

119TH CONGRESS  
1ST SESSION

# S. 665

To amend title XIX of the Social Security Act to establish the Health Engagement Hub Demonstration Program to increase access to treatment for opioid use disorder and other substance use disorders, and for other purposes.

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## IN THE SENATE OF THE UNITED STATES

FEBRUARY 20, 2025

Ms. CANTWELL (for herself and Mr. CASSIDY) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## A BILL

To amend title XIX of the Social Security Act to establish the Health Engagement Hub Demonstration Program to increase access to treatment for opioid use disorder and other substance use disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Fatal Overdose Reduc-  
5 tion Act of 2025”.

1 **SEC. 2. HEALTH ENGAGEMENT HUB DEMONSTRATION PRO-**  
2 **GRAM UNDER MEDICAID.**

3 Section 1903 of the Social Security Act (42 U.S.C.  
4 1396b) is amended by adding at the end the following new  
5 subsection:

6 “(cc) HEALTH ENGAGEMENT HUB DEMONSTRATION  
7 PROGRAM.—

8 “(1) AUTHORITY.—The Secretary shall conduct  
9 a demonstration program (referred to in this sub-  
10 section as the ‘demonstration program’) for the pur-  
11 pose of increasing access to treatment for opioid use  
12 disorder and other substance use disorders through  
13 the establishment of Health Engagement Hubs that  
14 meet the criteria published by the Secretary under  
15 paragraph (2)(A).

16 “(2) PUBLICATION OF GUIDANCE.—Not later  
17 than 6 months after the date of enactment of this  
18 subsection, the Secretary shall publish the following:

19 “(A) CERTIFICATION CRITERIA.—The cri-  
20 teria described in paragraph (3)(A) (which may  
21 be further defined and interpreted by the Sec-  
22 retary as necessary to carry out the demonstra-  
23 tion program) for an organization to be cer-  
24 tified by a State as a Health Engagement Hub  
25 for purposes of participating in the demonstra-  
26 tion program.

“(B) PROSPECTIVE PAYMENT SYSTEM.—

Guidance for States selected to participate in the demonstration program to use to establish a prospective payment system for the required items and services described in paragraph (3)(B) (which may be further defined and interpreted by the Secretary as necessary to carry out the demonstration program) that are provided by a certified Health Engagement Hub participating in the demonstration program to individuals who are eligible for medical assistance under a State plan under this title or under a waiver of such plan. Such guidance shall specify that the prospective payment system established by a State shall only apply to the required items and services described in paragraph (3)(B)(i) that are provided in accordance with the requirements applicable under this title to the provision of such services to individuals who are eligible for medical assistance under the State plan under this title or under a waiver of such plan.

“(C) CLARIFICATION REGARDING PAYMENT FOR FURNISHING MEDICAL ASSISTANCE FOR PRESCRIBED DRUGS OR COVERED OUTPATIENT

1 DRUGS.—Statements that, with respect to the  
2 provision of medical assistance for prescribed  
3 drugs or covered outpatient drugs (as defined  
4 in section 1927(k)) by a certified Health En-  
5 gagement Hub to individuals who are eligible  
6 for medical assistance under the State plan  
7 under this title or under a waiver of such plan  
8 and in accordance with the requirements appli-  
9 cable under this title—

10 “(i) the prospective payment system  
11 established by a State for purposes of the  
12 demonstration program shall not include  
13 payment for such medical assistance (other  
14 than with respect to the service of pro-  
15 viding a prescription or administering a  
16 drug if needed); and

17 “(ii) a certified Health Engagement  
18 Hub that provides medical assistance for  
19 prescribed drugs or covered outpatient  
20 drugs (as so defined) shall not be pre-  
21 cluded from receiving payment under the  
22 State plan under this title or under a waiv-  
23 er of such plan for the provision of such  
24 medical assistance, that is in addition to,  
25 and separate from, any payment made to

1           the certified Health Engagement Hub  
2           under such prospective payment system.

