



HEALTHCARE PROVISIONS

The CARES Act will help keep Americans healthy by:

- Increasing supply of drugs and equipment, including ventilators and masks
- Increasing hiring for vital health care jobs during the public health crisis
- Speeding development of a vaccine, treatments, and faster diagnostics
- Increasing affordability of health care for COVID-19:
 - o Makes all COVID-19 tests free
- Requires private insurance plans to cover COVID-19 treatments and vaccines
- Provides \$1.3 billion in immediate additional funding for Community Health Centers, which provide access to health care services for approximately 28 million Americans
- Gets more resources into the hands of our providers quickly
- Expands access to care for patients
- Support our public health response
- Removes limitations employers and individuals face on their HSA-eligible plans

What you need to know:

- **Treatment for COVID-19 Patients is a Priority:** To help patients, the bill invests in our medical system in several ways:
 - o First, the bill provides money for providers through Medicare:
 1. Allows for accelerated Medicare payments. This will help hospitals, especially those facilities in rural and frontier areas, get the reliable and stable cash flow they need to help them maintain an adequate workforce, buy essential supplies, create additional infrastructure, and keep their doors open to care for patients
 2. Creates a 20 percent add on payment for inpatient treatment
 - o Delays the sequester until the end of this calendar year, which gives providers both money and certainty
 - o Second, the bill provides over \$140 billion in appropriations to support our health system, including:
 1. \$100 billion for a new program to provide grants to hospitals, public entities, not-for-profit entities, and Medicare and Medicaid enrolled suppliers and institutional providers to cover unreimbursed health care related expenses or lost revenues attributable to the public health emergency resulting from the coronavirus

2. \$16 billion to the Strategic National Stockpile to procure personal protective equipment, ventilators, and other medical supplies for federal and state response efforts
- \$11 billion to support research and development of vaccines, therapeutics, and diagnostics to prevent or treat the effects of coronavirus
 1. \$4.3 billion to the CDC to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus
 2. \$185 million through HRSA to support rural critical access hospitals, rural tribal health and telehealth programs
 3. \$200 million for CMS for priorities like assisting nursing homes with infection control and support states' efforts to prevent the spread of coronavirus in nursing homes
 - Finally, the bill pumps new resources into our public health, education and emergency preparedness infrastructure:
 1. Funds community health centers through November 30, 2020
 2. Reauthorizes key rural grant programs to strengthen rural community health
 - Invests \$30.750 billion into a flexible Education Stabilization Fund to help states, school districts and institutions of higher education for costs face increased costs as they deal with the safety and health issues related to coronavirus as well as continue to develop plans for providing online learning for all students
 1. Takes steps to address supply shortages, including in the Strategic National Stockpile and removing legal barriers to the production of more masks
 2. Removes barriers to allow the Biomedical Advanced Research and Development Authority (BARDA) to more easily partner with private sector on research and development and to allow BARDA to expedite diagnostics and vaccines
 - **Unleashes the Full Might of America's Health Care Innovation:** The bill contains a significant expansion of telehealth by allowing patients to see doctors with whom they don't already have a relationship, connecting folks on home dialysis with providers, and allowing federally qualified health centers and rural health centers to participate.
 - The bill also expands telehealth services for home health and hospice
 - Overburdened physicians need relief, so nurse practitioners and physicians' assistants will be able to prescribe home health services
 - Finally, the bill makes it easier for post-acute facilities to be fully utilized during this crisis
 - **Eliminates Red Tape for Employers and Individuals:** The bill ensures that Americans are able to use all tax-favored health care accounts, like HSAs and FSAs, to buy over-the-counter medicines tax-free without a prescription. In addition, high deductible health care plans with HSAs will now be able to provide coverage pre-deductible for telehealth services.

The Details: The CARES Act provides unprecedented resources to providers during these unprecedented times. Moreover, patients who need care should be able to receive care, especially those seniors who need to be able to communicate with their providers in the lowest risk setting

possible. Easing the rules that permit access to telehealth and increasing provider capacity would help maintain continuity of care and free up time and inpatient resources to treat coronavirus patients.

