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Overview of Health Care Provisions in the HEROES Act II

On Monday, Sept. 28, House Democrats released legislative text for an updated version of the HEROES Act, in their latest attempt to reignite bipartisan negotiations on a COVID-19 relief package. The $2.2 trillion proposal is a slimmed down version of their earlier $3.5 trillion HEROES Act, which passed through the House on May 15.

The health care provisions in this version of the HEROES Act are largely the same as those in the previous iteration, though many of the timelines for programmatic funding have been cut down. Among many other things, the bill includes $125 billion through the Public Health and Social Services Emergency Fund, which is broken down into $50 billion in grants for hospital and health care providers for COVID-19-related reimbursements, and $75 billion for coronavirus testing, contact tracing and isolation measures, with special attention to the disparities facing communities of color. It also includes $500 million for states to establish and implement strike teams to deploy to skilled nursing facilities or nursing facilities as needed. Additionally, the bill contains a number of the same provisions intended to expand access to comprehensive health care coverage, such as opening new special enrollment periods for the Health Insurance Marketplaces. One significant change from the earlier version is that this legislation replaces COBRA subsidies for individuals losing their job-based coverage with subsidies for coverage through the Marketplaces/Exchanges.

Notably, the measure does not include changes to the Medicare accelerated and advanced payment programs that were included in the original legislation, as these changes will be made through the continuing resolution, if passed. It also does not include a provision from the original bill that would have prevented the Department of Health and Human Services (HHS) Secretary from finalizing the Medicaid Fiscal Accountability Regulation (MFAR) until the end of the public health emergency. The Centers for Medicare and Medicaid Services (CMS) Administrator Verma recently stated publicly that the agency is withdrawing this rule from the regulatory agenda. The bill also omits a provision that would have provided $1 billion to the Health Resources and Services Administration (HRSA) for grants to institutions of higher education for establishment, improvement or expansion of medical schools in underserved areas.

The House is expected to vote on this bill as soon as this week, though the White House has not yet stated their position, and the Senate is not expected to take action on the measure in its current form.

Division A – Coronavirus Recovery Supplemental Appropriations Act, 2021

TITLE I—AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES

Overview of Title I: *This title provides appropriations for the Department of Agriculture, the Food and Drug Administration, and related agencies.*

FOOD AND DRUG ADMINISTRATION

- Appropriates $1.5 million under "Salaries and Expenses" for the purposes of holding advisory meetings to discuss requests for authorization or applications for approval of coronavirus vaccines.
- Impact: This appropriation will provide funding so that advisory meetings can be held to discuss and approve a COVID-19 vaccine.

TITLE II—INTERIOR, ENVIRONMENT, AND RELATED AGENCIES

Overview of Title VII: *This title provides appropriations for the Department of the Interior, the Environmental Protection Agency, and related agencies to address COVID-19.*

INDIAN HEALTH SERVICE

- Appropriates $1.734 billion for Indian health Service (IHS), including:
    - $1 billion to supplement lost third-party revenues;
    - $500 million for direct health and telehealth services, including to purchase supplies and personal protective equipment (PPE);
    - $140 million to expand broadband infrastructure and information technology for telehealth and electronic health records purposes;
    - $20 million to address the needs of domestic violence victims and homeless individuals and families;
    - $64 million for Urban Indian Organizations; and
    - $10 million to provide and deliver potable water.
- An additional $600 million is provided under Indian Health Facilities to modify existing buildings, carry out maintenance and improvement projects, and purchase equipment in order to provide isolation and quarantine space.
- IHS is required to submit a detailed spend plan and subsequent reports to the House Appropriations Committee. Funds for telehealth broadband activities may not be spent until a spend plan is submitted.
- Impact: Supports critical IHS services in Indian country to address the coronavirus pandemic.

TITLE VIII—DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES

Overview of Title VIII: *This title provides appropriations for the Department of Labor, Health and Human Services, Education, and related agencies to address the COVID-19 pandemic.*

HEALTH RESOURCES AND SERVICES ADMINISTRATION

- Appropriates $7.6 billion for grants and cooperative agreements under the Health Centers Program, grants to federally qualified health centers and for eligible entities under the Native Hawaiian Health Care Improvement Act.
- Funds may be used to:
    - Purchase equipment and supplies to conduct mobile COVID-19 testing;
    - Purchase and maintain vehicles and equipment for mobile testing; and
    - Hire and train laboratory personnel to carry out this testing.
- Impact: Supports mobile COVID-19 testing efforts at health centers that serve low-income Americans.

HEALTH WORKFORCE

- Appropriates $1 billion for Health Workforce, including:
    - $800 million for health workforce recruitment and retention under the Public Health Service Act.
        - Of this amount, $100 million shall be used for grants to states participating in the National Health Service Corps State Loan Repayment Program.
            - No less than 10% may be used by a state for the administration of the loan program.
    - $200 million for loan repayment and scholarship programs for nurses.
- Impact: Supports recruitment of nurses and other health care professionals to serve in areas with provider shortages.

MATERNAL AND CHILD HEALTH

- Appropriates $500 million for the Maternal and Child Health Services Block Grant, including:
    - $100 million for the Ryan White HIV/AIDS Program for modifications to existing contracts and supplements to existing grants and cooperative agreements.
- Impact: This funding supports maternal and child health services, including HIV/AIDS services, to address the COVID-19 pandemic.

CENTERS FOR DISEASE CONTROL AND PREVENTION

- Appropriates $13.7 billion for Centers for Disease Control and Prevention (CDC)-wide activities and program support, including:
    - $7 billion for activities to plan, prepare for, promote, distribute, administer, monitor and track coronavirus vaccines;

  - $2 billion in grants for state, local, tribal and territorial health departments to procure personal protective equipment and other workplace safety measures to contain and mitigate the spread of COVID-19;
  - $1 billion for Public Health Emergency Preparedness cooperative agreements;
  - $1 billion for necessary expenses for grants to state, local, tribal or territorial health departments for core public health infrastructure;
  - $1 billion for global disease detection and response;
  - $1 billion for grants for a public awareness campaign on the importance of vaccination;
  - $500 million for activities to plan, prepare for, promote, distribute, administer, monitor and track flu vaccines; and
  - $200 million for public health data surveillance and analytics infrastructure modernization.
- Not less than $100 million shall be allocated to tribes, tribal organizations, Urban Indian Organizations or health service providers to tribes.
- Within 60 days of enactment, the CDC must present an enhanced seasonal flu vaccination strategy to the House Appropriations Committee.
- Impact: Provides funding to support the distribution of COVID-19 and seasonal flu vaccines; grants to state, local, tribal and territorial health departments for public health infrastructure and the procurement of PPE; and other CDC activities necessary to address the COVID-19 pandemic.

NATIONAL INSTITUTES OF HEALTH

- Appropriates $500 million for the National Institute of Allergy and Infectious Diseases.
- Appropriates $200 million for the National Institute of Mental Health.
- Appropriates $4.021 billion for the Office of the Director, including:
  - $3 billion for the offsetting of costs related to reductions in lab productivity resulting from the coronavirus pandemic; and
  - $1.021 billion to support additional scientific research or the programs and platforms that support research.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

- Appropriates $8.5 billion for Health Surveillance and Program Support, including:
  - $3.5 billion for the Substance Abuse Prevention and Treatment block grant program;
  - $4 billion for the Community Mental Health Services block grant program;
    - 50% of this amount is reserved for mental health centers as defined in the Public Health Service Act.
  - $600 million for the Certified Community Behavioral Health Clinic Expansion Grant program;
    - Of this amount, $50 million is set aside for suicide prevention programs.
  - $100 million for activities and services under Project AWARE;
  - $10 million for the National Child Traumatic Stress Network;
  - $240 million for noncompetitive grants, contracts or cooperative agreements with public health entities to address emergency substance abuse or mental health needs in communities; and
  - $150 million shall be allocated to tribes, tribal organizations, Urban Indian Organizations or health and mental health providers to tribes.

