

Comparison of Congressional COVID-19 Response Measures

COVID I H.R. 6074 – Coronavirus Preparedness and Response Supplemental Appropriations Act 2020	COVID II H.R. 6021 – The Families and Workers First Act + technical changes amendment	COVID III H.R. 748 – The CARES Act	COVID 3.5 H.R. 266 - The Paycheck Protection Program and Health Care Enhancement Act
March 6, 2020 - \$8.3 billion	March 8, 2020 - \$104.9 billion	March 27, 2020 - \$1.76 trillion (CBO estimate)	April 23, 2020 - \$484 billion
<ul style="list-style-type: none"> • Medicare telehealth: \$500 million in mandatory spending AND enacts an emergency telehealth waiver allowing Medicare providers to furnish telehealth services even if the patient does not reside in a rural community • Discretionary spending: \$7.8 billion <ul style="list-style-type: none"> ○ \$400 billion for state and local government within 30 days; each state will receive at least \$4 million ○ \$3.1 billion to increase medical supplies and supplement the 	<p style="text-align: center;">Paid leave</p> <ul style="list-style-type: none"> • Provides eligible workers at companies with fewer than 500 employees up to 12 weeks of paid sick leave and family and medical leave • This would be available through a refundable payroll tax credit to reimburse businesses • According to JCT, this tax credit would cost nearly \$104.9 billion <p style="text-align: center;">Testing</p> <ul style="list-style-type: none"> • Requires all commercial insurance to cover (without cost sharing) testing for COVID-19. Includes the doctor’s visit, hospital services, ER visits and home health services related to the test. This applies to 	<p style="text-align: center;">COVID-19 Emergency Funding</p> <ul style="list-style-type: none"> • Medicare COVID code payment increase • Directs grants to health care providers of at least \$75 billion • \$100 billion additional funding for the Marshall Plan to be directed to the health care system • \$250 million to expand the Hospital Preparedness Program’s support of emergency preparedness including hospital preparedness cooperative agreements • \$4.3 billion to support federal, state and local public health agencies – including for the 	<p style="text-align: center;">Health Care Funding</p> <ul style="list-style-type: none"> • Public Health and Social Service Emergency Fund: receives an additional \$75 billion • Testing: \$25 billion in funding for purchasing, administering, and expanding testing capacity • Community Health Centers and Rural Clinics: \$825 million • Uninsured Testing: \$1 billion <p style="text-align: center;">Paycheck Protection Program</p> <ul style="list-style-type: none"> • Increases funding by \$320 billion • Sets aside \$30 billion of the PPP loans for banking institutions and credit unions with assets between \$10 billion and \$50 billion

<p>Strategic National Stockpile – including \$100 million for community health centers</p> <ul style="list-style-type: none"> ○ \$1.25 billion for international efforts ● Emergency Aid: <ul style="list-style-type: none"> ○ U.S. Department of Health and Human Services ○ Food and Drug Administration ○ Centers for Disease Control and Prevention ○ National Institutes of Health ○ U.S. Department of State ○ U.S. Agency for International Development ○ Small Business Administration 	<p>Medicaid, Medicare Part B and Medicare Advantage plans.</p> <p>Food Assistance</p> <ul style="list-style-type: none"> ● Provides more than \$1 billion in food assistance to students and seniors and other vulnerable populations through WIC, TEFAP, and EBT <p>Unemployment</p> <ul style="list-style-type: none"> ● Provides \$500 million in emergency administrative grants to increase state capacity to process unemployment applications <p>FMAP</p> <ul style="list-style-type: none"> ● Increases the federal medical assistance percentage (FMAP) from the federal government to state Medicaid programs by 6.2% 	<p>purchase of personal protective equipment</p> <ul style="list-style-type: none"> ● \$16 billion to purchase equipment to replenish the Strategic National Stockpile ● \$1 billion for the Defense Protection Act to strengthen supply chains and enable industry to quickly ramp up production of personal protective equipment and ventilators along with additional medical supplies ● \$10 billion for Indian Health Services and other tribal programs ● \$10 billion for small business emergency grants of up to \$10,000 to provide immediate relief ● \$562 million for small business through the Economic Injury Disaster Loans (EIDL) program ● SBA forgiveness loans for employers with 500 or fewer employees – if you keep staff employed during the terms of the loan (up to 4 months) 	<ul style="list-style-type: none"> ● Sets aside \$30 billion for institutions and credit unions with assets less than \$10 billion ● \$60 billion for Small Business Administration disaster relief funds
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<ul style="list-style-type: none"> • President Trump declared a national emergency on March 13 which opened up access to the Disaster Relief Fund (DRF) as well as additional resources from the Federal Emergency Management Agency (FEMA). • President Trump also expanded the use of state approved diagnostic tests, 		<ul style="list-style-type: none"> • President Trump invoked the Defense Production Act (DPA) on March 18th in an effort to increase manufacturing of medical supplies. 	<ul style="list-style-type: none"> • Congress is expected to pass additional legislation related to the COVID-19 pandemic in mid-May. • A few states have plans to re-open in the coming days. • HHS is continuing to release funds from the initial \$100 billion PHSSEF.

<p>and his actions allowed CMS to expand telehealth access and coverage:</p> <ul style="list-style-type: none">○ Allows for the use of phones with audio and video capabilities○ Allows for care beyond rural communities – including a patient’s home○ CMS will not enforce the patient relationship requirement○ Telehealth is not limited to patient care related to COVID-19			<ul style="list-style-type: none">● The CDC has updated and relaxed guidelines for elective procedures.
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