



117TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

To establish a State public option through Medicaid to provide Americans with the choice of a high-quality, low-cost health insurance plan.

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IN THE SENATE OF THE UNITED STATES

Mr. SCHATZ (for himself, Mr. LUJÁN, Mrs. SHAHEEN, Ms. WARREN, Ms. KLOBUCHAR, Mr. MERKLEY, Mr. HEINRICH, Mr. REED, Ms. SMITH, Ms. ROSEN, Ms. HIRONO, Mr. BLUMENTHAL, Mr. BOOKER, Mr. MARKEY, Mrs. GILLIBRAND, Mr. LEAHY, Mr. DURBIN, and Mr. MURPHY) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_ <sup>Mr. WHITEHOUSE</sup>

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**A BILL**

To establish a State public option through Medicaid to provide Americans with the choice of a high-quality, low-cost health insurance plan.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “State Public Option  
5 Act”.

6 **SEC. 2. MEDICAID BUY-IN OPTION.**

7 (a) IN GENERAL.—Section 1902 of the Social Secu-  
8 rity Act (42 U.S.C. 1396a) is amended—

1 (1) in subsection (a)(10)—

2 (A) in subparagraph (A)(ii)—

3 (i) in subclause (XXII), by striking “;  
4 or” and inserting a semicolon;

5 (ii) in subclause (XXIII), by adding  
6 “or” at the end; and

7 (iii) by adding at the end the fol-  
8 lowing new subclause:

9 “(XXIV) beginning January 1,  
10 2022, who are residents of the State  
11 and are not concurrently enrolled in  
12 another health insurance coverage  
13 plan, subject, in the case of individ-  
14 uals described in subsection (tt) and  
15 notwithstanding section 1916 (except  
16 for subsection (k) of such section), to  
17 payment of premiums or other cost-  
18 sharing charges;” and

19 (B) in the matter following subparagraph  
20 (G), by inserting “or subparagraph  
21 (A)(ii)(XXIV)” after “described in subpara-  
22 graph (A)(i)(VIII);” and

23 (2) by adding at the end the following new sub-  
24 section:

1       “(tt) PREVIOUSLY UNDESCRIBED INDIVIDUALS.—In-  
2       dividuals described in this subsection are individuals who  
3       are—

4               “(1) described in subclause (XXIV) of sub-  
5       section (a)(10)(A)(ii); and

6               “(2) are not described in any other subclause of  
7       such subsection or any other provision in this Act  
8       which provides for eligibility for medical assist-  
9       ance.”.

10       (b) PROVISION OF AT LEAST MINIMUM COVERAGE.—

11               (1) IN GENERAL.—Section 1902(k)(1) of the  
12       Social Security Act (42 U.S.C. 1396a(k)(1)) is  
13       amended by inserting “or an individual described in  
14       subclause (XXIV) of subsection (a)(10)(A)(ii)” after  
15       “an individual described in subclause (VIII) of sub-  
16       section (a)(10)(A)(i)” each place it appears.

17               (2) CONFORMING AMENDMENT.—Section  
18       1903(i)(26) of the Social Security Act (42 U.S.C.  
19       1396b(i)(26)) is amended by striking “individuals  
20       described in subclause (VIII) of subsection  
21       (a)(10)(A)(i)” and inserting “individuals described  
22       in subsections (a)(10)(A)(i)(VIII) or  
23       (a)(10)(A)(ii)(XXIV) of section 1902”.

24       (c) FEDERAL FINANCIAL PARTICIPATION IN BUY-IN  
25       PROGRAM.—

1           (1) ENHANCED MATCH FOR ADMINISTRATIVE  
2 EXPENSES.—Section 1903(a) of the Social Security  
3 Act (42 U.S.C. 1396b(a)) is amended—

4           (A) by redesignating paragraph (7) as  
5 paragraph (8); and

6           (B) by inserting after paragraph (6) the  
7 following new paragraph:

8           “(7) an amount equal to 90 percent of the  
9 sums expended during such quarter which are at-  
10 tributable to reasonable administrative expenses re-  
11 lated to the administration of a Medicaid buy-in pro-  
12 gram for individuals described in section  
13 1902(a)(10)(A)(ii)(XXIV); plus”.

