

119TH CONGRESS  
1ST SESSION

# H. R. 3990

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

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 12, 2025

Mr. PANETTA (for himself and Ms. TOKUDA) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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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 “Disaster Relief Med-  
5 icaid Act”.

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 (86), by striking “; and”  
2 and inserting a semicolon;

3 (B) in paragraph (87), by striking the pe-  
4 riod at the end and inserting “; and”; and

5 (C) by inserting after paragraph (87) the  
6 following new paragraph:

7 “(88) beginning January 1, 2027, provide for  
8 making medical assistance available to relief-eligible  
9 survivors of disasters during relief coverage periods  
10 in accordance with section 1949.”; and

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

13 **“SEC. 1949. 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  
21 any of the following:

22 “(A) A major disaster that is declared on  
23 or after January 1, 2027, by the President in  
24 accordance with section 401 of the Robert T.  
25 Stafford Disaster Relief and Emergency Assist-

1           ance Act (42 U.S.C. 5170) and which the  
2           President has determined warrants individual  
3           or public assistance from the Federal Govern-  
4           ment under such Act.

5           “(B) A national emergency declared by the  
6           President under the National Emergencies Act  
7           (50 U.S.C. 1601 et seq.).

8           “(C) A public health emergency declared  
9           by the Secretary pursuant to section 319 of the  
10          Public Health Service Act (42 U.S.C. 247d).

11         “(2) DIRECT IMPACT AREA.—

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

15           “(B) WEBSITE POSTING OF DIRECT IM-  
16          PACT AREAS.—As soon as practicable after a  
17          disaster is declared (as described in subpara-  
18          graph (A), (B), or (C) of paragraph (1), as ap-  
19          plicable), the Secretary shall post on the  
20          websites of the Centers for Medicare & Med-  
21          icaid Services and the Federal Emergency Man-  
22          agement Agency a list of the areas identified as  
23          the direct impact areas of the disaster.

24           “(3) HOME STATE.—The term ‘home State’  
25          means, with respect to a survivor of a disaster, the

1 State in which the survivor was a resident (as deter-  
2 mined in accordance with section 435.403 of title  
3 42, Code of Federal Regulations (or any successor  
4 regulation)) on the date on which the disaster is de-  
5 clared (as described in subparagraph (A), (B), or  
6 (C) of paragraph (1), as applicable).

7 “(4) RELIEF COVERAGE PERIOD.—The term  
8 ‘relief coverage period’ means, with respect to a dis-  
9 aster, the period that begins on the date the disaster  
10 is declared (as described in subparagraph (A), (B),  
11 or (C) of paragraph (1), as applicable) and ends on  
12 the day that is 2 years after such date.

13 “(5) RELIEF-ELIGIBLE SURVIVOR.—

14 “(A) IN GENERAL.—Subject to subpara-  
15 graph (C), the term ‘relief-eligible survivor’  
16 means an individual who is a survivor of a dis-  
17 aster whose family income does not exceed the  
18 higher of—

19 “(i) 133 percent (or, in the case of a  
20 survivor who is a pregnant individual, a  
21 child, or a recipient of benefits under title  
22 II on the basis of a disability, 200 percent)  
23 of the poverty line; or

24 “(ii) the income eligibility standard  
25 that would otherwise apply to the survivor

1 under the State plan of the survivor’s  
2 home State (or a waiver of such plan).

3 “(B) DISREGARD OF UNEMPLOYMENT IN-  
4 COME AND FEMA INDIVIDUAL ASSISTANCE  
5 GRANTS.—For purposes of this section, and  
6 notwithstanding section 1902(e)(14)(B), the in-  
7 come of a survivor of a disaster shall not in-  
8 clude—

9 “(i) any amount received by the sur-  
10 vivor during the relief coverage period of  
11 the disaster under a law of the United  
12 States or a State which is in the nature of  
13 unemployment compensation; or

14 “(ii) any amount received during the  
15 relief coverage period of the disaster by the  
16 survivor (or the survivor’s household) as  
17 assistance under a program administered  
18 by the Federal Emergency Management  
19 Agency.

20 “(C) LIMITATION TO RELIEF COVERAGE  
21 PERIOD.—

22 “(i) IN GENERAL.—Except as pro-  
23 vided in clauses (ii) and (iii), for purposes  
24 of this section, an individual shall not be  
25 considered to be a relief-eligible survivor on

1 the basis of the individual's status as a  
2 survivor of a disaster after the end of the  
3 relief coverage period of the disaster.

