

116TH CONGRESS  
1ST SESSION

**S.** \_\_\_\_\_

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

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IN THE SENATE OF THE UNITED STATES

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\_\_\_\_\_ introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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## A BILL

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

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “\_\_\_\_\_ Act of  
5 \_\_\_\_\_”.

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

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

9 (1) in section 1902(a)—

1 (A) in paragraph (85), by striking “; and”  
2 and inserting a semicolon;

3 (B) in paragraph (86), by striking the pe-  
4 riod at the end and inserting “; and”; and

5 (C) by inserting after paragraph (86) the  
6 following new paragraph:

7 “(87) beginning January 1, 2020, provide for  
8 making medical assistance available to relief-eligible  
9 survivors of disasters during relief coverage periods  
10 in accordance with section 1947.”; and

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

13 **“SEC. 1947. DISASTER RELIEF MEDICAID FOR SURVIVORS**  
14 **OF MAJOR DISASTERS.**

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

19 “(b) DEFINITIONS.—In this section:

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

22 “(A) that is declared on or after January  
23 1, 2020, by the President in accordance with  
24 section 401 of the Robert T. Stafford Disaster

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

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

6 “(2) DIRECT IMPACT AREA.—

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

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

17 “(3) HOME STATE.—The term ‘home State’  
18 means, with respect to a survivor of a disaster, the  
19 State in which the survivor was a resident during  
20 the 7-day period preceding the date on which the  
21 disaster is declared (as described in paragraph  
22 (1)(A)).

23 “(4) RELIEF COVERAGE PERIOD.—The term  
24 ‘relief coverage period’ means, with respect to a dis-  
25 aster, the period that begins on the date the disaster

1 is declared (as described in paragraph (1)(A)) and  
2 ends on the day that is 2 years after such date.

3 “(5) RELIEF-ELIGIBLE SURVIVOR.—

4 “(A) IN GENERAL.—The term ‘relief-eli-  
5 ble survivor’ means an individual who is a sur-  
6 vivor of a disaster whose family income does not  
7 exceed the higher of—

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

13 “(ii) the income eligibility standard  
14 that would otherwise apply to the survivor  
15 under the State plan or waiver of the sur-  
16 vivor’s host State.

17 “(B) DISREGARD OF UNEMPLOYMENT IN-  
18 COME.—For purposes of this section, and not-  
19 withstanding section 1902(e)(14)(B), the in-  
20 come of a survivor of a disaster shall not in-  
21 clude any amount received during the relief cov-  
22 erage period of the disaster under a law of the  
23 United States or a State which is in the nature  
24 of unemployment compensation.

25 “(6) SURVIVOR.—

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

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

11           “(C) INDIVIDUALS WHO LOST EMPLOY-  
12 MENT.—An individual described in this sub-  
13 paragraph is an individual—

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

19           “(ii) who was employed by an em-  
20 ployer that—

21           “(I) conducted an active trade or  
22 business in such area on any day dur-  
23 ing such 7-day period; and

24           “(II) was unable to operate such  
25 trade or business as a result of the

1 disaster on any day during the disas-  
2 ter's relief coverage period; and

3 “(iii) whose employment with such  
4 employer was terminated.

5 “(D) TREATMENT OF HOMELESS PER-  
6 SONS.—For purposes of subparagraph (B), in  
7 the case of an individual who was homeless on  
8 any day during the 7-day period preceding the  
9 date on which a disaster is declared (as so de-  
10 scribed), the individual's ‘residence’ during such  
11 period shall be determined as it would otherwise  
12 be determined for purposes of this title.

13 “(E) EFFECT OF CONCURRENT ELIGI-  
14 BILITY FOR MEDICAID.—An individual's eligi-  
15 bility for medical assistance under a State plan  
16 (or waiver of such plan) on a basis other than  
17 under this section shall not prevent the indi-  
18 vidual from being treated as a survivor under  
19 this section, and the rights afforded to an indi-  
20 vidual who is eligible for or enrolled under a  
21 State plan (or waiver) shall not be affected by  
22 the individual's receipt of medical assistance as  
23 a relief-eligible survivor of a disaster in accord-  
24 ance with this section.