3           “(D) ELIGIBILITY OF AN INDIAN TRIBE,  
4           TRIBAL ORGANIZATION, URBAN INDIAN ORGANI-  
5           ZATION, OR CONSORTIA.—Such requirements as  
6           the Secretary determines appropriate for an In-  
7           dian Tribe or Tribal organization, (as such  
8           terms are defined in section 4 of the Indian  
9           Self-Determination and Education Assistance  
10          Act), a tribal consortia, or an Urban Indian or-  
11          ganization (as defined in section 4 of the Indian  
12          Health Care Improvement Act), to apply for,  
13          and be selected to participate in, the dem-  
14          onstration program. To the extent practicable,  
15          such requirements shall be similar to the re-  
16          quirements applicable to a State desiring to  
17          participate in the demonstration program.

18          “(3) CRITERIA FOR CERTIFICATION OF HEALTH  
19          ENGAGEMENT HUBS.—

20                 “(A) GENERAL REQUIREMENTS.—In order  
21                 to be certified as a Health Engagement Hub,  
22                 an organization shall satisfy the following re-  
23                 quirements:

24                         “(i) The organization demonstrates  
25                         that the organization is equipped to serve

1 individuals who are eligible for medical as-  
2 sistance under a State plan under this title  
3 or under a waiver of such plan (including  
4 individuals who are eligible for such assist-  
5 ance but are not enrolled in such State  
6 plan or waiver), as well as uninsured indi-  
7 viduals (as defined in section 1902(ss)),  
8 and provide such populations with access  
9 to a range of social and medical services,  
10 in a drop-in manner and without prior ap-  
11 pointment.

12 “(ii) The organization provides (in a  
13 manner reflecting person-centered care)  
14 the services specified in subparagraph (B)  
15 which, if not available directly through the  
16 organization, are provided or referred  
17 through partnerships or formal contracts  
18 with other providers.

19 “(iii) The organization demonstrates  
20 that in selecting the location for the  
21 Health Engagement Hub, the organization  
22 prioritized placement in communities dis-  
23 proportionately impacted by overdose and  
24 other harms related to substance use dis-  
25 order (as further defined by the Sec-

retary), including rural areas, geographically isolated areas within the State, tribal areas, urban centers with under-resourced behavioral health infrastructure, communities with significant numbers of individuals experiencing homelessness, and communities negatively impacted by the criminal-legal system.

“(iv) The organization uses evidence-based models to increase engagement and improve outcomes for individuals with opioid use disorder or other substance use disorders, such as social work empowerment models, motivational interviewing models, shared decision-making models, and other evidence-based recovery and support services.

“(v) The organization demonstrates that the organization is equipped to provide—

“(I) overdose education and distribution of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emer-

1 agency reversal of known or suspected  
2 opioid overdose (such as naloxone);

3 “(II) safer substance use edu-  
4 cation and supplies;

5 “(III) safer-sex supplies;

6 “(IV) emotional support and  
7 counseling services to reduce harms  
8 associated with substance use, using a  
9 trauma-informed approach; and

10 “(V) access, within 4 hours of  
11 the arrival of an individual with opioid  
12 use disorder or other substance use  
13 disorder at a Health Engagement  
14 Hub, to drugs approved under section  
15 505 of the Federal Food, Drug, and  
16 Cosmetic Act and biological products  
17 licensed under section 351 of the Pub-  
18 lic Health Service Act (42 U.S.C.  
19 262) for treatment of opioid use dis-  
20 order or substance use disorder with a  
21 strong evidence base of significantly  
22 reducing mortality, directly or through  
23 partnerships or formal contracts with  
24 other providers in a manner that in-

1           sures consistency of care and care co-  
2           ordination.

3           “(vi) The organization demonstrates  
4           that the organization is equipped to pro-  
5           vide, as selected by the organization, 1 or  
6           more services to address health-related so-  
7           cial needs, which may include—

8                   “(I) identification services (such  
9                   as assistance with obtaining a govern-  
10                  ment-recognized form of identifica-  
11                  tion);

12                  “(II) employment counseling;

13                  “(III) recovery support services,  
14                  including services that promote a  
15                  process of change through which indi-  
16                  viduals improve their health and  
17                  wellness, live self-directed lives, and  
18                  strive to reach their full potential  
19                  through career, education, or commu-  
20                  nity-building;

21                  “(IV) family reunification serv-  
22                  ices, including services that help the  
23                  reunification of family members sepa-  
24                  rated by the legal system or foster  
25                  system; and

1           “(V) criminal-legal services, in-  
2           cluding the provision of legal clinical  
3           consultation, legal information and  
4           advice, legal referrals, and legal advo-  
5           cacy or retainer.

