

**Medicare Improvements for Patients and Providers Act of
2008 (sections 119, 138 and 146(b)(1))**

[Public Law 110–275]

[As Amended Through P.L. 119–75, Enacted February 3, 2026]

[Currency: This publication is a compilation of the text of Sections 119, 138 and 146(b)(1) of Public Law 110-275. It was last amended by the public law listed in the As Amended Through note above and below at the bottom of each page of the pdf version and reflects current law through the date of the enactment of the public law listed at <https://www.govinfo.gov/app/collection/comps/>**]**

[Note: While this publication does not represent an official version of any Federal statute, substantial efforts have been made to ensure the accuracy of its contents. The official version of Federal law is found in the United States Statutes at Large and in the United States Code. The legal effect to be given to the Statutes at Large and the United States Code is established by statute (1 U.S.C. 112, 204).**]**

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TITLE I—MEDICARE

Subtitle A—Beneficiary Improvements

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PART II—LOW-INCOME PROGRAMS

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SEC. 119. [42 U.S.C. 1395b–3 note] MEDICARE ENROLLMENT ASSISTANCE.

(a) **ADDITIONAL FUNDING FOR STATE HEALTH INSURANCE ASSISTANCE PROGRAMS.—**

(1) **GRANTS.—**

(A) **IN GENERAL.—**The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall use amounts made available under subparagraph (B) to make grants to States for State health insurance assistance programs receiving assistance under section 4360 of the Omnibus Budget Reconciliation Act of 1990.

(B) **FUNDING.—**For purposes of making grants under this subsection, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in the same proportion as the Secretary determines under section 1853(f) of such Act (42 U.S.C. 1395w–23(f)), to the

Centers for Medicare & Medicaid Services Program Management Account—

- (i) for fiscal year 2009, of \$7,500,000;
- (ii) for the period of fiscal years 2010 through 2012, of \$15,000,000;
- (iii) for fiscal year 2013, of \$7,500,000;
- (iv) for fiscal year 2014, of \$7,500,000;
- (v) for fiscal year 2015, of \$7,500,000;
- (vi) for fiscal year 2016, of \$13,000,000;
- (vii) for fiscal year 2017, of \$13,000,000;
- (viii)¹ for fiscal year 2018, of \$13,000,000;
- (ix)¹ for fiscal year 2019, of \$13,000,000;
- (x) for fiscal year 2020, of \$13,000,000;
- (xi) for fiscal year 2021, \$15,000,000;
- (xii) for fiscal year 2022, \$15,000,000;
- (xiii) for fiscal year 2023, \$15,000,000;
- (xiv) for the period beginning on October 1, 2023, and ending on September 30, 2025, \$30,000,000;
- (xv) for the period beginning on October 1, 2025, and ending on January 30, 2026, \$5,013,699; and
- (xvi) for the period beginning on January 31, 2026, and ending on December 31, 2027, \$30,000,000.

Amounts appropriated under this subparagraph shall remain available until expended.

(2) AMOUNT OF GRANTS.—The amount of a grant to a State under this subsection from the total amount made available under paragraph (1) shall be equal to the sum of the amount allocated to the State under paragraph (3)(A) and the amount allocated to the State under subparagraph (3)(B).

(3) ALLOCATION TO STATES.—

(A) ALLOCATION BASED ON PERCENTAGE OF LOW-INCOME BENEFICIARIES.—The amount allocated to a State under this subparagraph from $\frac{2}{3}$ of the total amount made available under paragraph (1) shall be based on the number of individuals who meet the requirement under subsection (a)(3)(A)(ii) of section 1860D–14 of the Social Security Act (42 U.S.C. 1395w–114) but who have not enrolled to receive a subsidy under such section 1860D–14 relative to the total number of individuals who meet the requirement under such subsection (a)(3)(A)(ii) in each State, as estimated by the Secretary.

(B) ALLOCATION BASED ON PERCENTAGE OF RURAL BENEFICIARIES.—The amount allocated to a State under this subparagraph from $\frac{1}{3}$ of the total amount made available under paragraph (1) shall be based on the number of part D eligible individuals (as defined in section 1860D–1(a)(3)(A) of such Act (42 U.S.C. 1395w–101(a)(3)(A))) residing in a rural area relative to the total number of such individuals in each State, as estimated by the Secretary.

