

The following is an outline of the health care provisions of the Coronavirus Aid, Relief, and Economic Security Act or the "CARES Act" (referred to in the outline as the "Act"), which was enacted on March 27, 2020. The full text of the Act is available [here](#).

| Sec.   | Title of Section  | Page | Description  |
|--|---|------|--|
| 1  | Short Title   | 1    | <ul style="list-style-type: none"> <li>This subtitle may be cited as the "Coronavirus Aid, Relief, and Economic Security Act."</li> </ul>  |
| 2  | Table of Contents   | 1    | <ul style="list-style-type: none"> <li>Table of Contents</li> </ul>  |
| <b>DIVISION A—KEEPING WORKERS PAID AND EMPLOYED, HEALTH CARE SYSTEM ENHANCEMENTS, AND ECONOMIC STABILIZATION</b> |   |      |  |
| <b>TITLE I – KEEPING AMERICAN WORKERS PAID AND EMPLOYED ACT*</b> (pgs. 6 – 33)                                   |   |      |  |
| <b>TITLE II – ASSISTANCE FOR AMERICAN WORKERS, FAMILIES, AND BUSINESSES*</b> (pgs. 33 – 80)                      |   |      |  |
| SUBTITLE A – UNEMPLOYMENT INSURANCE PROVISIONS* (pgs. 33 – 55)   |   |      |  |
| SUBTITLE B – REBATES AND OTHER INDIVIDUAL PROVISIONS* (pgs. 55 – 67)   |   |      |  |
| SUBTITLE C – BUSINESS PROVISIONS* (pgs. 67 – 80)   |   |      |  |
| <b>TITLE III – SUPPORTING AMERICA'S HEALTH CARE SYSTEM IN THE FIGHT AGAINST THE CORONAVIRUS</b>                  |   |      |  |
| SUBTITLE A – HEALTH PROVISIONS   |   |      |  |
| 3001   | Short Title   | 1    | <ul style="list-style-type: none"> <li>This subtitle may be cited as the "Coronavirus Aid, Relief, and Economic Security Act"</li> </ul>   |
| <i>PART I – ADDRESSING SUPPLY SHORTAGES</i>  |   |      |  |
| <i>Subpart A – Medical Product Supplies</i>  |   |      |  |
| 3101   | National Academies Report on America's Medical Product Supply Chain Security            | 80   | <ul style="list-style-type: none"> <li>The Secretary of Health and Human Services (the "Secretary") will enter into an agreement with the National Academies of Sciences, Engineering, and Medicine (the "National Academies") to examine and report on the security of the United States medical product supply chain.</li> <li>This shall occur no later than 60 days after this Act is enacted.</li> <li>The report shall: (1) assess and evaluate the United States' dependence on drugs and devices that are sourced or manufactured outside of the United States; and (2) provide recommendations (e.g., plan to improve the supply chain).</li> </ul> |
| 3102   | Requiring the Strategic National Stockpile to Include Certain Types of Medical Supplies | 81   | <ul style="list-style-type: none"> <li>Section 319F–2(a)(1) of the Public Health Service Act (42 U.S.C. 247d–6b(a)(1)) is amended to add "personal protective equipment, ancillary medical supplies, and other applicable supplies required for the administration of drugs, vaccines and other biological products, medical devices, and diagnostic tests in the stockpile to the list of items that the Secretary is required to maintain a stockpile of to provide for the security of the United States.</li> </ul>  |
| 3103   | Treatment of Respiratory Protective Devices as Covered Counter-Measures                 | 81   | <ul style="list-style-type: none"> <li>During a public health emergency, the Secretary may make a declaration recommending the use of covered countermeasures that shall be put in place. The Act amends section 319F–3(i)(1)(D) of the Public Health Service Act (42 U.S.C. 247d–6d(i)(1)(D)) to add "respiratory protective devices" to the list of potential covered counter-measures.</li> </ul>   |
| <i>Subpart B – Mitigating Emergency Drug Shortages</i>   |   |      |  |
| 3111   | Prioritize Reviews of Drug Applications; Incentives                                     | 81   | <ul style="list-style-type: none"> <li>Amends Section 506C(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356c(g)) to require (instead of merely permit) the Secretary to take certain actions if there is or is likely to be a drug shortage.</li> </ul>   |

| Sec.   | Title of Section   | Page | Description  |
|--|--|------|--|
| 3112   | Additional Manufacturer Reporting Requirements in Response to Drug Shortages | 82   | <ul style="list-style-type: none"> <li>Section 506C(g) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356c) requires drug manufacturers to notify the Secretary of the permanent discontinuance of certain drugs that the manufacturer knows the discontinuance of will likely lead to a "meaningful disruption" in the supply of that drug in the United States. The Act amends the types of drugs that require such notification to include any drug that "is critical to the public health during a public health emergency declared by the Secretary under section 319 of the Public Health Service Act."</li> <li>The Act also adds a requirement for manufacturers of these drugs to have risk management plans in place that shall identify and evaluate risks to the supply of the drug.</li> <li>A notification requirement is added to Section 506E of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 356e) for the Secretary to send a report regarding the drugs on the current drug shortage list to the Administrator of the Centers for Medicare &amp; Medicaid Services, not later than 180 days after the enactment of this subsection and every 90 days thereafter.</li> <li>A notification requirement is added to Section 510(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360(j)) to add reporting requirements for drug manufacturers who are required to register with the Secretary under this section.</li> <li>The amendments to this section take effect 180 days after the date of the Act's enactment.</li> </ul> |
| <i>Subpart C – Preventing Medical Device Shortages</i>           |  |      |  |