6           “(vii) The organization demonstrates  
7           that the organization is equipped to  
8           meet—

9                   “(I) the minimum staffing re-  
10                  quirements described in subparagraph  
11                  (C);

12                  “(II) the experience requirement  
13                  described in subparagraph (D); and

14                  “(III) the community advisory  
15                  board requirement described in sub-  
16                  paragraph (E).

17           “(viii) The organization agrees to pro-  
18           vide services to an uninsured individual (as  
19           defined in section 1902(ss)), with fees for  
20           such services imposed on a sliding scale  
21           basis that—

22                   “(I) is developed at the discretion  
23                  of a certified Health Engagement  
24                  Hub or the State;

1 “(II) is based on an individual’s  
2 ability to pay; and

3 “(III) provides that the organiza-  
4 tion shall not reject or limit services  
5 on the basis of an individual’s ability  
6 to pay or place of residence.

7 “(B) SCOPE OF ITEMS AND SERVICES.—  
8 The items and services specified in this sub-  
9 paragraph are the following, subject to the re-  
10 quirements applicable under this title to the  
11 provision of such items and services:

12 “(i) REQUIRED ITEMS AND SERVICES  
13 PAID FOR THROUGH THE PROSPECTIVE  
14 PAYMENT SYSTEM.—

15 “(I) Harm reduction services and  
16 supplies.

17 “(II) Patient-centered and pa-  
18 tient-driven physical and behavioral  
19 health care that has walk-in avail-  
20 ability, is offered during non-tradi-  
21 tional hours, including evenings and  
22 weekends, and includes—

23 “(aa) primary mental health  
24 and substance use disorder serv-  
25 ices, as defined by the Secretary,

1 including screening, assessment,  
2 and referrals to higher levels of  
3 care;  
4 “(bb) shared decision-mak-  
5 ing for patients and providers for  
6 opioid use disorder or substance  
7 use disorder under which a pa-  
8 tient and provider discuss the pa-  
9 tient’s diagnosis and condition  
10 together and evaluate treatment  
11 options together;  
12 “(cc) wound care and sup-  
13 plies;  
14 “(dd) infectious disease vac-  
15 cination, screening, testing, and,  
16 to the extent practicable, treat-  
17 ment (including for HIV, sexually  
18 transmitted infections, and hepa-  
19 titis);  
20 “(ee) sexual and reproduc-  
21 tive health services provided di-  
22 rectly or through partnerships or  
23 formal contracts with other pro-  
24 viders; and

1                   “(ff) secure medication stor-  
2                   age and inventory policies and  
3                   procedures for patients experi-  
4                   encing homelessness or housing  
5                   insecurity.

6                   “(III) Medication management,  
7                   as specified by the State, including  
8                   with respect to the types of conditions  
9                   for which medication management  
10                  must be at a minimum available.

11                  “(IV) Targeted case manage-  
12                  ment.

13                  “(V) Peer support services.

14                  “(VI) Community health out-  
15                  reach and navigation services, includ-  
16                  ing services that guide patients  
17                  through social and health care sys-  
18                  tems to connect with services and  
19                  service providers that the patients  
20                  need.

21                  “(ii) PRESCRIBED DRUGS AND COV-  
22                  ERED OUTPATIENT DRUGS PAID SEPARATE  
23                  FROM THE PROSPECTIVE PAYMENT SYS-  
24                  TEM.—Directly or through partnerships or  
25                  formal contracts with other providers, pre-

scribed drugs and covered outpatient drugs  
 (as defined in section 1927(k)) for which  
 medical assistance is available under the  
 State plan under this title or under a waiver  
 of such plan that are provided in accordance  
 with requirements applicable under this title  
 and, if applicable, a rebate agreement in effect  
 under section 1927.

“(C) MINIMUM STAFFING REQUIREMENTS.—

“(i) IN GENERAL.—The minimum staffing requirements specified in this subparagraph are the following:

“(I) At least 1 part-time or full-time health care provider who is licensed to practice in the State where the Health Engagement Hub is located and is licensed, registered, or otherwise permitted, by the United States to prescribe controlled substances (as defined in section 102 of the Controlled Substances Act) in the course of professional practice.

“(II) At least 1 part-time or full-time registered nurse or licensed prac-

1 tical nurse who can provide or super-  
2 vise staff providing medication man-  
3 agement, targeted case management,  
4 wound care, and vaccine administra-  
5 tion.

