



**H.R. 6800, the “Health and Economic Recovery Omnibus Emergency Solutions Act”
(HEROES Act)
Health Care Highlights**

1. Provisions that will benefit physicians and physician practices.

- ***Health Care Provider Relief Fund.*** Allocates \$100B, available until expended. Codifies the CARES Act health care provider relief fund for reimbursement to eligible health care providers for eligible expenses related to preventing, preparing for, or responding to COVID-19, as well as lost revenues that have resulted from the COVID-19 pandemic since Q1 2020. “Eligible health care providers” is defined as providers who provide diagnostic or testing services or treatment to individuals with a confirmed or possible diagnosis of COVID-19. This term appears to codify the interpretation used in the CARES Act legislation, related guidance, and terms and conditions. Health care providers would apply for funding quarterly, awards would be made quarterly through HRSA based on 100% of eligible expenses during the quarter, and 60% of lost revenues during the quarter, less any funds received by the provider during the quarter from other COVID-19 enacted legislation. Eligible expenses include temporary structure building or construction costs, leases, medical supplies and equipment, including PPE, COVID-19 testing supplies, increased workforce and trainings, surge capacity, and retention of workforce. Lost revenue is calculated by taking net patient revenue from Medicaid, CHIP, Medicare, and other insurance for the same quarter in 2019 minus the current quarter net patient revenue, less any current quarter savings to the provider from foregone wages, payroll taxes, and benefits due to furloughs or layoffs. If the lost revenue calculation for the current quarter does not exceed 10% of the 2019 quarter net patient revenue, the lost revenue for the current quarter submission would be deemed to be zero; however, the provider could still be reimbursed for eligible expenses incurred during the quarter. Executive compensation would not be reimbursable similar to the CARES Act. Providers may not balance bill individuals diagnosed with or presumed to have COVID-19. The list of quarterly awards to eligible health care providers would be made public, including the amounts. The AMA is seeking clarification on whether funds received would be considered taxable income. (Section 30611)
- ***Accelerated and Advance Payment Programs under Medicare Part A and Part B, Modified.*** Reduces the interest rate to 1% for health care providers who have received financial assistance through the Medicare Accelerated and Advance Payments Program, provides up to 1 year before claims are offset, and sets a recoup percentage maximum of 25% per claim. Allows up to 2 years for the outstanding balance of the advance payment to be repaid. (Section 30206)
- ***Modifies the Paycheck Protection Program (PPP).*** Modifications include extending the PPP program from June 30 to December 31, extending the 8-week covered period to 24 weeks, removing the requirement that 75% of loan proceeds be used for payroll expenses, directing that 25% of the funds must be used for small businesses with 10 or fewer employees, creating a safe harbor for borrowers who cannot rehire in the prescribed timeframe, and setting the minimum maturity on PPP loans at 5 years. (Section 90001 et seq.)
- ***Options for Small Businesses and Non-profits Under the Main Street Lending Program.*** Requires the Federal Reserve to provide at least one low-cost loan option that small businesses

and small non-profits are eligible for that does not have a minimum loan amount (minimum loan under this program is currently \$500,000). (Section 110605)

