

Highlights of the Administration's FY 2022 Budget

This summary provides highlights of healthcare-related proposals included in the President's budget for fiscal year (FY) 2022, which was released by the Biden Administration on May 28, 2021. All budget estimates shown are those provided by the Office of Management and Budget (OMB) or drawn from the Department of Health and Human Services (HHS) *Budget in Brief*. As usual, the Congressional Budget Office (CBO) is expected to prepare an analysis of the President's budget proposals, and CBO scoring may differ.

Budget Overview

President Biden's budget for FY 2022 proposes policies that OMB estimates would increase federal deficits by a total of \$1.4 trillion over the next 10 years (FYs 2022-2031). This total is comprised of a net increase of \$4.4 trillion from mandatory spending, \$450 billion from discretionary programs (\$620 billion increase from nondefense programs and a \$170 billion reduction from defense), \$160 billion in increased interest payments on the debt, and \$3.6 trillion in additional revenue. The net spending increases include about \$1.4 trillion in priority investments highlighted in the budget including passage of the American Jobs Plan (\$539 billion) and the American Families Plan (\$270 billion). Also included is \$393 billion in additional discretionary spending.

The Budget includes very few proposals impacting mandatory health care programs and no Medicare proposals at all. It proposes two major initiatives. The American Jobs Plan addresses infrastructure including transportation, the electric grid, broadband, clean drinking water, and commercial and non-commercial building. It includes proposals to revitalize manufacturing, and invest in research and development and job training. The American Families Plan includes proposals addressing education, child care, access to healthy meals, paid family and medical leave, and expands tax credits for families and workers. Those initiatives include several health proposals impacting Medicaid, coverage offered through health insurance Exchanges, as well as certain discretionary health programs and activities. Included are proposals to permanently increase premium assistance tax credits for individuals who purchase health care coverage through insurance Exchanges -- tax credits that were temporarily increased as part of the American Rescue Plan enacted in March of 2021. In addition, there are proposals to expand the availability of home and community-based services under Medicaid and expand funding for maternal health and pandemic preparedness.

The Budget expresses the President's support for Congress to act on a number of health system priorities in the following areas:

- Medicare
 - Lowering prescription drug costs by permitting Medicare to negotiate prices
 - Adding dental, vision and hearing benefits to Medicare
 - Giving people age 60 and older the option to enroll in Medicare with their financing separated from the financing for existing Medicare enrollees
 - Strengthening incentives for value-based care in Medicare

- Addressing the financing of the Medicare HI Trust Fund
- Lowering Medicare costs for beneficiaries and the Federal government
- Health Insurance Exchanges
 - Reducing deductibles for health insurance purchased through state health insurance Exchanges
 - Creating a public option for people purchasing coverage through Exchanges
- Medicaid
 - Making it easier for people to enroll in and stay enrolled in Medicaid
 - Closing the Medicaid coverage gap that exists for people whose income is in between Medicaid eligibility levels and eligibility levels for subsidies for coverage sold through state Exchanges
 - Eliminating Medicaid funding caps for Puerto Rico and the other Territories

Overall, the budget includes \$131.8 billion in FY 2022 discretionary funding for HHS, about \$25 billion (24%) higher than the FY 2021 level. Most agencies would receive a boost in spending. Two of the agencies seeing the largest increases in funding would be the National Institutes of Health (NIH) with a 21% increase above 2021 levels, the Substance Abuse and Mental Health Services Administration (SAMSHA) with a 63% increase, and the Administration for Children and Families with a 24% increase. The budget includes funding for major priorities including the establishment of a new Agency within NIH called the Advanced Research Projects Agency to focus on speeding the availability of medical advances to market, and a boost in funding across several agencies for research, prevention, treatment and recovery for opioid use and to improve access to mental health care.

Major Direct Spending Health Programs: Current Law Baselines

Selected current law baseline spending estimates along with program enrollment assumptions are displayed below.

