

Expiring Health Provisions of the 119th Congress

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This report provides information on selected health provisions that have expired or are scheduled to expire during the 119th Congress (i.e., calendar years [CYs] 2025 and 2026). For purposes of this report, expiring provisions are defined as portions of law that are time-limited and will lapse once a statutory deadline is reached, absent further legislative action. The expiring provisions included in this report are any identified provisions related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance programs and activities. The report also includes any identified expired or expiring public health and other health care-related provisions. In addition, this report describes health provisions within the same scope that expired during the 118th Congress (i.e., in CY2023 and CY2024). Although the Congressional Research Service (CRS) has attempted to be comprehensive in its research, it cannot guarantee that every relevant provision is included in this report.

This report focuses on two types of health provisions within the scope discussed above. The first, and most common, type of provision provides or controls mandatory spending, meaning it provides temporary funding, temporary increases or decreases in funding or payment rates (e.g., Medicare provider bonus payments), or temporary special protections that may result in changes in funding levels (e.g., Medicare funding provisions that establish a payment floor). The second type of provision defines the authority of government agencies or other entities to act, usually by authorizing a policy, project, or activity, and includes a definitive expiration or “sunset” date. Such provisions also may temporarily delay the implementation of a regulation, requirement, or deadline or establish a moratorium on a particular activity. Expiring health provisions that are discretionary authorizations of appropriations are excluded from this report.

Certain types of provisions with expiration dates that otherwise would meet the criteria set forth above are also excluded from this report. Some of these provisions are excluded because they are transitional or routine in nature or because they have been superseded by congressional action that modifies their intent. For example, statutorily required Medicare payment rate reductions and payment rate re-basings that are implemented over a specified period are generally not considered to require repeated legislative attention and are excluded from this report. In addition, this report excludes provisions providing implementation funding, such as the implementation funding provided for a number of the Medicaid provisions and the Rural Health Transformation Program in P.L. 119-21, the 2025 Reconciliation Act.

The tables in this report list the relevant health provisions that have expired or are scheduled to expire in CY2025 and CY2026 and those that expired in CY2023 and CY2024.

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This report identifies and briefly describes selected statutory health provisions that have expired or are scheduled to expire during the 119th Congress (i.e., during calendar years [CYs] 2025 and 2026). For purposes of this report, expiring provisions are defined as portions of law that are time-limited and will lapse once a statutory deadline is reached, absent further legislative action. The expiring provisions included in this report are any identified provisions related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance programs and activities. The report also includes any identified expiring public health and other health care-related provisions.¹ Separately, the report describes health provisions within the same scope that expired during the 118th Congress (i.e., during CY2023 and CY2024). Although the Congressional Research Service (CRS) has attempted to be comprehensive in its research, it cannot guarantee that every relevant provision is included in this report.

The two types of time-limited provisions discussed in this report generally have been enacted in the context of *authorization laws* and thus typically are within the purview of congressional authorizing committees. The duration for which such a provision is in effect usually is regarded as creating a timeline for legislative decisionmaking. In choosing this timeline, Congress navigates tradeoffs between the frequency of congressional review and the stability of funding or other legal requirements that pertain to the program.

- The first type of provision in this report provides or controls *mandatory spending*, meaning it provides temporary funding, temporary increases or decreases in funding or payment rates (e.g., Medicare provider bonus payments), or temporary special protections that may result in changes in funding levels (e.g., Medicare funding provisions that establish a payment floor).²
- The second type of provision in this report defines *the authority of government agencies or other entities to act*, usually by authorizing a policy, project, demonstration or pilot program, or activity with a date of expiration.³ Such provisions also may temporarily delay the implementation of a regulation, requirement, or deadline, or they may establish a moratorium on a particular activity.

Expired or expiring health provisions that are discretionary authorizations of appropriations are excluded from this report.⁴ For information on provisions that were set to expire on or before CY2025, see CBO, *Expired and Expiring Authorizations of Appropriations: 2025 Final Report*, July 10, 2025. One notable exception to this exclusion is that the Food and Drug Administration (FDA) and National Institutes of Health (NIH) funds authorized under the 21st Century Cures Act are included in this report; these funds are subject to special budget enforcement rules that cause them to not count toward the discretionary spending limit in a given fiscal year.

¹ This report is the latest in a series of reports in which the Congressional Research Service (CRS) has tracked health-expiring provisions related to Medicare, Medicaid, the State Children’s Health Insurance Program (CHIP), or private health insurance. This is the first time this report has included public health and other health care-related provisions.

