

PUBLICATION

Key Health Care Extenders Expiring During the 116th Congress

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As the House and Senate returned from August recess, the 116th Congress remained in a political impasse with respect to what they can accomplish before they adjourn in December. Included on their list of priorities is a "must-pass" package of health care provisions set to expire at the end of the calendar year, if not before. While Congress was expected to put forward an end-of-year health care package that would include these provisions, the current gridlock has resulted in these provisions being attached to the continuing resolution (CR) under consideration by the House, which provides a short-term extension for the duration of the CR (December 11). A few of these key health care provisions are summarized below.

Medicare

Quality Measure Selection: The Social Security Act (SSA) requires the Department of Health and Human Services (HHS) to establish a pre-rulemaking process to select quality measures for use in the Medicare program.

Funding authorized under the Coronavirus Aid, Relief, and Economic Security (CARES) Act to carry out this activity expires on November 30, 2020.

Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Technical Assistance to Small Practices and Practices in Health Professional Shortage Areas: MACRA required the HHS to enter into contracts or agreements with certain entities to offer guidance and assistance to merit-based incentive payment system (MIPS)-eligible professionals in practices with 15 or fewer professionals.

Funds have not been authorized to carry out the technical assistance program beyond September 30, 2020.

Floor on Work Geographic Practice Cost Indices (GPCIs): Physician payments under the Medicare Physician Fee Schedule (MPFS) are adjusted based on GPCIs. Many laws created a floor of 1.00 for GPCIs in areas where the work GPCI was less than 1.00.

The current law authorizing the GPCI floor expires on November 30, 2020.

Home Health Prospective Payment System Rural Add-On for High Utilization Counties: Home Health Agencies (HHAs) receive a rural payment add-on for a Medicare home health care episode under the home health prospective payment system (PPS). After calendar year 2018, the add-on payment varied based on whether the HHA was serving beneficiaries in a low population density county or a high utilization county.

The add-on payment for HHAs serving high utilization counties expires on December 31, 2020.

Medicaid/CHIP

Increase to Enhanced Federal Medical Assistance Percentage (E-FMAP): The federal government's share of the Children's Health Insurance Program (CHIP) expenditures is based on the E-FMAP, which is based on

the federal medical assistance percentage (FMAP) for Medicaid. The E-FMAP can range from 65 to 85 percent and is based on a 30 percent reduction of the state share under the FMAP.

The increase to the E-FMAP expires on September 30, 2020.

Delay of Disproportionate Share Hospital (DSH) Reductions: Under the Affordable Care Act (ACA), Medicaid DSH payments were reduced under the assumption that hospital costs related to uncompensated care would decline as states expanded their Medicaid programs.

The CARES Act eliminated the fiscal year 2020 reductions and delayed the fiscal year 2021 reductions (\$4 billion instead of \$8 million) until December 1, 2020.

Public Health

Community Health Center Fund (CHCF): The CHCF provides mandatory funding for federal community health centers authorized under the Public Health Service Act. Health centers are located in medically underserved areas and provide primary care, dental care, behavioral health and other services regardless of an individual's ability to pay.

Funding authorized for the CHCF under the CARES Act expires on November 30, 2020. Any unused funding is available until expended.

National Health Service Corps (NHSC) Appropriations: The NHSC provides scholarships and loan repayments to health professionals in exchange for providing care in a health professional shortage area, such as a community health center.

Funding authorized for the NHSC under the CARES Act expires on November 30, 2020. Any unused funding is available until expended.

Teaching Health Centers: The Teaching Health Center program provides direct and indirect graduate medical education (GME) payments to support medical and dental residents training at community health centers.

Funding authorized for the Teaching Health Center program under the CARES Act expires on November 30, 2020. Any unused funding is available until expended.

Special Diabetes Programs: The Special Diabetes Program for Type I Diabetes authorizes grant funding to the National Institutes of Health (NIH) for research tied to the prevention and cure of Type I Diabetes. The Special Diabetes Program for Indians provides funding for the Indian Health Service (IHS) to award grants for services related to the prevention and treatment of diabetes for American Indians and Alaska Natives whom are served by IHS.

Funding authorized for both programs under the CARES Act expires on November 30, 2020. Any unused funding is available until expended.