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Expiring Health Provisions: CY2026 and CY2027

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Committees of Congress

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Expiring Health Provisions: CY2026 and CY2027

SUMMARY

This report provides information on selected health provisions that have expired or are scheduled to expire during calendar years (CYs) 2026 and 2027. For purposes of this report, expiring provisions are defined as portions of law that are time-limited and will lapse once a statutory deadline is reached, absent further legislative action. The scope of expiring health provisions included in this report covers programs and activities administered by the Department of Health and Human Services (HHS), including provisions related to Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), private health insurance, public health, and selected human services issues related to health care. In addition, this report describes health provisions within the same scope, as identified in CRS Report R48649, *Expiring Health Provisions of the 119th Congress*, and that expired in CY2025. Although the Congressional Research Service (CRS) has attempted to be comprehensive in its research, it cannot guarantee that every relevant provision is included in this report.

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For the programs and health-related topics above, this report focuses on two types of provisions. The first, and most common, type of provision provides or controls mandatory spending, meaning it provides temporary funding, temporary increases or decreases in funding or payment rates (e.g., Medicare provider bonus payments), or temporary special protections that may result in changes in funding levels (e.g., Medicare funding provisions that establish a payment floor). The second type of provision defines the authority of government agencies or other entities to act, usually by authorizing a policy, project, or activity (including the collection of fees), and includes a definitive expiration or "sunset" date for that authority. Such provisions also may temporarily delay the implementation of a regulation, requirement, or deadline or establish a moratorium on a particular activity. Expiring health provisions that are discretionary authorizations of appropriations are excluded from this report.

Certain types of provisions with expiration dates that otherwise would meet the criteria set forth above are also excluded from this report. Some of these provisions are excluded because they are transitional or routine in nature or because they have been superseded by congressional action that modifies their intent. For example, statutorily required Medicare payment rate reductions and payment rate re-basings that are implemented over a specified period are generally not considered to require repeated legislative attention and are excluded from this report. In addition, this report excludes provisions providing short-term (or temporary) implementation funding, such as the implementation funding provided for several of the Medicaid provisions and the Rural Health Transformation Program in P.L. 119-21, the 2025 Reconciliation Act.

The tables in this report list the relevant health provisions that have expired or are scheduled to expire in CY2026 and CY2027, as well as those that expired in CY2025.

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This report identifies and briefly describes selected statutory health provisions that have expired or are scheduled to expire during calendar years (CYs) 2026 and 2027. For purposes of this report, expiring provisions are those portions of law that are time-limited and will lapse once a statutory deadline is reached, absent further legislative action. The scope of expiring health provisions included in this report covers programs and activities administered by the Department of Health and Human Services (HHS), including provisions related to Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), private health insurance, public health, and selected human services issues related to health care.[1] Separately, the report describes health provisions within the same scope, as identified in CRS Report R48649, *Expiring Health Provisions of the 119th Congress*, and that expired during CY2025. Although the Congressional Research Service (CRS) has attempted to be comprehensive in its research, it cannot guarantee that every relevant provision is included in this report.

For the programs and health-related topics above, the two types of time-limited provisions discussed in this report generally have been enacted in the context of *authorization laws* and thus typically are within the purview of congressional authorizing committees. The duration for which such a provision is in effect usually is regarded as creating a timeline for legislative decisionmaking. In choosing this timeline, Congress navigates tradeoffs between the frequency of congressional review and the stability of funding or other legal requirements that pertain to the program.

- The first type of provision in this report provides or controls *mandatory spending* that is time limited, meaning it provides temporary funding, temporary increases or decreases in funding or payment rates (e.g., Medicare provider bonus payments), or temporary special protections that may result in changes in funding levels (e.g., Medicare funding provisions that establish a payment floor).[2]
- The second type of provision in this report defines *the authority of government agencies or other entities to act*, usually by authorizing a policy, project, demonstration or pilot program, or activity (including the collection of fees) with an expiration date.[3] Such provisions also may temporarily delay the implementation of a regulation, requirement, or deadline, or they may establish a moratorium on a particular activity.

Expired or expiring health provisions that are discretionary authorizations of appropriations generally are excluded from this report.[4] For a list of these types of expiring provisions, see the

[1] This report is the latest in a series of reports in which the Congressional Research Service (CRS) has tracked health-expiring provisions related to Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), private health insurance, and other selected health-related provisions. This is the second time that a report in this series has more broadly included public health provisions. This report focuses on health and health-related human services programs under the U.S. Department of Health and Human Services; it does not include similar types of programs under other federal agencies, such as the Veterans Health Administration in the U.S. Department of Veterans Affairs or the U.S. Department of Defense.

[2] *Mandatory spending* is controlled by authorization acts; *discretionary spending* is controlled by appropriations acts. For further information, see CRS Report R44582, *Overview of Funding Mechanisms in the Federal Budget Process, and Selected Examples*.

[3] For further information about these types of authorization provisions, see CRS Report R46417, *Congress's Power Over Appropriations: Constitutional and Statutory Provisions*.

[4] The Congressional Budget Office (CBO) is required to compile this information each year under §202(e)(3) of the Congressional Budget Act of 1974 (P.L. 93-344, as amended); see CBO, *Expired and Expiring Authorizations of Appropriations: 2026 Preliminary Report*, January 15, 2026, at https://www.cbo.gov/publication/61881https://www.cbo.gov/publication/61881.