² *Mandatory spending* is controlled by authorization acts; *discretionary spending* is controlled by appropriations acts. For further information, see CRS Report R44582, *Overview of Funding Mechanisms in the Federal Budget Process, and Selected Examples*.

³ For further information about these types of authorization provisions, see CRS Report R46417, *Congress’s Power Over Appropriations: Constitutional and Statutory Provisions*.

⁴ The Congressional Budget Office (CBO) is required to compile this information each year under §202(e)(3) of the Congressional Budget Act of 1974 (P.L. 93-344, as amended); see CBO, *Expired and Expiring Authorizations of Appropriations: 2025 Final Report*, July 10, 2025, at <https://www.cbo.gov/publication/61289>.

Also, certain types of provisions with expiration dates that otherwise would meet the criteria set forth above are excluded from this report. Some of these provisions are excluded because they are transitional or routine in nature, such as requiring certain reports to Congress, or because they have been superseded by congressional action that otherwise modifies their intent. For example, statutorily required Medicare payment rate reductions and payment rate re-basings that are implemented over a specified period are generally not considered to require legislative attention and are excluded from this report. In addition, this report excludes provisions providing implementation funding, such as the implementation funding provided for a number of the Medicaid provisions and the Rural Health Transformation Program in P.L. 119-21, the 2025 Reconciliation Act.⁵

The report is organized as follows: **Table 1** lists the relevant provisions that have expired or are scheduled to expire in CY2025. **Table 2** lists the relevant provisions that are scheduled to expire in CY2026. **Table 3** lists the relevant provisions that expired in CY2023 and CY2024. The provisions in each table are organized by expiration date and by applicable health-related program (e.g., Medicare, Medicaid, Private Health Insurance, and Other). Each table includes a brief summary for each provision and the name of the CRS analyst who covers the topic. Contact information for each CRS analyst is available to congressional clients at the end of the report.

⁵ For more information about the provisions in P.L. 119-21, the 2025 Reconciliation Act with implementation funding, see CRS Report R48633, *Health Provisions in P.L. 119-21, the FY2025 Reconciliation Law*.

Table I. Provisions Expiring in the 119th Congress (First Session)
CY2025

Expires After	Health-Related Program	Provision^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2025	Medicare	Funding for Medicare Hospice Surveys	IMPACT Act §3(a)(2)	Provides funding for hospice survey requirement to perform a standard survey of each Medicare hospice agency at a frequency of no less than once every three years.	Jenny Markell
9/30/2025	Medicare	Outreach and Assistance for Low-Income Programs	MIPPA §119 42 U.S.C. §1395b-3 note	Provides funding to specific entities to provide for outreach and assistance to low-income Medicare beneficiaries, including those who may be eligible for the Low-Income Subsidy program, Medicare Savings Program (MSP), and the Medicare Part D Prescription Drug Program.	Kirsten Colello
9/30/2025	Medicare	Telehealth to Conduct Face-to-Face Encounter Prior to Recertification for Hospice	SSA §1814(a)(7)(D)(i)(II) 42 U.S.C. §1395f(a)(7)(D)(i)	Allows for a hospice physician or nurse practitioner to conduct face-to-face encounter via telehealth prior to the 180 th -day recertification and subsequent recertifications for Medicare-covered hospice.	Jenny Markell
9/30/2025	Medicare	Assistance for Rural Ambulance Providers in Low Population Density Areas	SSA §1834(l)(12)(A) 42 U.S.C. §1395m(l)(12)(A)	Provides Medicare add-on payments for ground ambulance transports that originate in qualified rural	Marco Villagrana