14           (2) TREATMENT OF PREMIUM AND COST-SHAR-  
15 ING REVENUES FROM MEDICAID BUY-IN PROGRAM.—

16           (A) IN GENERAL.—For purposes of section  
17 1903(a)(1) of the Social Security Act (42  
18 U.S.C. 1396b(a)(1)), for any fiscal quarter dur-  
19 ing which a State collects premiums, cost-shar-  
20 ing, or similar charges under subsection (k) of  
21 section 1916 of such Act (42 U.S.C. 1396o) (as  
22 added by this Act), including any advance pay-  
23 ments of premium tax credits under section  
24 1412 of the Patient Protection and Affordable  
25 Care Act or payments for cost-sharing reduc-



1                   tion 1902(a)(10)(A)(ii) of such Act (as  
2                   added by this Act).

3           (d) COST-SHARING REQUIREMENT.—Section 1916 of  
4 the Social Security Act (42 U.S.C. 1396o) is amended by  
5 adding at the end the following new subsection:

6           “(k) PREMIUMS AND COST-SHARING FOR INDIVID-  
7 UALS PARTICIPATING IN MEDICAID BUY-IN PROGRAM.—

8           “(1) IN GENERAL.—Subject to paragraph (2),  
9           with respect to individuals who are eligible for med-  
10 ical assistance under subsection  
11 (a)(10)(A)(ii)(XXIV) of section 1902 and are de-  
12 scribed in subsection (tt) of such section, a State  
13 may—

14                   “(A) impose premiums, deductibles, cost-  
15 sharing, or other similar charges that are actu-  
16 arially fair; and

17                   “(B) vary the premium rate imposed on an  
18 individual based only on the factors described in  
19 section 2701(a)(1)(A) of the Public Health  
20 Service Act and subject to the same limitations  
21 on the weight which may be given to such fac-  
22 tors under such section.

23           “(2) LIMITATIONS.—

24                   “(A) PREMIUMS.—The total amount of  
25 premiums imposed for a year under this sub-

1 section with respect to all individuals described  
2 in paragraph (1) in a family shall not exceed an  
3 amount equal to 8.5 percent of the family's  
4 household income (as defined in section  
5 36B(d)(2) of the Internal Revenue Code of  
6 1986) for the year involved.

7 “(B) OTHER COST-SHARING.—

8 “(i) IN GENERAL.—The cost-sharing  
9 limitations described in section 1302(c) of  
10 the Patient Protection and Affordable Care  
11 Act shall apply to cost-sharing (as defined  
12 in such section) for medical assistance pro-  
13 vided under section  
14 1902(a)(10)(A)(ii)(XXIV) in the same  
15 manner as such limitations apply to cost-  
16 sharing under qualified health plans under  
17 title I of such Act.

18 “(ii) AVAILABILITY OF COST-SHARING  
19 REDUCTIONS.—Individuals provided med-  
20 ical assistance under section  
21 1902(a)(10)(A)(ii)(XXIV) and subject to  
22 cost-sharing under this subsection are eli-  
23 gible for cost-sharing reductions under sec-  
24 tion 1402 of the Patient Protection and  
25 Affordable Care Act (subject to the income

1 eligibility threshold in subsection (b)(2) of  
2 such section), and in applying such sec-  
3 tion—

4 “(I) enrollment in a State plan  
5 under section  
6 1902(a)(10)(A)(ii)(XXIV) shall be  
7 treated as coverage under a qualified  
8 health plan in the silver level of cov-  
9 erage in the individual market offered  
10 through an Exchange established for  
11 or by the State under title I of the  
12 Patient Protection and Affordable  
13 Care Act; and

14 “(II) the State agency admin-  
15 istering such plan shall be treated as  
16 the issuer of such plan.