25 “(c) ELIGIBILITY.—

1 “(1) SIMPLIFIED APPLICATION.—

2 “(A) IN GENERAL.—For purposes of deter-  
3 mining eligibility for medical assistance under  
4 this section, each State shall use a simplified,  
5 1-page application form (as developed by the  
6 Secretary in consultation with the National As-  
7 sociation of State Medicaid Directors), which  
8 shall—

9 “(i) require an applicant for medical  
10 assistance in accordance with this section  
11 as a survivor of a disaster to—

12 “(I) provide the applicant’s ex-  
13 pected address for the duration of the  
14 relief coverage period of the disaster;  
15 and

16 “(II) agree to update the infor-  
17 mation described in subclause (I) if it  
18 changes during such period;

19 “(ii) provide notice of the penalties for  
20 making a fraudulent application described  
21 in subsection (h);

22 “(iii) require the applicant to assign  
23 to the State any rights of the applicant (or  
24 any other individual who is a relief-eligible  
25 survivor and on whose behalf the applicant

1 has the legal authority to execute an as-  
2 signment of such rights) in accordance  
3 with the requirements of section 1912;

4 “(iv) require the applicant to list any  
5 health insurance coverage in which the ap-  
6 plicant was enrolled immediately prior to  
7 submitting the application for medical as-  
8 sistance under this section; and

9 “(v) require the applicant to self-at-  
10 test that the applicant—

11 “(I) is a relief-eligible survivor of  
12 the disaster; and

13 “(II) if applicable, requires home  
14 and community-based services.

15 “(B) NO DOCUMENTATION REQUIRE-  
16 MENT.—A State shall not require an applicant  
17 for medical assistance as a survivor of a dis-  
18 aster under this section to provide any docu-  
19 mentation or other evidence—

20 “(i) of the applicant’s status as a re-  
21 lief-eligible survivor; and

22 “(ii) if applicable, that the applicant  
23 requires home and community-based serv-  
24 ices.



1           “(C) PRESUMPTIVE ELIGIBILITY.—If an  
2 applicant submits a completed application to a  
3 provider or facility described in section  
4 1902(a)(55) (or any other provider or facility  
5 participating in the State plan or under a waiv-  
6 er of such plan that is qualified to make pre-  
7 sumptive eligibility determinations under such  
8 plan or waiver) and it appears to the provider  
9 or facility that the applicant is a relief-eligible  
10 survivor of a disaster who is eligible for medical  
11 assistance under the plan based on the informa-  
12 tion in the application, the applicant will be  
13 deemed to be a relief-eligible survivor for med-  
14 ical assistance under such plan in accordance  
15 with this section.

16           “(D) CONTINUOUS ELIGIBILITY.—An ap-  
17 plicant who is determined to be a relief-eligible  
18 survivor of a disaster shall be eligible for med-  
19 ical assistance under this section, without the  
20 need for any redetermination of eligibility, for  
21 the duration of the relief coverage period of the  
22 disaster.

23           “(E) TIMELY PROCESSING OF APPLICA-  
24 TIONS.—Each State shall establish such proc-  
25 esses as are necessary to ensure that applica-

1           tions for medical assistance under this section  
2           are processed in a timely manner.

3           “(2) ISSUANCE OF DISASTER RELIEF MEDICAID  
4           ELIGIBILITY CARD.—A State shall issue a disaster  
5           relief Medicaid eligibility card to each applicant who  
6           is determined to be a relief-eligible survivor of a dis-  
7           aster and eligible for medical assistance under this  
8           section, which shall be valid for the duration of the  
9           relief coverage period of the disaster.