- ***Expands Economic Injury Disaster Loan (EIDL) Program.*** Appropriates an additional \$10 billion for emergency EIDL grants. (Division A, Title III)
- ***Limitation on deduction of state and local taxes (SALT).*** Eliminates the limitation on the deduction for SALT for taxable years beginning on or after January 1, 2020 and on or before December 31, 2021. (Section 20161)
- ***Medicaid Increase.*** Increases the Federal Matching Assistance Percentage (FMAP) by 14 percentage points through June 30, 2021. (Section 30101)
- ***Expansion of Rural Health Care Program of FCC in Response to COVID-19.*** Authorizes \$2 billion for a temporary expansion of the FCC’s Rural Health Care Program (RHCP) to partially subsidize their health care providers’ broadband service. Authorized subsidies would flow to all non-profit and public hospitals, not only rural ones. Increases the broadband subsidy rate from 65% to 85%. Also uses authorized funds to expand eligibility of the RHCP to ensure mobile and temporary health care delivery sites are eligible and temporarily modifies administrative processes to ensure funding is delivered expediently. (Section 130801)
- ***COVID-19 Price Gouging Prevention Act.*** Makes it unlawful for any person to sell or offer for sale a good or service at a price that is unconscionably excessive; and indicates the seller is using the circumstances related to such public health emergency to increase prices unreasonably. (Section 130102)
- ***Special enrollment period through federal exchanges.*** Provides for a two--month open enrollment period to allow individuals who are uninsured, for whatever reason, to enroll in coverage. This applies only to individuals living in states that use the federal exchange. Also requires HHS to conduct outreach and educational activities to potential enrollees of the availability of the special enrollment period and appropriates \$25 million for such activities. (Section 30301)
- ***COBRA Subsidies.*** Provides approximately nine months of full premium subsidies to allow workers to maintain their employer--sponsored coverage if they are eligible for COBRA due to a layoff or reduction in hours, and for workers who have been furloughed but are still active in their employer--sponsored plan. (Sections 30311, 30312)
- ***Dependents taken into account in determining credit and rebates.*** Makes all dependents eligible for the \$500 qualifying child amount in the Economic Impact Payments. (Section 20101)
- ***Individuals providing taxpayer identification numbers taken into account in determining credit and rebates.*** Allows Economic Impact Payments to be made retroactively to an individual who provides a Taxpayer Identification Number, allowing some of our IMG physicians to become eligible for this rebate. (Section 20102)
- ***Temporary tax deductions for supplies/equipment of COVID-19 front-line employees.*** Provides a \$500 above-the-line deduction for 2020 for the uniforms, supplies, and equipment of COVID-19 front-line employees, which include certain physicians performing at least 1,000 hours of essential work. (Section 20203)
- ***Payroll credit for certain pandemic-related employee benefit expenses paid by employers.*** Provides a 30% refundable payroll tax credit (up to \$5,000 per employee per quarter) for reimbursed employee expenses for reasonable and necessary personal, family, living, or funeral expenses incurred as a result of the COVID-19 emergency (50% credit if substantial portion of services performed by the employee is “essential work”). (Section 20204)

- **Improvements to employee retention credit.** Increases the applicable percentage of qualified wages reimbursed through the employee retention credit from 50% to 80%. Increases the limit on wages taken into account per employee from \$10,000 for the year to \$15,000 per quarter (limited to \$45,000 per year). (Section 20211)
- **Payroll credit for certain fixed expenses of employers subject to closure due to COVID-19.** Provides a 50% refundable payroll tax credit for qualified fixed costs, including rent, mortgage, and utility payments, with certain limitations, up to \$50,000 paid or accrued from March 12 to December 31, 2020. Applies to employers with no more than 1,500 full-time equivalent employees or no more than \$41,500,000 in gross receipts in 2019. Employers must be subject to a full or partial suspension due to a COVID-19 government order or have a decline in gross receipts of at least 20% compared to the same calendar quarter of the preceding year. (Section 20212)
- **Business interruption credit for the self-employed.** Provides a 90% refundable individual income tax credit for certain self-employed individuals who have experienced a significant loss of income. The credit phases out starting at \$60,000 of adjusted gross income (\$120,000 for married filing jointly) at a rate of \$50 for every \$100 of income. (Section 20213)
- **Payroll tax deferral allowed for recipients of certain loan forgiveness.** Allows businesses that receive PPP loan forgiveness to also defer payment of payroll taxes under Section 2302 of the CARES Act. (Section 20231)
- **Certain loan forgiveness/financial assistance not included in gross income.** Excludes from gross income certain loan forgiveness by the Small Business Administration, emergency EIDL grants, and certain loan payments. (Section 20233)
- **Certain expenses paid with certain grants/loans not included in gross income.** Excludes from gross income expenses paid with proceeds from PPP loans that are forgiven, certain loan forgiveness by the Small Business Administration, and emergency EIDL grants. (Section 20235)
- **Restrictions on collections of debt during a national disaster or emergency.** Provides a temporary moratorium on small business and non-profit debt collection during this COVID--19 crisis, and for 120 days thereafter, and ensures reasonable forbearance and repayment options for small businesses and non-profit organizations when payments resume following the debt collection moratorium. (Sections 110601-110602)
- **Pandemic Premium Pay for Essential Workers.** Provides for premium pay (i.e., COVID-19 Heroes Fund) for essential workers at a rate of \$13 per hour for work performed from January 27 up until 60 days following the end of the COVID-19 Public Health Emergency up to a maximum of \$10,000 reduced by employer payroll taxes with respect to such premium pay for essential workers or \$5,000 reduced by employer payroll taxes for highly-compensated essential workers paid the equivalent of over \$200,000 per year. This premium pay is to be funded by grants received by employers from Treasury under Sec. 170104 COVID-19 Heroes Fund Grants. If a worker dies as a result of COVID-19, payment goes to next of kin. The provisions in Sec. 170101 defining essential work for payment are extremely broad, including physically provided inpatient and outpatient health care, testing and diagnostics work, biomedical research involving handling of hazardous material, and behavioral health work that could feasibly be performed in-person by physicians. Further included are the following: public health work at state, local, territorial, and tribal government public health agencies including epidemiological work on surveillance, contact tracing, and data analysis as well as work in R&D and testing necessary for the COVID response that involves physical interaction with hazardous materials. Certain other types of care providers are included as well (e.g. home and community-based services). However, telework is explicitly excluded. Sec. 170102 also prevents employers from otherwise reducing compensation or