4 “(ii) CONTINUOUS ELIGIBILITY FOR  
5 DISASTER RELIEF COVERAGE FOR PREG-  
6 NANT AND POSTPARTUM INDIVIDUALS.—In  
7 the case of an individual who, while preg-  
8 nant, receives medical assistance as a re-  
9 lief-eligible survivor of a disaster under a  
10 State plan (or a waiver of such a plan) in  
11 accordance with this section, such indi-  
12 vidual shall continue to be eligible for med-  
13 ical assistance as a relief-eligible survivor  
14 through the end of the month in which the  
15 60-day period (beginning on the last day of  
16 the pregnancy) (or, if longer, the period of  
17 postpartum continuous eligibility that oth-  
18 erwise applies to individuals who, while  
19 pregnant, are eligible for medical assist-  
20 ance under the State plan or waiver) ends,  
21 without regard to whether the pregnancy  
22 ends before or after the end of the relief  
23 coverage period of the disaster.

24 “(iii) CONTINUOUS ELIGIBILITY FOR  
25 INDIVIDUALS WITH PENDING APPLICA-

1 TIONS.—If an individual who receives med-  
2 ical assistance as a relief-eligible survivor  
3 of a disaster under a State plan (or a  
4 waiver of such a plan) in accordance with  
5 this section has an application pending for  
6 medical assistance under the State plan (or  
7 waiver) under this title or for child health  
8 assistance or pregnancy-related assistance  
9 under a State plan under title XXI (or a  
10 waiver of such a plan) on the date that the  
11 relief coverage period of the disaster ends,  
12 such individual shall continue to be eligible  
13 for medical assistance as a relief-eligible  
14 survivor through the earlier of—

15 “(I) the end of the month in  
16 which the 60-day period (beginning on  
17 the last day of such relief coverage pe-  
18 riod) ends; and

19 “(II) the date on which the indi-  
20 vidual’s application for medical assist-  
21 ance, child health assistance, or preg-  
22 nancy-related assistance (as applica-  
23 ble) is approved or denied.

24 “(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 the date on which a disaster is declared (as de-  
8 scribed in subparagraph (A), (B), or (C) of  
9 paragraph (1), as applicable), 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 was located in the  
15 disaster’s direct impact area;

16                   “(ii) who was employed by an em-  
17 ployer that—

18                           “(I) conducted an active trade or  
19 business in such area on the date on  
20 which the disaster was declared (as so  
21 described); and

22                           “(II) was unable to operate such  
23 trade or business as a result of the  
24 disaster on any day during the disas-  
25 ter’s relief coverage period; and

1                   “(iii) whose employment with such  
2                   employer was terminated.

3                   “(D) TREATMENT OF HOMELESS PER-  
4                   SONS.—In the case of an individual who is  
5                   homeless (as such term is defined in section  
6                   103(a) of the McKinney-Vento Homeless As-  
7                   sistance Act (42 U.S.C. 11302(a))) on the date  
8                   on which a disaster is declared (as so de-  
9                   scribed), the individual’s residency for purposes  
10                  of subparagraph (B) shall be determined in ac-  
11                  cordance with section 435.403 of title 42, Code  
12                  of Federal Regulations (or any successor regu-  
13                  lation).

14                  “(E) EFFECT OF CONCURRENT ELIGI-  
15                  BILITY FOR MEDICAID OR CHIP.—An individ-  
16                  ual’s eligibility for medical assistance under a  
17                  State plan (or waiver of such plan) (or for child  
18                  health assistance or pregnancy-related assist-  
19                  ance under a State plan under title XXI (or a  
20                  waiver of such a plan)) on a basis other than  
21                  under this section shall not prevent the indi-  
22                  vidual from being treated as a survivor under  
23                  this section, and the rights afforded to an indi-  
24                  vidual who is eligible for or enrolled under a  
25                  State plan (or waiver) under either such title

1 shall not be affected by the individual’s receipt  
2 of medical assistance as a relief-eligible survivor  
3 of a disaster in accordance with this section.