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2025	Medicare	Temporary Increase for Ground Ambulance Services	SSA §1834(l)(13)(A) 42 U.S.C. §1395m(l)(13)(A)	areas, called super-rural areas. Provides Medicare add-on payment for ground ambulance transports that originate in rural or urban areas.	Marco Villagrana
9/30/2025	Medicare	Extension of Certain Telehealth Flexibilities	SSA §1834(m) 42 U.S.C. 1395m(m)	Extends several Medicare telehealth flexibilities for eligible practitioners; locations where patients could receive telehealth services; in-person requirements for mental health services; FQHC's and RHC's; and audio-only services.	Jim Hahn
9/30/2025	Medicare	Floor on Geographic Adjustment for Physician Fee Schedule	SSA §1848(e)(1)(E) 42 U.S.C. §1395w-4(e)(1)(E)	Establishes a floor value of 1.0 for the physician work geographic index used in the calculation of payments under the Medicare physician fee schedule.	Jim Hahn
9/30/2025	Medicare	Temporary Inclusion of Authorized Oral Antiviral Drugs as Covered Part D Drugs	SSA §1860D-2(e)(1)(c) 42 U.S.C. §1395w-102(e)(1)(C)	Permits prescription oral antivirals for COVID-19 with emergency use authorization to be included in the definition of Part D drug and must be covered by Part D plans.	Laura Wreschnig
9/30/2025	Medicare	Hospital at Home	SSA §1866G(a)(1) 42. U.S.C. §1395cc-7(a)(1)	Permits Medicare statutory and regulatory flexibility for certain hospitals to provide health care services to patients in locations beyond	Marco Villagrana

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
				the hospitals' physical facilities.	
9/30/2025	Medicare	Medicare Dependent Hospital/Decline Reclassification	SSA §1886(d)(5)(G) 42 U.S.C. §1395ww(d)(5)(G)	Permits higher Medicare IPPS payments to qualifying small rural hospitals with a high proportion of patients who are Medicare beneficiaries.	Marco Villagrana
9/30/2025	Medicare	Low-Volume Adjustment	SSA §1886(d)(12)(D) 42 U.S.C. §1395ww(d)(12)(D)	Provides an increase to the Medicare IPPS payments to qualifying hospitals for the higher incremental costs associated with a low volume of patient discharges.	Marco Villagrana
9/30/2025	Medicare	Contract with a Consensus-Based Entity Regarding Performance Measurement	SSA §1890(d)(2) 42 U.S.C. §1395aaa(d)(2)	Provides funding for a requirement for the Secretary to have a contract with a consensus-based entity to carry out specified duties related to performance improvement and quality measurement. These duties include, among others, priority setting, measure endorsement, measure maintenance, and annual reporting to Congress.	Amanda Sarata
9/30/2025	Medicare	Quality Measure Selection	SSA §§1890(d)(2) and 1890A 42 U.S.C. §§1395aaa(d)(2) and 1395aaa-l	Provides funding for a requirement for the Secretary to establish a pre-rulemaking process to select quality measures for use in Medicare. As part of this process, the Secretary makes measures under consideration for use in	Amanda Sarata

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
				Medicare public and broadly disseminates the selected quality measures, while the consensus-based entity with a contract gathers and annually transmits to the Secretary multi-stakeholder input.	
9/30/2025	Medicaid	Certified Community Behavioral Health Clinics (CCBHC) Medicaid Demonstration Program	PAMA §223(d)(3), (8), and (9) 42 U.S.C. §§1396a note (d)(3), (8), and (9)	Provides a higher share of Medicaid expenditures for services provided to Medicaid enrollees at CCBHCs in states participating in the CCBHC demonstration program. ^b	Varun Saraswathula
9/30/2025	Medicaid	FMAP Increase for ACIP Recommended Vaccines	SSA §1905(b)(6) 42 U.S.C. §1396d(b)(6)	Provides a temporary (i.e., eight fiscal quarters beginning October 1, 2023) one-percentage-point increase to the federal share of Medicaid expenditures for ACIP-recommended vaccines for adults and the administration of such vaccines provided without enrollee cost-sharing as of August 16, 2022.	Evelyne Baumrucker
9/30/2025	Medicaid	Tennessee Medicaid DSH Allotment	SSA §1923(f)(6)(A)(vi) 42 U.S.C. §1396r-4(6)(A)(vi)	Provides Tennessee a special statutory arrangement that specifies the DSH allotment for the state is \$53.1 million for each of FY2015-FY2025.	Alison Mitchell
9/30/2025	Medicaid	Implementation of Medicaid DSH Allotment Reductions	SSA §1923(f)(7) 42 U.S.C. §1396r-4(f)(7)	Implements reductions to the Medicaid DSH allotments in the amount of \$8 billion per year for FY2026-FY2028.	Alison Mitchell