10           “(3) VERIFICATION OF STATUS AS A RELIEF-  
11           ELIGIBLE SURVIVOR.—

12           “(A) IN GENERAL.—The State shall make  
13           a good faith effort to verify the status of an in-  
14           dividual who is enrolled in the State plan as a  
15           relief-eligible survivor of a disaster in accord-  
16           ance with this section. Such effort shall not  
17           delay the determination of the eligibility of the  
18           individual for medical assistance under this sec-  
19           tion.

20           “(B) EVIDENCE OF VERIFICATION.—A  
21           State may satisfy the verification requirement  
22           under subparagraph (A) with respect to an in-  
23           dividual by showing that the State obtained in-  
24           formation from the Social Security Administra-  
25           tion, the Internal Revenue Service, or, if appli-

1 cable, the State Medicaid agency of the home  
2 State of the individual.

3 “(d) TERMINATION OF ELIGIBILITY.—

4 “(1) IN GENERAL.—Except as provided in para-  
5 graph (4), no medical assistance shall be provided  
6 under this section to a relief-eligible survivor of a  
7 disaster after the end of the relief coverage period  
8 of the disaster.

9 “(2) NOTICE OF TERMINATION OF ELIGIBILITY;  
10 ASSISTANCE IN APPLYING FOR REGULAR MED-  
11 ICAID.—

12 “(A) IN GENERAL.—No later than 2  
13 months before the end of a relief coverage pe-  
14 riod of a disaster, a State shall provide each re-  
15 lief-eligible survivor of the disaster who is re-  
16 ceiving medical assistance under the State plan  
17 in accordance with this section with written no-  
18 tice that includes—

19 “(i) the date after which, subject to  
20 the exception described in paragraph (4),  
21 the survivor will no longer be eligible for  
22 such assistance;

23 “(ii) information regarding eligibility  
24 (other than under this section) for medical

1 assistance under the State plan (or waiver  
2 of such plan); and

3 “(iii) an application for such assist-  
4 ance and information regarding how to  
5 submit a completed application and how to  
6 obtain assistance with completing such ap-  
7 plication.

8 “(B) ASSISTANCE IN APPLYING FOR MED-  
9 ICAID.—Before the end of the relief coverage  
10 period of a disaster, the State shall—

11 “(i) provide any relief-eligible survivor  
12 of the disaster who is receiving medical as-  
13 sistance under the State plan assistance  
14 with applying for medical assistance under  
15 the State plan (or waiver ) for periods be-  
16 ginning after the end of such relief cov-  
17 erage period; and

18 “(ii) ensure that such assistance is  
19 easily accessible to such survivors.

20 “(3) PRESUMPTIVE ELIGIBILITY PERIOD FOR  
21 PENDING APPLICATIONS.—In the case of a relief-eli-  
22 gible survivor of a disaster who, on the date that the  
23 relief coverage period of the disaster ends, has an  
24 application pending for medical assistance under the  
25 State plan (or waiver of such plan) for periods be-

1       ginning after such relief coverage period, such sur-  
2       vivor shall be deemed to be eligible for medical as-  
3       sistance under such plan or waiver for 60 days after  
4       such date. Medical assistance provided to such an  
5       individual during such 60-day period shall not be  
6       treated as medical assistance provided under this  
7       section and the Federal medical assistance percent-  
8       age described in subsection (f) shall not apply to  
9       amounts expended on such assistance.

10           “(4) PREGNANT WOMEN.—In the case of a re-  
11       lief-eligible survivor of a disaster who, while preg-  
12       nant, receives medical assistance under the State  
13       plan in accordance with this section, such survivor  
14       shall continue to be eligible for such assistance  
15       through the end of the month in which the 60-day  
16       period (beginning on the last day of her pregnancy)  
17       ends, without regard to whether the pregnancy ends  
18       before or after the end of the relief coverage period  
19       of the disaster and without requiring the survivor to  
20       reapply for such assistance.

21           “(e) SCOPE OF COVERAGE.—

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

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

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

1 prevailing rate for the item or service for the com-  
2 munity in which it is provided).

