

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|----------|--|------------------------|-------------------------------|
| MEDICARE | | | |
| DENTAL | <p>Sec. 30901 - Creates a new dental and oral health benefit under Medicare Part B beginning January 1, 2028. The new benefit has three categories of services: 1) preventive and screening services; 2) basic treatment, and 3) major services. Also covers full or partial dentures, generally no more than once every five years.</p> <p>Beneficiaries pay 20% cost-sharing for preventive and screening services and basic treatment services. For major services, beneficiaries pay 90% cost-sharing starting in 2028, then cost-sharing decreases by 10% each year until beneficiaries reach 50% cost-sharing in 2032.</p> | No provision. | No provision. |
| VISION | <p>Sec. 30903 - Beginning October 1, 2022, creates coverage for vision services under Medicare Part B. Vision service payments are added to the Physician Fee Schedule. Services are limited to once every two years.</p> <p>Beneficiaries pay 20% cost sharing for exams and contact lens fitting. Medicare will also pay up to \$85 toward eyeglass lenses and \$85 for eyeglass frames, or \$85 toward contact lenses every two years.</p> | No provision. | No provision. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|----------|---|---|--|
| MEDICARE | | | |
| HEARING | <p>Sec. 30902 - Beginning October 1, 2023, permits qualified audiologists to deliver aural rehabilitation and treatment services.</p> <p>Covers hearing aids up to once every five years for individuals with severe or profound hearing loss if furnished through a written order by a physician or qualified audiologist.</p> <p>Does not cover over the counter hearing aids.</p> | <p>Sec. 30901 - Medicare coverage for hearing services, <i>beginning on January 1, 2024.</i></p> <p>Specifically: provides Medicare coverage for aural rehabilitation and treatment services by qualified audiologists and delivery of hearing assessment services by qualified hearing aid professionals; covers hearing aids (that are not over-the-counter) up to once every five years, per ear, for individuals with severe or profound hearing loss if furnished through a written order by a physician, qualified audiologist, qualified hearing aid professional, physician assistant, nurse practitioner, or clinical nurse specialist; clarifies coverage of audiology services at rural health clinics and federally qualified health centers.</p> | <p>CHANGES TO DATES AND POLICIES:</p> <p>Sec. 30901 - Medicare coverage for hearing services, <i>beginning on January 1, 2023.</i></p> <p>Specifically: provides Medicare coverage for aural rehabilitation and treatment services by qualified audiologists and delivery of hearing assessment services by qualified hearing aid professionals; covers hearing aids (<i>types of hearing aids that are determined appropriate by the Secretary</i>) up to once every five years, per ear, for individuals with <i>moderately severe</i>, severe or profound hearing loss if furnished through a written order by a physician, qualified audiologist, qualified hearing aid professional, physician assistant, nurse practitioner, or clinical nurse specialist; clarifies coverage of audiology services at rural health clinics and federally qualified health centers.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|---|---|---|
| MEDICAID | | | |
| PERMANENT ONE-YEAR POSTPARTUM COVERAGE FOR PREGNANT WOMEN | Sec. 30723 - Permanently requires full Medicaid benefits for pregnant and postpartum women for a 12-month period post pregnancy beginning the first fiscal year quarter one year after enactment. | Sec. 30721 - Permanently requires full Medicaid benefits for pregnant and postpartum women for a 12-month period post pregnancy beginning the first fiscal year quarter one year after enactment. | Sec. 30721 - Same provision |
| PERMANENT CONTINUOUS ELIGIBILITY (CE) FOR CHILDREN | Sec. 30724 - Permanently requires Medicaid programs to provide 12 months of continuous eligibility for children under the age of 19. | Sec. 30721 - Permanently requires Medicaid programs to provide 12 months of continuous eligibility for children under the age of 19. | Sec. 30741 - Same provision. |
| MONEY FOLLOWS THE PERSON PROGRAM | Sec. 30722 - Makes the Money Follows the Person Rebalancing Demonstration permanent, beginning 2022. | Sec. 30716 - Same provision. | DELAYS EFFECTIVE DATE: Sec. 30716 - Makes the Money Follows the Person Rebalancing Demonstration permanent, beginning 2023. |
| MEDICAID COVERAGE FOR JUSTICE-INVOLVED PERSONS | Sec. 30725 - Permanently requires automatic Medicaid eligibility for justice-involved individuals to receive Medicaid benefits 30 days prior to release from incarceration. | Sec. 30721 - Permanently requires Medicaid coverage for inmates 30 day prior to release that will begin two years after enactment. | Sec. 30741 - Same provision. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|--|--|---|
| MEDICAID | | | |
| <p>HOME AND COMMUNITY-BASED SERVICES</p> | <p>Sec. 30712 - FY 22 GRANT FUNDING: Provides the Secretary \$130 million in funding to support HCBS improvement planning grants to states for FY 2022.</p> <p>Sec. 30713 - FMAP INCREASE: For states that are HCBS Improvement states, they will receive a 7 percentage point increase for HCBS for 10 years. There are specific requirements for states in order to receive the 7 percentage point bump. These states will receive an additional 2 percentage point increase for HCBS during the first 8 fiscal quarters throughout which the State has implemented and has in effect a program to support self-directed care. (State FMAP cannot exceed 95%.)</p> <p>Sec. 30714 - HCBS Report: Provides \$35 million to the Secretary for FY 2022 to prepare and submit a report to Congress 4 years after enactment on the HCBS Improvement plans. A report must be submitted to Congress every 3 years after 7 years of enactment.</p> <p>Sec. 30715 - Quality Measures: Requires HHS to develop and publish a recommended core set and supplemental set of HCBS quality measures for use by state Medicaid programs. All state Medicaid programs would be required to adopt these measures, or alternative sets approved by HHS.