17 “(3) PREMIUMS AND COST-SHARING FOR CER-  
18 TAIN OTHER INDIVIDUALS.—If an individual is eligi-  
19 ble for medical assistance under subsection  
20 (a)(10)(A)(ii)(XXIV) of section 1902 and is not de-  
21 scribed in subsection (tt) of such section, a State—

22 “(A) shall not impose premiums and cost-  
23 sharing on the individual under this subsection;  
24 and



1           “(B) may impose premiums and cost-shar-  
2           ing on the individual to the extent allowed by  
3           another provision of this Act (other than sec-  
4           tion 1902(a)(10)(A)(ii)(XXIV)) which provides  
5           for eligibility for medical assistance, but only if  
6           the individual is described in such other provi-  
7           sion.

8           “(4) APPLICATION OF PREMIUM ASSISTANCE  
9           TAX CREDITS.—An individual who is required to pay  
10          premiums under this subsection for a year for med-  
11          ical assistance shall be eligible for a premium assist-  
12          ance credit under section 36B of the Internal Rev-  
13          enue Code to the same extent that such individual  
14          would be eligible for a premium assistance credit  
15          under such section if such individual had paid the  
16          same amount in premiums for coverage under a  
17          qualified health plan for such year.”.

18          (e) MANAGED CARE.—Section 1932(a)(1)(A)(i) of  
19          the Social Security Act (42 U.S.C. 1396u-2(a)(1)(A)(i))  
20          is amended by inserting “, including an individual who is  
21          eligible for such assistance after buying into such coverage  
22          under section 1902(a)(10)(A)(ii)(XXIV),” after “the  
23          State plan under this title”.

24          (f) OFFERING BUY-IN PROGRAM ON STATE EX-  
25          CHANGE; ENROLLMENT PERIODS.—

1           (1) IN GENERAL.—A State that has elected to  
2 allow individuals to buy into Medicaid coverage  
3 under section 1902(a)(10)(A)(ii)(XXIV) of the So-  
4 cial Security Act (as added by this Act) shall allow  
5 individuals to enroll in such coverage through the  
6 Federal, federally facilitated, or State Exchange es-  
7 tablished pursuant to title I of the Patient Protec-  
8 tion and Affordable Care Act.

9           (2) ENROLLMENT PERIODS.—A State may limit  
10 the enrollment of individuals into Medicaid coverage  
11 under section 1902(a)(10)(A)(ii)(XXIV) of the So-  
12 cial Security Act (as added by this Act) to the en-  
13 rollment periods provided for under section  
14 1311(c)(6) of the Patient Protection and Affordable  
15 Care Act.

16           (g) APPLICATION OF ADVANCED PREMIUM TAX  
17 CREDITS TO MEDICAID BUY-IN PLANS.—

18           (1) IN GENERAL.—Section 36B of the Internal  
19 Revenue Code of 1986 is amended—

20                   (A) in subsection (b)(3)(B), by adding at  
21 the end the following new sentence:

22                   “If an applicable taxpayer resides in a rating  
23 area in which no silver plan is offered on the  
24 individual market but the taxpayer buys into  
25 Medicaid coverage under section

1           1902(a)(10)(A)(ii)(XXIV) of the Social Secu-  
2           rity Act, such Medicaid coverage shall be  
3           deemed to be the applicable second lowest cost  
4           silver plan with respect to such taxpayer.”; and

5                   (B) by adding at the end the following new  
6           subsection:

7           “(h) APPLICATION TO INDIVIDUALS PURCHASING  
8           MEDICAID COVERAGE.—In the case of any individual who  
9           buys into Medicaid coverage under section  
10          1902(a)(10)(A)(ii)(XXIV) of the Social Security Act, this  
11          section shall be applied with the following modifications:

12                   “(1) The amount determined under subsection  
13           (b)(2)(A) shall be increased by the amount of the  
14           monthly premiums paid for such coverage.

