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News

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Health Care Summary and Analysis of the HEROES Act

On Tuesday, May 12, House Democrats released legislative text for an ambitious fourth stimulus bill, meant to address an economy and health care industry still reeling from the ongoing COVID-19 pandemic. The Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act allocates nearly $3 trillion in federal funding to support state and local governments and health care providers, and sets up a fund to provide for hazard pay for essential workers.

The proposal contains a number of ambitious health care provisions, many of which build on programs created in the CARES Act. The bill allocates another $100 billion in the Provider Relief Fund to provide for grants for hospitals and health care providers, and requires that HHS allocate funds based on lost revenue. It would also provide $75 billion for state and local governments to ramp up testing and tracing capabilities, and increase the federal matching rate for state Medicaid programs by 14%. It offers more flexibility for providers receiving loans through the Medicare advanced payment program, lowering the interest rate and extending time for repayment. The bill also eliminates cost-sharing requirements for COVID-19 treatment and an eventual vaccine, creates a special enrollment period in Medicare and on the Affordable Care Act exchanges, and provides for funding to subsidize COBRA premiums. Concerns about the medical supply chain are also addressed through enhanced reporting requirements.

House Democrats are expected to vote on the bill on Friday, May 15. Senate leadership has indicated they do not plan to take up the bill, preferring instead to assess the impact of existing programs enacted through the previous stimulus bills. Majority Leader McConnell has stated that he is focused on liability reforms that would extend protections to businesses, and the Senate is not expected to release their own legislative proposal until after the Memorial Day recess.

Below is a detailed section-by-section analysis of the health care provisions in the HEROES Act.

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Division B—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. It also delays the implementation of the Medicaid Fiscal Accountability Rule. It extends existing section 1115 demonstration projects through Dec. 31, 2021.*

Section 30101: COVID-19-Related Temporary Increase of Medicaid FMAP.

- Amends a section of the Families First Coronavirus Response Act of 2020 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 July 1, 2020, through June 30, 2021.
- Impact: Increases FMAP percentage from 6.2% to 14% for state Medicaid programs.

Section 30102: Limitation on Additional Secretarial Action with Respect to Medicaid Supplemental Payments Reporting Requirements.

- Prevents the secretary of Health and Human Services from finalizing the Medicaid Fiscal Accountability Regulation (MFAR) until the end of the COVID-19 public health emergency.
- Impact: Delays the implementation of the Medicaid Fiscal Accountability Rule.

Section 30103: 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 July 1, 2020, through June 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 30104: 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 30105: 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 would amend that new Medicaid eligibility category so that individuals will be able to receive treatment and vaccines 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 30106: Extension of Full Federal Medical Assistance Percentage to Indian Health Care Providers.

- Clarifies that services received through urban Indian providers are matched at 100% FMAP through June 30, 2021.
- Impact: Temporary extension of 100% FMAP to Indian health providers.

Section 30107: Medicaid Coverage for Citizens of Freely Associated States.

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

Section 30108: 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 30109: Extension of Existing Section 1115 Demonstrations.

- Extension of existing section 1115 demonstration projects. Authorizes states with section 1115 demonstration projects that expire on or before Feb. 28, 2021, to extend them through Dec. 31, 2021.
- Impact: Extension of existing 1115 demonstration projects through Dec. 31, 2021.

Section 30110: Allowing for Medical Assistance Under Medicaid for Inmates During 30-Day Period Preceding Release.

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

Section 30111: 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

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. For providers that participated in the Medicare Accelerated and Advance Payment Program, it would lower the interest rate for these loans, reduce the per claim recoupment percentage, and extend the period before repayment begins. 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 Part 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.*

Section 30201: 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 30202: 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 30203: Medicare Hospital Inpatient Prospective Payment System Outlier Payments for COVID-19 Patients During Certain Emergency Period.

- 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 30204: 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 30205: 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 (MA-PDPs) 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 30206: Modifying the Accelerated and Advance Payment Programs Under Part A and B of the Medicare Program During the COVID-19 Emergency.

