

[Discussion Draft]

Insert at the appropriate place the following new section (and conform the table of contents accordingly):

1 **SEC. __. HEALTH CARE HEROES SUSTAINABILITY PROGRAM FUND.**

2 (a) ESTABLISHMENT OF FUND.—

3 (1) IN GENERAL.—There is hereby established a Health Care Heroes Sustainability
4 Program Fund (referred to in this section as the “Fund”) within the Department of Health and
5 Human Services to prevent, prepare for, and respond to coronavirus, domestically or
6 internationally, to reimburse, through grants or other mechanisms, eligible health care
7 providers for health care related expenses or lost revenues that are attributable to coronavirus
8 under this section.

9 (2) FUNDING.—There is appropriated to the Fund, out of any funds in the Treasury not
10 otherwise appropriated, \$35,000,000,000, to remain available until expended, to carry out
11 this section.

12 (3) CONDITIONS.—Reimbursements to eligible health care providers from the Fund
13 established under this section shall be subject to the succeeding provisions of this section.

14 (b) RESERVATION OF CERTAIN AMOUNTS OF FUNDING FOR RURAL PROVIDERS.—

15 (1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this
16 section as the “Secretary”) shall reserve not less than 20 percent of all amounts appropriated
17 to the Fund under subsection (a)(2) for reimbursing, through grants or other mechanisms,
18 eligible rural health care providers for health care related expenses or lost revenues that are
19 attributable to coronavirus.

20 (2) PRIORITY.—In reimbursing eligible health care providers located in rural areas under
21 this subsection, the Secretary shall give priority to such providers that—

22 (A) provide care for a disproportionately high percentage of individuals enrolled in
23 the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et
24 seq.) or under a State Medicaid plan under title XIX of such Act (42 U.S.C. 1396 et seq.)
25 or under a waiver of such plan;

26 (B) provide care for populations with a disproportionately high percentage of—

27 (i) individuals age 60 or older; or

28 (ii) individuals who have co-morbidities that make them particularly vulnerable to
29 complications from coronavirus; or

30 (C) provide care for populations—

31 (i) in areas with limited access to health infrastructure; or

32 (ii) with a high population of uninsured individuals.

33 (3) REQUIREMENTS FOR REIMBURSEMENT.—

34 (A) IN GENERAL.—Reimbursements to eligible rural health care providers under this
35 subsection shall, subject to paragraph (2) and subparagraph (B), be otherwise provided in
36 accordance with this section.

37 (B) USE OF FUNDS.—Any reimbursements to an eligible rural health care provider
38 may be used for any purposes related to preventing, preparing for, or responding to

1 coronavirus, including purchasing equipment necessary for such purposes or upgrading
2 facilities for such purposes.

3 (4) DEFINITION OF ELIGIBLE RURAL HEALTH CARE PROVIDER.—In this subsection, the term
4 “eligible rural health care provider” means—

5 (A) any eligible health care provider that is located in a rural area, as defined by the
6 Secretary; or

7 (B) any health care provider that is—

8 (i) a critical access hospital, as defined in section 1861(mm) of the Social Security
9 Act (42 U.S.C. 1395x(mm));

10 (ii) a rural health clinic (as defined in section 1861(aa)(2) of such Act (42 U.S.C.
11 1395x(aa)(2)));

12 (iii) a hospital that—

13 (I) is classified as a rural referral center under section 1886(d)(5)(C)(i) of such
14 Act (42 U.S.C. 1395ww(d)(5)(C)(i)); and

15 (II) is a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of
16 such Act (42 U.S.C. 1395ww(d)(5)(D)(iii)); or

17 (iv) any other health care service provider located in a rural area, as defined by the
18 Secretary.

19 (c) CONDITIONS FOR REIMBURSEMENT.—

20 (1) NONDUPLICATION OF PAYMENTS.—Reimbursements from the Fund may not be used to
21 reimburse expenses or losses that have been reimbursed from other sources or that other
22 sources are obligated to reimburse.