3 “(3) RETROACTIVE COVERAGE.—

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

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

18 “(4) CHILDREN BORN TO PREGNANT WOMEN.—

19 In the case of a child born to a relief-eligible sur-  
20 vivor of a disaster who is provided medical assist-  
21 ance in accordance with this section during the relief  
22 coverage period of the disaster, the child shall be  
23 treated as having been born to a pregnant woman el-  
24 igible for medical assistance under the State plan (or  
25 waiver of such plan) and shall be eligible for medical

1 assistance under such plan (or waiver) in accordance  
2 with section 1902(e)(4). Notwithstanding subsection  
3 (g), the Federal medical assistance percentage deter-  
4 mined for a State and fiscal year under section  
5 1905(b) shall apply to medical assistance provided  
6 during the year to a child under the State plan (or  
7 waiver) in accordance with the preceding sentence.

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

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

22 “(B) Coverage for a full range of mental  
23 health medications at the dosages and fre-  
24 quencies prescribed by health professionals for



1 depression, post-traumatic stress disorder, and  
2 other mental disorders.

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

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

10 “(E) In-patient mental health care.

11 “(F) Family counseling for families where  
12 a member of the immediate family is a survivor  
13 of the disaster or first responder to the disaster  
14 or includes an individual who has died as a re-  
15 sult of the disaster.

16 “(G) In connection with the provision of  
17 health and long-term care services, arranging  
18 for, (and when necessary, enrollment in waiver  
19 programs or other specialized programs), and  
20 coordination related to, primary and specialty  
21 medical care, which may include personal care  
22 services, durable medical equipment and sup-  
23 plies, assistive technology, and transportation.

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



1 is no longer available to provide serv-  
2 ices; or

3 “(III) had been receiving per-  
4 sonal care, home health, or rehabilita-  
5 tive services under a State plan under  
6 this title or under a waiver granted  
7 under sections 1115 or 1915; or

8 “(ii) are disabled (as determined  
9 under the State plan).

10 “(C) WAIVER OF RESTRICTIONS.—With re-  
11 spect to the provision of home and community-  
12 based services under this paragraph, the Sec-  
13 retary—

14 “(i) shall waive any limitations on—

15 “(I) the number of individuals  
16 who may receive home or community-  
17 based services under a waiver de-  
18 scribed in subparagraph (B)(i)(I);

19 “(II) budget neutrality require-  
20 ments applicable to such waiver; and

21 “(III) populations eligible for  
22 services under such waiver; and

23 “(ii) may waive any other restriction  
24 applicable under such a waiver that would  
25 prevent a State from providing home and

1 community-based services in accordance  
2 with this paragraph.

3 “(f) STATE REPORTS.—Each State shall submit to  
4 the Secretary an annual report that includes—

5 “(1) information on how the State is satisfying  
6 the requirements of subsection (d)(2) (relating to  
7 providing notice of termination of medical assistance  
8 under this section and assistance in applying for  
9 medical assistance other than under this section);

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

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

18 “(g) 100 PERCENT FEDERAL MATCHING PAY-  
19 MENTS.—

20 “(1) IN GENERAL.—Notwithstanding section  
21 1905(b), the Federal medical assistance percentage  
22 shall be equal to 100 percent with respect to  
23 amounts expended by a State—

24 “(A) for medical assistance provided in ac-  
25 cordance with this section to relief-eligible sur-

1 survivors of a disaster during the relief coverage  
2 period of the disaster;

3 “(B) that are directly attributable to ad-  
4 ministrative activities related to the provision of  
5 medical assistance under this section, including  
6 costs attributable to obtaining recoveries under  
7 subsection (h);

8 “(C) that are directly attributable to pro-  
9 viding application assistance in accordance with  
10 subsection (d)(2)(B); and

11 “(D) for medical assistance provided to re-  
12 lief-eligible survivors of a disaster after the end  
13 of the relief coverage period of the disaster in  
14 accordance with subsection (d)(4).