- Lengthens the loan repayment period to one year, after which up to 25% of Medicare claims could be withheld to recoup loans and lengthens full repayment period to two years.
- The loan interest rate would be 1% (as opposed to the current 10.25%). After two years, the secretary may waive the requirement that loans be repaid if the hospital/provider demonstrates that repayment would constituent extreme hardship and it made efforts to maintain comparable staffing and salary levels.
- Unfreezes Part B payments under this program, and ensures that the Medicare trust funds are not impacted by using general Department of the Treasury funds for the loans.
- Impact: Lowers the interest rate for loans to Medicare providers made under the Accelerated and Advance Payment Program, reduces the per-claim recoupment percentage, and extends the period before repayment begins.

Section 30207: 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 July 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 Part A and B under a special enrollment period.

Section 30208: 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 30209: 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 30210: 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 30211: 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 30212: 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.

Title III—Private Insurance

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 other plan options. It would provide subsidies for the cost of COBRA premiums for individuals who have lost employer-sponsored plans or have been furloughed. Insurance plans would be required to cover COVID-19 treatment with no cost-sharing. It would retroactively change the date of when plans had to start covering diagnostic testing to the start of the public health emergency. Plans would be required during the emergency period to notify beneficiaries if their plan permits advanced prescription drug refills.*

Section 30301: 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. None of the funds shall be used for promoting coverage under association health plans or short-term limited duration plans.
- Impact: Creates a special enrollment period for individuals to enroll in ACA plans.

Section 30302: 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 30303: 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 30304: 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, as defined either by the *Stafford Act* or a public health emergency under the *Public Health Service Act*.
- Impact: Plans would be required during an emergency period to notify beneficiaries if their plan permits advanced prescription drug refills.

Section 30305: Improvement of Certain Notifications Provided to Qualified Beneficiaries by Group Health Plans in the Case of Qualifying Events .

- Makes it so that individuals who lose their employer-sponsored coverage are provided 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 30306: Earlier 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 start covering diagnostic testing to the start of the public health emergency.

Section 30312: Preserving Health Benefits for Workers.

- For the period between March 1, 2020, and Jan. 31, 20201, provides approximately nine months of full premium subsidies to allow workers to maintain their employer-sponsored coverage if they are eligible for COBRA due to a layoff or reduction in hours. Applies also for workers who have been furloughed but are still active in their employer-sponsored plan.
- Impact: Provides subsidies for the cost of COBRA premiums for individuals who have lost employer-sponsored plans or have been furloughed.

Title V—Application to Other Health Provisions

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 30401: Prohibition on Copayments and Cost-Sharing for TRICARE Beneficiaries Receiving COVID-19 Treatment.

- 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 30402: Prohibition on Copayments and Cost-Sharing for Veterans Receiving COVID-19 Treatment Furnished by Department of Veterans Affairs.

- 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 30403: Prohibition on Copayments and Cost-Sharing for Federal Civilian Employees Receiving COVID-19 Treatment.

- 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 intends to address 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 3051: 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 30512: 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 30513: Extended Shelf Life Dates for Essential Devices.

- Provides authority to the HHS secretary 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 secretary 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 HHS secretary authority to require device manufacturers to extend shelf life dates for essential devices.

Section 30514: Authority to Destroy Counterfeit Devices.

- Gives the HHS secretary the authority to destroy imported counterfeit medical devices valued at under $2,500, similar to its authority to destroy counterfeit drugs. This authority applies to instances where HHS finds medical devices to be adulterated, misbranded or unapproved, and may pose a threat to the public health.
- Impact: Gives HHS authority to destroy imported counterfeit medical devices, such as counterfeit masks or tests.

Section 30515: 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 30516: 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 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 30517: Failure to Notify of a Permanent Discontinuance or an Interruption.

- Gives the HHS secretary the authority to enforce the requirement that a drug manufacturer notify the secretary 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 HHS secretary would have authority to enforce permanent discontinuance or interruption notice requirements.

Section 30518: Failure to Develop Risk Management Plan.

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

Section 30519: 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. This 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.

Section 30520: Vaccine Manufacturing and Administration Capacity.

