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Summary of Applicable Sections of the Final COVID-19 Stimulus Package
March 26, 2020

Part II – ACCESS TO HEALTH CARE FOR COVID-19 PATIENTS

Subpart A – Coverage of Testing and Preventive Services

Section Number	Section Title	Summary
3201	**Coverage of Diagnostic Testing for COVID-19**	Private health insurance plans must cover testing for COVID-19 without cost sharing, including those tests without an emergency use authorization (EUA) by the FDA.
3202	**Pricing of Diagnostic Testing**	An insurer providing coverage for COVID-19 testing will pay either the rate specified in a contract between the provider and the insurer, or, if there is no contract, a cash price posted by the provider. A provider must post the cash price on the provider's public internet website. The Secretary of HHS may impose a civil monetary penalty on any provider of a diagnostic test for COVID-19 that is does not comply with the requirement to post the cash price and has not completed a corrective action plan to comply with these requirements, in an amount not to exceed $300 10 per day that the violation is ongoing.
3203	**Rapid Coverage of Preventive Services and Vaccines for Coronavirus**	Group health plans and health insurance issuers offering group or individual health coverage must provide free coverage without cost-sharing of a vaccine within 15 days for COVID-19 that has in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force

		or a recommendation from the Advisory Committee on Immunization Practices (ACIP).

Subpart B – Support for Health Care Providers

Section Number	Section Title	Summary
3211	**Supplemental Awards for Health Centers**	This section applies to community health centers, and allocates $1.32 billion in supplemental funding for testing and treating patients for COVID-19. The supplemental funding is for the detection, prevention, diagnosis, and treatment of COVID-19.
3212	**Telehealth Network and Telehealth Resource Centers Grant Programs**	This section reauthorizes the Health Resources and Services Administration (HRSA) grant programs that promote the use of telehealth technologies for health care delivery, education, and health information services.
3213	**Rural Health Care Services Outreach, Rural Health Network Development, and Small Health Care Provider Quality Improvement Grant Programs**	This section reauthorizes HRSA grant programs to focus on quality improvement, increasing health care access, coordination of care, and integration of services. The Director may award grants under this subsection for periods of not more than five years.
3215	**Limitation on Liability for Volunteer Health Care Professionals During COVID-19 Emergency Response**	Health care providers will not be liable under Federal or State law for any harm caused by an act or omission in the provision of health care services during the COVID-19 emergency if the professional is providing health care services in response to the COVID-19 emergency as a volunteer, and the act or omission occurs (1) in the course of providing health care services; (2) in the health care professional's capacity as a volunteer; (3) in the course of providing health care services that are within the scope of the license, registration, or certification of the volunteer and do not exceed the scope of license, registration, or certification of a substantially similar health professional in the State in which

		the act or omission occurs, and (4) in the good faith belief that the individual being treated is in need of health care services.

Subpart C – Miscellaneous Provisions

Section Number	Section Title	Summary
3221	**Confidentiality and Disclosure of Records Relating to Substance Use Disorder**	This section aligns the 42 CFR Part 2 regulations, governing the confidentiality and sharing of substance use disorder treatment records, with Health Insurance Portability and Accountability Act (HIPAA), with initial patient consent.
3224	**Guidance on Protected Health Information**	Within 180 days of the enactment of the Act, HHS must issue guidance on what is allowed to be shared of a patient record during the COVID-19 emergency.

Subtitle D – Finance Committee

Section Number	Section Title	Summary
3701	**Exemption for Telehealth Services**	For plan years beginning on or before December 31, 2021, high-deductible health plans (HDHP) with a health savings account (HSA) may cover telehealth services prior to a patient reaching the plan deductible.
3703	**Increasing Medicare Telehealth Flexibilities During Emergency Period**	This section eliminates a requirement that limits Medicare telehealth expansion authority during the COVID-19 emergency period to situations where the physician or other professional has treated the patient in the past three years.
3704	**Enhancing Medicare Telehealth Services for Federally Qualified Health Centers and Rural Health**	During the COVID-19 emergency period, Federally Qualified Health Centers and Rural Health Clinics may serve as a distant site for telehealth consultations. A distant site is defined as a site where the practitioner is located during the time of the telehealth service.

