Coronavirus Aid, Relief, and Economic Security Act
(CARES Act) Summary Document
March 27, 2020

The $2 trillion Coronavirus Aid, Relief, and Economic Security Act (CARES Act) has passed both chambers of Congress and was signed into law by President Trump. This legislation was negotiated in a bipartisan, bicameral manner and provides critically needed resources such as personal protective equipment (PPE), funding for vaccines and research, and streamlines Medicare and other federal regulations.

It is important to note, the legislation includes a provision authorizing NPs to certify and recertify their patients' need for home health care, permanently retiring this federal barrier to NP practice. The legislation also reauthorizes the Title VIII Nursing Workforce Development Programs.

While a detailed summary of the health sections of the bill can be found below, we would like to point out the following funding items; $1 billion for Defense Production Act, $117 billion for hospitals and veterans' health care; $11 billion to support research and development of vaccines, therapeutics, diagnostics; $4.3 billion for the Centers for Disease Control; $16 billion for the Strategic National Stockpile to procure PPE, ventilators, and other medical supplies for federal and state response efforts; and $45 billion for FEMA disaster relief fund.

AANP has put together the summary below of the health provisions in the legislation.

Division A: Keeping Workers Paid and Employed, Health Care System Enhancements, and Economic Stabilization

Title III: Supporting America' Health Care System in the Fight Against the Coronavirus

Subtitle A – Health Provisions

Part I: Addressing Supply Shortages

Subpart A: Medical Product Supplies

- Requires the National Academies of Science, Engineering, and Medicine to conduct a report on the security of America's medical product supply chain.
- Requires the Strategic National Stockpile to include certain additional medical supplies, such as PPE, vaccines, and diagnostic tests.

- Provides permanent liability protection as a covered countermeasure for manufacturers of approved personal respiratory protective equipment that the Secretary determines to be a priority for use during a public health emergency.

Subpart B: Mitigating Emergency Drug Shortages

- Contains several provisions on preventing and disclosing drug shortages, including expedited review by the Food and Drug Administration (FDA) on drug applications and inspections to prevent or mitigate a drug shortage and additional required reporting.

Subpart C: Preventing Medical Device Shortages

- Requires a manufacturer of a medical device that is deemed critical to public health during a public health emergency to submit certain reports on the discontinuance or interruption in the manufacturing of the device.

Part II: Access to Health Care for COVID-19 Patients

Subpart A: Coverage of Testing and Preventive Services

- Allows laboratory developed tests and diagnostic kits to be used to test patients for COVID-19 in advance of an FDA Emergency Use Authorization.
- Clarifies that all private insurance plans must cover COVID-19 testing without cost-sharing to the beneficiary, and that the plans must pay the provider of the test either the contracted rate or the cash price rate posted by the provider.
- Provides coverage of a vaccine, item, or service that is intended to prevent or mitigate COVID-19 and has an A or B rating by the United States Preventive Services Task Force or Advisory Committee on Immunization Practices, without beneficiary cost-sharing within 15 business days of that recommendation.

Subpart B: Support for Health Care Providers

- Awards $1.32 billion in additional funding to Community Health Centers to test and treat patients with COVID-19.
- Reauthorizes the Telehealth Network and Telehealth Resource Centers grant program under the Health Resources and Services Administration (HRSA).
- Reauthorizes a HRSA grant program to strengthen rural community health for rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs.
- Provides a statutory fix to the Affordable Care Act to establish, and provide compensation and pension for persons who join, the Ready Reserve Corp, which is part of the U.S. Public Health Service Commissioned Corp.
- Gives liability protection under Federal and State law to health care providers for harm caused by an act or omission by the provider during the COVID-19 public health emergency. The provider must be working as a volunteer, providing care in response to the public health emergency, acting within the scope of their license, registration, or certification and does not exceed the scope of that license, registration, or certification in the State in which the act or omission occurs, and having a good faith belief that the individual being treated was in need of health care services. The protection is void if the provider acted in a way which constitutes willful or criminal misconduct, gross

negligence, reckless misconduct, or a conscious flagrant indifference to the rights or safety of the individual harmed, or if the provider was under the influence.
- Allows the Department of Health and Human Services (HHS) to reassign members of the National Health Service Corp, with the member's agreement.