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

22 “(h) PENALTY FOR FRAUDULENT APPLICATIONS.—

23 “(1) INDIVIDUAL LIABLE FOR COSTS.—If a  
24 State, as the result of verification activities con-  
25 ducted by the State or otherwise, determines after a

1 fair hearing that an individual has knowingly made  
2 a false attestation in an application for medical as-  
3 sistance as a relief-eligible survivor of a disaster  
4 under this section, the State shall, subject to para-  
5 graph (2), seek recovery from the individual for the  
6 full amount of the cost of medical assistance pro-  
7 vided to the individual under this section.

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

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

20 “(i) EXEMPTION FROM ERROR RATE PENALTIES.—  
21 All payments attributable to providing medical assistance  
22 to relief-eligible survivors of disasters in accordance with  
23 this section shall be disregarded for purposes of section  
24 1903(u).”.

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

5 (a) GUIDANCE ON INCREASING ACCESS TO PRO-  
6 VIDERS.—Not later than **[October 1, 2020]**, the Sec-  
7 retary of Health and Human Services (in this section re-  
8 ferred to as the “Secretary”) shall issue (and update as  
9 the Secretary determines necessary) guidance to State  
10 Medicaid directors on best practices for—

11 (1) expediting the approval of providers under  
12 a State Medicaid plan under title XIX of the Social  
13 Security Act (42 U.S.C. 1396 et seq.), or waiver of  
14 such plan, after a disaster to meet increased demand  
15 for medical assistance under the plan or waiver from  
16 relief-eligible survivors (as defined in section  
17 1947(b)(5) of such Act) of disasters; and

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

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

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

1 or expand infrastructure, strategies, or innovations  
2 (including through State Medicaid demonstration  
3 projects) to provide medical assistance under a State  
4 Medicaid plan under title XIX of the Social Security  
5 Act (42 U.S.C. 1396 et seq.), or a waiver of such  
6 a plan, to relief-eligible survivors (as defined in sec-  
7 tion 1947(b)(5) of such Act) of disasters.

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

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

15 (1) IN GENERAL.—The Secretary shall award  
16 grants under this subsection to States for the pur-  
17 pose of establishing or operating HCBS emergency  
18 response corps that meet the requirements of para-  
19 graph (2) to provide medical assistance for home  
20 and community-based services under a State Med-  
21 icaid plan under title XIX of the Social Security Act  
22 (42 U.S.C. 1396 et seq.) to relief-eligible survivors  
23 (as defined in section 1947(b)(5) of such Act) of dis-  
24 asters.



1           (2) HOME AND COMMUNITY-BASED SERVICES  
2           EMERGENCY RESPONSE CORPS.—An HCBS emer-  
3           gency response corps meets the requirements of this  
4           paragraph if— **[*what requirements should apply?*]**.

5           (3) GRANTS.—

6           (A) LIMITATION.—The Secretary may  
7           award a grant under this subsection to up to  
8           **[\_\_\_\_\_]** States.

9           (B) TERM OF GRANTS.—Grants under this  
10          subsection shall be made for a term of **[\_\_\_\_]**  
11          years.

12          (4) AUTHORIZATION.—There are authorized to  
13          be appropriated to carry out this subsection,  
14          **[\$\_\_\_\_\_]** for each of fiscal years **[2020 through**  
15          **2025]**, to remain available until expended.

16 **SEC. 4. TARGETED MEDICAID RELIEF FOR DIRECT IMPACT**  
17                 **AREAS.**

18          (a) 100 PERCENT FEDERAL MATCHING PAYMENTS  
19          FOR MEDICAL ASSISTANCE PROVIDED IN A DIRECT IM-  
20          PACT AREA.—

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

23                         (A) in subsection (b), by striking “and  
24                         (aa)” and inserting “(aa), and (ff)”; and

1 (B) by adding at the end the following new  
2 subsection:

3 “(ff) 100 PERCENT FMAP FOR ALL MEDICAL AS-  
4 SISTANCE PROVIDED IN DISASTER DIRECT IMPACT  
5 AREAS.—Notwithstanding subsection (b), the Federal  
6 medical assistance percentage for a State and fiscal year  
7 shall be equal to 100 percent with respect to amounts ex-  
8 pended by the State during the year for medical assistance  
9 for an individual who, at the time the assistance is pro-  
10 vided to the individual, is a resident of a direct impact  
11 area of a disaster during the disaster’s relief coverage pe-  
12 riod (as such terms are defined in section 1947).”.

