



Congressman Bill Pascrell, Jr.
Hospitals and Providers Relief Fact Sheet
Coronavirus Aid, Relief, and Economic Security Act and the
Paycheck Protection Program and Health Care Enhancement Act



The Public Health and Social Services Emergency Fund

- These bills provide \$175 billion for the Public Health and Social Services Emergency Fund to cover unreimbursed health care-related expenses or lost revenues attributable to the COVID-19 public health emergency for hospitals, public entities, not-for-profits, Medicare and Medicaid enrolled suppliers, and institutional providers.
 - The first round of funding for hospitals and providers will be \$50 billion total. Of that, \$30 billion was distributed to hospitals and providers on April 10 based on Medicare Parts A and B. The second round of funding will provide \$20 billion to hospitals and providers proportional to 2018 patient net revenue. For more information, please visit the [CARES Act Provider Relief Fund](#) website.
 - The subsequent rounds of funding will provide \$10 billion to high impact areas, \$10 billion for rural providers, and \$400 million for the Indian Health Service.
 - This funding will also allocate resources for providers to be reimbursed at Medicare rates for the treatment of COVID-19 patients who are uninsured. Providers can register for the program now and begin submitting claims in May. Please visit the [COVID-19 Uninsured Program Portal](#) website for more information.

CARES Act Health Care Improvements

- Increased payments to hospitals for treating a COVID-19 positive patient by 20 percent. Specifically, the weighting factor of diagnosis-related groups (DRGs) for patients diagnosed with COVID-19 is increased by 20 percent. This add-on payment is available through the duration of the federally declared COVID-19 emergency period.
- Temporarily 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.
- Delays reductions in Medicaid disproportionate share hospital payments to November 30, 2020.
- More than \$27 billion for the Biomedical Advanced Research and Development Authority to support research and development of vaccines, therapeutics, and diagnostics to prevent or treat the effects of coronavirus, including:
 - \$16 billion for the Strategic National Stockpile for critical medical supplies, personal protective equipment, and life-saving medicine.
 - At least \$3.5 billion to advance construction, manufacturing, and purchase of vaccines and therapeutics to the American people.
- \$4.3 billion within the Centers for Disease Control and Prevention to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus.

Visit the [U.S. Department of Health and Human Services Coronavirus](#) website to learn more.

Access to Testing and Treatment

- Requires private insurers and Medicare to cover coronavirus treatment and prevention.

- Requires diagnostic test providers to make the price for the coronavirus test publicly available on the internet.
- Requires Medicare to allow fills and refills of prescription drugs for up to 3-month supply during the emergency.
- Makes a technical correction to the first COVID-19 response package to ensure coverage of diagnostic testing for Medicaid patients.
- Provides free coverage without cost-sharing of a COVID-19 preventive service or vaccine when either becomes available.

Paycheck Protection Program and Health Care Enhancement Act Testing Improvements

- Provides \$25 billion to improve research, development, validation, manufacturing, purchasing, administering, or expanding capacity for COVID-19 testing. This includes:
 - \$11 billion for the necessary expenses of states and localities to develop, purchase, administer, process and analyze COVID-19 tests, including support for the workforce, epidemiology, use by employers, scaling up testing, conducting surveillance, conducting contact tracing, and other related testing activities.
 - \$1 billion to be used by the Centers for Disease Control and Prevention for surveillance, epidemiology, contact tracing, and other activities to support testing.
 - \$1.8 billion for the National Institutes of Health, \$1 billion for the Biomedical Advanced Research and Development Authority, and \$22 million for the Food and Drug Administration to accelerate development of point-of-care and rapid diagnostic technologies.
 - \$600 million for Community Health Centers and \$225 million for Rural Health Clinics to support COVID-19 testing.
 - \$1 billion to cover the cost of testing the uninsured.
- Requires the administration to submit a COVID-19 strategic testing plan that increases our nationwide testing capacity, provides guidelines for testing, addresses disparities in testing, and details federal resources available to help states and localities.
- Requires the administration to improved demographic data reporting for the number of cases, hospitalizations, and deaths related to COVID-19, including de-identified data disaggregated by race, ethnicity, age, sex, and geographic region.

Questions can be answered by calling Congressman Pascrell's **Paterson office at (973) 523-5152** and **Washington, D.C. office at (202) 225-5751.**

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