- Substance Abuse and Mental Health Services Administration (SAMHSA) may waive requirements pertaining to allowable activities, timelines or reporting requirements for the Substance Abuse Prevention and Treatment block grant and the Community Mental Health Services block grant programs.
- Impact: Supports mental health, substance abuse and suicide prevention programs, as well as emergency grants to state and local governments for mental health and substance abuse services.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

- Appropriates $500 million for state strike teams for resident and employee safety in nursing facilities.
- Impact: Provides funding for nursing facility resident and employee safety.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

- Appropriates $21.025 billion for the Public Health and Social Services Emergency Fund, including:
    - $20 billion for the Biomedical Advanced Research and Development Authority (BARDA) for research, development, manufacturing, production and purchase of COVID-19 vaccines, therapeutics and ancillary medical products.
        - $500 million shall be used by BARDA for the construction, renovation or equipping of U.S. next-generation manufacturing facilities; and
        - $500 million shall be used to promote innovation in antibacterial research and development.
- Appropriates $50 billion for payments for the Health Care Provider Relief Fund.
- Appropriates $75 billion for the COVID-19 National Testing and Contact Tracing Initiative.
- Impact: Provides funding for COVID-19 vaccine research, development, and manufacturing; relief payments for health care providers, and a national COVID-19 testing and contact tracing program.

Division K – Health Provisions

TITLE I—MEDICAID PROVISIONS

Overview of Title I: *This title expands Medicaid coverage to include COVID-19 treatment and vaccine costs at no cost-sharing. It includes a temporary FMAP increase to 14% to state Medicaid programs. It provides a temporary increase in DSH payments by 2.5% through the end of FY 2021.*

Section 101: COVID-19-Related Temporary Increase of Medicaid FMAP

- Amends a section of the Families First Coronavirus Response Act to increase the Federal Medical Assistance Percentage (FMAP) payments to state Medicaid programs from 6.2% to a total of 14 percentage points. This increase would take effect starting Oct. 1, 2020, through Sept. 30, 2021.
- Impact: Increases FMAP percentage from 6.2% to 14% for state Medicaid programs.

Section 102: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency Period

- Increases the federal payments to state Medicaid programs by an additional 10 percentage points beginning on Oct. 1, 2020, through Sept. 30, 2021, to support activities that strengthen their home- and community-based services (HCBS) benefit.
- Impact: Increases the FMAP by 10 percentage points for state Medicaid services that keep patients in home- and community-based care.

Section 103: Coverage at No Cost-Sharing of COVID-19 Vaccine and Treatment

- Eliminates cost-sharing for Medicaid beneficiaries for COVID-19 treatment and vaccines during the COVID-19 public health emergency. The Families First Coronavirus Response Act and the CARES Act included language that all diagnostic testing should be covered with no cost-sharing. This provision expands that coverage to include treatment and vaccines when a vaccine is approved.
- Impact: Eliminates cost-sharing for COVID-19 treatment and vaccine under the Medicaid program.

Section 104: Optional Coverage at No Cost-Sharing of COVID-19 Treatment and Vaccines under Medicaid for Uninsured Individuals

- The Families First Coronavirus Response Act created a new, optional Medicaid eligibility category for uninsured individuals. Uninsured individuals—defined as not eligible for Medicaid and not enrolled in group, individual or public coverage—could be enrolled in Medicaid and receive coronavirus testing services. This section ensures that uninsured individuals whom 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.
- Impact: Allows state Medicaid programs to cover COVID-19 treatment without cost-sharing.

Section 105: Medicaid Coverage for Citizens of Freely Associated States

- Restores Medicaid eligibility to individuals who are residents of freely associated states.
- Impact: Expands Medicaid coverage for citizens of freely associated states.

Section 106: Temporary Increase in Medicaid DSH Allotments

- Temporarily increases Medicaid disproportionate share hospital (DSH) allotments by 2.5% for fiscal years 2020 and 2021.
- Impact: Temporary increase in DSH payments by 2.5% through the end of FY-2021.

Section 107: Allowing for Medical Assistance under Medicaid for Inmates during 30-Day Period Preceding Release

- Provides an allowance for medical assistance under Medicaid to incarcerated individuals during the 30-day period preceding release.
- Impact: Provides Medicaid eligibility to incarcerated individuals 30 days prior to their release.

Section 108: Medicaid Coverage of Certain Medical Transportation.

- Codifies the regulatory requirement that state Medicaid programs cover non-emergency medical transportation (NEMT).
- Impact: Increases Medicaid coverage for non-emergency medical transportation

TITLE II—MEDICARE PROVISIONS

Overview of Title II: *This title expands Medicare coverage to include COVID-19 treatment and vaccine costs at no cost-sharing under Part A and B, and under the Medicare Advantage program. It provides an outlier payment for Medicare IPPS claims to cover excess costs for COVID-19 patients. Medicare PDPs and MA-PDP plans are required to cover drugs, without cost-sharing, indicated to treat COVID-19. It would create a special enrollment period for individuals who are Medicare eligible to apply for coverage under Parts A and B. It has a number of provisions related to supporting nursing homes' response to the COVID-19 pandemic, including creating COVID-19 nursing home treatment centers, providing support through Medicare's Quality Improvement Organizations (QIOs), and improving telecommunication capabilities for skilled nursing facilities. It would require CMS to reestablish a rural floor for the Medicare hospital area wage index for hospitals in all urban states. It would also provide relief for small rural hospitals, reclassify locations of hospitals in certain areas and ensure that Medicare beneficiaries are provided with a COVID-19 vaccine without any cost-sharing.*

Section 201: Holding Medicare Beneficiaries Harmless for Specified COVID-19 Treatment Services Furnished under Part A or Part B of the Medicare Program

- Establishes zero cost-sharing (out-of-pocket costs) for COVID-19 treatment under Medicare Parts A and B during the COVID-19 public health emergency. The secretary shall provide for the transfer to the Centers for Medicare & Medicaid Program Management Account from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Trust Fund $100 million for purposes of carrying out this section.
- Impact: Eliminates cost-sharing for COVID-19 treatment under the Medicare Part A and B program.

Section 202: Ensuring Communications Accessibility for Residents of Skilled Nursing Facilities during the COVID-19 Emergency Period

- Ensures skilled nursing facilities provide a means for residents to conduct "televisitation" while in-person visits are not possible during the COVID-19 public health emergency.
- Impact: Increases telecommunications accessibility for residents of skilled nursing facilities.

Section 203: Medicare Hospital Inpatient Prospective Payment System Outlier Payments for COVID-19 Patients during Certain Emergency Periods

- Provides an outlier payment for Inpatient Prospective Payment System (IPPS) claims for any amount over the traditional Medicare payment to cover excess costs hospitals incur for more expensive COVID-19 patients until either Jan. 31, 2021, or the end of the emergency declaration, whichever is sooner.
- Impact: Provides an outlier payment for Medicare IPPS claims to cover excess costs for COVID-19 patients.

