



Health Provisions in the Coronavirus Economic Recovery Package

Senator Daines has been fighting to provide relief for Montana’s health care providers and hospitals during the Coronavirus outbreak and working to ensure they have the personal protective equipment, medical supplies, and resources they need during the crisis, especially in our rural communities. The Coronavirus Economic Recovery Package provides prompt economic assistance for those on the front lines fighting the Coronavirus, helping to provide needed care to patients in Montana and across the nation.

Invests in Hospitals and Healthcare Providers

- \$100 billion for a new program to provide direct aid to health care institutions on the front line of this crisis—hospitals, public entities, not-for profit entities, and Medicare and Medicaid enrolled suppliers and institutional providers—to cover costs related to this public health crisis.
- \$16 billion to replenish the Strategic National Stockpile supplies of pharmaceuticals, personal protective equipment, and other medical supplies, which are distributed to State and local health agencies, hospitals and other healthcare entities facing shortages during emergencies.
- \$250 million to expand the Hospital Preparedness Program’s support of emergency preparedness, including the National Ebola and Special Pathogens Training and Education Center (NETEC), regional, State and local special pathogens treatment centers, and hospital preparedness cooperative agreements.
- \$1 billion for the Defense Production Act to bolster domestic supply chains, enabling industry to quickly ramp up production of personal protective equipment, ventilators, and other urgently needed medical supplies, and billions dollars more for federal, state, and local health agencies to purchase such equipment.
- Expands the Medicare hospital accelerated payment program during the COVID-19 public health emergency.
- Lifts 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.

Unleashes the Full Might of our Healthcare Sector

- \$11 billion to develop COVID-19 treatments and vaccines.
- Allows federally qualified health centers and rural health clinics to furnish telehealth services to beneficiaries in their home or other setting during the COVID-19 emergency.
- \$4.3 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including for the purchase of personal protective equipment; laboratory testing to detect positive cases; infection control and mitigation at the local level to prevent the spread of the virus; and other public health preparedness and response activities.
- Pays more for the treatment of COVID-19 patients—by 20%.

- Eliminates a requirement during the COVID-19 emergency 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.
- Allows 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.

Eliminates Red Tape

- Allows 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.
- Allows 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, without a prescription from a physician.

Addresses Supply Shortages

- Clarifies that the Strategic National Stockpile can stockpile medical supplies, such as the swabs necessary for diagnostic testing for COVID-19.
- Provides permanent liability protection for manufacturers of personal respiratory protective equipment, such as masks and respirators, in the event of a public health emergency, to incentivize production and distribution.

Increases Access to Healthcare for COVID-19 Patients

- Clarifies that all testing for COVID-19 is to be covered by private insurance plans without cost sharing.
- For COVID-19 testing covered with no cost to patients, requires an insurer to pay either the rate specified in a contract between the provider and the insurer, or, if there is no contract, a cash price posted by the provider.
- Provides free coverage without cost-sharing of a vaccine within 15 days for COVID-19 that has in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP).
- Provides \$1.32 billion in supplemental funding to community health centers on the front lines of testing and treating patients for COVID-19.
- Reauthorizes Health Resources and Services Administration (HRSA) grant programs that promote the use of telehealth technologies for healthcare delivery, education, and health information services. Telehealth offers flexibility for patients with, or at risk of contracting, COVID-19 to access screening or monitoring care while avoiding exposure to others.
- Reauthorizes HRSA grant programs to strengthen rural community health by focusing on quality improvement, increasing healthcare access, coordination of care, and integration of services. Rural residents are disproportionately older and more likely to have a chronic disease, which could increase their risk for more severe illness if they contract COVID-19.
- Establishes a Ready Reserve Corps to ensure we have enough trained doctors and nurses to respond to COVID-19 and other public health emergencies.
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Strengthens Healthcare Workforce

- Reauthorizes and updates Title VII of the Public Health Service Act (PHSA), which pertains to programs to support clinician training and faculty development, including the training of practitioners in family medicine, general internal medicine, geriatrics, pediatrics, and other medical specialties.

- Title VII programs strengthen the health professions workforce to better meet the healthcare needs of certain populations, such as older individuals and those with chronic diseases, who could be at increased risk of contracting COVID-19.
- Title VIII programs help to address current and emerging healthcare challenges by supporting the development of a robust nursing workforce, as nurses are critical in responding to the COVID-19 pandemic and future public health emergencies.