

Congressional Relief Legislation in Response to COVID-19

In response to the COVID-19 crisis, Congress has passed multiple relief packages to date. We will update this document as additional information becomes available, such as relevant information from agencies on the implementation of these provisions or if Congress enacts additional relief.

2021

The American Rescue Plan Act of 2021

This \$1.9 trillion dollar package, based on President Biden's American Rescue Plan (ARP), combines proposals from several House committees. Below are health care provisions relevant to children found in the Agriculture, Ways & Means, Energy & Commerce and Education & Labor Committees' proposals. Overall, the package provides funds to expand access to mental health care and substance use disorder treatment; extend health coverage through the Medicaid program; promote COVID-19 vaccine distribution, testing and public health infrastructure; address health care disparities; and increases the child tax credit.

Medicaid

- **Mandatory COVID-19 vaccine coverage** – Provides for Medicaid and CHIP coverage with no cost-sharing for COVID-19 vaccines and treatment. This coverage for Medicaid beneficiaries would extend for one year and one quarter after the public health emergency ends. Additionally, provides 100% federal medical assistance percentage (FMAP) for COVID-19 vaccines and administration.
 - **CHIP-specific provisions** – The state FMAP for coverage and administration of COVID-19 vaccines would be increased to 100% for one year after the public health emergency ends and state CHIP allotments would be adjusted to account for the 100% FMAP.
- **Medicaid drug rebate cap** – Removes the cap on Medicaid drug rebates (currently 100% of average manufacturer price) beginning Jan. 1, 2023.
- **Mobile crisis intervention services** – Provides incentives for states to cover crisis intervention services for individuals experiencing a mental health or substance use disorder crisis through an enhanced FMAP of 85% for those intervention services. Provides **\$15 million** in planning grants for mobile crisis intervention programs.
- **FMAP increase for Medicaid expansion** – Provides states a 5% FMAP increase for two years if a state elects to cover individuals up to 133% of the federal poverty level and have not yet done so already. The increase would not apply to certain other payments, such as disproportionate share hospital (DSH) payments.
- **State option to extend Medicaid and CHIP postpartum coverage** – Allows states to provide full Medicaid and CHIP coverage for pregnant women throughout pregnancy, during the 60-day postpartum period and an additional 12-month postpartum period. States would have this option for a five-year period.

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- **Home and community-based services FMAP** – Increases FMAP for home and community-based services by 7.35%, not to exceed 95%.

Mental Health

- Provisions under the Substance Abuse and Mental Health Services Administration (SAMHSA)
 - Provides **\$1.75 billion** for the Community Mental Health Services Block Grant (MHBG).
 - Provides **\$1.75 billion** for the Substance Abuse Prevention and Treatment Services Block Grant (SABG).
 - Provides **\$50 million** in new grant funding for community-based funding for local behavioral health needs. Funding will support grants to state, local, tribal and territorial governments, tribal organizations, nonprofit community-based entities and primary and behavioral health organizations to address increased community behavioral health needs due to COVID-19. Funds may be used to promote care coordination among local entities; training behavioral health workforce, relevant stakeholders and community members; expanding evidence-based integrated models of care; addressing surge capacity for mental and behavioral health needs; providing behavioral health services via telehealth; and supporting, enhancing or expanding behavioral health preventive and crisis intervention services.
 - Provides **\$30 million** for community-based funding to support local substance use disorder services.
 - Provides **\$10 million** for the National Childhood Traumatic Stress Network. The program works to develop and promote effective community practices for children and adolescents exposed to traumatic events.
 - Provides **\$30 million** for Project AWARE, which supports youth mental health wellness and resiliency in education.
 - Provides **\$20 million** for existing grant programs that support youth suicide prevention efforts.
- Provisions under the Health Research and Services Administration (HRSA)
 - Provides **\$80 million** for mental and behavioral health training for health care professionals, paraprofessionals and public safety officers.
 - **\$40 million** for grants for health care providers to promote mental and behavioral health among their health professional workforce.
 - Provides **\$100 million** for the Behavioral Health Workforce Education and Training Program to expand access to behavioral health services through focused training for behavioral health paraprofessionals. An existing special focus of this program is on children, adolescents and transitional-aged youth at risk for behavioral health disorders.
- Provides **\$20 million** to CDC for a national evidence-based education and awareness campaign targeting health care professionals and first responders.

Telehealth

- Provides **\$500 million** to the Secretary of Agriculture for the establishment of an emergency pilot program to provide grants to cities, counties and districts; non-profit corporations and districts; and federally recognized Indian tribes in rural areas to support rural health care, including increasing telehealth capabilities and underlying information technology systems.

Private Insurance

- Increases and expands the subsidies for ACA Exchange coverage for calendar years 2021 and 2022.

- Provides “no-premium” coverage for those with incomes at 100-150% of the federal poverty level (FPL) so they pay \$0 for their premiums. For individuals above 150% of the FPL, premium subsidies will continue to be provided on a sliding scale with a cap on out-of-pocket premium costs at 8.5% of household income.
- Expands the availability of premium subsidies to individuals whose income is above 400% of the FPL when their premium costs exceed 8.5 % of their overall household income.
- Provides maximum subsidies to those who receive unemployment benefits in 2021 so they pay \$0 for their premiums.
- Subsidizes 85% of the cost of premiums for COBRA continuation coverage for workers who are laid off or have reduced hours, extends the COBRA election period and revises employer notice requirements beginning the first month after enactment and extending through Sept. 30, 2021.
 - Provides **\$10 million** for the Department of Labor for implementation funding.

COVID-19 Related

- **Vaccines and Therapeutics**
 - Provides **\$7.5 billion** to the CDC to plan, prepare for, promote, distribute, administer, monitor and track COVID-19 vaccines.
 - Provides **\$1 billion** to the CDC to strengthen vaccine confidence, provide further information and education on vaccines and improve vaccination rates.
 - Provides **\$5.2 billion** to HHS for research, development, manufacturing, production and the purchase of vaccines, therapeutics and ancillary medical products and supplies to prevent, prepare or respond to COVID-19 or any disease with potential for creating a pandemic.
 - Provides **\$500 million** to the FDA to evaluate the performance, safety and effectiveness of the vaccines, therapeutics and diagnostics; facilitate advanced continuous manufacturing of vaccines and related materials; conduct inspections related to the manufacturing of vaccines and related materials delayed or cancelled for reasons related to COVID-19; review devices authorized for the treatment, prevention or diagnosis of COVID-19; and oversee the supply chain and mitigate the shortage of COVID-19 vaccines, therapeutics and devices.
- **Testing, Contact Tracing/Surveillance and Supply Chain**
 - Provides **\$46 billion** to HHS for COVID-19 testing and contact tracing.
 - Provides **\$1.75 billion** to the CDC for genomic sequencing, analytics and disease surveillance, including with respect to strains of SARS-CoV-2.
 - Provides **\$750 million** to the CDC to combat COVID-19 and other emerging infectious diseases globally.
 - Provides **\$1.8 billion** to HHS to support the purchase, procurement or distribution of COVID-19 tests and testing supplies, PPE and vaccines for staff and individuals in congregate settings (e.g. long-term care facilities, psychiatric hospital and residential treatment facilities and intermediate care facilities).
- **Public Health Infrastructure**
 - Provides **\$500 million** to the CDC to support public health data surveillance and analytics infrastructure modernization initiatives at the CDC, and to support efforts to modernize the US disease warning system to forecast and track COVID-19 hotspots and other emerging biological threats.

- Provides **\$7.6 billion** to HHS for efforts related to establishing, expanding and sustaining a public health workforce, and to make awards to state, local and territorial public health departments. Funds would also support necessary technology and supplies, such as PPE, for use by the public health workforce.
- Provides **\$7.6 billion** for Community Health Centers to carry out COVID-19 vaccine-related activities, conduct COVID-19 testing, contact tracing, surveillance, mitigation and treatment; purchase COVID-19 equipment and supplies; support health care workforce; expand health care services and infrastructure; and conduct COVID-19 community outreach and education activities.
- Provides **\$5 million** to the Office of the Inspector General for oversight of activities related to funds provided to HHS for COVID-19.

Schools/Child Care

- **\$40 billion** in childcare stabilization grant funds through the Child Care and Developmental Block Grant Program.
- **\$128.5 billion** for the Elementary and Secondary School Emergency Relief Fund.
- **\$1 billion** for Head Start programs.
- **\$7.6 billion** to expand internet access connectivity for students and teachers without internet access.
- Increases annual funding for the Child Care Entitlement to States to **\$3.55 billion** per year.

Nutrition

- Temporarily boosts the cash value voucher (CVV) in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to \$35/month.
- **\$390 million** for outreach, innovation and modernization efforts to improve participation and benefit redemption in WIC program
- Allows the Pandemic Electronic Benefit Transfer (P-EBT) program to be implemented for any school year in which the COVID-19 public health emergency designation is in effect and allows for P-EBT benefits to be extended to the summer.

Workforce Programs

- Provides **\$800 million** for the National Health Service Corps and \$200 million for the Nurse Corps Loan Repayment Program.
- Provides **\$331 million** to expand the number of Teaching Health Centers (THC) Graduate Medical Education (GME) sites nationwide and increase the per resident allocation.
- Allocates **\$100 million** for the Medical Reserves Corps to support emergency response efforts and community health activities.

Child Welfare

- **\$250 million** for child abuse and neglect programs under CAPTA.
- **\$100 million** for the child abuse and neglect treatment and response state grant program.

Tax Credits

- Expands the Child Tax Credit to \$3,000 per child (\$3,600 for children under 6) and makes it fully refundable and advanceable.
- Helps families access high quality childcare by expanding the Child and Dependent Tax Credit (CDCTC) to allow families to claim up to half of their child care expenses.

2020

COVID-19 Relief and Consolidated Appropriations Act, ([H.R. 133/P.L.116-260](#))

Enacted Dec. 27, 2020, this legislation combined several bills, including a COVID-19 relief package, FY 2021 omnibus appropriations, the “No Surprises Act” and numerous other pieces of legislation. Approximately \$900 billion was specifically dedicated to COVID-19 relief. Highlighted below are legislative provisions of interest to children’s hospitals within the final legislation.

