

117TH CONGRESS
1ST SESSION

H. R. 4937

To provide Medicaid assistance to individuals and families affected by a disaster or emergency, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 6, 2021

Mr. PANETTA (for himself, Mr. LANGEVIN, and Miss GONZÁLEZ-COLÓN) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To provide Medicaid assistance to individuals and families affected by a disaster or emergency, and for other purposes.

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 “Disaster Relief Med-
5 icaid Act”.

6 **SEC. 2. MEDICAID RELIEF FOR DISASTER SURVIVORS.**

7 Title XIX of the Social Security Act (42 U.S.C. 1396
8 et seq.) is amended—

1 (1) in section 1902(a)—

2 (A) in paragraph (86), by striking “; and”
3 and inserting a semicolon;

4 (B) in paragraph (87), by striking the pe-
5 riod at the end and inserting “; and”; and

6 (C) by inserting after paragraph (87) the
7 following new paragraph:

8 “(88) beginning January 1, 2023, provide for
9 making medical assistance available to relief-eligible
10 survivors of disasters during relief coverage periods
11 in accordance with section 1948.”; and

12 (2) by adding at the end the following new sec-
13 tion:

14 **“SEC. 1948. DISASTER RELIEF MEDICAID FOR SURVIVORS**
15 **OF MAJOR DISASTERS.**

16 “(a) IN GENERAL.—Notwithstanding any other pro-
17 vision of this title, a State plan shall provide medical as-
18 sistance to a relief-eligible survivor of a disaster in accord-
19 ance with this section.

20 “(b) DEFINITIONS.—In this section:

21 “(1) DISASTER.—The term ‘disaster’ means a
22 major disaster—

23 “(A) that is declared on or after January
24 1, 2023, by the President in accordance with
25 section 401 of the Robert T. Stafford Disaster

1 Relief and Emergency Assistance Act (42
2 U.S.C. 5170); and

3 “(B) which the President has determined
4 warrants individual and public assistance from
5 the Federal Government under such Act.

6 “(2) DIRECT IMPACT AREA.—

7 “(A) IN GENERAL.—The term ‘direct im-
8 pact area’ means, with respect to a disaster, the
9 geographic area in which the disaster exists.

10 “(B) WEBSITE POSTING OF DIRECT IM-
11 PACT AREAS.—As soon as practicable after a
12 disaster is declared (as described in paragraph
13 (1)(A)), the Secretary shall post on the website
14 of the Centers for Medicare & Medicaid Serv-
15 ices a list of the areas identified as the direct
16 impact areas of the disaster.

17 “(3) HOME STATE.—The term ‘home State’
18 means, with respect to a survivor of a disaster, the
19 State in which the survivor was living and was a
20 resident, as determined by the State in which the
21 survivor is applying for medical assistance under
22 this title, during the 7-day period preceding the date
23 on which the disaster is declared (as described in
24 paragraph (1)(A)).

1 “(4) RELIEF COVERAGE PERIOD.—The term
2 ‘relief coverage period’ means, with respect to a dis-
3 aster, the period that begins on the date the disaster
4 is declared (as described in paragraph (1)(A)) and
5 ends on the day that is 2 years after such date.

6 “(5) RELIEF-ELIGIBLE SURVIVOR.—

7 “(A) IN GENERAL.—Subject to subpara-
8 graph (C), the term ‘relief-eligible survivor’
9 means an individual who is a survivor of a dis-
10 aster whose family income does not exceed the
11 higher of—

12 “(i) 133 percent (or, in the case of a
13 survivor who is a pregnant woman, a child,
14 or a recipient of benefits under title II on
15 the basis of a disability, 200 percent) of
16 the poverty line; or

17 “(ii) the income eligibility standard
18 that would otherwise apply to the survivor
19 under the State plan of the survivor’s
20 home State (or a waiver of such plan).

21 “(B) DISREGARD OF UNEMPLOYMENT IN-
22 COME.—For purposes of this section, and not-
23 withstanding section 1902(e)(14)(B), the in-
24 come of a survivor of a disaster shall not in-
25 clude any amount received during the relief cov-

1 erage period of the disaster under a law of the
2 United States or a State which is in the nature
3 of unemployment compensation.

4 “(C) LIMITATION TO RELIEF COVERAGE
5 PERIOD.—

6 “(i) IN GENERAL.—Except as pro-
7 vided in clauses (ii) and (iii), for purposes
8 of this section, an individual shall not be
9 considered to be a relief-eligible survivor on
10 the basis of the individual’s status as a
11 survivor of a disaster after the end of the
12 relief coverage period of the disaster.

13 “(ii) CONTINUOUS ELIGIBILITY FOR
14 DISASTER RELIEF COVERAGE FOR PREG-
15 NANT AND POSTPARTUM INDIVIDUALS.—In
16 the case of an individual who, while preg-
17 nant, receives medical assistance as a re-
18 lief-eligible survivor of a disaster under a
19 State plan (or a waiver of such a plan) in
20 accordance with this section, such indi-
21 vidual shall continue to be eligible for med-
22 ical assistance as a relief-eligible survivor
23 through the end of the month in which the
24 60-day period (beginning on the last day of
25 the pregnancy) ends, without regard to

1 whether the pregnancy ends before or after
2 the end of the relief coverage period of the
3 disaster.