Federal Outlays (in billions of dollars) and Enrollment Projections (in thousands)

	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	Total
Medicare	717	774	848	840	955	1,022	1,095	1,239	1,188	1,335	1,421	11,442
Medicaid	521	518	529	563	592	621	654	698	741	783	827	7,048
CHIP	17	17	18	19	20	21	22	18	15	15	15	198
Outlays for ACA Premium Assistance and Cost Sharing Reductions	68	53	43	44	45	46	47	52	55	58	62	573
Medicare Part A enrollment	63,170	64,621	66,256	67,863	69,458	71,094	72,648	74,127	75,531	76,791	77,853	
MA enrollment	26,825	28,823	30,149	31,303	32,472	33,650	34,796	35,897	36,953	37,939	38,832	
MA enrollment as % of Part A	42.5%	44.6%	45.5%	46.1%	46.8%	47.3%	47.9%	48.4%	48.9%	49.4%	42.7%	

	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	Total
Medicaid and CHIP enrollment	82,623	82,935	83,215	83,922	84,522	85,322	86,022	86,525	86,813	87,626	88,337	

Source: Table S-3, *Budget of the U.S. Government, Fiscal Year 2022*, [budget_fy22.pdf \(whitehouse.gov\)](#), Tables Table 17-3 and 20-1, *Analytical Perspectives for Fiscal Year 2022*, [Analytical Perspectives \(whitehouse.gov\)](#), and HPA calculations.

Incorporating the President’s proposals into those baselines is estimated to have a relatively small impact on program spending overall. The Medicare baseline incorporating the budgetary impact of proposals would result in a reduction in spending of \$21 billion over 10 years although the policy resulting in that budgetary savings estimate is not explained. The Medicaid baseline would increase by almost \$400 billion over 10 years reflecting the proposed additional spending for home and community-based care under the American Jobs Plan.¹

The HHS Budget-in Brief reviews the January 28, 2021 Executive Order: ***Strengthening Medicaid and the Affordable Care Act*** (ACA) (EO 14009) which directs federal agencies to reconsider rules and policies that limit Americans’ access to health care. It indicates that as part of this effort, certain Medicaid rules may be revisited in the coming year. HHS specifically identifies the following rules impacting Medicaid and the ACA: (1) Rules relating to demonstrations and waivers that reduce coverage or undermine the programs, including work requirements; (2) Policies that make it more difficult to enroll in Medicaid and the ACA; and (3) Policies that reduce the affordability of coverage or financial assistance.

Health Provisions in the American Families Plan and the American Jobs Plan

Extend expanded premium tax credits for Exchange coverage. The American Rescue plan temporarily increased the premium assistance for individuals purchasing health insurance coverage through health insurance Exchanges. For all of taxable years 2021 and 2022, the amount of premium tax credit is increased for individuals with income below 400 percent of the federal poverty level (FPL) and premium tax credits are made available for individuals with income in excess of 400 percent of FPL. Those individuals qualify for a subsidy to the extent that their health insurance premium exceeds 8.5 percent of their income. Individuals with income below 150 percent of FPL qualify for subsidies that cover the full amount of the second lowest cost silver metal-level plan available in their area.

The President’s Budget includes, in the American Families Plan, a proposal to make those premium reductions permanent and to eliminate the indexing of the required contribution percentage. By eliminating the indexing, the percentage of a family’s income that must be paid for insurance would not increase over time. The cost of those provisions is estimated to be \$200 billion and four million uninsured people would be expected to gain coverage.

Access to Home and Community-Based Services. The American Rescue Plan temporarily increased the Medicaid federal share of home and community-based state spending by 10 percent. The American Jobs Plan would build upon that investment by providing \$400 billion to strengthen and improve access to home and community-based services for older people and individuals with disabilities. The investment is intended to improve the home and community-

¹ Table S-3, *Budget of the U.S. Government, Fiscal Year 2022*, [budget_fy22.pdf \(whitehouse.gov\)](#).

based care workforce and speed access to home and community-based services (HCBS) for individuals who often need to wait as many as five years to obtain services. In addition, the American Jobs Plan would extend Medicaid's Money Follows the Person program that supports innovations in the delivery of long-term care.

Maternal Health Investments. The budget includes new discretionary funding of over \$3 billion to reduce maternal mortality and address race-based disparities in maternal mortality, to fund evidence-based interventions to address gaps in maternity care delivery, and to improve maternal outcomes. Funding is made available across a number of agencies and is described in more detail below.