COVID-19 Provisions

- **Provider Relief Fund (PRF)** – Includes an additional **\$3 billion** in funding for the PRF. The bill also includes language directing 85% of unobligated PRF balances or funds recovered for future distributions based on applications that consider financial losses and changes in operating expenses occurring in the third or fourth quarter of CY 2020 or the first quarter of CY 2021. The bill also includes changes around PRF reporting requirements we had sought such as an explicit statement that providers may calculate lost revenues using the FAQs released by HHS in June 2020, including a budgeted-to-actual comparison, if the budget had been established and approved prior to March 27, 2020. Also states that hospital systems can transfer COVID-19 funds among hospitals in their system.
- **Public Health and Social Services Emergency Fund – \$22.4 billion** for testing, contact tracing and other activities necessary to effectively monitor and suppress COVID-19.
- **Vaccine distribution** – Provides **\$8.75 billion** to the CDC to support federal, state, local, territorial and tribal public health agencies to distribute, administer, monitor and track coronavirus vaccination to ensure broad-based distribution, access and vaccine coverage. Includes **\$4.5 billion** for state, local and territorial public health departments and **\$300 million** for targeted distribution efforts to high-risk and underserved populations.
- **NIH Research** – Provides **\$1.25 billion** to the National Institutes of Health (NIH) to support research and clinical trials related to the long-term effects of COVID-19, in addition to continued support for rapid acceleration of diagnostics for COVID-19.
- **Mental Health** – Provides **\$4.25 billion** to the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide increased mental health and substance abuse services and support.
 - **\$1.65 billion** for the Substance Abuse and Prevention Services Block Grant
 - **\$1.65 billion** for the Mental Health Services Block Grant
 - **\$600 million** for Certified Community Behavioral Health Clinics
 - **50 million** for suicide prevention programs
 - **\$100 million** for Project AWARE to support school-based mental health for children
 - **\$240 million** for emergency grants to states
 - **\$10 million** for the National Child Traumatic Stress Network
- **Telehealth** – Provides **\$7 billion** to support expanded broadband access for low-income families and rural areas, including **\$250 million** for the Federal Communication Commission’s COVID-19 telehealth program.
- **Medicare** – Provides a one-year increase in the Medicare physician fee schedule of 3.75% to support physicians and other professionals in adjusting to changes in the Medicare physician fee schedule during

2021, and to provide relief during the COVID-19 public health emergency. Provides for a three-month delay of the Medicare sequester payment reductions through March 31, 2021.

- **Schools/Child Care**
 - **\$10 billion** for childcare, including direct support for child care providers for fixed costs and operating expenses, to help ensure working parents have access to child care so they can work or return to work
 - **\$250 million** to help Head Start programs address additional costs related to COVID-19
 - **\$54.3 billion** for the Elementary and Secondary School Emergency Relief (ESSER) Fund
 - **\$4.1 billion** for the Governors Emergency Education Relief (GEER) Fund
- **Drugs/Supply Chain**
 - Provides **\$55 million** for continued work on FDA efforts to facilitate the development and review of medical countermeasures, devices, therapies and vaccines to combat the coronavirus. In addition, funds will support medical product supply chain monitoring and other public health research and response investments.
 - Provides **\$19.695 billion** for the Biomedical Advanced Research and Development Authority (BARDA) for manufacturing and procurement of vaccines and therapeutics, as well as ancillary supplies necessary for the administration of vaccines and therapeutics.
 - Provides **\$3.25 billion** for the Strategic National Stockpile.
- **Nutrition**
 - **\$13 billion** in increased SNAP and child nutrition benefits to help relieve the hunger crisis.
 - Partially (55%) reimburses school food authorities and covered daycare centers for costs incurred during sudden COVID-19 emergency school closures in Spring 2020.
 - Clarifies “Pandemic EBT” covers each child under six years old in SNAP households where a local school or covered daycare has been closed or has reduced hours.
 - Provides emergency relief to help school meal and child and adult care food programs, which are in dire need of financial assistance, to continue serving children and families. Provides as much funding as needed to carry out these payments.
- **Child Welfare**
 - Provides older foster youth who would normally “age out” with the assurance that they may continue to receive foster care supports and services during the pandemic, or, if they left, may return.
 - Provides flexibilities to home visiting programs funded by the Maternal, Infant, and Early Childhood Home Visiting program, to allow them to serve at-risk pregnant women and families during the pandemic, for the duration of the public health emergency period.
- **Paycheck Protection Program (PPP)** – Includes **\$284 billion** for the program, extends PPP through March 31, 2021, and includes policy changes to support small business access to funding.

Medicaid, Medicare and Public Health Extenders

- **Medicaid**

- **Delay to Medicaid DSH Cuts** – Delays the onset of pending Medicaid Disproportionate Share Hospital (DSH) payment cuts until FY 2024. Cuts due to start this month will not occur in FY 2021, 2022 or 2023. The bill eliminates \$4 billion in cuts scheduled to occur in FY 2021 and adds two additional years of a potential \$8 billion in cuts in FY 2026 and 2027.
- **Definition of Medicaid shortfall** – Includes a definition of Medicaid shortfall for purposes of third-party payments. This addresses the treatment, for purposes of calculating DSH, of Medicaid-eligible individuals who have another source of coverage, such as private insurance or Medicare. In 2017, CMS released a final rule on how the Medicaid DSH payment program determines uncompensated care costs for Medicaid-eligible patients who also have a third-party source of coverage. Given the number of children treated at children’s hospitals who are eligible for Medicaid and have private insurance, in many cases, this policy has eliminated or significantly reduced children’s hospitals’ DSH payments. The Medicaid and CHIP Access and Payment Commission (MACPAC) recommended that Congress change the definition of “Medicaid shortfall” in statute to exclude costs and payments for all Medicaid-eligible patients for whom Medicaid is not the primary payer. This provision implements that recommendation.
- **Supplemental payment reporting requirements** – Establishes a system for states to report supplemental payments to CMS, including the amounts of supplemental payments made to eligible providers and the criteria used to determine which providers are eligible to receive the supplemental payment. DSH payments are excluded from the definition of supplemental payments. The reports will be made publicly available.
- **Money Follows the Person** – Provides **\$450 million** per fiscal year through FY 2023 to extend the Medicaid Money Follows the Person Rebalancing Demonstration. Makes additional program improvements including a report on best practices, among others.
- **Spousal impoverishment** – Extends protections against spousal impoverishment through FY 2023.
- **Community mental health services demonstration** – Extends the community mental health services demonstration program through FY 2023.
- **Medicaid coverage of nonemergency transportation** – Ensures state Medicaid programs cover necessary transportation for beneficiaries and comply with certain program integrity standards.
- **Freely Associated States** – Restores Medicaid eligibility for citizens of Micronesia, the Marshall Islands, and Palau lawfully residing in the U.S. under the Compacts of Free Association.
- **Coverage for of routine clinical trial costs** – Requires state Medicaid programs to cover routine patient costs associated with participating in a qualifying clinical trial for a life-threatening or serious disease beginning Jan. 1, 2022.
- **Telehealth**
 - **Expanding access to mental health services via telehealth in Medicare** – Lifts Medicare geographic site restriction to allow for greater access to mental health care services furnished via telehealth and allows the beneficiary’s home as an originating site for these services. The bill includes requirements for establishing a patient-provider relationship to receive payment for telemental health services.
 - **Rural emergency hospitals** – Allows rural emergency hospitals to be an originating site eligible for reimbursement in Medicare.
- **Medicare Graduate Medical Education (GME)**

- **Distribution of additional residency positions** – Provides for the distribution of an additional 1,000 Medicare-funded GME residency positions over five years. Rural hospitals, hospitals that are already above their Medicare cap for residency positions, hospitals in states with new medical schools, and hospitals that serve Health Professional Shortage Areas will be eligible for these new positions. Individual hospitals could receive up to 25 new slots.
- **Promoting rural hospital GME funding opportunity** – Incorporates changes to Medicare GME Rural Training Tracks (RTT) to provide greater flexibility for rural and urban hospitals that participate in RTT programs.
- **Medicare GME treatment of hospitals establishing new medical residency training programs after hosting medical resident rotators for short durations** – Allows hospitals to host a limited number of residents for short-term rotations without being negatively impacted by a set permanent full-time equivalent (FTE) resident cap or a Per Resident Amount (PRA).

FY 2021 Omnibus Appropriations

- **Children’s Hospital Graduate Medical Education (CHGME)** – Includes \$350 million in FY 2021 funding, an increase of \$10 million over FY 2020.
- **Mental Health**
 - **SAMHSA funding** – funds SAMHSA at **\$6 billion**, an increase of \$133 million above the FY 2020 enacted level, which includes increased support for the following:
 - **Crisis care** – Includes a new **\$35 million** crisis care initiative within the Mental Health Block Grant.
 - **Children’s mental health resources** – Provides expanded services and supports for mental health care for children and youth, including **\$107 million** for Project AWARE and **\$72 million** for the National Child Traumatic Stress Initiative.
 - **Suicide prevention** – Includes **\$21 million** for the Zero Suicide program and **\$24 million** for the Suicide Lifeline.
 - **Substance abuse prevention and treatment** – Includes **\$208 million** for prevention services and **\$3.8 billion** for treatment services, including continued funding for opioid prevention and treatment services.
 - **School-based mental health** – Provides **\$106 million** for the School-Based Mental Health Services Grant Program, an increase of \$1 million over the FY 2020 level.
- **National Institutes of Health (NIH)** – The bill provides a total of **\$42.9 billion** for NIH, an increase of \$1.25 billion above the 2020 enacted level.
 - **Pediatric Cancer** – Provides **\$30 million** for the implementation of the STAR Act (Public Law 115-180) to expand existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological and demographic information on all children, adolescents and young adults with cancer.
 - **Gabriella Miller Kids First Research Act** – Provides **\$12.6 million** to support the seventh year of the ten-year pediatric research initiative.
- **Public Health**

- **HRSA** – Includes **\$7.5 billion** to fund HRSA, which is \$151 million above the FY 2020 enacted level. The amount includes:
 - **\$1.7 billion** for community health centers
 - **\$2.4 billion** for the Ryan White HIV/AIDS program
 - **\$975 million** for programs to improve maternal and child health
- **CDC** – Includes **\$7.9 billion** for CDC funding, an increase of \$125 million above FY 2020. This includes \$856 million in transfers from the Prevention and Public Health Fund.
 - Funding focuses on investments in public health infrastructure, including **\$695 million** for public health emergency preparedness cooperative agreements with state and local health departments.
- Includes **\$6 million** for the Pediatric Disaster Care Centers of Excellence.
- **Schools/Child Care**
 - An increase of **\$5 million** for school-based health centers.
- **Child Welfare**
 - **\$1 million** for a study focused on the implementation of screening protocols and evidence-based interventions for those who have experienced adverse childhood experiences.
 - **\$60 million** for Child Abuse Prevention and Treatment Act Infant Plans of Safe Care.
 - **\$1 million** to continue the National Adoption Competency Mental Health Training Initiative.
 - **\$1 million** for a pilot program to enhance state multi-disciplinary child advocacy studies training to improve identifying and responding to instances of child abuse.
- **Maternal/Child Health**
 - **\$9 million** for Alliance for Maternal Health Safety Bundles.
 - **\$3.5 million** within SPRANS for another year of funding the study focused on improving child health through a statewide system of early childhood development screenings.
 - **\$3 million** for the establishment of a Maternal Mental Health hotline.
 - **\$10 million** for a regional pediatric pandemic network comprised of five children’s hospitals to aid with global health threats and disasters.
 - **\$15 million** within the Healthy Start Program to reduce maternal mortality.