| 3121   | Discontinuance or Interruption in the Production of Medical Devices          | 83   | <ul style="list-style-type: none"> <li>Amends Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) to require manufacturers of devices that are critical to the public health during public health emergencies to notify the Secretary of the permanent discontinuance of a device, if the Secretary has previously determined that notice of such discontinuance is needed during or in advance of a public health emergency.</li> <li>The device manufacturer is required to notify the Secretary at least 6 months in advance of the date of the discontinuance or interruption.</li> <li>The Secretary shall be required to distribute information regarding the discontinuance to organizations, as appropriate and applicable. However, the Secretary is not required to make such information publicly available if the Secretary determines that the disclosure may adversely affect the public health (e.g., causing over purchase of a product).</li> </ul>   |
| <b>PART II – ACCESS TO HEALTH CARE FOR COVID-19 PATIENTS</b>     |  |      |  |
| <i>Subpart A – Coverage of Testing and Preventative Services</i> |  |      |  |
| 3201   | Coverage of Diagnostic Testing for COVID-19                                  | 86   | <ul style="list-style-type: none"> <li>Amends Section 6001(a) of the Families First Coronavirus Response Act to clarify the type of COVID-19 diagnostic tests that will be covered by a group health plan and a health insurance issuer offering group or individual health insurance.</li> </ul>  |
| 3202   | Pricing of Diagnostic Tests  | 87   | <ul style="list-style-type: none"> <li>Amends Section 6001(a) of division F of the Families First Coronavirus to clarify the types of diagnostic testing that will be covered by group health plans and health insurance issuers.</li> <li>Adds a requirement that during the emergency period declared under section 319 of the Public Health Service Act (42 U.S.C. 247d), each provider of a COVID-19 diagnostic test must publicize</li> </ul>   |

| Sec.   | Title of Section   | Page | Description  |
|--|--|------|--|
|  |  |      | on their public internet website, the cash price for the test. Adds civil monetary penalties for providers who do not adhere to these requirements.  |
| 3203   | Rapid Coverage of Preventative Services and Vaccines for Coronavirus   | 87   | <ul style="list-style-type: none"> <li>Requires group health plans and health insurance issuers offering group or individual health insurance to cover (without cost sharing) any qualifying coronavirus preventive service.</li> </ul>  |
| <i>Subpart B – Support for Health Care Providers</i> |  |      |  |
| 3211   | Supplemental Awards for Health Centers   | 88   | <ul style="list-style-type: none"> <li>Amends Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) to appropriate an additional \$1,320,000,000 for FY2020 for supplemental awards ("grant funds for health centers funded under this section to implement evidence-based models for increasing access to high-quality primary care services") for the detection of SARS-CoV-2 or the prevention, diagnosis, and treatment of COVID-19.</li> </ul>  |
| 3212   | Telehealth Network Resource Centers Grant Programs   | 88   | <ul style="list-style-type: none"> <li>Amends Section 330I of the Public Health Service Act (42 U.S.C. 254c–14) regarding telehealth network grants and telehealth resource centers grants. For instance, telehealth resource grants will now be awarded to entities for projects to "support initiatives that utilize telehealth technologies" instead of projects to "demonstrate how telehealth technologies can be used in the areas and communities." Also, the grants will now be awarded for 5 years, instead of 4 years.</li> <li>Authorizes appropriations of \$29,000,000 for each of FY 2021 through 2025.</li> </ul>   |
| 3213   | Rural Health Care Services Outreach, Health Network Development, and Small Health Care Provider Quality Improvement Programs | 90   | <ul style="list-style-type: none"> <li>Amends Section 330A of the Public Health Service Act (42 U.S.C. 254c), to among other items, extend the period of time the Director of the Office of Rural Health Policy of the Health Services Administration may award grants to eligible entities from a period of not more than 3 years to a period of not more than 5 years.</li> <li>Also amends the types of grants that can be awarded, from "essential" health care services, to instead awarding the grants to those programs which improve access to "basic" health care services.</li> <li>Reporting requirements for the Secretary were added that require reporting to the applicable congressional committees "not later than 4 years after the date of enactment of the Coronavirus Aid, Relief, and Economic Security Act, and every 5 years thereafter."</li> <li>Authorizes appropriations of \$79,500,000 for each of FYs 2021 through 2025.</li> </ul> |
| 3214   | United States Public Health Service Modernization  | 92   | <ul style="list-style-type: none"> <li>Amends Section 203A(a)(1)(B) of the Public Health Service Act (42 U.S.C. 204a(a)(1)(B)) so that the Secretary will respond to urgent or emergency public health care needs that cannot otherwise be met at the Federal, State, and local levels, by use of "Ready Reserve Corps" instead of use of "Active Reserves." The Secretary may continue to use "Active duty Regular Corps."</li> <li>Amendments were also made to the rights and privileges of officers and surviving beneficiaries.</li> </ul>  |
| 3215   | Limitation on Liability for Volunteer Health Care Professionals During COVID-19 Response                                     | 94   | <ul style="list-style-type: none"> <li>Except as otherwise provided in the Act, this amendment prevents a health care professional from being held liable under Federal or State law for harm caused by any act or omission in the provision of health care services during the COVID-19 public health emergency, if: <ul style="list-style-type: none"> <li>the professional is providing health care services in response to such public health emergency, as a volunteer; and the act or omission occurs: (1) in the course of providing health care services; (2) in the health professional's capacity as a volunteer, (3) in the course of providing health care</li> </ul> </li> </ul>  |