6 “(III) At least 1 part-time or  
7 full-time licensed behavioral health  
8 staff who is qualified to assess or pro-  
9 vide counseling about potential treat-  
10 ment options or about the need for  
11 treatment.

12 “(IV) At least 1 full-time equiva-  
13 lent staff who is a peer support spe-  
14 cialist, community health worker, or  
15 recovery coach, with priority for hir-  
16 ing staff for such positions who are  
17 individuals with lived and living expe-  
18 rience with substance use.

19 “(V) Full-time outreach, engage-  
20 ment, and ongoing care navigation  
21 staff, including peer support special-  
22 ists, community health workers, and  
23 recovery coaches. At least 50 percent  
24 of such staff shall be individuals with

1 lived and living experience with sub-  
2 stance use.

3 “(ii) STAFFING THROUGH CONTRAC-  
4 TUAL ARRANGEMENTS WITH PARTNER  
5 AGENCIES.—An organization may enter  
6 into a contractual arrangement with a  
7 partner agency, such as a Federally-quali-  
8 fied health center, to satisfy the minimum  
9 staffing requirements specified in clause (i)  
10 with staff who are on-site at the Health  
11 Engagement Hub.

12 “(D) EXPERIENCE.—An organization shall  
13 have a demonstrated history of at least 12  
14 months of providing opioid use disorder or sub-  
15 stance use disorder treatment services to indi-  
16 viduals.

17 “(E) COMMUNITY ADVISORY BOARD.—An  
18 organization shall have a community advisory  
19 board composed of individuals with lived and  
20 living experience with substance use that meets,  
21 at a minimum—

22 “(i) on a monthly basis, to review pro-  
23 gram utilization data and provide feedback  
24 to the organization; and

1                   “(ii) on a quarterly basis, with the ex-  
 2                   ecutives or board of directors of the orga-  
 3                   nization to provide input on service deliv-  
 4                   ery and receive feedback on actions taken  
 5                   based on previous feedback provided by the  
 6                   community advisory board.

7                   “(4) PLANNING GRANTS; ADMINISTRATION.—  
 8                   There is appropriated, out of any funds in the  
 9                   Treasury not otherwise appropriated, \$60,000,000  
 10                  to the Secretary for purposes of implementing, ad-  
 11                  ministering, and making planning grants to States  
 12                  as soon as practicable for purposes of developing  
 13                  proposals to participate in the demonstration pro-  
 14                  gram and obtaining technical assistance from the  
 15                  Secretary with respect to the design and implemen-  
 16                  tation of the demonstration program, for expendi-  
 17                  tures attributable to collecting and reporting the in-  
 18                  formation and data required under paragraph  
 19                  (6)(B), and for administrative expenses of the Sec-  
 20                  retary to carry out this subsection, to remain avail-  
 21                  able until expended.

22                  “(5) STATE DEMONSTRATION PROGRAMS.—

23                         “(A) IN GENERAL.—Not later than 9  
 24                         months after the date on which the Secretary  
 25                         first awards a planning grant under paragraph

(4), the Secretary shall solicit applications to participate in the demonstration program solely from States awarded such a grant.

“(B) APPLICATION REQUIREMENTS.—An application to participate in the demonstration program shall include the following:

“(i) A description of the target population (including the estimated number of individuals in such population) to be served by the State under the demonstration program.

“(ii) An assurance that at least 50 percent of the Health Engagement Hubs in the State shall be located in—

“(I) a county (or municipality or other unit of local government, if not contained within any county) where the mean drug overdose death rate per 100,000 people over the past 3 years for which official data are available from the State, is higher than the most recent available national average overdose death rate per 100,000 people over the past 3 years, as re-

1                   ported by the Centers for Disease  
2                   Control and Prevention; or

3                   “(II) an area of the State that is  
4                   designated under section 332(a)(1)(A)  
5                   of the Public Health Service Act as a  
6                   mental health professional shortage  
7                   area.

8                   “(iii) A description of the prospective  
9                   payment system that is to be tested under  
10                  the demonstration program.

11                  “(iv) A list of the certified Health En-  
12                  gagement Hubs located in the State that  
13                  will participate in the demonstration pro-  
14                  gram.