Private Insurance and Public Health Provisions

- **Surprise billing** – Incorporates the “No Surprises Act.” Protects patients from surprise bills and uses an arbitration approach, rather than a benchmark payment standard, to settle payment disputes between payers and providers in cases of out-of-network care, a significant improvement from prior proposals that addresses a number of concerns that children’s hospitals and other providers had expressed. We have prepared a [detailed summary](#) of the provisions of the “No Surprises Act.” Key elements include:
 - A prohibition on balance billing in emergency situations or when care is provided by an out-of-network provider at an-network facility, unless the patient has been notified that the provider is out-of-network and they have consented to that out-of-network care.

- The ability of plans and providers to reach a negotiated agreement on payment in instances of out-of-network care with an arbitration process as a backstop if those negotiations fail. The arbitration process requires the arbiter to choose between the payer’s and provider’s payment offers, taking into consideration the median contracted rate for similar services and providers in the geographic area and other factors such as facility type, prior payment history, patient acuity, case mix, quality measurements and provider training.
- A requirement that providers confirm a patient’s network status and provide them with a “good faith estimate” in clear and understandable language of the expected charges for scheduled items and services.

The final act does not include new timely billing requirements and specifically excludes public payers (Medicare, Medicaid, CHIP and TRICARE) from the determination of the median payment rate for the arbitration process.

- **Transparency Provisions**

- **Prohibition on gag clauses in plan/provider contracts** – Bans clauses in payer-provider contracts that prevent enrollees, plans or referring providers from seeing cost and quality data on providers, as well as contract clauses that prevent plans from accessing de-identified claims data that could be shared with third parties for plan administration and quality improvement purposes.
- **Reporting on drug and pharmacy costs** – Requires insurers to report information on medical costs under the plan and plan prescription drug spending to the Secretaries of HHS, Labor and Treasury. Requires HHS to publish a report on prescription drug pricing trends and their impact on health insurance premiums every two years.
- **Mental health parity** – Requires insurers to conduct comparative analyses of nonquantitative treatment limits (e.g., prior authorization requirements) that are used for medical and surgical benefits compared to mental health and substance use disorder benefits. HHS must also finalize any related mental health parity guidance or regulations to assist with parity compliance. Requires the Secretaries of HHS, Labor and Treasury to request comparative analyses of at least 20 plans per year to identify instances of noncompliance and to release an annual report with a summary of findings.

- **Public Health and Other Provisions**

- **Extension for community health centers, the National Health Service Corps and teaching health centers under GME programs** – Extends mandatory funding for community health centers, the National Health Service Corps and the Teaching Health Center Graduate Medical Education Program at current levels FY 2021 through FY 2023.
- **Rare pediatric disease priority review voucher extension** – Allows the FDA to continue to award priority review vouchers for drugs that treat rare pediatric diseases and are designated no later than Sept. 30, 2024, and approved no later than Sept. 30, 2026.
- **Improving awareness of disease prevention** – Authorizes a national campaign to increase awareness and knowledge of the safety and effectiveness of vaccines for the prevention and control of diseases, to combat misinformation and to disseminate scientific and evidence-based vaccine-related information. Directs HHS to expand and enhance and establish and improve programs and activities to collect, monitor and analyze vaccination coverage data.
- **Public health data system modernization** – Requires HHS to expand, enhance and improve public health data systems used by the CDC. Also requires HHS to award grants to state, local, tribal or territorial public health departments for modernization of public health data systems to assess current data infrastructure capabilities and gaps.

- **Reauthorization of school-based health centers** – Reauthorizes the School-Based Health Center program FY 2022 through FY 2026.
- **Preventing online sales of e-cigarettes to children** – Requires in-person age verification upon delivery of e-cigarette and other vaping products that are purchased online.

Updated House HEROES Act (H.R 8406)

Introduced by House Democrats on September 29, 2020 ultimately was not considered by the House or Senate.

Public Health and Social Services Emergency Fund

- The bill calls for an additional \$50 billion in provider relief funding for the Public Health and Social Services Emergency Fund (PHSSEF). The bill would provide specific direction to HHS on how PHSSEF funding should be allocated. HHS would reimburse providers for eligible expenses or lost revenues due to COVID-19 based on an application process on a quarterly basis. Providers would be reimbursed an amount equal to 100% of their expenses and 60% of their lost revenue, less any funds received from previous PHSSEF allocations. Lost revenue would be calculated as net patient revenue in 2019 less net patient revenue for the corresponding quarter in 2020, less any savings attributable to foregone wages, payroll taxes and benefits of personnel who were furloughed or laid off by the provider during the same quarter. The law defines net patient revenue as equal to two times the provider's Medicaid reimbursement, plus 1.25 times their Medicare reimbursement, plus all other reimbursement. Relief for lost income or expenses shall not include executive compensation. As a condition of receiving these funds, providers may not balance bill either insured or uninsured individuals for COVID-19 related costs. If this provision became law, these provisions would also apply to any unobligated PHSSEF funds previously enacted by Congress still available at the time.
- The bill also provides an additional \$75 billion to the PHSSEF for testing, contact tracing and other activities necessary to effectively monitor and suppress COVID-19.

Medicaid

- Changes below go into effect Oct. 1, 2020 and last through Sept. 30, 2021.
 - COVID-19-related temporary increase of Medicaid FMAP by a total of 14 percentage points.
 - Increases the federal payments to state Medicaid programs by 10 percentage points to support home and community-based services.
- Eliminates cost-sharing for Medicaid beneficiaries for COVID-19 treatment and vaccines during the public health emergency.
- Optional coverage at no cost-sharing of COVID-19 treatment and vaccines under Medicaid for uninsured individuals.
- Restores Medicaid eligibility to individuals who are residents of the freely associated states.
- Temporarily increases Medicaid disproportionate share hospital (DSH) allotments by 2.5%.
- Codifies the regulatory requirement that state Medicaid programs cover non-emergency medical transportation.
- Requires federal programs to disregard Federal Pandemic Unemployment Compensation (FPUC) when calculating income for determining eligibility for benefits or assistance. The bill also reinstates the \$600 per week FPUC benefit through Jan. 31, 2021.

Mental Health

- Provides **\$3.5 billion** for the Substance Abuse and Prevention Treatment Block Grant.
- Provides **\$4 billion** for the Community Mental Health Services Block Grant.
- Provides **\$600 million** for Certified Community Behavioral Health Clinics.
- Provides **\$50 million** for suicide prevention programs.
- Provides **\$100 million** for Project AWARE to support school-based mental health for children.
- Provides **\$10 million** for the National Child Traumatic Stress Network
- Directs the NIH's National Institute of Mental Health to support research on the mental health consequences of COVID-19, including the impact on health care providers and suicide prevention.
- Establishes a technical assistance center at the Substance Abuse and Mental Health Services Administration (SAMHSA) to support public or nonprofit entities and public health professionals seeking to establish or expand access to mental health and substance use services associated with the COVID-19 public health emergency.
- Authorizes SAMHSA to award grants to states, tribes, and community-based entities to enable such entities to increase capacity and support or enhance behavioral health services. Priority will be given to those proposing to serve areas with a high number of COVID-19 cases.

Telehealth

- **\$200 million** for telemedicine grants in relation to broadband.
- Home visits funded under the Maternal, Infant, and Early Childhood Home Visiting Program can now conduct virtual visits, including by telephone. Help families acquire the technology necessary to make these home visits possible.
- Provide flexibility to hospitals, medical facilities and other employers of healthcare workers to quickly transfer employees to administer direct patient care or telemedicine in COVID-19 hot spots, engage in research and development of COVID-19 vaccines and cures, and provide other services as needed to address the emergency.

Private Insurance

- Provides for a two-month open enrollment period to allow individuals who are uninsured, for whatever reason, to enroll in coverage and a special enrollment period for people who are eligible for unemployment benefits; provides targeted premium tax credits for individuals who become unemployed during the pandemic; and provides for additional notifications to unemployed workers regarding these policies.
- Requires commercial insurers to cover items and services related to the treatment of COVID-19 and waive cost-sharing requirements during the COVID-19 public health emergency.
- Provides workers who lose their employer-sponsored coverage with needed information about all affordable coverage options, including coverage available under the ACA.
- Requires commercial plans to cover COVID-19 testing with no cost-sharing regardless of the reason for the test, retroactive to the beginning of the COVID-19 public health emergency.
- Requires HHS to conduct a survey of providers' cash price for COVID-19 tests and related items and services, and to publish a public report on its findings.

- Prohibits providers that receive relief funds through the PHISSEF from balance billing and requires the Departments of HHS, Treasury and Labor to issue guidance on billing for provider visits associated with COVID-19 testing.
- Eliminates cost-sharing for COVID-19 treatment under TRICARE and the Federal Employee Health Benefit Program.