changing benefits due to premium pay. (Section 170301) Coordination with other benefits limits premium pay from being regarded as income or resource related to eligibility for benefits or certain amounts of benefits under any program financed with federal funds. (Section 170102)

2. Provisions that will benefit medical students.

- ***Federal Student Loan Borrower Relief.*** Expands the CARES Act definition of “federal student loan” and provides retroactive relief to those loans that were not included in the CARES Act but are now included under the HEROES Act. The retroactive relief will be equal to the lesser of the amount paid by the borrower on the loans during the period of forbearance or the amount that was due on the loan during that time. Moreover, it extends the CARES Act suspension of payments and accrual of interest for federal student loans through September 30, 2021, or until the economy shows signs of recovery, whichever is later, and adds a 30-day transition period during which any missed payments will not result in collection fees and will not be reported to consumer reporting agencies. Additionally, borrowers must be properly notified of these changes and when these benefits will end. (Sections 150113, 150114, 150115, 150116)
- ***Writing Down Balances for Federal Student Loan Borrowers.*** Amends the CARES Act to provide debt relief of up to \$10,000 for student loan borrowers who are “economically distressed” meaning the borrower had a monthly payment of zero dollars under an income-based repayment plan or was delinquent, in default, or in a forbearance or deferment based on financial hardship as of March 12 2020. (Section 150117)
- ***Payments for Private Education Loan Borrowers.*** Provides private student loan repayment of up to \$10,000 for student loan borrowers who are “economically distressed” meaning the borrower’s private loans would have been eligible for a zero dollar monthly payment if the loans were based off of a federal income repayment plan as of March 12, 2020. Moreover, all private student loan payments, interest, involuntary collection, and adverse credit information will be stopped until September 30, 2021. Additionally, borrowers must be properly notified of these changes and when these benefits will end. (Sections 110501 and 110502)
- ***Department of Education.*** Allocates \$90 billion for a State Fiscal Stabilization Fund to support funding for schools, including public postsecondary institutions. These funds can be used for a variety of things including providing school-based supports for impacted students, purchasing educational technology, and providing emergency financial aid to postsecondary students for housing, food, technology, health care, and childcare. (Title VI)
- ***Emergency financial aid grants.*** Excludes emergency financial aid grants from students’ gross income and holds students harmless for purposes of determining eligibility for higher education tax incentives. (Sections 150108 and 20232)
- ***Extension of Federal Work Study During a Qualifying Emergency.*** Extends federal work study flexibility into the fall and allows institutions of higher education to pay federal work study students even if they are unable to complete their jobs due to COVID-19. (Section 150103)
- ***Facilitating Access to Financial Aid for Recently Unemployed Students.*** Any student who has applied for, or is receiving, unemployment benefits at the time that they submit an application for federal financial aid will be treated as a dislocated worker on the FAFSA, and thus will be eligible for the additional financial benefits that come along with that status. (Section 150109)
- ***Special Rules Relating to Public Service Loan Forgiveness.*** Allows borrowers to consolidate loans without losing prior payments for purposes of Public Service Loan Forgiveness (PSLF) and income-driven repayment plans. Additionally, a borrower with a full-time job as a health care practitioner working at a public or non-profit hospital or health care facility, that is prohibited by

State law from being employed directly by the hospital or health care facility, can now to be eligible for PSLF. (Sections 150120 and 150121)

- **Public Health Workforce Loan Repayment Program.** Establishes a loan repayment program for public health workers to enhance recruitment and retention for state, local, tribal, and territorial healthcare facilities in high need areas. (Section 30612)
- **Grants for schools of medicine in diverse and underserved areas.** Authorizes grants to schools of medicine in rural, underserved, or Minority-Serving Institutions so that they can expand and improve their medical education. (Section 30615)