Title III- Supporting American's Health Care System in the Fight Against the Coronavirus
Subtitle D— Finance Committee

Sec. 3701. Health Savings Accounts for Telehealth Services

This section would allow a high-deductible health plan (HDHP) with a health savings account (HSA) to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 virus and protecting other patients from potential exposure.

Sec. 3702. Over-the-Counter Medical Products without Prescription

This section would allow patients to use funds in all tax-favored health accounts (e.g. Health Savings Accounts, Flexible Spending Arrangements) for the purchase of over-the-counter medical products, including those needed in quarantine and social distancing, without a prescription from a physician.

Sec. 3703. Expanding Medicare Telehealth Flexibilities

This section would eliminate the requirement in Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (Public Law 116-123) that limits the COVID-19 Medicare telehealth expansion authority during the COVID-19 emergency to situations where the physician or other professional has treated the patient in the past three years. This would enable beneficiaries to access telehealth, including in their home, from a broader range of providers, reducing COVID-19 exposure.

Sec. 3704. Allowing Federally Qualified Health Centers and Rural Health Clinics to Furnish Telehealth

This section would allow, during the COVID-19 emergency, Federally Qualified Health Centers and Rural Health Clinics to furnish telehealth services to beneficiaries in their home or other setting. Medicare would reimburse for these services at a composite rate similar to payment provided for comparable telehealth services under the Medicare Physician Fee Schedule.

Sec. 3705. Expanding Telehealth for Home Dialysis Patients

This section would eliminate a requirement during the COVID-19 emergency that a nephrologist conduct some of the required periodic evaluations of a patient on home dialysis face-to-face., allowing these vulnerable beneficiaries to get more care in the safety of their home.

Sec. 3706. Use of telehealth to conduct face-to-face encounter prior to recertification of eligibility for hospice care during emergency period

This section would allow for the periodic face-to-face check-ins required for hospice patients to be conducted via telehealth, preventing beneficiaries from being discharged from hospice should in-person face-to-face appointments be impossible or inadvisable during this emergency.

Sec. 3707. Encouraging use of telecommunications systems for home health services furnished during emergency period

This section would task the Secretary to clarify guidance and conduct outreach in order to encourage the use of telehealth and remote patient monitoring as much as is appropriate to still meet a patient's care needs.

Sec. 3708. Enabling Physician Assistants and Nurse Practitioners to Order Home Health Services

This section would allow physician assistants, nurse practitioners, and other professionals to order home health services for beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home.

Sec. 3709. Increasing Provider Funding through Medicare Sequester Relief

This section would provide prompt economic assistance to health care providers on the front lines fighting the COVID-19 virus, helping them to furnish needed care to affected patients. Specifically, this section would temporarily lift the Medicare sequester, which reduces payments to providers by 2 percent, from May 1 through December 31, 2020, boosting payments for hospital, physician, nursing home, home health, and other care. The Medicare sequester would be extended by one-year beyond current law to provide immediate relief without worsening Medicare's long-term financial outlook.

Sec. 3710. Medicare Add-on for Inpatient Hospital COVID-19 Patients

This section would increase the payment that would otherwise be made to a hospital for treating a patient admitted with COVID-19 by 20 percent. It would build on the Centers for Disease Control and Prevention (CDC) decision to expedite use of a COVID-19 diagnosis to enable better surveillance as well as trigger appropriate payment for these complex patients. This add-on payment would be available through the duration of the COVID-19 emergency period.

Sec. 3711. Increasing access to post-acute care during the emergency period

This section would waive the 3-hour rule for inpatient rehabilitation facilities and provide the Secretary with enforcement discretion with respects to certain payment rules for discharges from Long-Term Care Hospitals for the duration of this emergency.

Sec. 3712. Preventing Durable Medical Equipment Payment Reduction

This section would prevent a scheduled decrease in payment amounts for durable medical equipment, which helps patients transition from hospital to home and remain in their home, through the length of COVID-19 public health emergency.