Medicare

- Mandates zero cost-sharing for COVID-19 treatment for fee-for-service and managed care Medicare during the COVID-19 public health emergency.
- Provides an outlier payment for inpatient services to cover excess costs hospitals incur for more expensive COVID-19 patients until the earlier of Jan. 31, 2021, or the last day of the COVID-19 public health emergency.
- Requires Medicare Prescription Drug Plans and Medicare Advantage-Prescription Drug Plans to cover, without cost sharing or utilization management requirements, drugs used to treat COVID-19 for the duration of the COVID-19 public health emergency.
- Creates a new special enrollment period for Medicare Parts A- and B-eligible individuals during the COVID-19 public health emergency.
- Requires CMS to re-establish a rural floor for the Medicare hospital area wage index for hospitals in all-urban states.
- Provides that the COVID-19 vaccine will be provided to Medicare beneficiaries without any cost-sharing even if the vaccine is authorized under emergency use.

COVID-19-related PPE, testing, vaccination, etc.

- **PPE** – Provides **\$2 billion** to the CDC for grants to state, local, tribal or territorial health departments to purchase PPE for essential workers.
- **Diagnostics and Vaccines**
 - Requires the Secretary of HHS to update the COVID-19 strategic testing plan within 30 days of enactment to identify the types and levels of testing necessary to monitor and control the spread of COVID-19 and inform any reduction in social distancing.
 - Requires the Secretary to establish and maintain a centralized, searchable testing information website that will include information on different types of tests and number of tests available.
 - Requires states receiving funds under this act to establish a public, searchable webpage listing available testing locations.
 - Requires states to provide HHS with a weekly testing report, as well as a weekly report on testing results that must be made available to the public in a searchable format.
 - Requires a GAO report on the response of labs, diagnostic test manufacturers, state and local governments and relevant federal agencies on the testing response to COVID-19.
 - Authorizes **\$75 billion** for the COVID-19 National Testing and Contact Tracing Initiative. Requires CDC to coordinate with health departments to establish and implement a national system for COVID-19 testing, contact tracing, surveillance, containment and mitigation. Also requires the CDC to award grants and provide guidance to health departments to carry out this work.

- Provides funding for vaccine distribution efforts by the CDC, including **\$7 billion** for a vaccination campaign, **\$1 billion** for a vaccine public awareness campaign, including funding for grants for purposes of identifying communities at high risk of outbreaks related to vaccine-preventable diseases, and **\$2 billion** to local health departments.
- Provides **\$20 billion** for Biomedical Advanced Research and Development Authority (BARDA) for the research, development, and procurement of vaccines and therapeutics.
- Provides **\$4.7 billion** to NIH to expand COVID-19-related research on the NIH campus and academic institutions and support shutdown and startup costs of biomedical research labs nationwide.
- Requires CDC to maintain a toll-free telephone number to address public health questions related to COVID-19.

Public Health

- Provides **\$9.2 billion** to the Health Resources and Services Administration (HRSA) to support expanding health care services for underserved populations
 - Includes **\$7.6 billion** for community health centers to expand capacity to address COVID-19 and **\$100 million** for Ryan White Clinics
 - Provides **\$500 million** for maternal and child health programs to support outreach and provision of newborn screenings vaccinations, prenatal care and other services difficult to access during the COVID-19 pandemic.
- Provides **\$6 billion** for public health departments to expand workforce, improve laboratory and health system information systems, as well as improve disease surveillance and contact tracing capacity. In addition, provides **\$1 billion** for the CDC to expand and improve their core public health infrastructure and activities to address unmet and emerging public health needs.
- Requires HHS to expand, enhance and improve public health data systems used by the CDC through actions such as the assessment of current data infrastructure capabilities and gaps.
- Requires a Government Accountability Office (GAO) study on public health workforce to investigate gaps, challenges, and recommended steps to improve the public health workforce.

Drugs/Supply Chain

- Requires the Secretary of HHS, within 15 days, to establish and maintain an online portal for health entities to track and transmit data regarding their inventory and capacity related to COVID-19. This portal will enable hospitals to report their inventory related to PPE, medical supplies (like available ventilators and beds), and facility capacity (like number of needed doctors, nurses, and lab personnel). Facilities should be required to report these figures on a biweekly basis.
- Provides **\$500 million** for BARDA to support U.S.-based next generation manufacturing facilities.
- Requires the president to appoint a Medical Supplies Response Coordinator.
- Clarifies that the medical device identifier or national product code shall be included with any required shortage reporting and provides authority to the FDA to extend medical device shelf dates in cases of shortages or a public health emergency.
- Requires drug manufacturers to report foreign drug manufacturing sites and to report quarterly on the volume of drugs manufactured. Currently, the FDA does not have a clear picture of the different site.

- Requires the National Academies of Science, Engineering, and Medicine (NASEM) to conduct a symposium of experts to discuss recommendations to encourage domestic manufacturing of critical drugs and devices of greatest priority to providing health care.
- Provides FDA with an enforcement mechanism to require timely notifications related to a permanent discontinuance or interruption in the manufacturing of certain drugs and the reasons for such discontinuance or interruption, as required under current law.
- Provides FDA with an enforcement mechanism to require drug manufacturers to develop a risk management plan, as required under current law. This is especially important in the event of a natural disaster.
- Directs FDA to designate National Centers of Excellence in Continuous Pharmaceutical Manufacturing (NCEs).
- Requires the Secretary of HHS to ensure that contents of the Strategic National Stockpile (SNS) are in good working order and, as necessary, conduct maintenance on contents of the stockpile.
- Improves SNS domestic product availability by enhancing medical supply chain elasticity, improving the domestic production of PPE, and partnering with industry to refresh and replenish existing stocks of medical supplies.
- Allows the SNS to sell products to other federal departments or agencies within six months of product expiration.
- Requires the SNS to develop improved, transparent processes for SNS requests and identify clear plans for future communication between the SNS and States.
- Requires the GAO to conduct a study to investigate the public sector procurement process for single source materials from the SNS.
- Expands the use and oversight of Defense Production Act (DPA) authorities to increase the production and supply of critical medical supplies and equipment.

Nutrition

- Provides **\$10 billion** to the Supplemental Nutrition Assistance Program (SNAP).
 - Increases both the SNAP benefit level by 15% and minimum benefit from \$16 to \$30 a month for small households.
 - Provides SNAP flexibility to distribute non congregate school meals.
- Provides an additional **\$400 million** to Special Supplemental Nutrition Program for Women Infants and Children.
- Includes **\$450 million** for The Emergency Food Assistance Program (TEFAP) to help local food banks meet increased demand in low income areas.

Schools/Childcare

- **\$225 billion** to the Department of Education to support the educational needs of states, school districts, and institutions of higher education in response to coronavirus. To help address the current crisis, the bill includes.

- **\$208 billion** for a State Fiscal Stabilization Fund of which \$175 billion goes to elementary and secondary schools to deal with the emotional, physical, and practical ramifications that have come from attempting to reopen schools and conduct virtual learning.
- **\$4 billion** for governors to address educational needs across their states, including to institutions with high burden due to coronavirus.
- **\$2 billion** for the outlying areas and Bureau of Indian Education-funded schools and Tribal Colleges and Universities.
- **\$5 billion** for Elementary and Secondary School Emergency Facilities Aid for grants to help ensure school buildings are set up to protect the health of students and staff, including through improvements to building ventilation systems.
- **\$32 million** to cover the coronavirus related costs of implementing the 2021 National Assessment of Educational Progress (NAEP) Reading and Mathematics assessments

Workforce

- Provides **\$1 billion** for Health Workforce programs, including the National Health Service Corps and Nurse Corps.
- Establishes a loan repayment program to enhance recruitment and retention of state, local, tribal, and territorial public health department workforce.
- Authorizes additional funding for the Medical Reserve Corps (MRC).
- Authorizes grants to schools of medicine in rural, underserved, or Minority-Serving Institutions. Grants can be used to build new schools of medicine and expand, enhance, modernize, support existing schools of medicine.
- Allows for the temporarily easing of certain immigration-related restrictions to allow immigrant physicians and other critical healthcare workers to better assist in the fight against COVID-19.
- Allows immigrant physicians who have lived and worked lawfully in the United States for years, and who have been approved for immigrant visas but are stuck in visa backlogs, to immediately apply for green cards if they will engage in COVID-19 work.
- Permanently authorize the “Conrad 30” Waiver Program, which allows States to sponsor immigrant physicians to work in medically underserved areas in exchange for a waiver of the physicians’ two-year foreign residence requirement.
- Provides independent temporary work authorization documents to nonimmigrant physicians and other healthcare workers.

Child Welfare and Child Care

- Provides **\$100 million** for Child Abuse Prevention and Treatment Act (CAPTA) State Grants; and **\$225 million** for Community Based-Child Abuse Prevention Grants.
- **\$65.2 billion** awarded to the Administration of Children and Families to provide supportive and social services for families and children through several programs including:
 - **\$50 billion** for Child Care Stabilization Grants
 - **\$7 billion** for Child Care and Development Block Grants to provide immediate assistance to child care providers

- **\$75 million** for child welfare services
- **\$100 million** for Family Violence Prevention and Services including \$2 million for the National Domestic Violence Hotline
- **\$225 million** for Community-Based Child Abuse Prevention Grants
- Includes **\$400 million** for Chafee for FY2020 of which **\$50 million** is reserved for Education and Training Vouchers.
- Increased the federal reimbursement rate for Title IV-E Prevention Programs.

Senate Republican Package

Released by Senate Republicans on July 27, this package included additional relief for hospitals, more funding for testing and surveillance, continuation of expanded telehealth policies, liability protections for hospitals and health care workers and more leeway on Medicare advanced payment loan payments. The package did not include additional increases to Medicaid funding or other Medicaid policy changes included in the House-passed HEROES Act. Ultimately was not considered in the Senate or the House.

Public Health and Social Services Emergency Fund

- The bill adds **\$25 billion** in provider relief funding for the Public Health and Social Services Emergency Fund (PHSSEF). The language, the same as the original CARES Act, defines “eligible health care providers” including Medicare or Medicaid enrolled suppliers and providers and such for-profit entities and not-for-profit entities, and provides broad discretion to the Secretary.

Medicaid

- Stipulates that federal pandemic unemployment compensation will count as income when determining eligibility for federal low-income programs, including Medicaid and CHIP, beginning in October 2020. The bill also reduces the amount of this compensation from \$600 to \$200 per week.

