



# +Insight

## HEALTHCARE EXTENDERS TRACKER (JANUARY 2024 UPDATE)

### Summary

Many healthcare programs are extended for specific time periods, as short as one or two years or as long as 10, and are usually renewed through the annual appropriations bills. However, when the government operates under short-term continuing resolutions (CRs), programs that need to be extended are either temporarily not addressed, or extended along with the length of the CR. The current two-part, “laddered” CR currently funding the government has deadlines of March 1 and March 8, 2024, to pass major spending bills and avert a government shutdown. These are also significant dates for several important healthcare programs that either run out of funding or face dramatic cuts to existing funding once those deadlines pass. The below chart tracks healthcare programs that require congressional action between now and 2032, and highlights related recent congressional action on each. The chart is divided into two sections – the first focusing on the programs extended in the most recent CR, and the second focusing on all programs needing an extension.

Extenders	Summary	Expiration Date	Legislation Providing Latest Funding/ Reauthorization	House Action	Senate Action
<b>**Addressed in the Most Recent Continuing Resolution** (Listed in Order of Expiration Date)</b>					
<b>PAHPA Reauthorization</b>	Pandemic preparedness reauthorization legislation in the House and Senate contain key legal authorities to sustain and strengthen the United States’ preparedness for public health emergencies involving chemical, biological, radiological and nuclear agents, as well as emerging infectious disease threats.	March 8, 2024	Some programs temporarily extended in Further Additional Continuing Appropriations and Other Extensions Act, 2024	Pandemic and All Hazards Preparedness Act (PAHPA) reauthorization was split between the Preparedness and Response Reauthorization Act (HR 4420) and the Preparing for All Hazards and Pathogens Reauthorization Act (HR 4421), which both passed out of the House Energy and Commerce Committee on July 19, 2023.	The Pandemic and All Hazards Preparedness and Response Act (S 2333) passed out of the Senate Committee on Health, Education, Labor and Pensions (HELP) on July 20, 2023.



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<b>Community Health Centers</b>	The primary form of federal funding for community health centers is the Health Center Program, which is authorized in Section 330 of the Public Health Services Act. More commonly known as the “330 Grant,” funding for the Health Center Program comes from a combination of discretionary funding, appropriated by Congress each year, and mandatory funding from the Community Health Center Fund (CHCF). The Consolidated Appropriations Act of 2021 (CAA 2021) funded the CHCF through FY 2023.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	Included in the Lower Costs, More Transparency Act (HR 5378), which combined legislation that passed out of the House Energy and Commerce, Ways and Means, and Education and the Workforce Committees. HR 5387 passed the House on December 11, 2023.	Included in the Bipartisan Primary Care and Health Workforce Act (S 2840), which passed out of the Senate HELP Committee on September 21, 2023.
<b>National Health Service Corps (NHSC)</b>	The NHSC provides financial and other support to primary care providers in exchange for their service in underserved communities. Although the NHSC has received discretionary appropriations in recent years, the CHCF represents more than 70% of the program’s annual funding. The CHCF is time-limited. At its outset, it was an appropriation for FY 2011 through FY 2015, but it has been extended several times, most recently through FY 2023 in the CAA 2021.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	Included in the Lower Costs, More Transparency Act (HR 5378), which combined legislation that passed out of the House Energy and Commerce, Ways and Means, and Education and the Workforce Committees. HR 5387 passed the House on December 11, 2023.	Included in the Bipartisan Primary Care and Health Workforce Act (S 2840), which passed out of the Senate HELP Committee on September 21, 2023.
<b>Teaching Health Centers</b>	The Health Resources and Services Administration operates Teaching Health Center Graduate Medical Education programs focused on increasing the primary care workforce in medically underserved communities. The program was established and funded for five years under the Affordable Care Act (ACA) and has been reauthorized and funded several times since then. Most of the training programs currently operating in the states are conducted in community health centers. The CAA 2021 funded teaching health centers at current levels through FY 2023.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	Included in the Lower Costs, More Transparency Act (HR 5378), which combined legislation that passed out of the House Energy and Commerce, Ways and Means, and Education and the Workforce Committees. HR 5387 passed the House on December 11, 2023.	Included in the Bipartisan Primary Care and Health Workforce Act (S 2840), which passed out of the Senate HELP Committee on September 21, 2023.



