

119TH CONGRESS
1ST SESSION

S. 2076

To provide for an emergency increase in Federal funding to State Medicaid programs for expenditures on home and community-based services.

IN THE SENATE OF THE UNITED STATES

JUNE 12, 2025

Mr. LUJÁN (for himself, Mr. KAINE, Mr. HEINRICH, Mr. FETTERMAN, Mr. MERKLEY, Ms. WARREN, Ms. SMITH, Ms. KLOBUCHAR, Ms. DUCKWORTH, Mrs. GILLIBRAND, Mr. BOOKER, Mr. BLUMENTHAL, Mr. REED, Mr. WELCH, Ms. BALDWIN, Mr. VAN HOLLEN, and Mr. WYDEN) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To provide for an emergency increase in Federal funding to State Medicaid programs for expenditures on home and community-based services.

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 “HCBS Relief Act of
5 2025”.

6 **SEC. 2. ADDITIONAL SUPPORT FOR MEDICAID HOME AND** 7 **COMMUNITY-BASED SERVICES.**

8 (a) INCREASED FMAP.—

(1) IN GENERAL.—Notwithstanding section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)), in the case of an HCBS program State, the Federal medical assistance percentage determined for the State under section 1905(b) of such Act and, if applicable, increased under subsection (y), (z), or (aa) of section 1905 of such Act (42 U.S.C. 1396d), or section 1915(k) of such Act (42 U.S.C. 1396n(k)), shall be increased by 10 percentage points with respect to expenditures of the State under the State Medicaid program for home and community-based services that are provided during fiscal years 2026 and 2027. In no case may the application of the previous sentence result in the Federal medical assistance percentage determined for a State being more than 95 percent.

(2) DEFINITIONS.—In this section:

(A) HCBS PROGRAM STATE.—The term “HCBS program State” means a State that meets the condition described in subsection (b) by submitting an application described in such subsection, which is approved by the Secretary pursuant to subsection (c).

1 (B) HOME AND COMMUNITY-BASED SERV-
 2 ICES.—The term “home and community-based
 3 services” means—

4 (i) home health care services author-
 5 ized under paragraph (7) of section
 6 1905(a) of the Social Security Act (42
 7 U.S.C. 1396d(a));

8 (ii) behavioral health services author-
 9 ized under paragraph (13) of such section;

10 (iii) personal care services authorized
 11 under paragraph (24) of such section;

12 (iv) PACE services authorized under
 13 paragraph (26) of such section;

14 (v) services authorized under sub-
 15 sections (b), (c), (i), (j), and (k) of section
 16 1915 of such Act (42 U.S.C. 1396n);

17 (vi) such services authorized under a
 18 waiver under section 1115 of such Act (42
 19 U.S.C. 1315); and

20 (vii) such other services specified by
 21 the Secretary.

22 (b) CONDITION.—The condition described in this sub-
 23 section, with respect to a State, is that the State submits
 24 an application to the Secretary, at such time and in such
 25 manner as specified by the Secretary, that includes, in ad-

1 dition to such other information as the Secretary shall re-
2 quire—

3 (1) a description of which activities described in
4 subsection (d) that a State plans to implement and
5 a description of how it plans to implement such ac-
6 tivities;

7 (2) assurances that all Federal funds attrib-
8 utable to the increase under subsection (a) will be—

9 (A) expended by the State in accordance
10 with this section not later than September 30,
11 2029; and

12 (B) used—

13 (i) to implement the activities de-
14 scribed in subsection (d);

15 (ii) to supplement, and not supplant,
16 the level of State funds expended for home
17 and community-based services for eligible
18 individuals through programs in effect as
19 of the date of the enactment of this sec-
20 tion; and

21 (iii) to increase reimbursement rates
22 for home and community-based services to
23 a level that will support recruitment and
24 retention of a sufficient workforce to pro-

1 vide home and community-based services
2 to eligible individuals; and

3 (3) assurances that the State will conduct ade-
4 quate oversight and ensure the validity of such data
5 as may be required by the Secretary.

