



COVID-19 Legislative Action Updated as of March 23, 2020

I. Background

To date, Congress has passed two supplemental spending bills in response to the COVID-19 public health emergency, totaling \$10.8 billion. A third is under discussion. A summary of the two new laws is below, along with information regarding current expectations on the third.

II. Stimulus Bill #1

Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074)

- **Enacted:** March 6, 2020
- **Bill number:** [H.R. 6074](#). It passed the House by a vote of 415-2 and the Senate by a vote of 96-1.
- **Funding:** Contains \$8.3 billion in additional spending aimed at addressing concerns related to the COVID-19 outbreak.
- **Includes:** Among the items included in the bill was \$7.7 billion to bolster vaccine development, research equipment stockpiles, and state and local health budgets.
- **Telehealth:**
 - The bill also includes \$500 million for telehealth services, along with the authorization for the Department of Health and Human Services (HHS) to remove certain geographic restrictions on the provision of telehealth services for Medicare beneficiaries who are “**established patients**” of that provider, that is, have received services from that provider within the last three years.
 - On Wednesday, March 18, 2020, HHS [announced](#) it would exercise its authority to waive the telehealth geographic restrictions and allow providers to furnish telehealth services to Medicare beneficiaries, regardless of their geographic location. Additionally, the Department announced that it would not conduct audits to ensure Medicare beneficiaries receiving telehealth services during the outbreak were in fact established patients. Other agencies within the Department and the Drug Enforcement Agency also [issued an announcement](#) permitting flexibility in the provision of telehealth services with the goal of ensuring patients continue to have access to healthcare services while slowing the spread of COVID-19.
- **Detailed summary:** A more detailed summary of H.R. 6074 is available [here](#).

III. Stimulus Bill #2

Families First Coronavirus Response Act (H.R. 6201)

- **Enacted:** March 18, 2020.



- **Bill number:** [H.R. 6201](#). It passed the House by a vote of 363-40 and the Senate by a vote of 90-8.
- **Funding:** Provides an additional \$2.5 billion in emergency supplemental appropriations for the U.S. response to the COVID-19 outbreak.
- **Includes:** H.R. 6201 ensures free tests for COVID-19, emergency paid leave for workers who become sick or need to care for a loved one who falls ill, and provides assistance, support, and flexibility for small businesses. The law provides, among other things:
 - \$1.2 billion to help cover the costs of COVID-19 testing
 - \$1 billion to pay provider claims for health services consisting of SARS-CoV-2 or COVID-19 related items and services for uninsured individuals
 - Ensures coverage of testing for COVID-19 by all payers without cost sharing
 - Provides states and US territories with increased Medicaid funding for all medical services
 - Allows the Department of Health and Human Services (HHS) to provide temporary liability protections for approved personal respiratory devices to help increase the supply of respirators
- **Detailed summary:** A more detailed summary of the legislation is available [here](#).

IV. Stimulus Bill #3

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (S. 3548)

- **Bill number:** [S. 3548](#). The Senate failed to invoke cloture, a procedural move intended to end discussion, by a vote of 47-47.
- **Background:**
 - At the behest of President Trump, Treasury Secretary Mnuchin submitted a \$1 trillion stimulus request to address the larger economic implications of the COVID-19 outbreak. Based on that request, Senate Majority Leader Mitch McConnell (R-KY) released a proposal on March 19 that includes \$1.6 trillion in spending. Senator Schumer and Speaker Pelosi have expressed concerns regarding the provisions on direct financial aid and targeted industry relief. They would prefer an approach that “prioritize[s] and protect[s] workers.
 - Since the proposal’s release, one Senator has tested positive for COVID-19 and two additional Senators have announced they will be self-quarantining. Two had previously announced that they would be self-quarantining, leaves the Senate with 95 total Members potentially available to vote. 60 votes are required to move the legislation forward.
 - On Sunday evening, the Senate failed to invoke cloture, a procedural move ending discussion that requires 60 votes. Discussions between Secretary Mnuchin and Senate Minority Leader Chuck Schumer (D-NY) continue. They are expected to vote again on Monday, Mar. 23.
 - Reports indicate that accommodating Democrats’ requests may push the cost of the package to \$2 trillion.



- House Democrats have prepared a separate proposal they plan to introduce in the event that bipartisan agreement is not reached on S. 3548.
- **In S. 3548:**
 - S. 3548 currently includes additional funding for:
 - Hospitals, veterans' healthcare, and vaccines, therapeutics, diagnostics, and other preparedness needs.
 - Grants for addressing rural needs for telecommunications-enabled information, audio and video equipment and related advanced technologies for students, teachers, and medical professionals.
 - FCC support of healthcare providers, including telecommunications services, information services, and devices necessary for the provision of telehealth services
 - Federally qualified health centers (FQHCs) and rural health clinics (RHCs) to provide telehealth services paid at a composite rate that is similar to the rate paid by the Physician Fee Schedule for comparable telehealth services
 - It also:
 - Removes the requirement that Medicare telehealth services can only be provided to Medicare beneficiaries treated by the physician or group (determined by tax identification number) within the last three years
 - NOTE: HHS has already announced its intention not to conduct audits on this requirement, so this provision may ultimately prove helpful, but unnecessary.
 - Allows high-deductible health plans to provide telehealth services without counting them towards the deductible
 - Waives the face-to-face requirement for home dialysis visits
 - Notably, Section 4221 would meet our long-standing request of aligning consent of the release of substance abuse records with HIPAA consent once initial patient consent was sought.
- **Under consideration:**
 - With respect to healthcare, rumors indicate that Senate HELP Committee Chairman Lamar Alexander (R-TN) and House Energy and Commerce Chairman Frank Pallone (D-NJ) are pushing to include surprise billing provisions.
 - The legislation could also include healthcare measures such as a boost in funding for community health centers and other health "extenders" set to expire in mid-May.
- **Senate Democrats:** Senate Democrats have introduced a proposal that would provide at least \$750 billion in response to COVID-19, including funding to address hospital treatment and capacity issues, bolster emergency child care, help for small businesses, ensure access to affordable COVID-19 treatments, and provide immediate loan payment forbearance for all federal loans.
- **House:** House Speaker Nancy Pelosi (D-CA) released a series of principles that House Democrats want included in the next COVID-19 response legislation. They are:
 - Boosting access to long-term sick leave
 - Promoting flexibility for uses of family and medical leave
 - Expanding refundable tax credits



- Ensuring access to paid leave for health care workers and first responders.

Members of the House have been told to be prepared to return for votes on the third COVID-19 bill as soon as March 24.

V. **Stimulus Bill #4**

There is discussion of an additional package to address items not included in Stimulus Bill #3. This includes additional funding for community health centers and certain healthcare “extenders” set to expire in mid-May if not addressed in Stimulus Bill #3, as well as a request submitted by the Office of Management and Budget for an additional \$46 billion in funding for the operations of federal agencies directly impacted by COVID-19, such as HHS and the Department of Veterans Affairs.

Additionally, given the increasing number of members of Congress unable to vote because of COVID-19, a plan for remote voting is under discussion. Under current rules, members of Congress must be physically present on the floor to vote.