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<b>Medicaid Disproportionate Share Hospitals (DSHs)</b>	Statutorily required payments intended to offset hospitals' uncompensated care costs to improve access for Medicaid and uninsured patients as well as the financial stability of safety-net hospitals. DSH payment cuts were delayed through FY 2023 through the CAA 2021.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	Included in the Lower Costs, More Transparency Act (HR 5378), which combined legislation that passed out of the House Energy and Commerce, Ways and Means, and Education and the Workforce Committees. HR 5387 passed the House on December 11, 2023.	Included in the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act passed by the Senate Finance Committee on November 6, 2023.
<b>Personal Responsibility Education Program</b>	Funds projects to reduce teen pregnancy through the use of evidence-based programs.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	None	None
<b>Special Diabetes Program for Type I Diabetes</b>	Provides funding for Type I diabetes research at the National Institutes of Health.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	Included in the Lower Costs, More Transparency Act (HR 5378), which combined legislation that passed out of the House Energy and Commerce, Ways and Means, and Education and the Workforce Committees. HR 5387 passed the House on December 11, 2023.	Special Diabetes Program Reauthorization Act (S 1855). Reported out of the Senate HELP Committee without amendment on July 27, 2023.
<b>Special Diabetes Program for Indians</b>	Grant program, coordinated by the Indian Health Service (IHS) Division of Diabetes with guidance from the Tribal Leaders Diabetes Committee. Provides funds for diabetes treatment and prevention to IHS, Tribal and Urban Indian health programs across the United States.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	Included in the Lower Costs, More Transparency Act (HR 5378), which combined legislation that passed out of the House Energy and Commerce, Ways and Means, and Education and the Workforce Committees. HR 5387 passed the House on December 11, 2023.	Special Diabetes Program Reauthorization Act (S 1855). Reported out of Senate HELP Committee without amendment on July 27, 2023.
<b>Work Geographic Practice Cost Indices (GPCI) floor</b>	Medicare payments to physicians are geographically adjusted to reflect the varying cost of delivering physician services across areas. The adjustments are made by indices, known as the	March 8, 2024	Further Additional Continuing Appropriations and	HR 6366 would extend for one year a policy to increase the work geographic index to 1.00 for any locality where the index would be	Included in the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act passed by the Senate



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	GPCIs, that reflect how each geographic area compares to the national average. In 2003, Congress established that for three years there would be a floor of 1.0 on the work component of the formula used to determine physician payments. Congress has repeatedly extended the 1.0 floor. There are concerns that without these adjustments, physician services in rural areas would be disproportionately affected by lower Medicare payments.		Other Extensions Act, 2024	less than 1.00, which is otherwise set to expire January 1, 2024. HR 6366 passed out of the House Energy and Commerce Health Subcommittee on November 15, 2023.	Finance Committee on November 6, 2023.
<b>Conrad 30 Waivers</b>	The Conrad 30 waiver program allows J-1 foreign medical graduates to apply for a waiver of the two-year foreign residence requirement upon completion of the J-1 exchange visitor program. The program addresses the shortage of qualified doctors in medically underserved areas.	March 8, 2024	Further Additional Continuing Appropriations and Other Extensions Act, 2024	Conrad State 30 and Physician Access Reauthorization Act (HR 4942). Referred to the House Committee on the Judiciary on July 26, 2023.	Conrad State 30 and Physician Access Reauthorization Act (S 665). Referred to the Committee on the Judiciary on March 6, 2023.
<b>**Not Addressed in the Most Recent Continuing Resolution** (Listed in Order of Expiration Date)</b>					
<b>Funding for quality measure endorsement, input and selection under the Medicare program</b>	The Centers for Medicare and Medicaid Services (CMS) is tasked with developing reliable and meaningful quality measurement that focuses on outcomes. Congress has supported these efforts with funding for CMS to provide quality measure selections and to contract with a consensus-based entity to carry out some of the tasks associated with this effort. The CAA 2021 provided \$66 million in funding to CMS through September 30, 2023.	October 1, 2023	CAA 2021	None	Included in the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act passed by the Senate Finance Committee on November 6, 2023, by a vote of 26–0.
<b>Funding for outreach and assistance for low-income Medicare programs</b>	There are a several programs that provide Medicare beneficiary outreach, enrollment and education activities for low-income populations. These are generally provided and funded through state health insurance assistance programs; area	October 1, 2023	CAA 2021	None	Included in the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act passed by the Senate Finance Committee on November 6, 2023, by a vote of 26-0.