Congressional Budget Office (CBO) report *Expired and Expiring Authorizations of Appropriations: 2026 Preliminary Report*, January 15, 2026.

Also, certain types of provisions with expiration dates that otherwise would meet the criteria set forth above are excluded from this report. Some of these provisions are excluded because they are transitional or routine in nature, such as requiring certain reports to Congress, or because they have been superseded by congressional action that otherwise modifies their intent. For example, statutorily required Medicare payment rate reductions and payment rate re-basings that are implemented over a specified period are generally not considered to require legislative attention and are excluded from this report. In addition, this report excludes provisions providing short-term (or temporary) implementation funding, which is generally provided one-time.[5] such as the implementation funding provided for several of the Medicaid provisions and the Rural Health Transformation Program in P.L. 119-21, the 2025 Reconciliation Act.[6]

The report is organized as follows: **Table 1** lists the relevant provisions that have expired or are scheduled to expire with a CY2026 expiration date. **Table 2** lists the relevant provisions that are scheduled to expire with a CY2027 expiration date. **Table 3** lists the relevant provisions that expired with a CY2025 expiration date. The provisions in each table are organized by expiration date and by applicable health-related program in alphabetical order (e.g., Food and Drug Administration [FDA], Human Services, Medicaid, Medicare, Private Health Insurance, and Public Health). Each table includes a brief summary of each provision and the name of the CRS analyst who covers the topic. Contact information for each CRS analyst is available to congressional clients at the end of the report.

[5] The implementation funding for the No Surprises Act is included as a health-expiring provision because the funding was initially provided for four years and was extended for another two years through successive laws, including, most recently, the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (P.L. 119-37).

[6] For more information about the provisions in P.L. 119-21, the 2025 Reconciliation Act with implementation funding, see CRS Report R48633, *Health Provisions in P.L. 119-21, the FY2025 Reconciliation Law*.

Table 1. Provisions Expiring with a CY2026 Expiration Date

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
6/30/2026	Medicare	Frontier Community Health Integration Project Demonstration	MIPPA §123 42 U.S.C. §1395i–4 note	Tests new models for the delivery of health care services with the goal of increasing access to integrated and coordinated acute care, extended care, and other essential health care to Medicare beneficiaries in the most sparsely populated rural counties.	Marco Villagrana
7/4/2026	Medicaid	Federal Payments to Prohibited Entities	P.L. 119-21 §71113	Prohibits federal Medicaid spending for payments for items and services provided by "prohibited entities"[b] as defined therein for a one-year period beginning July 4, 2025.	Evelyne Baumrucker
9/30/2026	FDA	Protecting Infants and Improving Formula Supply	CAA 2023, Division FF, Title III §3401 21 U.S.C. §350a–1(h)(3)	Requires infant formula manufacturers to adhere to certain reporting requirements following the initiation of an infant formula recall. Requires the Secretary to submit the aforementioned reporting requirements and other specified information in a report to Congress.	Alexandria Mickler
9/30/2026	Medicare	Temporary Adjustment to Long-Term Care Hospital (LTCH) Site Neutral Payment Rates	SSA §1886(m)(6)(B)(iv) 42 U.S.C. §1395ww(m)(6)(B)(iv)	Reduces the applicable Medicare site-neutral payment for non-LTCH cases provided by an LTCH.	Marco Villagrana

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
9/30/2026	Public Health	Beau Biden Cancer Moonshot and National Institutes of Health (NIH) Innovation Projects	21st Century Cures Act (P.L. 114-255) §1001(e)	Authorizes an NIH Innovation Account to fund specific innovation projects. The provision transferred funds, available from FY2017 through FY2026, to the NIH Innovation Account for (1) the Precision Medicine Initiative, (2) BRAIN initiative, (3) cancer research, and (4) regenerative medicine research. When appropriated in annual appropriations laws, these funds, in effect, did not count toward the discretionary spending limit in a given fiscal year and were available until expended.	Kavya Sekar
9/30/2026	Public Health	Grants for Research on Therapies for Amyotrophic lateral sclerosis (ALS)	Accelerating Access to Critical Therapies for ALS Act (P.L. 117-79) §2(f) 21 U.S.C. §360ee note	Requires the Secretary to award grants for research involving data from expanded access use of investigational ALS drugs.	Kavya Sekar
12/31/2026	Human Services	Family-to-Family Health Information Centers	SSA §501(c)(1)(A) 42 U.S.C. §701(c)(1)(A)	Provides funding for education and peer support activities geared toward families of children with special health care needs.	Alexandria Mickler
12/31/2026	Human Services	Sexual Risk Avoidance Education Program	SSA §510(a) and (f) 42 U.S.C. §710(a) and (f)	Provides funding to educate adolescents aged 10 to 19 exclusively on abstinence that teaches youth to voluntarily refrain from sexual activity.	Jessica Tollestrup

