

Stabenow/Cornyn Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To define Certified Community Behavioral Health Clinics (CCBHCs) within the Medicaid program.

Description of the Amendment: This amendment would add a definition for CCBHCs within the Medicaid program, including the nine essential CCBHC services, based on provisions within the Ensuring Excellence in Mental Health Act (S.2993).

Offset: N/A

Stabenow/Cornyn Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To provide coverage for Certified Community Behavioral Health Clinics (CCBHCs) within the Medicare program.

Description of the Amendment: This amendment would provide coverage of and define CCBHCs under the Medicare program as introduced in the Ensuring Excellence in Mental Health Act (S.2993, Sec. 201).

Offset: None

Stabenow Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To ensure stability in payments to home health agencies under the Medicare program.

Description of the Amendment: This amendment would require that CMS implement no permanent decrease to the standard prospective payment amount(s) and no temporary decrease to the payment amount for a unit of home health services prior to 2025.

Offset: None

Stabenow Amendment #4 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To improve access to clinical social worker services.

Description of the Amendment: This amendment would raise Medicare reimbursement rates for Clinical Social Workers from 75% of the Medicare physician fee schedule to 85%, as included in the Improving Access to Mental Health Act of 2023 (S.838).

Offset: None

Cantwell Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: Brown, Whitehouse

Short Title: Prohibiting states from terminating Medicaid coverage for incarcerated individuals.

Description of the Amendment: This amendment would prohibit states from terminating Medicaid coverage for incarcerated individuals. The offset comes from a provision to extend incentives for states to have a mandatory Medical Loss Ratio in Medicaid Managed Care that ended at the start of FY24.

Menendez Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Family to Family Health Information Centers Funding Extension

Description of the Amendment: This amendment would extend funding for Family-to-Family Health Information Centers through 2027.

Menendez Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Resident Physician Shortage Reduction

Description of the Amendment: This amendment would increase the number of residency positions eligible for graduate medical education payments under Medicare for qualifying hospitals, including hospitals in rural areas and health professional shortage areas. The amendment provides for an increase of 2,000 positions per fiscal year from FY2024-FY2029.

Cosponsors: Stabenow

Carper/Cassidy Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: Improving CARE for Youth Act

Description of the Amendment: This amendment would eliminate barriers to coordinated care by allowing all providers to receive Medicaid reimbursement for physical and mental health services delivered on the same day.

Offset: N/A

Carper/Cassidy Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: PACE Part D Choice Act

Description of the Amendment: This amendment would allow seniors participating in a Program for All-Inclusive Care for the Elderly (PACE) to sign up for an individual Medicare Part-D prescription drug plan, rather than be required to enroll in the prescription drug plan offered by their PACE program.

Offset: N/A

Carper Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: KIDS Health Act

Description of the Amendment: This amendment would help address social drivers of health by funding innovative demonstration programs that support a whole child health model for children under Medicaid and the Children's Health Insurance Program (CHIP). Specifically, this amendment would enhance state efforts to implement Whole Child Health Models that seek to optimize the physical and mental health and development of children served by Medicaid and CHIP through locally driven strategies to align financial incentives and available resources.

Offset: N/A

Cosponsor: Senator Dan Sullivan

Cardin #1

Cardin Amendment #1 to the modification of the Chairman's Mark

Cosponsors: Senators Thune, Warner, and Cassidy

Short Title: Telemental Health Care Access Act

Description of Amendment: This amendment removes the requirement that Medicare beneficiaries receiving mental health services through telehealth have an in-person service every six months.

Brown Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsor: Scott (SC)

Short Title: Improve Mental Health Treatment Options for Medicaid Beneficiaries

Description of the Amendment: This amendment would require the Centers for Medicare & Medicaid Services (CMS) to issue State Medicaid Director Guidance letters regarding best practices to improve treatment options, including genetic testing, for beneficiaries with major depressive disorder (MDD) or other mental health conditions.