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	agencies on aging; aging and disability resource centers; and the National Center for Benefits and Outreach and Enrollment. Congress has regularly supported these programs and continued that trend by providing funding through September 30, 2023 (via CAA 2021).				
<b>Children’s Hospital Graduate Medical Education (GME)</b>	The Children’s Hospitals GME Payment Program funds freestanding children’s hospitals GME programs to help train resident physicians and dentists. The program’s appropriations were reauthorized by P.L. 115-241, the Dr. Benjy Frances Brooks Children’s Hospital GME Support Reauthorization Act of 2018, which extended the program’s authorizations of appropriations until FY 2023 and increased the amount authorized to \$325 million.	October 1, 2023	Dr. Benjy Frances Brooks Children’s Hospital GME Support Reauthorization Act of 2018	HR 3887, which would extend the program through 2028, passed out of the House Energy and Commerce Committee on July 19, 2023, along party lines. This bill includes prohibitions on gender affirming care for minors.	None
<b>Independence at Home Demonstration</b>	Under the Independence at Home Demonstration, the CMS Innovation Center works with medical practices to test the effectiveness of delivering comprehensive primary care services at home and whether doing so improves care for Medicare beneficiaries with multiple chronic conditions. The CAA 2021, which was signed into law on December 27, 2020, authorized a three-year extension of the program.	January 1, 2024	CAA 2021	None	Included in the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act passed by the Senate Finance Committee on November 6, 2023, by a vote of 26–0.
<b>Medicare Home Health Rural Add-On</b>	The Bipartisan Budget Act of 2018 extended rural add-on payments for home health episodes and visits during calendar years 2019 through 2022, and mandated implementation of a new methodology for applying those payments. A 3% payment modifier was provided through Medicare to reimbursements for services provided in rural and underserved areas. The Consolidated Appropriations Act, 2023 (CAA 2023) extended	January 1, 2024	CAA 2023	None	None



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	the 1% add-on payment provided to certain home health agencies that furnish services in counties with a low population density for one year, through December 31, 2023.				
<b>Advanced Alternative Payment Model (APM) Bonus Payment</b>	The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) set up a two-track Quality Payment Program that incentivizes the transition to value-based payment models. Under MACRA, eligible physicians choose between a Merit-based Incentive Payment System track or the APM track. Physicians who opt for the APM track receive a 5% incentive payment to encourage the transition away from fee-for-service payment systems to two-sided risk models. The CAA 2023 extended the APM bonus for one year, but provided a 3.5% bonus payment instead of the previous 5% bonus payment. It also retained lower revenue and patient count thresholds that APMs must meet to qualify for the bonus.	January 1, 2024	CAA 2023	HR 6369, which would extend incentive payments for participation in eligible APMs for one year and tier the size of the bonus according to how long a provider has participated in an APM to better account for increased up-front costs of APM participation, passed out of the House Energy and Commerce Health Subcommittee on November 15, 2023.	The Better Mental Health Care, Lower-Cost Drugs, and Extenders Act included a provision that would provide for a 1.75% APM incentive payment for qualifying APM participants (QPs) for payment year 2026 (based on performance year 2024) and would extend the QP payment and patient thresholds in place with respect to payment year 2025 through payment year 2026 (based on performance year 2024). This bill passed the Senate Finance Committee on November 6, 2023, by a vote of 26–0.
<b>Medicare Conversion Factor (CF) (i.e., physician pay)</b>	Physicians and other clinicians face cuts of 3.37% for CY 2024. The finalized CF update included in the CY 2024 Medicare Physician Fee Schedule (MPFS) Final Rule is primarily based on three factors: a statutory 0% update scheduled for the MPFS in CY 2024, a negative 2.18% budget neutrality adjustment due to final MPFS policies, and a funding patch passed by Congress at the end of CY 2022 through the CAA 2023 that partially mitigated a cut to the CY 2023 CF and offset part of the reduction to the CY 2024 CF.	January 1, 2024	CAA 2023	None	The Better Mental Health Care, Lower-Cost Drugs, and Extenders Act included a provision that would replace the statutory increase of 1.25% for MPFS services furnished in 2024 with 2.50% for that year. This passed the Senate Finance Committee on November 6, 2023, by a vote of 26–0. Effectively, this policy would add 1.25% to the conversion factor, reducing the cut from 3.37% to around 2.1%.
<b>Farm Bill and Supplemental Nutrition</b>	The Farm Bill is popularly associated with the provision of agricultural subsidies, conservation programs and new farm policies. For the past	October 1, 2024	Further Continuing Appropriations and	None	None