Mental Health

- Provides **\$2 billion** for the Community Mental Health Services Block Grant. At least 50% of funds shall be directed to behavioral health providers.
- Provides **\$1.5 billion** for the Substance Abuse and Prevention Treatment Block Grant.
- Provides **\$600 million** for the Certified Community Behavioral Health Clinic Expansion Grant Program.
- Provides **\$50 million** for Suicide Prevent Programs. Additional efforts to support the 9-8-8 designated crisis hotline are also in progress.
- Provides **\$100 million** for Project AWARE and to support children when they return to school. Project AWARE focuses on increasing awareness of mental health issues with school age children and providing training for adults and teachers that interact with these children.
- Provides **\$250 million** for flexible emergency grants to states.
- Provides **\$200 million** for the National Institute of Mental Health.

Telehealth

- Authorizes the HHS Secretary to extend Medicare telehealth waivers and temporary policies through the end of the public health emergency or Dec. 31, 2021, whichever comes latest.

- Requires the Medicare Payment Advisory Commission (MedPAC) to publish an evaluation of telehealth services provided during the public health emergency and make recommendations on the continuation of telehealth services.
- Requires the HHS Secretary to publish a report on the impact of telehealth and other virtual services furnished by Medicare during the public health emergency.
- Safely Back to School and Work Act – allows employers to offer telehealth as an excepted benefit to employees who are not full-time or do not qualify for their employer’s coverage.

Private Insurance

- Allows Flexible Spending Account/Dependent Care Flexible Spending Account unused 2020 contribution amounts to be rolled over into the 2021 plan year, to recognize care forgone in 2020 and promote wellness in 2021.
- Establishes care that is provided in an employer on-site clinic as an eligible Health Savings Account expense through Dec. 31, 2021.
- Allows employers to cover telehealth under a limited benefit plan (“excepted benefit”) for employees who are not full-time or do not qualify for their employer’s coverage. This coverage would not have to comply with the ACA consumer insurance protections, such as ban on annual limits, coverage for pre-existing conditions, etc.

Medicare

- Modifies the Medicare Part A Accelerated and Advance Payment Program by extending the period before repayment begins from 120 days to 270 days (or until Jan. 1, 2021) and provides additional time up to 18 months that the loan must be repaid in full prior to having to pay interest. The bill does not modify the interest rate of 9.625%.
- Maintains 2021 Medicare Part B premium and deductible at 2020 levels.
- Maintains the expansion of telehealth flexibilities in Medicare made available during the public health emergency through the length of the public health emergency or Dec. 31, 2021, whichever comes latest.
- Creates congressional rescue committees to examine the sustainability of federal trust funds, such as for Medicare Part A.

COVID-19-related PPE, testing, provider liability

- **Medical Liability** – Creates a federal cause of action for COVID-19 medical liability claims for personal injury caused by the treatment, diagnosis or care of COVID-19 or care directly affected by COVID-19. This protection applies to health care providers, including doctors, nurses, facilities, administrators and volunteers for injuries that arise from actions taken between Dec. 1, 2019, and the later of either the end of the coronavirus emergency declaration or Oct. 1, 2024.
 - Applies to all pending actions at the time of enactment
 - Preempts state laws that impose liability on broader grounds are preempted, but courts must apply state laws that impose further liability limitations in addition to the federal floor created under the statute.
 - Does not preempt the Public Readiness and Emergency Preparedness (PREP) Act, government enforcement actions, claims of intentional discrimination, or the already-existing federal laws governing vaccine injuries.
 - To recover damages for personal injuries, plaintiffs must show that the injuries were caused by gross negligence or willful misconduct.

- **Strategic National Stockpile – PPE, etc.**
 - Provides **\$2 billion** for the national stockpile.
 - Requires that any purchases by HHS of covered items for the Strategic National Stockpile must be manufactured domestically in the U.S. and from components grown, reprocessed, reused, or produced in the U.S.
 - Requires HHS to publish guidance on how states and tribes can request and access resources from the Strategic National Stockpile within 15 days of enactment.
 - Establishes state stockpiles of medical products and supplies needed during a public health emergency, such as personal protective equipment, ventilators, and other medical products.
 - Requires states to submit a stockpiling plan to the HHS Secretary for maintaining its stockpile and coordinate with the state and relevant state preparedness plans.
 - Requires HHS to provide guidance and technical assistance to states on maintaining their stockpiles.
 - Ensures that state stockpiles will be appropriately administered and maintained by directing the HHS Secretary to establish an auditing process and withholding funds if a state fails to submit a state stockpiling plan or meet certain benchmarks and other metrics.
 - Authorizes funding to sustain state medical stockpiles.
- **Vaccines and Diagnostics**
 - Provides **\$6 billion** to develop and execute a new COVID-19 vaccination distribution campaign coordinated through CDC.
 - Provides **\$20 billion** to Biomedical Advanced Research and Development Authority (BARDA) for vaccine, therapeutic and diagnostic development.
- **Testing**
 - Provides **\$16 billion** for testing, contact tracing and surveillance in states. When combined with the approximately \$9 billion that remains unallocated from the Paycheck Protection Program and Health Care Enhancement Act, the amount available for these purposes would be **\$25 billion**.
 - Integrates laboratory testing and epidemiology systems into existing public health preparedness and situational awareness surveillance programs.

Schools/Child Care

- Provides **\$10 billion** for Back to Work Child Care Grants designed to support economic recovery by helping parents go back to work.
 - Authorizes short term assistance to help child care centers, operators, providers
 - Provides 9-month financial assistance for providers to open, welcome children safely, and ensure a robust child care sector is available for families
 - Allows state to design state-specific plans to support child care centers, operators, providers in their state
 - Provides grants based on need and fixed costs incurred by child care providers due to the coronavirus
 - Critical resources to states to help child care providers reopen and stay open

- Sends funds to childcare providers more quickly without administrative red tape
 - Complements activities supported by the Child Care and Development Block Grant
- Safe environments for children
 - Requires all providers receiving assistance under this program to follow all state and local health and safety guidelines
 - Requires states to ensure a diverse field of childcare setting options for parents, including center-based, family child care and faith-based operations
- Provides **\$5 billion** for Child Care and Development Block Grants for child care, including direct support for child care providers to ensure that working parents have access to child care and can return to work.
- Education Freedom Scholarships designed to help all students return to the school they attended before the pandemic.
 - Authorizes one-time emergency appropriations funding for scholarship-granting organizations in each state.
 - Allows states identify and support scholarship granting organizations that work for the unique need of students in their state.
- Provides **\$105 billion** for Education Stabilization Fund to help get students back to school and provide for the continued learning of all students in elementary and secondary education and higher education.
 - \$70 billion of the \$105 billion dedicated to the Elementary and Secondary School Emergency Relief Fund

Public Health Programs and Vaccinations

- Provides **\$7.6 billion** for community health centers
- Provides **\$225 million** for rural health clinics
- Provides **\$5 million** for poison control centers
- Provides **\$15.5 billion** to the National Institutes of Health to support vaccine and therapeutic clinic trials
- Provides **\$3.4 billion** to the CDC, including **\$1.5 billion** for continued support of state, local and territorial public health needs; **\$500 million** to enhance seasonal influenza vaccination efforts; **\$200 million** to enhance global public health security efforts; and **\$200 million** to modernize public health data reporting.
- Provides **\$190 million** for family violence prevention and child welfare programs, to support services for particularly vulnerable families and populations.
- Provides **\$50 million** to states to help youth who recently “aged out” of foster care to address immediate COVID-19-related challenges, such as housing needs. It also temporarily suspends requirements that youth participate in education and training activities if it is not possible to do so due to COVID-19.
- Makes a technical correction to the CARES Act to allow Community Services Block Grant funds to be allocated to all states as intended.
- Requires the HHS Secretary, in coordination with the directors of the CDC and FDA, to establish and publish policies and procedures for public and private entities to access samples of specimens containing infectious disease agents, or suitable alternatives to support the development of products, including the development of diagnostic tests, treatments or vaccines, to address emerging infectious diseases for biomedical research.

- Authorizes a network of ten regional Centers for Public Health Preparedness, which will support state and local health departments, health care coalitions and the public by: disseminating research related to public health preparedness and response; identifying and developing relevant evidence-based practices; helping to prepare through drills, exercises, and trainings; and providing technical assistance expertise during public health emergencies.

Drugs/Supply Chain

- Establishes state stockpiling efforts, authorizes funding to support these efforts, requires states to submit plans to HHS and provides federal technical assistance.
- Prohibits the use of human genetic information collected incidentally for diagnostic and serologic testing for purposes other than the primary diagnostic or serologic test, unless permitted with explicit consent.
- Partners with medical product manufacturers, distributors and other entities to increase the stockpiling and manufacturing capacity of reserve amounts of medical products to strengthen the Strategic National Stockpile.
- Provides companies with a refundable payroll tax credit equal to 50% of an employer's "qualified employee protection expenses." In each calendar quarter, qualified expenses cannot exceed a cap based on the average number of employees equal to \$1,000 for each of the first 500 employees, plus \$750 for each employee between 500 and 1000, and plus \$500 for each employee that exceeds 1,000. The credit applies to amounts paid or incurred for qualified employee protection expenses after March 12, 2020, and before Jan. 1, 2021.

Workforce

- Includes a supplemental appropriation of **\$250 million** for the Children's Hospitals Graduate Medical Education (CHGME) program to prevent, prepare for and respond to coronavirus, domestically or internationally. This is in addition to the to-be-determined FY 2021 appropriated amount.

Relief Funds for State and Local Governments

- Extends the period of time over which states and localities can use Coronavirus Relief Funds to cover expenditures incurred due to the public health emergency that were not accounted for in their approved budgets as of March 27, 2020, to 90 days after the last day of their FY 2021.
- Expands the allowable uses of Coronavirus Relief Funds to also cover state and local revenue shortfalls relative to FY 2019 levels. No more than 25% of relief funds may be used to cover the shortfalls.
- Prohibits state and local governments from using Coronavirus Relief Funds to replenish their rainy-day funds (e.g., budget stabilization funds, budget reserve accounts).

The Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act (H.R. 6800)

Passed by the House on May 15, this package provides nearly \$3 trillion to health care providers, state and local governments, tax credits for employers, nutrition programs and public health infrastructure. Was not considered by the Senate.

Public Health and Social Services Emergency Fund

- The bill calls for an additional **\$100 billion** in provider relief funding for the Public Health and Social Services Emergency Fund (PHSSEF). The bill would provide specific direction to HHS on how PHSSEF funding should be allocated.