</p> | <p>Sec. 30711 - FY 2022 GRANT FUNDING: Provides the Secretary \$130 million in funding to support HCBS improvement planning grants to states for FY 2022.</p> <p>Sec. 30712 - FMAP INCREASE: For states that are HCBS Improvement states, they will receive a 6 percentage point increase for HCBS for 10 years. There are specific requirements for states in order to receive the 6 percentage point bump. These states will receive an additional 2 percentage point increase for HCBS during the first 6 fiscal quarters throughout which the State has implemented and has in effect a program to support self-directed care. (State FMAP cannot exceed 95%.)</p> | <p>Sec. 30711 - Same provision.</p> <p>Sec. 30712 - Same provision.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUES | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|--|--|------------------------|-------------------------------|
| MEDICAID | | | |
| FEDERAL MEDICAID PROGRAM "MEDICAID GAP" | <p>Sec. 30701 - New Federal Medicaid Program: Beginning in 2025, directs the Secretary to establish a Federal Medicaid program for individuals living in non-expansion states. The Secretary will also facilitate enrollment from Marketplace plans to the Federal Medicaid program, should individuals currently on the Marketplace be eligible for the Federal Medicaid program.</p> <p>Maintenance of Effort: There is a maintenance of effort requirement for states that have expanded Medicaid as of January 1, 2022. If state stops its expansion program after January 1, 2022, the state must make payments to the Secretary equal to the product of 10 percent of the average monthly per capita costs expended for expansion individuals during the most recent previous quarter that the state had an expansion program, and the sum, for each month during such quarter, of the number of individuals enrolled under the expansion in the state. This payment percentage will be annually increased should the state continue to end its expansion program for more than 1 calendar year.</p> | No provision. | No provision. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUES | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|-------------------------|--|--|
| MEDICAID | | | |
| PHASE DOWN OF FAMILIES FIRST ACT 6.2% FMAP BUMP | No provision | Sec. 30721 - The Families First Coronavirus Response Act increased Medicaid FMAP to states during the PHE by 6.2%. This provision phases out this FMAP increase. The FMAP bump would be phased down to 3% on April 1, 2022 and 1.5% beginning on July 1, 2022. The FMAP bump would end entirely on September 20, 2022. | Sec. 30741 - Same provision. |
| MEDICAID ELIGIBILITY REDETERMINATIONS AFTER PUBLIC HEALTH EMERGENCY | No provision. | <p>Sec. 30721 - The bill outlines eligibility redetermination processes that states must use in order to maintain the increase in FMAP.</p> <p>Specifically, it requires that prior to disenrolling individuals pursuant to an eligibility redetermination, the state has to make two attempts to reach out to the individual, and on the second attempt provide a 30-day notice before disenrollment. In addition, the state can only initiate eligibility redeterminations for 1/12 of individuals enrolled in a state plan during any month from April 1, 2022 through September 30, 2022.</p> | <p>REQUIREMENTS ADDED:</p> <p>Sec. 30741 - The bill outlines eligibility redetermination processes that states must use in order to maintain the increase in FMAP.</p> <p>Specifically, it requires that prior to disenrolling individuals pursuant to an eligibility redetermination, the state has to make two attempts to reach out to the individual, and on the second attempt provide a 30-day notice before disenrollment. In addition, the state can only initiate eligibility redeterminations for 1/12 of individuals enrolled in a state plan during any month from April 1, 2022 through September 30, 2022.</p> <p><i>States must submit a monthly report to the Secretary outlining key metrics about eligibility renewals, terminations, and additional redetermination data.</i></p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUES | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|-------------------------|--|---|
| <p style="text-align: center;">MEDICAID</p> <p>MEDICAID MAINTENANCE OF EFFORT AFTER PUBLIC HEALTH EMERGENCY</p> | <p>No provision.</p> | <p>Sec. 30741 - Imposes a 3.1% FMAP penalty for states that reduce eligibility for Medicaid between September 1, 2022 and December 31, 2025, if these implement eligibility standards that are more restrictive than what was under their state plan as of October 1, 2021. However, states have the option to have that 3.1% decrease not apply to non-pregnant, non-disabled individuals with income above 133% of the Federal Poverty Line if the state can prove it has a budget deficit.</p> | <p>Sec. 30751 - Same provision.</p> |
| <p>AVERAGE ACQUISITION COST SURVEY</p> | <p>No provision.</p> | <p>Sec. 30742 - The bill requires the Secretary to conduct a survey of retail community pharmacy drug prices to determine the national average drug acquisition cost. States must require any retail community pharmacy that dispenses covered outpatient drugs paid by Medicaid or CHIP to respond to surveys. It also withholds federal payment to states for matching reimbursement to a pharmacy unless the state requires the pharmacy to respond to the surveys. There are also civil monetary penalties for failing to respond to the survey.</p> | <p>PENALTIES REMOVED: Sec. 30741 - The bill requires the Secretary to conduct a survey of retail community pharmacy drug prices to determine the national average drug acquisition cost. States must require any retail community pharmacy that dispenses covered outpatient drugs paid by Medicaid or CHIP to respond to surveys. It also withholds federal payment to states for matching reimbursement to a pharmacy unless the state requires the pharmacy to respond to the surveys. Civil monetary provisions for failing to respond were removed.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUES | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|--|-------------------------|--|-------------------------------------|