4 “(iii) CONTINUOUS ELIGIBILITY FOR
5 INDIVIDUALS WITH PENDING APPLICA-
6 TIONS.—If an individual who receives med-
7 ical assistance as a relief-eligible survivor
8 of a disaster under a State plan (or a
9 waiver of such a plan) in accordance with
10 this section has an application pending for
11 medical assistance under the State plan (or
12 waiver) under this title or for child health
13 assistance or pregnancy-related assistance
14 under a State plan under title XXI (or a
15 waiver of such a plan) on the date that the
16 relief coverage period of the disaster ends,
17 such individual shall continue to be eligible
18 for medical assistance as a relief-eligible
19 survivor through the earlier of—

20 “(I) the end of the month in
21 which the 60-day period (beginning on
22 the last day of such relief coverage pe-
23 riod) ends; and

24 “(II) the date on which the indi-
25 vidual’s application for medical assist-

1 ance, child health assistance, or preg-
2 nancy-related assistance (as applica-
3 ble) is approved or denied.

4 “(6) SURVIVOR.—

5 “(A) IN GENERAL.—The term ‘survivor’
6 means, with respect to a disaster, an individual
7 who is described in subparagraph (B) or (C).

8 “(B) RESIDENTS AND EVACUEES OF DI-
9 RECT IMPACT AREAS.—An individual described
10 in this subparagraph is an individual who, on
11 any day during the 7-day period preceding the
12 date on which a disaster is declared (as de-
13 scribed in paragraph (1)(A)), has a primary
14 residence in the disaster’s direct impact area.

15 “(C) INDIVIDUALS WHO LOST EMPLOY-
16 MENT.—An individual described in this sub-
17 paragraph is an individual—

18 “(i) whose worksite, on any day dur-
19 ing the 7-day period preceding the date on
20 which a disaster is declared (as so de-
21 scribed), was located in the disaster’s di-
22 rect impact area;

23 “(ii) who was employed by an em-
24 ployer that—

1 “(I) conducted an active trade or
2 business in such area on any day dur-
3 ing such 7-day period; and

4 “(II) was unable to operate such
5 trade or business as a result of the
6 disaster on any day during the disas-
7 ter’s relief coverage period; and

8 “(iii) whose employment with such
9 employer was terminated.

10 “(D) TREATMENT OF HOMELESS PER-
11 SONS.—In the case of an individual who was
12 homeless on any day during the 7-day period
13 preceding the date on which a disaster is de-
14 clared (as so described), the individual’s resi-
15 dency for purposes of subparagraph (B) shall
16 be determined as it would otherwise be deter-
17 mined by the home State of the individual for
18 purposes of this title.

19 “(E) EFFECT OF CONCURRENT ELIGI-
20 BILITY FOR MEDICAID OR CHIP.—An individ-
21 ual’s eligibility for medical assistance under a
22 State plan (or waiver of such plan) (or for child
23 health assistance or pregnancy-related assist-
24 ance under a State plan under title XXI (or a
25 waiver of such a plan)) on a basis other than

1 under this section shall not prevent the indi-
2 vidual from being treated as a survivor under
3 this section, and the rights afforded to an indi-
4 vidual who is eligible for or enrolled under a
5 State plan (or waiver) under either such title
6 shall not be affected by the individual's receipt
7 of medical assistance as a relief-eligible survivor
8 of a disaster in accordance with this section.

9 “(c) ELIGIBILITY.—

10 “(1) SIMPLIFIED APPLICATION.—

11 “(A) IN GENERAL.—For purposes of deter-
12 mining eligibility for medical assistance under
13 this section, each State may accept a simplified,
14 streamlined application form (as developed by
15 the Secretary in consultation with the National
16 Association of State Medicaid Directors), which
17 shall—

18 “(i) require an applicant for medical
19 assistance in accordance with this section
20 as a survivor of a disaster to—

21 “(I) provide the applicant's mail-
22 ing address for the duration of the re-
23 lief coverage period of the disaster;
24 and

1 “(II) agree to update the infor-
2 mation described in subclause (I) if it
3 changes during such period;

4 “(ii) provide notice of the penalties for
5 making a fraudulent application described
6 in subsection (g);

7 “(iii) require the applicant to assign
8 to the State any rights of the applicant (or
9 any other individual who is a relief-eligible
10 survivor and on whose behalf the applicant
11 has the legal authority to execute an as-
12 signment of such rights) as described and
13 in accordance with the requirements of sec-
14 tion 1912;

15 “(iv) require the applicant to list any
16 health insurance coverage in which the ap-
17 plicant was enrolled immediately prior to
18 submitting the application for medical as-
19 sistance under this section; and

20 “(v) require the applicant to self-at-
21 test that the applicant—

22 “(I) is a relief-eligible survivor of
23 the disaster; and

24 “(II) if applicable, requires home
25 and community-based services.