4 “(c) ELIGIBILITY.—

5 “(1) SIMPLIFIED APPLICATION.—

6 “(A) IN GENERAL.—For purposes of deter-  
7 mining eligibility for medical assistance under  
8 this section, each State may accept a simplified,  
9 streamlined application form (as developed by  
10 the Secretary in consultation with the National  
11 Association of State Medicaid Directors), which  
12 shall—

13 “(i) require an applicant for medical  
14 assistance in accordance with this section  
15 as a survivor of a disaster to—

16 “(I) provide the applicant’s mail-  
17 ing address for the duration of the re-  
18 lief coverage period of the disaster;  
19 and

20 “(II) agree to update the infor-  
21 mation described in subclause (I) if it  
22 changes during such period;

23 “(ii) provide notice of the penalties for  
24 making a fraudulent application described  
25 in subsection (g);

1           “(iii) require the applicant to assign  
2           to the State any rights of the applicant (or  
3           any other individual who is a relief-eligible  
4           survivor and on whose behalf the applicant  
5           has the legal authority to execute an as-  
6           signment of such rights) as described and  
7           in accordance with the requirements of sec-  
8           tion 1912;

9           “(iv) require the applicant to list any  
10          health insurance coverage in which the ap-  
11          plicant was enrolled immediately prior to  
12          submitting the application for medical as-  
13          sistance under this section; and

14          “(v) require the applicant to self-at-  
15          test that the applicant—

16                  “(I) is a relief-eligible survivor of  
17                  the disaster; and

18                  “(II) if applicable, requires home  
19                  and community-based services.

20          “(B) NO DOCUMENTATION REQUIRE-  
21          MENT.—

22                  “(i) IN GENERAL.—A State shall not  
23                  require an applicant for medical assistance  
24                  as a survivor of a disaster under this sec-

1                   tion to provide any documentation or other  
2                   evidence—

3                               “(I) of the applicant’s status as a  
4                               relief-eligible survivor; and

5                               “(II) if applicable, that the appli-  
6                               cant requires home and community-  
7                               based services.

8                               “(ii) USE OF AVAILABLE ELECTRONIC  
9                               DATA SOURCES.—In making determina-  
10                              tions with respect to the status of an appli-  
11                              cant for medical assistance as a survivor of  
12                              a disaster under this section, or such an  
13                              applicant’s need for home and community-  
14                              based services, a State may use data relat-  
15                              ing to the applicant that is available to the  
16                              State from electronic data sources.

17                              “(2) PRESUMPTIVE ELIGIBILITY FOR RELIEF-  
18                              ELIGIBLE SURVIVORS.—

19                                       “(A) IN GENERAL.—A State shall provide  
20                                       for making medical assistance available to an  
21                                       individual as a relief-eligible survivor under this  
22                                       section during a presumptive eligibility period.

23                                       “(B) PRESUMPTIVE ELIGIBILITY PERIOD  
24                                       DEFINED.—For purposes of this paragraph—

1           “(i) the term ‘presumptive eligibility  
2 period’ means, with respect to an indi-  
3 vidual, the period that—

4           “(I) begins with the date on  
5 which a qualified provider determines,  
6 on the basis of preliminary informa-  
7 tion, that the individual satisfies the  
8 criteria for eligibility for medical as-  
9 sistance as a relief-eligible survivor  
10 under this section; and

11           “(II) ends with (and includes)  
12 the earlier of—

13           “(aa) the day on which a de-  
14 termination is made with respect  
15 to the eligibility of the individual  
16 for medical assistance as a relief-  
17 eligible survivor under this sec-  
18 tion; or

19           “(bb) in the case of an indi-  
20 vidual who does not file an appli-  
21 cation by the last day of the  
22 month following the month dur-  
23 ing which the provider makes the  
24 determination referred to in item  
25 (aa), such last day; and

1           “(ii) the term ‘qualified provider’ has  
2           the meaning given such term in section  
3           1920.

4           “(C) COORDINATION BETWEEN STATE  
5           AGENCIES AND QUALIFIED PROVIDERS.—

6           “(i) PROVISION OF FORMS AND IN-  
7           FORMATION TO QUALIFIED PROVIDERS.—  
8           The State agency shall provide qualified  
9           providers with—

10                   “(I) such forms as are necessary  
11                   for an individual to make application  
12                   for medical assistance under the State  
13                   plan as a relief-eligible survivor; and

14                   “(II) information on how to as-  
15                   sist individuals and their authorized  
16                   representatives in completing and fil-  
17                   ing such forms.