Brown Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsor: Tillis

Short Title: Saving Access to Laboratory Services

Description of the Amendment: Establishes a sustainable fix to clinical laboratory payment policies by providing the Centers for Medicare & Medicaid Services (CMS) the authority to collect data from statistical sampling of all major clinical labs to improve accuracy of the Clinical Laboratory Fee Schedule. This amendment would also require CMS to provide notice and comment rulemaking for major updates to the National Correct Coding Initiative manual and quarterly coding edits, establishing a transparent process to allow for stakeholder input.

Brown Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Stabilize Medicaid and CHIP Coverage

Description of the Amendment: Expands access to health care, including mental health and substance use disorder services, by allowing for 12 months of continuous coverage for all individuals eligible for Medicaid and the Children's Health Insurance Program (CHIP).

Brown Amendment #4 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Medicaid Reentry

Description of the Amendment: Expands access to health care, including mental health and substance use disorder services, for Medicaid-eligible individuals 30 days prior to their release from incarceration.

Bennet #1 to the Chairman's Mark of the of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: None

Short Title: Transparency in Medicare Advantage Payments

Description of the Amendment: This amendment would require CMS to collect data from Medicare Advantage plans on payment denials, appeals, and the use of artificial intelligence and other technology in how MA plans make payment determinations by type of service, including mental health and substance use disorder. Data will be made publicly available on the CMS website.

Specifically, CMS will collect data on payment denials both for services for which there was not a prior authorization and for those for which there was, including hospital admission authorizations. Data would include the time to denial, the number of denials (overall and by the reason for the denial), the number of such denials that were subsequently appealed, and the outcomes of such appeals by level of appeal (including judicial review).

Offset: To be determined

Bennet #2 to the Chairman's Mark of the of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: Crapo, Cardin

Short Title: Medicare Multi-Cancer Early Detection (MCED) Screening Coverage

Description of the Amendment: Allow for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the Food and Drug Administration and that are used to screen for cancer across many cancer types, if the Centers for Medicare & Medicaid Services determines such coverage is appropriate.

Offset: To be determined

Bennet #3 to the Chairman's Mark of the of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: None

Short Title: American Made Pharmaceuticals Act

Description of the Amendment: This amendment would establish a CMS demonstration program to test providing preferential treatment for certain U.S. manufactured drugs and biologics under Medicare, Medicaid, and CHIP programs in at least 8 states for at least 7 years.

Offset: To be determined

Warner-Scott (SC) Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Long-Term Care Pharmacy Definition Act

Description of the Amendment: Amends Section 202 to add a definition of long-term care pharmacy.

Offset: N/A.

Whitehouse, Barrasso, Cardin, Thune, Warner, Cassidy Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Incentivizing Value-Based Care for Providers in Medicare Advanced Payment Models

Description of the Amendment: This amendment would provide for a 3.5% APM Incentive Payment for Qualifying APM Participants (QPs) for the payment year 2026 (based on the performance year 2024) and would extend the QP payment and patient thresholds in place with respect to the payment year 2025 through the payment year 2026 (based on the performance year 2024). The cost of this amendment would be offset, by using the Medicare Improvement Fund.

Hassan/Blackburn Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Extending Access to Addiction Treatment under Medicaid

Description of the Amendment: This amendment amends Section 1905 of the Social Security Act to extend the requirement that Medicaid programs cover medication-assisted treatment services. This requirement was established in the SUPPORT for Patients and Communities Act of 2018, but the requirement is set to lapse in 2025. This amendment would strike the end date for this requirement, extending the requirement indefinitely.

Offset: This provision has received a \$273 million CBO estimate and would be fully offset by funds remaining in the Medicaid Improvement Fund.

Hassan Amendment #2 to the Chairman’s Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Parity in Medicare Payments for Hospital Outpatient Department Services Furnished Off-Campus.

Description of the Amendment: This amendment would amend Section 1395I of the Social Security Act to require that off-campus outpatient departments of a hospital (HOPDs) bill the physician or ambulatory fee schedule rate for all items and services other than those furnished by a dedicated emergency department, beginning January 1, 2025. The amendment would also require that hospitals establish and bill all items and services using separate, unique provider identifier numbers for each off-campus outpatient department. The amendment would direct any savings from this amendment into the Medicare Improvement Fund.