HHS would reimburse providers for eligible expenses or lost revenues due to COVID-19 based on an application process on a quarterly basis. Providers would be reimbursed an amount equal to 100% of their expenses and 60% of their lost revenue, less any funds received from previous PHSSEF allocations. Lost revenue would be calculated as net patient revenue in 2019 less net patient revenue for the corresponding quarter in 2020, less any savings attributable to foregone wages, payroll taxes and benefits of personnel who were furloughed or laid off by the provider during the same quarter. The law defines net patient revenue as equal to two times the provider's Medicaid reimbursement, plus 1.25 times their Medicare reimbursement, plus all other reimbursement. Relief for lost income or expenses shall not include executive compensation. As a condition of receiving these funds, providers may not balance bill either insured or uninsured individuals for COVID-19 related costs. If this provision became law, these provisions would also apply to any unobligated PHSSEF funds previously enacted by Congress still available at the time.

- The bill also provides an additional **\$75 billion** to the PHSSEF for testing, contact tracing and other activities necessary to effectively monitor and suppress COVID-19.

Medicaid

- Increases **Federal Medical Assistance Percentage (FMAP)** payments to state Medicaid programs by a total of 14 percentage points July 1, 2020, through June 30, 2021. A state's FMAP cannot exceed 95%.
- Prevents the secretary of HHS from finalizing the **Medicaid Fiscal Accountability Regulation (MFAR)** until the end of the COVID-19 public health emergency.
- Increases federal payments to state Medicaid programs by an additional 10 percentage points July 1, 2020, through June 30, 2021, to support activities that strengthen **their home-and community-based services (HCBS) benefit**. Again, in no case may a state's FMAP exceed 95%.
- Eliminates **cost sharing** for Medicaid beneficiaries for COVID-19 treatment and vaccines during the COVID-19 public health emergency.
- Ensures that **uninsured individuals** who states opt to cover through the new Medicaid eligibility pathway will be able to receive treatment for COVID-19 without cost sharing during the COVID-19 public health emergency.
- Temporarily **increases state Medicaid disproportionate share hospital (DSH)** allotments by 2.5% for FY 2020 and FY 2021.
- Authorizes states with section **1115 demonstration projects** that expire on or before Feb. 28, 2021, to extend them through Dec. 31, 2021.
- Codifies the regulatory requirement that state Medicaid programs cover **non-emergency medical transportation (NEMT)**.
- Modifies **Maintenance of Effort** provisions in the Families First Coronavirus Response Act to ensure that states are able to receive FMAP funds irrespective of changes made to their Medicaid programs that went into effect in early April.

Private Insurance

- Establishes a two-month open enrollment period to allow individuals who are uninsured, for whatever reason, to enroll in coverage.
- Requires private large group, small group and individual health plans to cover the treatment of COVID-19 without cost-sharing requirements during the COVID-19 public health emergency.

- Requires private large group, small group and individual health plans to notify enrollees if their plan permits advance prescription drug refills during an emergency period.
- Makes the CARES Act requirement for free coverage of COVID-19 testing retroactive to the beginning of the COVID-19 public health emergency.
- Provides full premium subsidies, through January 2021, to allow workers to maintain their employer-sponsored coverage if they become COBRA-eligible due to a layoff or reduction in hours. Subsidies are also available for furloughed workers who retain their employer-sponsored insurance.
- Requires that workers who lose their employer-sponsored coverage receive clear information about all affordable coverage options, including coverage available under the ACA.
- Eliminates cost sharing for COVID-19 treatment under TRICARE and the Federal Employees Health Benefit Program.

Medicare

- Eliminates cost sharing for COVID-19 treatment furnished during the COVID-19 public health emergency for Medicare Part A and Part B beneficiaries.
- Provides for an Inpatient Prospective Payment System outlier payment for COVID-19 discharges that ends on the earlier of Jan. 31, 2021, or the last day of the COVID-19 public health emergency.
- Prohibits Medicare Advantage plans from imposing any cost sharing for COVID-19 treatment or employing any prior authorization or other utilization management requirement for critical COVID-19 treatment, such as ventilator and intensive care unit services, during the COVID-19 public health emergency.
- Requires Medicare Prescription Drug Plans and Medicare Advantage-Prescription Drug Plans to include in their formulary drugs intended to treat COVID-19. Plans may not impose any cost sharing, prior authorization or any other utilization management requirements for the duration of the COVID-19 public health emergency.
- Modifies the Accelerated and Advance Payment Program by (1) extending the period before repayment begins, (2) reducing the per-claim recoupment percentage and (3) lowering the interest rate for loans to Medicare providers. The current rate is 9.625% and the new rate would become 1%.
- Creates a traditional Medicare special enrollment period for eligible individuals that ends on the last day of the month in which the COVID-19 public health emergency ends.
- Requires CMS to recalculate the Medicare area wage index for hospitals in all-urban states using the methodology in effect for fiscal year 2018.

Mental Health

- Provides **\$1.5 billion** for the Substance Abuse Prevention and Treatment Block Grant.
- Provides **\$1 billion** for the Community Mental Health Services Block Grant.
- Provides **\$100 million** for Project AWARE to identify students and connect them with mental health services. Project AWARE focuses on increasing awareness of mental health issues with school age children and providing training for adults and teachers that interact with these children.
- Provides **\$10 million** for the National Child Traumatic Stress Network.

- Provides **\$265 million** for emergency response grants to address immediate behavioral health needs as a result of COVID-19.
- Provides **\$25 million** for the Suicide Lifeline and Disaster Distress Helpline. Calls to the helpline continue to increase during this time.
- Designates 9-8-8 as the universal dialing code for the National Suicide Prevention Lifeline and allow states to charge a fee on voice service prescribers for the support or implementation of the lifeline.
- Requires the Assistant Secretary for Mental Health and Substance Abuse to submit a report to Congress that details a strategy for offering support or providing technical assistance for training programs for the lifeline counselors to increase competency in serving LGBTQ youth.
- Establishes a technical assistance center at the Substance Abuse and Mental Health Services Administration (SAMHSA) to support public or nonprofit entities and public health professionals seeking to expand access to mental health and substance use services associated with the COVID-19 public health emergency.
- Authorizes SAMHSA to award grants to states, tribes and community-based entities to increase capacity and support or enhance behavioral health services.
- Provides **\$90 billion** to the Department of Education for a State Fiscal Stabilization Fund for grants to states to support statewide funding for schools. This funding can support the provision of school-based supports, including counseling and mental health services for students, families and staff.

Drug & Supply Chain

- Provides **\$3.5 billion** for Biomedical Advanced Research and Development Authority (BARDA) for therapeutics and vaccines.
- Provides **\$500 million** for BARDA to support U.S.- based next generation manufacturing facilities.
- Provides **\$500 million** for BARDA to promote innovation in antibacterial research and development.
- Requires the president to appoint a Medical Supplies Response Coordinator. This coordinator would serve as the point of contact for the health care system, supply chain officials, and states on medical supplies, including personal protective equipment (PPE), medical devices, drugs, and vaccines.
- Clarifies that the medical device identifier or national product code shall be included with any required shortage reporting.
- Requires drug manufacturers to report foreign drug manufacturing sites and to report quarterly on the volume of drugs manufactured. The Food and Drug Administration (FDA) currently has no way of knowing where a product was made.
- Provides the authority to the FDA to require manufacturers to provide the agency with information pertinent to an extension of medical device shelf life dates in cases of shortage during a public health emergency.
- Requires the National Academies of Science, Engineering, and Medicine (NASEM) to conduct a symposium of experts to discuss recommendations to encourage domestic manufacturing of critical drugs and devices of greatest priority to providing health care.
- Provides FDA with an enforcement mechanism to require timely notifications related to a permanent discontinuance or interruption in the manufacturing of certain drugs and the reasons for such discontinuance or interruption, as required under current law. This is critical for pediatric drugs as they are typically sole-sourced.

- Provides FDA with an enforcement mechanism to require drug manufacturers to develop a risk management plan, as required under current law.
- Directs FDA to designate the National Centers of Excellence in Continuous Pharmaceutical Manufacturing (NCEs). NCEs will work with FDA and industry to craft a national framework for the implementation of continuous manufacturing of drugs, including supporting additional research and development of this technology, workforce development, standardization and collaborating with manufacturers to support adoption of continuous manufacturing of drugs.
- Updates the blood donation public awareness campaign authorized by the CARES Act to include blood plasma.
- Expands the use and oversight of Defense Production Act (DPA) authorities to increase the production and supply of critical medical supplies and equipment, focus efforts on supply chain mobilization and decrease the disruption of critical deliveries to state and local governments.

National Stockpile

- Requires the secretary of HHS to ensure that contents of the Strategic National Stockpile (SNS) are in good working order and, as necessary, conduct maintenance on the contents of the stockpile.
- Improves the SNS domestic product availability by enhancing medical supply chain elasticity, improving the domestic production of PPE, and partnering with industry to refresh and replenish existing stocks of medical supplies.
- Improves the SNS financial security by allowing the SNS to sell products to other federal departments or agencies within six months of product expiration.
- Requires the SNS to report to Congress about every request made to the SNS during the COVID-19 public health emergency and details regarding the outcomes of every request.
- Requires the SNS to develop improved, transparent processes for SNS requests and identify clear plans for future communication between the SNS and states.
- Requires the Government Accountability Office (GAO) to conduct a study to investigate the public sector procurement process for single source materials from the SNS.

Covid-19 Related

- Requires the secretary of HHS to update the COVID-19 strategic testing plan required under the Paycheck Protection Program and Health Care Enhancement Act no later than June 15, 2020.
- Includes several COVID-19 testing and testing infrastructure improvement provisions, including a requirement that the secretary of HHS establish and maintain a public, centralized COVID-19 testing information website. The website will include relevant information about tests, including the number of tests available.
- Requires CDC to maintain a toll-free telephone number to address public health questions related to COVID-19.

Workforce

- Authorizes grants to schools of medicine in rural, underserved or Minority Serving Institutions. Grants can be used to build new schools of medicine and expand, enhance, modernize and support existing schools of medicine.