15                   “(2) Subsection (c)(2)(A)(i) shall be applied by  
16           treating coverage under the Medicaid program under  
17           title XIX of the Social Security Act in the same  
18           manner as a qualified health plan that was enrolled  
19           in through an Exchange.

20                   “(3) In applying subsection (c)(2)(B)—

21                           “(A) an individual shall not be considered  
22                           to be eligible for minimum essential coverage  
23                           described in section 5000A(f)(1)(A)(ii) by rea-  
24                           son of eligibility for medical assistance under a

1 State Medicaid program under section  
2 1902(a)(10)(A)(ii)(XXIV); and

3 “(B) an individual who is not covered by  
4 minimum essential coverage described in section  
5 5000A(f)(1)(B) shall not be considered to be el-  
6 igible for such coverage.”.

7 (2) ADVANCED PAYMENT OF CREDIT.—

8 (A) IN GENERAL.—The Secretary of  
9 Health and Human Services, in consultation  
10 with the Secretary of the Treasury, shall estab-  
11 lish a program under which—

12 (i) upon request of a State agency ad-  
13 ministering a State Medicaid program  
14 under title XIX of the Social Security Act,  
15 advance determinations are made in a  
16 manner similar to advanced determinations  
17 under section 1412 of the Patient Protec-  
18 tion and Affordable Care Act with respect  
19 to the income eligibility of individuals en-  
20 rolling in such program for the premium  
21 tax credit allowable under section 36B of  
22 the Internal Revenue Code of 1986 and  
23 the cost-sharing reductions under section  
24 1402 of the Patient Protection and Afford-  
25 able Care Act;

1 (ii) the Secretary notifies—

2 (I) the State agency admin-  
3 istering the program and the Sec-  
4 retary of the Treasury of the advance  
5 determinations; and

6 (II) the Secretary of the Treas-  
7 ury of the name and employer identi-  
8 fication number of each employer with  
9 respect to whom 1 or more employees  
10 of the employer were determined to be  
11 eligible for the premium tax credit  
12 under section 36B of the Internal  
13 Revenue Code of 1986 and the cost-  
14 sharing reductions under section 1402  
15 of the Patient Protection and Afford-  
16 able Care Act because—

17 (aa) the employer did not  
18 provide minimum essential cov-  
19 erage; or

20 (bb) the employer provided  
21 such minimum essential coverage  
22 but it was determined under sec-  
23 tion 36B(c)(2)(C) of such Code  
24 to either be unaffordable to the  
25 employee or not provide the re-

1                   required minimum actuarial value;  
2                   and

3                   (iii) the Secretary of the Treasury  
4                   makes advance payments of such credit or  
5                   reductions to the State agency admin-  
6                   istering the program in order to reduce the  
7                   premiums payable by individuals eligible  
8                   for such credit.

9                   (B) DETERMINATIONS AND PAYMENTS.—  
10                  Rules similar to subsections (b) and (c) of sec-  
11                  tion 1412 of the Patient Protection and Afford-  
12                  able Care Act shall apply for purposes of this  
13                  subsection.

14                  (C) COORDINATION WITH CREDIT.—

15                  (i) IN GENERAL.—Section 36B of the  
16                  Internal Revenue Code of 1986 is amended  
17                  by inserting “and under section 2(g)(2) of  
18                  the State Public Option Act” after “sec-  
19                  tion 1412 of the Patient Protection and  
20                  Affordable Care Act” each place it appears  
21                  in subsections (f)(1), (f)(2), and (g)(1).