Pandemic Funding and Biopreparedness. The American Rescue Plan provided for \$10 billion in funds to prevent future pandemics. The American Jobs Plan would build on that investment by providing an additional \$30 billion over 4 years to develop medical countermeasures; increase research and development; and to improve biopreparedness and biosecurity. This includes investments to:

- The strategic national stockpile;
- Accelerate the timeline to research, develop, and field test therapeutics for emerging and future outbreaks;
- Accelerate response time by developing prototype vaccines through Phase I and II trials,
- Test technologies for the rapid scaling of vaccine production and ensure sufficient production capacity in an emergency;
- Enhance the U.S. infrastructure for biopreparedness and investments in biosafety and biosecurity;
- Train personnel for epidemic and pandemic response; and
- Onshore active pharmaceutical ingredients.

Discretionary Health Spending

Overall, the budget includes \$131.8 billion in FY 2022 discretionary funding for HHS, about \$25 billion (24%) higher than the FY 2021 level. Proposed program level funding, which combines discretionary funding with mandatory funding and user fees, increased among all HHS agencies, except for a decrease of \$90 million in expected outlays for the Center for Medicare and Medicaid Innovation. HHS agencies with the largest increases include the National Institutes of Health (+ \$9 billion), Substance Abuse and Mental Health Service Administration (+\$3.7 billion), Indian Health Service (+2.3 billion), and the Centers for Disease Control (+1.4 billion). Justifications for the increases include, among others, addressing the current pandemic and preparing for future public health crises, addressing the opioid and substance use crisis, and ensuring that all HHS programs equitably address the country's diverse populations.

Proposed HHS Health-Related Agency/Office Funding for FY 2022 (Program levels, in \$ millions)		
HHS Agency/Office	FY 2022	Change from 2021
Agency for Healthcare Research and Quality (AHRQ)	489	+53
Centers for Disease Control and Prevention (CDC)	15,413	+1,444
CMS Program Management	6,801	+320
Food and Drug Administration (FDA)	6,527	+477
Health Resources and Services Administration (HRSA)	12,553	+496
Indian Health Service (IHS)	9,756	+2,276
National Institutes of Health (NIH)	51,953	+9,017
Substance Abuse and Mental Health Services Administration (SAMHSA)	9,734	+3,717
Office of the National Coordinator for Health Information Technology	87	+24
Office of Medicare Hearings and Appeals (OMHA)	196	+4
CMS Program Integrity (Discretionary portion)	873	+66
Center for Medicare and Medicaid Innovation (CMMI) – obligations**	1,168	-90
**CMMI reports obligations and outlays in lieu of program level funding. Source: Department of Health and Human Services, <i>Fiscal Year 2022 Budget in Brief</i>		

Agency for Healthcare Research and Quality (AHRQ)

The proposed \$489 million for AHRQ is \$53 million above FY 2021 levels. This includes \$235 million for health services, patient safety, improving maternal health, and digital health care research as well as administrative support for the U.S. Preventive Services Task Force (USPSTF). As part of its research portfolio, AHRQ will invest \$24 million to support new investigator-initiated research (in addition to \$37 million to support ongoing efforts), \$10 million in primary care research, and \$7 million for new research grants to support the Opioid Initiative. The AHRQ budget maintains the same level of \$72 million to support its annual Medical Expenditure Panel Survey (MEPS) data source. AHRQ will also receive \$109 million from the Patient Centered Outcomes Research Trust Fund for translating, disseminating, and implementing comparative clinical effectiveness research and awarding grants to train researchers.

Centers for Disease Control and Prevention (CDC)

The proposed \$15.4 billion funding for CDC (and the Agency for Toxic Substances and Disease Registry (ATSDR)) is \$1.4 billion above FY 2021 levels. This total includes \$8.7 billion in discretionary budget authority which includes \$903 million from the Prevention and Public Health Fund, and \$139 million from Public Health Service (PHS) Evaluation Fund.

The budget proposes \$709 million in agency-wide and program support funding, an increase of \$425 million from FY 2021 levels. This includes \$400 million to support core public health infrastructure at the local, state, territorial and federal levels to address current gaps and improve readiness for the next public health crises. The budget includes \$35 million for the Infectious Disease Rapid Response Reserve Fund to respond to emerging domestic or global infectious disease threats.