Section 603 of the Bipartisan Budget Act of 2015 established billing rules that prohibit off-campus HOPDs from billing the higher Hospital Outpatient Prospective Payment System (OPPS) rates for care, but exempted off-campus HOPDs that were already billing the OPPS prior to November 2, 2015, or those that were under construction at that time. These exceptions continue to incentivize consolidation between hospitals and physician offices, driving up health care costs for patients and employers. Therefore, this amendment would end these exceptions and would require that all off-campus HOPDs bill the physician fee schedule or ambulatory rate.

This amendment draws from work from the Medicare Payment Advisory Commission¹, the Government Accountability Office², and the HHS Inspector General³ recommending that Congress reimburse off-campus HOPDs at the physician or ambulatory rate for routine care.

Offset: N/A; In 2019, CBO estimated⁴ that ending these exceptions would reduce the federal deficit by \$39 billion over 10 years. This year, CBO also estimated⁵ that requiring each off-campus HOPD to bill all services using a unique provider identifier would save an additional \$2.3 billion over 10 years.

¹ <https://www.medpac.gov/document/june-2023-report-to-the-congress-medicare-and-the-health-care-delivery-system/>

² <https://www.gao.gov/products/gao-16-189>

³ <https://oig.hhs.gov/oas/reports/region5/51200020.asp>

⁴ <https://www.cbo.gov/system/files/2020-03/56245-2020-03-medicare.pdf>

⁵ <https://www.cbo.gov/system/files/2023-09/hr5378table.pdf>

Cortez Masto/Cassidy/Warren Amendment #1 to the Chairman’s Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Inclusion of Certain Information in Medicare Advantage Encounter Data

Description of the Amendment: This amendment supports transparency and Medicare Advantage (MA) plan provider directory oversight by requiring MA Organizations (MAOs) to submit encounter data that includes information on the type of payment from plan to provider, the allowed amount for a service, the amount of beneficiary cost-sharing for a service, an indicator of whether the provider was in-network, and an identifier for providers ordering and referring items and services that are at high risk for fraud, including durable medical equipment, prosthetics, orthotics and supplies (DMEPOS), laboratory, imaging, and home health services. The amendment also supports transparency and program integrity by requiring MA plans to indicate in their encounter data whether a health risk assessment was initiated by the MA plan or a company partnered with an MAO for this purpose.

Offset: No

Cortez Masto/Cornyn Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Medicare Reimbursement for Mobile Crisis Teams

Description of the Amendment: This amendment would require the Centers for Medicare and Medicaid Services (CMS) to establish a single global payment under the Physician Fee Schedule (PFS) for mobile crisis response teams delivering crisis services to Medicare beneficiaries. Mobile crisis services reimbursed by the global payment would include screening and assessment of the individual's mental health or substance use disorder crisis, de-escalation support of the identified crisis, and referral for corresponding health and social services. This amendment would also clarify that peer support specialists can furnish mobile crisis response team engagement services under the supervision of a physician or other practitioner who is billing Medicare.

Offset: No

**Warren-Grassley Amendment #1 to the Better Mental Health Care, Lower-Cost Drugs,
and Extenders Act**

Short Title: Improving Access to Medicare Audiology Services

Description of Amendment: This amendment would amend the definition of “audiology services” in Section 1861(ll) of the Social Security Act to include all services already covered by Medicare that are also within an audiologist’s scope of practice; classify audiologists as practitioners under the statute; and remove the pre-treatment order requirement for audiology services. The amendment makes no changes to the scope of hearing health benefits covered by Medicare or the scope of practice of audiologists.

Warren-Cassidy Amendment #2 to the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Improving Transparency of Delays and Denials for Mental Health and Substance Use Disorder Services in Medicare Advantage

Description of Amendment: This amendment would require the Centers for Medicare and Medicaid Services to collect and publish data from Medicare Advantage plans on the number of prior authorization requests, denials, and appeals for mental health and substance use disorder services at the plan level, including the timelines of prior authorization decisions and justifications for denials.