| MEDICAID | | | |
| MEDICAID FUNDING FOR PUERTO RICO AND THE TERRITORIES | No provision. | Sec. 30731 - Permanent Medicaid funding for the territories and Puerto Rico. For years 2023 and beyond, Federal Medical Assistance Percentages (FMAP) for the territories and Puerto Rico will be 83%. | Sec. 30731 - Same provision. |
| | | | |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|--|--|---|
| AFFORDABLE CARE ACT EXPANSION | | | |
| ADVANCED PREMIUM TAX CREDIT EXPANSION | <p>Sec. 137501 - APTC Increase: Makes permanent the lowered applicable percentages of household income used to determine premium tax credits. This would continue to allow individuals with incomes 400% of federal poverty line (FPL) or higher to be eligible for the refundable Premium Tax Credit (PTC). It would also make permanent the enhanced PTC for individuals between 100-400% of FPL.</p> <p>Sec. 137507 - Unemployment Eligibility: From 2022 through 2025, extends PTCs for individuals on unemployment that treats them as if their income is no higher than 150% of the FPL for purposes of receiving APTCs.</p> <p>(All of these policies were first included in the American Rescue Plan Act (ARPA) and are being extended in reconciliation.)</p> | <p>Sec. 137301 - The expanded APTCs first passed in the American Rescue Plan (ARP) are extended through 2025, rather than made permanent.</p> <p>As included in the House Committee version, individuals receiving unemployment can receive APTCs and cost-sharing reductions as if their income was 150% of FPL. This policy is in place through 2025.</p> | <p>CHANGES TO DATES:</p> <p>Sec. 137301 - The expanded APTCs first passed in the American Rescue Plan (ARP) are extended through 2026.</p> <p>As included in the previous versions, individuals receiving unemployment can receive APTCs and cost-sharing reductions as if their income was 150% of FPL. But, this policy is in place through 2022.</p> |
| MODIFIED EMPLOYER-SPONSORED COVERAGE AFFORDABILITY TEST | <p>Sec. 137502 - Beginning on January 1, 2022, establishes 8.5% of Modified Adjusted Gross Income (MAGI) as the affordability threshold for eligibility for PTC when an individual has access to employer-sponsored coverage.</p> | <p>Sec. 137302 - Beginning on January 1, 2022 and ending December 31, 2025, establishes 8.5% of Modified Adjusted Gross Income (MAGI) as the affordability threshold for eligibility for PTC when an individual has access to employer-sponsored coverage.</p> | <p>CHANGES TO DATES:</p> <p>Sec. 137302 - Beginning on January 1, 2022 and ending December 31, 2026, establishes 8.5% of Modified Adjusted Gross Income (MAGI) as the affordability threshold for eligibility for PTC when an individual has access to employer-sponsored coverage.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|--|---|---|
| AFFORDABLE CARE ACT EXPANSION | | | |
| EXCLUSION OF SOCIAL SECURITY INCOME FROM HOUSEHOLD INCOME | Sec. 137503 - Beginning on January 1, 2022 , excludes any “lump-sum” Social Security payment from the MAGI. A “lump-sum” is defined as a one-time payment that is more than one month’s Social Security payment | Sec. 137503 - Same provision. | Sec. 137503 - Same provision. |
| SPECIAL ENROLLMENT PERIOD | Sec. 30601 - From January 1, 2022 through December 31, 2025 , creates a special enrollment period for individuals - effectively open enrollment -- with household income less than 138% of FPL and who are not eligible for minimum essential coverage. | Sec. 30601 - Same provision. | Sec. 30601 - Same provision. |
| MARKETPLACE BENEFITS – NON-EMERGENCY MEDICAL TRANSPORT | Sec. 30601 - For 2024 , makes a non-emergency transportation benefit available for individuals with household income less than 138% of FPL and who are eligible to receive cost sharing reductions. | Sec. 30601 - For 2024 and 2025 , qualified health plans (QHPs) serving low-income individuals must cover non-emergency medical transportation and the federal government will make payments for those services. | Sec. 30601 - Same provision. |
| COST SHARING REDUCTIONS FOR INDIVIDUALS ON UNEMPLOYMENT | No provision. | Sec. 30605 - For 2021 through 2025 , increases cost-sharing reduction for individuals receiving unemployment benefits by assuming their income is 150% of FPL for the purposes of calculating their cost sharing reductions. | CHANGES TO DATES: Sec. 30605 - For 2021 and 2022 , increases cost-sharing reduction for individuals receiving unemployment benefits by assuming their income is 150% of FPL for the purposes of calculating their cost sharing reductions. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---------------------------------------|--|------------------------------------|--|
| AFFORDABLE CARE ACT | | | |
| HEALTH INSURANCE AFFORDABILITY FUND | <p>Sec. 30603- Establishes the ‘Improve Health Insurance Affordability Fund.’ The Fund will be allocated \$10 billion annually beginning in 2023. States can use funding to: 1) to institute reinsurance programs for the individual health insurance market or 2) to provide assistance to reduce out-of-pocket costs of individuals enrolled under qualified health plans offered on the individual market through the Marketplace.</p> <p>States would have to apply for these funds but would be automatically approved unless the Department of Health and Human Services (HHS) notifies the state otherwise. Approval would span five years total and could be revoked by HHS if a state failed to use the money as required. If a state did not apply for these funds, HHS would operate a reinsurance program in that state using an attachment point model.</p> | Sec. 30602 - Same provision | Sec. 30602 - Same provision |
| COST-SHARING FOR INSULIN – NEW | No provision. | No provision. | <p>NEW:</p> <p>Sec. 30604- Starting in 2023, caps monthly out-of-pocket costs for insulin and related products for beneficiaries in ACA Marketplace plans at \$35 a month.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|--|-------------------------|------------------------|--|
