Division F — Health

TITLE I—MEDICAID

Sec. 6101. Streamlined Enrollment Process for Eligible Out-Of-State Providers Under Medicaid and CHIP. For purposes of improving access to necessary out-of-state care for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP), this section requires States to establish a process through which qualifying pediatric out-of-state providers may enroll as participating providers without undergoing additional screening requirements.

Sec. 6102. Removing Certain Age Restrictions on Medicaid Eligibility for Working Adults with Disabilities. This section removes the current age limit of 65 from the Medicaid "Ticket to Work" eligibility groups, which allows States to cover working individuals with disabilities who, but for earned income, would be eligible for Medicaid.

Sec. 6103. Medicaid State Plan Requirement for Determining Residency and Coverage for Military Families. This section allows active duty military service members and their dependents to retain their coverage of Medicaid HCBS services if the service member or their dependent is relocated to another State for their military service. This section also applies to the individual or dependent's place on a State's waitlist for HCBS.

Sec. 6104. State Studies and HHS Report on Costs of Providing Maternity, Labor, and Delivery Services. This section requires State Medicaid programs to conduct studies on the costs of providing maternity, labor, and delivery services in rural hospitals and hospitals that serve a high proportion of Medicaid beneficiaries, and submit a report detailing the results of this study to the Department of Health and Human Services (HHS).

Sec. 6105. Modifying Certain Disproportionate Share Hospital Payment Allotments. This section eliminates the Medicaid Disproportionate Share Hospital (DSH) allotment reductions for fiscal years 2026 and 2027. This section also authorizes Tennessee to make Medicaid DSH payments through fiscal year 2027.

Sec. 6106. Modifying Certain Limitations on Disproportionate Share Hospital Payment Adjustments Under the Medicaid Program. For purposes of calculating the Medicaid hospital-specific DSH limit, this section alters the definition of Medicaid shortfall to include costs and payments for patients whose primary source of coverage is Medicaid and for patients who are dually eligible for Medicare and Medicaid.

TITLE II—MEDICARE

Sec. 6201. Extension of Increased Inpatient Hospital Payment Adjustment for Certain Low-Volume Hospitals. This section extends the Medicare low-volume hospital payment adjustment through December 31, 2026.

Sec. 6202. Extension of the Medicare-Dependent Hospital (MDH) Program. This section extends the Medicare-dependent Hospital (MDH) program through December 31, 2026.

Sec. 6203. Extension of Add-On Payments for Ambulance Services. This section extends Medicare ground ambulance add-on payments through December 31, 2027.

Sec. 6204. Extending Incentive Payments for Participation in Eligible Alternative Payment Models. This section extends incentive payments for qualifying participants (QPs) in advanced alternative payment models (APMs) for payment year 2028 based on performance year 2026, at an adjusted amount of 3.1 percent, and establishes QP eligibility thresholds in effect for performance year 2026 for payment year 2028.

Sec. 6205. Extension of Funding for Quality Measure Endorsement, Input, and Selection. This section provides $15.1 million in funding to the Centers for Medicare & Medicaid Services (CMS) for quality measure selection and to contract with a consensus-based entity to carry out duties related to quality measure endorsement, input, and selection activities through FY 2027.

Sec. 6206. Extension of Funding Outreach and Assistance for Low-Income Programs. This section provides $100 million for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and a contract with an entity to inform older Americans about benefits available under Federal and State programs through December 31, 2027.

Sec. 6207. Extension of funding for Medicare hospice surveys. This section extends funding first allocated in the IMPACT Act of 2014 for the survey and certification of hospice providers through December 31, 2026. These funds will remain available until expended.

Sec. 6208. Extension of the Work Geographic Index Floor. This section extends the 1.0 work geographic practice cost index (GPCI) floor used in the calculation of payments under the Medicare physician fee schedule through December 31, 2026.

Sec. 6209. Extension of Certain Telehealth Flexibilities. This section extends Medicare telehealth flexibilities that were extended in the Consolidated Appropriations Act, 2023, through December 31, 2027, and imposes certain modifiers on telehealth services furnished incident to other services and telehealth visits furnished via contracts with certain virtual platforms, and instances where telehealth is used to recertify hospice eligibility.