1 “(B) NO DOCUMENTATION REQUIRE-
2 MENT.—

3 “(i) IN GENERAL.—A State shall not
4 require an applicant for medical assistance
5 as a survivor of a disaster under this sec-
6 tion to provide any documentation or other
7 evidence—

8 “(I) of the applicant’s status as a
9 relief-eligible survivor; and

10 “(II) if applicable, that the appli-
11 cant requires home and community-
12 based services.

13 “(ii) USE OF AVAILABLE ELECTRONIC
14 DATA SOURCES.—In making determina-
15 tions with respect to the status of an appli-
16 cant for medical assistance as a survivor of
17 a disaster under this section, or such an
18 applicant’s need for home and community-
19 based services, a State may use data relat-
20 ing to the applicant that is available to the
21 State from electronic data sources.

22 “(2) PRESUMPTIVE ELIGIBILITY FOR RELIEF-
23 ELIGIBLE SURVIVORS.—

24 “(A) IN GENERAL.—A State shall provide
25 for making medical assistance available to an

1 individual as a relief-eligible survivor under this
2 section during a presumptive eligibility period.

3 “(B) PRESUMPTIVE ELIGIBILITY PERIOD
4 DEFINED.—For purposes of this paragraph—

5 “(i) the term ‘presumptive eligibility
6 period’ means, with respect to an indi-
7 vidual, the period that—

8 “(I) begins with the date on
9 which a qualified provider determines,
10 on the basis of preliminary informa-
11 tion, that the individual satisfies the
12 criteria for eligibility for medical as-
13 sistance as a relief-eligible survivor
14 under this section; and

15 “(II) ends with (and includes)
16 the earlier of—

17 “(aa) the day on which a de-
18 termination is made with respect
19 to the eligibility of the individual
20 for medical assistance as a relief-
21 eligible survivor under this sec-
22 tion; or

23 “(bb) in the case of an indi-
24 vidual who does not file an appli-
25 cation by the last day of the

1 month following the month dur-
2 ing which the provider makes the
3 determination referred to in item
4 (aa), such last day; and

5 “(ii) the term ‘qualified provider’ has
6 the meaning given such term in section
7 1920.

8 “(C) COORDINATION BETWEEN STATE
9 AGENCIES AND QUALIFIED PROVIDERS.—

10 “(i) PROVISION OF FORMS AND IN-
11 FORMATION TO QUALIFIED PROVIDERS.—
12 The State agency shall provide qualified
13 providers with—

14 “(I) such forms as are necessary
15 for an individual to make application
16 for medical assistance under the State
17 plan as a relief-eligible survivor; and

18 “(II) information on how to as-
19 sist individuals and their authorized
20 representatives in completing and fil-
21 ing such forms.

22 “(ii) PROVISION OF NOTICE OF DE-
23 TERMINATIONS TO STATE AGENCIES.—A
24 qualified provider that determines under
25 this subparagraph that an individual is eli-

1 gible for medical assistance under a State
2 plan as a relief-eligible survivor under this
3 section shall—

4 “(I) notify the State agency of
5 the determination within 5 working
6 days after the date on which deter-
7 mination is made; and

8 “(II) inform the individual at the
9 time the determination is made that
10 the individual is required to make ap-
11 plication for medical assistance under
12 the State plan by not later than the
13 last day of the month following the
14 month during which the determination
15 is made.

16 “(D) APPLICATION REQUIREMENT.—An
17 individual who is determined by a qualified pro-
18 vider to be presumptively eligible as a relief-eli-
19 gible survivor for medical assistance under a
20 State plan shall make application for medical
21 assistance under such plan by not later than
22 the last day of the month following the month
23 during which the determination is made, which
24 application may be the streamlined application
25 described in paragraph (1).

1 “(E) TREATMENT AS MEDICAL ASSIST-
2 ANCE.—Notwithstanding any other provision of
3 this title, items and services that are—

4 “(i) furnished to an individual during
5 a presumptive eligibility period under this
6 paragraph by a provider that is eligible for
7 payments under the State plan; and

8 “(ii) included in the care and services
9 covered by the State plan,

10 shall be treated as medical assistance provided
11 to a relief-eligible survivor of a disaster during
12 the relief coverage period of the disaster under
13 this section.

14 “(3) CONTINUOUS ELIGIBILITY.—

15 “(A) IN GENERAL.—Subject to subpara-
16 graph (B), an individual who is determined by
17 a State to be a relief-eligible survivor of a dis-
18 aster shall remain eligible for medical assistance
19 under the State plan (or a waiver of such plan)
20 as such a survivor, without the need for any re-
21 determination of eligibility, for the duration of
22 the relief coverage period of the disaster.