| Sec.  | Title of Section  | Page | Description   |
|---|---|------|---|
|   |   |      | <p>services: within their scope of license; that do not exceed the scope of the license; and (4) is in a good faith belief that the individual being treated needs the health care services</p> <ul style="list-style-type: none"> <li>• However there is no liability protections if the harm was caused by "willful or criminal misconduct, gross negligence, reckless misconduct, or conscious flagrant indifference to the rights or safety of the individual harmed by the health care professional;" or the health care professional rendered the care under the influence of alcohol or an intoxicating drug.</li> <li>• These amendments take effect on the date of the enactment of the Act and apply " to a claim for harm only if the act or omission that caused such harm occurred on or after the date of enactment."</li> <li>• The Section is in effect for the length of the COVID-19 public health emergency.</li> </ul>  |
| 3216  | Flexibility for Members of National Service Corps During Emergency Period   | 95   | <ul style="list-style-type: none"> <li>• Allows the Secretary to assign members of the National Health Services Corps, with their voluntary agreement, to provide health services necessary to respond to the COVID-19 public health emergency.</li> </ul>  |
| <i>Subpart C – Miscellaneous Provisions</i> |   |      |   |
| 3221  | Confidentiality and Disclosure of Records Relating to Substance Use Disorder  | 95   | <ul style="list-style-type: none"> <li>• Amends Section 543 of the Public Health Service Act (42 U.S.C. 290dd–2) to replace references to "substance abuse" with references to "substance use disorder."</li> <li>• Expands the type of permitted disclosures for records related to substance use disorder to permit disclosures once prior written consent is obtained, if: (1) permitted by HIPAA regulations; or (2) if written consent was provided once, disclosure is permitted for all future uses or disclosures for purposes of treatment, payment, and health care operations (until patient revokes consent in writing).</li> <li>• Expands the types of disclosures that may be made without consent, to add that disclosure is permitted without consent if provided "to a public health authority, so long as such content meets the standards established in section 164.514(b) of title 45, Code of Federal Regulations (or successor regulations) for creating de-identified information."</li> <li>• Adds a section for anti-discrimination, which prohibits any entity or recipient of federal funds from discriminating against an individual based on information they received through an inadvertent or intentional disclosure of records.</li> <li>• The Secretary is required to, not later than 1 year after this Act is enacted, to create easily understandable notice of privacy practices regarding the types of substance use disorder records referenced in this section.</li> </ul> |
| 3222  | Nutrition Services  | 99   | <ul style="list-style-type: none"> <li>• During the COVID-19 emergency, the Secretary may allow a State agency or area agency on aging, without prior approval, to transfer no more than 100% of its funds for nutrition services as it considers appropriate to meet the needs of the State or area served.</li> </ul>   |
| 3223  | Continuity of Service and Opportunities for Participants in Community Service Activities under Title V of the Older Americans Act of 1965 | 100  | <ul style="list-style-type: none"> <li>• Title V of the Older Americans Act of 1965 (42 U.S.C. 3056 et seq.) allows the Secretary to establish "an older American community service employment program" to promote opportunities in the community for "for unemployed low-income persons who are age 55 or older, particularly persons who have poor employment prospects, and to increase the number of persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors."</li> </ul>  |

| Sec.                                 | Title of Section   | Page | Description   |
|--------------------------------------|--|------|---|
|                                      |  |      | <ul style="list-style-type: none"> <li>The Act amends the Older Americans Act to allow individuals participating in these projects as of March 1, 2020 to extend the amount of time they may participate in the programs if the Secretary determines that the extension is appropriate in response to the COVID-19 health emergency.</li> </ul>   |
| 3224                                 | Guidance on Protected Health Information                 | 100  | <ul style="list-style-type: none"> <li>Requires the Secretary to issue guidance regarding sharing patients' protected health insurance during the COVID-19 public health emergency. The guidance must be issued no later than 180 days after enactment of this Act.</li> <li>The guidance should include information regarding compliance with the regulations under Section 264(c) of the Health Insurance and Accountability Act of 1996 (42 U.S.C. 1320d–2 note) and applicable policies that may be applicable during emergencies.</li> </ul>   |
| 3225                                 | Reauthorization of Health Start Program                  | 101  | <ul style="list-style-type: none"> <li>Reauthorizes the Healthy Start Program and appropriates \$125,500,000 for each of FYs 2021 through 2025.</li> <li>Requires the U.S. Comptroller General to conduct an independent evaluation of the program, no later than 4 years after the date of enactment of this section.</li> </ul>   |