Crapo #1 to the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Placeholder/TBD

Description of Amendment: Placeholder/TBD

Offset: TBD

Grassley Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: Brown, Thune, and Lankford

Short Title: To require Congressional briefings and periodic reporting by HHS on activities related to monitoring, enforcing relevant requirements, and addressing challenges related to, consistent with existing authorities, pharmacy access under this Part.

Description of the Amendment: To direct the Secretary to conduct outreach to Congress on the following activities, through Congressional briefings to relevant committees of jurisdiction and annual reports through plan year 2027, with briefings beginning not later than 90 days after the date of enactment:

Monitoring of any changes to contract terms and conditions offered to pharmacies for network or preferred network participation, including with respect to behavioral changes that may result from regulatory modifications to the treatment of pharmacy fees and other price concessions in the context of calculating the negotiated price for any covered part D drugs;

Enforcement or oversight activities related to regulatory and sub-regulatory requirements regarding requirements that PDP sponsors permit any pharmacy willing to accept their standard terms and conditions to join their network, that such terms and conditions be reasonable and relevant (including with respect to reimbursement, as stipulated in program guidance), that no plan inappropriately steers any beneficiaries under this part to affiliated pharmacies (in contravention of program guidance), and that such plan provides any terms, offers, disclosures, and payments in accordance with regulatory and sub-regulatory requirements, both generally and with respect to the aforementioned changes in the treatment of direct and indirect remuneration fees from pharmacies;

Plans, strategies, or initiatives, as determined appropriate, to address or mitigate concerns related to convenient pharmacy access, as specified under relevant regulations and program guidance.

Offset: CBO has confirmed it does not increase direct spending.

Grassley Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: Hassan

Short Title: Healthy Moms and Babies Act – MACPAC Study on Doulas and Community Health Workers

Description of the Amendment: Requires the Medicaid and CHIP Payment and Access Commission (MACPAC) to issue a report, with stakeholder input, within one year on the coverage of doula services and the role of community health workers.

It's been documented that high anxiety and depression are associated with poor birth outcomes, and that women are at risk for complications after birth such as postpartum depression. The role of doulas and CHWs can assist with improving maternal mental health outcome by providing emotional, physical, and informational support (including care coordination) to better manage high anxiety and depression before, during, and after labor and birth. Research from the Department of Health and Human Services indicates that doulas positively impact several maternal and infant health outcomes and experiences. Also, a recent National Academy for State Health Policy report has found doulas can also help reduce costs.

The report would seek information about coverage for doula services and community health worker services, provide an analysis of strategies to facilitate the appropriate use of doula services to provide better care and achieve better maternal and infant health outcomes including for mental health and substance use disorder care, provide examples of community health worker access and strategies to encourage a broad care team to manage Medicaid patients' mental and physical health needs, and conduct an assessment of involvement of doulas and community health workers on maternal health outcome.

Offset: CBO confirmed that this will not increase direct spending, but requires a small amount of discretionary spending subject to appropriation.

Grassley Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To protect Medicare physician payments in rural states

Description of the Amendment: The amendment requires the Centers for Medicare and Medicaid Services (CMS) to improve the accuracy of geographic adjustment factors for the work Geographic Practice Cost Index (GPCI) under Medicare's physician payment. CMS would be required to use the most recent market data available on physician wages, or if available, actual cost data for physician labor and CMS would not be allowed to use non-physician professional wage data as a proxy for physician wage data.

CMS would also be required to review the existing 112 distinct geographic areas referred to as physician payment localities, including the 36 statewide areas, to determine if these statewide areas' work GPCI accurately reflect relative cost of a physician's labor in the 36 statewide areas urban and rural counties. CMS would be required to submit a report to the Committee on Finance within two years on its findings and potential recommendations for reform.

Offset: To be determined.

Grassley Amendment #4 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsor: Brown

Short Title: Drug price transparency for consumers in prescription drug advertisements

Description of the Amendment: The amendment requires price disclosures on direct-to-consumer (DTC) advertisements for prescription drugs, bolstering transparency in order to empower patients and reduce spending on medications.