| AFFORDABLE CARE ACT | | | |
| OVERSIGHT OF PHARMACY BENEFIT MANAGERS – NEW | No provision. | No provision. | <p>NEW:</p> <p>Sec. 30606 - Starting on January 1, 2023, PBMs offered as part of Marketplace plans must provide employers and plan sponsors a report every 6 months that details how much copayment assistance was funded by drug makers. They also have to disclose extensive information on the prices they paid for specific drugs, the rebates for specific drugs, and the rationale for placing drugs on certain tiers within their formulary. In addition, PBMs cannot enter into contracts with drug makers that limit disclosures to PBMs in a way that would prevent them from providing these reports to employers and plan.</p> |
| | | | |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|---|-------------------------------------|-------------------------------------|
| CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) | | | |
| PERMANENT EXTENSION OF CHIP | Sec. 30801 - Permanently authorizes CHIP and “makes such sums as necessary” available for 2027 and beyond. | Sec. 30801 - Same provision. | Sec. 30801 - Same provision. |
| PERMANENT EXTENSION OF PEDIATRIC QUALITY MEASURES | Sec. 30802 - Permanently extends the Pediatric Quality Measures Program. Provides \$15 million in FY 2028 and prescribes a formula tied to the Consumer Price Index for future years. | Sec. 30801 - Same provision. | Sec. 30801 - Same provision. |
| STATE OPTION FOR AN EXPANSION OF ELIGIBILITY | Sec. 30803 - Allows states the option to increase eligibility for children whose family income exceeds the maximum income level otherwise established for children under CHIP. | Sec. 30801 - Same provision. | Sec. 30801 - Same provision. |
| PERMANENT ONE-YEAR POSTPARTUM COVERAGE FOR PREGNANT WOMEN | Sec. 30723 - Permanently requires full Medicaid benefits for pregnant and postpartum women for a 12-month period post pregnancy beginning the first fiscal year quarter beginning one year after enactment who are covered by CHIP. | Sec. 30721 - Same provision. | Sec. 30721 - Same provision. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|--|---|---|-------------------------------------|
| CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) | | | |
| ONE-YEAR CONTINUOUS ELIGIBILITY (CE) FOR CHILDREN | Sec. 30724 - Permanently requires states to provide children covered by CHIP with one year of continuous eligibility | Sec. 30801 - Same provision. | Sec. 30801 - Same provision. |
| CONTINGENCY FUND AND CHIP OUTREACH AND ENROLLMENT ACTIVITIES | No provision. | Sec. 30801 - The text provides for permanent authorization of the child enrollment contingency fund. The text also provides stability for CHIP outreach and enrollment activities by authorizing \$60 million for fiscal years 2028, 2029, and 2030. The amount for FY 2031 - 2034 is determined by a formula tied to the consumer price index. | Sec. 30801 - Same provision. |
| DRUG REBATES | No provision. | <p>Sec. 30801 - Beginning January 1, 2024, the text newly adds provisions mandating the Secretary to develop or adapt processes and mechanisms as are necessary for drug rebates for covered outpatient drugs for which child health or pregnancy related services are covered under CHIP, including reporting and collecting of data to bill and track rebates.</p> <p>Clarifies that there may be no duplicate rebates with Medicaid.</p> <p>Clarifies that rebates paid under this section are not to be included when Medicaid best price is calculated.</p> | Sec. 30801 - Same provision. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|--|-------------------------|------------------------|---|
| CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) | | | |
| FUNDING FOR IMPLEMENTATION | No provision | No provision. | NEW: Sec. 30801 - \$5 million is authorized for FY 2022 to provide technical assistance and guidance and cover administrative costs associated with implementing the changes made in the text |
| | | | |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|--|---|--|---|
| PUBLIC HEALTH AND WORKFORCE | | | |
| FUNDING FOR SCHOOLS OF MEDICINE AND OSTEOPATHIC MEDICINE | <p>Sec. 31005 - Authorizes beginning in FY 2022 \$1 billion, until expended, for schools of medicine and osteopathic medicine in underserved areas. Priority given to minority institutions. Directs funds to be used to recruit, enroll and retain underrepresented minorities including those from economically disadvantaged backgrounds. Supports building new medical schools in areas without one.</p> | No provision. | <p>ADDED BACK AND REVISED:</p> <p>Sec. 31007 - Authorizes beginning in FY 2022 \$500 million until expended for schools of medicine and osteopathic medicine in underserved areas. Priority given to minority institutions. Directs funds to be used to recruit, enroll and retain underrepresented minorities including those from economically disadvantaged backgrounds. Supports building new medical schools in areas without one.</p> |
| HOSPICE AND PALLATIVE CARE | No provision. | <p>Secs. 31007-10 - For FY 2022, authorizes \$100 million for development of hospice and palliative care workforce and education development.</p> | <p>CHANGES TO FUNDING:</p> <p>Secs. 31009 - 13 – Beginning FY 2022, authorizes \$90 million for development of hospice and palliative care workforce and education development.</p> |
| TEACHING HEALTH CENTER GRADUATE MEDICAL EDUCATION (GME) | <p>Sec. 31007 - Authorizes \$6 billion beginning in FY 2022 for payments and grants to teaching health centers. Funds are to be used to create new GME residency training programs, maintain currently filled positions, and expand existing programs.</p> | <p>Sec. 31003 - Authorizes \$3.37 billion beginning in FY 2022 for payments and grants to teaching health centers. Funds are to be used to create new GME residency training programs, maintain currently filled positions, and expand existing programs.</p> | <p>Sec. 31003 - Same provision.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|--|--|--|
| PUBLIC HEALTH AND WORKFORCE | | | |