23 “(B) EXCEPTIONS.—A State may termi-
24 nate the eligibility of an individual who is deter-
25 mined by a State to be a relief-eligible survivor

1 of a disaster before the end of the relief cov-
2 erage period of the disaster if—

3 “(i) the individual (or the individual’s
4 authorized representative) requests a vol-
5 untary termination of eligibility;

6 “(ii) the individual ceases to be a resi-
7 dent of the State;

8 “(iii) the State determines that eligi-
9 bility was erroneously granted because of
10 State error or fraud, abuse, or perjury at-
11 tributed to the individual (or the individ-
12 ual’s authorized representative); or

13 “(iv) the individual dies.

14 “(4) ISSUANCE OF DISASTER RELIEF MEDICAID
15 ELIGIBILITY CARD.—A State shall issue a disaster
16 relief Medicaid eligibility card to each applicant who
17 is determined to be a relief-eligible survivor of a dis-
18 aster and eligible for medical assistance under this
19 section, which shall be valid for the duration of the
20 relief coverage period of the disaster.

21 “(5) VERIFICATION OF STATUS AS A RELIEF-
22 ELIGIBLE SURVIVOR.—

23 “(A) IN GENERAL.—The State shall make
24 a good faith effort to verify the status of an in-
25 dividual who is enrolled in the State plan (or a

1 waiver of such plan) as a relief-eligible survivor
2 of a disaster in accordance with this section.
3 Such effort shall not delay the determination of
4 the eligibility of the individual for medical as-
5 sistance under this section, and a State may en-
6 roll an individual in the State plan or waiver
7 under this section pending such verification.

8 “(B) EVIDENCE OF VERIFICATION.—A
9 State may satisfy the verification requirement
10 under subparagraph (A) with respect to an in-
11 dividual by showing that the State obtained in-
12 formation from the Social Security Administra-
13 tion, the Internal Revenue Service, or, if appli-
14 cable, the State Medicaid agency of the home
15 State of the individual.

16 “(6) DETERMINATION BY EXPRESS LANE AGEN-
17 CY.—Any determination or redetermination of eligi-
18 bility or verification of status made under this sec-
19 tion shall be made by an Express Lane agency (as
20 defined in section 1902(e)(13)(F)).

21 “(d) SCOPE OF COVERAGE.—

22 “(1) IN GENERAL.—A State providing medical
23 assistance to a relief-eligible survivor of a disaster in
24 accordance with this section shall provide medical
25 assistance that is equal in amount and scope to the

1 medical assistance that would otherwise be made
2 available to such survivor if the survivor were en-
3 rolled in the State plan (or waiver of such plan) as
4 an individual described in clause (i) of section
5 1902(a)(10)(A), except that, in the case of such a
6 survivor whose home State is not the State providing
7 medical assistance to the individual, the State shall
8 also provide medical assistance for any item or serv-
9 ice for which medical assistance is available to indi-
10 viduals described in clause (i) of section
11 1902(a)(10)(A) under the State plan (or waiver) of
12 the survivor's home State.

13 “(2) PROVIDER PAYMENT RATES FOR HOME
14 STATE SERVICES.—In the case of medical assistance
15 provided under this section by a State to a relief-eli-
16 gible survivor of a disaster whose home State is not
17 the State providing such assistance for an item or
18 service which is not otherwise available under the
19 State plan (or waiver of such plan) but which is
20 available under the State plan (or waiver) of the sur-
21 vivor's home State, the State shall pay the provider
22 of such item or service at the same rate that the
23 home State would pay for the item or service if it
24 were provided under the plan or waiver of the home
25 State (or, if no such payment rate applies under the

1 plan or waiver of the home State, the usual and cus-
2 tomary prevailing rate for the item or service for the
3 community in which it is provided).

4 “(3) RETROACTIVE COVERAGE.—

5 “(A) IN GENERAL.—Notwithstanding sec-
6 tion 1905(a), a State shall provide medical as-
7 sistance for items and services furnished in the
8 State beginning with the first day of the relief
9 coverage period of a disaster to any relief-eligi-
10 ble survivor of the disaster who submits an ap-
11 plication for such assistance before the deadline
12 described in subparagraph (B).

13 “(B) APPLICATION DEADLINE.—The dead-
14 line for a relief-eligible survivor of a disaster to
15 submit an application for medical assistance in
16 accordance with this section is the date that is
17 90 days after the end of the disaster’s relief
18 coverage period.

19 “(4) CHILDREN BORN TO RELIEF-ELIGIBLE
20 SURVIVORS OF A DISASTER.—In the case of a child
21 born to a relief-eligible survivor of a disaster who is
22 provided medical assistance in accordance with this
23 section during the relief coverage period of the dis-
24 aster, the child shall be treated as having been born
25 to a pregnant woman eligible for medical assistance

1 under the State plan (or waiver of such plan) and
2 shall be eligible for medical assistance under such
3 plan (or waiver) in accordance with section
4 1902(e)(4). Notwithstanding subsection (f), the Fed-
5 eral medical assistance percentage determined for a
6 State and fiscal year under section 1905(b) shall
7 apply to medical assistance provided during the year
8 to a child under the State plan (or waiver) in ac-
9 cordance with the preceding sentence.