22                  (ii) INFORMATION REPORTING.—Sec-  
23                  tion 36B(f)(3) of such Code is amended by  
24                  adding at the end the following flush sen-  
25                  tence: “In the case of any coverage under

1 the Medicaid program under title XIX of  
2 the Social Security Act for which a credit  
3 under this section is allowable by reason of  
4 subsection (h), the State agency admin-  
5 istering the Medicaid program shall be  
6 treated as an Exchange for purposes of  
7 this paragraph and subparagraph (A) shall  
8 not apply.”.

9 (3) CONFORMING AMENDMENT RELATING TO  
10 EMPLOYER RESPONSIBILITY.—Paragraph (6) of sec-  
11 tion 4980H(c) of the Internal Revenue Code of 1986  
12 is amended by inserting “, except that for purposes  
13 of subsections (a)(2) and (b)(2), the term ‘qualified  
14 health plan’ shall include any plan described in sec-  
15 tion 36B(h)” after “such Act”.

16 (h) CONFORMING AMENDMENTS.—

17 (1) Section 1902(a)(10) of the Social Security  
18 Act (42 U.S.C. 1396a(a)(10)), as amended by sub-  
19 section (a), is further amended, in the matter fol-  
20 lowing subparagraph (G)—

21 (A) by striking “and (XVIII)” and insert-  
22 ing “, (XVIII)”; and

23 (B) by inserting “, and (XIX) the medical  
24 assistance made available to an individual de-  
25 scribed in subparagraph (A)(ii)(XXIV) shall be

1 limited to medical assistance described in sub-  
2 section (k)(1)” before the semicolon.

3 (2) Section 1903(f)(4) of the Social Security  
4 Act (42 U.S.C. 1396b(f)(4)) is amended by inserting  
5 “1902(a)(10)(A)(ii)(XXIV),” after  
6 “1902(a)(10)(A)(ii)(XXII),”.

7 (3) Section 1905(a) of the Social Security Act  
8 (42 U.S.C. 1396d(a)) is amended, in the matter pre-  
9 ceding paragraph (1)—

10 (A) by striking “or” at the end of clause  
11 (xvi);

12 (B) by inserting “or” at the end of clause  
13 (xvii); and

14 (C) by inserting after clause (xvii) the fol-  
15 lowing new clause:

16 “(xviii) individuals described in section  
17 1902(a)(10)(A)(ii)(XXIV),”.

18 (4) Section 1916A(a)(1) of the Social Security  
19 Act (42 U.S.C. 1396o–1(a)(1)) is amended by strik-  
20 ing “or (j)” and inserting “(j), or (k)”.

21 (5) Section 1937(a)(1)(B) of the Social Secu-  
22 rity Act (42 U.S.C. 1396u–7(a)(1)(B)) is amended  
23 by inserting “, subclause (XXIV) of section  
24 1902(a)(10)(A)(ii),” after “1902(a)(10)(A)(i)”.



1 **SEC. 3. DEVELOPMENT OF STATE-LEVEL METRICS ON MED-**  
2 **ICAID BENEFICIARY ACCESS AND SATISFAC-**  
3 **TION.**

4 (a) IN GENERAL.—

5 (1) DEVELOPMENT OF METRICS.—Not later  
6 than 1 year after the date of enactment of this Act,  
7 the Director of the Agency for Healthcare Research  
8 and Quality, in consultation with State Medicaid Di-  
9 rectors, shall develop standardized, State-level  
10 metrics of access to, and satisfaction with, providers,  
11 including primary care and specialist providers, with  
12 respect to individuals who are enrolled in State Med-  
13 icaid plans under title XIX of the Social Security  
14 Act.

15 (2) PROCESS.—The Director of the Agency for  
16 Healthcare Research and Quality shall develop the  
17 metrics described in paragraph (1) through a public  
18 process, which shall provide opportunities for stake-  
19 holders to participate.