Each year, the pharmaceutical industry spends \$6 billion in DTC drug advertising to fill the airwaves with ads, resulting in the average American seeing nine DTC ads each day. Studies show that these activities steer patients to more expensive drugs, even when a patient may not need the medication or a lower-cost generic is available. This practice drives up the cost of health care, while undermining the role of providers. Studies show that patients are more likely to ask their doctor, and ultimately receive a prescription, for a specific drug when they have seen ads for it.

Offset: Nothing to offset given CBO confirmed there is no direct spending impact.

Grassley Amendment #5 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: Casey and Brown

Short Title: To encourage pharmacists to serve older Americans in communities that lack easy access to doctors or where pharmacists are able to provide certain basic medical services

Description of the Amendment: The amendment encourages pharmacists to offer health care services such as health and wellness screenings, immunizations and diabetes management by authorizing Medicare payments for those services where pharmacists are already licensed under state law to provide them.

Many states already allow pharmacists to provide these services, but there is currently no way for pharmacists to receive Medicare reimbursement for providing them.

Offset: To be determined.

Grassley Amendment #6 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: Hassan

Short Title: Improving Healthy Moms and Babies

Description of the Amendment: The amendment would require the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) to establish mandatory reporting by state Medicaid programs on adult health care quality measures of maternal and perinatal health, guidance on care coordination to support maternal health, demonstration projects to improve the delivery of maternal health care through telehealth, and developing guidance on maternal mortality and severe morbidity reduction for maternal care providers receiving payment under the Medicaid program.

CMS would be required to establish mandatory reporting by State Medicaid programs on adult health care quality measures of maternal and perinatal health. States will be required to submit maternal and perinatal health data for their Medicaid programs to improve transparency, establish a basic understanding of care quality, and inform policymakers about trends and ways to improve care.

CMS would be required to issue guidance on care coordination to support maternal health. HHS will issue guidance within two years on improved care coordination, continuity of care, and clinical integration to support the needs of pregnant and postpartum women for services eligible for Medicaid payment. This guidance will include strategies for enhancing primary care and maternity care coordination with specialists, integrating behavioral health providers and nonclinical professionals, screening pregnant and postpartum women for social needs, supporting women who have had a stillbirth, screenings during well-child and pediatric care visits, and streamlining and reducing duplication in care coordination.

CMS would be required to establish demonstration projects to improve the delivery of maternal health care through telehealth. HHS within 18 months will award grants to States to conduct demonstration projects to expand the use of telehealth in under Medicaid for the delivery of health care to eligible pregnant or postpartum women. States will consult with their health care delivery systems and providers, health plans, consumer organizations and beneficiary advocates, and community-based organizations, and/or other stakeholders to ensure that the proposed

demonstration project addresses the health care needs of eligible pregnant or postpartum women.

CMS would be required to develop guidance on maternal mortality and severe morbidity reduction for maternal care providers receiving payment under the Medicaid program. CMS will issue a public report giving states resources and strategies for hospitals, freestanding birth centers, and other maternal care providers for reducing maternal mortality and severe morbidity among Medicaid/CHIP individuals. That guidance will be updated every three years and focused on:

- Best practices regarding evidence-based screening and clinician education initiatives relating to screening and treatment protocols for individuals who are at risk of experiencing complications related to pregnancy, with an emphasis on individuals with preconditions directly linked to pregnancy complications and maternal mortality and severe morbidity.
- Guidance on monitoring programs for individuals who have been identified as at risk of complications related to pregnancy.
- Best practices for such hospitals, freestanding birth centers, and providers to make pregnant women aware of the complications related to pregnancy.
- A fact sheet for providing pregnant women who are receiving care on an outpatient basis with a notice during the prenatal stage of pregnancy. This will include multimodal and evidence-based prevention and treatment techniques along with evidence-based programs and activities to reduce the incidence of stillbirth.
- Template for a voluntary clinician checklist that outlines the minimum responsibilities that clinicians, such as physicians, certified nurse-midwives, emergency room and urgent care providers, nurses and others, are expected to meet in order to promote quality and safety in the provision of obstetric services.
- A template for a voluntary checklist that outlines the minimum responsibilities that hospital leadership responsible for direct patient care, such as the institution's president, chief medical officer, chief nursing officer, or other hospital leadership that directly report to the president or chief executive officer of the institution, should meet to promote hospital-wide initiatives that improve quality and safety in the provision of obstetric services.
- Information on multi-stakeholder quality improvement initiatives.