Subpart C: Miscellaneous Provisions

- Makes changes to 42 CFR Part 2 on the disclosure of substance use disorder treatment records with patient consent under HIPPA.
- Makes changes to the Older Americans Act to allow eligible persons to receive the meals if homebound due to social distancing due to the COVID-19 emergency, waives nutrition requirements during the COVID-19 public health emergency so seniors can receive food if certain food options are not available, and allows seniors to have extended participation in projects to ensure their continued employment under the program.
- Requires HHS to issue guidance on what can be shared for patient records during the COVID-19 public health emergency.
- Reauthorizes the Healthy Start program, which in the FY 2020 appropriations law, Healthy Start included no less than $15 million for NPs, CNMs, PAs, and other maternal-child advanced practice health professionals within all program sites nationwide.
- Directs HHS to conduct a campaign for improved awareness of the safety of blood donations and need for the blood donations during COVID-19.

Part III: Innovation

- Removes the cap on the other transaction authority (OTA) during a public health emergency to provide more flexibility to the Biomedical Advanced Research and Development Authority (BARDA) to partner with companies in the private sector on research and development, including scaling up manufacturing, of countermeasures and products for the pandemic or epidemic.
- Provides breakthrough therapy designations for animal drugs that can prevent human diseases.

Part IV: Health Care Workforce

- Reauthorizes Title VII (health professions workforce funding) through fiscal year (FY) 2025, including a new Geriatrics Workforce Enhancement Program.
- Reauthorizes Title VIII (nursing workforce development funding) through FY 2025.

Subtitle D – Finance Committee

- Waives the requirement through December 31, 2021 that a beneficiary must meet their deductible in a high deductible health plan with a health savings account before the plan can cover telehealth without cost-sharing.
- Authorizes health savings accounts, archer medical savings accounts, and flex spending accounts to allow pre-tax dollars in the account to be used to purchase over-the-counter medical supplies without a prescription, including menstrual care products.
- Removes the requirement under the first COVID-19 package that required a Medicare beneficiary to have seen a health care provider within the last three years in order to remove the current law requirements on telehealth, such as the originating site requirement. This provides greater flexibility for Medicare beneficiaries to use telehealth

with new providers and allows newly eligible Medicare beneficiaries to also take advantage of these telehealth services. These provisions only apply during the COVID-19 public health emergency.

- Allows federally qualified health centers and rural health clinics to furnish telehealth to beneficiaries in their home or other settings during the emergency period.
- Waives during the COVID-19 emergency the current law requirement that a physician, NP, or other eligible provider must currently conduct a periodic evaluation of patients on home dialysis through a face-to-face encounter. Note that while the title of the section only says physician, the regulations allow NPs to conduct these face-to-face encounters and the text of this section does not change the underlying regulations.
- Permits the use of telehealth during this pandemic for NPs and physicians to conduct the face-to-face encounter for hospice.
- Includes a provision encouraging HHS to use telecommunication systems for home health care services during this emergency period, including remote patient monitoring.
- **Permanently authorizes NPs, PAs, and CNSs to certify home health care for Medicare beneficiaries, and requires regulations to be implemented no later than 6 months of the bill being signed into law. These changes are explicitly applied to Medicaid as well.**
- Halts the current Medicare sequester (2 percent on payments) for providers from May 1, 2020 through December 31, 2020, but in return, the payment reductions would be extended for one additional year post the current expiration date (2029 to 2030).
- Provides hospitals with a 20 percent increase to otherwise applicable payments for caring for COVID-19 patients during the emergency period.
- Waives the inpatient-rehabilitation facility (IRF) three-hour rule for providing three hours of rehabilitation therapy services per day during the emergency period.
- Waives the site-neutral payment rate provision and 50 percent rule for long-term care hospitals during the emergency period.
- Postpones the currently scheduled decrease in payments for durable medical equipment until the end of the COVID-19 public health emergency.
- Requires any COVID-19 vaccine approved to be covered under Part B of Medicare without cost-sharing.
- Requires Medicare Part D and Medicare Advantage Prescription Drug plans to allow beneficiaries to request up to a 90-day supply of a covered prescription medication during the emergency period. This does not apply to a fill or refill that would be inconsistent with an applicable safety edit (precautions at the point-of-sale for opioid prescriptions).
- Allows State Medicaid programs to pay for direct support professionals and caregivers trained to assist with the activities of daily living.
- Clarifies from the prior COVID-19 law that uninsured individuals can receive a COVID-19 test and related services without cost-sharing in any state Medicaid program that elects to offer such enrollment period.
- Clarifies from the prior COVID-19 law that beneficiaries can receive all tests for COVID-19 in Medicare Part B without cost-sharing.
- Prevents payment reductions to Medicare clinical diagnostic laboratory tests furnished in 2021 and delays for one year an upcoming laboratory reporting requirement on private payer data.