¹The placement of clauses (viii) and (ix) (as added by section 50207(a)(1)(C) of division E of Public Law 115–123) reflects the probable intent of Congress. The amendment that added these clauses probably should have been to insert such new clauses after clause (vii) rather than to the end of subparagraph (B).

(4) PORTION OF GRANT BASED ON PERCENTAGE OF LOW-INCOME BENEFICIARIES TO BE USED TO PROVIDE OUTREACH TO INDIVIDUALS WHO MAY BE SUBSIDY ELIGIBLE INDIVIDUALS OR ELIGIBLE FOR THE MEDICARE SAVINGS PROGRAM.—Each grant awarded under this subsection with respect to amounts allocated under paragraph (3)(A) shall be used to provide outreach to individuals who may be subsidy eligible individuals (as defined in section 1860D–14(a)(3)(A) of the Social Security Act (42 U.S.C. 1395w–114(a)(3)(A)) or eligible for the Medicare Savings Program (as defined in subsection (f)).

(b) ADDITIONAL FUNDING FOR AREA AGENCIES ON AGING.—

(1) GRANTS.—

(A) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Aging, shall make grants to States for area agencies on aging (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)) and Native American programs carried out under the Older Americans Act of 1965 (42 U.S.C. 3001 et seq.).

(B) FUNDING.—For purposes of making grants under this subsection, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in the same proportion as the Secretary determines under section 1853(f) of such Act (42 U.S.C. 1395w–23(f)), to the Administration on Aging—

- (i) for fiscal year 2009, of \$7,500,000;
 - (ii) for the period of fiscal years 2010 through 2012, of \$15,000,000;
 - (iii) for fiscal year 2013, of \$7,500,000;
 - (iv) for fiscal year 2014, of \$7,500,000;
 - (v) for fiscal year 2015, of \$7,500,000;
 - (vi) for fiscal year 2016, of \$7,500,000;
 - (vii) for fiscal year 2017, of \$7,500,000;
 - (viii) for fiscal year 2018, of \$7,500,000;
 - (ix) for fiscal year 2019, of \$7,500,000;
 - (x) for fiscal year 2020, of \$7,500,000;
 - (xi) for fiscal year 2021, \$15,000,000;
 - (xii) for fiscal year 2022, \$15,000,000;
 - (xiii) for fiscal year 2023, \$15,000,000;
 - (xiv) for the period beginning on October 1, 2023, and ending on September 30, 2025, \$30,000,000;
 - (xv) for the period beginning on October 1, 2025, and ending on January 30, 2026, \$5,013,699; and
 - (xvi) for the period beginning on January 31, 2026, and ending on December 31, 2027, \$30,000,000.
- Amounts appropriated under this subparagraph shall remain available until expended.

(2) AMOUNT OF GRANT AND ALLOCATION TO STATES BASED ON PERCENTAGE OF LOW-INCOME AND RURAL BENEFICIARIES.—The amount of a grant to a State under this subsection from the total amount made available under paragraph (1) shall be determined in the same manner as the amount of a grant to

a State under subsection (a), from the total amount made available under paragraph (1) of such subsection, is determined under paragraph (2) and subparagraphs (A) and (B) of paragraph (3) of such subsection.

(3) REQUIRED USE OF FUNDS.—

(A) ALL FUNDS.—Subject to subparagraph (B), each grant awarded under this subsection shall be used to provide outreach to eligible Medicare beneficiaries regarding the benefits available under title XVIII of the Social Security Act.

(B) OUTREACH TO INDIVIDUALS WHO MAY BE SUBSIDY ELIGIBLE INDIVIDUALS OR ELIGIBLE FOR THE MEDICARE SAVINGS PROGRAM.—Subsection (a)(4) shall apply to each grant awarded under this subsection in the same manner as it applies to a grant under subsection (a).

(c) ADDITIONAL FUNDING FOR AGING AND DISABILITY RESOURCE CENTERS.—

(1) GRANTS.—

(A) IN GENERAL.—The Secretary shall make grants to Aging and Disability Resource Centers under the Aging and Disability Resource Center grant program that are established centers under such program on the date of the enactment of this Act.

