

**TMA, Abstinence Education, and QI Programs Extension Act  
of 2007**

[Public Law 110–90]

[As Amended Through P.L. 114–255, Enacted December 13, 2016]

AN ACT To provide for the extension of transitional medical assistance (TMA), the abstinence education program, and the qualifying individuals (QI) program, and for other purposes.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. [42 U.S.C. 1305 note] SHORT TITLE.**

This Act may be cited as the “TMA, Abstinence Education, and QI Programs Extension Act of 2007”.

**SEC. 2. EXTENSION OF TRANSITIONAL MEDICAL ASSISTANCE (TMA) AND ABSTINENCE EDUCATION PROGRAM THROUGH DECEMBER 31, 2007.**

Section 401 of division B of the Tax Relief and Health Care Act of 2006 (Public Law 109-432), as amended by section 1 of Public Law 110-48, is amended—

- (1) by striking “September 30” and inserting “December 31”;
- (2) by striking “for fiscal year 2006” and inserting “for fiscal year 2007”;
- (3) by striking “the fourth quarter of fiscal year 2007” and inserting “the first quarter of fiscal year 2008”; and
- (4) by striking “the fourth quarter of fiscal year 2006” and inserting “the first quarter of fiscal year 2007”.

**SEC. 3. EXTENSION OF QUALIFYING INDIVIDUAL (QI) PROGRAM THROUGH DECEMBER 2007.**

(a) THROUGH DECEMBER 2007.—Section 1902(a)(10)(E)(iv) of the Social Security Act (42 U.S.C. 1396a(a)(10)(E)(iv)) is amended by striking “September 2007” and inserting “December 2007”.

(b) EXTENDING TOTAL AMOUNT AVAILABLE FOR ALLOCATION.—Section 1933(g) of such Act (42 U.S.C. 1396u-3(g)) is amended—

- (1) in paragraph (2)—
  - (A) by striking “and” at the end of subparagraph (F);
  - (B) by striking the period at the end of subparagraph (G) and inserting “; and”; and
  - (C) by adding at the end the following new subparagraph:

“(H) for the period that begins on October 1, 2007, and ends on December 31, 2007, the total allocation amount is \$100,000,000.”; and
- (2) in paragraph (3), in the matter preceding subparagraph (A), by striking “or (F)” and inserting “(F), or (H)”.

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(c) **[42 U.S.C. 1396a note]** **EFFECTIVE DATE.**—The amendments made by this section shall be effective as of September 30, 2007.

**[Section 4 repealed by section 7001(d)(4) of Public Law 110-252; 122 Stat. 2394. ]**

**SEC. 5. 6-MONTH DELAY IN REQUIREMENT TO USE TAMPER-RESISTANT PRESCRIPTION PADS UNDER MEDICAID.**

Effective as if included in the enactment of section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law 110-28, 121 Sta. 187), paragraph (2) of such section is amended by striking "September 30, 2007" and inserting "March 31, 2008".

**SEC. 6. ADDITIONAL FUNDING FOR THE MEDICARE PHYSICIAN ASSISTANCE AND QUALITY INITIATIVE FUND.**

Section 1848(l)(2) of the Social Security Act (42 U.S.C. 1395w-4(l)(2)) is amended—

(1) in subparagraph (A), by adding at the end the following: "In addition, there shall be available to the Fund for expenditures during 2009 an amount equal to \$325,000,000 and for expenditures during or after 2013 an amount equal to \$60,000,000."; and

(2) in subparagraph (B)—

(A) in the heading, by striking "furnished during 2008";

(B) by striking "specified in subparagraph (A)" and inserting "specified in the first sentence of subparagraph (A)"; and

(C) by inserting after "furnished during 2008" the following: "and for the obligation of the entire first amount specified in the second sentence of such subparagraph for payment with respect to physicians' services furnished during 2009 and of the entire second amount so specified for payment with respect to physicians' services furnished on or after January 1, 2013".

