

Summary of Additional Provider-Related Provisions in Omnibus Spending Bill

March 11, 2022

Below is a topline summary of key provider-related provisions in the omnibus spending bill passed by Congress on March 11. The complete bill, the *Consolidated Appropriations Act*, also contains the twelve annual appropriations bills and funds the government for the remainder of fiscal year 2022. This summary is based on the [Rules Committee Print 117-35](#).

DIVISION P – HEALTH PROVISIONS	
Title I – PUBLIC HEALTH	
Subtitle C – Drug Discount Program	
Sec. 121. Eligibility Exception for the Drug Discount Program Due to the COVID-19 Public Health Emergency.	<ul style="list-style-type: none"> • Provides continuing eligibility for the 340B Drug Discount Program for hospitals that would otherwise lose eligibility due to a drop in DSH percentage due to COVID-19 PHE • Impacts cost reports beginning during FY 2020 and ending by December 31, 2022.
Subtitle D – Maternal Health Quality Improvement	
Chapter 1 – Improvements to Maternal Health Care	
Sec. 131. Innovation for Maternal Health.	<ul style="list-style-type: none"> • Appropriates \$9 million for each of FYs 2023 through 2027. • HHS shall establish or continue a grant program to improve maternal and infant health, health care, and health outcomes through promoting best practices, developing new models of care, and collaborating with states to identify areas for improvement.
Sec. 132. Training for Health Care Providers.	<ul style="list-style-type: none"> • Appropriates \$5 million for each of FYs 2023 through 2027. • HHS shall establish a grant program for accredited schools of allopathic medicine, osteopathic medicine, nursing, and other training programs for health care professionals to improve prenatal, labor, birthing, and postpartum care for minority populations.
Sec. 133. Study on Improving Training for Health Care Providers.	<ul style="list-style-type: none"> • HHS shall conduct a study to make recommendations for best practices for training to improve prenatal, labor, birthing, and postpartum care for minority populations, no later than 2 years after enactment of this Act.
Sec. 134. Integrated Services for Pregnant and Postpartum Women.	<ul style="list-style-type: none"> • Appropriates \$10 million for each of FYs 2023 through 2027. • HHS may award grants for establishing or operating programs to deliver integrated health care services to pregnant and postpartum women. • Grant recipients must partner with state, tribal, and local agencies, health care providers, and community-based health organizations and workers, among other stakeholders, to provide coordinated care. • HHS shall disseminate information on best practices and models of care used by grant recipients to relevant stakeholders.

<p>Sec. 135. Maternal Vaccination Awareness.</p>	<ul style="list-style-type: none"> • HHS will promote awareness and knowledge of the safety and effectiveness of vaccines for pregnant and postpartum women and infants as part of the public awareness initiative related to vaccines.
<p>Chapter 2 – Rural Maternal and Obstetric Modernization of Services</p>	
<p>Sec. 141. Improving Rural Maternal and Obstetric Care Data.</p>	<ul style="list-style-type: none"> • Expands the research and data collection activities of the CDC and the NIH’s Advisory Committee on Research on Women’s Health to include preventable maternal mortality and severe maternal morbidity. • Expands sociocultural and geographical requirements for the CDC’s Office of Women’s Health reporting on women’s health conditions. • Requires improved data disaggregation in HHS’s national maternal mortality data collection and surveillance program. • Expands HHS’s research on the relationship between maternal health and obstetric services in rural areas and outcomes in delivery and postpartum care.
<p>Sec. 142. Rural Obstetric Network Grants.</p>	<ul style="list-style-type: none"> • Appropriates \$3 million for each of FYs 2023 through 2027. • HHS shall award grants or cooperative agreements for the establishment or continuation of rural obstetric networks to improve maternal and infant health and reduce maternal mortality and severe morbidity in rural areas. • Rural obstetric networks may: develop a network to improve care coordination and increase access to maternal health care; develop or implement models to improve care delivery or care collaboration between health care settings; train professionals; identify and address barriers to care; and address infant and maternal health outcome disparities.
<p>Sec. 143. Telehealth Network and Telehealth Resource Centers Grant Programs.</p>	<ul style="list-style-type: none"> • Expands eligible entities for HHS’s telehealth network grants to include providers of prenatal, labor care, birthing, and postpartum care services. • Expands preference for grant awards to include entities that provide services for prenatal, labor, birthing, or postpartum care.
<p>Sec. 144. Rural Maternal and Obstetric Care Training Demonstration.</p>	<ul style="list-style-type: none"> • Authorizes \$5 million for each of FYs 2023 through 2027. • HHS shall award grants for the establishment of a demonstration program that supports training for various professionals to improve prenatal, labor, birthing, and postpartum care in rural community-based settings; and to develop recommendations for such training programs. • Grant recipients must use this funding to plan, develop, and operate a training program. Training programs may address maternal mental health; substance use disorders; social determinants of health related to living in rural areas; and care for minority populations.
<p>Title III – MEDICARE</p>	
<p>Subtitle A – Telehealth Flexibility Extensions</p>	
<p>Sec. 301. Removing Geographic Requirements and Expanding Originating Site for Telehealth Services.</p>	<ul style="list-style-type: none"> • Expands telehealth services for 151 days starting the first day after the end of the emergency period. • Provides a facility will only be paid to an originating site, any site in the U.S. where the eligible telehealth individual is located at the time services are furnished via telecommunications, including the individual’s home.