| <p>RURAL AND UNDERSERVED PATHWAY TO PRACTICE TRAINING PROGRAM FOR POST-BACCALAUREATE AND MEDICAL STUDENTS AND RESIDENTS</p> | <p>Sec. 317601 - Beginning in FY 2022, creates the Rural and Underserved Pathway to Practice Training Program for Post-Baccalaureate and Medical Students. This program incentivizes those from rural and underserved communities to become physicians and to practice in those communities through a scholarship and stipend for qualifying medical students to attend medical school or post-baccalaureate and medical school.</p> <p>Creates 1,000 new GME positions to support this program.</p> | <p>Sec. 137402 - Beginning in FY 2022, creates the Rural and Underserved Pathway to Practice Training Program for Post-Baccalaureate and Medical Students. This program incentivizes those from rural and underserved communities to become physicians and to practice in those communities through a scholarship and stipend for qualifying medical students to attend medical school or post-baccalaureate and medical school.</p> <p>Authorizes \$6 million from Medicare Trust Funds to be used to administer the program. On an annual basis requires the Secretary to award medical scholarship voucher to 1000 qualifying students. Does not create 1,000 new GME positions.</p> | <p>CHANGES TO DATES AND FUNDING: Sec. 137402 - 5 - Beginning FY 2022 through FY 2032, out of any money in the Treasury not otherwise appropriated \$6 million as incentivizes to those from rural and underserved communities to become physicians and to practice in those communities through a scholarship stipend or voucher for qualifying medical students to attend medical school, post-baccalaureate programs or residency training programs.</p> <p><i>Note: text does not indicate that the funds are from the Medicare Trust Fund.</i></p> <p><i>Beginning Oct. 1, 2026, qualifying residents in qualifying hospitals will not count towards the FTE exclusion. Qualifying hospitals include those in rural and underserved areas.</i></p> <p><i>Beginning in FY 2025 and in each year the number of slots will increase to a maximum of 4,000 positions not to exceed 2,000 in any year. At least 25 percent of the slots must be in primary care (IM, FM, Peds, OB/GYN) and at least 15 percent in psychiatry.</i></p> |
| <p>CHILDREN'S HOSPITAL GME</p> | <p>Sec. 31008 - For FY 2022, appropriates \$250 million for additional funding for Children's Hospital GME.</p> | <p>Sec. 31004 - For FY 2022, appropriates \$150 million for additional funding for Children's Hospital GME.</p> | <p>CHANGES TO FUNDING: Sec. 31004 - For FY 2022, appropriates \$200 million for additional funding for Children's Hospital GME.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|---|--|---|
| PUBLIC HEALTH AND WORKFORCE | | | |
| HEALTH PROFESSIONS OPPORTUNITY GRANTS | <p>Sec. 134101 - Appropriates \$15 million beginning in FY 2022 through FY 2026 for two new demonstration projects. Designates \$12.75 million divided equally between: 1) programs awarding “allied health and behavioral health care credentials” to individuals with criminal/arrest records; and 2) programs supporting health professional pathways in pregnancy, birth and post-partum services. Grants awarded to all states, 10 tribal territories and 2 territories.</p> | <p>Sec. 134101 Appropriates \$1.2 billion beginning in FY 2022 through FY 2026 for grants to train low-income individuals for allied health professions, health information technology, PAs, nurse assistants, RNs, APRNs and other professions considered part of the health care career pathway; provide wage subsidies, student loan repayment, affordable childcare, transportation. Grants awarded to all states, at least 10 tribal entities and at least 2 territories.</p> | <p>CHANGES TO FUNDING:</p> <p>Sec. 134101 - Appropriates \$2.2 billion beginning in FY 2022 through FY 2026 to create grant programs to increase the number of awarding entities and or partnerships to increase “allied health and behavioral health care credentials” to individuals with criminal/arrest records; low income; programs supporting health professional pathways in pregnancy, birth and post-partum services. Funds may be used for tuition, clothing, transportation, supplies, and technical assistance. Grants awarded to all states, 10 tribal territories and 2 territories.</p> |
| VETERANS AFFAIRS & HEALTH PROFESSIONS TRAINING (VA COMMITTEE) | <p>Sec. 12004 - For FY 2022, adds 700 health professional residency positions at VA medical facilities.</p> | <p>Sec. 120004 - Appropriates FY 2022 until Sept. 30, 2029 \$268 million over 7 years, adds no more than 500 health professional residency positions at VA medical facilities.</p> | <p>Sec. 120004 - Same provision.</p> |
| NATIONAL HEALTH SERVICE CORPS | <p>No provision</p> | <p>Sec. 31005 - Appropriates FY 2022 \$650 million for the National Health Service Corps, which provides scholarships and loan repayment to qualified health care providers in exchange for their service in underserved areas across the country is included in the bill.</p> | <p>CHANGES TO FUNDING:</p> <p>Sec. 31005 - Appropriates FY 2022 \$2 billion for the National Health Service Corps, which provides scholarships and loan repayment to qualified health care providers in exchange for their service in underserved areas across the country is included in the bill.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|------------------------------------|--|--|--|
| PUBLIC HEALTH AND WORKFORCE | | | |
| SCHOOLS OF NURSING | <p>Sec. 31006 - Authorizes for FY 2022 \$1 billion for nursing education programs in underserved areas. Priority given to minority institutions. Minority institutions will have priority for the award of funding. Directs funds to be used to recruit, enroll and retain underrepresented minorities including those from economically disadvantaged backgrounds.</p> | No provision. | <p>ADDED BACK WITH FUNDING CHANGES:</p> <p>Sec. 31008 - Authorizes for FY 2022 \$500 million to modernize educational programs, recruit faculty and increase student enrollment. Priority will be given for nursing education programs in underserved areas. Priority given to minority institutions. Minority institutions will have priority for the award of funding. Directs funds to be used to recruit, enroll and retain underrepresented minorities including those from economically disadvantaged backgrounds.</p> |