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2025	Other	FDA Innovation Projects	21 st Century Cures Act (P.L. 114-255) §1002(b)(2)(A)	Authorizes annual appropriations from the FDA Innovation Account for the purpose of carrying out numerous activities under the Cures Act relating to, among others, patient focused drug development; modernizing clinical trial design and evidence development; innovation and stewardship of antimicrobial therapies; medical device innovation; and patient access to new therapies such as regenerative advanced therapies. These funds, in effect, do not count toward the discretionary spending limit in a given fiscal year.	Amanda Sarata
9/30/2025	Other	Community Health Center Fund	ACA §10503(b)(1)(J) (Also, PHSA §330 for underlying health center statute) 42 U.S.C. §254b-2(b)(1)(J)	Provides funding for the Health Resources and Services Administration's federal health center program.	Elayne Heisler
9/30/2025	Other	National Health Service Corps Fund	ACA §10503(b)(2)(K) (Also, PHSA §338 for overall NHSC funding) 42 U.S.C. §254-2(b)(2)(K)	Provides funding for scholarships and loan repayment for health providers in exchange for providing care in a health professional shortage area.	Elayne Heisler
9/30/2025	Other	National Technical Assistance Center on Grandfamilies and Kinship Families	ARPA §2922(a) 42 U.S.C. §3020g(a)	Provides funding to establish a National Technical Center to provide training, technical assistance, and resources for	Jared Sussman

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
				government programs, nonprofit and other community-based organizations, and Indian Tribes, tribal organizations, and urban Indian organizations for activities related to grandfamilies and kinship families.	
9/30/2025	Other	Over-The-Counter Monograph Drug User Fee Program (OMUFA)	FFDCA §744M(b)(2) 21 U.S.C. §379j-72(b)(2)	Establishes the fee revenue amounts FDA is authorized to collect for the Over-The-Counter Monograph Drug User Fee Program for FY2022-FY2025.	Hassan Sheikh
9/30/2025	Other	Public Health Emergencies: Temporary Reassignment of State and Local Personnel During a Public Health Emergency	PHSA §319(e)(8) 42 U.S.C. §247d(e)(8)	Allows the Secretary to authorize a temporary reassignment of certain state, Indian Tribe, and local public health department personnel in response to a declared public health emergency.	Hassan Sheikh
9/30/2025	Other	Biomedical Advanced Research and Development Authority (Nondisclosure of Information)	PHSA §319L(e)(1)(D) 42 U.S.C. §247d-7e(e)(1)(D)	Deems certain information received by BARDA to nondisclosure under the Freedom of Information Act (FOIA), specifically information relevant to HHS programs that could compromise national security.	Hassan Sheikh
9/30/2025	Other	Collaboration and Coordination (Countermeasures, Pandemic	PHSA §319L-1(b) 42 U.S.C. §247d-7f(b)	Allows the Secretary, in coordination with the Attorney General and the Secretary of Homeland Security, to consult entities	Hassan Sheikh

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
		or Epidemic Product Development)		engaged in the development of certain products used in response to public health emergencies for the development, manufacture, distribution, purchase, or storage of those products, and exempts participation in such meetings from antitrust laws as covered in written agreements.	
9/30/2025	Other	Special Diabetes Programs for Type I Diabetes	PHSA §330B(b)(2) 42 U.S.C. §254c–2(b)(2)	Provides funding for research into the prevention and cure of type I diabetes.	Kavya Sekar
9/30/2025	Other	Special Diabetes Programs for Indians	PHSA §330C(c)(2)(G) 42 U.S.C. §254c–3(c)(2)(G)	Provides funding for diabetes programs operated by the Indian Health Service or Indian Tribes, Tribal Organizations, or Urban Indian Organizations.	Elayne Heisler
9/30/2025	Other	Teaching Health Centers	PHSA §340H(g)(1)(F) 42 U.S.C. §256h(g)(1)(F)	Provides funding for graduate medical education payments for residents training in outpatient primary care-focused health facilities.	Elayne Heisler
9/30/2025	Other	National Advisory Committee on Children and Disasters	PHSA §2811A(g) 42 U.S.C. §300hh–10b(g)	Establishes the National Advisory Committee on Children and Disasters, an advisory committee whose responsibilities include providing consultation on the medical and public health needs of children in emergencies.	Hassan Sheikh