Section 204: Coverage of Treatments for COVID-19 at No Cost-Sharing Under the Medicare Advantage Program

- Establishes zero cost-sharing (out-of-pocket costs) for COVID-19 treatment under Medicare Advantage during the COVID-19 public health emergency.
- Impact: Includes coverage of treatments for COVID-19 at no cost-sharing under the Medicare Advantage program.

Section 205: Requiring Coverage under Medicare PDPs and MA-PDP Plans, Without the Imposition of Cost-Sharing or Utilization Management Requirements, of Drugs Intended to Treat COVID-19 During Certain Emergencies

- Requires coverage under Prescription Drug Plans (PDPs) and Medicare Advantage Prescription Drug plans (Mapp) without cost-sharing or Utilization Management Requirements for drugs intended to treat COVID-19 during the COVID-19 public health emergency.
- Impact: Medicare PDPs and MA-PDP plans are required to cover drugs, without cost-sharing, indicated to treat COVID-19.

Section 206: Create a New Special Enrollment Period for Medicare

- Creates a new special enrollment period for Medicare Parts A and B-eligible individuals during the COVID-19 public health emergency. The special enrollment period would begin no later than Dec. 1, 2020, and ends on the last day of the month in which the emergency period ends.
- Impact: Individuals who are Medicare eligible could apply for coverage under Parts A and B under a special enrollment period.

Section 207: Skilled Nursing Facility Payment Incentive Program

- Provides incentives for nursing facilities to create COVID-19-specific facilities and includes safety and quality protections for patients.
- Impact: A skilled nursing facility may elect to be designated as a COVID-19 treatment center under this program.

Section 208: Funding for State Strike Teams for Resident and Employee Safety in Skilled Nursing Facilities and Nursing Facilities

- Directs HHS to allocate money to the states to create strike teams to help facilities manage outbreaks when they occur.
- Impact: Nursing home strike teams would be created by HHS to help nursing homes manage outbreaks.

Section 209: Providing for Infection Control Support to Skilled Nursing Facilities through Contracts with Quality Improvement Organizations

- Requires the secretary of HHS to provide additional assistance to facilities struggling with infection control through Medicare's Quality Improvement Organizations (QIOs).
- Impact: Creates at least one contract with a quality improvement organization to provide support to skilled nursing facilities.

Section 210: Requiring Long-Term Care Facilities to Report Certain Information Relating to COVID-19 Cases and Deaths

- Requires HHS to collect data on COVID-19 in nursing homes and to publicly report demographic data on COVID-19 cases in nursing homes on Nursing Home Compare.
- Impact: HHS would have to collect and publish demographic data on nursing home cases of COVID-19.

Section 211: Floor on the Medicare Area Wage Index for Hospitals in All Urban States

- Requires the Centers for Medicare and Medicaid Services to reestablish a rural floor for the Medicare hospital area wage index for hospitals in all urban states.
- Impact: CMS to reestablish a rural floor for the Medicare hospital area wage index for hospitals in all urban states.

Section 212: Relief for Small Rural Hospitals from Inaccurate Instructions Provided by Certain Medicare Administrative Contractors

- Provides relief to certain rural Sole Community and Medicare-dependent hospitals that owe payments to Medicare due to administrative errors made in volume-based payment adjustments.
- Impact: Provides relief to small and rural hospitals financially impacted as a result of administrative errors made in volume-based payment adjustments.

Section 213: Deeming Certain Hospitals to Be Located in an Urban Area for Purposes of Payment for Inpatient Hospital Services under the Medicare Program

- Reclassifies the locations of hospitals located in certain areas for the purposes of adjusting Medicare payments.
- Impact: Reclassifies hospitals located in certain areas for the purposes of adjusting Medicare payments.

Section 214: Effective Date of Medicare Coverage of COVID-19 Vaccines without Any Cost-Sharing.

- Ensures that the COVID-19 vaccine will be provided to Medicare beneficiaries without any cost-sharing even if the vaccine is authorized under emergency use.
- Impact: Medicare beneficiaries will be provided with the COVID-19 vaccine with no cost-sharing.

TITLE III—PRIVATE INSURANCE PROVISIONS

Overview of Title III: *This title would create a special enrollment period for individuals who are uninsured to enroll in ACA plans. It would require that consumers who lose their employer-sponsored coverage would be provided information on coverage options within the ACA Marketplaces/Exchanges. Insurance plans would be required to cover COVID-19-related testing and provider visits with no cost-sharing. Plans would also be required during the emergency period to notify beneficiaries if their plan permits advanced prescription drug refills. The title also provides a premium tax credit for individuals who have lost their jobs during to the public health emergency and modifies the reconciliation protections to limit payment recapture for those with incomes below 600% of the poverty level.*

Section 301: Special Enrollment Period through Exchanges

- Provides for a two-month special enrollment period to allow individuals who are uninsured, for whatever reason, to enroll in coverage. Currently, Americans can only enroll in an Affordable Care Act (ACA) plan during the open enrollment period, or because of a qualifying life event if they were previously insured.
- Impact: Creates a special enrollment period for individuals to enroll in ACA plans.

Section 302: Expedited Meeting of ACIP for COVID-19 Vaccines

- Requires the Advisory Committee on Immunization Practices (ACIP) to meet and provide a recommendation no later than 15 days after a COVID-19 vaccine is listed under the Public Health Service Act.
- Impact: Ensures an expedited review of vaccine recommendations.

Section 303: Coverage of COVID-19 Related Treatment at No Cost-Sharing

- Requires coverage of items and services related to the treatment of COVID-19 in group and individual market health plans and waives cost-sharing requirements (including deductibles, copayments and coinsurance) for consumers during the COVID-19 public health emergency. Treatment includes medically necessary services provided during in-person and telehealth visits.
- Impact: Insurance plans would be required to cover COVID-19 treatment with no cost-sharing.

Section 304: Requiring Prescription Drug Refill Notifications during Emergencies

- Requires group and individual market health plans to notify consumers if their plan permits advance prescription drug refills during an emergency period.
- Impact: Plans would be required during an emergency period to notify beneficiaries if their plan permits advanced prescription drug refills.

Section 305: Improvement of Certain Notifications Provided to Qualified Beneficiaries by Group Health Plans in the Case of Qualifying Events

- Provides individuals who lose their employer-sponsored coverage with information on other plan options, including coverage available under the ACA.
- Impact: Consumers who lose their employer-sponsored coverage are provided information on other plan options.

Section 306: Sooner Coverage of Testing for COVID-19

- Amends the Families First Coronavirus Response Act so that the requirement for coverage of COVID-19 testing without cost-sharing is retroactive to the beginning of the COVID-19 public health emergency.
- Impact: Retroactively changes the date of when plans had to begin covering diagnostic testing to the start of the public health emergency.

Section 307: Clarifying Scope of Coverage Requirement for Items and Services Relating to COVID-19

- Requires group and individual market health plans to provide coverage of items and services related to COVID-19 testing at no cost-sharing regardless of the circumstances that resulted in the furnishing of the tests, items and services.
- Impact: Prohibits cost-sharing for items and services related to COVID-19 testing.

Section 308: Guidance on Billing for Provider Visits Associated with COVID-19 Testing

- Requires the secretaries of HHS, Treasury and Labor to issue guidance no later than 30 days after the enactment of this bill on billing for provider visits associated with COVID-19 testing. It also prohibits providers from collecting cost-sharing for items and services related to COVID-19 testing.
- Impact: Prohibits cost-sharing for provider visits associated with COVID-19 testing.

Section 309: Improvements to Transparency of the Pricing of Diagnostic Testing for COVID-19

- Directs HHS to conduct a survey of providers regarding cash prices for COVID-19 tests and related items. HHS must publish the report on their findings no later than 60 days after the enactment of this bill.
- Impact: Increases transparency of providers' cash prices of COVID-19 tests and related items.