| SCHOOLS OF MEDICINE | <p>Sec. 31005 - Authorizes \$1 billion for FY2022 medical education programs in rural and underserved areas. Directs funds to be used to recruit, enroll and retain underrepresented minorities including those from economically disadvantaged backgrounds and diversify faculty.</p> | No provision. | <p>ADDED BACK:</p> <p>Sec. 31007 - Authorizes \$1 billion in FY 2022 for medical education programs in rural and underserved areas. Directs funds to be used to recruit, enroll and retain underrepresented minorities including those from economically disadvantaged backgrounds and diversify faculty.</p> |
| NURSE CORPS | <p>Sec. 31009 - Authorizes in FY 2022 \$300 million for ongoing support of the Nurse Corps.</p> | <p>Sec. 31106 - Authorizes in FY 2022 \$200 million for ongoing support of the Nurse Corps.</p> | <p>FUNDING CHANGES:</p> <p>Sec. 31106 - Authorizes in FY 2022 \$500 million for ongoing support of the Nurse Corps.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|---|---|---|
| PUBLIC HEALTH AND WORKFORCE | | | |
| PANDEMIC PREPAREDNESS | <p>Sec. 31021-25 - Directs \$17 billion for FY 2022 to be used for data modernization at the CDC; public health preparedness research, development and countermeasure capacity; disease surveillance; and laboratory enhancement.</p> | <p>Sec. 31021-22 - Directs \$3 billion for FY 2022 to be used for data modernization at the CDC; public health preparedness research, development and countermeasure capacity; disease surveillance; and laboratory enhancement. This text directs \$300 million to improve capital infrastructure at the Food and Drug Administration.</p> | <p>Sec. 31021-23 - Same provision.</p> |
| FUNDING FOR EDUCATION AND TRAINING AT HEALTH PROFESSIONS SCHOOLS TO IDENTIFY AND ADDRESS HEALTH ASSOCIATED RISKS ASSOCIATED WITH CLIMATE CHANGE | <p>No provision.</p> | <p>Sec. 31038 - For FY 2022 appropriates \$85 million until expended to medical schools, accredited schools of nursing, teaching hospitals, accredited midwifery, PA programs, residency and fellowship programs to support the integration of education and training addressing health risks associated with climate change.</p> | <p>Sec. 31038 - Same provision.</p> |
| HOSPITAL INFRASTRUCTURE | <p>Sec. 31002 - Directs \$10 billion for FY2022 (available until expended) to be used for grants increasing capacity and updating hospitals to serve high need communities. Priority will be given to projects that focus on public health emergency and natural disaster preparedness.</p> | <p>No provision.</p> | <p>No provision.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|--|--|--|
| PUBLIC HEALTH AND WORKFORCE | | | |
| MATERNAL HEALTH | <p>Sec. 31041-56 - Authorizes \$1.025 billion for FY2022 total for investments in maternal health support. This includes investments in the doula workforce, equity support through digital tools and antidiscrimination training, innovative models and research on child health and human development, and training and development programs designed to improve maternal health outcomes, especially in minority populations.</p> | <p>Sec. 31031-48 - Authorizes \$1.1 billion for FY2022 total for investments in maternal health support. This includes investments in the doula workforce, equity support through digital tools and antidiscrimination training, innovative models and research on child health and human development, research and support for maternal health and substance abuse, and training and development programs designed to improve maternal health outcomes, especially in minority populations.</p> | <p>Sec. 31031-48 - Same provision.</p> |
| ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH (ARPA-H) | <p>Sec. 31031 - Authorizes \$3 billion for FY2022 for the establishment of ARPA-H.</p> | <p>No provision.</p> | <p>No provision.</p> |
| COMMUNITY HEALTH CENTER (CHC) CAPITAL GRANTS | <p>Sec. 31003 - Authorizes \$10 billion for FY2022 (available until expended) for capital improvements to CHCs.</p> | <p>Sec. 31002 - Authorizes \$1 billion for FY2022 (available until expended) for capital improvements to CHCs.</p> | <p>FUNDING CHANGES: Sec. 31002 - Authorizes \$2 billion for FY2022 (available until expended) for capital improvements to CHCs.</p> |
| COMMUNITY-BASED CARE INFRASTRUCTURE | <p>Sec. 31004 - Authorizes \$500 million for FY2022 (available until expended) for grants to qualified teaching health centers and behavioral health care centers for capital improvements.</p> | <p>No provision.</p> | <p>No provision.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|---|---|-------------------------------------|
| PUBLIC HEALTH AND WORKFORCE | | | |
| PUBLIC HEALTH INFRASTRUCTURE FOR STATE, LOCAL AND TRIBAL DEPARTMENTS AT CDC | Sec. 31001 - Authorizes \$7 billion for FY2022 (available until expended) for CDC grants to counties with at least 2 million people and cities with 400,000 people. Priority based on population, Social Vulnerability Index and other factors. | Sec. 31001 - Authorizes \$3 billion for FY2022 (available until expended) for CDC grants to counties with at least 2 million people and cities with 400,000 people. Priority based on population, Social Vulnerability Index and other factors. | Sec. 31001 - Same provision. |
| SUBSTANCE USE DISORDER (INCLUDING OPIOIDS) | Sec. 31061 - Authorizes \$50 million for FY2022 (available until expended) to support mental health and substance use disorder professionals. | Sec. 31051 - Same provision. | Sec. 31051 - Same provision. |
| | | | |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---------------------------|---|------------------------|-------------------------------|
| PRESCRIPTION DRUGS | | | |
