

*Please reach out to your VillageMD market leader with questions and concerns.*

On Tuesday, May 12, House Democrats [introduced](#) a new coronavirus relief bill, the Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act), which includes funding to state and local governments, relief for essential workers and bolstering of Medicare and Medicaid, among other aid. A vote on the bill is expected in the coming days. If passed, the bill will have impact across health care funding and policy, including the below.

**FUNDING:**

*State and Local Support:*

- \$375B in fiscal relief for local governments.
- \$20B in fiscal relief for tribal governments.
- \$20B in fiscal relief for state governments.

*Small Business:*

- \$10B in grants to small businesses.

*Health:*

- HRSA: \$7.6B for health centers to expand the capacity to provide testing, triage, and care for COVID19 and other health care services.
- CDC: \$2.1B to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus.
- ASPR: \$4.575 billion to respond to coronavirus including: \$3.5B for Biomedical Advanced Research and Development Authority (BARDA) for therapeutics and vaccines; \$500M for BARDA to support U.S. based next generation manufacturing facilities; and \$500M for BARDA to promote innovation in antibacterial research and developments.
- Public Health and Social Services Emergency Fund: \$175B to reimburse for health care related expenses or lost revenue attributable to the coronavirus, as well as to support testing and contact tracing to effectively monitor and suppress COVID19, including:
  - o \$100B in grants for hospital and health care providers to be reimbursed health care related expenses or lost revenue directly attributable to the public health emergency resulting from coronavirus; and
  - o \$75 billion for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID19.

**POLICY:**

*Medicaid:*

- FMAP increase of 14% from June 1, 2020 through July 1, 2021.
- Prevents release of MFAR until the end of the PHE.
- Increase DSH payments by 2.5%.

*Medicare:*

- Lowers the interest rate for loans to Medicare providers made under the Accelerated and Advance Payment Program, reduces the per-claim recoupment percentage, and extends the period before repayment begins.

*Private Insurance:*

- Establishes a special enrollment two month period through the exchanges.
- 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.

*Testing:*

- Requires the Secretary of HHS to update the COVID-19 strategic testing plan required under the Paycheck Protection Program and Health Care Enhancement Act no later than June 15, 2020. The updated plan shall identify the types and levels of testing necessary to monitor and contribute to the control of COVID-19 and inform any reduction in social distancing.
- 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 to analyze critical specimens for detection of COVID-19 or antibodies for the virus.
- Requires every laboratory that performs or analyzes COVID-19 tests to submit daily reports to the Secretary of HHS.
- Creates a COVID-19 National Testing and Contact Tracing (CONTACT) Initiative within CDC which coordinates with State, local, Tribal, and territorial health departments to establish and implement a national evidence based system for testing, contact tracing, surveillance, containment and mitigation of COVID-19, including offering guidance on voluntary isolation and quarantine of positive COVID-19 cases.
- Requires CDC to award grants to State, local, Tribal, and territorial health departments to carry out evidence based systems for testing, contact tracing, surveillance, containment and mitigation of COVID19.

*Broadband:*

- 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 nonprofit and public hospitals, not just rural ones. Increases the broadband subsidy rate from 65 percent to 85 percent. 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.