| 3226                                 | Importance of the Blood Supply                           | 103  | <ul style="list-style-type: none"> <li>The Secretary shall conduct a national campaign to raise awareness and support of the importance and safety of blood donation and the need for blood donation during the COVID-19 public health emergency.</li> <li>The Secretary may enter into contracts with public or private nonprofits to establish the public awareness campaign activities carried out, a description of blood supply donation trends, and an evaluation of the impact of the campaign.</li> </ul>   |
| <i>PART III – INNOVATION</i>         |  |      |   |
| 3301                                 | Removing the Cap on OTA During Public Health Emergencies | 103  | <ul style="list-style-type: none"> <li>Requires the Secretary to use competitive procedures when entering into transactions to carry out projects for purposes of a public health emergency.</li> <li>The transactions will not terminate solely because the public health emergency ends, if the emergency ends before the completion of the terms of the agreement.</li> <li>The Secretary shall issue a report to those congressional committees listed in the Act, after the public health emergency has ended, regarding the use of the funds, including outcomes, benefits, and risks associated with the funds.</li> </ul> |
| 3302                                 | Priority Zoonotic Animal Drugs                           | 104  | <ul style="list-style-type: none"> <li>Amends Chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) to allow the sponsors of new animal drugs to request that the Secretary expedite the review of a new animal drug if "preliminary clinical evidence indicates that the new animal drug, alone or in combination with 1 or more other animal drugs, has the potential to prevent or treat a zoonotic disease in animals, including a vector borne-disease, that has the potential to cause serious adverse health consequences for, or serious or life-threatening diseases in, humans."</li> </ul>     |
| <i>PART IV—HEALTH CARE WORKFORCE</i> |  |      |   |
| 3401                                 | Reauthorization of Health Professions Workforce Program  | 105  | <ul style="list-style-type: none"> <li>Amends the Public Health Service Act Section for Centers of Excellence (42 USC Code Section 293), by, among other items: appropriating \$23,711,000 for FYs 2021 through 2025, allowing the Secretary to award grants, and requiring the Secretary to make a report to those congressional committees listed in the Act.</li> </ul>  |

| Sec.   | Title of Section   | Page | Description  |
|--|--|------|--|
| 3402   | Health Workforce Coordinate  | 107  | <ul style="list-style-type: none"> <li>Requires that not later than 1 year after the enactment of this Act, the Secretary, in consultation with the Advisory Committee on Training in Primary Care Medicine and Dentistry and Advisory Council on Graduate Medical Education, develop a comprehensive plan regarding health care workforce development programs of HHS. The plan should include performance measures and identify current gaps and barriers .</li> <li>Requires the Secretary to make a report to those congressional committees listed in the Act not later than 2 years after enactment of Act.</li> </ul>   |
| 3403   | Education and Training Related to Geriatrics   | 108  | <ul style="list-style-type: none"> <li>The Secretary shall award grants, contracts, or cooperative agreements for geriatric enhancement programs, which support training health professionals in geriatrics (e.g., traineeships and fellowships). Each grant, contract, or cooperative agreement cannot exceed 5 years.                             <ul style="list-style-type: none"> <li>Special consideration in awarding grants shall be given to entities that provide services in areas with a shortage of geriatric workforce professionals.</li> <li>Entities who receive one of these rewards must submit an annual report to the Secretary.</li> </ul> </li> <li>Establishes a program for Geriatric Academic Career Awards to eligible entities applying on behalf of individuals to assist in the individuals' career development.                             <ul style="list-style-type: none"> <li>The award amount will be at least \$75,000 for fiscal year 2021, adjusted afterwards in accordance with consumer price index.</li> </ul> </li> <li>\$40,737,000 is appropriated for these programs, for each FYs 2021 through 2025.</li> </ul> |
| 3404   | Nursing Workforce Development  | 111  | <ul style="list-style-type: none"> <li>Expands the Secretary's authority in awarding grants to meet national nursing service goals, by adding that the grants will also be awarded to address national nursing needs, including: providing education and training in geographic areas that have or are projected to have a nursing shortage; increasing access to and quality of health care support for nurses; and addressing strategic goals identified by the Secretary.                             <ul style="list-style-type: none"> <li>Requires the Secretary to make reports to those congressional committees listed in the Act.</li> </ul> </li> <li>Requires the Comptroller General to submit to the congressional committees noted in the Act, not later than 18 months after enactment of this Act, a report evaluating the nurse loan repayment programs administered by the Health Resources and Services Administration.                             <ul style="list-style-type: none"> <li>The report should include recommendations to improve the current loan programs.</li> </ul> </li> </ul>  |
| <b>SUBTITLE B – EDUCATION PROVISIONS*</b> (pgs. 115 – 130) |  |      |  |
| <b>SUBTITLE C – LABOR PROVISIONS*</b> (pgs. 130 – 135)     |  |      |  |
| <b>SUBTITLE D – FINANCE COMMITTEE</b>                      |  |      |  |
| 3701   | Exemption for Telehealth Services  | 135  | <ul style="list-style-type: none"> <li>Adds a safe harbor for plans beginning on or before December 31, 2021, in that plans can still be treated as high deductible health plans even if they do not have a deductible for telehealth and other remote care services.</li> <li>The amendments for this section take effect on the date the Act is enacted.</li> </ul>  |