| PRICE NEGOTIATIONS | <p>Sec. 139001 - Establishes the 'Fair Price Negotiation' program, which directs the Secretary of the Department of Health and Human Services (HHS) to, beginning with plan year 2025, negotiate maximum fair prices for selected drugs for a plan year or if agreed, a longer time horizon.</p> <p>The subset of drugs that will be subject to negotiation include at least 25 negotiation-eligible drugs in 2025 and at least 50 in 2026.</p> <ul style="list-style-type: none"> The Secretary will select drugs from the list of 125 Part D drugs with the estimated greatest net spending under Parts C and D in the most recent plan year, the list of 125 drugs with the estimated greatest net spending in the U.S., and insulin drugs. <p>Drugs will be selected for negotiation based on projections of which will achieve the greatest savings to the Federal Government or to individuals eligible for the negotiated price.</p> | No provision. | |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---------------------------|--|--------------------------------------|--|
| PRESCRIPTION DRUGS | | | |
| PRICE NEGOTIATIONS | | | <p><i>\$200 million or less in annual expenditures under Medicare. In addition, any company that's defined as a "small biotech" cannot have a drug of theirs negotiated before 2028. Certain types of drugs are also exempted, including vaccines and new formulations of single source drugs.</i></p> <p>Sec 139002 - Excise Tax - <i>If the drug manufacturer delays the negotiation process or does not sell the drug at the negotiated price within 90 days of the agreement, the manufacturer will pay an excise tax starting at 65% of the sales of that drug. Then it increases over time to 75% (6 months), 85% (9 months) and then 95% after that.</i></p> |
| MANUFACTURER TAXES | <p>Sec. 139002 - To enforce participation, imposes a tax during noncompliance periods on the manufacturer, producer, or importer of any selected drug, with the amendments made by this section applying to sales after the date of the enactment of the bill.</p> | No provision. | <p>ADDED BACK AND REVISED:</p> <p>Sec. 139002 - To enforce participation, imposes a tax during noncompliance periods on the manufacturer, producer, or importer of any selected drug, with the amendments made by this section applying to sales after the date of the enactment of the bill, stating that certain tax exemptions are not applicable.</p> |
| ORPHAN DRUG TAX CREDIT | <p>Sec. 138141 - Beginning December 31, 2021 limits the 25% tax credit to first use or indication for a rare disease and makes biological products eligible.</p> | Sec. 138141 - Same provision. | Sec. 138141 - Same provision. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---------------------------|---|------------------------|---|
| PRESCRIPTION DRUGS | | | |
| INFLATIONARY REBATES | <p>Sec. 139101 - Requires manufacturers to pay a rebate for Part B single source drug or biological and biosimilar product if the average sales price (ASP) increases outpace inflation, beginning on or after July 1, 2023.</p> <p>Sec. 139102 - Requires manufacturers to pay a rebate for Part D drugs or biologicals if the average manufacturer price increases outpace inflation, beginning on or after July 1, 2023.</p> | No provision. | <p>ADDED BACK AND REVISED: Sec. 139101 - Requires manufacturers to pay a rebate for Part B single source drug or biological and biosimilar product if the average sales price (ASP) increases outpace inflation, beginning on or after July 1, 2023. 2021 is the base year from which the rebate will be calculated.</p> <p>Sec. 139102 - Requires manufacturers to pay a rebate for Part D drugs or biologicals if the average manufacturer price increases outpace inflation, beginning on or after July 1, 2023. 2021 is the base year from which the rebate will be calculated.</p> <p><i>In addition, the drug prices paid under commercial plans will be factored into the rebate calculation. If a drug manufacturer does not pay the required rebate, they will be assessed a civil monetary penalty at 125% of the rebate.</i></p> |
| PART D BENEFIT REDESIGN | <p>Sec. 30521 - Redesigns Medicare Part D to establish a \$2,000 out-of-pocket maximum cap for Medicare Part D enrollees, beginning in 2024. The redesign includes modification of the phases of coverage and liability requirements for prescription drug plans (PDPs), drug manufacturers, and the Medicare program.</p> | No provision. | <p>ADDED BACK AND REVISED: Sec. 27001 - Redesigns Medicare Part D to establish a \$2,000 out-of-pocket maximum cap for Medicare Part D enrollees, beginning in 2024. Caps out-of-pocket costs for Insulin at \$35 a month. The redesign includes modification of the phases of coverage and liability requirements for prescription drug plans (PDPs), drug manufacturers, and the Medicare program.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|--------------------|--|------------------------|--|
| PRESCRIPTION DRUGS | | | |
| PBM REBATE RULE | <p>Sec. 139201 - Directs the Secretary not to implement, administer, or enforce the provisions of the final rule, “Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees”.</p> <p>This proposal reverses the effect of the final rule published by the Office of the Inspector General (OIG) on November 30, 2020 removing the safe harbor protection for prescription drug rebates, requiring point-of-sale reductions to go to patients. This would kick in on Jan. 1, 2026 after the BIF delay ends.</p> | No provision. | <p>ADDED BACK:</p> <p>Sec. 139301 - Directs the Secretary not to implement, administer, or enforce the provisions of the final rule, “Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees”.</p> <p>This proposal reverses the effect of the final rule published by the Office of the Inspector General (OIG) on November 30, 2020 removing the safe harbor protection for prescription drug rebates, requiring point-of-sale reductions to go to patients. This would kick in on Jan. 1, 2026 after the BIF delay ends.</p> |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE PASSED VERSION 11/19/21 |
|---|-------------------------|------------------------|---|
| PRESCRIPTION DRUGS | | | |