Section 310: Grants for Exchange Outreach, Education, and Enrollment Assistance

- Appropriates $100 million per year over the next three years for grants to states to conduct consumer outreach and enrollment educational activities for the ACA Marketplaces/Exchanges. Each grant should amount to at least $500,000 for each one-year period.
- Ensures the outreach and educational activities are conducted in a manner that is culturally and linguistically appropriate to the needs of the populations being served.
- Authorizes $100 million per year for three years to carry out the ACA navigator program.
- Impact: Provides states with funding to educate their citizens on coverage options within the ACA Marketplaces/Exchanges.

Section 311: Application of Premium Tax Credit in Case of Individuals Receiving Unemployment Compensation during the COVID-19 Public Health Emergency

- Provides a premium tax credit for individuals who have lost their jobs during to the public health emergency. For 2020 and 2021, individuals receiving unemployment compensation would be able to access ACA premium tax credits regardless of income and, for individuals with higher incomes, tax credits will be determined as if their income was 133% of the poverty level.
- Impact: Provides a premium tax credit to individuals that have lost their jobs during the public health emergency.

Section 312: Increasing Accessibility and Affordability to Qualified Health Plans for Individuals Receiving Unemployment Compensation during the COVID-19 Emergency Period

- Establishes a special enrollment period for individuals who become eligible to receive unemployment insurance.
- Requires model notices to be used for outreach to individuals receiving unemployment insurance and eligible for additional financial assistance provided in Section 311.
- Impact: Provides individuals who have lost their jobs during the public health emergency with the option to enroll in health insurance coverage through the ACA Marketplaces/Exchanges.

Section 313: Temporary Modification of Limitations on Reconciliation of Tax Credits for Coverage under a Qualified Health Plan with Advance Payments of Such Credit

- Modifies the reconciliation protections to limit payment recapture for those with incomes below 600% of the poverty level.
- Impact: Addresses the economic uncertainty and income variability for individuals receiving tax credits for purchasing health insurance in the ACA Marketplaces/Exchanges.

Section 314: Requirements for Cobra Notices Relating to the Availability of Health Insurance Coverage and Assistance

- Provides additional notifications to individuals who become eligible for COBRA continuation coverage regarding the special enrollment period for unemployment recipients, premium tax credits and reconciliation protections.
- Impact: Provides additional information of the availability of coverage in the ACA Marketplaces/Exchanges to individuals who lose their jobs during the public health emergency.

TITLE IV—APPLICATION TO OTHER HEALTH PROGRAMS

Overview of Title IV: *This title eliminates out-of-pocket costs for COVID-19 treatments for TRICARE beneficiaries, individuals on Department of Veterans Affairs health plans, and individuals on the Federal Employee Health Benefit Program.*

Section 401: Coverage of COVID-19-Related Treatment at No Cost-Sharing in TRICARE

- Establishes zero cost-sharing for COVID-19 treatment under TRICARE, effective on the date of enactment of this Act.
- Impact: Ensures no out-of-pocket costs for COVID-19 treatments for TRICARE beneficiaries.

Section 402: Coverage of COVID-19-Related Treatment at No Cost-Sharing for Veterans

- Establishes zero cost-sharing for COVID-19 treatment under the Department of Veterans Affairs (VA) health plans, effective on the date of enactment of this Act.
- Impact: Ensures no out-of-pocket costs for COVID-19 treatments for veterans covered under VA health plans.

Section 403: Coverage of COVID-19-Related Treatment at No Cost-Sharing for Federal Civilians

- Establishes zero cost-sharing for COVID-19 treatment under the Federal Employee Health Benefit Program, effective on the date of enactment of this Act.
- Impact: Ensures no out-of-pocket costs for COVID-19 treatments for employees covered under the Federal Employee Health Benefit Program.

TITLE V—PUBLIC HEALTH POLICIES

SUBTITLE A—SUPPLY CHAIN IMPROVEMENTS

Overview of Title V, Subtitle A: *This subtitle addresses concerns about disruptions in the medical supply chain. It establishes a new federal response coordinator for medical supplies, and gives HHS the authority to extend the shelf life of essential medical devices if necessary. It also requires drug manufacturers to report details about foreign manufacturing, and gives HHS the authority to enforce a requirement that manufacturers report permanent discontinuances or interruptions in the supply chain. It also provides $100 million for the establishment of National Centers of Excellence in Continuous Pharmaceutical Manufacturing (NCEs).*

Section 511: Medical Supplies Response Coordinator

- Requires the president to appoint a Medical Supplies Response Coordinator to coordinate federal government efforts regarding the supply and distribution of critical medical supplies and equipment related to detecting, diagnosing, preventing and treating COVID-19, including personal protective equipment, medical devices, drugs and vaccines.
- The coordinator would serve as a point of contact for industry to procure and distribute supplies, establish a national database of hospital capacity and supplies, and monitor and report suspected price gouging. The appointee is required to have health care training and an understanding of medical supply chain logistics.
- Impact: Establishes a new Medical Supplies Response Coordinator for the federal government.

Section 512: Information to Be Included in List of Devices Determined to Be in Shortage

- Amends the CARES Act to clarify that the medical device identifier or national product code shall be included with any required shortage reporting, which will help facilitate identification of acceptable alternatives.
- Impact: Clarifies information needed to report device shortages.

Section 513: Extended Shelf Life Dates for Essential Devices

- Provides the FDA commissioner with the authority to require a manufacturer of any device determined to be essential to submit data and information about extending the shelf life dates of a medical device, in cases of shortages or material slowdowns during public health emergencies.
- If no data and information is available, the commissioner may require the manufacturer to conduct studies and submit results to the secretary; the secretary may compel manufacturers to change the date on the label based on the information provided.

- Impact: Gives the FDA commissioner authority to require device manufacturers to extend shelf life dates for essential devices.

Section 514: Authority to Destroy Counterfeit Devices

- Extends FDA's administrative destruction authority to allow the agency to destroy imported counterfeit medical devices valued at under $2,500, similar to its authority to destroy counterfeit drugs. This authority applies to instances in which FDA finds medical devices to be adulterated, misbranded or unapproved, and may pose a threat to the public health.
- Impact: Gives FDA the authority to destroy imported counterfeit medical devices, such as counterfeit masks or tests.

Section 515: Reporting Requirement for Drug Manufacturers

- Requires drug manufacturers to report establishments within a foreign country that are engaged in the manufacture, preparation, propagation, compounding or processing of any drug, including the active pharmaceutical ingredient.
- Manufacturers are required to report quarterly on the volume of drugs manufactured.
- Impact: Expands reporting requirements for foreign drug manufacturing.

Section 516: Recommendations to Encourage Domestic Manufacturing of Critical Drugs

- Requires the HHS secretary to enter into an agreement with the National Academies of Science, Engineering, and Medicine (NASEM) to establish a committee of drug and device supply experts, and convene a public symposium to analyze dependence on foreign manufacturing, recommend strategies to end foreign dependence, and issue a report to Congress.
- Impact: Convenes a symposium of experts to issue recommendations to end dependence on foreign manufacturing.

Section 517: Failure to Notify of a Permanent Discontinuance or an Interruption

- Gives FDA the authority to enforce the requirement that a drug manufacturer notify the commissioner of a permanent discontinuance or an interruption in the supply of a drug, and the reasons for such discontinuance or interruption, as required under current law.
- Impact: The FDA commissioner would have authority to enforce permanent discontinuance or interruption notice requirements.