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<b>Assistance Program (SNAP)</b>	several decades, the legislation authorizing SNAP has been included in the Farm Bill. Overall, nutrition spending makes up 80% of the total budget for the Farm Bill. Of the programs covered by nutrition, SNAP accounts for 95% of all spending. Nutrition in the United States is very much determined by the provisions, policies and funding allocations in the Farm Bill.		Other Extensions Act, 2024		
<b>Low-Volume Hospital Inpatient Payment</b>	The Medicare low-volume hospital program applies a payment adjustment for certain hospitals with low inpatient volumes. The program supports hospitals in small and isolated communities whose operating costs often outpace their revenue. The CAA 2023 provided an extension of the Medicare low-volume adjustment through September 30, 2024.	October 1, 2024	CAA 2023	Assistance for Rural Community Hospitals (ARCH) Act (HR 6430), five-year extension. Referred to House Ways and Means Committee on November 15, 2023.	Rural Hospital Support Act (S 1110), permanent extension. Referred to Senate Finance Committee on March 30, 2023.
<b>Medicare-Dependent Hospital (MDH) Program</b>	The MDH program, established in 1987, helps support small, rural hospitals for which Medicare patients make up a significant percentage of inpatient days or discharges. Congress acknowledged the importance of Medicare reimbursement to MDHs and established special payment provisions to buttress these hospitals. The CAA 2023 provided for a two-year extension of the MDH program, through September 30, 2024.	October 1, 2024	CAA 2023	ARCH Act (HR 6430), five-year extension. Referred to House Ways and Means Committee on November 15, 2023.	Rural Hospital Support Act (S 1110), permanent extension. Referred to Senate Finance Committee on March 30, 2023.
<b>Ground Ambulance Add-On Payments</b>	Prior legislation established payment add-ons for certain ground ambulance services. The most recent extension was set to expire at the end of CY 2022. The CAA 2023 extended several ambulance service payment add-ons for two years through CY 2024, including a 3% increase for ground ambulance trips originating in rural areas, a 2% increase for ground ambulance trips	October 1, 2024	CAA 2023	None	None



