

Coronavirus Aid, Relief, and Economic Security Act
Subtitle D—Finance Committee

Section-by-Section

Sec. 3701. Health Savings Accounts for Telehealth Services

This section would allow a high-deductible health plan (HDHP) with a health savings account (HSA) to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 virus and protecting other patients from potential exposure for those plan years beginning on or before December 31, 2021.

Sec. 3702. Over-the-Counter Medical Products without Prescription

This section would allow patients to use funds in HSAs and Flexible Spending Accounts for the purchase of over-the-counter medical products, including those needed in quarantine and social distancing and feminine products, without a prescription from a physician.

Sec. 3703. Expanding Medicare Telehealth Flexibilities

This section would broaden the authority of the Secretary of Health and Human Services to waive the telehealth requirements of section 1834(m) of the Social Security Act during the COVID-19 emergency period. This would enable Medicare beneficiaries to access telehealth, including in their home, from a broader range of providers, reducing COVID-19 exposure.

Sec. 3704. Allowing Federally Qualified Health Centers and Rural Health Clinics to Furnish Telehealth in Medicare

This section would allow, during the COVID-19 emergency period, Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to serve as a distant site for telehealth consultations. A distant site is where the practitioner is located during the time of the telehealth service. This section would allow FQHCs and RHCs to furnish telehealth services to beneficiaries in their home. Medicare would 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 would also exclude the costs associated with these services from both the FQHC prospective payment system and the RHC all-inclusive rate calculation.

Sec. 3705. Expanding Medicare Telehealth for Home Dialysis Patients

This section would eliminate a requirement during the COVID-19 emergency period that a nephrologist conduct some of the required periodic evaluations of a patient on home dialysis face-to-face, allowing these vulnerable beneficiaries to get more care in the safety of their home.

Sec. 3706. Allowing for the Use of Telehealth during the Hospice Care Recertification Process in Medicare

Under current law, hospice physicians and nurse practitioners cannot conduct recertification encounters using telehealth. This section would allow, during the COVID-19 emergency period, qualified providers to use telehealth technologies in order to fulfill the hospice face-to-face recertification requirement.

Sec. 3707. Encouraging the Use of Telecommunications Systems for Home Health Services in Medicare

This section would require the Secretary of Health and Human Services (HHS) 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.

Sec. 3708. Enabling Physician Assistants and Nurse Practitioners to Order Medicare Home Health Services

Under current law, only physicians are able to certify the need for home health services. This section would allow physician assistants, nurse practitioners, and other professionals to order home health services for beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home.

Sec. 3709. Increasing Provider Funding through Immediate Medicare Sequester Relief

This section would provide prompt economic assistance to health care providers on the front lines fighting the COVID-19 virus, helping them to furnish needed care to affected patients. Specifically, this section would temporarily lift the Medicare sequester, which reduces payments to providers by 2 percent, from May 1 through December 31, 2020, boosting payments for hospital, physician, nursing home, home health, and other care. The Medicare sequester would be extended by one year beyond current law to provide immediate relief without worsening Medicare's long-term financial outlook.

Sec. 3710. Medicare Add-on for Inpatient Hospital COVID-19 Patients

This section would increase the payment that would otherwise be made to a hospital for treating a patient admitted with COVID-19 by 20 percent. It would build on the Centers for Disease Control and Prevention (CDC) decision to expedite use of a COVID-19 diagnosis to enable better surveillance as well as trigger appropriate payment for these complex patients. This add-on payment would be available through the duration of the COVID-19 emergency period.

Sec. 3711. Increasing Medicare Access to Post-Acute Care

This section would provide acute care hospitals flexibility, during the COVID-19 emergency

period, to transfer patients out of their facilities and into alternative care settings in order to prioritize resources needed to treat COVID-19 cases. Specifically, this section would waive 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. It would allow a Long Term Care Hospital (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.