Sec. 6210. Extending Acute Hospital Care at Home Waiver Flexibilities. This section extends the Acute Hospital Care at Home (AHCAH) initiative, as currently authorized under CMS waivers and flexibilities, through September 30, 2030. This section also establishes the parameters for a new interim study and report on the ACHAH initiative.

Sec. 6211. In-Home Cardiopulmonary Rehabilitation Flexibilities. This section would allow cardiopulmonary rehabilitation services to be furnished via telehealth at a beneficiary's home under Medicare in 2026 and 2027.

Sec. 6212. Enhancing Certain Program Integrity Requirements for DME Under Medicare. This section enacts certain oversight measures to improve program integrity, such as with respect to aberrant billing practices and sources of waste, fraud, and abuse. This section also requires the HHS Office of the Inspector General (OIG) to conduct a study examining clinical lab tests at high risk of fraud.

Sec. 6213. Guidance on Furnishing Services via Telehealth to Individuals with Limited English Proficiency. This section requires HHS to issue guidance with best practices on providing telehealth services accessibly.

Sec. 6214. Inclusion of Virtual Diabetes Prevention Program Suppliers in MDPP Expanded Model. This section expands participation in the Medicare Diabetes Prevention Program (MDPP) Expanded Model to virtual until December 31, 2029, and allows beneficiaries to participate through online models or through distance learning.

Sec. 6215. Medication-Induced Movement Disorder Outreach and Education. This section directs HHS to conduct outreach and education to relevant providers on screening for medication-induced movement disorders among at-risk beneficiaries via telehealth.

Sec. 6216. Report on Wearable Medical Devices. This section directs GAO to conduct a technology assessment and issue a report on wearable medical devices.

Sec. 6217. Extension of Temporary Inclusion of Authorized Oral Antiviral Drugs as Covered Part D Drugs. This section extends Medicare Part D coverage of certain oral antiviral drugs through December 31, 2026.

Sec. 6218. Extension of Adjustment to Calculation of Hospice Cap Amount under Medicare. This section extends, for two additional years, the change to the annual updates to the hospice aggregate cap. Specifically, this section applies the hospice payment update percentage, rather than the medical expenditure component of the Consumer Price Index for Urban Consumers (CPI–U), to the hospice aggregate cap through FY 2035.

Sec. 6219. Adjustment to Medicare Part D Cost-Sharing Reductions for Low-Income Individuals. This section prohibits cost sharing for generic drugs for Part D beneficiaries who are eligible for the low-income subsidy.

Sec. 6220. Requiring Enhanced & Accurate Lists of (REAL) Health Providers Act. This section requires Medicare Advantage plans to maintain accurate provider directories on a public website beginning in plan year (PY) 2028. Additionally, this section requires plans to report on the accuracy of their directories and provide cost-sharing protections.

Sec. 6221. Medicare Coverage of Multi-Cancer Early Detection Screen Tests. This section adds multi-cancer early detection (MCED) screening tests as a covered benefit under the Medicare program, effective January 1, 2029, subject to certain parameters.

Sec. 6222. Medicare Coverage of External Infusion Pumps and Non-Self-Administrable Home Infusion Drugs. This section would codify the Joe Fiandra Access to Home Infusion Act, enabling beneficiaries to receive certain infusion treatments in the home under Medicare.

Sec. 6223. Assuring Pharmacy Access and Choice for Medicare Beneficiaries. This section codifies existing requirements that plan sponsors contract with any willing pharmacy that meets their standard contract terms and conditions, which must be reasonable and relevant.

Sec. 6224. Modernizing and Ensuring PBM Accountability. This section:

- Prohibits PBMs and their affiliates from deriving remuneration for covered Part D drugs based on the price of a drug;
- Requires PBMs to define and apply drug and drug pricing terms in contracts with Part D plan sponsors transparently and consistently;
- Sets out annual requirements for PBMs to report on drug price and other information to Part D plan sponsor clients; and
- Empowers Part D plan sponsors with new audit rights with respect to PBMs.

Sec. 6225. Requiring a Separate Identification Number and an Attestation for Each Off-Campus Outpatient Department of a Provider. This section requires each off-campus outpatient department of a hospital to obtain and bill for services under a unique national provider identifier, subject to HHS OIG compliance review.