| 3702   | Inclusion of Certain Over-the-Counter Medical Products as Qualified Medical Expenses | 136  | <ul style="list-style-type: none"> <li>Adds "menstrual care products" (e.g., tampon) to the list of "qualified medical expenses" which can be paid for through HSAs, ARCHER MSAs, and Health Flexible Spending Arrangements.</li> <li>This amendment is in effect for any amounts paid after December 31, 2019.</li> </ul>   |

| Sec. | Title of Section   | Page | Description   |
|------|--|------|---|
| 3703 | Increasing Medicare Telehealth Flexibilities During Emergency Period   | 136  | <ul style="list-style-type: none"> <li>Section 1135 of the Social Security Act (42 USC 1320b-5), was recently amended through the Coronavirus Preparedness and Response Supplemental Appropriations Act, by giving the Secretary waiver authority during an emergency period to waive specific telehealth services furnished in an emergency area. The Act now amends that previous amendment to give the Secretary broader authority in waiving telehealth requirements that are deemed necessary.</li> </ul>  |
| 3704 | Enhancing Medicare Telehealth Services for Federally Qualified Health Centers and Rural Health Clinics During Emergency Period       | 136  | <ul style="list-style-type: none"> <li>During an emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act), payment of telehealth services will be permitted when provided by a FQHC or rural health clinic to an eligible telehealth individual, even though the FQHC or rural clinic providing the telehealth services are not at the same location as the beneficiary.</li> <li>Payment for these services should be based on similar payment rates to the national average payment rates for comparable telehealth services.</li> </ul> |
| 3705 | Temporary Waiver of Requirement for Face-to-Face Visits Between Home Dialysis Patients and Physicians                                | 138  | <ul style="list-style-type: none"> <li>For the duration of a declared emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act), the amendment removes the requirement that an individual with end state renal disease must receive a face-to-face clinical assessment prior to receive telehealth services, within the initial 3 months of home dialysis.</li> </ul>   |
| 3706 | Use of Telehealth to Conduct Face-to-Face Encounter Prior to Recertification of Eligibility for Hospice Care During Emergency Period | 138  | <ul style="list-style-type: none"> <li>For the duration of a declared emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act), a hospice physician or nurse practitioner is permitted to conduct the face-to-face encounter, required for eligibility, via telehealth as determined appropriate by the Secretary.</li> </ul>  |
| 3707 | Encouraging Use of Telecommunications Systems for Home Health Services Furnished During Emergency Period                             | 138  | <ul style="list-style-type: none"> <li>The Secretary shall be responsible for determining ways to encourage the use of telecommunications systems for home health services, during the emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act).</li> </ul>  |
| 3708 | Improving Care Planning for Medicare Home Health Services  | 138  | <ul style="list-style-type: none"> <li>Expands the services that Medicare will reimburse for home health services, by including nurse practitioners, clinical nurse specialists, and physician assistants as providers who may request and certify home health services.</li> </ul>   |
| 3709 | Adjustment of Sequestration  | 141  | <ul style="list-style-type: none"> <li>Between May 1, 2020 and December 31, 2020, the Medicare programs under title XVIII of the Social Security Act will be exempt from reductions under any sequestration order issued before, on, or after the date this Act was enacted.</li> <li>Direct spending reductions are extended through 2030.</li> </ul>  |
| 3710 | Medicare Hospital Inpatient Prospective Payment System Add-On Payment for COVID-19 Patients During Emergency Period                  | 142  | <ul style="list-style-type: none"> <li>The Medicare Hospital Inpatient Prospective Payment System is amended for discharges of individuals with COVID-19, occurring during the emergency period, to allow the Secretary to increase the weighting factor that would otherwise apply to the DRG, to which the discharge is assigned by 20 percent.</li> </ul>  |
| 3711 | Increasing Access to Post-Acute Care During Emergency Period   | 142  | <ul style="list-style-type: none"> <li>During an emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act), the requirement that patients of an inpatient rehabilitation facility receive at least 15 hours of therapy per week, shall be waived.</li> <li>During the emergency period, the Secretary shall waive site-neutral payment rate provisions and the 50 percent rule for long-term care hospitals (LTHCs).</li> </ul>   |

| Sec. | Title of Section  | Page | Description  |
|------|---|------|--|
| 3712 | Revising Payment Rates for Durable Medical Equipment Under the Medicare Program through Duration of Emergency Period  | 143  | <ul style="list-style-type: none"> <li>• Extends the time period the Secretary can apply the transition rule defined in 42 CFR 414.210(g)(9)(iii), for rural areas and non-contiguous areas (Alaska, Hawaii, and U.S. territories), to include dates of service through December 31, 2020, and through the duration of the emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act), if longer.</li> <li>• Extends the time period the Secretary can apply the transition rule defined in 42 CFR 414.210(g)(9)(iv), for areas other than rural and noncontiguous areas, to include dates of service from March 6, 2020 through the remainder of the emergency period.</li> </ul>  |