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2025	Other	National Advisory Committee on Seniors and Disasters	PHSA §2811B(g)(1) 42 U.S.C. §300hh-10c(g)(1)	Establishes the National Advisory Committee on Seniors and Disasters, an advisory committee whose responsibilities include providing consultation on the specific medical and public health needs of seniors in emergencies.	Hassan Sheikh
9/30/2025	Other	National Advisory Committee on Individuals with Disabilities and Disasters	PHSA §2811C(g)(1) 42 U.S.C. §300hh-10d(g)(1)	Establishes the National Advisory Committee on Individuals with Disabilities and Disasters, an advisory committee whose responsibilities include providing consultation on the specific medical and public health needs of individuals with disabilities in emergencies.	Hassan Sheikh
9/30/2025	Other	National Disaster Medical System	PHSA §2812(c)(4)(B) 42 U.S.C. §300hh-11(c)(4)(B)	Authorizes the Secretary to directly appoint individuals to serve as intermittent personnel of the National Disaster Medical System (NDMS) if personnel are determined insufficient for a specific public health emergency or potential emergency.	Hassan Sheikh
9/30/2025	Other	Family-to-Family Health Information Centers	SSA §501(c)(1)(A)(vii) 42 U.S.C. §701(c)(1)(A)(vii)	Provides funding for education and peer support activities geared toward families of children with special health care needs.	Alexandria Mickler

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2025	Other	Sexual Risk Avoidance Education Program	SSA §510 42 U.S.C. §710(a) and (f)	Provides funding to educate adolescents aged 10 to 20 exclusively on abstinence that teaches youth to voluntarily refrain from sexual activity.	Jessica Tollestrup
9/30/2025	Other	Personal Responsibility Education Program	SSA §513 42 U.S.C. §713(a) and (f)	Provides funding to educate adolescents aged 10 through 19 and pregnant and parenting youth under age 21 on both abstinence and contraceptives to prevent pregnancy and sexually transmitted infections.	Jessica Tollestrup
12/29/2025	Other	Increased Manufacturing Capacity for Certain Critical Antibiotic Drugs	CAA 2023 Division FF, Title II §2411(e) 42 U.S.C. §247d-6b note	Allows the Secretary to award contracts to increase the domestic manufacturing capacity of certain antibiotic drugs or their active pharmaceutical ingredients or key starting materials.	Hassan Sheikh
12/31/2025	Medicare	Clinical Laboratory Fee Schedule	SSA §1834A(b)(3)(B)(ii) 42 U.S.C. §1395m-1(b)(3)(B)(ii)	Delays payment reductions due to the implementation of the revised Clinical Laboratory Fee Schedule methodology.	Jim Hahn
12/31/2025	Medicaid	ACA Medicaid Expansion FMAP Incentive	SSA §1905(ii)(3) 42 U.S.C. §1396d(ii)(3)	Provides a five-percentage-point increase to the regular FMAP rate for states implementing the ACA Medicaid expansion.	Alison Mitchell
12/31/2025	Private Health Insurance	Enhanced ACA Subsidy or Enhanced PTC	IRC §§36B(b)(3)(A)(iii) and (c)(1)(E)	Expands eligibility for and increased the amount of a federal tax credit which subsidizes the cost of	Bernadette Fernandez

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
			26 U.S.C. §§36B(b)(3)(A)(iii) and (c)(1)(E)	qualified health insurance for eligible households.	

Source: Congressional Research Service (CRS).

Notes: “Secretary” refers to the HHS Secretary. ACA = Patient Protection and Affordable Care Act (P.L. 111-148, as amended); ACIP = Advisory Committee on Immunization Practices; ARPA = American Rescue Plan Act of 2021 (P.L. 117-2); BARDA = Biomedical Advanced Research and Development Authority; CAA 2023 = Consolidated Appropriations Act, 2023 (P.L. 117-328); CCBHC = Certified Community Behavioral Health Clinics; DSH = Disproportionate Share Hospital; FDA = Food and Drug Administration; FFDCA = Federal Food, Drugs, and Cosmetics Act; FMAP = Federal Medical Assistance Percentage; FOIA = Freedom of Information Act; FQHC = federally qualified health center; HHS = Department of Health and Human Services; IMPACT = Improving Medicare Post-Acute Care Transformation Act of 2014 (P.L. 113-185); IPPS = Inpatient Prospective Payment System; IRC = Internal Revenue Code; MIPPA = Medicare Improvements for Patients and Providers Act of 2008 (P.L. 110-275); NDMS = National Disaster Medical System; NHSC = National Health Service Corps; OMUFA = Over-the-Counter Monograph User Fee Act; PAMA = Protecting Access to Medicare Act of 2014 (P.L. 113-93); PHSA = Public Health Service Act; PTC = Premium Tax Credit; RHC = rural health center; SSA = Social Security Act; U.S.C. = *U.S. Code*.

