



Executive Summary: Health Care Provisions in the \$2 Trillion COVID-19 Relief Bill

March 25, 2020

Covid-19 Bill #3 – Expected to pass the Senate today. House will follow Thursday or Friday
H.R. 748 - The Coronavirus Aid, Relief, and Economic Security Act

Appropriations Funding –

Click [Here](#) for the Appropriations Sections of the Bill (271 pages)

Click [Here](#) for the Full Summary of the Appropriations (17 pages)

The sum of total of the Appropriations provisions is \$172.1 billion.

Major Provisions:

- \$127 billion to the Assistant Secretary for Preparedness and Response to include \$100 billion in grants to hospitals and other Medicare and Medicaid suppliers to cover unreimbursed health care related expenses or lost revenue related to COVID-19.
- \$27 billion to BARDA for vaccine related research.
- \$16 billion to the Strategic National Stockpile for critical medical supplies.
- At least \$3.5 billion to advance related construction and manufacturing and purchase of vaccines and related therapeutics.
- At least \$250 million for the Hospital Preparedness Program.
- Additional funding includes \$275 million to HRSA to support rural hospitals and critical access hospitals and telehealth, \$200 million to CMS to assist nursing homes and \$955 million to the Administration for Community Living to support nutrition programs and home and community-based services.
- Additional funding would be made available for: innovations in manufacturing platforms to support a U.S.-sourced supply chain of vaccines and related therapeutics; to support U.S.-based next generation manufacturing facilities; medical surge capacity at additional health facilities; enhancements to the U.S. Commissioned Corps; funding to support research related to antibiotic resistant secondary infections associated with COVID19; workforce modernization; increased telehealth access; and, infrastructure to increase access to digital healthcare delivery.

Medicare and Medicaid Payment Provisions --

Click [Here](#) for the Summary of the Health Authorizations (6 pages)

Actual bill text not yet available.

Major Provisions:

Medicare

- Telehealth: Sections 3701 and Section 3703 through 3706 would allow high deductible health plans to cover telehealth, eliminates the just-passed COVID-19 legislated provision that limits patients receiving telehealth provisions in situations where such treatment had been previously provided, allows FQHCs and rural health centers to qualify as distant sites for telehealth

consultations and allows for services for beneficiaries to be receive at home, expands telehealth services to dialysis patients, allows hospices to use telehealth for beneficiary recertification, clarifies guidance for use of telehealth for home health services, allows PAs and NPs to order home health services through telehealth and would allow clinicians to order home health services via telehealth.

- Sequestration: Section 3709 would temporarily lift Medicare sequestration from May 1 through December 31, 2020.
- Hospital Payments: Section 3710 would increase the hospital payment by 20% for patients admitted with COVID-19.
- IRF and LTCH Rules: Section 3711 would waive the IRF 3-hour rule as criteria for IRF admission and would allow LTCH to maintain its designation even if more than 50 percent of its cases are less intensive. It would also temporarily pause the current LTCH site-neutral payment methodology.
- Part B: Section 3713 would enable beneficiaries to receive a COVID-19 vaccine in Medicare Part B with no cost-sharing.
- Sec. 3719. Providing Hospitals Medicare Advance Payments
This section would expand, for the duration of the COVID-19 emergency period, an existing Medicare accelerated payment program. Hospitals, especially those facilities in rural and frontier areas, need reliable and stable cash flow to help them maintain an adequate workforce, buy essential supplies, create additional infrastructure, and keep their doors open to care for patients. Specifically, qualified facilities would be able to request up to a six-month advanced lump sum or periodic payment. This advanced payment would be based on net reimbursement represented by unbilled discharges or unpaid bills. Most hospital types could elect to receive up to 100 percent of the prior period payments, with Critical Access Hospitals able to receive up to 125 percent. Finally, a qualifying hospital would not be required to start paying down the loan for four months and would also have at least 12 months to complete repayment without a requirement to pay interest.
- Clinical Labs: Section 3718 would prevent scheduled reductions in Medicare payments for clinical diagnostic laboratory tests furnished to beneficiaries in 2021. It would also delay by one year the upcoming reporting period during which laboratories are required to report private payer data.

Medicaid

- Home and Community-based Support Services: Section 3715 would allow state Medicaid programs to pay for direct support professionals, caregivers trained to help with activities of daily living, to assist disabled individuals in the hospital to reduce length of stay and free up beds.
- Providing State Access to Enhanced Medicaid FMAP: Section 3720 would ensure that states are able to receive the Medicaid 6.2 percent FMAP increase.

Other Key Medicare and Medicaid Provisions

- Geographic Index: Section 3801 would increase payments for the work component of physician fees in areas where labor cost is determined to be lower than the national average through December 1, 2020.
- Extension of Money Follows the Person: Section 3811 extends the Medicaid Money Follows the Person demonstration through November 30, 2020.
- Delay of Disproportionate Share Hospital Reductions: Section 3813 would delay scheduled reductions in Medicaid disproportionate share hospital payments **through November 30, 2020.**