| 3713 | Coverage of the COVID-19 Vaccine Under Part B of the Medicare Program Without Any Cost-Sharing  | 143  | <ul style="list-style-type: none"> <li>• Allows providing the COVID-19 vaccine to be covered under Part B of Medicare without any cost-sharing.</li> <li>• This change is effective as of the enactment of this ACT and will apply for COVID-19 vaccines beginning on the date that the vaccine is licensed under section 351 of the Public Service Act.</li> </ul>  |
| 3714 | Requiring Medicare Prescription Drug Plans and MA-PD Plans to Allow During the COVID-19 Emergency Period for Fills and Refills of Covered Part D Drugs for up to a 3-Month Supply | 144  | <ul style="list-style-type: none"> <li>• In general, during the emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act), a prescription drug or MA-PD Plan shall permit eligible Part D individuals enrolled in the plan to obtain a single fill or refill of the prescription, up to a 3-month supply, for a covered Part D drug.</li> <li>• However, such individual may not obtain a single fill or refill that is inconsistent with an applicable safety edit.</li> <li>• The Secretary may implement this change by program instruction or otherwise.</li> </ul>  |
| 3715 | Providing Home and Community-Based Services in Acute Care Hospitals   | 144  | <ul style="list-style-type: none"> <li>• Section 1902(h) of the Social Security Act (42 U.S.C. 1396a(h)) previously stated that nothing in the subchapter may be construed as authorizing the Secretary to limit the amount of payment that may be made under a state plan for medical assistance for <i>home and community care</i>. The Act amends this section to also prohibit the Secretary from limiting the payments that may be made for <i>home and community-based services, self-directed personal assistance services pursuant to a written plan of care, and home and community-based attendant services and supports</i>.</li> <li>• The amendment also adds that nothing in this section shall prohibit receipt of these types of care or services in acute care hospitals, so long as the specified requirements are satisfied.</li> </ul> |
| 3716 | Clarification Regarding Uninsured Individuals   | 145  | <ul style="list-style-type: none"> <li>• Expands an amendment that was recently made to section 1902 of the Social Security Act (42 U.S.C. 1396a), by section 6004(a)(3)(C) of the Families First Coronavirus Response Act regarding medical assistance for uninsured individuals during the emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act).</li> <li>• The Act expands the definition of uninsured individuals to include an individual who is a resident of a State that does not furnish medical assistance to individuals.</li> </ul>   |
| 3717 | Clarification Regarding Coverage of COVID-19 Testing Products   | 145  | <ul style="list-style-type: none"> <li>• Expands an amendment that was recently made to section 1905(a)(3) of the Social Security Act (42 U.S.C. 1396d(a)(3)), by section 6004(a)(3)(C) of the Families First Coronavirus Response Act, which had added in-vitro diagnostic products related to COVID-19 to the list of "medical assistance" products that will be covered by certain state plans.</li> <li>• The Acts amends the definition of in-vitro diagnostic products to remove the requirement that products must be "approved, cleared, or authorized under section 510(k), 513, 515 or 564 of the Federal Food, Drug, and Cosmetic Act."</li> </ul>  |

| Sec.  | Title of Section   | Page | Description   |
|---|--|------|---|
| 3718  | Amendments Relating to Reporting Requirements with Respect to Clinical Diagnostic Laboratory Tests         | 145  | <ul style="list-style-type: none"> <li>Amends Section 1834A(a)(1)(B) of the Social Security Act (42 U.S.C. 1395m-1(a)(1)(B)) to extend the reporting period for clinical diagnostic laboratory tests that are not advanced diagnostic laboratory tests, to extend through March 31, 2022.</li> <li>Amends Section 1834A(b)(3) of the Social Security Act (42 U.S.C. 1395m-1(b)(3)) to extend the amount of time in which payments determined for a clinical diagnostic laboratory test shall not result in a reduction in payments through 2024. It also adds that the applicable percent to determine the for 2021 shall be zero percent.</li> </ul>           |
| 3719  | Expansion of the Medicare Hospital Accelerated Payment Program During the COVID-19 Public Health Emergency | 146  | <ul style="list-style-type: none"> <li>Amends Section 1815 of the Social Security Act (42 USC 1395g) to add that the Secretary shall provide, on a periodic interim basis, payment for inpatient hospital services during the emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act).</li> </ul>   |
| 3720  | Delaying Requirements for Enhanced FMAP to Enable State Legislation Necessary for Compliance               | 147  | <ul style="list-style-type: none"> <li>Under the Families First Coronavirus Response Act, the Federal Medical Assistance Percentage (FMAP) had been increased by 6.2 percent for each state, beginning on the first day of the emergency period (as defined in Section 1135(g)(1)(B) of the Social Security Act) and ending on the last day of the calendar quarter in which the last day of the emergency period ends.</li> <li>The Act now amended this to add a 30 day wait period for the change to take effect, beginning from the day the Families First Coronavirus Response Act was enacted.</li> </ul>   |
| <b>SUBTITLE E – HEALTH AND HUMAN SERVICES EXTENDERS</b> |  |      |   |
| <i>PART I – MEDICARE PROVISIONS</i>                     |  |      |   |
| 3801  | Extension of the Work Geographic Index Floor Under the Medicare Program                                    | 147  | <ul style="list-style-type: none"> <li>The Secretary shall increase the work geographic index to 1.00 for any locality for which the index is less than 1.00.</li> <li>This applies for payment for services furnished on or after January 1, 2004 and before December 1, 2020.</li> </ul>  |