- a. Citations in statute and the U.S.C. are provided where available.
- b. The Certified Community Behavioral Health Clinics (CCBHC) Medicaid Demonstration Program has multiple expiration dates depending on when states began the demonstration program. Other expiration dates are September 30, 2027, and December 31, 2027. For more information about the expiration dates for the groups of states participating in the CCBHC demonstration program, see CRS In Focus IFI2494, *Certified Community Behavioral Health Clinics (CCBHCs)*.

Table 2. Provisions Expiring in the 119th Congress (Second Session)

CY2026

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
6/30/2026	Medicare	Frontier Community Health Integration Project Demonstration	MIPPA §123 42 U.S.C. §1395i-4 note	Tests new models of integrated, coordinated health care in the most sparsely populated rural counties, with the goal of improving health outcomes and reducing Medicare expenditures.	Marco Villagrana
7/4/2026	Medicaid	Federal Payments to Prohibited Entities	P.L. 119-21 §71113	Prohibits federal Medicaid spending for payments for items and services provided by “prohibited entities” ^b as defined therein for a one-year period beginning July 4, 2025.	Evelyne Baumrucker
9/30/2026	Medicare	Temporary Adjustment to LTCH Site Neutral Payment Rates	SSA §1886(m)(6)(B) 42 U.S.C. §1395ww(m)(6)(B)	Reduces the applicable Medicare site-neutral payment for non-LTCH cases provided by an LTCH.	Marco Villagrana
9/30/2026	Other	NIH Innovation Project-Precision Medicine Initiative	21 st Century Cures Act (P.L. 114-255) §1001(b)(4)(A)	Authorizes annual appropriations from the NIH Innovation Account for the Precision Medicine Initiative (now All of Us research program), which aims to collect and study health data on more than 1 million people. These funds, in effect, do not count toward the discretionary spending limit in a given fiscal year.	Kavya Sekar

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
9/30/2026	Other	NIH Innovation Project-BRAIN Initiative	21 st Century Cures Act (P.L. 114-255) §1001(b)(4)(B)	Authorizes annual appropriations from the NIH Innovation Account for the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative, which aims to develop and implement new technologies that enable an in-depth scientific understanding of the brain. These funds, in effect, do not count toward the discretionary spending limit in a given fiscal year.	Kavya Sekar
9/30/2026	Other	Grants for Research on Therapies for ALS	Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79) §2(f)	Authorizes the Secretary to award grants for research involving data from expanded access use of investigational amyotrophic lateral sclerosis drugs. NIH has implemented this provision.	Kavya Sekar
9/30/2026	Other	Protecting Infants and Improving Formula Supply	CAA 2023 Division FF, Title III §3401 21 U.S.C. §350a–1(h)(3)	Requires infant formula manufacturers to adhere to certain reporting requirements following the initiation of an infant formula recall. Requires the Secretary to submit the aforementioned information and other components in a report to Congress.	Alexandria Mickler
12/31/2026	Medicare	Advance Alternative Payment Model Bonus	SSA §1833(z)(1)(A) 42 U.S.C. §1395l(z)(1)(A)	Extends the bonus for qualifying alternative payment models at the rate of 1.88% in 2026 (3.5% in 2025).	Jim Hahn

Expires After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
12/31/2026	Medicare	Temporary Payment Increase under the Medicare Physician Fee Schedule to Account for Exceptional Circumstances	SSA §1848(t)(1) 42 U.S.C. §1395w-4(t)(1)	Provides an increase in payments made to physicians and nonphysician practitioners under the Medicare Physician Fee Schedule by 2.5% for services furnished during CY2026.	Jim Hahn

Source: Congressional Research Service (CRS).

Notes: “Secretary” refers to the HHS Secretary. ACA = Patient Protection and Affordable Care Act (P.L. 111-148, as amended); ALS = amyotrophic lateral sclerosis; BRAIN = Brain Research through Advancing Innovative Neurotechnologies; CAA 2023 = Consolidated Appropriations Act, 2023 (P.L. 117-328); HHS = Health and Human Services; LTCH = long-term care hospital; MIPPA = Medicare Improvements for Patients and Providers Act of 2008 (P.L. 110-275); NHSC = National Health Service Corps; NIH = National Institutes of Health; PHS Act = Public Health Service Act; SSA = Social Security Act; U.S.C. = U.S. Code.