20 (b) UPDATING METRICS.—The Director of the Agen-  
21 cy for Healthcare Research and Quality, in consultation  
22 with the Deputy Administrator for the Center for Med-  
23 icaid and CHIP Services and State Medicaid Directors,  
24 shall update the metrics developed under subsection (a)  
25 not less than once every 3 years.

1 (c) STATE IMPLEMENTATION FUNDING.—The Direc-  
2 tor of the Agency for Healthcare Research and Quality  
3 may award funds, from the amount appropriated under  
4 subsection (d), to States for the purpose of implementing  
5 the metrics developed under this section.

6 (d) APPROPRIATION.—There is appropriated to the  
7 Director of the Agency for Healthcare Research and Qual-  
8 ity, out of any funds in the Treasury not otherwise appro-  
9 priated, \$200,000,000 for fiscal year 2022, to remain  
10 available until expended, for the purpose of carrying out  
11 this section.

12 **SEC. 4. RENEWAL OF APPLICATION OF MEDICARE PAY-**  
13 **MENT RATE FLOOR TO PRIMARY CARE SERV-**  
14 **ICES FURNISHED UNDER MEDICAID AND IN-**  
15 **CLUSION OF ADDITIONAL PROVIDERS.**

16 (a) RENEWAL OF PAYMENT FLOOR; ADDITIONAL  
17 PROVIDERS.—

18 (1) IN GENERAL.—Section 1902(a)(13) of the  
19 Social Security Act (42 U.S.C. 1396a(a)(13)) is  
20 amended by striking subparagraph (C) and inserting  
21 the following:

22 “(C) payment for primary care services (as  
23 defined in subsection (jj)) at a rate that is not  
24 less than 100 percent of the payment rate that  
25 applies to such services and physician under

1 part B of title XVIII (or, if greater, the pay-  
2 ment rate that would be applicable under such  
3 part if the conversion factor under section  
4 1848(d) for the year involved were the conver-  
5 sion factor under such section for 2009), and  
6 that is not less than the rate that would other-  
7 wise apply to such services under this title if  
8 the rate were determined without regard to this  
9 subparagraph, and that are—

10 “(i) furnished in 2013 and 2014, by a  
11 physician with a primary specialty designa-  
12 tion of family medicine, general internal  
13 medicine, or pediatric medicine; or

14 “(ii) furnished in the period that be-  
15 gins on the first day of the first month  
16 that begins after the date of enactment of  
17 the State Public Option Act—

18 “(I) by a physician with a pri-  
19 mary specialty designation of family  
20 medicine, general internal medicine,  
21 or pediatric medicine, but only if the  
22 physician self-attests that the physi-  
23 cian is Board certified in family medi-  
24 cine, general internal medicine, or pe-  
25 diatric medicine;

1           “(II) by a physician with a pri-  
2           mary specialty designation of obstet-  
3           rics and gynecology, but only if the  
4           physician self-attests that the physi-  
5           cian is Board certified in obstetrics  
6           and gynecology;

7           “(III) by an advanced practice  
8           clinician, as defined by the Secretary,  
9           that works under the supervision of—

10                   “(aa) a physician that satis-  
11                   fies the criteria specified in sub-  
12                   clause (I) or (II); or

13                   “(bb) a nurse practitioner or  
14                   a physician assistant (as such  
15                   terms are defined in section  
16                   1861(aa)(5)(A)) who is working  
17                   in accordance with State law, or  
18                   a certified nurse-midwife (as de-  
19                   fined in section 1861(gg)) who is  
20                   working in accordance with State  
21                   law;

22           “(IV) by a rural health clinic,  
23           federally qualified health center, or  
24           other health clinic that receives reim-  
25           bursement on a fee schedule applica-