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
12/31/2026	Human Services	Personal Responsibility Education Program	SSA §513(a) and (f) 42 U.S.C. §713(a) and (f)	Provides funding to educate adolescents aged 10 to 19 and pregnant and parenting youth under age 21 on both abstinence and contraceptives to prevent pregnancy and sexually transmitted infections.	Jessica Tollestrup
12/31/2026	Medicare	Funding for Medicare Hospice Surveys[c]	IMPACT Act §3(a)(2) (as amended)c	Provides funding for a required standard survey of each Medicare hospice agency, to be undertaken no less than once every three years.	Jenny Markell
12/31/2026	Medicare	Advance Alternative Payment Model Bonus	SSA §1833(z)(1)(A) 42 U.S.C. §1395l(z)(1)(A)	Extends the bonus for qualifying alternative payment models at the rate of 1.88% in 2026 (3.5% in 2025).	Jim Hahn
12/31/2026	Medicare	Clinical Laboratory Fee Schedule	SSA §1834A(b)(3)(B)(ii) 42 U.S.C. §1395m-1(b)(3)(B)(ii)	Delays payment reductions due to the implementation of the revised Clinical Laboratory Fee Schedule methodology.	Jim Hahn
12/31/2026	Medicare	Floor on Geographic Adjustment for Physician Fee Schedule	SSA §1848(e)(1)(E) 42 U.S.C. §1395w–4(e)(1)(E)	Establishes a floor value of 1.0 for the physician work geographic index used in the calculation of payments under the Medicare physician fee schedule.	Jim Hahn
12/31/2026	Medicare	Temporary Payment Increase under the Medicare Physician Fee Schedule to Account for Exceptional Circumstances	SSA §1848(t)(1) 42 U.S.C. §1395w-4(t)(1)	Provides an increase in payments made to physicians and nonphysician practitioners under the Medicare Physician Fee	Jim Hahn

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				Schedule by 2.5% for services furnished during CY2026.	
12/31/2026	Medicare	Temporary Inclusion of Authorized Oral Antiviral Drugs as Covered Part D Drugs	SSA §1860D–2(e)(1)(c) 42 U.S.C. §1395w–102(e)(1)(C)	Adds prescription oral antivirals for COVID-19 with emergency use authorization to the definition of a covered Part D drug.[d]	Laura Wreschnig
12/31/2026	Medicare	Medicare Dependent Hospital/Decline Reclassification	SSA §1886(d)(5)(G) 42 U.S.C. §1395ww(d)(5)(G)	Permits higher Medicare IPPS payments to qualifying small rural hospitals with a high proportion of patients who are Medicare beneficiaries.	Marco Villagrana
12/31/2026	Medicare	Low-Volume Adjustment	SSA §1886(d)(12)(D) 42 U.S.C. §1395ww(d)(12)(D)	Provides an increase to the Medicare IPPS payments to qualifying hospitals for the higher incremental costs associated with a low volume of patient discharges.	Marco Villagrana
12/31/2026	Private Health Insurance	No Surprises Act Implementation Funding	CAA 2021, Division BB, §118(a) (as amended)[e]	Provides funding for the implementation and enforcement of the No Surprises Act and other transparency provisions included in CAA 2021.	Ryan Rosso
12/31/2026	Public Health	Community Health Center Fund	ACA §10503(b)(1) (Also, PHSA §330 for underlying health center statute) 42 U.S.C. §254b-2(b)(1)	Provides funding for the Health Resources and Services Administration's federal health center program.	Elayne Heisler
12/31/2026	Public Health	National Health Service Corps Fund	ACA §10503(b)(2) (Also, PHSA §338 for overall NHSC funding) 42 U.S.C. §254-2(b)(2)	Provides funding for scholarships and loan repayment for health providers in exchange for	Elayne Heisler

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				providing care in a health professional shortage area.	
12/31/2026	Public Health	Public Health Emergencies: Temporary Reassignment of State and Local Personnel During a Public Health Emergency	PHSA §319(e)(8) 42 U.S.C. §247d(e)(8)	Allows the Secretary to authorize a temporary reassignment of certain state, Indian Tribe, and local public health department personnel in response to a declared public health emergency.	Kavya Sekar
12/31/2026	Public Health	Biomedical Advanced Research and Development Authority (BARDA): Nondisclosure of Information	PHSA §319L(e)(1)(D) 42 U.S.C. §247d-7e(e)(1)(D)	Deems certain information received by BARDA as subject to nondisclosure under FOIA, specifically information relevant to HHS programs that could compromise national security.	Kavya Sekar
12/31/2026	Public Health	Collaboration and Coordination: Countermeasures, Pandemic or Epidemic Product Development	PHSA §319L-1(b) 42 U.S.C. §247d-7f(b)	Allows the Secretary, in coordination with the Attorney General and the Secretary of Homeland Security, to consult with entities engaged in the development of certain products used in response to public health emergencies, and exempts participation in such meetings from antitrust laws as covered in written agreements.	Kavya Sekar
12/31/2026	Public Health	Special Diabetes Programs for Type I Diabetes	PHSA §330B(b)(2) 42 U.S.C. §254c–2(b)(2)	Provides funding for research into the prevention and cure of type I diabetes.	Kavya Sekar
12/31/2026	Public Health	Special Diabetes Programs for Indians	PHSA §330C(c)(2) 42 U.S.C. §254c–3(c)(2)	Provides funding for diabetes programs operated by the	Elayne Heisler