Section 518: Failure to Develop Risk Management Plan

- Gives the FDA commissioner the authority to enforce the requirement that drug manufacturers develop a risk management plan, as required under current law.
- Impact: FDA would have authority to enforce risk mitigation plan requirements.

Section 519: National Centers of Excellence in Continuous Pharmaceutical Manufacturing

- Directs FDA to designate institutions of higher learning as National Centers of Excellence in Continuous Pharmaceutical Manufacturing (NCEs).
- NCEs will work with FDA and industry to develop a roadmap to support continuous manufacturing of drugs. This includes supporting additional research and development of technology, assessing and responding to workforce needs, and collaborating with manufacturers to support adoption of continuous manufacturing of drugs. It also includes reporting requirements to Congress on the status of the program and recommendations from NCE collaborations.
- Allocates $100 million for HHS to fund NCEs in the form of grants, contracts and/or cooperative agreements.
- Impact: Establishes and funds National Centers for Excellence in Continuous Pharmaceutical Manufacturing.

SUBTITLE B—STRATEGIC NATIONAL STOCKPILE IMPROVEMENTS

Overview of Title V, Subtitle B: *This subtitle extends requirements to HHS to maintain equipment in the Strategic National Stockpile (SNS) and requires HHS to establish a new process for responding to state requests for supplies. It allocates federal funds to assist the SNS in diversifying the supply chain and increasing flexibility. It also includes a number of new reporting requirements and requires a Government Accountability Office (GAO) oversight report.*

Section 531: Equipment Maintenance

- Requires the secretary of HHS to ensure that contents of the SNS are in good working order and, as appropriate, conduct maintenance on contents of the stockpile.
- Gives the secretary the authority to enter into contracts to procure equipment maintenance services.
- Impact: Expands requirements that HHS maintain equipment in the SNS.

Section 532: Supply Chain Flexibility Manufacturing Pilot

- Provides $500 million each year for FY 2020-2023 to improve SNS domestic product availability. This would be accomplished by increasing emergency stock of critical medical supplies, geographically diversifying production of medical supplies, and partnering with industry to refresh and replenish existing stocks of medical supplies.
- Requires HHS to report to Congress on progress by Sept. 30, 2022.
- Impact: Enhances funding to increase supply chain elasticity, and establish and maintain domestic reserves of critical medical supplies.

Section 533: Reimbursable Transfers from Strategic National Stockpile

- Permits the SNS to sell products to other federal departments or agencies within six months of product expiration, as long as the SNS is able to replenish supplies and the HHS secretary decides the transfer is in the nation's best interest.
- Requires HHS to report to Congress about any transfers by Sept. 30, 2022.
- Impact: Improves the SNS financial security by allowing SNS to sell products to other federal departments.

Section 534: Strategic National Stockpile Action Reporting

- Requires the Assistant Secretary for Preparedness and Response (ASPR) and the Federal Emergency Management Agency (FEMA) to report to Congress about every state request made to the SNS during the COVID-19 public health emergency and details regarding the outcomes of every request.
- Impact: Requires a report to Congress on requests to the SNS.

Section 535: Improved, Transparent Processes for the Strategic National Stockpile

- Requires the HHS secretary, in collaboration with the ASPR and CDC director, to develop and implement a process for the use and distribution of drugs, vaccines and other biological products, medical devices and other supplies in the SNS.
- The process shall include the form for states to submit requests, the criteria the secretary uses to respond to requests, and clear plans for future communication between the SNS and states.
- A report to Congress on the process is required.
- Impact: Develops a new, transparent process for requests to and distributions from the SNS.

Section 536: GAO Study on the Feasibility and Benefits of a Strategic National Stockpile User Fee Agreement

- Requires the GAO to conduct a study to investigate the public sector procurement process for single-source materials from the SNS.
- Impact: Requires a GAO report on the SNS user fee agreement.

SUBTITLE C—TESTING AND TESTING INFRASTRUCTURE IMPROVEMENTS

Overview of Title V, Subtitle C: *This subtitle includes a number of transparency measures to increase the information available publicly around testing capacity, testing manufacturing and testing locations. HHS will have to modify and provide updates to Congress on the national testing plan.*

Section 541: COVID-19 Testing Strategy

- Requires the HHS secretary to update relevant congressional committees on the COVID-19 strategic testing plan required under the Paycheck Protection Program and Health Care Enhancement Act no later than June 15, 2020. The updated plan shall identify the types and levels of testing necessary to monitor and contribute to the control of COVID-19 and inform of any reduction in social distancing.
- The updated plan must also include specific plans and benchmarks with clear timelines regarding how to ensure sufficient availability and allocation of all testing materials and supplies, sufficient laboratory and personnel capacity, and specific guidelines to ensure adequate testing in vulnerable populations and populations at increased risk, including older individuals, and rural and other underserved areas.
- The plan must involve testing capacity in non-health-care settings in order to help expand testing availability and make testing more accessible. It must also explain how to implement the testing strategy in a manner that will help reduce disparities with respect to COVID-19.
- The plan shall be updated every 30 days until the end of the public health emergency.
- Impact: HHS will have to modify and provide updates to Congress on the national testing plan.

Section 542: Centralized Testing Information Website

- Requires the HHS secretary to establish and maintain a public, searchable website that lists all in vitro diagnostic and serological tests used in the U.S. to analyze critical specimens for detection of COVID-19 or antibodies for the virus.
- The website will also list relevant information about the tests, including the sensitivity and specificity, and the numbers of tests available.
- Impact: HHS will have to create and update a website with publicly available information on approved diagnostic and serological tests.

Section 543: Manufacturer Reporting of Test Distribution

- Requires COVID-19 in vitro diagnostic or serological test manufacturers to report information regarding distribution of tests, including quantity and entities to which the tests are distributed, to the HHS secretary on a weekly basis.
- If a manufacturer fails to meet the notification requirement, HHS will issue a letter to which the manufacturer is required to respond within seven days. After 14 days, the letter from HHS and any responses shall be made public.
- Impact: Requires test manufacturers to provide distribution information to HHS.

Section 544: State Testing Report

- Requires states authorizing or intending to authorize laboratories to develop or perform in vitro diagnostic COVID-19 tests to provide HHS with weekly reports identifying all authorized laboratories, and providing relevant information about them, including their testing capacity, a list of all authorized tests, and relevant information about such tests.
- Impact: Requires states that authorize laboratories to develop or produce COVID-19 tests to provide certain information to HHS.

Section 545: State Listing of Testing Sites

- Requires states receiving funding through this Act to establish a public, searchable webpage identifying and providing contact information for COVID-19 testing sites within the state.
- Impact: States must establish a searchable website providing information for COVID-19 testing locations.

Section 546: Reporting of COVID-19 Testing Results

- Requires every laboratory that performs or analyzes COVID-19 tests to submit daily reports to the secretaries of HHS and DHS. This information will then be made available to the public in a searchable, electronic format.
- Impact: Laboratories that perform diagnostic tests must submit daily reports on the number of tests performed and their results.

Section 547: GAO Report on Diagnostic Tests

- Requires a GAO report on the response of laboratories, diagnostic test manufacturers, state, local, tribal and territorial governments, and relevant federal agencies related to the COVID-19 pandemic with respect to the development, regulatory evaluation and deployment of diagnostic tests.
- Impact: Requires GAO to provide a report to Congress on diagnostic tests.