18           “(ii) PROVISION OF NOTICE OF DE-  
19           TERMINATIONS TO STATE AGENCIES.—A  
20           qualified provider that determines under  
21           this subparagraph that an individual is eli-  
22           gible for medical assistance under a State  
23           plan as a relief-eligible survivor under this  
24           section shall—

1           “(I) notify the State agency of  
2           the determination within 5 working  
3           days after the date on which deter-  
4           mination is made; and

5           “(II) inform the individual at the  
6           time the determination is made that  
7           the individual is required to make ap-  
8           plication for medical assistance under  
9           the State plan by not later than the  
10          last day of the month following the  
11          month during which the determination  
12          is made.

13          “(D) APPLICATION REQUIREMENT.—An  
14          individual who is determined by a qualified pro-  
15          vider to be presumptively eligible as a relief-eli-  
16          gible survivor for medical assistance under a  
17          State plan shall make application for medical  
18          assistance under such plan by not later than  
19          the last day of the month following the month  
20          during which the determination is made, which  
21          application may be the streamlined application  
22          described in paragraph (1).

23          “(E) TREATMENT AS MEDICAL ASSIST-  
24          ANCE.—Notwithstanding any other provision of  
25          this title, items and services that are—

1           “(i) furnished to an individual during  
2           a presumptive eligibility period under this  
3           paragraph by a provider that is eligible for  
4           payments under the State plan; and

5           “(ii) included in the care and services  
6           covered by the State plan;

7           shall be treated as medical assistance provided  
8           to a relief-eligible survivor of a disaster during  
9           the relief coverage period of the disaster under  
10          this section.

11          “(3) CONTINUOUS ELIGIBILITY.—

12           “(A) IN GENERAL.—Subject to subpara-  
13           graph (B), an individual who is determined by  
14           a State to be a relief-eligible survivor of a dis-  
15           aster shall remain eligible for medical assistance  
16           under the State plan (or a waiver of such plan)  
17           as such a survivor, without the need for any re-  
18           determination of eligibility, for the duration of  
19           the relief coverage period of the disaster.

20           “(B) EXCEPTIONS.—A State may termi-  
21           nate the eligibility of an individual who is deter-  
22           mined by a State to be a relief-eligible survivor  
23           of a disaster before the end of the relief cov-  
24           erage period of the disaster if—

1           “(i) the individual (or the individual’s  
2           authorized representative) requests a vol-  
3           untary termination of eligibility;

4           “(ii) the individual ceases to be a resi-  
5           dent of the State;

6           “(iii) the State determines that eligi-  
7           bility was erroneously granted because of  
8           State error or fraud, abuse, or perjury at-  
9           tributed to the individual (or the individ-  
10          ual’s authorized representative); or

11          “(iv) the individual dies.

12           “(4) ISSUANCE OF DISASTER RELIEF MEDICAID  
13          ELIGIBILITY CARD.—A State shall issue a disaster  
14          relief Medicaid eligibility card to each applicant who  
15          is determined to be a relief-eligible survivor of a dis-  
16          aster and eligible for medical assistance under this  
17          section, which shall be valid for the duration of the  
18          relief coverage period of the disaster.

19           “(5) VERIFICATION OF STATUS AS A RELIEF-  
20          ELIGIBLE SURVIVOR.—

21           “(A) IN GENERAL.—The State shall make  
22          a good faith effort to verify the status of an in-  
23          dividual who is enrolled in the State plan (or a  
24          waiver of such plan) as a relief-eligible survivor  
25          of a disaster in accordance with this section.

1           Such effort shall not delay the determination of  
2           the eligibility of the individual for medical as-  
3           sistance under this section, and a State may en-  
4           roll an individual in the State plan or waiver  
5           under this section pending such verification.

6           “(B) EVIDENCE OF VERIFICATION.—A  
7           State may satisfy the verification requirement  
8           under subparagraph (A) with respect to an in-  
9           dividual by showing that the State obtained in-  
10          formation from the Social Security Administra-  
11          tion, the Internal Revenue Service, or, if appli-  
12          cable, the State Medicaid agency of the home  
13          State of the individual.

14          “(6) DETERMINATION BY EXPRESS LANE AGEN-  
15          CY.—Any determination or redetermination of eligi-  
16          bility or verification of status made under this sec-  
17          tion shall be made by an Express Lane agency (as  
18          defined in section 1902(e)(13)(F)).