Sec. 3712. Preventing Medicare Durable Medical Equipment Payment Reduction

This section would prevent scheduled reductions in Medicare payments for durable medical equipment, which helps patients transition from hospital to home and remain in their home, through the length of COVID-19 emergency period.

Sec. 3713. Eliminating Medicare Part B Cost-Sharing for the COVID-19 Vaccine

This section would enable beneficiaries to receive a COVID-19 vaccine in Medicare Part B and Medicare Advantage with no cost-sharing.

Sec. 3714. Allowing Up to 3-Month Fills and Refills of Covered Medicare Part D Drugs

This section would require that Medicare Part D plans provide up to a 90-day supply of a prescription medication if requested by a beneficiary during the COVID-19 emergency period.

Sec. 3715. Providing Home and Community-based Support Services during Hospital Stays

This section would allow state Medicaid programs to pay for direct support professionals, caregivers trained to help with activities of daily living, to assist individuals with disabilities in the hospital and acute care settings to help reduce length of stay, free up beds, and insure individuals with disabilities receive appropriate care.

Sec. 3716. Clarification Regarding Uninsured Individuals

This section would clarify a section of the Families First Coronavirus Response Act of 2020 (Public Law 116-127) by ensuring that uninsured individuals can receive a COVID-19 test and related service with no cost-sharing in any state Medicaid program that elects to offer such enrollment option.

Sec. 3717. Clarification Regarding Coverage of Tests

This section would clarify a section of the Families First Coronavirus Response Act of 2020 (Public Law 116-127) by ensuring that beneficiaries can receive all tests for COVID-19 in Medicaid with no cost-sharing.

Sec. 3718. Preventing Medicare Clinical Diagnostic Laboratory Test Payment Reductions

This section 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 payor data.

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.

**Health and Human Services Extenders
Subtitle A—Medicare Provisions**

Sec. 3801. Extension of Physician Work Geographic Index Floor

This section 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.

Sec. 3802. Extension of Funding for Quality Measure Endorsement and Selection

This section would provide 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.

Sec. 3803. Extension of Funding Outreach and Assistance for Low-Income Programs

This section would extend funding for beneficiary outreach and counseling related to low-income programs through November 30, 2020.

Subtitle B—Medicaid Provisions

Sec. 3811. Extension of Money Follows the Person Demonstration Program

This section would extend the Medicaid Money Follows the Person demonstration that helps patients transition from the institutional settings such as nursing home to the home and community-based settings through November 30, 2020.

Sec. 3812. Extension of Spousal Impoverishment Protections

This section would extend the Medicaid spousal impoverishment protections program through November 30, 2020 to help a spouse of an individual who qualifies home and community-based to live at home in the community.

Sec. 3813. Delay of Disproportionate Share Hospital Reductions

The section would delay scheduled reductions in Medicaid disproportionate share hospital payments through November 30, 2020.

Sec. 3814. Extension and Expansion of Community Mental Health Services Demonstration

This section would extend 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 would also expand the demonstration to two additional states.

Subtitle C—Human Services Provisions

Sec. 3821. Extension of Sexual Risk Avoidance Education

This section extends the Sexual Risk Avoidance Education (SRAE) program through November 30, 2020 at current funding levels. This program provides funds to states to provide education exclusively focused on sexual risk avoidance.

Sec. 3822. Extension of Personal Responsibility Education

This section extends the Personal Responsibility Education Program (PREP) through November 30, 2020 at current funding levels. PREP provides states, community groups, tribes, and tribal organizations with grants to implement evidence-based, or evidence-informed, innovative strategies for teen pregnancy and HIV/STD prevention, youth development, and adulthood preparation for young people.

Sec. 3823. Extension of Demonstration Projects to Address Health Professions Workforce Needs.

This section extends the Health Professions Opportunity Grants (HPOG) program through November 30, 2020 at current funding levels. This program provides funding to help low-income individuals obtain education and training in high-demand, well-paid, health care jobs.

Sec. 3824. Extension of the Temporary Assistance for Needy Families Program and Related Programs

This section extends TANF and related programs through November 30, 2020.