The budget proposes \$5.1 billion for immunization and respiratory disease activities, of which \$946 million is discretionary funding used for activities such as sustaining high vaccination rates to control respiratory disease through the Section 317 Immunization program, and \$5.1 billion in mandatory program funding for vaccines for children. The budget proposes about \$1.4 billion for domestic HIV/AIDS, viral hepatitis, sexually transmitted infections and tuberculosis prevention activities, an increase of \$107 million from FY 2021 levels. The budget proposes \$19.5 million to expand targeted prevention and surveillance interventions to address the infectious disease consequences related to opioid use. Funding for CDC's National Center for Emerging and Zoonotic infectious diseases is proposed at \$678 million, \$30 million above 2021 levels. This center focuses on domestic protection against infectious diseases and includes CDC's Quarantine and Migration Program.

The budget proposes \$742 million for Public Health Scientific Services, an increase of \$150 million from FY 2021 levels. This funding includes \$150 million to support the ongoing Public Health Data Modernization Initiative and \$106 million for the Public Health Workforce and Career Development programs.

The budget proposes \$1.5 billion for chronic disease prevention and health promotion activities, an increase of \$176 million from FY 2021 levels. This funding includes \$150 million to expand funding to states and territories to plan and implement interventions to improve health equity. Proposed funding for injury prevention and control is \$1.1 billion, as increase of \$420 million. This includes additional funding for firearm injury prevention and mortality prevention research (\$12.5 million) and opioid overdose prevention and surveillance (\$238 million). Funding for all other CDC programs would increase.

Funding for ATSDR is \$82 million for activities related to children's health, safe drinking water, and innovative laboratory methods.

CMS Program Management

CMS program level funding requested is \$6.8 billion for FY 2022, an increase of \$320 million. Most of the increase is related to Program Operations (+\$195 million) that supports Medicare contractor operations, Medicare appeals, information technology systems and support, Medicaid and CHIP operations and health equity as outlined in Executive Order 13995.

The budget requests \$864 million for federal administrative costs, an increase of \$91 million above the amount enacted for FY 2021. This amount would support a direct full-time staff of 4,384, an increase of 145 FTEs above the FY 2021 enacted level to support expanded duties from the Consolidated Appropriations Act, 2021, the American Rescue Plan, Coronavirus Aid Relief and Economic Security (CARES) Act and other legislation enacted in recent years.

The budget requests \$472 million for Survey and Certification, an increase of \$75 million over FY 2021. Survey workloads and costs are increasing due to a growing volume of facilities, serious complaints, and enforcement activities once a deficiency is identified. Further, the COVID-19 pandemic has underscored the Survey and Certification program's oversight role for

holding nursing homes and other facilities accountable to meeting minimum infection control standards and protecting public health for beneficiaries in these facilities from COVID-19.

The budget funds the National Medicare Education Program at \$438 million for (budget authority of \$301 million). This includes \$260.5 million (\$154 of budget authority) to support the 1-800-MEDICARE call center and \$75 million (\$45 million of budget authority) for beneficiary materials, which includes the printing and distribution of the *Medicare & You* Handbook.

The budget requests \$1.7 billion for federal administrative expenses associated with operating the Exchanges. Of this amount, 1.5 billion will be funded by Marketplace user fees and \$0.2 billion will be funded by other sources in CMS Program Management. This budget enables CMS to provide \$80 million in Navigator grants for in-person assistance to apply for and enroll in Marketplace coverage. It also allows CMS to fund a robust advertising campaign for the 2023 open enrollment season.

Food and Drug Administration (FDA)

The proposed program level funding of \$6.5 billion in FY 2022 would provide a \$477 million increase in funding above FY 2021 levels. This includes \$2.9 billion, an increase of \$151 million, from current user fees. The user fee collected in support of FDA's prescription drug program would be increased by \$35 million. A legislative proposal would establish a tobacco user fee; this user fee (\$100 million) would support FDA's Youth Tobacco Prevention Plan.

Most of the proposed increase in the program level funding is for drugs (\$124 million), tobacco products (\$101 million), food safety (\$84 million), and medical devices (\$49 million); funding for biologics would increase by \$21 million. The budget requests \$4 billion for medical product safety investments, an increase of \$223 million above FY 2021; the request includes \$2 billion in budget authority and \$2.1 billion in user fees. The budget provides an additional \$38 million to support FDA's activities to reduce the opioid epidemic including the development of opioid overdose reversal treatments and treatments for opioid use disorder.

The budget proposes \$45 million to support an agency-wide centralized enterprise data modernization effort. The budget also requests an increase of \$19 million for inspections delayed due to the public health emergency.