19          “(d) SCOPE OF COVERAGE.—

20          “(1) IN GENERAL.—A State providing medical  
21          assistance to a relief-eligible survivor of a disaster in  
22          accordance with this section shall provide medical  
23          assistance that is at least equal in amount and scope  
24          to the medical assistance that would otherwise be  
25          made available to such survivor if the survivor were

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

11 “(2) PROVIDER PAYMENT RATES FOR HOME  
12 STATE SERVICES.—In the case of medical assistance  
13 provided under this section by a State to a relief-eli-  
14 gible survivor of a disaster whose home State is not  
15 the State providing such assistance for an item or  
16 service which is not otherwise available under the  
17 State plan (or waiver of such plan) but which is  
18 available under the State plan (or waiver) of the sur-  
19 vivor’s home State, the State shall pay the provider  
20 of such item or service at least at the same rate that  
21 the home State would pay for the item or service if  
22 it were provided under the plan or waiver of the  
23 home State (or, if no such payment rate applies  
24 under the plan or waiver of the home State, the

1 usual and customary prevailing rate for the item or  
2 service for the community 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-eli-  
9 gible 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 RELIEF-ELIGIBLE  
19 SURVIVORS OF A DISASTER.—In the case of a child  
20 born to a relief-eligible survivor of a disaster who is  
21 provided medical assistance in accordance with this  
22 section during the relief coverage period of the dis-  
23 aster, the child shall be treated as having been born  
24 to a pregnant individual eligible for medical assist-  
25 ance under the State plan (or waiver of such plan)

1 and shall be eligible for medical assistance under  
2 such plan (or waiver) in accordance with section  
3 1902(e)(4). Notwithstanding subsection (f), the Fed-  
4 eral medical assistance percentage determined for a  
5 State and fiscal year under section 1905(b) shall  
6 apply to medical assistance provided during the year  
7 to a child under the State plan (or waiver) in ac-  
8 cordance with the preceding sentence.

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

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

23 “(B) Coverage for a full range of mental  
24 health medications at the dosages and fre-  
25 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, social workers, or other qualified  
9 mental or behavioral health professionals for  
10 conditions exacerbated by, or resulting from,  
11 the disaster.

12 “(E) Peer support services related to the  
13 disaster.

14 “(F) Mobile crisis services to assist with  
15 crises related to the disaster.

16 “(G) Inpatient and outpatient mental  
17 health care.

18 “(H) Family counseling for families where  
19 a member of the immediate family is a survivor  
20 of the disaster or a first responder to the dis-  
21 aster or includes an individual who has died as  
22 a result of the disaster.

23 “(I) In connection with the provision of  
24 health and long-term care services, arranging  
25 for, (and when necessary, enrollment in waiver

1 programs or other specialized programs), and  
2 coordination related to, primary and specialty  
3 medical care, which may include personal care  
4 services, durable medical equipment and sup-  
5 plies, assistive technology, and transportation.

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

8 “(A) IN GENERAL.—A State may provide  
9 medical assistance under this section for home  
10 and community-based services to a relief-eligible  
11 survivor of a disaster, including any survivor  
12 who is an individual described in subparagraph  
13 (B), who self-attests that the survivor imme-  
14 diately requires such services, without regard to  
15 whether the survivor would require the level of  
16 care provided in a hospital, nursing facility, or  
17 intermediate care facility for the develop-  
18 mentally disabled.

19 “(B) INDIVIDUALS DESCRIBED.—Individ-  
20 uals described in this subparagraph are relief-  
21 eligible survivors of a disaster who—

22 “(i) on any day during the week pre-  
23 ceding the date on which the disaster is de-  
24 clared (as described in subparagraph (A),

1 (B), or (C) of subsection (b)(1), as applica-  
2 ble)—

3 “(I) had been receiving home and  
4 community-based services in a direct  
5 impact area under a waiver under sec-  
6 tion 1115 or section 1915;

7 “(II) had been receiving support  
8 services from a family caregiver who,  
9 as a result of the disaster, is no  
10 longer available to provide services; or

11 “(III) had been receiving per-  
12 sonal care, home health, or rehabilita-  
13 tive services under a State plan under  
14 this title or under a waiver granted  
15 under sections 1115 or 1915; or

16 “(ii) are disabled (as determined in  
17 accordance with the State plan of the home  
18 State of the individual).