Section 548: Public Health Data System Transformation

- Authorizes $450 million for HHS to expand, enhance and improve public health data systems used by the CDC.
- This includes grants to state, local, tribal or territorial public health departments to assist in the modernization of data systems in order to: assist public health departments in assessing current data infrastructure capabilities and gaps; improve secure public health data collection, transmission, exchange, maintenance and analysis; enhance the interoperability of public health data systems; support and train related personnel; support earlier disease and health condition detection; and develop and disseminate related information and improved electronic case reporting.
- Impact: Requires HHS and CDC to establish grants to entities to improve the public health data infrastructure and appropriates funding.

Section 549: Pilot Program to Improve Laboratory Infrastructure

- Authorizes $1 billion for grants to states and localities to improve, renovate or modernize clinical laboratory infrastructure in order to increase COVID-19 testing capacities.
- Impact: Provides states and localities grants to improve clinical laboratories to enhance testing capacity.

Section 550: Core Public Health Infrastructure for State, Local, Tribal, and Territorial Health Departments

- Authorizes $6 billion for the CDC to establish a core public health infrastructure program by awarding grants to state health departments to expand workforces and improve laboratory systems, health information systems, disease surveillance and contact tracing capacity.
- Impact: Provides funding for HHS and CDC to award grants to state, local, tribal and territorial health departments to improve public health infrastructure.

Section 551: Core Public Health Infrastructure and Activities for CDC

- Authorizes $1 billion for CDC to expand and improve their core public health infrastructure and activities in order to address unmet and emerging public health needs.
- CDC would be required to submit an annual report to Congress on these activities.
- Impact: Requires CDC to improve their core public health infrastructure and appropriates funds.

SUBTITLE D—COVID-19 NATIONAL TESTING AND CONTACT TRACING INITIATIVE

Overview of Title V, Subtitle D: *This subtitle appropriates $75 billion in federal funding for COVID-19 national testing, contact tracing and isolation measures. It also allocates $500 million in grants to support the local recruitment, placement and training of individuals from COVID-19 impacted communities in contact tracing and related positions.*

Section 561: National System for COVID-19 Testing, Contact Tracing, Surveillance, Containment, and Mitigation

- Requires the CDC to coordinate with state, local, tribal and territorial health departments to establish and implement a national evidence-based system for testing, contact tracing, surveillance, containment and mitigation of COVID-19. This includes issuing guidance on isolation and quarantine measures for positive COVID-19 cases and submitting reports on their effectiveness to Congress.
- Impact: Establishes a centralized national, evidence-based COVID-19 reporting system to strengthen the country's testing, contact tracing and isolation measures.

Section 562: Grants

- Requires the CDC to award grants to state, local, tribal and territorial health departments to carry out evidence-based systems for testing, contact tracing, surveillance, containment and mitigation of COVID-19.
- Additional funding will be prioritized for applicants in areas with a high number or surge in COVID-19 cases. Funding will subsequently be prioritized for applicants and entities set to serve high numbers of low-income, uninsured and underserved populations.
- Funding will be used to leverage or modernize existing systems, identify and establish specific culturally competent and multilingual strategies for testing and contact tracing in medically underserved populations, hire and compensate a locally sourced workforce and support individuals infected with or exposed to COVID-19.
- Impact: Increases access and employment opportunities related to COVID-19 testing and treatment across populations experiencing racial, ethnic and geographic health disparities and inequities.

Section 563: Guidance, Technical Assistance, Information, and Communication

- Requires the HHS secretary in coordination with the CDC and relevant agencies to issue guidance, provide technical assistance and information, and establish clear communication pathways for state, local, tribal and territorial health departments for the establishment and maintenance of their testing, contact tracing, surveillance, containment and mitigation systems no later than 14 days after this bill's enactment.
- Impact: Provides that state and public health jurisdictions receive agency guidance and support to establish transparent reporting mechanisms within their testing plans and contact tracing systems.

Section 564: Research and Development

- Requires the CDC director, in collaboration with the directors of NIH, the Agency for Healthcare Research and Quality (AHRQ), FDA and CMS, to support research and development on efficient and effective COVID-19 testing, contact tracing and surveillance strategies.
- Impact: Ensures the relevant multiagency support for research and development of culturally competent testing and contact tracing and surveillance strategies.

Section 565: Awareness Campaigns

- Requires the CDC director, in coordination with other appropriate offices and agencies, to provide grants to public and private entities including faith-based organizations for the development of national multilingual and culturally appropriate, science-based COVID-19 campaigns, to include information on testing availability and promote the importance of contact tracing.
- Impact: Supports multilingual and culturally competent COVID-19 public awareness campaigns that are inclusive of diverse populations.

Section 566: Grants to State and Tribal Workforce Agencies

- Appropriates $500 million in grants to be awarded by the secretary of Labor to support the local recruitment, placement and training of individuals from COVID-19-impacted communities in contact tracing and related positions, including transitional assistance and post-employment support.
- The secretary of Labor is directed to submit and make publicly available a report with disaggregated demographic data on the individuals served by the grants to the House Committee on Education and Labor and the Senate HELP Committee no later than 120 days after enactment of the bill and once grant funds have been expended.
- Impact: Provides funding to support community-based organizations in recruitment, training and employment efforts to build a culturally competent workforce within COVID-19-impacted communities.

Section 567: Application of the Service Contract Act to Contracts and Grants

- Mandates that contracts and grants that require contact tracing as part of the scope of work and that are awarded under Subtitle E require contact tracers and related positions to be paid no less than the prevailing wage for the area in which the work is performed.
- To the extent that a nonstandard wage determination is required to establish a prevailing wage for such positions, the secretary of Labor is directed to issue such a determination based on a job description used by the CDC no later than 14 days of enactment.
- Impact: Ensures the establishment of equitable wages for contract tracers and related positions based on geographic location.

Section 568: Authorization of Appropriations

- Appropriates $75 billion for the efforts outlined in the above sections.
- Impact: Appropriates additional funding for COVID-19 national testing, contact tracing and isolation measures.

SUBTITLE E—DEMOGRAPHIC DATA AND SUPPLY REPORTING RELATED TO COVID–19

Overview of Title VI, Subtitle E: *This subtitle increases reporting on the impact of COVID-19. This includes increased reporting around personal protection equipment, medical supply inventory and facility capacity. It also includes demographic data reporting requirements, including the collection of race, ethnicity, age, sex, gender, geographic region*

and other relevant factors of individuals diagnosed with COVID-19. It provides $100 million to states, $25 million to the Indian Health Service and $25 million to the CDC to carry out these reporting and data collection objectives.

Section 571: COVID–19 Reporting Portal

- Requires the HHS secretary to establish and maintain an online portal no later than 15 days after enactment that would enable health entities (e.g., hospitals and long-term care facilities) to track and transmit COVID-19-related PPE and medical supply inventory and facility capacity data. Facilities are directed to report information to the HHS secretary on a biweekly basis.
- Directs the HHS secretary to submit information to the appropriate congressional committees on a weekly basis.
- Impact: Establishes a COVID-19 online portal between HHS and health entities that would enable regular tracking and reporting of medical inventory and facility capacity needs.

Section 572: Regular CDC Reporting on Demographic Data

- Requires the HHS secretary, no later than 14 days after enactment, to provide and make publicly available a report to Congress on the collection of race, ethnicity, age, sex, gender, geographic region and other relevant factors of individuals diagnosed with COVID-19 (as required by the Paycheck Protection and Health Care Enhancement Act), including how the HHS secretary will provide technical assistance to state, local and territorial health departments to improve collection and reporting of this demographic data.
- If not collected or reported, the HHS secretary is directed to make a publicly available copy of a report on the CDC website outlining barriers for the collection of this data by state, local and public health departments.
- Impact: Ensures improved collection methods and regular reporting of relevant demographic data of COVID-19 cases among state and local public health jurisdictions.