| 3802  | Extension of Funding for Quality Measure Endorsement, Input, and Selection                                 | 147  | <ul style="list-style-type: none"> <li>The amount allocated under the Social Security Act (42 USC 1395aaa(d)(2)) is amended to increase the amount from \$4,830,000 for the period from October 1, 2019 to May 22, 2020, to \$20,000,000 for FY 2020. It also adds that the amount for the period beginning on October 1, 2020 through November 30, 2020 shall be an amount equal to the pro rata portion of the amount appropriated for such period for FY 2020.</li> <li>These changes take effect "as if included in the enactment of the Further Consolidated Appropriations Act, 2020 (Public Law 116-94)."</li> </ul>                                     |
| 3803  | Extension of Funding Outreach and Assistance for Low-Income Programs                                       | 148  | <ul style="list-style-type: none"> <li>Adds additional funding for state health insurance programs by changing the amount appropriated to \$13,000,000 for FY 2020, and an amount equal to the pro rata portion of the amount appropriated for FY 2020 for the period beginning October 1, 2020 through November 30, 2020.</li> <li>Adds additional funding for area agencies, aging and disability resource centers, and the contract with the National Center for Benefits and Outreach Enrollment.</li> <li>These changes take effect "as if included in the enactment of the Further Consolidated Appropriations Act, 2020 (Public Law 116-94)."</li> </ul> |
| <i>PART II – MEDICAID PROVISIONS</i>                    |  |      |   |

| Sec.   | Title of Section   | Page | Description  |
|--|--|------|--|
| 3811   | Extension of the Money Follows the Person Rebalancing Demonstration Program  | 149  | <ul style="list-style-type: none"> <li>Amends section 6071(h) of the Deficit Reduction Act of 2005 (42 USC 1396a note) to increase the funding for the period beginning on January 1, 2020 through September 30, 2020 to \$337,500,000.</li> </ul>   |
| 3812   | Extension of Spousal Impoverishment Protections  | 149  | <ul style="list-style-type: none"> <li>Extends the current Medicaid Spousal Impoverishment Protections through November 30, 2020, instead of May 22, 2020. This provision allows an individual's spousal income and assets to be disregarded for purposes of being able to provide medical assistance for home and community-based services, for eligible individuals.</li> </ul>  |
| 3813   | Delay of DSH Reductions  | 149  | <ul style="list-style-type: none"> <li>Delays the disproportionate share hospital (DSH) reductions, originally set to begin May 23, 2020 through September 30, 2020, to instead begin December 1, 2020 and end September 30, 2021.</li> </ul>  |
| 3814   | Extension and Expansion of Community Mental Health Services Demonstration Program  | 150  | <ul style="list-style-type: none"> <li>Section 223(d) of the Protecting Access to Medicare Act of 2014 (42 USC 1396a note) allows the Secretary to select states to participate in demonstration programs, developed through planning grants. The Act amends it to allow the program to be continue through November 30, 2020, instead of May 22, 2020.</li> <li>Originally only 8 states could participate, but the Act amends the amount to now allow the Secretary to select, not later than 6 months after the date of the enactment of the Act, 2 additional states to participate in 2-year demonstration programs.</li> <li>The Comptroller General shall issue a report to those congressional committees listed in the Act, not later than 18 months after the date of the enactment of this Act, which shall include information on the states' experiences, information on federal efforts to evaluate the demonstration program, and recommendations for improvement.</li> </ul> |
| <b>PART III – HUMAN SERVICES AND OTHER HEALTH PROGRAMS</b> |  |      |  |
| 3821   | Extension of Sexual Risk Avoidance Education Program   | 152  | <ul style="list-style-type: none"> <li>Amends Section 510 of the Social Security Act (42 U.S.C. 710) to extend the Sexual Risk Avoidance Education Program through 2020 and increases the amount allocated for the program to an amount equal to the pro rata portion of the amount appropriated for fiscal year 2020.</li> </ul>  |
| 3822   | Extension of Personal Responsibility Program   | 152  | <ul style="list-style-type: none"> <li>Amends Section 513 of the Social Security Act (42 U.S.C. 713) to extend the timeframe in which the Secretary can apportion funds for the personal responsibility education program through November 30, 2020, instead of through May 22, 2020.</li> <li>Also increases the amount appropriated each year which will extend through November 30, 2020.</li> </ul>  |
| 3823   | Extension of Demonstration Projects to Address Health Profession Work-Force Needs  | 153  | <ul style="list-style-type: none"> <li>Extends these demonstration projects authorized by section 2008 of the Social Security to extend through November 30, 2020 and allows grants and payments to be made at a pro rata portion of the total amount authorized for these activities in FY 2019.</li> </ul>   |
| 3824   | Extension for the Temporary Assistance for Needy Families Program and Related Programs   | 153  | <ul style="list-style-type: none"> <li>Extends the programs authorized by part A of title IV and section 1108(b) of the Social Security Act through November 30, 2020 in the manner authorized for FY 2019, and authorizes that they be apportioned the sums necessary for their purpose out of the money in the US Treasury that is not otherwise apportioned.</li> </ul>   |
| <b>PART IV – PUBLIC HEALTH PROVISIONS</b>                  |  |      |  |
