funding Amount

Not specified

Effective Dates

October 1, 2026

Section 137405. Distribution of Additional Residency Positions

Summary

Creates 4,000 additional Medicare-funding graduate medical education residency slots for two years, not to exceed 2,000 new slots per fiscal year starting in FY 2025. Specifies that no less than 25% of new slots must be allocated to primary care or obstetrics and gynecology residency and 15% of new slots allocated to psychiatry. Also specifies that for 20% of the new GME slots to be distributed to hospitals in rural areas or sole community hospitals, 30% to hospitals training above their Medicare caps, 20% to hospitals in states with new medical schools or campuses, 20% to hospitals serving health professional shortage areas, and 10% to hospitals in states with the lowest ratios of medical residents to population.

Funding Amount

Not specified

Effective Dates

Beginning FY 2025