1           ble to a physician, a nurse practi-  
2           tioner or a physician assistant (as  
3           such terms are defined in section  
4           1861(aa)(5)(A)) who is working in ac-  
5           cordance with State law, or a certified  
6           nurse-midwife (as defined in section  
7           1861(gg)) who is working in accord-  
8           ance with State law, for services fur-  
9           nished by a physician, nurse practi-  
10          tioner, physician assistant, or certified  
11          nurse-midwife, or services furnished  
12          by an advanced practice clinician su-  
13          pervised by a physician described in  
14          subclause (I)(aa) or (II)(aa), another  
15          advanced practice clinician, or a cer-  
16          tified nurse-midwife; or

17                 “(V) by a nurse practitioner or a  
18                 physician assistant (as such terms are  
19                 defined in section 1861(aa)(5)(A))  
20                 who is working in accordance with  
21                 State law, or a certified nurse-midwife  
22                 (as defined in section 1861(gg)) who  
23                 is working in accordance with State  
24                 law, in accordance with procedures  
25                 that ensure that the portion of the

1 payment for such services that the  
2 nurse practitioner, physician assist-  
3 ant, or certified nurse-midwife is paid  
4 is not less than the amount that the  
5 nurse practitioner, physician assist-  
6 ant, or certified nurse-midwife would  
7 be paid if the services were provided  
8 under part B of title XVIII;”.

9 (2) CONFORMING AMENDMENTS.—Section  
10 1905(dd) of the Social Security Act (42 U.S.C.  
11 1396d(dd)) is amended—

12 (A) by striking “Notwithstanding” and in-  
13 serting the following:

14 “(1) IN GENERAL.—Notwithstanding”;

15 (B) by inserting “or furnished during the  
16 additional period specified in paragraph (2),”  
17 after “2015,”; and

18 (C) by adding at the end the following:

19 “(2) ADDITIONAL PERIOD.—For purposes of  
20 paragraph (1), the additional period specified in this  
21 paragraph is the period that begins on the first day  
22 of the first month that begins after the date of en-  
23 actment of the State Public Option Act.”.

1 (b) IMPROVED TARGETING OF PRIMARY CARE.—Sec-  
2 tion 1902(jj) of the Social Security Act (42 U.S.C.  
3 1396a(jj)) is amended—

4 (1) by redesignating paragraphs (1) and (2) as  
5 subparagraphs (A) and (B), respectively and realign-  
6 ing the left margins accordingly;

7 (2) by striking “For purposes of” and inserting  
8 the following:

9 “(1) IN GENERAL.—For purposes of”; and

10 (3) by adding at the end the following:

11 “(2) EXCLUSIONS.—Such term does not include  
12 any services described in subparagraph (A) or (B) of  
13 paragraph (1) if such services are provided in an  
14 emergency department of a hospital.”.

15 (c) ENSURING PAYMENT BY MANAGED CARE ENTI-  
16 TIES.—

17 (1) IN GENERAL.—Section 1903(m)(2)(A) of  
18 the Social Security Act (42 U.S.C. 1396b(m)(2)(A))  
19 is amended—

20 (A) in clause (xii), by striking “and” after  
21 the semicolon;

22 (B) in clause (xiii)—

23 (i) by realigning the left margin so as  
24 to align with the left margin of clause (xii);

25 and

1 (ii) by striking the period at the end  
2 of clause (xiii) and inserting “; and”; and  
3 (C) by inserting after clause (xiii) the fol-  
4 lowing:

5 “(xiv) such contract provides that (I) payments  
6 to providers specified in section 1902(a)(13)(C) for  
7 primary care services defined in section 1902(jj)  
8 that are furnished during a year or period specified  
9 in section 1902(a)(13)(C) and section 1905(dd) are  
10 at least equal to the amounts set forth and required  
11 by the Secretary by regulation, (II) the entity shall,  
12 upon request, provide documentation to the State,  
13 sufficient to enable the State and the Secretary to  
14 ensure compliance with subclause (I), and (III) the  
15 Secretary shall approve payments described in sub-  
16 clause (I) that are furnished through an agreed  
17 upon capitation, partial capitation, or other value-  
18 based payment arrangement if the capitation, partial  
19 capitation, or other value-based payment arrange-  
20 ment is based on a reasonable methodology and the  
21 entity provides documentation to the State sufficient  
22 to enable the State and the Secretary to ensure com-  
23 pliance with subclause (I).”.