19 “(C) WAIVER OF RESTRICTIONS.—With re-  
20 spect to the provision of home and community-  
21 based services under this paragraph, the Sec-  
22 retary—

23 “(i) shall waive any limitations on—

24 “(I) the number of individuals  
25 who may receive home or community-

1 based services under a waiver de-  
2 scribed in subparagraph (B)(i)(I);

3 “(II) budget neutrality require-  
4 ments applicable to such waiver; and

5 “(III) populations eligible for  
6 services under such waiver; and

7 “(ii) may waive any other restriction  
8 applicable under such a waiver that would  
9 prevent a State from providing home and  
10 community-based services in accordance  
11 with this paragraph.

12 “(e) STATE REPORTS.—Each State shall submit to  
13 the Secretary an annual report that includes—

14 “(1) the number of survivors of a disaster who  
15 were determined by the State to be relief-eligible  
16 survivors of a disaster in the preceding year; and

17 “(2) the number of relief-eligible survivors of a  
18 disaster who were determined to be eligible for, and  
19 enrolled in, the State plan (or waiver of such plan)  
20 or the State child health plan under title XXI (or  
21 waiver of such plan) other than under this section.

22 “(f) 100 PERCENT FEDERAL MATCHING PAY-  
23 MENTS.—

24 “(1) IN GENERAL.—Notwithstanding section  
25 1905(b), the Federal medical assistance percentage

1 shall be equal to 100 percent with respect to  
2 amounts expended by a State—

3 “(A) for medical assistance provided in ac-  
4 cordance with this section to relief-eligible sur-  
5 vivors of a disaster during the relief coverage  
6 period of the disaster and, in the case of indi-  
7 viduals described in clause (ii) or (iii) of sub-  
8 section (b)(5)(C), during the applicable periods  
9 described in such clauses; and

10 “(B) that are directly attributable to ad-  
11 ministrative activities related to the provision of  
12 medical assistance under this section, including  
13 costs attributable to obtaining recoveries under  
14 subsection (g).

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 “(g) 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 “(h) 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 January 1, 2027, the Secretary  
7 of Health and Human Services (in this section referred  
8 to as the “Secretary”) shall issue (and update as the Sec-  
9 retary determines necessary) guidance to State Medicaid  
10 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 1949(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 1949(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 1949(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 it satisfies the following requirements:

5           (A) The corps serves a State with a history  
6 of hosting individuals who are forced to relocate  
7 to the State from another State due to a dis-  
8 aster (as determined by the Secretary).

9           (B) The corps is composed of representa-  
10 tives from each of the following:

11           (i) Voluntary organizations delivering  
12 assistance.

13           (ii) Area agencies on aging (as defined  
14 in section 102 of the Older Americans Act  
15 of 1965 (42 U.S.C. 3002)).

16           (iii) The Medicare program under title  
17 XVIII of the Social Security Act (42  
18 U.S.C. 1395 et seq.).

19           (iv) The State agency responsible for  
20 administering the State Medicaid program  
21 under title XIX of the Social Security Act  
22 (42 U.S.C. 1396 et seq.).

23           (v) State agencies serving older adults  
24 and people with disabilities.

25           (vi) Nonprofit service providers.

1 (vii) Individuals who are enrolled in  
2 the State Medicaid program under title  
3 XIX of the Social Security Act (42 U.S.C.  
4 1396 et seq.) or the Children’s Health In-  
5 surance Program under title XXI of the  
6 Social Security Act (42 U.S.C. 1397aa et  
7 seq.).

8 (viii) Centers for independent living,  
9 as described in part C of title VII of the  
10 Rehabilitation Act of 1973 (29 U.S.C.  
11 796f et seq.).

12 (ix) Other organizations that address  
13 the needs of older adults and people with  
14 disabilities.

15 (C) The corps is led by a representative of  
16 a State or nonprofit agency serving older adults  
17 or people with disabilities.

18 (D) The corps operates under a plan to  
19 meet the acute and long-term services and sup-  
20 port needs of relief-eligible survivors (as defined  
21 in section 1949(b)(5) of the Social Security  
22 Act) of disasters, and is provided with the re-  
23 sources necessary to execute such plan.

24 (3) GRANTS.—

1 (A) LIMITATION.—The Secretary may  
 2 award a grant under this subsection to up to 5  
 3 States.

4 (B) TERM OF GRANTS.—Grants under this  
 5 subsection shall be made for a term of 2 years.

