Newly-Passed Coronavirus Relief Bill Includes Assistance for Many, Including Health Care Providers

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After a week of negotiations, Congress passed a roughly $2 trillion coronavirus (COVID-19) stimulus package and response bill. The U.S. House of Representatives passed the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (H.R. 748) earlier today by voice vote and will send it to the President for his signature. The Senate already passed the measure Wednesday evening with a vote of 96-0. The CARES Act not only provides emergency relief to individuals and employers, but it also contains provisions of particular note to health care providers, including temporary sequester relief, a 20% add-on for Medicare COVID-19 inpatient cases, expanded telehealth opportunities, and alignment of confidentiality rules for substance use disorder treatment records (42 CFR Part 2) with Health Insurance Portability and Accountability Act (HIPAA) privacy rules.

This is the third COVID-19 relief bill in the past few weeks. The first package, the Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074/Public Law No. 116-123) was signed into law on March 6. That law provided $8.3 billion in emergency funding to federal agencies to manage coronavirus cases around the country. In addition, the legislation allowed the Department of Health and Human Services (HHS) to temporarily waive certain Medicare restrictions and requirements regarding telehealth services during the coronavirus public health emergency. Last week, President Trump signed into law the second COVID-19 relief bill, the Family First Coronavirus Response Act (H.R. 6201/Public Law No. 116-127). The health care provisions contained in that law ensure that all individuals, including those with private plans, Medicare, Medicare Advantage, and Medicaid can receive COVID-19 tests at no cost and allow states to cover the uninsured under Medicaid for COVID-19 testing and related medical visits.

The bill passed today was one of the largest stimulus packages in U.S. history and, in addition to its health-related provisions, contains provisions intended to aid Americans impacted economically by the crisis, including a one-time payment of $1,200 to individuals (families will get an extra $500 per child). People who make above $75,000 will not get the full amount, and individuals who make above $99,000 do not qualify. The CARES Act also allows more people to qualify for unemployment benefits. Those who lost their jobs would get the amount their state typically provides for unemployment, plus $600 per week for up to four months. The legislation also includes professionals who typically would not

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qualify, such as freelancers and car-share drivers.

In addition, the bill provides financial assistance to various sectors, including hospitals, which received $100 billion to fight COVID-19. Other aid includes: $350 billion for small business loans, $60 billion for airlines, $139 billion to state and local governments, $45 billion for FEMA, $14 billion for farmers and additional dollars to many others.

The health care provisions build on what was passed in the first two relief bills and include additional support for those on the front lines of the pandemic, by:

- Addressing medical supply, medical device & drug shortages;
- Establishing further coverage and of testing and preventative services;
- Providing liability protections for volunteer health care professionals;
- Enabling physician assistants and nurse practitioners to order Medicare home health services;
- Temporarily lifting the Medicare sequester through December 31, 2020;
- Creating a Medicare add-on payment for inpatient hospital COVID-19 patients;
- Allowing flexibility for acute care hospitals to transfer patients out of their facilities and into alternative care settings in order to prioritize resources;
- Preventing scheduled reductions in Medicare durable medical equipment (DME) and clinical laboratory test payments;
- Aligning the 42 CFR Part 2 regulations on confidentiality and sharing of substance use disorder treatment records with HIPAA;
- Supporting provisions for the health care workforce; and
- Further expanding the use of telehealth.

Some high-profile health care topics, including surprise billing and prescription drug cost policies, did not make it into the final bill. Prior to the pandemic, these items were being teed up to be included in a May package, which would include a list of healthcare extenders that were to expire May 22. However, since Congress does not know what the next few months will bring, a short-term extension through the end of November of those provisions was included in this bill as well, including:

- Physician work geographic index floor;
- Money Follows the Person Demonstration Program;
- Disproportionate Share Hospital (DSH) Reductions;
- Temporary Assistance for Needy Families Program;
- Community health centers, the National Health Services Corps, and teaching health centers that operate graduate medical education (GME) programs; and
- The Community Mental Health Services Demonstration.

Including these extenders in the legislation provides another vehicle for surprise billing and prescription drug cost legislation to deal with in the post-election lame duck session.

After the Senate voted on the package Wednesday evening, they adjourned and plan to return April 20th. Senate Majority Leader, Mitch McConnell (R-KY) told senators that they should be nimble, in case they must return to vote on additional stimulus bills. There is already talk of a fourth COVID-19 stimulus package to address recovery efforts.

For those looking to view the health care sections of the CARES Act, please view our Section-by-Section Summary of Health Care Provisions.

HLB's COVID-19 Task Force will host a webinar analyzing this legislation and its impact on Thursday, April 2 at 10:00 am PT / 1:00 pm ET. In addition, we will provide further detail on certain provisions of this legislation in future Health Law Advisories. A link to the legislation along with other federal and state resources can be found on our COVID-19 Resource Page.

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