6 (c) APPROVAL OF APPLICATION.—Not later than 90
7 days after the date of submission of an application of a
8 State under subsection (b), the Secretary shall certify if
9 the application is complete. Upon certification that an ap-
10 plication of a State is complete, the application shall be
11 deemed to be approved for purposes of this section.

12 (d) ACTIVITIES TO IMPROVE THE DELIVERY OF
13 HCBS.—

14 (1) IN GENERAL.—A State shall work with
15 community partners, such as Area Agencies on
16 Aging, Centers for Independent Living, non-profit
17 home and community-based services providers, and
18 other entities providing home and community-based
19 services, to implement the purposes described in
20 paragraph (2).

21 (2) FOCUSED AREAS OF HCBS IMPROVE-
22 MENT.—The purposes described in this paragraph,
23 with respect to a State, are the following:

24 (A) To increase rates for home health
25 agencies and agencies that employ direct sup-

1 port professionals (including independent pro-
2 viders in a self-directed or consumer-directed
3 model) to provide home and community-based
4 services under the State Medicaid program,
5 provided that any agency or individual that re-
6 ceives payment under such an increased rate in-
7 creases the compensation it pays its home
8 health workers or direct support professionals.

9 (B) To provide paid sick leave, paid family
10 leave, and paid medical leave for home health
11 workers and direct support professionals.

12 (C) To provide hazard pay, overtime pay,
13 and shift differential pay for home health work-
14 ers and direct support professionals.

15 (D) To improve stability of home health
16 worker and direct support professional jobs, in-
17 cluding consistent hours, scheduling, pay, and
18 benefit eligibility.

19 (E) To provide home and community-based
20 services to eligible individuals who are on wait-
21 ing lists for programs approved under sections
22 1115 or 1915 of the Social Security Act (42
23 U.S.C. 1315, 1396n).

24 (F) To purchase emergency supplies and
25 equipment, which may include items not typi-

1 cally covered under the Medicaid program, such
2 as personal protective equipment, necessary to
3 enhance access to services and to protect the
4 health and well-being of home health workers
5 and direct support professionals.

6 (G) To pay for the travel of home health
7 workers and direct support professionals to con-
8 duct home and community-based services.

9 (H) To recruit new home health workers
10 and direct support professionals.

11 (I) To support family care providers of eli-
12 gible individuals with needed supplies, equip-
13 ment, and services, which may include such
14 items as family caregiver pay and respite serv-
15 ices.

16 (J) To pay for training for home health
17 workers and direct support professionals.

18 (K) To pay for assistive technologies, staff-
19 ing, and training to facilitate eligible individ-
20 uals' communication, and other costs incurred
21 in order to facilitate community integration and
22 ensure an individual's person-centered service
23 plan continues to be fully implemented.

24 (L) To prepare information and public
25 health and educational materials in accessible

1 formats (including formats accessible to people
2 with low literacy or intellectual disabilities)
3 about prevention, treatment, recovery and other
4 aspects of communicable diseases and threats to
5 the health of eligible individuals, their families,
6 and the general community served by agencies
7 described in subparagraph (A).

8 (M) To protect the health and safety of
9 home health workers and direct support profes-
10 sionals during public health emergencies and
11 natural disasters.

12 (N) To pay for interpreters to assist in
13 providing home and community-based services
14 to eligible individuals and to inform the general
15 public about communicable diseases and other
16 public health threats.

17 (O) To allow day services providers to pro-
18 vide home and community-based services.

19 (P) To pay for other expenses deemed ap-
20 propriate by the Secretary to enhance, expand,
21 or strengthen Home and Community-Based
22 Services, including retainer payments, and ex-
23 penses which meet the criteria of the home and
24 community-based settings rule published on
25 January 16, 2014.

1 (Q) To assist eligible individuals who had
2 to relocate to a nursing facility or institutional
3 setting from their homes in—

4 (i) moving back to their homes (in-
5 cluding by paying for moving costs, first
6 month's rent, and other one-time expenses
7 and start-up costs);

8 (ii) resuming home and community-
9 based services;

10 (iii) receiving mental health services
11 and necessary rehabilitative service to re-
12 gain skills lost while relocated; and

13 (iv) while funds attributable to the in-
14 creased FMAP under this section remain
15 available, continuing home and community-
16 based services for eligible individuals who
17 were served from a waiting list for such
18 services during the emergency period de-
19 scribed in section 1135(g)(1)(B) of the So-
20 cial Security Act (42 U.S.C. 1320b-
21 5(g)(1)(B)).