3. Other noteworthy provisions.

- **Expands PPP loan eligibility to all non-profit organizations (not just 501(c)(3)).** The CARES Act limited the type of non-profit organizations eligible for a PPP loan to 501(c)(3) organizations. The HEROES Act would expand the eligibility to all 501(c) non-profit organizations (with some conditions for 501(c)(4) organizations), create a 25% set-aside of funds solely for non-profits, and remove the 500-employee limitation on non-profits. Compensation for employees who are registered federal lobbyists are excluded from payroll costs. (Section 90001(d))
- **Streamlining payment of emergency care claims to community providers during the COVID-19 public health emergency.** Grants prior authorization for any emergency care sought by veterans at non-VA hospitals, including COVID-19-related diagnosis and treatment, and ambulance transportation. (Section 80005)
- **Activities to improve the delivery of home and community-based services.** Increases pay and provides hazard pay, overtime pay, and shift differential pay for home health workers and direct support professionals. (Section 30103)
- **Additional funding for Medical Reserve Corps.** Authorizes additional funding for the Medical Reserve Corps. (Section 30614)
- **Non-discrimination provision.** Applies the ACA's non-discrimination provision (Section 1557), which the Trump Administration is trying to reverse through rulemaking, to all of the recently enacted Coronavirus funding and relief legislation and includes this Act. (Section 30701)

Medicaid

- **MFAR.** Prevents the Secretary of Health and Human Services (HHS) from finalizing the Medicaid Fiscal Accountability Regulation (MFAR) until the end of the COVID19 public health emergency. (Section 30102)
- **Home and Community-Based Services.** Increases the federal payments to state Medicaid programs by an additional 10 percentage points starting July 1, 2020 through June 30, 2021 to support activities that strengthen their home- and community-based services benefit. (Section 30103)
- **No cost-sharing for COVID--19 treatment.** Eliminates cost sharing for Medicaid beneficiaries for COVID--19 treatment and vaccines during the COVID--19 public health emergency. (Section 30104)
- **Covering the uninsured for COVID--19 treatment.** Ensures that uninsured individuals who states opt to cover through the new Medicaid eligibility pathway will be able to receive treatment for COVID--19 without cost--sharing during the COVID--19 public health emergency. (Section 30105)
- **Temporary extension of 100 percent FMAP to Indian health providers.** Clarifies that services received through urban Indian providers are matched at 100% FMAP through June 30, 2021. (Section 30106)

- ***Increase DSH payments.*** Temporarily increases Medicaid disproportionate share hospital (DSH) allotments by 2.5%. (Section 30108)
- ***Allowance for medical assistance under Medicaid for inmates during 30--day period preceding release.*** Provides Medicaid eligibility to incarcerated individuals 30 days prior to their release. (Section 30110)

Private Insurance Provisions

- ***Ensuring access to COVID--19 prevention care.*** Requires the Advisory Committee on Immunization Practices (ACIP) to meet and provide a recommendation no later than 15 days after a COVID--19 vaccine is listed under the Public Health Service Act. (Section 30302)
- ***Coverage of COVID--19 related treatment with no cost-sharing.*** Requires coverage of items and services related to the treatment of COVID--19 in group and individual market health plans, including ERISA plans, and waives cost--sharing requirements for consumers during the COVID-19 public health emergency. Additionally, it allows patients to access these benefits in person or through the use of telemedicine. (Section 30303)
- ***Reinstatement of ACA Risk Corridor Program.*** Requires HHS to establish and administer a risk corridor program for plan years 2020 and 2021 under which the Secretary shall make payments to health insurance issuers offering health insurance coverage in the individual or small group market, based on the ratio of the allowable costs of the coverage to the aggregate premiums of the coverage, and for self-insured group health plans health insurance coverage offered in the large group market. (Sections 30307-30308)

COVID-19 Testing, Tracing, and Supply Chain

- ***No copays for COVID-19 preventative services at VA medical facilities.*** Eliminates the payment of copays or cost-sharing for preventative treatment or services for COVID-19, including the administration of a vaccine. (Sections 80003 and 80014)
- ***Coverage of COVID-19 related treatment at no cost sharing.*** Establishes zero cost sharing for COVID-19 treatment under TRICARE, the Department of Veterans Affairs health plans, and Federal Health Benefit Programs. (Sections 30401, 30402, 30403, and 80015)
- ***COVID-19 National Testing and Contact Tracing (CONTACT) Initiative.*** Authorizes \$75 billion for various measures to increase testing and contact tracing for COVID-19, including requiring the establishment of a national system for COVID-19 testing, contact tracing, surveillance and mitigation; CDC grants for state, local, tribal, and territorial governments to carry out COVID-19 testing, contact tracing, surveillance, containment and mitigation; and grants to support recruitment, placement and training for contact tracing provisions. Requires provision of guidance and technical assistance to States, localities, Tribes, and territories on testing, tracing, surveillance, protection of PPI, and guidance on payment and reimbursement for applicable services under this bill and other relief packages. (Sections 30562-68)
- ***Core public health infrastructure for State, local, and Tribal health departments.*** Authorizes \$6 billion for CDC to issue grants to public health departments to expand workforce, improve laboratory systems, health information systems, disease surveillance, and contact tracing capacity. Grants will be made to every State health department with the amount based on population size, burden of preventable disease and disability, and core public health infrastructure gaps. This provision would also establish a voluntary public health accreditation program for state, local, tribal and territorial health departments and public health laboratories. (Section 30550)