HHS will also issue best practices for hospitals, freestanding birth centers, and providers to track maternal mortality and severe morbidity trends by clinicians.

This will include establishing a quality metrics scoring system, and ways to educate clinicians in areas with higher rates of maternal mortality. The legislation will also establish the National Advisory Committee on Reducing Maternal Deaths.

Offset: To be determined.

Grassley Amendment #7 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Cosponsors: Bennet and Stabenow

Short Title: To improve access to life-saving care for children with complex medical conditions.

Description of the Amendment: The amendment would simplify out-of-state Medicaid screening and enrollment processes for pediatric care providers, while retaining key safeguards to preserve the integrity of the program.

Children with complex medical conditions cannot always secure specialized care in their home states. When this happens, parents must work with their in-state providers and Medicaid officials to identify out-of-state providers who do offer that care. The process is riddled with regulatory hurdles that often delay, or even prohibit, children from receiving critical medical treatments. The amendment would alleviate these burdens for families, as well as providers.

A Commonwealth of Massachusetts Health Policy Commission study found 38 percent of children with complex medical needs have a mental health diagnosis and many face challenges in accessing mental health care. We also know their parents are five times more likely to have poor mental health based on a paper in *Pediatrics*.

This amendment supports Public Law 116-16 the established a Medicaid health home benefit for children with medically complex conditions.

Offset: To be determined.

Cornyn-Carper-Tillis-Brown Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To add additional classes and secretarial discretion to the provisions enacted under Section 203 of the Act.

Description of the Amendment: This amendment would amend Section 203 to include blood glucose regulators (other than insulins) as one of the categories or classes specified under the Discount-Eligible Drug definition. It would also provide the Secretary of Health and Human Services the discretion to add other categories or classes to this definition.

Offset: To be provided

Cornyn Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To direct the Comptroller General to conduct a study and release a report regarding the implementation and effects of the provisions enacted under Section 203 of the Act.

Description of the Amendment: This amendment would direct the Government Accountability Office to conduct a study and publish a report (along with subsequent reports, as determined appropriate), once relevant data becomes available, on certain effects and behavioral responses related to the implementation of the cost-sharing provisions specified in this section, including:

- Effects on enrollee cost-sharing, utilization and adherence, formulary coverage and placement, and utilization management with respect to affected covered Part D drugs (discount-eligible drugs and covered Part D drugs for which, prior to implementation of these provisions, cost-sharing exceeded net price for some beneficiaries), along with any effects on beneficiary premiums.
- Changes to pharmacy reimbursement methodologies and levels, if any, with respect to discount-eligible drugs.
- Changes in manufacturer rebating levels (relative to gross costs) for discount-eligible drugs.
- Other behavioral responses by PDP sponsors, enrollees, manufacturers, pharmacies, or other entities related to the implementation of these provisions.
- Other issues determined appropriate by the Comptroller General.”

Offset: [N/A. No budgetary impact per CBO.]

Cornyn Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To be determined

Description of the Amendment: To be determined

Offset: To be provided

Thune Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: Providing Stability for Physicians and the Medicare Program by Modernizing the Medicare Physician Fee Schedule

Description of the Amendment: This amendment would make updates to the Medicare physician fee schedule in order to mitigate the effects of incorrect utilization estimates and ensure accurate cost estimates are used to calculate payment rates. The amendment would ensure CMS can make appropriate payment changes while providing certainty for physicians in the Medicare payment structure and minimize volatile fluctuations in reimbursement.

Offset: N/A

Thune/Stabenow/Grassley Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: Improving patient and provider access to transparent drug pricing information through the use of real-time benefit tools (RTBTs)

Description of the Amendment: This amendment would require CMS to adopt a standard for RTBTs, as required by statute, by a date certain and include eligibility criteria for RTBTs to ensure patients are provided accurate information about their potential drug cost. This amendment would also increase provider choice of tools to facilitate greater information sharing at the point-of-prescribing.