Sec 6226. Revised Phase-In of Medicare Clinical Laboratory Test Payment Changes. This section delays scheduled payment reductions to the Clinical Laboratory Fee Schedule under the Protecting Access to Medicare Act through 2026, and updates the data collection period.

Sec. 6227. Medicare Sequestration. This section extends current law mandatory 2 percent Medicare payment reductions under sequestration through the first 5 months of FY 2033.

Sec. 6228. Medicare Improvement Fund. This section increases the amount of funding in the Medicare Improvement Fund from $1.403 billion to $2.062 billion.

Title III—HUMAN SERVICES

Sec. 6301. Sexual Risk Avoidance Education Extension. This section extends the Sexual Risk Avoidance Education (SRAE) program under Title V of the Social Security Act through December 31, 2026.

Sec. 6302. Personal Responsibility Education Program Extension. This section extends the Personal Responsibility Education Program (PREP) under Title V of the Social Security Act through December 31, 2026.

Sec. 6303. Extension of Funding for Family-to-Family Health Information Centers. This section extends the Family-to-Family Health Information Centers program under Title V of the Social Security Act through December 31, 2026.

Sec. 6304. Extension of the Temporary Assistance for Needy Families Program. This section extends the Temporary Assistance for Needy Families (TANF) program under Part A of Title IV of the Social Security Act through December 31, 2026.

TITLE IV—PUBLIC HEALTH AND OTHER EXTENDERS

Subtitle A—Extensions

Sec. 6401. Extension for Community Health Centers, National Health Service Corps, and Teaching Health Centers That Operate Graduate Medical Education Programs. This section reauthorizes the Community Health Center Fund and the National Health Service Corps through December 31, 2026, and reauthorizes the Teaching Health Center Graduate Medical Education program through fiscal year (FY) 2029.

Sec. 6402. Extension of Special Diabetes Programs. This section reauthorizes the Special Diabetes Program for Type I Diabetes and the Special Diabetes Program for Indians through December 31, 2026.

Sec. 6403. Extension of National Health Security Programs. This section reauthorizes certain existing authorities related to emergency preparedness and response activities and functions through December 31, 2026.

Sec. 6404. No Surprises Act Implementation. This section would extend implementation funding for the No Suprises Act and appropriate an additional $28.1 million to the Department of Health and Human Services (HHS) for such purposes through December 31, 2026.

Subtitle B—World Trade Center Health Program

Sec. 6411. 9/11 Responder and Survivor Health Funding Corrections. This section updates the funding formula for the World Trade Center Health Program for FY 2026 through 2040, and

requires a report to Congress from the Secretary of HHS that assesses the anticipated budgetary needs of the Program.

TITLE V—PUBLIC HEALTH PROGRAMS

Sec. 6501. Preventing Maternal Deaths. This section reauthorizes support for State-based maternal mortality review committees through FY 2030. Additionally, this section directs HHS to disseminate best practices on maternal mortality prevention to hospitals, professional societies, and perinatal quality collaboratives.

Sec. 6502. Organ Procurement and Transplantation Network. This section authorizes the Secretary of HHS to collect registration fees from any member of the Organ Procurement and Transplantation Network (OPTN) for each transplant candidate such member places on the list and to distribute these fees to support the operation of OPTN, for three years.

Sec. 6503. Honor Our Living Donors. This section amends current law to prohibit the consideration of the organ recipient's income when determining whether a living donor is eligible for qualified reimbursements for living organ donation. This section also removes language that indicates an organ recipient's ability to pay for a donor's expenses cannot be a factor in considering a donor's eligibility for reimbursement and requires an annual report to Congress to examine the sufficiency of funding of this program.

Sec. 6504. Program for Pediatric Studies of Drugs. This section makes a technical correction to and extends through FY 2028 the existing authorization of appropriations for the National Institutes of Health (NIH) to fund studies of drugs in children.

Sec. 6505. Sickle Cell Disease Prevention and Treatment. This section reauthorizes through FY 2030 and clarifies sickle cell disease prevention and treatment programs to improve prevention and treatment of complications from the disease in populations with a high proportion of individuals with sickle cell disease.