	Clinics During Emergency Period	FQHCs and RHCs may furnish telehealth services to beneficiaries in their home and Medicare will reimburse for these telehealth services based on payment rates similar to the national average payment rates for comparable telehealth services under the Medicare Physician Fee Schedule. It also excludes the costs associated with these services from both the FQHC prospective payment system and the RHC all-inclusive rate calculation.
3705	**Temporary Waiver of Requirement for Face-to-Face Visits Between Home Dialysis Patients and Physicians**	For the duration of the COVID-19 emergency, a nephrologist is not required to conduct some of the traditionally-required periodic evaluations of a patient on home dialysis face-to-face.
3706	**Use of Telehealth to Conduct Face-to-Face Encounter Prior to Recertification of Eligibility for Hospice Care During Emergency Period**	Currently, hospice physicians and nurse practitioners cannot conduct required recertification encounters using telehealth. During the COVID-19 emergency period, qualified providers may use telehealth technologies in order to fulfill the hospice face-to-face recertification requirement.
3707	**Encouraging Use of Telecommunications Systems for Home Health Services Furnished During Emergency Period**	With respect to home health services, HHS is required to issue clarifying guidance encouraging the use of telecommunications systems, including remote patient monitoring, to furnish home health services consistent with the beneficiary care plan during the COVID-19 emergency period.
3708	**Improving Care Planning for Medicare Home Health Services**	Physician assistants, nurse practitioners, clinical nurse specialists and other professionals may order home health services for beneficiaries.
3709	**Adjustment of Sequestration**	The Medicare sequestration, which reduces payments to providers by 2%, is temporarily suspended, from May 1, 2020 through December 31, 2020, boosting payments for hospital, physician, nursing home, home health, and other care. The Medicare sequestration is extended by one year, to 2030.
3710	**Medicare Hospital Inpatient Prospective Payment System Add-On Payment for COVID-19 Patients During Emergency Period**	In the case of a discharge of a COVID-19 patient, the Secretary shall increase the weighting factor that would otherwise apply to the diagnosis-related group to which the discharge is assigned by 20%. This add-on payment will be available through the duration of the COVID-19 emergency period.

3711	**Increasing Access to Post-Acute Care During Emergency Period**	This section provides for waiver of the Inpatient Rehabilitation Facility (IRF) 3-hour rule, which requires that a beneficiary be expected to participate in at least 3 hours of intensive rehabilitation at least 5 days per week to be admitted to an IRF. This section further allows a Long Term Care Hospital (LTCH) to maintain its designation even if more than 50% of its cases are less intensive. The current LTCH site-neutral payment methodology is also temporarily paused.
3712	**Revising Payment Rates for Durable Medical Equipment under the Medicare Program through Duration of Emergency Period**	For rural and noncontiguous areas, the transition rule at 42 C.F.R. § 414.210(g)(9)(iii) will be implemented as planned through December 31, 2020. The transition rule states that items and services furnished in rural areas and noncontiguous areas with dates of service from June 1, 2018 through December 31, 2020, based on the fee schedule amount for the area is equal to 50% of the adjusted payment amount established under this section and 50% of the unadjusted fee schedule amount. In areas other than rural and noncontiguous areas, this section modifies the transition rule at 42 C.F.R. § 414.210(g)(9)(iv), which states that items and services furnished in areas other than rural or noncontiguous areas with dates of service from June 1, 2018 through December 31, 2020, based on the fee schedule amount for the area is equal to 100% of the adjusted payment amount established under this section, to read: dates of service from March 6, 2020, through the remainder of the duration of the emergency period, based on the fee schedule amount for the area is equal to 75% of the adjusted payment amount established under this section and 25% of the unadjusted fee schedule amount.
3713	**Coverage of the COVID-19 Vaccine under Part B of the Medicare Program without Any Cost-Sharing**	Beneficiaries are able to receive coverage for a COVID-19 vaccine under Medicare Part B with no cost-sharing.
3714	**Requiring Medicare Prescription Drug Plans and MA-PD Plans to Allow During the COVID-19 Emergency Period for Fills and Refills of**	Medicare Part D plans must provide up to a 90-day supply of a prescription medication if requested by a beneficiary during the COVID-19 emergency period.