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				Indian Health Service or Indian Tribes, Tribal Organizations, or Urban Indian Organizations.	
12/31/2026	Public Health	National Advisory Committee on Children and Disasters	PHSA §2811A(g) 42 U.S.C. §300hh-10b(g)	Establishes the National Advisory Committee on Children and Disasters, whose responsibilities include providing consultation on the medical and public health needs of children in emergencies.	Kavya Sekar
12/31/2026	Public Health	National Advisory Committee on Seniors and Disasters	PHSA §2811B(g)(1) 42 U.S.C. §300hh-10c(g)(1)	Establishes the National Advisory Committee on Seniors and Disasters, whose responsibilities include providing consultation on the specific medical and public health needs of seniors in emergencies.	Kavya Sekar
12/31/2026	Public Health	National Advisory Committee on Individuals with Disabilities and Disasters	PHSA §2811C(g)(1) 42 U.S.C. §300hh-10d(g)(1)	Establishes the National Advisory Committee on Individuals with Disabilities and Disasters, whose responsibilities include providing consultation on the specific medical and public health needs of individuals with disabilities in emergencies.	Kavya Sekar
12/31/2026	Public Health	National Disaster Medical System (NDMS)	PHSA §2812(c)(4)(B) 42 U.S.C. §300hh-11(c)(4)(B)	Authorizes the Secretary to directly appoint individuals to serve as intermittent personnel of the NDMS if existing personnel are determined insufficient for a	Hassan Sheikh

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				specific public health emergency or potential emergency.	

Source: Congressional Research Service (CRS).

Notes: "Secretary" refers to the HHS Secretary. ACA = Patient Protection and Affordable Care Act (P.L. 111-148, as amended); ACIP = Advisory Committee on Immunization Practices; ALS = Amyotrophic lateral sclerosis; BARDA = Biomedical Advanced Research and Development Authority; BRAIN = Brain Research through Advancing Innovative Neurotechnologies; CAA 2021 = Consolidated Appropriations Act, 2021 (P.L. 116-260); CAA 2023 = Consolidated Appropriations Act, 2023 (P.L. 117-328); CY = Calendar Year; FDA = Food and Drug Administration; FFDCA = Federal Food, Drugs, and Cosmetics Act; FMAP = Federal Medical Assistance Percentage; FOIA = Freedom of Information Act; HHS = Department of Health and Human Services; IMPACT = Improving Medicare Post-Acute Care Transformation Act of 2014 (P.L. 113-185); IPPS = Inpatient Prospective Payment System; IRC = Internal Revenue Code; LTCH = Long-Term Care Hospital; MIPPA = Medicare Improvements for Patients and Providers Act of 2008 (P.L. 110-275); NDMS = National Disaster Medical System; NHSC = National Health Service Corps; NIH = National Institutes of Health; PHSA = Public Health Service Act; SSA = Social Security Act; U.S.C. = *U.S. Code*.

a. Citations in statute and the U.S.C. are provided where available.

b. A prohibited entity is defined as an entity, including its affiliates, subsidiaries, successors, and clinics that (as of October 1, 2025) is a tax-exempt organization as described under IRC Section 501(c)(3); that is an essential community provider, as described in 45 C.F.R. Section 156.235 (as in effect on July 4, 2025) that primarily provides family planning services, reproductive health and related medical care, and abortion services other than those allowable under the Hyde Amendment; and that received federal and state Medicaid reimbursements exceeding $800,000 in FY2023. For further information on this provision see CRS Report R48633, *Health Provisions in P.L. 119-21, the FY2025 Reconciliation Law*.

c. The expiration date for the funding for Medicare hospice surveys was most recently amended in the Consolidated Appropriations Act, 2026 (P.L. 119-75, Division J, Title II, Section 6207).

d. On June 29, 2026, the HHS Secretary announced the termination of the emergency use authorizations for drug and biological products for COVID-19, effective June 29, 2027. For more information on this decision, see HHS, "Termination of Declaration Authorizing Emergency Use of Drug and Biological Products During the COVID-19 Pandemic," 91 *Federal Register* 40546, July 2, 2026. For a list of drugs that currently have emergency use authorization see FDA, Emergency Use Authorizations for Drugs and Non-Vaccine Biological Products, https://www.fda.gov/drugs/emergency-preparedness-drugs/emergency-use-authorizations-drugs-and-non-vaccine-biological-productshttps://www.fda.gov/drugs/emergency-preparedness-drugs/emergency-use-authorizations-drugs-and-non-vaccine-biological-products.

e. The expiration date for the No Surprises Act implementation funding was most recently amended in the Consolidated Appropriations Act, 2026 (P.L. 119-75, Division J, Title IV, Section 6404).