Offset: N/A

Thune/Warner/Daines/Brown Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: Equitable Community Access to Pharmacist Services Act

Description of the Amendment: This amendment would ensure continued patient access to essential pharmacist services by allowing pharmacists to bill Medicare for testing, treatment and vaccinations for COVID-19, influenza, respiratory syncytial virus (RSV), and strep throat according to state scope of practice laws.

Offset: N/A

Thune/Warner/Young/Cortez-Masto Amendment #4 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: Reducing Burdensome Reporting Requirements on Employers

Description of the Amendment: This amendment would ease the Affordable Care Act's compliance burden on employers by allowing employers to provide certain IRS forms electronically and extend the time period by which employers can appeal a penalty for not offering health coverage to employees. It would also protect consumer's privacy by allowing full names and dates of birth in lieu of social security numbers.

Offset: N/A

Thune/Brown Amendment #5 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: Improving Seniors' Timely Access to Care Act

Description of the Amendment: This amendment would modernize the prior authorization process in Medicare Advantage by establishing a mechanism for real-time electronic prior authorization (e-PA) decision for routinely approved items and services, require plans respond to prior authorization requests within a certain time period for urgently needed care, such as certain mental health and substance use disorder treatment services, and implement transparency requirements around prior authorization.

Offset: N/A

Thune/Carper Amendment #6 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs and Extenders Act

Short Title: Chronic Disease Flexible Coverage Act

Description of the Amendment: This amendment would ensure high-deductible health plans (HDHPs) that are used with health savings accounts (HSAs) can opt to cover care related to chronic disease management prior to a beneficiary reaching their plan deductible.

Offset: N/A

Cassidy #1

Cassidy Amendment #1 to the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act-

Short Title: Strike Section 114

Description of Amendment: Strike Section 114, Medicaid State Option Relating to Inmates with a Substance Use Disorder Pending Disposition of Charges, from the bill.

Offset: N/A

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Cassidy #2

Cassidy Amendment #2 to the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act-

Short Title: Connected MOM Amendment

Description of Amendment: Insert the full text of S.712 (Connected MOM Act) into the bill for the purpose of identify and address barriers to coverage of remote physiologic devices under State Medicaid programs to improve maternal and child health outcomes for pregnant and postpartum women.

Offset: None.

[Note: Amendment sponsor reserves the right to modify this amendment for technical, revenue-related (if applicable), germaneness, or other purposes.]

Lankford/Menendez/Cornyn/Bennet/Hassan Amendment #1 to the Chairman’s Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Low-Cost Biosimilar Access for Medicare Part D Beneficiaries

Description of the Amendment: This provision requires that, beginning with plan year 2026, Part D plans meet certain coverage and cost-sharing requirements with respect to “high-discount biosimilars,” defined as biosimilar biological products with an average Wholesale Acquisition Cost (WAC) at least 45 percent lower than the average WAC for the reference biologic. Specifically, when a plan includes a reference biologic and/or a “low-discount biosimilar” (a biosimilar with an average WAC within 45 percent of the originator biologic’s average WAC) on its formulary, then such plan must also include at least one high-discount biosimilar (to the extent such a product is licensed and marketed) on a tier with lower cost-sharing than the higher-WAC product.

Plans must either comply with the above requirements or apply for, and receive, an “estimated net price exception.” In order to receive this exception, a plan would need to demonstrate that the reference biologic and/or low-discount biosimilar that it covers has a lower estimated net price (average WAC minus manufacturer rebates) than the lowest-WAC biosimilar for such product that is currently licensed and marketed. Plans meeting the exception criteria would be exempt from the policy’s requirements with respect to the product in question.

On a biannual basis, CMS will release a list of biosimilars that qualify as high-discount biosimilars for particular reference products. From the date of publication of such a list, plans have a set number of days to either comply with the policy’s requirements or apply for—and receive—the estimated net price exception.