<p>Sec. 302. Expanding Practitioners Eligible to Furnish Telehealth Services.</p>	<ul style="list-style-type: none"> Expands practitioners eligible to furnish telehealth services to include an occupational therapist, a qualified physical therapist, and a qualified speech-language pathologist for the 151-day period starting on the first day after the end of the emergency period.
<p>Sec. 303. Extending Telehealth Services for Federally Qualified Health Centers and Rural Health Centers.</p>	<ul style="list-style-type: none"> Extends telehealth services for a federally qualified health center or a rural health clinic for 151 days starting the first day after the end of the emergency period.
<p>Sec. 304. Delaying the In-person Requirements under Medicare for Mental Health Services Furnished Through Telehealth and Telecommunications Technology</p>	<ul style="list-style-type: none"> Delays in-person requirements under Medicare for telehealth services furnished for purposes of diagnosis, evaluation, or treatment of a mental health disorder – payment may not be made on or after the 152nd day after the end of the emergency period. Delays in-person requirements for telehealth and telecommunication services for mental health visits to the day the 152nd day after the end of the emergency period.
<p>Sec. 305. Allowing for the Furnishing of Audio-only Telehealth Services.</p>	<ul style="list-style-type: none"> Provides that the HHS Secretary continue to provide coverage and payment for audio-only telecommunications for 151 days starting the first day after the end of the emergency period.
<p>Sec. 306. Use of Telehealth to Conduct Face-to-Face Encounter Prior to Recertification of Eligibility for Hospice Care During the Emergency Period.</p>	<ul style="list-style-type: none"> Allows a hospice physician or nurse practitioner to conduct a face-to-face encounter via telehealth for 151 days starting the first day after the end of the emergency period.
<p>Sec. 307. Extension of Exemption for Telehealth Services.</p>	<ul style="list-style-type: none"> Extends the safe harbor for absence of a deductible for telehealth services – beginning after March 31, 2022 and before January 1, 2023, a plan will not fail to be treated as a high deductible health plan by reason of failing to have a deductible for telehealth services. Extends safe harbor for individuals to be eligible for Health Savings Accounts regardless of whether they have coverage for telehealth services for months beginning after March 31, 2022 and before January 1, 2023.
<p>Sec. 308. Reports on Telehealth Utilization.</p>	<ul style="list-style-type: none"> Requires Medicare Payment Advisory Commission (MedPAC) to conduct a study on the expansion of telehealth services under the Medicare program as a result of the COVID-19 public health emergency.
<p>Sec. 309. Program Instruction Authority.</p>	<ul style="list-style-type: none"> Provides the HHS Secretary may implement sections 301-306 through program instruction or otherwise.