- Expands during the emergency period an existing Medicare accelerated payment program for hospitals. This will allow the facilities to have a reliable and stable cash flow so they can maintain workforce and purchase essential supplies. Facilities who qualify could request up to a six-month advance lump sum or periodic payment. Facilities would have four months before repayment would begin and at least a year to complete repayment without a requirement to pay interest.
- Amends the prior COVID-19 law to ensure states receive the 6.2 percent federal medical assistance percentage (FMAP) increase.

Subtitle E – Health and Human Services Extenders

Extends several time-limited Medicare, Medicaid, and other programs through 11/30/2020 or 12/1/2020.

Part I: Medicare Provisions
- Work Geographic Index Floor
- Quality Measure Endorsement, Input, and Selection
- Outreach and Assistance for Low-Income Programs

Part II: Medicaid Provisions
- Money Follows the Person Rebalancing Demonstration Program
- Spousal Impoverishment Protections
- Delay of Disproportionate Share Hospital Reductions
- Community Mental Health Services Demonstration Program

Part III: Human Services and Other Health Programs:
- Sexual Risk Avoidance Education Program
- Personal Responsibility Education Program
- Demonstration Projects to Address Health Professions Workforce Needs
- Temporary Assistance for Needy Families Program

Part IV: Public Health programs:
- Community Health Centers
- National Health Service Corp
- Teaching Health Centers that Operate Graduate Medical Education Program
- Special Diabetes Program

Part V: Miscellaneous Provisions
- Prevents duplicative appropriations for fiscal year 2020.

Subtitle F: Over-the-Counter Drugs

Makes extensive reforms to the over-the-counter drug approval process and sunscreen and reporting on cough and cold medications for children, including an additional user fee to hire more staff for overseeing these changes at FDA.

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

Title I (Agriculture, Rural Development, Food and Drug Administration, and Related Agencies): $34.9 billion

Agricultural Programs:

- Rural Utilities Service: Distance Learning, Telemedicine, and Broadband Program: $25,000,000 for telemedicine and distance learning services in rural areas.
- Department of Health and Human Services: Food and Drug Administration: $80,000,000 to prevent, prepare for and respond to COVID-19, including funds for the development of necessary medical countermeasures and vaccines, advanced manufacturing for medical products and the monitoring of medical product supply chains.

Title II (Commerce, Justice, Science and Related Agencies): $3.072 billion

Department of Commerce:

- Economic Development Administration, Economic Development Assistance Programs: $1.5 billion until September 30, 2022 for economic assistance to help revitalize local communities by rebuilding impacted industries or providing low-interest loans to businesses.
- National Institute of Standards and Technology:
    - Scientific and Technical Research and Services: $6,000,000 until September 30,2021 to support the continuity of operations, including measurement science to support viral testing and biomanufacturing.
    - Industrial Technology Services: $60,000,000 until September 30, 2021, of which $10,000,000 shall be for the National Network for Manufacturing Innovation to support development and manufacturing of medical countermeasures and biomedical equipment.

General Provisions:

- Bureau of Prisons: Secretary of HHS is required to consider, relative to other priorities of HHS for high-risk and high-need populations, the distribution of PPE and testing kits to the Bureau of Prisons.