- Requires the secretary of HHS, through the Biomedical Advanced Research and Development Authority (BARDA), to award contracts, grants, cooperative agreements, and enter into other transactions, as appropriate, to expand and enhance manufacturing capacity of vaccines and vaccine candidates to prevent the spread of COVID-19. It also requires a report on the vaccine supply necessary to stop the spread of COVID-19, the manufacturing capacity to produce vaccines, activities conducted to enhance such capacity, and plans for continued support of vaccine manufacturing and administration.

- Impact: Makes funds available to expand and enhance manufacturing capacity for COVID-19 vaccines.

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 30531: Equipment Maintenance.

- Requires the secretary of HHS to ensure that contents of the Strategic National Stockpile (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 30532: 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 30533: 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 30534: Strategic National Stockpile Action Reporting.

- Requires the assistant secretary for Preparedness and Response 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 30535: Improved, Transparent Processes for the Strategic National Stockpile.

- Requires the HHS secretary 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 process for requests to and distributions from the SNS.

Section 30536: GAO Study on the Feasibility and Benefits of a Strategic National Stockpile User Fee Agreement.

- Requires the Government Accountability Office (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

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 30541: COVID–19 Testing Strategy.

- Requires the secretary of HHS 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 any reduction in social distancing.
- In addition, the updated strategic testing plan must 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 related to COVID-19, including older individuals, and rural and other underserved areas.
- This plan must also involve testing capacity in non-health care settings in order to help expand testing availability and make testing more accessible, as well as how to implement the testing strategy in a manner that will help to reduce disparities with respect to COVID-19.
- The plan shall be updated every 30 days until the end of the public health emergency declaration.
- Impact: HHS will have to modify and provide updates to Congress on the national testing plan.

Section 30542: Centralized Testing Information Website.

- Requires the secretary of HHS to establish and maintain a public, searchable website that lists all in vitro diagnostic and serological tests used in the United States 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 of the test 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 30543: Manufacturer Reporting of Test Distribution.

- Requires COVID-19 in vitro diagnostic or serological test manufacturers to notify the secretary of HHS on a weekly basis with information regarding distribution of tests, including quantity distributed.
- Failure to meet the notification requirements will result in a letter from HHS after a period of 14 days the letter is made public.
- Impact: Manufacturers of in vitro diagnostic or serological tests have to provide information to HHS on test distribution.

Section 30544: State Testing Report.

- Requires states authorizing one or more laboratories that will develop or perform COVID-19 in vitro tests to provide the secretary of HHS with a weekly report identifying all authorized laboratories and providing relevant information about the laboratories, including their testing capacity, listing of all authorized tests, and providing relevant information about such tests.
- Impact: States that authorize laboratories to develop or produce COVID-19 tests shall provide certain information to HHS.

Section 30545: State Listing of Test 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 30546: Reporting of COVID-19 Testing Results.

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

Section 30547: 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 epidemic with respect to the development, regulatory

evaluation and deployment of diagnostic tests.
- Impact: Would require GAO to perform a report to Congress on diagnostic tests.

Section 30548: Public Health Data System Transformation.
- Requires HHS to expand, enhance and improve public health data systems used by the Centers for Disease Control and Prevention (CDC). This includes: grants to state, local, tribal or territorial public health departments for the modernization of public health data systems in order to assist public health departments in assessing current data infrastructure capabilities and gaps; to improve secure public health data collection, transmission, exchange, maintenance and analysis; to enhance the interoperability of public health data systems; to support and train related personnel; to support earlier disease and health condition detection; and to develop and disseminate related information and improved electronic case reporting.
- Impact: HHS and CDC would establish grants to entities to improve the public health data infrastructure.

Section 30549: 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 help increase COVID-19 testing capacities.
- Impact: States would receive grants to improve clinical laboratories to enhance testing capacity.

Section 30550: Core Public Health Infrastructure for State, Local, Tribal and Territorial Health Departments.
- Authorizes $6 billion for public health departments to expand workforce, improve laboratory systems, health information systems, disease surveillance and contact tracing capacity to account for the unprecedented spread of COVID-19.
- Impact: HHS and CDC would award grants to state, local, tribal and territorial health departments to improve testing infrastructure.