Health Resources and Services Administration (HRSA)

The proposed \$12.6 billion for HRSA is \$497 million above FY 2021 levels. Funding increases are for health workforce (+\$131 million), Ryan White HIV/AIDS Program (+\$131 million), maternal and child health (+\$125 million), family planning and other activities (+\$76 million), rural health (+\$71 million), and other health care system activities including the 340B Drug Pricing Program (+\$7 million).

Health care workforce activities would be funded at \$1.8 billion (\$131 million above FY 2021). This includes \$350 million for the Children's Hospital Graduate Medical Education Payment Program (same as 2021) and \$268 million for Nursing Workforce Development (an increase of \$4 million). The budget also requests \$119 million in mandatory funding for FY 2022 (a decrease of \$7 million), which reflects a \$17 million reduction due to the sequester, to support up

to 801 slots in primary care and dental residencies across the nation and in community-based and ambulatory settings.

The Ryan White HIV/AIDS program would be funded at \$2.6 billion (\$131 million above FY 2021). Almost \$2.2 billion of this total amount funds primary medical care, essential support services, and medication for low-income people living with HIV/AIDS by providing support to states, counties, cities, and local community-based organizations (a collective increase of \$46 million from 2021). The budget also includes \$190 million designated to support Ending HIV Epidemic HIV/AIDS Program (an increase of \$85 million) – intended to target geographic locations with high proportions of new HIV diagnoses.

Health centers would receive \$5.6 billion in discretionary and proposed mandatory funding (a decrease of \$95 million from 2021 levels). Maternal and child health funding is \$823 million, an increase of \$110 million from 2021 levels to build upon its current efforts to address rising maternity mortality and morbidity. The 340B Drug Pricing Program would receive \$17 million to improve operations and oversight (an increase of \$7 million).

Indian Health Service (IHS)

The FY 2022 budget proposes IHS program level funding of \$9.8 billion, an increase of \$2.3 billion or 30 percent above FY 2021. This includes the \$8.5 billion budget request and \$1.1 billion in expected collections and other funds. The Clinical Services Programs represent \$5.7 billion and primarily funds direct health care services the IHS provides through its network of more than 600 hospitals, clinics, and health stations on or near Indian reservations. Within the Clinical Services program hospitals and health clinics would receive \$2.7 billion – an increase of \$465 million from FY 2021. Funding to support care referral for services unavailable at IHS facilities (purchased care) would increase by \$216 million for a total of \$1.2 billion. The budget also provides \$1.1 billion for Contract Support Costs (an increase of \$226 million), which are defined as reasonable costs incurred by tribes for activities necessary to administer Federal programs. Facilities and construction would receive \$1.5 billion, an increase of \$583 million, to support construction projects, purchase medical equipment, and fund other related activities. As part of a long-term funding solution, the budget includes for the first time an advance appropriation for IHS of \$9.0 billion in FY 2023.

National Institutes of Health (NIH)

The FY 2022 budget proposes NIH program level funding of \$52 billion, an increase of \$9 billion from FY 2021. Of this total, \$141 million is in mandatory resources and \$496 million is in resources available through the 21st Century Cures Act. Of the \$9 billion increase, \$6.5 billion will support the establishment of the Advanced Research Projects Agency for Health (ARPA-H) that will focus on transformational innovation in health research and accelerate implementation of breakthrough to reduce illness and save lives.

In FY 2022, about 85 percent of the funds appropriated to NIH will be distributed for extramural initiatives. NIH estimates it will support a total of 44,343 research project grants, an increase of 2,260 above FY 2021.

All existing institutes would experience an increase in budgetary resources with the largest increases for the National Institute on Drug Abuse (\$372 million); the National Institute of Neurological Disorders and Stroke (\$272 million); the National Institute on Minority Health and Health Disparities (\$261 million); the National Heart, Lung, and Blood Institute (\$181 million); the National Institute of Allergy and Infectious Diseases (\$179 million); and the National Cancer Institute (\$174 million). The FY 2022 budget requests \$2.2 billion across NIH, an increase of \$627 million, for opioids, stimulant, and pain research.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Proposed program level funding of \$9.7 billion is sought for FY 2022 for SAMHSA, an increase of \$3.7 billion or 63 percent above FY 2021.²

Almost two-thirds of the budget (or \$6.4 billion) is for substance abuse treatment activities. This includes \$3.5 billion for the Substance Abuse Prevention and Treatment Block Grant (an increase of \$1.7 billion over FY 2021), a formula grant program that helps states finance their substance abuse activities. This budget category also includes \$2.3 billion for the State Opioid Response program to address opioid misuse, abuse, and overdose, a proposed increase of \$750 million.