Title III (Defense): $10.5 billion

Department of Defense:

- Procurement, Defense Production Act (DPA) Purchases: $1,000,000,000 to prevent, prepare for, and respond to coronavirus. The DPA, when triggered, allows the federal government broad authority to respond to shortages of necessary materials or other goods necessary in a national emergency, such as the production of PPE and other medical equipment during the COVID-19 public health emergency.
- Revolving and Management Funds, Defense Working Capital Funds: $1,450,000,000 to prevent, position, prepare for, and respond to coronavirus, including mitigating the impact of COVID-19 on production lines, supply chains, military depots, and labs.
- Other Department of Defense Programs, Defense Health Programs: $3,805,600,000 total.
    - $3,390,600,000 shall be for operation and maintenance. This funding could be used for medical care and medical countermeasures, such as the procurement of PPE, and providing care to military members, their families, and retirees. The funding could also be used for the expansion of military treatment facilities, which could potentially triple the number of hospital beds in military treatment facilities.
    - $415,000,000 shall be for research, development, test and evaluation until September 30, 2021.
- General Provisions: An additional amount for Defense Health Programs of which $1,095,500,000, is for the TRICARE program.

Title IV (Energy and Water Development) $221.4 million

Title V (Financial Services and General Government) $1.82 billion

Federal Communications Commission

- Connected Care Pilot Program: $200,000,000 to expand use of telehealth.

Title VI (Homeland Security) $45.9 billion

Department of Homeland Security:

- Operations and Support: $178,300,000 until September 30, 2021 to purchase PPE and sanitization materials.
- Federal Emergency Management Agency, Disaster Relief Fund: $45,000,000,000 total for disaster relief assistance. While not specified in the legislation, the Committees have stated that one allowable use of this funding is by state, local, tribal, and territorial governments to purchase PPE.
- Assistance to Firefighter Grants: $100,000,000 until September 30, 20201 for the purchase of PPE.

Title VII (Interior, Environment, and Related Agencies) $2.040 billion

Department of Agriculture:

- National Forest System: $34,000,000 until September 30, 2021 including sanitization, purchasing PPE, and health testing for first responders.
- Wildland Fire Management: $7,000,000 until September 30, 2021 including purchasing PPE and health testing for first responders.

Department of Health and Human Services:

- Indian Health Services: $1,032,000,000 until September 30, 2021 for a wide range of uses, including electronic health records, telehealth, and purchasing PPE.

Title VIII (Labor, Health and Human Services, Education, and Related Agencies) $172.1 billion

Department of Health and Human Services: $140.4 billion (in addition to other funding above)

- Centers for Disease Control and Prevention: $4,300,000,000 until September 30, 2024
    - $1,500,000,000 billion to CDC overall
    - $1,500,000,000 billion for grants to or cooperative agreements with States, localities, territories, tribes, and other tribal organizations to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.
    - $500,000,000 for global disease detection and response
    - $500,000,000 for public health data surveillance and analytics infrastructure modernization
    - $300,000,000 for the Infectious Diseases Rapid Response Reserve Fund
- National Institutes of Health: $945,400,000 total through September 30, 2024.
- Substance Abuse and Mental Health Services Administration: $425,000,000 through September 30, 2021
    - No less than $250,000,000 going to the Certified Community Behavioral Health Clinic Expansion Grant program
    - No less than $50,000,000 for suicide prevention programs.
    - No less than $100,000,000 for noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse.
    - Not less than $15,000,000 to tribes and other tribal organizations.
- Centers for Medicare and Medicaid Services: $200,000,000 through September 30, 2023
    - Not less than $100,000,000 for the survey and certification program, prioritizing nursing home facilities in localities with community transmission of COVID-19.
- Administration for Children and Families: Payment to States for the Child Care and Development Block Grant: $3,500,000,000 through September 30, 2021. States,

Territories, and Tribes are authorized to use these funds to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to COVID-19 by public officials, without regard to income eligibility requirements.

- Office of the Secretary, Public Health and Social Services Emergency Fund:
    - $27,014,500,000 through September 30, 2024, including for the development of countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, as well as medical surge capacity, addressing blood supply chain, workforce modernization, telehealth access and infrastructure, initial advanced manufacturing, novel dispensing, enhancements to the U.S. Commissioned Corps, and for other purposes.