Table 2. Provisions Expiring with a CY2027 Expiration Date

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
3/31/2027	Medicaid	State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services	SSA §1947(a) 42 U.S.C. §1396w-6(a)	Establishes a Medicaid state plan option for community-based mobile crisis intervention services and provides funding for planning grants for states.	Varun Saraswathula
9/30/2027	FDA	New Drugs: Certain Drugs Containing Single Enantiomers	FFDCA §505(u)(4) 21 U.S.C. §355(u)(4)	Allows a drug manufacturer—in an application for a drug product containing a single enantiomer that is also in an approved racemic drug—to elect to have the single enantiomer be treated as a new chemical entity under certain circumstances.	Hassan Sheikh
9/30/2027	Human Services	Maternal, Infant, and Early Childhood Home Visiting Programs	SSA §511(k)(1) 42 U.S.C. §711(k)(1)	Provides funding for targeted, intensive maternal, infant, and early childhood home visiting services to families residing in at-risk communities.	Patrick Landers
9/30/2027	Medicaid	Protection for Recipients of Home and Community-Based Services (HCBS) Against Spousal Impoverishment	ACA §2404 42 U.S.C. §1396r-5 note	Requires states to extend Medicaid spousal impoverishment rules to individuals receiving certain Medicaid-covered HCBS.	Varun Saraswathula
9/30/2027	Medicaid	Money Follows the Person Rebalancing Demonstration	DRA 6071(h)(1)(L) 42 U.S.C. §1396a note	Awards competitive grants to states to transition certain Medicaid enrollees who reside in institutional settings that provide long-term services and supports into home- and community-based settings.	Varun Saraswathula
9/30/2027	Medicaid	Certified Community Behavioral Health Clinics (CCBHC) Medicaid Demonstration Program: Michigan	PAMA §223(d)(3), (8), and (9) 42 U.S.C. §1396a note	Provides a higher federal share of Medicaid expenditures for services provided to Medicaid enrollees at CCBHCs in states participating in the CCBHC demonstration	Varun Saraswathula

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				program.[b] Michigan's demonstration ends on September 30, 2027, six years after implementation.	
9/30/2027	Medicaid	Puerto Rico's Annual Reporting Requirement for Medicaid	SSA §1108(g)(9) 42 U.S.C. §1308(g)(9)	Requires Puerto Rico to submit an annual report describing how it uses the federal Medicaid funding.	Alison Mitchell
9/30/2027	Medicaid	Annual Federal Capped Medicaid Funding for Puerto Rico	SSA §1108(g)(11) 42 U.S.C. §1308(g)(11)	Provides significantly increased federal capped Medicaid funding for Puerto Rico through FY2027.	Alison Mitchell
9/30/2027	Medicaid	Additional Medicaid Funding for Puerto Rico	SSA §§1108(g)(12) and (13) 42 U.S.C. §§1308(g)(12) and (13)	Provides additional federal Medicaid funding to Puerto Rico if Puerto Rico (1) establishes a physician payment floor or (2) meets the program integrity requirements.	Alison Mitchell
9/30/2027	Medicaid	Medicaid Federal Medical Assistance Percentage (FMAP) Rate for Puerto Rico	SSA §1905(ff)(2) 42 U.S.C. §1396d(ff)(2)	Provides Puerto Rico with an FMAP rate of 76%, rather than 55%.	Alison Mitchell
9/30/2027	Medicaid	Tennessee Medicaid Disproportionate Share Hospital (DSH) Allotment	SSA §1923(f)(6)(A)(vi) 42 U.S.C. §1396r-4(6)(A)(vi)	Provides Tennessee with a special statutory arrangement that specifies the DSH allotment for the state is $53.1 million for each of FY2015-FY2027.	Alison Mitchell
9/30/2027	Medicaid	Implementation of Medicaid DSH Allotment Reductions	SSA §1923(f)(7) 42 U.S.C. §1396r-4(f)(7)	Implements reductions to the Medicaid DSH allotments in the amount of $8 billion beginning October 1, 2027 for FY2027.	Alison Mitchell
9/30/2027	Medicare	Contract with a Consensus-Based Entity Regarding Performance Measurement	SSA §1890(d)(2) 42 U.S.C. §1395aaa(d)(2)	Provides funding for a requirement for the Secretary to have a contract with a consensus-based entity to carry out specified duties related to performance improvement and quality measurement. These duties include, among others, priority setting, measure endorsement,	Amanda Sarata

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				measure maintenance, and annual reporting to Congress.	
9/30/2027	Medicare	Quality Measure Selection	SSA §§1890(d)(2) and 1890A 42 U.S.C. §§1395aaa(d)(2) and 1395aaa-1	Provides funding for a requirement for the Secretary to establish a pre-rulemaking process to select quality measures for use in Medicare. As part of this process, the Secretary makes quality measures under consideration for use in Medicare public and broadly disseminates the selected measures, while the consensus-based entity with a contract gathers and annually transmits to the Secretary multi-stakeholder input.	Amanda Sarata
9/30/2027	Public Health	Interdepartmental Serious Mental Illness (SMI) Coordinating Committee	PHSA §501C(f) 42 U.S.C. §290aa-0b(f)	Establishes an interdepartmental committee with specified members from several executive departments and representatives from external stakeholder groups to produce reports on advances in SMI research, evaluation of federal SMI programs, and recommendations for federal actions related to SMI.	Johnathan Duff
9/30/2027	Public Health	Task Force on Maternal Mental Health	PHSA §520 42 U.S.C §290bb–31note	Establishes the Task Force on Maternal Mental Health, whose responsibilities include identifying, evaluating, and making recommendations to coordinate and improve federal maternal mental health programs.	Alexandra Mickler
9/30/2027	Public Health	Projects for Assistance in Transition from Homelessness: Formula Grants to States	PHSA §521 42 U.S.C. §290cc–21	Requires the Secretary to administer grants to states and territories from FY2023 to FY2027 in accordance with a formula and minimum allotments specified in	Johnathan Duff