6 (4) AUTHORIZATION.—There are authorized to  
 7 be appropriated to carry out this subsection,  
 8 \$10,000,000 for each of fiscal years 2027 through  
 9 2032, to remain available until expended.

10 **SEC. 4. TARGETED MEDICAID RELIEF FOR DIRECT IMPACT**  
 11 **AREAS.**

12 (a) 100 PERCENT FEDERAL MATCHING PAYMENTS  
 13 FOR MEDICAL ASSISTANCE PROVIDED IN A DIRECT IM-  
 14 PACT AREA.—

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

17 (A) in subsection (b), by striking “and  
 18 (ii)” and inserting “(ii), and (kk)”; and

19 (B) by adding at the end the following new  
 20 subsection:

21 “(kk) 100 PERCENT FMAP FOR ALL MEDICAL AS-  
 22 SISTANCE PROVIDED IN DISASTER DIRECT IMPACT  
 23 AREAS.—Notwithstanding subsection (b), the Federal  
 24 medical assistance percentage for a State and fiscal year  
 25 shall be equal to 100 percent with respect to amounts ex-

1 pended by the State during the fiscal year for medical as-  
2 sistance for an individual who, during the fiscal quarter  
3 in which the assistance is provided to the individual, is  
4 a resident of a direct impact area of a disaster during the  
5 disaster's relief coverage period (as such terms are defined  
6 in section 1949).”.

7           (2) EXCLUSION OF ENHANCED PAYMENTS  
8 FROM TERRITORIAL CAPS.—Notwithstanding any  
9 other provision of law, for purposes of section 1108  
10 of the Social Security Act (42 U.S.C. 1308), with re-  
11 spect to any additional amount paid to a territory as  
12 a result of the application of subsection (kk) of sec-  
13 tion 1905 of the Social Security Act (42 U.S.C.  
14 1396d), as added by paragraph (1)—

15           (A) the limitation on payments to terri-  
16 tories under subsections (f) and (g) of such sec-  
17 tion 1108 shall not apply to such additional  
18 amounts; and

19           (B) such additional amounts shall be dis-  
20 regarded in applying such subsections.

21           (3) APPLICATION TO CHIP.—

22           (A) IN GENERAL.—Section 2105(e) of the  
23 Social Security Act (42 U.S.C. 1397ee(a)) is  
24 amended by adding at the end the following  
25 new paragraph:

1           “(13) 100 PERCENT MATCH FOR ASSISTANCE  
2           PROVIDED IN DISASTER DIRECT IMPACT AREAS.—  
3           Notwithstanding subsection (b), the enhanced  
4           FMAP for a State, with respect to payments under  
5           subsection (a) for expenditures under the State plan  
6           for child health assistance for targeted low-income  
7           children or pregnancy-related assistance for individ-  
8           uals who are targeted low-income women that is pro-  
9           vided to such a child or individual who, at the time  
10          the assistance is provided, is a resident of a direct  
11          impact area of a disaster during the disaster’s relief  
12          coverage period (as such terms are defined in section  
13          1949) shall be equal to 100 percent.”.

14                       (B) ADJUSTMENT OF CHIP ALLOT-  
15                       MENTS.—Section 2104(m) of the Social Secu-  
16                       rity Act (42 U.S.C. 1397dd(m)) is amended—

17                               (i) in paragraph (2)(B), by striking  
18                               “and (12)” and inserting “(12), and (13)”;

19                               and

20                               (ii) by adding at the end the following  
21                               new paragraph:

22                       “(13) ADJUSTING ALLOTMENTS TO ACCOUNT  
23                       FOR INCREASED FEDERAL PAYMENTS FOR ASSIST-  
24                       ANCE PROVIDED IN DISASTER DIRECT IMPACT  
25                       AREAS.—If a State (including the District of Colum-

1       bia and each commonwealth and territory) receives  
2       a payment for a fiscal year under subsection (a) of  
3       section 2105 for expenditures that are subject to the  
4       enhanced FMAP specified under subsection (c)(13)  
5       of such section—

6               “(A) the amount of the allotment deter-  
7               mined for the State under this subsection for  
8               such fiscal year shall be increased by the prod-  
9               uct of—

10                   “(i) the amount of such expenditures  
11                   that the State is projected to make for  
12                   such fiscal year; and