- a. Citations in statute and the U.S.C. are provided where available.
- b. A prohibited entity is defined as an entity, including its affiliates, subsidiaries, successors, and clinics that (as of October 1, 2025) is a tax-exempt organization as described under IRC Section 501(c)(3); that is an essential community provider, as described in 45 C.F.R. Section 156.235 (as in effect on July 4, 2025), that primarily provides family planning services, reproductive health and related medical care, and abortion services other than those allowable under the Hyde Amendment; and that received federal and state Medicaid reimbursements exceeding \$800,000 in FY2023. For further information on this provision see CRS Report R48633, *Health Provisions in P.L. 119-21, the FY2025 Reconciliation Law*, coordinated by Alison Mitchell.

Table 3. Provisions That Expired in the 118th Congress

CY2023 and CY2024

Expired After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
3/31/2023	Medicaid	Extension of 100% FMAP to UIOs and Native Hawaiian Health Care Systems	SSA §1905(b) 42 U.S.C. §1396d(b)	Provided eight fiscal quarters of 100% federal reimbursement (i.e., fully federally funded) for Medicaid services received through (1) Urban Indian Organizations (UIOs) and (2) Native Hawaiian Health Centers for the period April 1, 2021, through March 31, 2023.	Alison Mitchell
9/30/2023	Other	NIH Innovation Project-Cancer Moonshot	21 st Century Cures Act (P.L. 114-255) §1001(b)(4)(C))	Authorized annual appropriations from the NIH Innovation Account for the Cancer Moonshot initiative to advance cancer research. These funds, in effect, do not count toward the discretionary spending limit in a given fiscal year.	Kavya Sekar
9/30/2023	Other	Partnerships for State and Regional Hospital Preparedness to Improve Surge Capacity	PHSA §319C-2(j)(1)(B)(iii) 42 U.S.C. §247d-3b(j)(1)(B)(iii)	Allowed the Secretary to reserve up to 5% of funds appropriated for the Hospital Preparedness Program in a fiscal year to develop guidelines for regional health care emergency preparedness and response systems as authorized in PHSA Section 319C-3 (42 U.S.C. §247d-3c).	Hassan Sheikh
9/30/2023	Other	Demonstration Project for Regional Health Care	PHSA §319C-3(e)(2)	Allowed the Assistant Secretary for Preparedness	Hassan Sheikh

Expired After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
		Preparedness and Response Systems	42 U.S.C. §247d-3c	and Response to establish a demonstration project to award grants to improve medical surge capacity for all hazards, build and integrate regional medical response capabilities, improve specialty care expertise, and coordinate medical preparedness and response across state, local, Tribal, territorial, and regional jurisdictions.	
9/30/2023	Other	Funding for Childhood Obesity Demonstration Project	SSA §1139A(e)(8) 42 U.S.C. §1320b-9a(e)(8)	Provided \$30 million annually in direct funding for the Childhood Obesity Demonstration Project, a Centers for Disease Control and Prevention program to develop and test strategies for reducing childhood obesity.	Alexa DeBoth
10/1/2023	Other	National Security Threat Priority Review Voucher	FFDCA §565A(g) 21 U.S.C. §360bbb-4a(g)	Allowed the Secretary to issue a priority review voucher upon approval of an application for a drug or biologic that qualifies as a material threat medical countermeasure, as specified.	Hassan Sheikh
11/27/2023	Other	Requirements (Pharmaceutical Distribution Supply Chain)	FFDCA §582(k) 21 U.S.C. §360eee-1(k)	Sunsetted several requirements related to the implementation of the Drug Supply Chain Security Act (P.L. 113-54, Title II).	Hassan Sheikh

Expired After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
12/31/2023	Medicare	Payments for Durable Medical Equipment under the Medicare Program	CAA 2023 Division FF, Title IV §4139(a) 42 U.S.C. §1395m note	Increased Medicare payments for certain DMEPOS provided in areas other than rural areas or noncontiguous areas. The new payment was based on the sum of (1) 75% of the fee-schedule rate fully adjusted by competitive bidding, and (2) 25% of the unadjusted (higher) fee schedule rate.	Paulette Morgan
12/31/2023	Medicare	Home Health Prospective Payment System (PPS) Rural Add-on: Frontier Counties	MMA §421(b)(1)(B) 42 U.S.C. 1395fff note	Increased Medicare home health payments for services provided in low-population-density counties, referred to as “frontier counties,” defined as rural counties with a population density of six or fewer individuals per square mile.	Jenny Markell
12/31/2023	Medicare	Extension of Pass-through Status Under the Medicare Program for Certain Devices Impacted by COVID-19	SSA §1833(t)(6)(K) 42 U.S.C. §1395l(t)(6)(K)	Extended the transitional pass-through for additional costs of innovative medical devices, drugs, and biologics under the Medicare outpatient prospective payment system for one year for certain devices.	Jim Hahn
12/31/2023	Medicare	Medicare IVIG Access Demonstration	SSA §§1861(s)(2)(Z) and (zz) and SSA §1842(o)(8) 42 U.S.C. §§1395x(s)(2)(Z) and (zz) and 42 U.S.C. §1395u(o)(8))	Required the Secretary to establish and implement a Medicare Part B demonstration to evaluate the benefit of in-home administration of intravenous immune globin for treating	Laura Wreschnig