15                  “(v) Verification that each such cer-  
16                  tified Health Engagement Hub satisfies  
17                  the requirements described in paragraph  
18                  (3).

19                  “(vi) Verification that the State has  
20                  agreed to pay for the items and services  
21                  required to be paid for through the pro-  
22                  spective payment system at the rate estab-  
23                  lished under the prospective payment sys-  
24                  tem.

1 “(vii) Any other information that the  
2 Secretary may require relating to the dem-  
3 onstration program with respect to deter-  
4 mining the soundness of the proposed pro-  
5 spective payment system.

6 “(C) SELECTION CRITERIA.—

7 “(i) IN GENERAL.—The Secretary  
8 shall select from among the applications  
9 submitted up to 10 States to participate in  
10 the demonstration program.

11 “(ii) PRIORITY.—In selecting States  
12 to participate in the demonstration pro-  
13 gram, the Secretary shall prioritize select-  
14 ing States—

15 “(I) with the highest opioid- or  
16 stimulant-involved overdose death  
17 rates; and

18 “(II) in a manner that ensures,  
19 to the extent practicable, geographic  
20 diversity across the United States.

21 “(D) LENGTH OF DEMONSTRATION PRO-  
22 GRAMS.—A State selected to participate in the  
23 demonstration program shall participate in the  
24 program for a 5-year period.

1           “(E) WAIVER OF CERTAIN REQUIRE-  
2           MENTS.—The Secretary shall waive section  
3           1902(a)(1) (relating to statewideness) and sec-  
4           tion 1902(a)(10)(B) (relating to comparability)  
5           as may be necessary for a State to participate  
6           in the demonstration program in accordance  
7           with this paragraph.

8           “(F) PAYMENTS TO STATES.—

9           “(i) IN GENERAL.—For each quarter  
10           occurring during the period for which the  
11           demonstration program is conducted, the  
12           Secretary shall pay a State participating in  
13           the demonstration program an amount  
14           equal to 90 percent (or, if higher, the Fed-  
15           eral medical assistance percentage other-  
16           wise applicable to the State and year under  
17           section 1905 (without regard to this sub-  
18           paragraph)) of the amounts expended by  
19           the State for the quarter for items and  
20           services provided by certified Health En-  
21           gagement Hubs (directly or through part-  
22           nerships or formal contracts with other  
23           providers) at the rate established under the  
24           prospective payment system established by  
25           the State for purposes of the demonstra-

1           tion program to individuals who are eligi-  
2           ble for, and enrolled under, the State plan  
3           or under a waiver of such plan.

4           “(ii) ENSURING NO DUPLICATE PPS  
5           PAYMENTS.—The guidance required under  
6           paragraph (2)(B) shall include guidance on  
7           how the Secretary will determine, if 2 or  
8           more prospective payment systems may  
9           apply to a service provided by a certified  
10          Health Engagement Hub (directly or  
11          through partnerships or formal contracts  
12          with other providers) to an individual who  
13          is eligible for, and enrolled under, the  
14          State plan or under a waiver of such plan,  
15          which prospective payment systems shall  
16          apply for purposes of determining the  
17          amount to be paid to a State for a quarter  
18          under clause (i).

19          “(iii) APPLICATION.—Payments made  
20          to States made under this subparagraph  
21          shall be considered to have been made  
22          under, and are subject to, the requirements  
23          of this section.

24          “(6) REPORTS.—

1           “(A) INITIAL IMPLEMENTATION.—During  
2           the first 2 years in which a State participates  
3           in the demonstration program under paragraph  
4           (5), the State shall submit to the Secretary  
5           such information as the Secretary may require  
6           relating to the implementation and initial oper-  
7           ation of the demonstration program.

8           “(B) ANNUAL STATE REPORTS.—

9           “(i) IN GENERAL.—Beginning with  
10          the 3rd year in which a State participates  
11          in the demonstration program under para-  
12          graph (5), the State shall submit an an-  
13          nual report to the Secretary on the dem-  
14          onstration program that includes the fol-  
15          lowing:

16               “(I) An assessment of the extent  
17               to which Health Engagement Hubs  
18               funded under the demonstration pro-  
19               gram have increased access to treat-  
20               ment for opioid use disorder and other  
21               substance use disorders, health serv-  
22               ices for individuals who use drugs,  
23               and other social services under the  
24               State’s plan under this title or under  
25               a waiver of such plan in the area or

1 areas of the State targeted by the  
2 demonstration program, as compared  
3 to other areas of the State.