24 (2) CONFORMING AMENDMENT.—Section  
25 1932(f) of the Social Security Act (42 U.S.C.



1 1396u–2(f)) is amended by inserting “and clause  
2 (xiv) of section 1903(m)(2)(A)” before the period.

3 **SEC. 5. INCREASED FMAP FOR MEDICAL ASSISTANCE TO**  
4 **NEWLY ELIGIBLE INDIVIDUALS.**

5 (a) IN GENERAL.—Section 1905(y)(1) of the Social  
6 Security Act (42 U.S.C. 1396d(y)(1)) is amended—

7 (1) in subparagraph (A), by striking “2014,  
8 2015, and 2016” and inserting “each of the first 3  
9 consecutive 12-month periods in which the State  
10 provides medical assistance to newly eligible individ-  
11 uals”;

12 (2) in subparagraph (B), by striking “2017”  
13 and inserting “the fourth consecutive 12-month pe-  
14 riod in which the State provides medical assistance  
15 to newly eligible individuals”;

16 (3) in subparagraph (C), by striking “2018”  
17 and inserting “the fifth consecutive 12-month period  
18 in which the State provides medical assistance to  
19 newly eligible individuals”;

20 (4) in subparagraph (D), by striking “2019”  
21 and inserting “the sixth consecutive 12-month period  
22 in which the State provides medical assistance to  
23 newly eligible individuals”; and

24 (5) in subparagraph (E), by striking “2020 and  
25 each year thereafter” and inserting “the seventh

1 consecutive 12-month period in which the State pro-  
2 vides medical assistance to newly eligible individuals  
3 and each such period thereafter”.

4 (b) EFFECTIVE DATE.—The amendments made by  
5 subsection (a) shall take effect as if included in the enact-  
6 ment of Public Law 111–148.

7 **SEC. 6. MEDICAID COVERAGE OF COMPREHENSIVE REPRO-**  
8 **DUCTIVE HEALTH CARE SERVICES.**

9 (a) INCLUSION OF COMPREHENSIVE REPRODUCTIVE  
10 HEALTH CARE SERVICES AS MEDICAL ASSISTANCE.—  
11 Section 1905(a) of the Social Security Act (42 U.S.C.  
12 1396d(a)), as amended by section 2(h), is further amend-  
13 ed—

14 (1) in paragraph (30), by striking “and” at the  
15 end;

16 (2) by redesignating paragraph (31) as para-  
17 graph (32); and

18 (3) by inserting after paragraph (30) the fol-  
19 lowing new paragraph:

20 “(31) comprehensive reproductive health care  
21 services, including abortion services and abortion-re-  
22 lated services; and”.

23 (b) REQUIRING COVERAGE OF COMPREHENSIVE RE-  
24 PRODUCTIVE HEALTH CARE SERVICES AS CONDITION OF  
25 STATE PLAN APPROVAL.—Section 1902(a)(10)(A) of the

1 Social Security Act (42 U.S.C. 1396a(a)(10)(A)), as  
2 amended by subsections (a) and (h) of section 2, is further  
3 amended, in the matter preceding clause (i), by striking  
4 “and (30)” and inserting “(30), and (31)”.

5 (c) CONFORMING AMENDMENT.—Section  
6 1932(e)(1)(B) of the Social Security Act (42 U.S.C.  
7 1396u–2(e)(1)(B)) is amended by striking “Clause (i)”  
8 and inserting “With respect to the period beginning before  
9 January 1, 2023, clause (i)”.

10 (d) EFFECTIVE DATE.—The amendments made by  
11 this section shall apply with respect to medical assistance  
12 furnished on or after January 1, 2023.