Section 573: Federal Modernization for Health Inequities Data

- Appropriates $4 million in for AHRQ, CDC, CMS, FDA, the Office of the National Coordinator for Health Information Technology, and NIH to modernize their data collection methods and infrastructure to increase data collection related to health inequities.
- Impact: Provides funding to relevant health agencies to modernize and expand their data collection methods and infrastructure to capture data on health inequities.

Section 574: Modernization of State and Local Health Inequities Data

- Appropriates $100 million in grants to state, local and territorial health departments no later than six months after enactment, to modernize their data collection methods and infrastructure to increase data collection related to health inequities.
- The HHS secretary is directed to submit an initial report to Congress detailing national best practices and including legislative or regulatory recommendations to improve and increase such data collection. The HHS secretary is also directed to submit a final report no later than three months after the end of the public health emergency.
- Impact: Provides funding to state and local public health jurisdictions to modernize and expand their data collection methods and infrastructure to capture health inequity data.

Section 575: Tribal Funding to Research Health Inequities including COVID-19

- Appropriates $25 million in funding for the Indian Health Service (IHS) to establish a nationally representative panel, no later than 60 days after enactment, to develop processes and procedures to conduct research and field studies to improve understanding of tribal health inequities while ensuring tribal data sovereignty.
- IHS is to coordinate with CDC and NIH and Indian tribes, tribal organizations and confer with Urban Indian Organizations. The IHS director in coordination with the established panel is directed to submit an initial report to Congress on the results of the research and field studies, and a final report no later than three months after the end of the public health emergency.
- Impact: Provides funding to conduct research and field studies to capture tribal health inequity data.

Section 576: CDC Field Studies Pertaining to Specific Health Inequities

- Appropriates $25 million in funding to require the HHS secretary, in collaboration with the CDC and state, local and territorial health departments, to establish field studies to better understand specific health inequities that are not currently tracked by the HHS secretary.
- Studies shall include an analysis on the impact of socioeconomic status, disability status and language preference, among other factors, on health care access and disease outcomes, including COVID-19 outcomes.
- The HHS secretary is directed to submit an initial report on the results of the field studies to Congress no later than Dec. 31, 2021, and a final report no later than three months after the end of the public health emergency.
- Impact: Provides funding to conduct CDC field studies to capture new specific health inequity data.

Section 577: Additional Reporting to Congress on the Race and Ethnicity Rates of COVID-19 Testing, Hospitalizations, and Mortalities

- Requires the HHS secretary, no later than 30 days after the enactment of this bill, to submit an initial report to the House Appropriations and Energy and Commerce Committees and the Senate HELP Committee (as required by the Paycheck Protection Program and Health Care Enhancement Act) describing the testing, positive diagnoses, hospitalization, intensive care admissions and mortality rates associated with COVID-19, disaggregated by race, ethnicity, age, sex and gender.
- The report must include proposals for evidence-based response strategies to reduce disparities related to COVID-19. The HHS secretary is also directed to submit a final report no later than three months after the end of the public health emergency.
- Impact: Requires HHS to report to Congress about COVID-19-related testing, hospitalization and mortality rates by racial and ethnic demographics, including reporting on proposed evidence-based response strategies to reduce COVID-19-related disparities.

TITLE VI—PUBLIC HEALTH ASSISTANCE

SUBTITLE A—ASSISTANCE TO PROVIDERS AND HEALTH SYSTEMS

Overview of Title VI, Subtitle A: *This subtitle provides relief to health care providers and health systems through direct grants to providers and other health entities, loan repayments for the public health workforce, and grants to schools of medicine. It also appropriates funding to study the longitudinal and mental health impacts of the COVID-19 pandemic, as well as gaps and challenges existing within the public health workforce. Lastly, it appropriates funds to support mental health and substance use training and technical assistance, and makes updates to the blood donation public awareness campaign authorized by the CARES Act.*

Section 611: Health Care Provider Relief Fund

- Appropriates $50 billion to codify the CARES Act health care provider relief fund, run through HRSA, for the purposes of reimbursing eligible health care providers for expenses related to preventing, preparing for and responding to the COVID-19 pandemic.
- The fund would also reimburse eligible health care providers for lost revenues that have resulted from the COVID-19 pandemic. Awards would be made on a quarterly basis, equal to the sum of 100% of eligible expenses plus 60% of lost revenues during the quarters beginning on Jan. 1 and April 1, 2020. It mandates no balance billing as a condition of receipt of funds.
- Impact: Replenishes a fund for health care providers severely impacted financially by the COVID-19 pandemic, and prescribes a formula for allocation.

Section 612: Public Health Workforce Loan Repayment Program

- Appropriates $100 million for FY 2021 and $75 million for FY 2022 to establish a loan repayment program under HHS to enhance recruitment and retention of state, local, tribal and territorial public health department workforces.
- For each year of service, the secretary may pay up to $35,000 in loans on behalf of an individual. With respect to participants whose total eligible loans are less than $105,000, the secretary may pay up to 1/3 of the eligible loan balance for each year of services.
- Impact: Establishes a loan program with the goal of increasing the supply of public health professionals and eliminating existing shortages in public health agencies.

Section 613: Expanding Capacity for Health Outcomes

- Appropriates $20 million for HRSA to authorize grants to expand the use of technology-enabled collaborative learning and capacity-building models to respond to COVID-19.
- To be eligible for these funds, health entities must have experience providing services to rural, frontier, health professional shortage areas, medically underserved populations or Indian tribes.
- Impact: Provides funding for expanded use of technology-enabled collaborative learning and capacity-building models in areas heavily impacted by the COVID-19 pandemic.

Section 614: Additional Funding for Medical Reserve Corps

- 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.
- Funding levels are increased from $11.2 million for each of fiscal years 2021 and 2022 to $31.2 million for each of those fiscal years. Funding remains at $11.2 million for each of fiscal years 2023 and 2025.
- Impact: Provides additional funding for the MRC for the current and next fiscal years.

Section 615: Grants for Schools of Medicine in Diverse and Underserved Areas

- Appropriates $1 billion for HRSA to provide grants to schools of medicine in rural or underserved areas or to Minority-Serving Institutions (MSIs).
- Grants can be used to build new schools of medicine and expand, enhance, modernize and support existing schools of medicine.
- Funding priority is given to rural, underserved or MSIs, including Historically Black Colleges and Universities (HBCUs), Hispanic-Serving Institutions, Tribal Colleges and Universities, and Asian American and Pacific Islander Serving Institutions.
- Impact: Appropriates funds to support schools of medicine in rural or underserved areas or MSIs.

Section 616: GAO Study on Public Health Workforce

- Requires GAO to conduct a study to investigate gaps and challenges and recommend steps for improvements associated with the federal, state, local, tribal and territorial public health workforce during the COVID-19 pandemic.
- Impact: Mandates a study on gaps and challenges associated with the public health workforce during the COVID-19 pandemic and requires a report to Congress by Dec. 1, 2022, on the findings and recommendations.

Section 617: Longitudinal Study on the Impact of COVID-19 on Recovered Patients

- Appropriates $200 million and directs the NIH in consultation with the CDC to carry out a study on the short- and long-term impact of COVID-19 on infected and recovered individuals.
- NIH is required to begin enrolling patients within six months of enactment of this section, and to include a diverse set of enrollees.
- NIH must make public a summary of the findings no less than once every three months for the first two years of the study and no less than every six months thereafter, for a minimum of 10 years.
- Impact: Mandates a longitudinal study on the impact of COVID-19 on a diversity of recovered patients.