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	originating in urban areas, and a “super rural” add-on of 22.6% for ambulance services in the “lowest population density” areas.				
<b>Medicare Telehealth Flexibilities</b>	Congress and CMS provided many Medicare telehealth flexibilities during the COVID-19 public health emergency (PHE). The CAA 2023 extended certain pandemic-related telehealth capabilities, including waivers to the geographic and originating site restrictions, expansions to the list of eligible practitioners, eligibilities for federally qualified health centers and rural health clinics, allowing telehealth to be provided through audio-only telecommunications, allowing telehealth to be used for a required face-to-face encounter prior to the recertification of a patient’s eligibility for hospice care, and delaying the in-person visit requirement before a patient receives tele-mental health services until December 31, 2024.	December 31, 2024	CAA 2023	The CONNECT for Health Act (HR 4189) would permanently address many of the statutory limitations on telehealth in Medicare. The bill was referred to the House Energy and Commerce and Ways and Means Committees on June 15, 2023.	The CONNECT for Health Act (S 2016) would permanently address many of the statutory limitations on telehealth in Medicare. The bill was referred to the Senate Finance Committee on June 15, 2023.
<b>High-Deductible Health Plans Telehealth Safe Harbor</b>	The CAA 2023 extended the safe harbor allowing individuals with health-savings-account-eligible high-deductible health plans to receive pre-deductible coverage for certain telehealth services (a provision that was not tied to the PHE and was set to expire on December 31, 2022, without congressional action) for two years, through December 31, 2024. The provision allows for coverage for the entirety of the plan years that begin before January 1, 2025.	December 31, 2024	CAA 2023	HR 1834 would make this policy permanent and passed out of House Ways and Means Committee on June 14, 2023.	S 1001 would make this policy permanent. It was referred to the Senate Finance Committee.
<b>Clinical Laboratory Fee Schedule Cuts</b>	In 2014, Congress included provisions in the Protecting Access to Medicare Act (PAMA) that substantially overhauled how Medicare determines payments for laboratory services paid under the Clinical Laboratory Fee Schedule. PAMA used laboratory-reported, non-Medicare	January 1, 2025	Further Continuing Appropriations and Other Extensions Act, 2024	HR 6366, which would delay cuts and reporting under the Clinical Laboratory Fee Schedule.	None





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	per-test payment information to determine Medicare payments to better align such payments with prevailing market rates.				
<b>Fentanyl Schedule 1 Classification</b>	Fentanyl and fentanyl-related substances temporarily fall under Schedule I of the Controlled Substances Act because of a temporary scheduling order that runs through December 31, 2024.	January 1, 2025	CAA 2023	None	None
<b>Hospital at Home, Acute Care at Home Waiver</b>	CMS implemented the Acute Hospital Care at Home waiver program to allow Medicare beneficiaries to receive acute-level healthcare services in their home environment during the COVID-19 PHE. However, the federal regulatory flexibilities that enabled the model were tied to the duration of the PHE. The CAA 2023 extended the current Acute Hospital Care at Home waiver initiative until December 31, 2024.	January 1, 2025	CAA 2023	None	None
<b>Community Behavioral Health Clinics (CCBHCs)</b>	CCBHCs are facilities operated by nonprofit, governmental or Tribal entities that offer a comprehensive range of behavioral health services, including risk assessment, outpatient mental health and substance use treatment, case management, psychiatric rehabilitation services, peer and family supports, 24-hour crisis management and primary care medical services. To be certified, CCBHCs must provide these specified services and maintain partnerships with other health and social service providers. The Bipartisan Safer Communities Act extended the CCBHC program. For states that participated in the CCBHC demonstration program in 2016, the end of the demonstration period was extended by two years, from September 30, 2023, to September 30, 2025. For the two states added to	October 1, 2025	Bipartisan Safer Communities Act	None	None



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	the CCBHC demonstration program in 2020, the length of the demonstration period was extended by four years, from a period of two years to six years from the date the state implemented the program.				
<b>Marketplace Advanced Premium Tax Credits (APTCs)</b>	The ACA included APTCs to help individuals and families with incomes between 100% and 400% of the federal poverty level (FPL) purchase health insurance in the federal exchange marketplace. The American Rescue Plan Act of 2021 (ARPA) temporarily extended these tax credits to individuals with incomes above 400% of the FPL and made the subsidy more generous for those below 400%. For 2021 and 2022, ARPA also expanded the ACA requirement that a health plan premium not be more than 8.5% of an individual's income to those with incomes above 400% of the FPL. The Inflation Reduction Act of 2022 (IRA) extended the expanded APTCs for three years through 2025. These tax credits are identical to those included in ARPA. This provision simply pushed the sunset date of the ARPA tax credits to January 1, 2026. (ARPA also provided enhanced marketplace subsidies for people who received or were approved to receive unemployment compensation for any week beginning in 2021. However, the IRA did not include an extension of this provision.)	January 1, 2026	IRA	None	None
<b>Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program</b>	The federal MIECHV program supports home visiting services for families with young children who reside in communities that have concentrations of poor child health and other indicators of risk. The ACA established the MIECHV program under Section 511 of the Social	October 1, 2027	CAA 2023	None	None