**SEC. 7. DOCUMENTATION AND CODING ADJUSTMENTS IN RESPONSE TO THE IMPLEMENTATION OF THE MEDICARE SEVERITY DIAGNOSIS RELATED GROUP (MS-DRG) SYSTEM UNDER THE MEDICARE PROSPECTIVE PAYMENT SYSTEM FOR INPATIENT HOSPITAL SERVICES.**

(a) **IN GENERAL.**—In implementing the final rule published on August 22, 2007, on pages 47130 through 48175 of volume 72 of the Federal Register, the Secretary of Health and Human Services (in this section referred to as the "Secretary") shall apply prospective documentation and coding adjustments (made in response to the implementation of a Medicare Severity Diagnosis Related Group (MS-DRG) system under the hospital inpatient prospective payment system under section 1886(d) of the Social Security Act (42 U.S.C. 1395ww(d)) of—

(1) for discharges occurring during fiscal year 2008, 0.6 percent rather than the 1.2 percent specified in such final rule; and

(2) for discharges occurring during fiscal year 2009, 0.9 percent rather than the 1.8 percent specified in such final rule.

## (b) SUBSEQUENT ADJUSTMENTS.—

(1) IN GENERAL.—Notwithstanding any other provision of law, if the Secretary determines that implementation of such Medicare Severity Diagnosis Related Group (MS-DRG) system resulted in changes in coding and classification that did not reflect real changes in case mix under section 1886(d) of the Social Security Act (42 U.S.C. 1395ww(d)) for discharges occurring during fiscal year 2008 or 2009 that are different than the prospective documentation and coding adjustments applied under subsection (a) or otherwise applied for such year, the Secretary shall—

(A) make an appropriate adjustment under paragraph (3)(A)(vi) of such section 1886(d); and

(B)(i) make an additional adjustment to the standardized amounts under such section 1886(d) for discharges occurring only during fiscal years 2010, 2011, and 2012 to offset the estimated amount of the increase in aggregate payments (including interest as determined by the Secretary) determined, based upon a retrospective evaluation of claims data submitted under such Medicare Severity Diagnosis Related Group (MS-DRG) system, by the Secretary with respect to discharges occurring during fiscal years 2008 and 2009;

(ii) make an additional adjustment to the standardized amounts under such section 1886(d) based upon the Secretary's estimates for discharges occurring only during fiscal years 2014, 2015, 2016, and 2017 to fully offset \$11,000,000,000 (which represents the amount of the increase in aggregate payments from fiscal years 2008 through 2013 for which an adjustment was not previously applied); and

(iii) make an additional adjustment to the standardized amounts under such section 1886(d) of an increase of 0.4588 percentage points for discharges occurring during fiscal year 2018 and 0.5 percentage points for discharges occurring during each of fiscal years 2019 through 2023 and not make the adjustment (estimated to be an increase of 3.2 percent) that would otherwise apply for discharges occurring during fiscal year 2018 by reason of the completion of the adjustments required under clause (ii).

(2) REQUIREMENT.—Any adjustment under paragraph (1)(B) shall reflect the difference between the amount the Secretary estimates that implementation of such Medicare Severity Diagnosis Related Group (MS-DRG) system resulted in changes in coding and classification that did not reflect real changes in case mix and the prospective documentation and coding adjustments applied under subsection (a). An adjustment made under paragraph (1)(B) for discharges occurring in a year shall not be included in the determination of standardized amounts for discharges occurring in a subsequent year.

(3) PROHIBITION.—The Secretary shall not make an additional prospective adjustment (estimated to be a decrease of 0.55 percent) to the standardized amounts under such section 1886(d) to offset the amount of the increase in aggregate pay-

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ments related to documentation and coding changes for discharges occurring during fiscal year 2010.

(4) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed as providing authority to apply the adjustment under paragraph (1)(B) other than for discharges occurring during fiscal years 2010, 2011, 2012, 2014, 2015, 2016, and 2017 and each succeeding fiscal year through fiscal year 2023.

(5) **JUDICIAL REVIEW.**—There shall be no administrative or judicial review under section 1878 of the Social Security Act (42 U.S.C. 1395oo) or otherwise of any determination or adjustments made under this subsection.