	Covered Part D Drugs for up to a 3-Month Supply	
3715	**Providing Home and Community-Based Services in Acute Care Hospitals**	This section allows State Medicaid programs to pay for home and community-based services, self-directed personal assistance services pursuant to a written plan of care, and home and community-based attendant services and supports.
3716	**Clarification Regarding Uninsured Individuals**	This section clarifies who qualifies as an insured individual, as defined by the Families First Coronavirus Response Act.
3717	**Clarification Regarding Coverage of COVID-19 Testing Products**	This section strikes the FDA approval requirement for coverage under Medicaid and CHIP.
3718	**Amendments Relating to Reporting Requirements with Respect to Clinical Diagnostic Laboratory Tests**	This section revises the reporting period for reporting of private sector payment rates for establishment of Medicare payment rates, extending it through 2022. This section also revises the phase-in of reductions from private payor rate implementation through 2024.
3719	**Expansion of the Medicare Hospital Accelerated Payment Program During the COVID-19 Public Health Emergency**	This section expands, for the duration of the COVID-19 emergency period, an existing Medicare accelerated payment program. Specifically, qualified facilities would be able to request up to a six-month advanced lump sum or periodic payment. Most hospital types could elect to receive up to 100% of the prior period payments, with Critical Access Hospitals (CAHs) able to receive up to 125%. 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.
3720	**Delaying Requirements for Enhanced FMAP to Enable State Legislation Necessary for Compliance**	This section amends a section of the Families First Coronavirus Response Act to ensure that states are able to receive the Medicaid 6.2% FMAP increase.

Subtitle E – Health and Human Services Extenders

Part I – Medicare Provisions

Section Number	Section Title	Summary
3801	**Extension of the Work Geographic Index Floor Under the Medicare Program**	This section increases 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.
3802	**Extension of Funding for Quality Measure Endorsement, Input, and Selection**	This section provides funding for HHS to contract with a consensus-based entity, e.g., the National Quality Forum (NQF), to carry out duties related to quality measurement and performance improvement through November 30, 2020.
3803	**Extension of Funding Outreach and Assistance for Low-Income Programs**	This section extends funding for beneficiary outreach and counseling related to low-income programs through November 30, 2020.

Part II – Medicaid Provisions

Section Number	Section Title	Summary
3811	**Extension of the Money Follows the Person Rebalancing Demonstration Program**	This section extends the "Medicaid Money Follows the Person" demonstration that helps patients transition from the nursing home to the home setting through November 30, 2020.
3813	**Delay of DSH Reductions**	This section delays scheduled reductions in Medicaid disproportionate share hospital (DSH) payments through November 30, 2020.

3814	**Extension and Expansion of Community Mental Health Services Demonstration Program**	This section extends the Medicaid Community Mental Health Services demonstration that provides coordinated care to patients with mental health and substance use disorders, through November 30, 2020. It also expands the demonstration to two additional states, beyond the eight states previously selected.

PART IV – PUBLIC HEALTH PROVISIONS

Section Number	Section Title	Summary
3831	**Extension for Community Health Centers, the National Health Services Corps, and Teaching Health Centers that Operate GME Programs**	This section extends mandatory funding for community health centers, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program at current levels through November 30, 2020.
3832	**Diabetes Programs**	Extends mandatory funding for the Special Diabetes Program for Type I Diabetes and the Special Diabetes Program for Indians at current levels through November 30, 2020.

TITLE V – CORONAVIRUS RELIEF FUNDS

Section Number	Section Title	Summary
5001	**Coronavirus Relief Fund**	The Coronavirus Relief Fund provides $150 billion to States, Tribal governments, and units of local government to use for expenditures incurred due to the public health emergency with respect to COVID-19 for FY 2020. Of the amount appropriated, the Secretary will reserve $3 billion for making payments to the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa, as well as $8 billion for making payments to Tribal governments. No State that is one of the 50 States will receive a payment under $1.25 billion for FY 2020. A State, Tribal government, or unit of local government shall use the funds provided cover only those costs that: (1) are necessary expenditures incurred due the public

		health emergency with respect to COVID-19; (2) were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and (3) were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

TITLE VI – MISCELLANEOUS PROVISIONS

Division B – Emergency Appropriations for Coronavirus Health Response and Agency Operations

The stimulus package includes **$100 billion** for eligible health care providers to prevent, prepare for, and respond to COVID-19, domestically or internationally, for necessary expenses to reimburse, through grants or other mechanisms, for health care related expenses or lost revenues that are attributable to COVID-19. These funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse.

The bill defines eligible health care providers as public entities, Medicare or Medicaid enrolled suppliers and providers, and other for-profit and non-profit entities as specified by HHS, within the U.S. (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. To receive the funds, an eligible provider must submit an application to Secretary of HHS that includes a statement justifying the need for the payment, and includes the eligible provider's valid tax identification number. Funding will be issued on a rolling basis based on the Secretary of HHS' review of applications, and will be made through "the most efficient payment systems practicable to provide emergency payment," though this mechanism was not further defined.

The emergency funds are available for building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and addressing surge capacity.

Recipients of the payments must submit reports and maintain documentation as the Secretary of HHS Secretary determines are needed to ensure compliance with conditions that are imposed to receive payments. The Secretary of HHS will also determine the form and required content of the reports and documentation.