- ***Core public health infrastructure and activities for CDC.*** Authorizes \$1 billion for CDC to expand and improve their core public health infrastructure and activities in order to address unmet and emerging public health needs. (Section 30551)
- ***Pilot program to improve laboratory infrastructure.*** Authorizes \$1 billion for Secretary to award grants to states and localities to improve, renovate, or modernize clinical laboratory infrastructure in order to help increase COVID-19 testing capacities. (Section 30549)
- ***COVID-19 testing strategy.*** Requires an update to the COVID-19 strategic testing plan to identify necessary levels of testing as well as detail how to ensure sufficient availability and allocation of all testing materials and supplies, and sufficient laboratory and personnel capacity. (Section 30541)
- ***Manufacturer reporting of test distribution.*** Requires manufacturers of COVID-19 tests to notify the Secretary of HHS with information regarding distribution of tests, including quantity distributed and the entities to which they were distributed, on a weekly basis. (Section 30543)
- ***Reporting of COVID-19 testing results.*** Requires every laboratory that performs or analyzes COVID-19 tests to submit daily reports to the Secretary of HHS, which would then make this information available to the public in a searchable, electronic format. (Section 30546)
- ***State testing report.*** Requires States authorizing the development of in vitro COVID-19 tests to provide the Secretary of HHS with a weekly report identifying all authorized laboratories and providing relevant information about the laboratories' testing capacity and other relevant information. (Section 30544)
- ***Testing information websites.*** Requires the Secretary of HHS to establish and maintain a public, searchable website that lists all in vitro diagnostic and serological tests used in the United States. Requires States receiving funding through this Act to establish a public, searchable webpage identifying and providing contact information for COVID-19 testing sites within the State. (Section 30542, 30545)
- ***Medical Supply Response Coordinator.*** Creates a Medical Supply Response Coordinator to coordinate the efforts of the Federal government regarding the supply and distribution of critical medical supplies and equipment related to detecting, diagnosing, preventing and treating COVID-19. (Section 30511)
- ***Vaccine manufacturing and administration capacity.*** Requires BARDA to award contracts, grants, cooperative agreements, and enter into other transactions, as appropriate, to expand and enhance manufacturing capacity of vaccines, vaccine candidates, and related medical products to prevent the spread of COVID19. (Section 30520)
- ***Public health data system transformation.*** Requires HHS to expand, enhance, and improve public health data systems used by the Centers for Disease Control and Prevention (CDC). (Section 30548)
- ***Emergency Medical Supplies Enhancement.*** Makes a determination that COVID-10 tests, PPE, ventilators, and FDA approved drugs to treat COVID-19 (including vaccines) are scarce and critical materials essential to the national defense under the requirements of section 101 of the Defense Production Act (DPA). Requires reporting on the assessment of the needs for such supplies and a plan for meeting the needs to combat the COVID-19 epidemic, including contracting by the federal government and use of the DPA and the creation of a plan to meet those needs, including through the creation of a "longer-term" plan. Creates an outreach representative to be designated by FEMA to act as a Government-wide point of contact during the COVID-19 emergency for outreach to manufacturing companies and their suppliers. Requires

notification of state and local territories within 24 hours when the federal government exercises the DPA to prioritize or allocate materials from orders that states have made and to take steps necessary to ensure that such materials ordered by such government are delivered in the shortest possible period. (Section 110101)

- ***Strategy on Securing Supply Chains for Medical Materials.*** Requires a plan describing steps taken to ensure the supply chain of medical materials, and an analysis of vulnerabilities to the supply chain. (Section 110101)