- Establishes a **\$200 billion** Heroes’ fund to ensure essential workers that provided care during the pandemic receive hazard pay. Health care workers in inpatient and outpatient facilities are eligible for these funds. **\$10 billion** of these funds are dedicated for federal employees.
- Provides **\$850 million** to the Social Services Block Grant (SSBG) to fund childcare and family care for essential workers, which include health care and emergency response workers.
- Establishes a loan repayment program to enhance recruitment and retention of state, local, tribal and territorial public health department workforce.
- Authorizes grants to expand the use of technology-enabled collaborative learning and capacity building models to respond to COVID-19.
- Authorizes additional funding for the Medical Reserve Corps (MRC), which is a national network of local volunteer units who engage their local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response and recovery capabilities.
- Directs the National Institutes of Health’s (NIH) National Institute of Mental Health to support research on the mental health consequences of COVID-19, including the impact on health care providers.
- Requires the GAO to conduct a study to investigate gaps, challenges and recommended steps for improvement associated with the federal, state, local, tribal and territorial public health workforce.
- Temporarily eases immigrant related restrictions to allow immigrant physicians and other health care workers to assist in the fight against COVID-19. This includes:
 - Allowing immigrant physicians who lawfully live and work in the U.S. to receive a green card, if they agree to engage in COVID-19 work.
 - Requiring the Department of Homeland Security and the Department of State to expedite non-immigrant petitions and visa applications for medical professionals and researchers who will engage in COVID-19 work.
 - Permanently authorizing the “Conrad 30” waiver program.
 - Providing independent temporary work authorization documents to non-immigrant physicians and other health care workers to engage in COVID-19 work.

Public Health Programs and Vaccinations

- Provides **\$4.75 billion** to expand COVID-19-related research on the NIH campus and at academic institutions across the country and to support the shutdown and startup costs of research laboratories.
- Provides **\$7.6 billion** to the Health Resources and Services Administration (HRSA) to support expanded health services for the underserved, including funding to health centers and Ryan White clinics.
- Temporarily allows home visiting programs under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to conduct virtual home visits, provide emergency supplies to families and prepaid debit cards to meet emergency needs. Also provides an additional \$100 million for home visiting in 2020. The flexibilities expire Jan. 31, 2021.
- Provides **\$2.1 billion** to the CDC to support federal, state and local public health agencies and departments, including **\$130 million** for public health data surveillance and analytics infrastructure improvements.
- Requires the secretary of HHS to award contracts, grants and take additional necessary actions to expand and enhance manufacturing capacity of vaccines to prevent the spread of COVID-19. Also requires the

secretary of HHS to issue various reports related to necessary vaccine supply, manufacturing capacity and plans for additional continued support for manufacturing and vaccine administration.

- Provides **\$6 billion** for public health departments to expand workforce, improve laboratory and health system information systems, as well as improve disease surveillance and contact tracing capacity. In addition, provides **\$1 billion** for the CDC to expand and improve their core public health infrastructure and activities to address unmet and emerging public health needs.
- Provides **\$10.1 billion** for supportive and social services for families and children, including **\$20 million** for Child Abuse Prevention and Treatment Act (CAPTA) State Grants and **\$20 million** for Community Based-Child Abuse Prevention Grants.
- Provides state child welfare programs with flexibility to provide services, including caseworker visits, virtually when necessary to comply with public health directives.

Telehealth

- Authorizes **\$2 billion** for a temporary expansion of the Federal Communication Commission's (FCC) Rural Health Care Program to partially subsidize their health care providers' broadband service. This is applicable to all nonprofit and public hospitals.

Food & Nutrition

- Provides **\$10 billion** for the Supplemental Nutrition Assistance Program (SNAP). Waives all work requirements for SNAP.
- Provides an additional **\$3 billion** for Child Nutrition Programs through September 2021. This is financial relief to school meal providers and the Child and Adult Care Food Program.
- Provides **\$1.1 billion** for the Special Supplemental Nutrition Program for Women, Infants, and Children. This is specifically for pregnant women or mothers with young children who lose their job due to COVID-19.
- **\$150 million** to the Emergency Food Assistance Program to help local food banks meet increased demand for low-income Americans.
- Extends the Pandemic Electronic Benefits Program (P-EBT) program through the summer until schools reopen to ensure families have access to food assistance during the summer months. Under P-EBT, states can provide emergency food assistance to families with children who would be receiving free or reduced-price school meals if not for school closures.

Paycheck Protection Program Increase Act of 2020 (H.R. 266/P.L. 116-139)

Signed by the president on April 24, provides nearly \$500 billion for small businesses, health care providers and COVID-19 testing.

Public Health and Social Services Emergency Fund:

- Provides **\$75 billion** additional funds to the (PHSSEF) for reimbursement to hospitals and health care providers to support the need for COVID-19 related expenses and lost revenue.

Research & Testing:

- Provides **\$25 billion** to research, develop, validate, manufacture, purchase, administer and expand capacity for COVID-19 tests.
 - \$11 billion for states, localities, territories, and tribes to develop, purchase, administer, process and analyze COVID-19 tests, scale-up laboratory capacity, trace contacts and support employer testing.
 - \$1 billion provided to the CDC for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics.
 - \$1.8 billion provided to the NIH to develop, validate, improve and implement testing and associated technologies; to accelerate research, development, and implementation of point-of-care and other rapid testing; and for partnerships with governmental and non-governmental entities to research, develop, and implement the activities.
 - \$1 billion for the Biomedical Advanced Research and Development Authority (BARDA) for advanced research, development, manufacturing, production and purchase of diagnostic, serologic or other COVID-19 tests or related supplies.
 - \$22 million for the FDA to support activities associated with diagnostic, serological, antigen and other tests, and related administrative activities.
 - \$825 million for health centers and rural health clinics
 - Up to \$1 billion may be used to cover costs of testing for the uninsured.
- Requires plan from states, localities, territories and tribes on how resources will be used for testing and easing COVID-19 community mitigation policies.
- Requires strategic plan related to providing assistance to states for testing and increasing testing capacity.

Oversight:

- Includes **\$6 million** for HHS Office of Inspector General for oversight activities.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (H.R. 748/P.L. 116-136)

Signed by the president on March 27, the CARES Act included approximately **\$2 trillion in emergency** funding to respond to the public health and economic impact of the pandemic.

Public Health and Social Services Emergency Fund:

- Provides **\$100 billion** for a Public Health and Social Services Emergency Fund (PHSSEF) intended to reimburse eligible hospitals, including children’s hospitals, and other providers for health care related expenses attributable to COVID-19 not covered through other sources of funding—including lost revenues. Eligible providers will directly submit applications to the Secretary that include a statement justifying the need of the provider for the payment. The bill does not provide extensive details on the precise allocation method for the funding, noting that that the Secretary of Health and Human Services shall make payment on a rolling basis, and payments shall be made “in consideration of the most efficient payment systems practicable.”

Medicaid:

- Eliminates Medicaid Disproportionate Share Hospital (DSH) cuts for FY 2020, **a total of \$4 billion**, and reduces the cuts in FY 2021 from \$8 billion to \$4 billion. The onset of any FY 2021 cuts is delayed from Oct. 1, 2020, to Dec. 1, 2020. Congress will need to act by Dec. 1 to prevent the start of FY 2021 cuts.

- Delays the application of the maintenance of effort (MOE) requirement that restricted states from increasing premiums as a condition of receiving the temporary FMAP increase, as authorized by Families First Coronavirus Response Act. The MOE would not take effect for 30 days from date of enactment if a state had in effect a premium increase as of the date of enactment.
- Clarifies a section of the Families First Coronavirus Response Act that ensures uninsured individuals can receive a COVID-19 test and related services with no cost-sharing in any state Medicaid program that chooses to offer the option.
- Extends funding for the Medicaid Money Follows the Person demonstration program, spousal impoverishment provisions, and Community Mental Health Services demonstration program through Nov. 30, 2020. The Community Mental Health Services demonstration will also be authorized to expand to two additional states.
- Directs the GAO to issue a study and report on the Community and Mental Health Services Demonstration Program within 18 months of enactment of this legislation.
- Allows state Medicaid programs to provide home and community-based support services in a hospital setting through payment for direct support professionals and caregivers trained to assist with activities of daily living with a focus on reducing length of stay.
- Clarifies that federal pandemic unemployment compensation will not affect eligibility for Medicaid or CHIP.

Relevant Health Provisions:

- Extends funding for community health centers, the Special Diabetes Program, the National Health Service Corps, and teaching health centers through Nov. 30, 2020.
- Provides **\$27 billion** for the Biomedical Advanced Research and Development Authority (BARDA) for research and development of vaccines and therapeutics to fight the virus and other medical needs.
- Provides **\$100 million** for the Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Response Grants to address mental health, substance use disorders, and provide resources and support to youth and the homeless during the pandemic.
- Provides **\$4.3 billion** to the CDC—includes **\$1.5 billion** in grants to state and local governments and tribes to carry out surveillance and laboratory testing, infection control and other activities, and **\$500 million** for public health data surveillance and analytics infrastructure modernization.
- Provides **\$706 million** to the National Institute of Allergy and Infectious Diseases—includes **\$156 million** in dedicated funds to construction, renovation and acquisition of equipment for vaccine and infectious disease facilities.
- Provides **\$1.32 billion** in supplemental funding to community health centers to help treat COVID-19 patients.
- Provides **\$45 billion** for the Federal Emergency Management Agency Disaster Relief Fund designed to support state and local efforts to recover from the pandemic, including medical response and protective equipment.

Aid to States:

- Provides a **\$150 billion** Coronavirus Relief Fund for state, territorial, tribal and local governments—\$11 billion will go to tribal government and territories. States may use these funds to cover costs for necessary expenditures incurred due to the public health emergency and for expenses not accounted for in the most recent past state budget. These expenses must be incurred during March 1, 2020, through Dec. 30, 2020.

Telehealth:

- Reauthorizes HRSA grant programs that promote the use of telehealth technologies for health care delivery, education, and health information services.
- Allows health savings accounts with a high deductible plan to be used to pay for telehealth services prior to a patient reaching that deductible
- Requires HHS to issue clarifying guidance to encourage the use of telecommunications systems—including remote patient monitoring—to provide home health services under the Medicare program consistent with the patient’s care plan.