Sec. 6506. Lifespan Respite Care. This section reauthorizes the Lifespan Respite Care program through FY 2030 and clarifies the definition of "family caregiver" to include individuals under age 18.

Sec. 6507. Prematurity Research Expansion and Education for Mothers who Deliver Infants Early (PREEMIE). This section reauthorizes public health and prevention activities related to preterm birth through FY 2030. Additionally, this section directs the Secretary of HHS to establish a working group to coordinate federal activities related to preterm birth, infant mortality, and other adverse birth outcomes. Lastly, it directs the National Academies of Sciences, Engineering, and Medicine (NASEM) to conduct a study and issue a report on the costs of preterm birth and the factors and gaps in public health programs that contribute to preterm birth.

Sec. 6508. Dr. Lorna Breen Health Care Provider Protection. This section updates a requirement for the Secretary of HHS to release best practices for suicide prevention and

improving mental health and resiliency among health care professionals. This section also reauthorizes an education and awareness initiative to promote the use of mental health and substance use services by health care providers through FY 2030. This section also reauthorizes through FY 2030 grant programs to promote mental health within the health care workforce by improving awareness of and access to mental health services and training.

Title VI — FOOD AND DRUG ADMINISTRATION

Subtitle A—Mikaela Naylon Give Kids a Chance Act

Sec. 6601. Research into Pediatric Uses of Drugs; Additional Authorities of Food and Drug Administration Regarding Molecularly Targeted Cancer Drugs. This section provides the Food and Drug Administration (FDA) the authority to require pediatric cancer trials for new drugs that are used in combination with active ingredients that meet the standard of care for targeting pediatric cancer or have been approved to treat adult cancer and are directed at molecular targets for pediatric cancer.

Sec. 6602. Ensuring Completion of Pediatric Study Requirements. This section provides the FDA additional authority to enforce against companies that fail to meet pediatric study requirements. The Secretary of HHS shall perform due diligence before concluding failure to meet requirements.

Sec. 6603. FDA report on PREA enforcement. This section requires the FDA to report on enforcement of the Pediatric Research Equity Act (PREA).

Sec. 6604. Extension of Authority to Issue Priority Review Vouchers to Encourage Treatments for Rare Pediatric Diseases. This section extends the FDA priority review voucher (PRV) program through FY 2029, to incentivize the development of drugs for rare pediatric diseases. It also requires a study from the Government Accountability Office (GAO) on the effectiveness of the pediatric PRV program.

Sec. 6605. Limitations on Exclusive Approval or Licensure of Orphan Drugs. This section clarifies that orphan drug exclusivity applies to the approved indication, rather than the potentially broader designation.

Subtitle B—United States-Abraham Accords Cooperation and Security

Sec. 6611. Establishment of Abraham Accords Office within Food and Drug Administration. This section requires the FDA to establish an office in an Abraham Accords country to enhance facilitation with the agency and require the Secretary of HHS to submit a report to Congress three years after the date of enactment of this Act to evaluate the office's progress.

Title VII — LOWERING PRESCRIPTION DRUG COSTS

Sec. 6701. Oversight of Pharmacy Benefit Management Services. This section promotes price transparency for prescription drugs purchased by employer health plans by ensuring Pharmacy Benefit Managers (PBMs) provide group health plans and issuers with detailed data on prescription drug spending at least semi-annually. Such data includes gross and net drug spending, drug rebates, spread pricing arrangements, formulary placement rationale, and information about benefit designs that encourage the use of pharmacies affiliated with PBMs. The section also ensures that health plans and individuals can receive a summary document regarding information about the plan's prescription drug spending.

Sec. 6702. Full Rebate Pass-Through to Plan. This section requires that PBMs fully pass through 100 percent of drug rebates and discounts, excluding bona fide service fees, to the employer or health plan regulated under the Employee Retirement Income Security Act of 1974 (ERISA) for new contracts, extensions, or renewals entered into for plan years beginning 30 months after the date of enactment. This section also clarifies the meaning of "covered service provider" under ERISA.

Sec. 6703. Increasing Transparency in Generic Drug Applications. This section requires FDA to disclose to certain new generic drug applicants what ingredients, if any, cause a drug to be quantitatively or qualitatively different from the listed drug for purposes of establishing sameness in formulation, and the specific amount of the difference.