(B) FUNDING.—For purposes of making grants under this subsection, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in the same proportion as the Secretary determines under section 1853(f) of such Act (42 U.S.C. 1395w–23(f)), to the Administration on Aging—

- (i) for fiscal year 2009, of \$5,000,000;
 - (ii) for the period of fiscal years 2010 through 2012, of \$10,000,000;
 - (iii) for fiscal year 2013, of \$5,000,000;
 - (iv) for fiscal year 2014, of \$5,000,000;
 - (v) for fiscal year 2015, of \$5,000,000;
 - (vi) for fiscal year 2016, of \$5,000,000;
 - (vii) for fiscal year 2017, of \$5,000,000;
 - (viii) for fiscal year 2018, of \$5,000,000;
 - (ix) for fiscal year 2019, of \$5,000,000;
 - (x) for fiscal year 2020, of \$5,000,000;
 - (xi) for fiscal year 2021, \$5,000,000;
 - (xii) for fiscal year 2022, \$5,000,000;
 - (xiii) for fiscal year 2023, \$5,000,000;
 - (xiv) for the period beginning on October 1, 2023, and ending on September 30, 2025, \$10,000,000;
 - (xv) for the period beginning on October 1, 2025, and ending on January 30, 2026, \$1,671,233; and
 - (xvi) for the period beginning on January 31, 2026, and ending on December 31, 2027, \$10,000,000.
- Amounts appropriated under this subparagraph shall remain available until expended.

(2) REQUIRED USE OF FUNDS.—Each grant awarded under this subsection shall be used to provide outreach to individuals regarding the benefits available under the Medicare prescription drug benefit under part D of title XVIII of the Social Security Act and under the Medicare Savings Program.

(d) COORDINATION OF EFFORTS TO INFORM OLDER AMERICANS ABOUT BENEFITS AVAILABLE UNDER FEDERAL AND STATE PROGRAMS.—

(1) IN GENERAL.—The Secretary, acting through the Assistant Secretary for Aging, in cooperation with related Federal agency partners, shall make a grant to, or enter into a contract with, a qualified, experienced entity under which the entity shall—

(A) maintain and update web-based decision support tools, and integrated, person-centered systems, designed to inform older individuals (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)) about the full range of benefits for which the individuals may be eligible under Federal and State programs;

(B) utilize cost-effective strategies to find older individuals with the greatest economic need (as defined in such section 102) and inform the individuals of the programs;

(C) develop and maintain an information clearinghouse on best practices and the most cost-effective methods for finding older individuals with greatest economic need and informing the individuals of the programs; and

(D) provide, in collaboration with related Federal agency partners administering the Federal programs, training and technical assistance on the most effective outreach, screening, and follow-up strategies for the Federal and State programs.

(2) FUNDING.—For purposes of making a grant or entering into a contract under paragraph (1), the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in the same proportion as the Secretary determines under section 1853(f) of such Act (42 U.S.C. 1395w–23(f)), to the Administration on Aging—

- (i) for fiscal year 2009, of \$5,000,000;
- (ii) for the period of fiscal years 2010 through 2012, of \$5,000,000;
- (iii) for fiscal year 2013, of \$5,000,000;
- (iv) for fiscal year 2014, of \$5,000,000;
- (v) for fiscal year 2015, of \$5,000,000;
- (vi) for fiscal year 2016, of \$12,000,000;
- (vii) for fiscal year 2017, of \$12,000,000;
- (viii) for fiscal year 2018, of \$12,000,000;
- (ix) for fiscal year 2019, of \$12,000,000;
- (x) for fiscal year 2020, of \$12,000,000;
- (xi) for fiscal year 2021, \$15,000,000;
- (xii) for fiscal year 2022, \$15,000,000;

- (xiii) for fiscal year 2023, \$15,000,000;
- (xiv) for the period beginning on October 1, 2023, and ending on September 30, 2025, \$30,000,000;
- (xv)² for the period beginning on October 1, 2025, and ending on January 30, 2026, \$5,013,699; and
- (xvi) for the period beginning on January 31, 2026, and ending on December 31, 2027, \$30,000,000.