        - Not more than $16,000,000,000 shall be used for the Strategic National Stockpile.
        - Not less than $250,000,000 for the Hospital Preparedness Program.
        - Not less than $3,5000,000,000 for the Biomedical Advanced Research and Development Authority for necessary expenses of manufacturing, production, and purchase of vaccines, therapeutics, diagnostics, and small molecule active pharmaceutical ingredients.
        - No more than $289,000,000 may be transferred to other federal agencies for care provided for persons under quarantine.
        - $1,5000,000 for a study on medical product supply chain.
        - These funds can be used to reimburse the VA for expenses related to COVID, including providing medical care for such purposes to civilians.
        - These funds can be used for the construction or renovation of U.S.-based next generation manufacturing facilities.
        - These funds can be used for grants for the construction, alternation, or renovation of non-federally owned facilities to improve preparedness and response capability at the State and local level.
        - These funds can be used for the construction, alternation, or renovation on non-federally owned facilities for the production of vaccines, therapeutics, and diagnostics.
    - $275,000,000 through September 30, 2022, including:
        - $90,000,000 for Ryan White HIV/AIDS Program
        - $5,000,000 for Health Resources and Services Administration – Health Care Systems for poison control centers.
        - $180,000,000 for the Health Resources and Services Administration – Rural Health program for telehealth and rural health activities, with at least $15,000,000 to tribes and other tribal organization.
        - Includes a policy provision that any funding in FY 2020 to the Health Centers Program can include maintaining or increasing health center capacity and staffing levels during the COVID-19 emergency.
    - $100,000,000,000 for necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues related to COVID-19. Eligible providers are public entities, Medicare or

Medicaid enrolled suppliers and providers, and such for-profit entitles and not-for-profit entities not otherwise described in this provision as the Secretary may specify, within the United States, that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19. These funds can be used for the construction or building of temporary structures, leasing properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce training, emergency operation centers, retrofitting facilities, and surge capacity.

Title IX (Legislative Branch) $93.1 million

Joint Items

Office of the Attending Physician: $400,000, which could be used for the purchase of PPE.

Title X (Military Construction, Veterans Affairs, and Related Agencies) $19.6 billion

Department of Veterans Affairs: $19.6 billion total

- Veterans Health Administration (VHA): $14,432,000,000 until September 30, 2021 for care of veterans for COVID-19, including those who are homeless or at risk of becoming homeless.
- Medical Community Care: $2,100,000,000 until September 30, 2021. This funding could be used to respond to increased costs for community care, such as emergency room and urgent care visits.
- Medical Support and Compliance: $100,000,000 until September 30, 2021. This funding supports the 24-hour emergency management coordination within the VHA.
- Medical Facilities: $606,000,000 until September 30, 2021. This funding could be for a variety of purposes such as alternative sites of care, mobile treatment centers, etc.
- Information Technology: $2,150,000,000, which could be used for a variety of services, including to increase telehealth services.
- General Administration: $6,000,000 until September 30, 2021. This funding could be used to keep the 24-hour operation of the Crisis Response and Continuity of Operations Plan implementation.
- Grants for Construction of State Extended Care Facilities: $150,000,000 until September 30, 2021 to modify or alter existing hospital, nursing home, and domiciliary facilities in State homes.
- Secretary can enter into short-term agreements with telecommunication companies for expanded mental health services to eligible veterans (such as those in rural areas, low income, or at high risk for suicide) through telehealth or VA Video Connect during this public health emergency.
- Secretary can provide PPE, medical supplies, and other equipment to State homes during the public health emergency.
- During the public health emergency, the Veteran Directed Care program shall waive the requirement that an area agency on aging process new enrollments and six-month renewals via an in-person or at home visit and shall allow new enrollments or six-month renewals to be conducted via telehealth or a telephone and no veteran or veteran

caregiver shall be removed or suspended from the program unless at their own request or mutual agreement.
- Waives pay caps for employee pay during the public health emergency for work done is support of response to the emergency.
- VA will provide the agency employees and contractors with PPE for home care of veterans.
- Secretary shall ensure that telehealth capabilities are available for case managers of, and homeless veterans participating in, the HUD-VA Supportive Housing Program.

Title XI (State, Foreign Operations, and Related Programs) $1.115 billion

Title XII (Transportation, Housing and Urban Development, and Related Agencies) $48.5 billion

Federal Transit Administration: Federal Transit Administration: $25,000,000,000 for various operating and capital expenses, including purchasing PPE.