Sec. 3713. Coverage of the COVID-19 vaccine under part B of the Medicare program without any cost-sharing

This section would eliminate any patient cost barriers for a future COVID-19 vaccine in Medicare Part B.

Sec. 3714. Require Part D and Medicare Advantage Plans to allow for 3-month fills and refills during the emergency period

This section would require all Medicare Advantage-Prescription Drug (MA-PD) and all Medicare Part D plans to allow beneficiaries to elect to fill and refill prescriptions for up to 90 days during the emergency period. This will improve seniors' access to drugs and minimize the number of trips they have to take to the pharmacy.

Sec. 3715. Providing Home and Community-based Support Services during Hospital Stays

This section would allow state Medicaid programs to pay for direct support professionals, including caregivers trained to assist with activities of daily living for disabled individuals in the hospital to reduce length of stay and free up beds.

Sec. 3716. Clarification regarding uninsured individuals

This section would clarify that in the Families First Coronavirus Response Act the term uninsured individual includes those who reside in a state that did not expand Medicaid under the ACA and those enrolled in state or federal health care program that does not provide coverage with no cost-sharing for a COVID-19 vaccine, testing or the administration of such vaccine and testing product.

Sec. 3717. Clarification regarding coverage of COVID-19 testing products

This section would clarify all testing for COVID-19 is to be covered under Medicaid and CHIP without cost sharing, including those tests without an Emergency Use Authorization (EUA) by the Food and Drug Administration (FDA).

Sec. 3718. Delay of reporting requirements and scheduled payment cuts for clinical laboratories

This section would delay the upcoming data reporting period for clinical laboratories during which laboratories are required to report private payor data by one more year. This section would also delay a scheduled reduction in Medicare payments for clinical diagnostic laboratory tests for beneficiaries in 2021.

Sec. 3719. Expansion of the Medicare Hospital Accelerated Payment Program during the COVID-19 Public Health Emergency

This section would expand, for the duration of the COVID-19 public health emergency, an existing Medicare accelerated payment program. Hospitals, especially those facilities in rural and frontier areas, need reliable and stable cash flow to help them maintain an adequate workforce, buy essential supplies, create additional infrastructure, and keep their doors open to care for

patients. Specifically, qualified facilities would be able to request up to a six-month advanced lump sum or periodic payment. This advanced payment would be based on net reimbursement represented by unbilled discharges or unpaid bills. Most hospital types could elect to receive up to 100 percent of the prior period payments, with Critical Access Hospitals able to receive up to 125 percent. Finally, a qualifying hospital would not be required to start paying down the loan for four months and would also have at least 12 months to complete repayment without a requirement to pay interest.

Sec. 3720. Delaying requirements for enhanced FMAP to enable state legislation necessary for compliance

This section would amend the Families First Coronavirus Response Act to allow states more time to get in compliance with the requirements to ensure they are able to receive the 6.2 FMAP increase for their Medicaid programs.

Subtitle E— Health and Human Services Extenders Part I— Medicare Provisions

**Sec. 3801. Extension of the Work Geographic Index Floor Under the Medicare Program
This section would extend the work Geographic Practice Cost Index (GPCI) floor**

This section would increase payments for the work component of physician fees in areas where labor cost is determined to be lower than the national average by extending the current 1.0 physician work GPCI floor through November 30, 2020.

Sec. 3802. Extension of Funding for Quality Measure Endorsement, Input and Selection

This section would extend funding for quality measure endorsement, input, and selection; reporting requirements through November 30, 2020 to ensure CMS has the resources necessary to fulfill the agency's statutory obligations.

Sec. 3803. Extension of Funding Outreach and Assistance for Low-Income Programs

This section would extend funding, at the levels set in the Bipartisan Budget Act of 2018, through November 30, 2020 for outreach and education activities for Medicare beneficiaries, specifically, for the State Health Insurance Programs (SHIPs), Area Agencies on Aging, Aging and Disability Resource Centers, and The National Center for Benefits and Outreach Enrollment.