



The Further Consolidated Appropriations Act, FY24

March 21, 2024

TO: Strategic Health Care Clients

RE: Executive Summary of Health Care Provisions

The Appropriations Committees released a negotiated second appropriations package early on March 21st (3:00 am) that contains HHS funding among others. HHS is set to receive less than a one-percent increase in funding of \$955 million above the current funding – for a total of \$116.8 billion. It is expected to be voted on during the next couple of days and then signed by the president.

Of significant note: hospital site neutral payment policy and new and punitive hospital price transparency policies were not included in the package. Neither were the pharmacy benefit manager reforms.

Click [here](#) for the full legislation that includes all six appropriations bills, it is over 1,000 pages. Click [here](#) for the Joint Explanatory Statement (JES) for the Labor-HHS Appropriations section. Click [here](#) for the House GOP summary, and [here](#) for the House Democrat summary. Click [here](#) for the Senate Appropriations Committee summary of the HHS section.

Below are highlights from the package (page numbers are from the Joint Explanatory Statement):

Page 11 - Area Health Education Centers (AHECs). Within the total, the agreement includes no less than \$3,000,000 to continue competitive grants for AHEC recipients to expand experiential learning opportunities through simulation labs designed to educate and train health care professionals serving rural, medically underserved communities. HRSA shall include as an allowable use the purchase of simulation training equipment.

Page 15 – An increase of \$23,000,000 to HRSA to implement the Organ Transplantation Modernization Initiative.

Page 16 – \$2,000,000 under HRSA for family medicine/obstetrics training programs in States with high infant morbidity and mortality rates.

Page 16 – \$145,000,000 under HRSA for Rural Communities Opioid Response Program.

Page 18 – \$8,500,000 under HRSA for Telehealth Centers of Excellence and \$4,000,000 for HRSA to integrate and implement a robust telementoring initiative at an academic medical center.

Page 22 - The agreement provides \$3,000,000 to integrate sepsis data from hospitals into the National Healthcare Safety Network as directed by Senate Report 118-84.

Page 49 – The agreement recognizes SAMHSA's efforts to address opioid use disorder relapse within Federal grant programs by emphasizing that opioid detoxification should be followed by medication to prevent relapse to opioid dependence. The agreement encourages SAMHSA to continue these efforts.

Page 49 – The agreement continues to include a five percent set-aside of the total for evidence-based crisis care programs under SAMHSA that address the needs of individuals with serious mental illnesses, children with serious emotional disturbances, or individuals experiencing a mental health crisis.

Page 53 – \$1,000,000 increase under SAMHSA for Primary and Behavioral Health Care Integration Technical Assistance.

Page 55 – \$11,500,000 under SAMHSA to make awards to rural public and nonprofit fire and EMS agencies as authorized in the Supporting and Improving Rural Emergency Medical Service's Needs (SIREN).

Page 59 – CMS is urged to extend the Low Wage Index Hospital Policy to allow hospitals and the agency more time to understand the impact of such a policy change.

Page 59 - Sole Community Hospitals. The agreement urges CMS to support hospitals that may have fallen out of compliance with Sole Community Hospital requirements for either distance or market share requirements during the public health emergency and to provide these hospitals a reasonable transition period.

Page 59 – CMS is required to continue to provide cost information for the health insurance exchange transparency.

Page 62 - The agreement also provides \$1,000,000 for a competitive grant program to improve access to adoption-sensitive care training for hospital staff. Eligible grantees should be health care-based, nonprofit education organizations focused on adoption that partner with healthcare professionals, hospitals, and community organizations.

The list of Congressionally Directed Spending (earmarks) begin on page 97 of the JES document.