The remaining two-thirds of the budget (or \$2.9 billion) is mostly for SAMHSA's mental health activities, an increase of \$1.1 billion over FY 2021. This includes investing \$1.6 billion into the Community Mental Health Block Grant (more than double the 2021 funding level), which provides states non-clinical coordination and support services that are not covered by Medicaid or other third-party insurance. It also provides \$180 million for SAMHSA's suicide prevention programs, an increase of \$78 million over FY 2021 and invests \$102 million into the Suicide Lifeline program (an increase of \$78 million over FY 2021) to transition to a 10-digit number to a 3-digit hotline. The budget also includes additional resources for children's mental health needs and increasing mental health resources for people involved in the criminal justice system.

Office of the National Coordinator for Health Information Technology (ONC)

ONC funding is proposed at \$87 million, an increase of \$25 million from FY 2021. The ONC's budget prioritizes funding to advance standards development, promote the usability of health IT, and support the staff and operational costs. The increase in the ONC budget will support its efforts to build the future health care data infrastructure needed to respond to and prepare for public health emergencies, including the COVID-19 pandemic. In particular, the budget prioritizes increased health care data connectivity and data services between health information networks, health information exchanges, public health agencies, and health care systems (including smaller networks with fewer resources or less capacity). The FY 2022 budget also continues to administer the Health IT Advisory Committee (HITAC), now in its third year.

Office of Medicare Hearings and Appeals (OMHA)

The FY 2022 budget proposes OMHA program level funding of \$196 million, an increase of \$4 million from FY 2021. The budget increase is for increasing FTEs to reduce the pending appeals backlog. While still significant, OMHA has reduced its backlog of cases by 85 percent to about 131,961 appeals (from a high of nearly 900,000 in FY 2015).

² Compares 2022 proposed funding to 2021 enacted levels and excluding COVID-19 supplemental resources.

CMS Program Integrity

The FY 2022 budget provides \$2.4 billion in total mandatory and discretionary investments for the Health Care Fraud and Abuse Control (HCFAC) Program and the Medicaid Integrity Program. The \$2.3 billion for the HCFAC Program includes \$1.4 billion in mandatory funding and a budget request for \$873 million, \$66 million above the FY 2021 level. Of the \$873 million, CMS will receive \$676 million, DOJ receives \$95 million and the HHS Office of Inspector General receives \$102 million. CMS will use these funds to increase the percentage of fee-for-service claims subject to medical review. The mandatory appropriation for the Medicaid Integrity Program will total \$87 million in FY 2022. This funding will be used to support critical updates to the Medicaid information systems, including the Transformed Medicaid Statistical Information System.

Center for Medicare & Medicaid Innovation (CMMI)

Under current law, FY 2022 funding for CMMI activities is estimated at \$1.168 billion, a decrease of \$90 million. CMMI, referred to as the Innovation Center, develops and tests innovative payment and service delivery models. Since its inception, the Innovation Center has launched 51 models. Since January 2020, the Innovation Center has announced or implemented ten models and one demonstration including models that allow rural providers to address social determinants of health; the Global and Professional Direct Contracting Model that tests private sector approaches to risk-sharing arrangements and payment; the Part D Senior Savings Model that allows Part D plans to offer supplemental benefits in the deductible, initial coverage and coverage gap phases that apply after manufacturers provide a discounted price for a broad range of insulins; and models to reduce maternal opioid misuse and improve other opioid disorder services.

The Radiation Oncology Model announced in September 2020 will provide a prospective episode-based payment for radiation oncology services. The Consolidated Appropriations Act, 2021 delayed the start of the Radiology Oncology model to January 1, 2022.

In response to the COVID-19 Public Health Emergency, CMS also provided new flexibilities and adjustments to Innovation Center models to ensure predictability and stability to participants during the crisis. The Innovation Center changed the periods of performance, adjusted payment design, reporting requirements, and quality measures for certain models.