Expired After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
12/31/2023	Medicare	Medicare Independence at Home Demonstration Program	SSA §1866E(e)(1) 42 U.S.C. §1395cc-5(e)(1)	primary immune deficiency diseases. ^b Tested the effectiveness of delivering comprehensive primary care services at home for Medicare beneficiaries with multiple chronic conditions, and to reward health care providers that provide high-quality care while reducing costs.	Jim Hahn
9/30/2024	Medicaid	Demonstration Project to Increase Substance Use Provider Capacity	SSA §1903(aa)(1) 42 U.S.C. §1396b(aa)(1)	Permitted the increase of treatment capacity for Medicaid providers providing substance use disorder treatment. Five states participated in the demonstration from September 30, 2021 to September 30, 2024.	Varun Saraswathula
9/30/2024	Other	Sale of Tobacco Products to Individuals Under the Age of 21 (Transitional Grants)	PHSA §1926(d) 42 U.S.C. §300x-26(d)	Provided funding for certain states to assist with efforts to prevent the sale of tobacco products to individuals under the age of 21.	Nora Wells
12/20/2024	Other	Rare Pediatric Disease Priority Review Voucher	FFDCA §529(b)(5)(A-B) 21 U.S.C. §360ff(b)(5)(A-B)	Allowed the Secretary to award a priority review voucher to sponsors of rare pediatric disease products that are approved and meet certain criteria.	Hassan Sheikh
12/31/2024	Medicare	Delay of Implementation of Oral-Only ESRD-Related Drugs in the	ATRA §632 42 U.S.C. 1395rr note	Included oral-only drugs related to the treatment of ESRD in the ESRD PPS	Laura Wreschnig

Expired After	Health-Related Program	Provision ^a	Statutory and/or U.S. Code Citation	Description	CRS Contact
		ESRD Prospective Payment System		bundled payment, instead of being included through the Medicare Part D benefit, beginning January 1, 2025.	
12/31/2024	Medicare	Supporting Physicians and Other Professionals in Adjusting to Medicare Payment Changes During 2021	SSA §1848(t)(1) 42 U.S.C. §1395w-4(t)(1)	Increased payments made to providers under the Medicare Physician Fee Schedule by 2.93% from March 9, 2024, through December 31, 2024.	Jim Hahn
12/31/2024	Medicare	Opioid Use Disorder Treatment Demonstration Program	SSA §1866F 42 U.S.C. §1395cc-6	Required the Secretary to implement a four-year demonstration program to increase access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health outcomes for such beneficiaries, and to the extent possible, reduce Medicare expenditures.	Laura Wreschnig

Source: Congressional Research Service (CRS)

Notes: “Frontier counties” are defined as rural counties with a population density of six or fewer individuals per square mile. “Secretary” refers to the HHS Secretary. ATRA = American Taxpayer Relief Act of 2012 (P.L. 112-240); CAA 2023 = Consolidated Appropriations Act, 2023 (P.L. 117-328); DMEPOS = Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies; ESRD = end-stage renal disease; FFDCA = Federal Food, Drug, and Cosmetics Act; FMAP = Federal Medical Assistance Percentage; HHS = Department of Health and Human Services; IVIG = Intravenous immunoglobulin; MACPAC = Medicaid and CHIP Payment and Access Commission; MMA = Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (P.L. 108-173); PHSA = Public Health Service Act; PPS = Prospective Payment System; SSA = Social Security Act; UIO = Urban Indian Organization; U.S.C. = *U.S. Code*.

- a. Citations in statute and the U.S.C. are provided where available.
- b. Section 4134 of the Consolidated Appropriations Act, 2023 (P.L. 117-328), made the intravenous immune globulin in-home coverage permanent (as of January 1, 2024) with no need for patients or eligible suppliers to enroll in the demonstration.

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