Offset: TBD

Lankford/Menendez/Cornyn/Bennet/Hassan Amendment #2 to the Chairman's Mark of the Modernizing and Ensuring PBM Accountability Act

Short Title: Ensuring Access to Lower-Cost Medicines for Seniors Act

Description of the Amendment: This amendment would require a generic drug or biosimilar that has a lower price than its branded reference product to be covered by Medicare Part D and placed on a separate and more favorable generic and biosimilar formulary tier through lower cost-sharing requirements. It would also create a new formulary tier for specialty generics and biosimilars that would also have a lower cost-sharing requirement than a brand specialty tier.

Lankford/Brown Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Clarification of Independent Community Pharmacy Definition

Description of the Amendment: This amendment would amend Section 201 of the Chairman's Mark to clarify that pharmacies that are associated with franchises or pharmacy services administrative organizations can qualify as independent community pharmacies.

Offset: N/A. No budgetary impact per CBO.

Lankford/Brown Amendment #4 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Submission of Allegations of Reasonable & Relevant Violations Following Contract Changes

Description of the Amendment: This amendment would amend Section 201 of the Chairman's Mark to allow pharmacies to submit additional allegations of violations of reasonable and relevant standards when Part D plans/PBMs change contracts after the pharmacy's initial submission.

Offset: N/A. No budgetary impact per CBO.

Tillis Amendment #1 to the Chairman’s Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title/Purpose: This amendment may be cited as the “Ensuring Medicaid Continuity for Children in Foster Care Act”

Description of the Amendment: This amendment would provide a narrow exemption from the IMD exclusion to ensure children in foster care receiving care in QRTPs can continue to receive care provided in these settings without losing their federal Medicaid coverage.

Offset: N/A

Tillis Amendment #2 to the Chairman’s Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title/Purpose: This amendment may be cited as the “Providing Relief and Stability for Medicare Patients Act”

Description of the Amendment: This amendment provides targeted payment relief to office-based specialists who utilize high-technology medical equipment for in-office procedures.

Offset: N/A

Blackburn/ Warner/ Lankford Amendment #1 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To ensure network long-term care pharmacies are included under Section 201 of the Chairman's Mark

Description of the Amendment: This amendment would amend Section 201 of the Chairman's Mark to ensure a PDP sponsor offering a prescription drug plan shall permit any long-term care pharmacy that meets the standard contracting terms and conditions under such plan to participate as a network long-term care pharmacy of such plan.

Blackburn Amendment #2 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To require GAO to report on vertically integrated Medicare Advantage plans.

Description of the Amendment: To task the Government Accountability Office to review payment and service use disparities between vertically integrated and non-vertically integrated Medicare Advantage plans, changes in risk scores, and the potential link between service utilization and health outcomes. This report will include an assessment of the financial impact of such integration on costs and service use and evaluate if additional benefits funded through supplemental rebates improve patient outcomes.

Blackburn Amendment #3 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To make permanent reforms to the Medicare Physician Fee Schedule

Description of the Amendment: To establish a mechanism, similar to the Forecast Error Adjustment in to ensure that the Physician Fee Schedule is aligned with actual costs and utilization for individual services. The amendment would require CMS to establish a lookback period to reconcile overestimates and underestimates of pricing adjustments for individual services no later than September 1st of the subsequent year.

Blackburn Amendment #4 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: To create a state plan amendment option for certain institutions for mental diseases providing mental health services.

Description of the Amendment: Creates a state plan amendment option to provide medical assistance for mental health services for certain individuals who are patients in certain, non-hospital institutions for mental diseases for up to 30 days per calendar year.

Blackburn/ Brown/ Lankford Amendment #5 to the Chairman's Mark of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act

Short Title: Consideration of Pharmacy Reimbursement and Dispensing Fees in Reasonable & Relevant RFI

Description of the Amendment: This amendment would amend Section 201 of the Chairman's Mark to include in the Request for Information (RFI) related to the reasonable and relevant rulemaking consideration of whether pharmacy reimbursement and dispensing fees cover pharmacy ingredient and operational costs.