COVID-19 Coverage:

- Clarifies that non-expansion states can use the Medicaid program to cover COVID-19 related services for uninsured adults who would have qualified for Medicaid if the state had chosen to expand. It also clarifies that other populations with limited Medicaid coverage, such as impoverished pregnant women and individuals who are eligible because they have certain health conditions, also are eligible for coverage under this state option.
- Clarifies that all testing for COVID-19 is to be covered by private insurance plans without cost sharing, including tests provided by labs on an emergency basis, state-developed tests, and any other tests determined appropriate by HHS. Requires private insurers to reimburse a test provider the negotiated in-network rate. In cases where the test provider is out-of-network, the plan must pay the “cash price” listed on a public website. Establishes a \$300/day monetary penalty for providers that do not make their prices for testing public.
- Provides free coverage without cost-sharing of a vaccine within 15 days for COVID-19 that has in effect a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP).

Workforce Provisions:

- Reauthorizes health professions workforce programs included in Title VII of the Public Health Service Act.
- Establishes a “Ready Reserve Corps” to ensure there are trained doctors and nurses to respond to COVID-19 and additional public health emergencies.
- Allows the secretary of HHS to reassign members of the National Health Service Corps in order to respond to the COVID-19 public health emergency.
- Clarifies that health care professionals who provide volunteer medical services during the public health emergency related to COVID-19 have liability protections.
- Reauthorizes and updates nurse workforce training program included in Title VIII of the Public Health Service Act.
- Extends the Health Professions Opportunity Grants program until Nov. 20, 2020. These grants provide education and training to TANF recipients and other low-income individuals for occupations in the health care field that pay well and are expected to experience labor shortages or be in high demand.
- Requires the secretary of HHS to consult the Advisory Committee on Training in Primary Care Medicine and Dentistry and the Advisory Council on Graduate Medical Education to develop a comprehensive plan with respect to health care workforce development programs, including education and training programs.

Drug and Device Provisions:

- Provides up to **\$16 billion** to be used to replenish the Strategic National Stockpile with medical supplies, including drugs and protective equipment.
- Clarifies that the Strategic National Stockpile can stockpile medical supplies, such as the swabs necessary for diagnostic testing for COVID-19.

Includes provisions of the MEDS Act (CHA has been supportive of this legislation and actively lobbied on it), proving the FDA additional authority to address drug shortages through:

1. Prioritizing and expediting the review of drug applications and inspections to prevent or mitigate shortages.
 2. Strengthening manufacturing reporting requirements when there is an interruption in supply, including rationale, expected duration, and information about active pharmaceutical ingredients (APIs) when APIs are the cause of the interruption—including source and known alternative sources.
 3. Requiring manufacturers to maintain contingency, or “redundancy risk management plans,” to ensure a backup supply of products. Furthermore, requires manufacturers to provide information about drug volume, i.e., amount of each drug for commercial distribution.
- Provides **\$80 million** to the FDA for work related to shortages of critical medicines, emergency use authorizations and pre- and post-market work on medical countermeasures, therapies, vaccines and research.
 - Provides **\$1 billion** to the Department of Defense to invest in manufacturing capabilities in order to increase production of personal protective equipment and medical equipment to meet the demand of healthcare workers nationwide.
 - Directs the National Academies to study the manufacturing supply chain of drugs and medical devices and provide Congress with recommendations to strengthen the U.S. manufacturing supply chain. The report would emphasize critical drugs and devices and provide recommendations on redundancy, domestic manufacturing and improved information sharing to mitigate disruptions in the future.
 - Establishes an over-the-counter drug user fee to increase FDA oversight. This provision is supported by the FDA and will allow for additional drug monographs to be approved—the current process is outdated. Many current labels are confusing for parents and can easily lead to incorrect dosing for kids.
 - Requires an annual update to Congress regarding FDA’s progress in evaluating certain pediatric indications for certain cough and cold monograph drugs for children under age 6. Pediatric experts have long raised concerned around the dangers of cough medicine and this provision is positive step.
 - Clarifies that medical device manufacturers are required to submit information about a device shortage or device component shortage upon FDA request. Also allows for expedited inspection and review to curb any potential shortages.
 - Provides Breakthrough Therapy designations for animal drugs that can prevent human diseases.
 - Allows patients to use funds in HSAs and Flexible Spending Accounts for the purchase of over-the-counter medical products, including those needed in quarantine and social distancing, without a prescription from a physician.

Medicare Sections of Interest:

- Eliminates the Medicare sequester from May 1 through Dec. 31, 2020.
- Includes a **20% increase** in Medicare hospital payments for care of COVID-19 patients.

- Allows acute care hospitals flexibility during the COVID-19 emergency period to transfer patients out of their facilities and into alternative care settings in order to prioritize resources needed to treat COVID-19 cases.
- Expands the Medicare accelerated payments program for a number of hospital types as defined in Medicare statute, including children’s hospitals. Qualified facilities would be able to request up to a six-month advanced lump sum or periodic payment. Most hospitals could elect to receive up to 100% of the prior period payments, or up to 125% in the case of Critical Access Hospitals. Hospitals would have at least 12 months to complete repayment with interest requirements.
 1. [Medicare Fact Sheet: Expansion of the Accelerated and Advanced Payments Program for Providers and Suppliers During COVID-19 Emergency](#) – Provides accelerated and advance Medicare payments provide emergency funding and addresses cash flow issues based on historical payments when there is disruption in claims submission and/or claims processing. 3/28
 2. [Overview of CMS Announcement of Expansion of Medicare’s Accelerated and Advance Payment Program](#) – CMS released on 3/28. This was included in the latest COVID-19 congressional relief package and the language explicitly included children’s hospitals as an eligible hospital type for the advanced payments related to Medicare claims. 3/30

Privacy Provisions:

- Requires HHS to issue guidance on what is allowed to be shared of patient records during the public health emergency related to COVID-19.
- Allows records pertaining to substance use disorder (SUD) treatment or activities to be used or disclosed to covered entities for the purposes of treatment, payment or health care operations as permitted by HIPAA once a patient’s written consent is obtained. Also allows disclosures of de-identified health information from these records to public health authorities as defined by HIPAA. Will prohibit the use of this information for any civil, criminal, administrative or legislative proceedings—except as otherwise authorized—and contains an antidiscrimination clause ensuring information may not be used in decisions around treatment, employment, housing, access to courts or social services. Patients still have the right to request restrictions on use or disclosure of their SUD treatment records. Requires an update to regulations in no less than a year so covered entities are required to provide notice in plain language on privacy practices to patients.
 - The Confidentiality of SUD Patient Records Final Rule is currently at OMB. We provided a [summary](#) of the proposed rule. This legislation goes beyond the revised regulation.

Nutrition Programs:

- Provides **\$8.8 billion** to be used for food purchases and gives schools greater flexibility.
- Extends Temporary Assistance for Needy Families through Nov. 30, 2020.
- Provides **\$15.5 billion** for the Supplemental Nutrition Assistance Program to accommodate increased need for food stamps.

Child Care:

- Provides **\$3.5 billion** for the Child Care Development Block Grant, allowing childcare programs to maintain critical operations.

Families First Coronavirus Response Act ([H.R. 6201/P.L. 116-127](#))

Signed into law on March 18. Estimated by Congressional Budget Office increase spending by \$192 billion.

Health Provisions:

- Temporary **6.2% increase** to each state's Federal Medical Assistance Percentage (FMAP) effective Jan. 1, 2020, through the end of the last quarter of the public health emergency. States may not receive the FMAP increase if they choose to restrict eligibility standards, methodologies or procedures for beneficiaries during the emergency period.
- Requirement of private health plans to provide coverage for COVID-19 testing and waive cost-sharing and prior authorization requirements for testing and certain related treatment services. Similar cost-sharing waivers also included for Medicare, Medicaid, CHIP and TRICARE. Includes a state plan option to provide Medicaid coverage to uninsured patients for the purpose of diagnostic testing and treatment related to COVID-19.
- Provides **\$1 billion** for the National Disaster Medical System for reimbursement of testing costs for those without insurance.
- Codifies HHS administrative action to provide temporary liability protections for approved personal respiratory devices under the Public Readiness and Emergency Preparedness (PREP) Act to help increase the supply of respirators.
- Provides U.S. territories with increased Medicaid funding for all medical services for the next two fiscal years.

School Lunch Provisions:

- MEALS Act: provides the secretary of Agriculture the authority to issue waivers for state plans that increase costs to the federal government. Waivers can be applied to both breakfast and lunch.
- COVID-19 Child Nutrition Response Act: allows all child and adult care centers to operate as non-congregate, i.e., allows children to take food to go. Allows the secretary of Agriculture to waive meal pattern requirements in child nutrition programs if there is a disruption to the food supply as a result of the COVID-19 emergency. Provides the secretary of Agriculture the authority to issue nationwide school meal waivers during the COVID-19 emergency, which will eliminate paperwork for states and help more schools quickly adopt and utilize flexibilities.
- SNAP benefits: if a school is closed for five consecutive days during a health emergency when school would otherwise be in session, each household containing one child benefitting from school lunch is eligible to receive assistance. This funding does not have a finite cap.

Coronavirus Preparedness and Response Supplemental Appropriations Act ([H.R. 6074/P.L. 116-123](#))

Signed into law March 6, the Coronavirus Preparedness and Response Supplemental Appropriations Act provided **\$8.3 billion**, including funding to support vaccine development, support for state and local governments, and assistance for affected small businesses.

Health Provisions:

- Provides **\$3.1 billion** to the HHS Office of the Assistant Secretary for Preparedness and Response capacity issues—includes **\$300 million** for hospital and health systems' efforts to prepare and respond, e.g., vaccine purchase and accessibility, necessary medical supplies, and medical surge capacity.
- Waives certain telehealth Medicare requirements so that the recipient does not need to be in a rural community. Requirements that are waived include those related to what qualifies as an originating site and the definition of a qualified provider.

- Provides **\$2.2 billion** to the CDC to support federal, state and local public health agencies—including **\$300 million** for global disease detection and emergency response along with **\$300 million** for the Infectious Diseases Rapid Response Reserve Fund.
- Provides **\$61 million** to FDA for the development and review of vaccines, therapeutics, medical devices and countermeasures, as well as addressing potential supply chain interruptions, and supporting enforcement of counterfeit products.
- Provides **\$100 million** for Community Health Centers. Each center will receive between \$50,000 and \$320,000 depending on their caseloads and how many patients are uninsured to use for expanding screening and testing, purchasing medical supplies, hiring more staff and expanding telehealth capacity.
- Provides **\$836 million** to the National Institute of Allergy and Infectious Diseases for research and development of vaccines and diagnostic tools.