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				PHSA Section 524 (42 U.S.C. §290cc-24) for the purposes of supporting services to individuals with SMI and/or substance use disorders who are homeless or at risk of being homeless.	
10/01/2027	FDA	Medical Devices Advisory Committee Meetings	CAA 2023, Division FF, Title III, §3302	Requires the Secretary to convene one or more Medical Device Advisory Committee panels, at least once per year and including at least one population health expert, to provide the Secretary with advice relating to medical devices—and specifically IVDs—used in pandemic preparedness.	Amanda Sarata
10/01/2027	FDA	General Provisions Respecting Control of Devices Intended for Human Use: Humanitarian Device Exemption (HDE)	FFDCA §520(m)(6)(A)(iv) 21 U.S.C. §360j(m)(6)(A)(iv)	Authorizes the HDE incentive for certain exempted devices, including pediatric devices, that treat or diagnose a disease or condition that affects a small population, as defined, and that meet certain annual distribution criteria.	Amanda Sarata
10/01/2027	FDA	Reauthorization of Third-Party Review Program	FFDCA §523(c) 21 U.S.C. §360m(c)	Reauthorizes the authority under the section to accredit persons for purposes of reviewing certain device premarket submissions and recommending certain device classifications.	Amanda Sarata
10/01/2027	FDA	Rare Disease Endpoint Advancement Pilot Program	CAA 2023, Division FF, Title III §3208 21 U.S.C. §360aa note	Directs FDA to establish a pilot program to enhance collaboration with sponsors of rare disease drug development programs for advancing the development of certain efficacy endpoints for drugs intended to treat rare disease.	Hassan Sheikh

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
10/01/2027	FDA	Reauthorization of Certain Device Inspections	FFDCA §704(g) 21 U.S.C. §374(g)	Reauthorizes the authority under the subsection to accredit persons for purposes of conducting certain device inspections.	Amanda Sarata
10/01/2027	FDA	Prescription Drug User Fee Program (PDUFA): Definition[c]	FFDCA §735 21 U.S.C. §379g	Defines how several terms are used within PDUFA, including "prescription drug product," "process for the review of human drug applications," and "costs of resources allocated for the process for the review of human drug applications."	Hassan Sheikh
10/01/2027	FDA	PDUFA: Authorization[c]	FFDCA §736 21 U.S.C. §379h	Authorizes the Secretary to assess and collect user fees paid to support certain FDA drug and biologic product review activities beginning in FY2023 and establishes the total fee revenue amounts for FY2023 through FY2027.	Hassan Sheikh
10/01/2027	FDA	Medical Device User Fee Program (MDUFA): Definition[d]	FFDCA §737 21 U.S.C. §379i	Defines how several terms are used within MDUFA, including "premarket application," "process for the review of device applications," establishment subject to a registration fee," and "costs of resources allocated for the process for the review of device applications."	Amanda Sarata
10/01/2027	FDA	MDUFA: Authorization[d]	FFDCA §738 21 U.S.C. §379j	Authorizes the Secretary to assess and collect user fees paid to support certain FDA medical device review activities beginning in FY2023 and establishes the total fee revenue amounts for FY2023 through FY2027.	Amanda Sarata

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
10/01/2027	FDA	Generic Drug User Fee Program (GDUFA): Definition[e]	FFDCA §744A 21 U.S.C. §379j-41	Defines how several terms are used within GDUFA, including "abbreviated new drug application," "human generic drug activities," and "resources allocated for human generic drug activities."	Hassan Sheikh
10/01/2027	FDA	GDUFA: Authorization[e]	FFDCA §744B 21 U.S.C. §379j-42	Authorizes the Secretary to assess and collect user fees paid to support certain FDA generic drug review activities beginning in FY2023 and establishes the total fee revenue amounts for FY2023 through FY2027.	Hassan Sheikh
10/01/2027	FDA	Biosimilar Drug User Fee Program (BsUFA): Definition[f]	FFDCA §744G 21 U.S.C. §379j-51	Defines how several terms are used within BsUFA, including "biosimilar biological product," "process for the review of biosimilar biological product applications," and "costs of resources allocated for the process for the review of biosimilar biological product applications."	Hassan Sheikh
10/01/2027	FDA	BsUFA: Reauthorization[f]	FFDCA §744H 21 U.S.C. §379j-52	Authorizes the Secretary to assess and collect user fees to support certain FDA biosimilar drug review activities beginning in FY2023 and establishes the total fee revenue amounts for FY2023 through FY2027.	Hassan Sheikh
12/31/2027	Medicaid	Certified Community Behavioral Health Clinics (CCBHC) Medicaid Demonstration Program: Kentucky	PAMA §§223(d)(3), (8), and (9) 42 U.S.C. §1396a note	Provides a higher federal share of Medicaid expenditures for services provided to Medicaid enrollees at CCBHCs in states participating in the CCBHC demonstration program.[b] Kentucky's demonstration ends on December	Varun Saraswathula

