



This Continuing Resolution funds important programs including Medicare extenders, community health centers, and other important public health priorities. These extensions are responsibly paid for with common-sense policies.

Extension and Improvements to Programs That Enjoy Strong Bipartisan Support

- **Permanent Medicare Improvements:** Permanent repeal of Medicare payment cap for therapy services; permanent removal of the rental cap for durable medical equipment under Medicare with respect to speech generating devices; permanent extension of Special Needs Plans in Medicare Advantage.
- **2 Year Extension of Important Medicare Policies:** The bill would provide an extension of the work Geographic Practice Cost Index (GPCI) floor which boosts payments for the work component of physician fees in areas where labor cost is lower than the national average. The bill extends funding for quality measure endorsement, input, and selection. Finally, the bill extends, without modification, the Medicare-Dependent Hospital and Low-Volume Hospital programs.
- **5 Year Extension of Medicare Policies with Reforms:** In general, longer-term extensions are coupled with policy changes to improve efficiencies in the Medicare program. This bill includes 5-year extensions of the Home Health rural add-on payment, and ground ambulance add-ons.
- **2 Year Extension of Federally Qualified Health Centers (FQHCs):** FQHCs (Community Health Centers) are community-based, patient-centered organizations that provide comprehensive health services to medically underserved populations, regardless of their ability to pay. The bill extends funding for these centers for two years through the Community Health Center Fund. According to the Health Resources and Services Administration, in 2015, community health centers employed nearly 190,000 people and served over 24 million patients. One in 13 people nationwide rely on a health center for their health care needs.
- **2 Year Extension of Important Public Health Programs:** Funding for the National Health Service Corps, Teaching Health Center Graduate Medical Education, Family-to-Family Health Information Centers, the Sexual Risk Avoidance Education Program, and the Personal Responsibility Education Program are included in this bill.
- **Averts FY2018 and FY2019 Medicaid Disproportionate Share Hospital Reductions:** The bill eliminates the \$5 billion reductions included in the ACA that are scheduled under current law.

Common-Sense Medicare Reforms

The package includes a number of bipartisan Medicare policies including the CHRONIC Care Act, The Part B Improvement Act and a number of additional policies reported out of the committees of jurisdiction.

Responsible Policies to Pay For New Spending

The bill is fully offset and retains a premise that industries that benefit from payment increases should not shift the costs of paying for those benefits on to others. These policies include:

- Modifying payments for early discharges to hospice care;
- Adjusting home health market basket payment updates;
- Reducing outlays for non-emergency ESRD ambulance transports;
- Extending the target for relative value adjustments for misvalued codes;
- Delaying the HHS Secretary's authority to terminate contracts for certain Medicare Advantage plans;
- Adjusting payment for outpatient physical and occupational therapy services furnished by a therapy assistant;
- Modifying long-term care hospital payments
- Rescinding unspent funds in the Medicare and Medicaid Improvement Funds;
- Modernizing Medicaid's third-party liability requirements to strengthen Medicaid's role;
- Updating income determination rules so state Medicaid programs can disenroll lottery winners from Medicaid;
- Modifying reductions in Medicaid DSH allotments;
- Sunsetting the exclusion of biosimilars from Medicare part D coverage gap discount program;
- Reducing funding levels in the Prevention and Public Health Fund.