Section 30551: 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: CDC would be required to improve their core public health infrastructure.

SUBTITLE D—COVID-19 NATIONAL TESTING AND CONTACT TRACING (CONTACT) 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 30561: National System for COVID-19 Testing, Contact Tracing, Surveillance, Containment and Mitigation.
- Requires the HHS secretary, acting through 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, including guidance on isolation and quarantine measures for positive COVID-19 cases.
- Impact: Establishes a centralized national, evidence-based COVID-19 reporting system to strengthen the country's testing, contact tracing and isolation measures.

Section 30562: Grants for COVID-19 Testing, Contact Tracing, Surveillance, Containment and Mitigation.
- Requires the HHS secretary, through 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 30563: Guidance for COVID-19 Testing, Contact Tracing, Surveillance, Containment and Mitigation.
- Requires the HHS secretary in coordination with the CDC and relevant agencies no later than 14 days of enactment 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.
- 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 30564: COVID-19 Research and Development.
- Requires the secretary, in coordination with the CDC director and in collaboration with the directors of the 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 30565: COVID-19 Awareness Campaign.
- Requires the HHS secretary, acting through the CDC director and 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 30566: Grants to Local Workforce Development System and Community-Based Organizations.
- 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 of enactment 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 30567: Contracts and Grants.
- Contracts and grants that require contact tracing as part of the scope of work and that are awarded under Subtitle E shall require that contact tracers and related positions are 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 30568: 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 30571: COVID-19 Reporting Portal.

- Requires the HHS secretary to establish and maintain an online portal no later than 15 days of 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. The HHS secretary is directed to submit information to the appropriate House and Senate 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 30572: Regular CDC Reporting on Demographic Data.

- Requires the HHS secretary no later than 14 days of enactment to provide and make publicly available the 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 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 30573: Federal Modernization for Health Inequities Data.

- Appropriates $4 million in funding to 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 30574: State and Local Modernization for Health Inequities Data.

- Appropriates $100 million in grants to state, local and territorial health departments no later than six months of 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 submitting 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 Dec. 31, 2023.
- 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 30575: 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 of 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 Dec. 31, 2023.
- Impact: Provides funding to conduct research and field studies to capture tribal health inequity data.

Section 30576: 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 Dec. 31, 2023.

- Impact: Provides funding to conduct CDC field studies to capture new specific health inequity data.

Section 30577: Additional Reporting to Congress on the Race and Ethnicity Rates of COVID-19 Testing, Hospitalization and Mortalities.

- Requires the HHS secretary, no later than Aug. 1, 2020, 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, 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 Dec. 31, 2024.
- 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 SYSTEM

***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 30611: Health Care Provider Relief Fund.

- Appropriates $100 billion to codify the *CARES Act* health care provider relief fund, run through the Health Resources and Services Administration (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 quarter. 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 30612: Public Health Workforce Loan Repayment Program.

- Appropriates $100 million for FY 2020 and $75 million for FY 2021 to establish a loan repayment program under the Department of Health and Human Services 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 30613: 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 30614: 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 2020 and 2021 to $31.2 million for each of those fiscal years. Funding remains at $11.2 million for each of fiscal years 2022 and 2023.
- Impact: Provides additional funding for the MRC for the current and next fiscal years.

Section 30615: 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 30616: GAO Study on Public Health Workforce.

- Requires the Government Accountability Office (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, 2021, on the findings and recommendations.

Section 30617: 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 30618: 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 30619: Emergency Mental Health and Substance Use Training and Technical Assistance Center.

- Appropriates $20 million for each of fiscal years 2020 and 2021 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 30620: 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 30631: 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 30632: 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 30633: Grants to Address Substance Use during COVID-19.

- Appropriates $10 million and authorizes SAMHSA, in consultation with the Department of Health and Human Services (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 30634: Grants to Support Increased Behavioral Health Needs Due to COVID-19.

- Appropriates $50 million for each of fiscal years 2020 and 2021 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—PUBLIC HEALTH 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 30641: 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 30642: 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 30643: 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 30644: Proper and Reimbursed Care 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.

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