Demographic Data and Supply Reporting

- ***COVID--19 reporting portal.*** Requires the Secretary of HHS, within 15 days, to establish and maintain an online portal for health entities (i.e., acute care hospitals, hospital systems, and long-term care facilities) to track and transmit data regarding their personal protective equipment and medical supply inventory and capacity related to COVID--19. (Section 30571)
- ***CDC reporting on demographic data.*** Requires the Secretary of HHS to update and make publicly available the report to Congress required by the Paycheck Protection and Health Care Enhancement Act on the collection of data on race, ethnicity, age, sex, and gender of individuals diagnosed with COVID-19. The updated report must include how the Secretary will provide technical assistance to State, local, and territorial health departments to improve collection and reporting of demographic data, and requirements for the report to be updated every 30 days and to identify any barriers for such health departments in collecting such data. (Section 30572)
- ***Modernization for health inequities data.*** Authorizes \$4 million in funding to AHRQ, CDC, CMS, FDA, the Office of the National Coordinator for Health Information Technology, and NIH to modernize their data collection methods and infrastructure in order to increase data collection related to health inequities. Also authorizes \$100 million in grants to state, local, and territorial health departments in order to support the modernization of data collection methods and infrastructure in order to increase data collection related to health inequities. (Sections 30573 and 30574)
- ***Tribal funding to research health inequities, including COVID--19.*** Requires the Indian Health Service in coordination with CDC and NIH, to conduct tribally directed research and field studies to improve understanding of tribal health inequities and requires reports to Congress. Authorizes \$25 million. (Section 30575)
- ***Additional reporting to Congress on the race and ethnicity rates of COVID--19.*** Requires the Secretary of HHS, by August 1, to expand on the report to Congress as required by the Paycheck Protection Program and Health Care Enhancement Act describing the testing, positive diagnoses, hospitalization, intensive care admissions, mortality rates, associated with COVID--19, disaggregated by race, ethnicity, age, sex, and gender. The Secretary of HHS must also propose evidence--based response strategies to reduce disparities related to COVID--19 and a final report in 2024. (Section 30577)

Domestic Violence

- ***Grants to assist low-income women and survivors of domestic violence in obtaining qualified domestic relations orders.*** To address the increase in many states of domestic violence rates, this provision directs the Secretary of Labor to award grants of at least \$250,000 to established community--based organizations on a competitive basis to assist low-income women and survivors of domestic violence in obtaining qualified domestic relations orders to ensure that these women actually obtain the benefits to which they are entitled through those orders. (Section 40306)

Medicare

- ***Hold Harmless for Specified COVID-19 Treatment Services.*** Eliminates any cost-sharing (including any deductible, copayment, or coinsurance) and does not hold the Medicare beneficiary liable for any Medicare Part A or Part B item or service on a claim with a COVID-19 related diagnosis code. (Section 30201) This also applies to a Medicare Advantage beneficiary, and prevents any prior authorization or utilization management for a critical specified COVID treatment (such as a ventilator or ICU services). (Section 30204)
- ***Patient Access to Drugs Intended to Treat COVID-19 without Cost-Sharing.*** Medicare prescription drug plans (PDPs) and Medicare Advantage Prescription Drug Plans (MA-PDPs) must include all covered and authorized Part D drugs medically accepted to treat COVID-19 with no prior authorization or other utilization management required, and with no cost-sharing of these drugs to the Medicare beneficiary. (Section 30205)
- ***Medicare Special Enrollment for Individuals Residing in COVID-19 Emergency Areas.*** Medicare eligible individuals who did not enroll during an enrollment period and who reside in a COVID-19 emergency area may enroll in Medicare during the public health emergency. (Section 30207)

Skilled Nursing Facilities

- ***Communication accessibility for Skilled Nursing Facility residents during COVID-19.*** Requires reasonable access to telephone and internet for “televisitation” during the COVID-19 public health emergency to maintain a connection with relatives. (Section 30202)
- ***Skilled Nursing Facility Payment Incentive Program.*** Subject to meeting requirements (such as staffing, health inspections, infection control) and receiving HHS approval, a skilled nursing facility (SNF) may be designated (in whole or in part) as a COVID-19 treatment center and receive a 20% increase in per diem payments for eligible individuals until such designation is terminated or revoked. Requires transfer or separation of non-COVID-19 patients from those eligible individuals who tested positive for COVID-19. (Section 30208)
- ***Strike Team Funding for Skilled Nursing Facilities.*** Funds States for nursing home strike teams that will assist with clinical care, infection control, or staffing at facilities that have residents or employees who have been diagnosed with COVID-19. (Section 30209)
- ***Infection Control at Skilled Nursing Facilities.*** Provides additional assistance to facilities dealing with COVID-19 related infection control through support from Medicare Quality Improvement Organization (QIOs). (Section 30210)
- ***Reporting Requirements on COVID-19 Cases and Deaths.*** Age, race/ethnicity, preferred language of skilled nursing facility residents with suspected or confirmed COVID-19 infection or deaths shall be reported and displayed on the *Nursing Home Compare* website. (Section 30211)