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				31, 2027, six years after implementation.	
12/31/2027	Medicare	Outreach and Assistance for Low-Income Programs	MIPPA §119 42 U.S.C. §1395b-3 note	Provides funding to specific entities for outreach and assistance to low-income Medicare beneficiaries, including those who may be eligible for the Low-Income Subsidy program, Medicare Savings Program, and the Medicare Part D Prescription Drug Program.	Kirsten Colello
12/31/2027	Medicare	Telehealth to Conduct Face-to-Face Encounter Prior to Recertification for Hospice	SSA §1814(a)(7)(D)(i)(II) 42 U.S.C. §1395f(a)(7)(D)(i)(II)	Allows for a hospice physician or nurse practitioner to conduct what otherwise would be a face-to-face encounter via telehealth prior to the 180th-day recertification and subsequent recertifications for Medicare-covered hospice under certain circumstances.[g]	Jenny Markell
12/31/2027	Medicare	Assistance for Rural Ambulance Providers in Low Population Density Areas	SSA §1834(l)(12)(A) 42 U.S.C. §1395m(l)(12)(A)	Provides Medicare add-on payments for ground ambulance transports that originate in qualified rural areas, called super-rural areas.	Marco Villagrana
12/31/2027	Medicare	Temporary Increase for Ground Ambulance Services	SSA §1834(l)(13)(A) 42 U.S.C. §1395m(l)(13)(A)	Provides Medicare add-on payment for ground ambulance transports that originate in rural or urban areas.	Marco Villagrana
12/31/2027	Medicare	Temporary Payment Increase for Qualifying Biosimilars under Medicare Part B	SSA §1847A(b)(8)(B) 42 U.S.C. §1395w-3a(b)(8)(B)	Provides a temporary increase in Medicare Part B payment for certain separately payable biosimilars from ASP plus 6% of the reference biological product's ASP to ASP plus 8% of the reference biological product's ASP.	Laura Wreschnig

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
12/31/2027	Medicare	In-Home Cardiopulmonary Rehabilitation Flexibility	SSA §1861(eee)(2)(A)(ii) 42 U.S.C. §1395x(eee)(2)(A)(ii)	Extends Medicare coverage for in-home cardiac rehabilitation services furnished via telehealth for CY2026 and CY2027.	Jim Hahn

Source: Congressional Research Service (CRS).

Notes: "Secretary" refers to the HHS Secretary. ACA = Patient Protection and Affordable Care Act (P.L. 111-148, as amended); ASP = Average Sales Price; BsUFA = Biosimilar Drug User Fee Program; CAA 2023 = Consolidated Appropriations Act, 2023 (P.L. 117-328); CY = Calendar Year; DRA = Deficit Reduction Act of 2005 (P.L. 109-171); DSH = Disproportionate Share Hospital; FDA = Food and Drug Administration; FFDCA = Federal Food, Drugs, and Cosmetics Act; FMAP = Federal Medical Assistance Percentage; FY = Fiscal Year; GDUFA = Generic Drug User Fee Program; HDE = Human Device Exemption; IVD = In Vitro Diagnostics; MDUFA = Medical Device User Fee Program; MIPPA = Medicare Improvements for Patients and Providers Act of 2008 (P.L. 110-275); PDUFA = Prescription Drug User Fee Program; PHSA = Public Health Service Act; SMI = Serious Mental Illness; SSA = Social Security Act; U.S.C. = *U.S. Code.*

a. Citations in statute and the U.S.C. are provided where available.

b. The Certified Community Behavioral Health Clinics (CCBHC) Medicaid demonstration program has different statutory expiration dates depending on when states began the demonstration program. The expiration date for the CCBHC demonstration program for the other participating states is September 30, 2025, as noted in **Table 3**. Additional participating states have expiration dates for the CCBHC demonstration program in 2028 through 2031. For more information about the expiration dates for the groups of states participating in the CCBHC demonstration program, see CRS In Focus IF12494, *Certified Community Behavioral Health Clinics (CCBHCs)*.

c. Sections 735 and 736 of the FFDCA cease to be effective October 1, 2027 (21 U.S.C. §§379g note and 379h note). PDUFA reauthorization includes Section 736B of FFDCA (21 U.S.C. §379h–2), which ceases to be effective January 31, 2028.

d. Sections 737 and 738 of the FFDCA cease to be effective October 1, 2027 (21 U.S.C. §§379i note and 379j note). MDUFA reauthorization includes Section 738A of FFDCA (21 U.S.C. §379j–1), which ceases to be effective January 31, 2028.

e. Sections 744A and 744B of the FFDCA cease to be effective October 1, 2027 (21 U.S.C. §§379j-41 note and 379j-42 note). GDUFA reauthorization includes Section 744C of FFDCA (21 U.S.C. §379j–43), which ceases to be effective January 31, 2028.

f. Sections 744G and 744H of the FFDCA cease to be effective October 1, 2027 (21 U.S.C. §§379j-51 note and 379j-52 note). BsUFA reauthorization includes Section 744I of FFDCA (21 U.S.C. §379j–53), which ceases to be effective January 31, 2028.

g. Beginning January 31, 2026, this telehealth flexibility will not apply for Medicare beneficiaries who reside in an area subject to a moratorium on hospice enrollment pursuant to SSA Section 1866(j)(7) or who receive hospice care from a provider that is subject to enhanced oversight pursuant to SSA Section 1866(j)(3), or if encounters are performed by a hospice physician or nurse practitioner who does not participate in Medicare and is not an opt-out physician or practitioner.