| OVERSIGHT OF PHARMACY BENEFIT MANAGERS - NEW | No provision. | No provision. | <p>NEW: Sec. 27002 - Starting on January 1, 2023, PBMs must provide employers and plan sponsors a report every 6 months that details how much copayment assistance was funded by drug makers. They must disclose extensive information on the prices they paid for specific drugs, the rebates for specific drugs, and the rationale for placing drugs on certain tiers within their formulary. PBMs cannot enter into contracts with drug makers that limit disclosures to PBMs in a way that would prevent them from providing these reports to employers and plan.</p> |
| | | | |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE-PASSED VERSION 11/19/21 |
|---|--|--|---|
| OTHER | | | |
| NURSING HOME WORKER TRAINING GRANTS | Sec. 134201 - Authorizes \$400 million for FY 2022-2025 for grants to states and localities to support education and training of nursing home workers, including job training and development for various kinds of medical care aides. | Sec. 134201 - Authorizes \$400 million for FY 2023-2026 for grants to carry out the same initiatives. | CHANGES TO FUNDING: Sec. 134201 - Authorizes \$424,180,000 for FY 2023-2026 for grants to carry out the same initiatives. |
| SKILLED NURSING OVERSIGHT | Secs. 134301-3 - Appropriates \$50 million for 2026-2031 to support activities to improve accuracy and reliability of data for skilled nursing facilities (SNFs). Establishes a two percent payment reduction penalty for SNFs that report inaccurate or fail to report certain resident assessment or direct care staffing data. Appropriates \$325 million to increase state surveys and certification. | Secs. 134301-3 - Same provision. | Sec. 30717-19 - Same provision. |
| SKILLED NURSING FACILITY STAFF TO PATIENT RATIOS | Sec. 134304 - Appropriates \$50 million for the Secretary to conduct a study on nurse-to-patient ratios. The first study is due 3 years after enactment and then once every 5 years. | Sec. 134304 - Same provision. | REGULATORY REQUIREMENTS ADDED: Sec. 30720 - Same provision with regarding to a report. Within a year of this report, HHS must issue regulations setting nurse staffing ratios at skilled nursing facilities, which will be required to comply. There are exemptions for certain types of providers, such as rural providers without sufficient a work force. There is \$50 million appropriated for HHS to issue this report and regulation. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE-PASSED VERSION 11/19/21 |
|---|---|--|---|
| OTHER | | | |
| 14(C) CERTIFICATES | Sec. 22201- Provides \$300 million for FY 2022 to provide grants to states to transition from 14(c) programs to competitive integrated employment for individuals with disabilities. | Sec. 22201 - Same provision. | Sec. 22201 - Same provision. |
| PROTECTING THE RIGHT TO ORGANIZE (PRO) ACT | Sec. 21006 - Beginning January 1, 2022 , incorporates provisions from the PRO Act, including authorizing civil monetary penalties for employers that commit unfair labor practices related to collective bargaining and workers' rights to form a union. Employers will be subject to civil penalties of up to \$50,000 for each violation, and up to \$100,000 for repeat violations and/or violations that result in termination or serious economic harm. Also includes newly-defined unfair labor practices. | Sec. 21006 - Beginning January 1, 2022 , the bill authorizes civil monetary penalties for employers that commit unfair labor practices related to collective bargaining and workers' rights to form a union. Employers will be subject to civil penalties of up to \$50,000 for each violation, and up to \$100,000 for repeat violations and/or violations that result in termination or serious economic harm. Provisions related to newly-defined unfair labor practices were removed from the bill. | Sec. 21006 - Same provision. |
| REQUIREMENT THAT SKILLED NURSING FACILITIES HAVE REGISTERED NURSES ON DUTY 24/7 | No provision | No provision | NEW: Sec. 132000: Requires that skilled nursing facilities have registered nurses on duty 24/7 in both Medicare and Medicaid. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE-PASSED VERSION 11/19/21 |
|--|---|-------------------------------------|--|
| OTHER | | | |
| MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA) VIOLATIONS | Sec. 21005 - Sets civil penalties for MHPAEA violations through the application of existing civil monetary penalties available under the Genetic Information Nondiscrimination Act to such violations. Applies to group health plans or any health insurance issuer offering health insurance coverage in connection with such plan, and would take effect for plan years beginning after the date that is one year after the date of enactment of the BBB legislation. | Sec. 21005 - Same provision. | Sec. 21005 - Same provision. |
| MAKES PERMANENT THE INDEPENDENCE AT HOME MEDICAL DEMONSTRATION PROGRAM | No provision | No provision | NEW: Sec 132001: Makes permanent the Independence at Home Demonstration Program, eliminates limitations on the number of medical practices and applicable patients that can participate, and provides \$60 M for HHS to implement the program with those funds available through 2031. |
| TEMPORARY INCREASE IN MEDICARE PART B PAYMENT FOR CERTAIN BIOSIMILAR BIOLOGICAL PRODUCTS | No provision | No provision | NEW: Sec. 139404: For biosimilars that are currently on the market, or come to market before March 31, 2027, providers will receive an enhanced reimbursement of ASP plus 8% for a 5-year period. In order to be eligible, a biosimilar must have lower average sales than the reference biologic. |

**Build Back Better
Budget Reconciliation Act
Healthcare Provisions**

| ISSUE | HOUSE COMMITTEE VERSION | HOUSE VERSION 10/28/21 | HOUSE-PASSED VERSION 11/19/21 |
|--|-------------------------|------------------------|---|
| OTHER | | | |
| IMPROVING ACCESS TO ADULT VACCINES UNDER MEDICAID AND CHIP | No provision | No provision | NEW: Sec. 139405: Ensures beneficiaries on Medicaid and CHIP have access to adult vaccines without cost-sharing. It clarifies that the no-cost sharing requirement includes administration of the vaccine. Provides states with a two-year FMAP bump of 1% for vaccine administration, which begins when the bill is enacted. |

**based on data from congressional, federal and executive branch sources*