Immigration Provisions

- ***Extension of filing and other deadlines.*** Immigrants that are lawfully present in the U.S. as of January 26, 2020, will be granted additional time to file for extensions, changes of nonimmigrant status, applications for renewal of employment authorization, or any other application, extension, or renewal. Moreover, any immigrant whose status, employment authorization, authorized period of stay, or visa has expired or will expire during the public health emergency will be given an automatic extension. (Section 191201)
- ***Rollover of unused visas.*** Any unused visas at the end of the fiscal year will be reallocated and can be used in subsequent years. (Section 191201)

- ***Supplementing the COVID response workforce.*** IMGs that have an approved immigrant visa petition, have completed the service requirements for a waiver on or before enactment of the HEROES Act, and are engaged or will engage in the practice of medicine or medical research related to COVID-19 may be provided with expediated green cards for themselves and their spouse and children. (Section 191204)
- ***Expediated visa processing.*** Expediated and prioritized visa processing will be given to applications and petitions of those seeking employment or classification as a nonimmigrant to practice medicine, provide healthcare, engage in medical research, or participate in a graduate medical education or training program involving the diagnosis, treatment, or prevention of COVID–19. (Section 191204)
- ***Applications or petitions for new employment or change of status.*** Decisions regarding applications or petitions for new employment or change of status will be made within 30 days of the receipt of the application. Moreover, there will be some flexibility with medical licensure requirements and H-1B’s will not be required to file an amended or new petition if they are transferred to a new area of employment to practice medicine, provide healthcare, or engage in medical research involving the diagnosis, treatment, or prevention of COVID-19. Additionally, IMG’s will not be required to file an amended or new petition to practice telemedicine. Likewise, J-1’s may be redeployed to a new rotation within the host training institution as needed to engage in COVID–19 work, even if it is outside of the scope of the approved program, and may receive compensation for such work. Furthermore, O-1’s that are seeking an extension of their status are authorized to accept new employment pursuant to 214(n) of the Immigration and Nationality Act. (Section 191204)
- ***Conrad 30 Program.*** Establishes permanent authorization for the Conrad 30 program, increases the number of waivers to 35 per state, and allows for adjustment of waiver numbers based on state use. (Section 191204)
- ***Employment Authorization Card.*** Provides independent temporary work authorization documents that are valid for one year to nonimmigrant physicians and other healthcare workers, giving them maximum mobility and flexibility to engage in COVID-19 work during the present emergency. (Section 191204)
- ***Maintenance of Status.*** If an IMG has his or her hours reduced or is forced to stop working due to the public health emergency, they and their family will still be considered lawfully present in the U.S. and to have continuously maintained their underlying non-immigrant status. (Section 191204)
- ***Treatment of time spent engaging in COVID-19 related work.*** Time spent by IMG’s engaging in direct patient care involving the diagnosis, treatment, or prevention of COVID–19 will count towards the 5 years required for a national interest waiver and/or the 3 years that an IMG is required to work as a full-time physician for purposes of a waiver of the 2-year foreign residence requirement. (Section 191204)
- ***Special immigrant status for non-immigrant COVID-19 workers and their families.*** IMG’s that currently are in the U.S., possess and maintain a non-immigrant status, and engaged in the practice of medicine, provision of healthcare services, or medical research involving the diagnosis, treatment, or prevention of COVID–19 during the public health emergency may be granted special immigrant status for themselves and their spouse and children. (Section 191204)
- ***Protection for surviving spouses and children.*** The surviving spouse and children of an IMG that passed away as a result of providing medical care related to COVID-19 may be granted an

immigrant visa and/or an adjustment of status to lawful permanent resident and while the application is pending may maintain lawful non-immigrant status. (Section 191204)