Table 3. Provisions That Expired with a CY2025 Expiration Date

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
9/30/2025	FDA	Food and Drug Administration (FDA) Innovation Projects	21st Century Cures Act (P.L. 114-255) §1002(e)	Authorized an FDA Innovation Account to fund specific innovation projects. The provision transferred funds, available from FY2017 to FY2025, to the FDA Innovation Account for the purpose of carrying out numerous activities under the Cures Act relating to, among other things, patient focused drug development; modernizing clinical trial design and evidence development; innovation and stewardship of antimicrobial therapies; medical device innovation; and patient access to new therapies, such as regenerative advanced therapies. When appropriated in annual appropriations laws, these funds, in effect, did not count toward the discretionary spending limit in a given fiscal year and were available until expended.	Amanda Sarata
9/30/2025	Human Services	National Technical Assistance Center on Grandfamilies and Kinship Families	ARPA §2922(a) 42 U.S.C. §3020g(a)	Provided funding to establish a National Technical Center to provide training, technical assistance, and resources for government programs, nonprofit and other community-based organizations, and Indian Tribes, Tribal Organizations, and Urban Indian Organizations for activities related to grandfamilies and kinship families.	Jared Sussman
9/30/2025	Medicaid	Certified Community Behavioral Health Clinics (CCBHC) Medicaid Demonstration Program	PAMA §§223(d)(3), (8), and (9) 42 U.S.C. §1396a note	Provided a higher federal share of Medicaid expenditures for services provided to Medicaid enrollees at CCBHCs in states participating in the CCBHC demonstration program.[b] The states whose demonstrations ended on September 30, 2025, are Missouri,	Varun Saraswathula

Expiration Date	Health-Related Program	Provision[a]	Statutory and/or *U.S. Code* Citation	Description	CRS Contact
				Nevada, New Jersey, New York, Oklahoma, and Oregon.	
9/30/2025	Medicaid	Federal Medical Assistance Percentage (FMAP) Increase for Advisory Committee on Immunization Practices (ACIP) Recommended Vaccines	SSA §1905(b)(6) 42 U.S.C. §1396d(b)(6)	Provides a temporary (i.e., eight fiscal quarters beginning October 1, 2023) one-percentage-point increase to the federal share of Medicaid expenditures for ACIP-recommended vaccines for adults provided without enrollee cost-sharing as of August 16, 2022, and the administration of such vaccines.	Evelyne Baumrucker
12/29/2025	FDA	Increased Manufacturing Capacity for Certain Critical Antibiotic Drugs	CAA 2023, Division FF, Title II §2411(e) 42 U.S.C. §247d-6b note	Allowed the Secretary to award new contracts to increase the domestic manufacturing capacity of certain antibiotic drugs or their active pharmaceutical ingredients or key starting materials.	Hassan Sheikh
12/31/2025	Medicaid	Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) Medicaid Expansion Federal Medical Assistance Percentage (FMAP) Incentive	SSA §1905(ii)(3) 42 U.S.C. §1396d(ii)(3)	Provided a five-percentage-point increase to the regular FMAP rate for states implementing the ACA Medicaid expansion.	Alison Mitchell
12/31/2025	Private Health Insurance	Enhanced ACA Subsidy or Enhanced Premium Tax Credit (PTC)	IRC §§36B(b)(3)(A)(iii) and (c)(1)(E) 26 U.S.C. §§36B(b)(3)(A)(iii) and (c)(1)(E)	Expanded eligibility for and increased the amount of a federal tax credit that subsidizes the cost of qualified health insurance for eligible households.	Bernadette Fernandez

Source: Congressional Research Service (CRS).

Notes: "Secretary" refers to the HHS Secretary. ACA = Patient Protection and Affordable Care Act (P.L. 111-148, as amended); ARPA = American Rescue Plan Act of 2021 (P.L. 117-2); CAA 2023 = Consolidated Appropriations Act, 2023 (P.L. 117-328); CCBHC = Certified Community Behavioral Health Clinics; FDA = Food and Drug Administration; FMAP = Federal Medical Assistance Percentage; IRC = Internal Revenue Code; PAMA = Protecting Access to Medicare Act of 2014 (P.L. 113-93); PTC = Premium Tax Credit; SSA = Social Security Act; U.S.C. = *U.S. Code*.

a. Citations in statute and the U.S.C. are provided where available.

b. The Certified Community Behavioral Health Clinics (CCBHC) Medicaid demonstration program has different statutory expiration dates depending on when states began the demonstration program. The expiration dates for the CCBHC demonstration program for the other participating states are September 30, 2027, and December 31, 2027, as noted in **Table 2**. Additional participating states have expiration dates for the CCBHC demonstration program in 2028 through 2031. For more information about the expiration dates for the groups of states participating in the CCBHC demonstration program, see CRS In Focus IF12494, *Certified Community Behavioral Health Clinics (CCBHCs)*.

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