| 3831   | Extension for Community Health Centers, the National Health Service Corps, and Teaching Health Centers that Operate GME Programs | 153  | <ul style="list-style-type: none"> <li>Extends the Community Health Center Fund past May 22, 2020 and amends the amount allocated to \$4,000,000,000 for FY 2020, and \$668,493,151 for the period beginning on October 1, 2020 through November 30, 2020. In addition, this amendment extends the program past May 22, 2020.</li> </ul>   |

| Sec.                                       | Title of Section  | Page | Description  |
|--|---|------|--|
|  |   |      | <ul style="list-style-type: none"> <li>The amounts allocated for National Health Service Corps and Teaching Health Centers that operate GME programs were also increased and extended.</li> </ul>  |
| 3832                                       | Diabetes Program  | 154  | <ul style="list-style-type: none"> <li>Extends the funding for special diabetes programs for type I diabetes through November 30, 2020 and adds \$25,068,493 in funding.</li> <li>Extends the funding for "special diabetes programs for Indians" through November 30, 2020 and adds \$25,068,493 in funding.</li> </ul>   |
| <i>PART V – MISCELLANEOUS PROVISIONS</i>   |   |      |  |
| 3841                                       | Prevention of Duplicate Appropriations for Fiscal Year 2020   | 154  | <ul style="list-style-type: none"> <li>Expenditures made under any provision of law amended in this Act shall be charged to the applicable appropriation or authorization provided by the amendment.</li> </ul>  |
| <i>SUBTITLE F – OVER-THE-COUNTER-DRUGS</i> |   |      |  |
| <i>PART I – OTC DRUG REVIEW</i>            |   |      |  |
| 3851                                       | Regulation of Certain Non-Prescription Drugs that are Marketed Without an Approved Drug Application | 155  | <ul style="list-style-type: none"> <li>Amends Chapter V of the Federal Food, Drug, and Cosmetic Act by inserting a section regarding regulation of non-prescription drugs that are marketed without an approved drug application and which requirements must be satisfied.</li> </ul>  |
| 3852                                       | Misbranding   | 174  | <ul style="list-style-type: none"> <li>Section 502 of the Federal Food, Drug, and Cosmetic Act (21 USC 352) is amended by adding the following two sections as types of drugs or devices that will be deemed misbranded:                             <ul style="list-style-type: none"> <li>"If it is a nonprescription drug that is subject to section 505G, is not the subject of an application approved under section 505, and does not comply with the requirements under section 505G."</li> <li>"If it is a drug and it was manufactured, prepared, propagated, compounded, or processed in a facility for which fees have not been paid as required by section 744M."</li> </ul> </li> </ul>   |
| 3853                                       | Drugs Excluded from the Over-the-Counter Drug Review  | 174  | <ul style="list-style-type: none"> <li>States that nothing in the Act applies to non-prescription drugs that the Federal Food, Drug, and Cosmetic Act has already excluded from the Over-the-Counter Drug Review.</li> </ul>   |
| 3854                                       | Treatment of Sunscreen Innovation Act   | 174  | <ul style="list-style-type: none"> <li>Amends Section 586C of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360fff-3). For instance, it adds that a final sunscreen order shall have the effect of authorizing solely the order requestor for a period of 18 months, to market a sunscreen ingredient subject to certain limitations.</li> </ul>   |
| 3855                                       | Annual Update to Congress on Appropriate Pediatric Indication for Certain OTC Cough and Cold Drugs  | 177  | <ul style="list-style-type: none"> <li>Beginning 1 year after the enactment of this Act, the Secretary shall submit to those congressional committees listed in the Act, a letter describing the progress the Food and Drug Administration has made in: (1) evaluating certain cough and cold monographs, and (2) revising those cough and cold monographs to address "such children through the order process under section 505G(b) of the Federal Food, Drug, and Cosmetic Act, as amended by section 3851 of this subtitle."</li> <li>This requirement to submit the letter will terminate as of the date the letter is submitted indicating that the Secretary "has completed its evaluation and revised, in a final order, as applicable, the cough and cold monograph [...]."</li> </ul> |
| 3856                                       | Technical Corrections   | 178  | <ul style="list-style-type: none"> <li>Includes technical corrections to the Federal Food, Drug, and Cosmetic Act and the FDA Reauthorization Act of 2017.</li> </ul>  |
| <i>PART II – USER FEES</i>                 |   |      |  |
| 3861                                       | Finding   | 178  | <ul style="list-style-type: none"> <li>Authorizes the fees implemented by these amendments to be dedicated to the OTC monograph drug activities.</li> </ul>  |

| Sec.   | Title of Section                        | Page | Description   |
|--|---|------|---|
| 3862   | Fees Relating to Over-the-Counter Drugs | 178  | <ul style="list-style-type: none"> <li>Makes an amendment to Subchapter C of Chapter VII of the Federal Food, Drug, and Cosmetic Act to add a section regarding fees related to OTC drugs.</li> </ul> |
| <b>TITLE IV – ECONOMIC STABILIZATION AND ASSISTANCE TO SEVERELY DISTRESSED SECTORS OF THE UNITED STATES ECONOMY*</b> |   |      |   |
| (pgs. 189 - 221)   |   |      |   |
| SUBTITLE A – CORONAVIRUS ECONOMIC STABILIZATION ACT OF 2020* (pgs. 189 – 217)  |   |      |   |
| SUBTITLE B – AIR CARRIER WORKER SUPPORT* (pgs. 217 – 221)  |   |      |   |
| <b>TITLE V – CORONAVIRUS RELIEF FUNDS*</b> (pgs. 221 – 224)  |   |      |   |
| <b>TITLE VI – MISCELLANEOUS PROVISIONS*</b> (pgs. 224 – 225)   |   |      |   |
| <b>DIVISION B – EMERGENCY APPROPRIATIONS FOR CORONAVIRUS HEALTH RESPONSE AND AGENCY OPERATIONS*</b>                  |   |      |   |
| (pgs. 225 – 335)   |   |      |   |