Nutrition Assistance

- **SNAP.** Increases the SNAP benefit level by 15%; excludes the Pandemic Unemployment Compensation as countable income for SNAP benefit calculation; increases the minimum SNAP benefit to \$30 per month; waives all work requirements for SNAP for 2 years; and prevents funding for USDA to implement or finalize the Able-Bodied Adults Without Dependents, Broad Based Categorical Eligibility, and Standard Utility Allowance rules. Also provides additional funding of \$150 million per year for fiscal years 2020 and 2021 to States for SNAP administration to meet the increased need for SNAP. Directs USDA to allow households to use SNAP to purchase hot foods at currently authorized SNAP retailers during this public health emergency. Provides \$10 billion to support anticipated increases in participation and to cover program cost increases related to flexibilities provided to SNAP by the Families First Coronavirus Response Act. (Sections 60606-60607; Title I, Division A)
- **Food distribution on Indian Reservations.** Provides flexibilities for the Food Distribution Program on Indian Reservations, including waiving the non-Federal share requirement for FDPIR funds provided under the CARES Act. Also allows SNAP households on Indian reservations who are unable to access SNAP retailers due to the COVID-19 outbreak to receive FDPIR. (Section 60605)
- **WIC.** Provides an additional \$1.1 billion to provide access to nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or laid off due to the COVID-19 emergency. Allows the Secretary of Agriculture to increase the value of the WIC Cash Value Voucher (CVV) from \$9 for children and \$11 for women per month to \$35 per month for women and children through the end of fiscal year 2020. The WIC CVV may be used to purchase fruits and vegetables. (Title I, Division A)
- **Child Nutrition Programs.** Includes \$3 billion in additional funding to provide emergency financial relief to school meal providers and USDA's Child and Adult Care Food Program to ensure that these child nutrition programs have sufficient funding to continue feeding children in need.

Substance Use and Mental Health

- **Funding.** Provides \$3 billion to increase mental health support during this challenging time, to support substance abuse treatment, and to offer increased outreach, including \$1.5 billion for the Substance Abuse Prevention and Treatment Block Grant and \$1 billion for the Community Mental Health Services Block Grant. (Division A, Title VI)
- **Research on the mental health impact of COVID-19.** Directs the National Institute of Mental Health to support research on the mental health consequences of COVID-19, including the pandemic's impact on health care providers. (Section 30618)
- **Grants to address substance use and increased behavioral health needs during COVID-19.** Authorizes SAMHSA to award grants to support local, tribal, states, and community-based substance use efforts and to enable such entities to increase capacity and support or enhance behavioral health services. (Sections 30633, 30634)

Tribal Assistance

- **Improving State, local, and Tribal public health security.** Extends eligibility for the CDC's Public Health Emergency Preparedness program to Tribes and guarantees IHS and other Tribal

health organizations direct access to the Strategic National Stockpile, just like all 50 states. (Sections 30641-30642)

- ***Native Veterans***. Allows the Urban Indian Health Organizations to bill VA for care provided to qualified urban native veterans and clarifies VA coverage for Native Veterans who qualify for both VA benefits and IHS services. AMA supports (Sections 30643-30644)
- ***Tribal Fiscal Relief***. Provides \$20 billion in funding as part of the Coronavirus State Fiscal Relief Fund to assist Tribal governments with the fiscal impacts from the public health emergency caused by the coronavirus. (Division A, Title III)
- ***Indian Health Service***. Provides \$2.1 billion to address health care needs related to coronavirus for Native Americans, including funding to: account for lost third party revenues as a result of reduced medical care; assist Urban Indian Organizations; assist with sanitation, hydration and hygiene needs in Indian Country necessary to prevent, prepare for, and respond to coronavirus; provide health care, including telehealth services to Native Americans and to purchase medical supplies and personal protective equipment; expand broadband infrastructure and information technology for telehealth and electronic health records system purposes; provide health care, housing and isolation units for domestic violence victims and homeless Native Americans; and provide isolation or quarantine space. (Division A, Title V)
- ***Congressional intent relating to Tribal governments eligible for Coronavirus Relief Fund Payments***. Clarifies Congressional intent that only Federally recognized Tribal Governments are eligible for payments from the Coronavirus Relief Fund established in the CARES Act, Section 5001. This means that Alaska Native Corporations would not be eligible for such funding, and affirms the position taken by the U.S. District Court for DC in *Confederated Tribes of the Chehalis Reservation et al v. Mnuchin*. Defines “tribal government” pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 5131). Requires the return to the Treasury Department of any payments made to entities determined to be ineligible upon enactment of this Act, and the redistribution of such funds to eligible Tribal governments. Requires transparency by the Treasury Department on distributions of funds, including a detailed description of the funding allocation formula and a detailed description of the procedure and methodology used to determine the funding allocation formula, as well as reports to Congress upon distribution of funds. (Sections 191301-191302)
- ***Use of relief funds***. Clarifies that Coronavirus Relief Fund payments under the CARES Act to states, localities, and tribal governments shall be used to 1) cover only those costs that are necessary expenditures incurred due to the COVID-19 public health emergency; 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 were incurred during the period that begins on January 31, 2020, and ends on December 31, 2020; or 2) replace lost, delayed, or decreased revenues, stemming from the public health emergency related to COVID-19. (Section 191303)