4 “(II) An assessment of the extent  
5 to which Health Engagement Hubs  
6 are reducing opioid and stimulant  
7 overdose mortality rates and the rate  
8 of adherence to prescribed medication  
9 for opioid use, hospitalization rates,  
10 recovery rates, and housing status for  
11 the populations served by the Health  
12 Engagement Hubs as compared to  
13 populations that are not served by the  
14 Health Engagement Hubs.

15 “(III) Data and information  
16 comparing for populations served by  
17 the Health Engagement Hubs the ra-  
18 cial and socioeconomic demographics,  
19 housing status, employment, and  
20 other metrics, as recommended by the  
21 Secretary, of such populations.

22 “(IV) A description of the suc-  
23 cesses of the demonstration program.

24 “(V) Recommendations for im-  
25 provements to the demonstration pro-

gram, including whether the demonstration program should be continued, expanded, modified, or terminated.

“(ii) DATA AVAILABILITY.—Each State selected to participate in the demonstration program under paragraph (5) shall agree, as a condition of such selection, to cooperate with data collection for purposes of the national implementation evaluation under paragraph (7).

“(iii) INFORMATION AND DATA COLLECTION AND REPORTING EXPENDITURES.—From amounts made available under paragraph (4)(A)(i), the Secretary shall make payments to States for expenditures attributable to collecting and reporting the information and data required under this subparagraph.

“(C) REPORTS TO CONGRESS AND THE COMPTROLLER GENERAL.—

“(i) IN GENERAL.—Beginning with the 3rd year in which a State participates in the demonstration program under paragraph (5), the Secretary shall submit to

1 Congress and the Comptroller General of  
 2 the United States, and make publicly avail-  
 3 able, an annual report that describes the  
 4 information, findings, and recommenda-  
 5 tions in the annual State reports submitted  
 6 to the Secretary under subparagraph (A).

7 “(ii) IMPLEMENTATION EVALUATION  
 8 RESULTS.—The Secretary shall include  
 9 with the first 3 annual reports submitted  
 10 by the Secretary under this subparagraph  
 11 the findings and conclusions of the na-  
 12 tional implementation evaluation required  
 13 by paragraph (7).

14 “(7) NATIONAL IMPLEMENTATION EVALUA-  
 15 TION.—

16 “(A) IN GENERAL.—The Secretary shall  
 17 contract with an entity that meets the require-  
 18 ments of subparagraph (B)(ii) to solicit public  
 19 input and conduct a national implementation  
 20 evaluation of the planning grants awarded  
 21 under paragraph (4) and the State demonstra-  
 22 tion programs under paragraph (5) to deter-  
 23 mine the reach, effectiveness, adoption, and im-  
 24 plementation of the demonstration program in  
 25 each such State and to allow for a complete as-

1           assessment of the impact of Health Engagement  
 2           Hubs in each State participating in the dem-  
 3           onstration program.

4           “(B) REQUIREMENTS.—

5           “(i) INFORMATION.—The evaluation  
 6           shall include information on the character-  
 7           istics of the individuals who received serv-  
 8           ices, service utilization metrics over time  
 9           (including by staff role), and input from  
 10          interviews with such individuals and staff.

11          “(ii) ELIGIBLE ENTITIES.—In order  
 12          to be eligible to conduct the evaluation, an  
 13          entity shall—

14               “(I) have documented experience  
 15               conducting implementation evalua-  
 16               tions of health and social services pro-  
 17               grams; and

18               “(II) satisfy such additional eligi-  
 19               bility criteria as the Secretary may es-  
 20               tablish.”.

21 **SEC. 3. GOVERNMENT ACCOUNTABILITY OFFICE REPORT.**

22          Not later than 18 months after receipt of the annual  
 23          State reports and the findings and conclusions of the na-  
 24          tional implementation evaluation under paragraph (6)(C)  
 25          of section 1903(cc) of the Social Security Act (as added

1 by section 2), the Comptroller General of the United  
2 States shall provide to the Committee on Finance of the  
3 Senate and the Committee on Energy and Commerce of  
4 the House of Representatives a report assessing the Sec-  
5 retary's evaluation of the Health Engagement Hub Dem-  
6 onstration Program established under such section.

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