Amounts appropriated under this subparagraph shall remain available until expended.

(e) REPROGRAMMING FUNDS FROM MEDICARE, MEDICAID, AND SCHIP EXTENSION ACT OF 2007.—The Secretary shall only use the \$5,000,000 in funds allocated to make grants to States for Area Agencies on Aging and Aging Disability and Resource Centers for the period of fiscal years 2008 through 2009 under section 118 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173) for the sole purpose of providing outreach to individuals regarding the benefits available under the Medicare prescription drug benefit under part D of title XVIII of the Social Security Act. The Secretary shall republish the request for proposals issued on April 17, 2008, in order to comply with the preceding sentence.

(f) MEDICARE SAVINGS PROGRAM DEFINED.—For purposes of this section, the term “Medicare Savings Program” means the program of medical assistance for payment of the cost of medicare cost-sharing under the Medicaid program pursuant to sections 1902(a)(10)(E) and 1933 of the Social Security Act (42 U.S.C. 1396a(a)(10)(E), 1396u–3).

(g) SECRETARIAL AUTHORITY TO ENLIST SUPPORT IN CONDUCTING CERTAIN OUTREACH ACTIVITIES.—The Secretary may request that an entity awarded a grant under this section support the conduct of outreach activities aimed at preventing disease and promoting wellness. Notwithstanding any other provision of this section, an entity may use a grant awarded under this subsection to support the conduct of activities described in the preceding sentence.

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Subtitle C—Provisions Relating to Part B

PART I—PHYSICIANS’ SERVICES

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SEC. 138. [42 U.S.C. 1395w–4 note] ADJUSTMENT FOR MEDICARE MENTAL HEALTH SERVICES.

(a) PAYMENT ADJUSTMENT.—

(1) IN GENERAL.—For purposes of payment for services furnished under the physician fee schedule under section 1848 of the Social Security Act (42 U.S.C. 1395w–4) during the period beginning on July 1, 2008, and ending on February 29, 2012, the Secretary of Health and Human Services shall increase the fee schedule otherwise applicable for specified services by 5 percent.

²The margin for clause (xv) of this paragraph does not conform with existing clauses.

(2) NONAPPLICATION OF BUDGET-NEUTRALITY.—The budget-neutrality provision of section 1848(c)(2)(B)(ii) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)(B)(ii)) shall not apply to the adjustments described in paragraph (1).

(b) DEFINITION OF SPECIFIED SERVICES.—In this section, the term “specified services” means procedure codes for services in the categories of the Health Care Common Procedure Coding System, established by the Secretary of Health and Human Services under section 1848(c)(5) of the Social Security Act (42 U.S.C. 1395w-4(c)(5)), as of July 1, 2007, and as subsequently modified by the Secretary, consisting of psychiatric therapeutic procedures furnished in office or other outpatient facility settings or in inpatient hospital, partial hospital, or residential care facility settings, but only with respect to such services in such categories that are in the subcategories of services which are—

- (1) insight oriented, behavior modifying, or supportive psychotherapy; or
- (2) interactive psychotherapy.

(c) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement this section by program instruction or otherwise.

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PART II—OTHER PAYMENT AND COVERAGE IMPROVEMENTS

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SEC. 146. IMPROVED ACCESS TO AMBULANCE SERVICES.

(a)

(b) [42 U.S.C. 1395m note] AIR AMBULANCE PAYMENT IMPROVEMENTS.—

(1) TREATMENT OF CERTAIN AREAS FOR PAYMENT FOR AIR AMBULANCE SERVICES UNDER THE AMBULANCE FEE SCHEDULE.—Notwithstanding any other provision of law, for purposes of making payments under section 1834(l) of the Social Security Act (42 U.S.C. 1395m(l)) for air ambulance services furnished during the period beginning on July 1, 2008, and ending on June 30, 2013, any area that was designated as a rural area for purposes of making payments under such section for air ambulance services furnished on December 31, 2006, shall be treated as a rural area for purposes of making payments under such section for air ambulance services furnished during such period.

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