23 (2) DOCUMENTATION AND REPORTS FROM RECIPIENTS.—An eligible health care provider
24 that receives payment of reimbursements from the Fund shall submit such reports and
25 maintain such documentation as the Secretary determines are needed to ensure compliance
26 with conditions that are imposed by this section for such reimbursements. Such reports and
27 documentation shall be in such form, with such content, and in such time as the Secretary
28 may prescribe for such purpose.

29 (3) USE OF FUNDS.—Reimbursements from the Fund to eligible health care providers
30 under this section may be used for one or more of the following purposes:

31 (A) Building or construction of temporary structures.

32 (B) Leasing of properties.

33 (C) Retrofitting facilities.

34 (D) Emergency operation centers.

35 (E) Surge capacity.

36 (F) Medical supplies and equipment, including personal protective equipment and
37 testing supplies.

38 (G) Increased workforce and training; including maintaining staff, obtaining
39 additional staff, or both.

40 (H) Vaccine administration and supplies.

1 (I) Such other purposes as the Secretary may specify.

2 (4) ATTESTATION.—Payment of reimbursements from the Fund under this section to an
3 eligible health care provider may not be made unless the eligible health care provider submits
4 to the Secretary an attestation justifying the need of the eligible health care provider for such
5 payment.

6 (5) TIN.—An eligible health care provider shall have a valid tax identification number.

7 (d) ADMINISTRATIVE PROVISIONS.—

8 (1) PAYMENT ON A ROLLING BASIS.—Payment of reimbursements from the Fund to
9 eligible health care providers under this section shall be made on a rolling basis.

10 (2) EFFICIENT PAYMENT SYSTEM.—Payments of reimbursements from the Fund under this
11 section shall be made in consideration of the most efficient payment systems practicable to
12 provide emergency payment.

13 (3) ALLOCATION AMONG SUBSIDIARY PROVIDERS.—

14 (A) IN GENERAL.—In the case of any reimbursement from the Fund to an eligible
15 health care provider that is a subsidiary of a parent organization, the parent organization
16 may allocate (through transfers or otherwise) all or any portion of such reimbursement
17 among the subsidiary eligible health care providers of the parent organization.

18 (B) REPORTING.—In the case of an allocation by a parent organization described in
19 subparagraph (A), the original recipient of such reimbursement shall have the duty to
20 report the reallocated reimbursement to the Secretary.

21 (4) LOST REVENUES CALCULATION AUTHORITY.—In the case of any reimbursement from
22 the Fund to an eligible health care provider for health care related expenses or lost revenues
23 that are attributable to coronavirus, such eligible health care provider may calculate such lost
24 revenues by including the difference between such provider's budgeted and actual revenue
25 budget if such budget had been established and approved by the provider on or before the
26 date of the enactment of this section.

27 (e) AUDITS AND REPORTS.—

28 (1) GAO AUDITS.—

29 (A) FINAL AUDIT.—After the date of the final payment of reimbursements from the
30 Fund under this section, the Comptroller General of the United States (referred to in this
31 section as the "Comptroller General") shall conduct an audit of payments of
32 reimbursements from the Fund to eligible health care providers. Not later than 3 years
33 after such date of final payment, the Comptroller General shall submit to Congress a
34 report that describes the findings of the audit conducted pursuant to the preceding
35 sentence.

36 (B) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as
37 preventing the Comptroller General from conducting audits of such payments on an
38 interim basis at an earlier date.

39 (2) REPORTS.—Not later than 90 days after the date of the enactment of this section, and
40 every 90 days thereafter, the Secretary shall submit to Congress a report on payments of

1 reimbursements made from the Fund to eligible health care providers under this section.
2 Each such report shall include a summary of such payments by State.

3 (f) DEFINITIONS.—In this section:

4 (1) ELIGIBLE HEALTH CARE PROVIDER.—The term “eligible health care provider” means
5 public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit
6 entities and not-for-profit entities not otherwise described in this paragraph as the Secretary
7 may specify, within the United States (including territories), that provide diagnoses, testing,
8 or care for individuals with possible or actual cases of COVID–19.

9 (2) PAYMENT.—The term “payment” means a pre-payment, prospective payment, or
10 retrospective payment, as determined appropriate by the Secretary.