Section 618: Research on the Mental Health Impact of COVID-19

- Appropriates $200 million and directs 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.
- Impact: Mandates a study on the mental health impact of COVID-19.

Section 619: Emergency Mental Health and Substance Use Training and Technical Assistance Center

- Appropriates $20 million for each of fiscal years 2021 and 2022 to establish 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.
- Directs the center to periodically issue best practices for use by organizations seeking to provide mental health services or substance use disorder prevention, treatment or recovery services during and after an emergency period.
- Impact: Appropriates funds to establish a mental health and substance use training and technical assistance center to address mental health and substance use disorders associated with the COVID-19 pandemic.

Section 620: Importance of the Blood and Plasma Supply

- Updates the blood donation public awareness campaign authorized by the CARES Act to include blood plasma.
- Impact: Adds blood plasma to resources and materials associated with the blood donation public awareness campaign authorized by the CARES Act.

SUBTITLE B—ASSISTANCE FOR INDIVIDUALS AND FAMILIES

Overview of Title VI, Subtitle B: *This subtitle expands services for which uninsured individuals may be reimbursed. It also appropriates funds to set up and maintain a COVID-19 response line and provide grants to address substance use and increased behavioral health needs as a result of COVID-19.*

Section 631: Reimbursement for Additional Health Services Relating to Coronavirus

- Authorizes COVID-19 treatment to be reimbursed for uninsured individuals.
- Impact: Expands COVID-19 services reimbursed for uninsured individuals.

Section 632: Centers for Disease Control and Prevention COVID–19 Response Line

- Requires the CDC to maintain a toll-free telephone number to address public health questions related to COVID-19 during the public health emergency, and appropriates $10 million for this purpose.
- Impact: Appropriates funds for the CDC to maintain a toll-free telephone number to address COVID-19-related concerns.

Section 633: Grants to Address Substance Use during COVID-19

- Appropriates $10 million and authorizes SAMHSA, in consultation with HHS, to award grants to support local, tribal and state substance use efforts that need further assistance as a result of COVID-19.
- Priority is to be given to applicants proposing to serve high-risk and high-need areas.
- Impact: Appropriates additional funding to address substance use disorders associated with the COVID-19 pandemic.

Section 634: Grants to Support Increased Behavioral Health Needs Due to COVID-19

- Appropriates $50 million for each of fiscal years 2021 and 2022 for 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 is to be given to applicants proposing to serve areas with a high number of COVID-19 cases.
- Impact: Appropriates funding to address behavioral health needs in communities heavily impacted by the COVID-19 pandemic.

SUBTITLE C—ASSISTANCE TO TRIBES

Overview of Title VI, Subtitle C: *This subtitle includes several sections intended to improve access to care for tribes, and in particular, for native veterans.*

Section 641: Improving State, Local, and Tribal Public Health Security

- Extends eligibility for the CDC's Public Health Emergency Preparedness (PHEP) program to tribes.
- Impact: Extends eligibility for the CDC's PHEP program to tribes.

Section 642: Provision of Items to Indian Programs and Facilities

- Guarantees the Indian Health Service (IHS) and other tribal health organizations the same direct access to the Strategic National Stockpile as the other 50 states have.
- Impact: Expands access to the Strategic National Stockpile to tribal health organizations.

Section 643: Health Care Access for Urban Native Veterans

- Allows the Urban Indian Health Organizations (UIHO) to bill the VA for care provided to qualified urban native veterans.
- Impact: Allows the UIHO to bill the VA for care for qualified urban native veterans.

Section 644: Tribal School Federal Insurance Parity

- Clarifies that schools that receive grants under the Tribally Controlled Schools Act of 1988 can participate in the Federal Employee Health Benefits (FEHB) program and the Federal Employees Group Life Insurance (FEGLI) program.
- Impact: Extends access of federal insurance to tribally controlled schools.

Section 645: PRC for Native Veterans

- Clarifies VA coverage for native veterans who qualify for both VA benefits and IHS services.
- Impact: Provides clarification for native veterans qualifying for VA and IHS benefits.

SUBTITLE D—PUBLIC HEALTH ASSISTANCE TO ESSENTIAL WORKERS

Overview of Title VI, Subtitle C: *This subtitle includes a section that protects essential workers from exposure to COVID-19.*

Section 651: Containment and Mitigation for Essential Workers Program

- Appropriates $2 billion to provide grant funding to purchase or procure PPE and other workplace safety measures for use in containing and mitigating COVID-19 transmission among essential workers.
- Directs HHS secretary to report no later than 90 days after the enactment of the bill and every 90 days thereafter to the appropriate House and Senate committees the amounts of grants awarded, the total amount of funds remaining, and the progress made by the grant program.
- Impact: Protects essential workers from exposure to COVID-19.

TITLE VII—VACCINE DEVELOPMENT, DISTRIBUTION, ADMINISTRATION, AND AWARENESS

Overview of Title VII: *This title includes sections to enhance the development and procurement of a COVID-19 vaccine, improve the distribution process for the COVID-19 vaccine, and increase vaccination rates.*

Section 702: Vaccine and Therapeutic Development and Procurement

- Appropriates $20 billion for the period of fiscal years 2021 through 2025 for the HHS secretary to award contracts, grants, cooperative agreements, and enter into other transactions, as appropriate, to procure vaccines, vaccine candidates, therapeutics and ancillary medical supplies to prevent the spread of COVID-19, and to expand and enhance manufacturing capacity.
- Requires the HHS secretary to report to the appropriate congressional committees on the vaccine supply necessary to stop the spread of COVID-19, the manufacturing capacity to produce vaccines and ancillary medical supplies, activities conducted to enhance such capacity, and plans for continued support of vaccine manufacturing, distribution and administration.
- Impact: Makes funds available to expand and enhance development of COVID-19 vaccines.

Section 703: Vaccine Distribution and Administration

- Appropriates $7 billion for CDC to conduct activities to enhance, expand and improve nationwide COVID-19 vaccine distribution and administration, including activities related to delivery of ancillary medical supplies.
- Directs CDC to award grants to state, local, tribal and territorial public health departments for enhancement of COVID-19 vaccine distribution and administration capabilities, including distribution of vaccines and ancillary medical supplies, workforce enhancements, information technology and data enhancements, and facilities enhancements.
- Requires the HHS secretary to submit reports to appropriate congressional committees no later than Dec. 31, 2020, and annually thereafter detailing activities carried out and grants and cooperative agreements awarded under this section.
- Impact: Makes funds available to improve and increase the distribution of COVID-19 vaccines.

Section 704: Stopping the Spread of COVID-19 and Other Infectious Diseases through Evidence-Based Vaccine Awareness

- Appropriates $200 million for competitive grants or contracts for evidence-based campaigns to increase knowledge of the safety and effectiveness of vaccines.
- Appropriates $750 million for grants to identify communities at high risk of outbreaks related to vaccine preventable diseases and pilot an innovative approach to improve vaccination rates.
- Authorizes $50 million for activities to collect, monitor and analyze vaccination coverage data.
- Allows Community Health Center supplemental grants to be used for improving access to recommended vaccinations
- Requires the National Vaccine Advisory Committee to update its 2015 report on the State of Vaccine Confidence in the United States.
- Impact: Increases awareness of the effectiveness of vaccines to improve vaccination rates.

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