10 “(5) OPTION TO PROVIDE EXTENDED MENTAL
11 HEALTH AND CARE COORDINATION BENEFITS.—A
12 State may provide, without regard to any restric-
13 tions on amount, duration, scope, or comparability,
14 or other restrictions under this title or the State
15 plan or waiver of such plan (other than restrictions
16 applicable to services provided in an institution for
17 mental diseases), medical assistance to relief-eligible
18 survivors of a disaster under this section for ex-
19 tended mental health and care coordination services,
20 which may include the following:

21 “(A) Screening, assessment, and diagnostic
22 services (including specialized assessments for
23 individuals with cognitive impairments).

24 “(B) Coverage for a full range of mental
25 health medications at the dosages and fre-

1 quencies prescribed by health professionals for
2 depression, post-traumatic stress disorder, and
3 other mental disorders.

4 “(C) Treatment of alcohol and substance
5 abuse determined to result from circumstances
6 related to the disaster.

7 “(D) Psychotherapy, rehabilitation and
8 other treatments administered by psychiatrists,
9 psychologists, or social workers for conditions
10 exacerbated by, or resulting from, the disaster.

11 “(E) Peer support services related to the
12 disaster.

13 “(F) Mobile crisis services to assist with
14 crises related to the disaster.

15 “(G) Inpatient mental health care in a
16 general hospital.

17 “(H) Family counseling for families where
18 a member of the immediate family is a survivor
19 of the disaster or a first responder to the dis-
20 aster or includes an individual who has died as
21 a result of the disaster.

22 “(I) In connection with the provision of
23 health and long-term care services, arranging
24 for, (and when necessary, enrollment in waiver
25 programs or other specialized programs), and

1 coordination related to, primary and specialty
2 medical care, which may include personal care
3 services, durable medical equipment and sup-
4 plies, assistive technology, and transportation.

5 “(6) OPTION TO PROVIDE HOME AND COMMU-
6 NITY-BASED SERVICES.—

7 “(A) IN GENERAL.—A State may provide
8 medical assistance under this section for home
9 and community-based services to a relief-eligible
10 survivor of a disaster, including any survivor
11 who is an individual described in subparagraph
12 (B), who self-attests that the survivor imme-
13 diately requires such services, without regard to
14 whether the survivor would require the level of
15 care provided in a hospital, nursing facility, or
16 intermediate care facility for the develop-
17 mentally disabled.

18 “(B) INDIVIDUALS DESCRIBED.—Individ-
19 uals described in this subparagraph are relief-
20 eligible survivors of a disaster who—

21 “(i) on any day during the week pre-
22 ceding the date on which the disaster is de-
23 clared (as described in subsection
24 (b)(1)(A))—

1 “(I) had been receiving home and
2 community-based services in a direct
3 impact area under a waiver under sec-
4 tion 1115 or section 1915;

5 “(II) had been receiving support
6 services from a primary family care-
7 giver who, as a result of the disaster,
8 is no longer available to provide serv-
9 ices; or

10 “(III) had been receiving per-
11 sonal care, home health, or rehabilita-
12 tive services under a State plan under
13 this title or under a waiver granted
14 under sections 1115 or 1915; or

15 “(ii) are disabled (as determined
16 under the State plan).

17 “(C) WAIVER OF RESTRICTIONS.—With re-
18 spect to the provision of home and community-
19 based services under this paragraph, the Sec-
20 retary—

21 “(i) shall waive any limitations on—

22 “(I) the number of individuals
23 who may receive home or community-
24 based services under a waiver de-
25 scribed in subparagraph (B)(i)(I);

1 “(II) budget neutrality require-
2 ments applicable to such waiver; and

3 “(III) populations eligible for
4 services under such waiver; and

5 “(ii) may waive any other restriction
6 applicable under such a waiver that would
7 prevent a State from providing home and
8 community-based services in accordance
9 with this paragraph.

10 “(e) STATE REPORTS.—Each State shall submit to
11 the Secretary an annual report that includes—

12 “(1) the number of survivors of a disaster who
13 were determined by the State to be relief-eligible
14 survivors of a disaster in the preceding year; and

15 “(2) the number of relief-eligible survivors of a
16 disaster who were determined to be eligible for, and
17 enrolled in, the State plan (or waiver of such plan)
18 or the State child health plan under title XXI (or
19 waiver of such plan) other than under this section.

20 “(f) 100-PERCENT FEDERAL MATCHING PAY-
21 MENTS.—

22 “(1) IN GENERAL.—Notwithstanding section
23 1905(b), the Federal medical assistance percentage
24 shall be equal to 100 percent with respect to
25 amounts expended by a State—

1 “(A) for medical assistance provided in ac-
2 cordance with this section to relief-eligible sur-
3 vivors of a disaster during the relief coverage
4 period of the disaster and, in the case of indi-
5 viduals described in clause (ii) or (iii) of sub-
6 section (b)(5)(C), during the applicable periods
7 described in such clauses; and

8 “(B) that are directly attributable to ad-
9 ministrative activities related to the provision of
10 medical assistance under this section, including
11 costs attributable to obtaining recoveries under
12 subsection (g).