13                   “(ii) a percentage equal to 100 per-  
14                   cent reduced by a number of percentage  
15                   points equal to the enhanced FMAP deter-  
16                   mined for the State and fiscal year under  
17                   subsection (b) of section 2105; and

18               “(B) once actual expenditures for the fiscal  
19               year are available, the amount of such allot-  
20               ment, as increased under subparagraph (A),  
21               shall be further increased or reduced, as appro-  
22               priate, on the basis of the difference between—

23                   “(i) the amount of the increase deter-  
24                   mined under subparagraph (A); and

25                   “(ii) the product of—

1                   “(I) the actual amount of State  
2                   expenditures that are subject to the  
3                   enhanced FMAP specified under sec-  
4                   tion 2105(c)(13); and

5                   “(II) the percentage determined  
6                   for the State under subparagraph  
7                   (A)(ii).”.

8           (b) MORATORIUM ON REDETERMINATIONS.—During  
9           the relief coverage period (as defined in paragraph (4) of  
10           section 1949(b) of the Social Security Act, as added by  
11           section 2) of a disaster, a State that contains a direct im-  
12           pact area (as defined in paragraph (2) of such section)  
13           of the disaster shall not be required to conduct eligibility  
14           redeterminations under the State’s plans or waivers of  
15           such plans under title XIX or XXI of such Act (42 U.S.C.  
16           1396 et seq., 1397aa) with respect to individuals who re-  
17           side in such area.

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

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

23                   (1) in subparagraph (A), by striking “subpara-  
24                   graph (B)” and inserting “subparagraphs (B) and  
25                   (C)”; and

1           (2) by adding at the end the following new sub-  
2 paragraph:

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

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

12       Section 1839(b) of such Act (42 U.S.C. 1395r(b)) is  
13 amended, in the second sentence, by inserting before the  
14 period at the end the following: “or, in the case of an indi-  
15 vidual who is a survivor of a disaster (as defined in para-  
16 graph (6) of section 1949(b)), any month any part of  
17 which is within the relief coverage period (as defined in  
18 paragraph (4) of such section) of such disaster”.

19 **SEC. 7. EFFECTIVE DATE.**

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

23       (b) **DELAY PERMITTED IF STATE LEGISLATION RE-**  
24 **QUIRED.**—In the case of a State plan approved under title  
25 XIX of the Social Security Act which the Secretary of

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

15 **SEC. 8. IMPACT EVALUATION AND REPORTING.**

16 (a) IN GENERAL.—Not later than 24 months after  
17 the date of enactment of this Act, the Secretary of Health  
18 and Human Services shall enter into a 5 year agreement  
19 through a contract, grant, or cooperative agreement with  
20 an independent nonprofit entity experienced in conducting  
21 evaluations of program and systems change efforts to—

22 (1) conduct a multi-year evaluation on the im-  
23 pact of this Act, with respect to relief-eligible sur-  
24 vivors (including people with disabilities and preg-  
25 nant individuals); and

1           (2) prepare the reports described in subsection  
2           (c).

3           (b) EVALUATION.—In carrying out subsection (a)(1),  
4 the entity awarded a contract, grant, or cooperative agree-  
5 ment under this section shall evaluate at a minimum—

6           (1) the availability of and access to Medicaid  
7 services for relief-eligible survivors under the Med-  
8 icaid program nationally and in each State, territory  
9 and tribal organization, including scope and cov-  
10 erage of services, provision of home and community-  
11 based services and extended mental health and care  
12 coordination services; and provider capacity;

13           (2) the demographics of individuals receiving  
14 these benefits, including individuals with disabilities  
15 and pregnant individuals; and

16           (3) actions taken by States to comply with this  
17 Act, including coordination of efforts between states,  
18 coordination between state agencies and qualified  
19 providers, and activities of HCBS emergency re-  
20 sponse corps (as described in section 3(c)).

21           (c) REPORTS.—The Secretary of Health and Human  
22 Services shall submit to the Committee on Finance of the  
23 Senate, the Special Committee on Aging of the Senate,  
24 the Committee on Energy and Commerce of the House  
25 of Representatives, and the Committee on Ways and

1 Means of the House of Representatives the following re-  
2 ports on the evaluation conducted under subsection (a)(1):

3           (1) An interim report on the evaluation, to be  
4           submitted not later than 3 years after the evaluation  
5           commences.

6           (2) A follow-up report on such evaluation, to be  
7           submitted not later than 24 months after the date  
8           on which the interim report is issued.

○