13 (2) APPLICATION TO CHIP.—Section 2105(a) of  
14 the Social Security Act (42 U.S.C. 1397ee(a)) is  
15 amended by adding at the end the following new  
16 paragraph:

17 “(5) 100 PERCENT MATCH FOR ALL CHILD  
18 HEALTH ASSISTANCE PROVIDED IN DISASTER DI-  
19 RECT IMPACT AREAS.—Notwithstanding paragraph  
20 (1), the Secretary shall pay to each State with a  
21 plan approved under this title, from its allotment  
22 under section 2104, an amount for each quarter  
23 equal to 100 percent of expenditures in the quarter  
24 for child health assistance under the plan for tar-  
25 geted low-income children or pregnancy-related as-

1       sistance for targeted low-income women that is pro-  
2       vided to such a child or woman who, at the time the  
3       assistance is provided, is a resident of a direct im-  
4       pact area of a disaster during the disaster’s relief  
5       coverage period (as such terms are defined in section  
6       1947).”.

7       (b) MORATORIUM ON REDETERMINATIONS.—During  
8       the relief coverage period (as defined in paragraph (4) of  
9       section 1947(b) of the Social Security Act, as added by  
10      section 2)) of a disaster, a State that contains a direct  
11      impact area (as defined in paragraph (2) of such section)  
12      of the disaster shall not be required to conduct eligibility  
13      redeterminations under the State’s plans or waivers of  
14      such plans under title XIX or XXI of such Act (42 U.S.C.  
15      1396 et seq., 1397aa) with respect to individuals who re-  
16      side in such area.

17      **SEC. 5. AUTHORITY TO WAIVE REQUIREMENTS DURING NA-**  
18                                      **TIONAL EMERGENCIES WITH RESPECT TO**  
19                                      **EVACUEES FROM AN EMERGENCY AREA.**

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

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

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

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

2                   and

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

5                   “(B) ADDITIONAL AREAS.—Any geographical  
6                   area in which the Secretary determines there are a  
7                   significant number of evacuees from an area de-  
8                   scribed in subparagraph (A) shall also be considered  
9                   to be an ‘emergency area’ for purposes of this sec-  
10                  tion.”.

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

14                  Section 1839(b) of such Act (42 U.S.C. 1395r(b)) is  
15 amended, in the second sentence, by inserting before the  
16 period at the end the following: “or, in the case of an indi-  
17 vidual who is a survivor of a disaster (as defined in para-  
18 graph (6) of section 1947(b)), any month any part of  
19 which is within the relief coverage period (as defined in  
20 paragraph (4) of such section) of such disaster”.

21 **SEC. 7. EFFECTIVE DATE.**

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

1           (b) DELAY PERMITTED IF STATE LEGISLATION RE-  
2 QUIRED.—In the case of a State plan approved under title  
3 XIX of the Social Security Act which the Secretary of  
4 Health and Human Services determines requires State  
5 legislation (other than legislation appropriating funds) in  
6 order for the plan to meet the additional requirement im-  
7 posed by this section, the State plan shall not be regarded  
8 as failing to comply with the requirements of such title  
9 solely on the basis of the failure of the plan to meet such  
10 additional requirement before the 1st day of the 1st cal-  
11 endar quarter beginning after the close of the 1st regular  
12 session of the State legislature that ends after the 1-year  
13 period beginning with the date of the enactment of this  
14 section. For purposes of the preceding sentence, in the  
15 case of a State that has a 2-year legislative session, each  
16 year of the session is deemed to be a separate regular ses-  
17 sion of the State legislature.