13 “(2) DISREGARD OF LIMITS ON PAYMENTS TO
14 TERRITORIES.—The limitations on payment under
15 subsections (f) and (g) of section 1108 shall not
16 apply to Federal payments under this title that are
17 based on the Federal medical assistance percentage
18 described in paragraph (1), and such payments shall
19 be disregarded in applying such subsections.

20 “(g) PENALTY FOR FRAUDULENT APPLICATIONS.—

21 “(1) INDIVIDUAL LIABLE FOR COSTS.—If a
22 State, as the result of verification activities con-
23 ducted by the State or otherwise, determines after a
24 fair hearing that an individual has knowingly made
25 a false attestation in an application for medical as-

1 sistance as a relief-eligible survivor of a disaster
2 under this section, the State shall, subject to para-
3 graph (2), seek recovery from the individual for the
4 full amount of the cost of medical assistance pro-
5 vided to the individual under this section.

6 “(2) EXCEPTION.—The Secretary shall exempt
7 a State from the requirement to seek recovery from
8 an individual under paragraph (1) if the Secretary
9 determines that it would not be cost-effective for the
10 State to do so.

11 “(3) REIMBURSEMENT TO THE FEDERAL GOV-
12 ERNMENT.—Amounts expended by a State for med-
13 ical assistance provided to an individual under this
14 section that are subsequently recovered by the State
15 under this subsection shall be treated as an overpay-
16 ment under this title to the extent that payments
17 were made to the State for such amounts.

18 “(h) EXEMPTION FROM ERROR RATE PENALTIES.—
19 All payments attributable to providing medical assistance
20 to relief-eligible survivors of disasters in accordance with
21 this section shall be disregarded for purposes of section
22 1903(u).”.

1 **SEC. 3. PROMOTING EFFECTIVE AND INNOVATIVE STATE**
2 **RESPONSES TO INCREASED DEMAND FOR**
3 **MEDICAL ASSISTANCE FOLLOWING A DIS-**
4 **ASTER.**

5 (a) GUIDANCE ON INCREASING ACCESS TO PRO-
6 VIDERS.—Not later than January 1, 2023, the Secretary
7 of Health and Human Services (in this section referred
8 to as the “Secretary”) shall issue (and update as the Sec-
9 retary determines necessary) guidance to State Medicaid
10 directors on best practices for—

11 (1) expediting the approval of providers under
12 a State Medicaid plan under title XIX of the Social
13 Security Act (42 U.S.C. 1396 et seq.), or waiver of
14 such plan, after a disaster to meet increased demand
15 for medical assistance under the plan or waiver from
16 relief-eligible survivors (as defined in section
17 1948(b)(5) of such Act) of disasters; and

18 (2) using out-of-State providers to provide care
19 to relief-eligible survivors of a disaster under the
20 plan or waiver.

21 (b) TECHNICAL ASSISTANCE AND SUPPORT FOR IN-
22 NOVATIVE STATE STRATEGIES TO RESPOND TO IN-
23 CREASED DEMAND FOR MEDICAL ASSISTANCE FOL-
24 LOWING A DISASTER.—

25 (1) IN GENERAL.—The Secretary shall provide
26 technical assistance and support to States to develop

1 or expand infrastructure, strategies, or innovations
2 (including through State Medicaid demonstration
3 projects) to provide medical assistance under a State
4 Medicaid plan under title XIX of the Social Security
5 Act (42 U.S.C. 1396 et seq.), or a waiver of such
6 a plan, to relief-eligible survivors (as defined in sec-
7 tion 1948(b)(5) of such Act) of disasters.

8 (2) REPORT.—Not later than 180 days after
9 the date of enactment of this Act, the Secretary
10 shall issue a report to Congress detailing a plan of
11 action to carry out the requirements of paragraph
12 (1).

13 (c) HCBS EMERGENCY RESPONSE CORPS GRANT
14 PROGRAM.—

15 (1) IN GENERAL.—The Secretary shall award
16 grants under this subsection to States for the pur-
17 pose of establishing or operating HCBS emergency
18 response corps that meet the requirements of para-
19 graph (2) to provide medical assistance for home
20 and community-based services under a State Med-
21 icaid plan under title XIX of the Social Security Act
22 (42 U.S.C. 1396 et seq.) to relief-eligible survivors
23 (as defined in section 1948(b)(5) of such Act) of dis-
24 asters.

1 (2) HOME AND COMMUNITY-BASED SERVICES
2 EMERGENCY RESPONSE CORPS.—An HCBS emer-
3 gency response corps meets the requirements of this
4 paragraph if it satisfies the following requirements:

5 (A) The corps serves a State with a history
6 of hosting individuals who are forced to relocate
7 to the State from another State due to a dis-
8 aster (as determined by the Secretary).