22 (e) REPORTING REQUIREMENTS.—

23 (1) STATE REPORTING REQUIREMENTS.—Not
24 later than December 31, 2029, any State with re-
25 spect to which an application is approved by the Sec-

1 retary pursuant to subsection (c) shall submit a re-
2 port to the Secretary that contains the following in-
3 formation:

4 (A) Activities and programs that were
5 funded using Federal funds attributable to such
6 increase.

7 (B) The number of eligible individuals who
8 were served by such activities and programs.

9 (C) The number of eligible individuals who
10 were able to resume home and community-
11 based services as a result of such activities and
12 programs.

13 (2) HHS EVALUATION.—

14 (A) IN GENERAL.—The Secretary shall
15 evaluate the implementation and outcomes of
16 this section in the aggregate using an external
17 evaluator with experience evaluating home and
18 community-based services, disability programs,
19 and older adult programs.

20 (B) EVALUATION CRITERIA.—For pur-
21 poses of subparagraph (A), the external eval-
22 uator shall—

23 (i) document and evaluate changes in
24 access, availability, and quality of home

1 and community-based services in each
2 HCBS program State;

3 (ii) document and evaluate aggregate
4 changes in access, availability, and quality
5 of home and community-based services
6 across all such States; and

7 (iii) evaluate the implementation and
8 outcomes of this section based on—

9 (I) the impact of this section on
10 increasing funding for home and com-
11 munity-based services;

12 (II) the impact of this section on
13 achieving targeted access, availability,
14 and quality of home and community-
15 based services; and

16 (III) promising practices identi-
17 fied by activities conducted pursuant
18 to subsection (d) that increase access
19 to, availability of, and quality of home
20 and community-based services.

21 (C) DISSEMINATION OF EVALUATION FIND-
22 INGS.—The Secretary shall—

23 (i) disseminate the findings from the
24 evaluations conducted under this para-
25 graph to—

1 (I) all State Medicaid directors;
2 and

3 (II) the Committee on Energy
4 and Commerce of the House of Rep-
5 resentatives, the Committee on Fi-
6 nance of the Senate, and the Special
7 Committee on Aging of the Senate;
8 and

9 (ii) make all evaluation findings pub-
10 licly available in an accessible electronic
11 format and any other accessible format de-
12 termined appropriate by the Secretary.

13 (D) OVERSIGHT.—Each State with respect
14 to which an application is approved by the Sec-
15 retary pursuant to subsection (c) shall ensure
16 adequate oversight of the expenditure of Fed-
17 eral funds pursuant to such increase in accord-
18 ance with the Medicaid regulations, including
19 section 1115 and 1915 waiver regulations and
20 special terms and conditions for any relevant
21 waiver or grant program.

22 (3) NON-APPLICATION OF THE PAPERWORK RE-
23 DUCATION ACT.—Chapter 35 of title 44, United
24 States Code (commonly referred to as the “Paper-

1 work Reduction Act of 1995”), shall not apply to the
2 provisions of this subsection.

3 (f) ADDITIONAL DEFINITIONS.—In this section:

4 (1) ELIGIBLE INDIVIDUAL.—The term “eligible
5 individual” means an individual who is eligible for or
6 enrolled for medical assistance under a State Med-
7 icaid program.

8 (2) MEDICAID PROGRAM.—The term “Medicaid
9 program” means, with respect to a State, the State
10 program under title XIX of the Social Security Act
11 (42 U.S.C. 1396 et seq.) (including any waiver or
12 demonstration under such title or under section
13 1115 of such Act (42 U.S.C. 1315) relating to such
14 title).

15 (3) SECRETARY.—The term “Secretary” means
16 the Secretary of Health and Human Services.

17 (4) STATE.—The term “State” has the mean-
18 ing given such term for purposes of title XIX of the
19 Social Security Act (42 U.S.C. 1396 et seq.).

○