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	<p>Security Act in March 2010. The CAA 2023 authorized five years of funding for the MIECHV program (increasing the annual funding level to \$800 million by 2027), and described how funding for both federal base grants and federal matching grants would be allocated.</p>				
<p><b>Puerto Rico Medicaid Funding</b></p>	<p>Medicaid funding for the US territories needsto be regularly reauthorized. The CAA 2022, which passed in March 2022, temporarily increased the federal share of Medicaid payment from the 55% set in historic statute to 76%. The CAA 2023 extended Puerto Rico’s 76% Medicaid match through FY 2027, and permanently set the federal Medicaid match for American Samoa, the Commonwealth of the Northern Mariana Islands, Guam and the US Virgin Islands at 83%.</p>	<p>October 1, 2027</p>	<p>CAA 2023</p>	<p>None</p>	<p>None</p>
<p><b>FDA User Fee Reauthorization Act</b></p>	<p>The User Fee Act (UFAs) were initially established in the Prescription Drug User Fee Act (PDUFA), which was enacted in 1992. UFAs include US Food and Drug Administration (FDA) user fee programs for branded/reference drugs and biologics, medical devices, generic drugs and biosimilars (PDUFA, MDUFA, GDUFA and BsUFA). PDUFA authorized FDA to collect various user fees from companies that submit applications for certain human drug products. In the years that followed, PDUFA resources enabled a more modern and efficient approach to FDA’s review of new drug applications. The user fees must be reauthorized every five years and often serve as vehicles for other FDA-related policies. The Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023, extended the UFAs until FY 2027.</p>	<p>October 1, 2027</p>	<p>Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023</p>	<p>None</p>	<p>None</p>



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<b>Money Follows the Person Program</b>	The Money Follows the Person Program was created in 2005. The program provides states with enhanced federal matching funds for services and supports to help seniors and people with disabilities move from institutions to home-based care. Forty-four states participate in the program, which has helped more than 90,000 institutional residents transition back to their communities. The CAA 2023 provided a four-year extension of the Money Follows the Person Program through FY 2027.	October 1, 2027	CAA 2023	None	None
<b>CHIP</b>	CHIP is a block grant that needs continual reauthorization and extension.	October 1, 2029	CAA 2023	None	None
<b>Pharmacy Benefit Manager Rebate Rule</b>	In the Part D program, drug manufacturers and Product Development Partnerships (PDPs) negotiate discounts, also called rebates, for certain drugs. In 2020, the Trump Administration issued a finalized version of a prescription drug rebate rule that would have eliminated the anti-kickback statute safe harbor protection for prescription drug rebates. This rule would have eliminated the safe harbor with a new protection requiring that all discounts be passed to the individual enrollee at the point of sale. Because these discounts would no longer be available to subsidize Part D premiums, insurance premiums would have increased for all enrollees. The US Department of Health and Human Services previously delayed the implementation date for the discount safe harbor revisions from January 1, 2022, to January 1, 2023. The Infrastructure Investment and Jobs Act further delayed implementation of the rule until January 2026. The Bipartisan Safer Communities Act, signed	January 1, 2032	IRA	None	None



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	into law in June 2022, included an additional one-year delay of the rebate rule through 2027. The IRA further delayed the implementation of the rebate rule until 2032.				

For more information, please contact [Rachel Stauffer](#), [Katie Waldo](#), [Jeffrey Davis](#), [Legh Feldman](#), [Julia Grabo](#), [Kayla Holgash](#), [Amy Kelbick](#), [Priya Rathakrishnan](#) or [Erica Stocker](#).

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