9 (B) The corps is composed of representa-
10 tives from each of the following:

11 (i) Voluntary organizations delivering
12 assistance.

13 (ii) Area agencies on aging (as defined
14 in section 102 of the Older Americans Act
15 of 1965 (42 U.S.C. 3002)).

16 (iii) The Medicare program under title
17 XVIII of the Social Security Act (42
18 U.S.C. 1395 et seq.).

19 (iv) The State agency responsible for
20 administering the State Medicaid program
21 under title XIX of the Social Security Act
22 (42 U.S.C. 1396 et seq.).

23 (v) State agencies serving older adults
24 and people with disabilities.

25 (vi) Nonprofit service providers.

1 (vii) Individuals who are enrolled in
2 the State Medicaid program under title
3 XIX of the Social Security Act (42 U.S.C.
4 1396 et seq.) or the Children's Health In-
5 surance Program under title XXI of the
6 Social Security Act (42 U.S.C. 1397aa et
7 seq.).

8 (viii) Other organizations that address
9 the needs of older adults and people with
10 disabilities.

11 (C) The corps is led by a representative of
12 a State or nonprofit agency serving older adults
13 or people with disabilities.

14 (D) The corps operates under a plan to
15 meet the acute and long-term services and sup-
16 port needs of relief-eligible survivors (as defined
17 in section 1948(b)(5) of the Social Security
18 Act) of disasters, and is provided with the re-
19 sources necessary to execute such plan.

20 (3) GRANTS.—

21 (A) LIMITATION.—The Secretary may
22 award a grant under this subsection to up to 5
23 States.

24 (B) TERM OF GRANTS.—Grants under this
25 subsection shall be made for a term of 2 years.

1 (4) AUTHORIZATION.—There are authorized to
 2 be appropriated to carry out this subsection,
 3 \$10,000,000 for each of fiscal years 2022 through
 4 2027, to remain available until expended.

5 **SEC. 4. TARGETED MEDICAID RELIEF FOR DIRECT IMPACT**
 6 **AREAS.**

7 (a) 100-PERCENT FEDERAL MATCHING PAYMENTS
 8 FOR MEDICAL ASSISTANCE PROVIDED IN A DIRECT IM-
 9 PACT AREA.—

10 (1) IN GENERAL.—Section 1905 of the Social
 11 Security Act (42 U.S.C. 1396d) is amended—

12 (A) in subsection (b), by striking “and
 13 (ii)” and inserting “(ii), and (jj)”; and

14 (B) by adding at the end the following new
 15 subsection:

16 “(jj) 100-PERCENT FMAP FOR ALL MEDICAL AS-
 17 SISTANCE PROVIDED IN DISASTER DIRECT IMPACT
 18 AREAS.—Notwithstanding subsection (b), the Federal
 19 medical assistance percentage for a State and fiscal year
 20 shall be equal to 100 percent with respect to amounts ex-
 21 pended by the State during the year for medical assistance
 22 for an individual who, at the time the assistance is pro-
 23 vided to the individual, is a resident of a direct impact
 24 area of a disaster during the disaster’s relief coverage pe-
 25 riod (as such terms are defined in section 1948).”.

1 (2) EXCLUSION OF ENHANCED PAYMENTS
 2 FROM TERRITORIAL CAPS.—Notwithstanding any
 3 other provision of law, for purposes of section 1108
 4 of the Social Security Act (42 U.S.C. 1308), with re-
 5 spect to any additional amount paid to a territory as
 6 a result of the application of section 1905(jj) of the
 7 Social Security Act (42 U.S.C. 1396d(jj))—

8 (A) the limitation on payments to terri-
 9 tories under subsections (f) and (g) of such sec-
 10 tion 1108 shall not apply to such additional
 11 amounts; and

12 (B) such additional amounts shall be dis-
 13 regarded in applying such subsections.

14 (3) APPLICATION TO CHIP.—

15 (A) IN GENERAL.—Section 2105(c) of the
 16 Social Security Act (42 U.S.C. 1397ee(a)) is
 17 amended by adding at the end the following
 18 new paragraph:

19 “(13) 100-PERCENT MATCH FOR ASSISTANCE
 20 PROVIDED IN DISASTER DIRECT IMPACT AREAS.—
 21 Notwithstanding subsection (b), the enhanced
 22 FMAP for a State, with respect to payments under
 23 subsection (a) for expenditures under the State plan
 24 for child health assistance for targeted low-income
 25 children or pregnancy-related assistance for individ-

1 uals who are targeted low-income women that is pro-
 2 vided to such a child or individual who, at the time
 3 the assistance is provided, is a resident of a direct
 4 impact area of a disaster during the disaster’s relief
 5 coverage period (as such terms are defined in section
 6 1948) shall be equal to 100 percent.”.

7 (B) ADJUSTMENT OF CHIP ALLOT-
 8 MENTS.—Section 2104(m) of the Social Secu-
 9 rity Act (42 U.S.C. 1397dd(m)) is amended—

10 (i) in paragraph (2)(B), by striking “
 11 and (12)” and inserting “(12), and (13)”;
 12 and

13 (ii) by adding at the end the following
 14 new paragraph:

15 “(13) ADJUSTING ALLOTMENTS TO ACCOUNT
 16 FOR INCREASED FEDERAL PAYMENTS FOR ASSIST-
 17 ANCE PROVIDED IN DISASTER DIRECT IMPACT
 18 AREAS.—If a State (including the District of Colum-
 19 bia and each commonwealth and territory) receives
 20 a payment for a fiscal year under subsection (a) of
 21 section 2105 for expenditures that are subject to the
 22 enhanced FMAP specified under subsection (c)(13)
 23 of such section—

24 “(A) the amount of the allotment deter-
 25 mined for the State under this subsection for

1 such fiscal year shall be increased by the prod-
2 uct of—

3 “(i) the amount of such expenditures
4 that the State is projected to make for
5 such fiscal year; and

6 “(ii) a percentage equal to 100 per-
7 cent reduced by a number of percentage
8 points equal to the enhanced FMAP deter-
9 mined for the State and fiscal year under
10 subsection (b) of section 2105; and

11 “(B) once actual expenditures for the fiscal
12 year are available, the amount of such allot-
13 ment, as increased under subparagraph (A),
14 shall be further increased or reduced, as appro-
15 priate, on the basis of the difference between—

16 “(i) the amount of the increase deter-
17 mined under subparagraph (A); and

18 “(ii) the product of—

19 “(I) the actual amount of State
20 expenditures that are subject to the
21 enhanced FMAP specified under sec-
22 tion 2105(c)(13); and

23 “(II) the percentage determined
24 for the State under subparagraph
25 (A)(ii).”.

1 (b) MORATORIUM ON REDETERMINATIONS.—During
 2 the relief coverage period (as defined in paragraph (4) of
 3 section 1948(b) of the Social Security Act, as added by
 4 section 2)) of a disaster, a State that contains a direct
 5 impact area (as defined in paragraph (2) of such section)
 6 of the disaster shall not be required to conduct eligibility
 7 redeterminations under the State’s plans or waivers of
 8 such plans under title XIX or XXI of such Act (42 U.S.C.
 9 1396 et seq., 1397aa) with respect to individuals who re-
 10 side in such area.

11 **SEC. 5. AUTHORITY TO WAIVE REQUIREMENTS DURING NA-**
 12 **TIONAL EMERGENCIES WITH RESPECT TO**
 13 **EVACUEES FROM AN EMERGENCY AREA.**

14 Section 1135(g)(1) of the Social Security Act (42
 15 U.S.C. 1320b–5(g)(1)) is amended—

16 (1) by redesignating subparagraphs (A) and
 17 (B) as clauses (i) and (ii), respectively;

18 (2) by striking “An ‘emergency area’” and in-
 19 serting the following:

20 “(A) IN GENERAL.—An emergency area”;

21 and

22 (3) by adding at the end the following new sub-
 23 paragraph:

24 “(B) ADDITIONAL AREAS.—Any geographical
 25 area in which the Secretary determines there are a

1 significant number of evacuees from an area de-
 2 scribed in subparagraph (A) shall also be considered
 3 to be an ‘emergency area’ for purposes of this sec-
 4 tion.”.

5 **SEC. 6. EXCLUSION OF DISASTER RELIEF COVERAGE PE-**
 6 **RIOD IN COMPUTING MEDICARE PART B**
 7 **LATE ENROLLMENT PERIOD.**

8 Section 1839(b) of such Act (42 U.S.C. 1395r(b)) is
 9 amended, in the second sentence, by inserting before the
 10 period at the end the following: “or, in the case of an indi-
 11 vidual who is a survivor of a disaster (as defined in para-
 12 graph (6) of section 1948(b)), any month any part of
 13 which is within the relief coverage period (as defined in
 14 paragraph (4) of such section) of such disaster”.

15 **SEC. 7. EFFECTIVE DATE.**

16 (a) IN GENERAL.—Subject to subsection (b), this Act
 17 and the amendments made by this Act shall take effect
 18 on the date of enactment of this Act.

19 (b) DELAY PERMITTED IF STATE LEGISLATION RE-
 20 QUIRED.—In the case of a State plan approved under title
 21 XIX of the Social Security Act which the Secretary of
 22 Health and Human Services determines requires State
 23 legislation (other than legislation appropriating funds) in
 24 order for the plan to meet the additional requirement im-
 25 posed by this section, the State plan shall not be regarded

1 as failing to comply with the requirements of such title
2 solely on the basis of the failure of the plan to meet such
3 additional requirement before the 1st day of the 1st cal-
4 endar quarter beginning after the close of the 1st regular
5 session of the State legislature that ends after the 1-year
6 period beginning with the date of the enactment of this
7 section. For purposes of the preceding sentence, in the
8 case of a State that has a 2-year legislative session, each
9 year of the session is deemed to be a separate regular ses-
10 sion of the State legislature.

○