

Policy Analysis of House Coronavirus Relief Package

Category: Policy Blog
written by NCUIH | March 25, 2020

NCUIH Legislative Alert: Analysis of House Coronavirus Relief Package

Dear UIOs,

Yesterday, the House of Representatives released their latest piece of legislation in response to the novel coronavirus (COVID-19), entitled the [*Take Responsibility for Workers and Families Act*](#). This bill includes major policy changes NCUIH and UIOs have been working towards, such as 100% FMAP and a fix for the Medicaid clinic “four walls” issue.

NCUIH supports this bill and asks that you please [contact](#) your Senators to support the inclusion of UIO-specific authorizing language and emergency supplemental appropriations provisions in the Senate’s coronavirus relief legislation. The Senate is currently working on its next draft of the third coronavirus bill and past drafts have not included authorizing language for 100% FMAP applicability to UIOs.

Below you will find a summary of the relevant provisions to UIOs. Some major pieces include:

- [100% FMAP for Urban Indian Organizations \(UIOs\)](#)
- [Access for UIOs to the Strategic National Stockpile](#)
- **Specific inclusion of UIOs for contracts and/or grants for funding from:**
 - [Indian Health Service \(IHS\)](#)
 - [Health Resources and Services Administration \(HRSA\)](#)
 - [Centers for Disease Control and Prevention \(CDC\)](#)
 - [Department of Health and Human Services \(HHS\)](#)
 - [Medicaid \(home and community based services grants\)](#)
- [SDPI extension through November 30, 2020.](#)

The funds in the provisions highlighted below would remain available until September 30, 2021, unless otherwise noted. Provisions with specific references to urban Indian organizations (UIOs) appear **highlighted**.

DIVISION A—THIRD CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020

TITLE I—Agriculture, Rural Development, Food and Drug Administration, and Related Agencies

INDIAN HEALTH SERVICE (pages 72- 74)

- The bill provides for a **total of \$1,032,000,000** for preparedness, response, surveillance, and

health service activities for coronavirus, including for:

- **Urban Indian Organizations**
- Public Health Support
- Electronic Health Record Modernization
- telehealth and other IT upgrades
- Purchased/Referred Care
- Catastrophic Health Emergency Fund
- Community Health Representatives
- Tribal Epidemiology Centers
- Other activities to protect the safety of patients and staff
- **Not less than \$450,000,000 shall be distributed through Tribal shares and contracts with Urban Indian Organizations.** Any remaining funding that is not distributed through Tribal shares or UIO contracts “shall be allocated at the discretion of the Director of the Indian Health Service.”
- When these funds are transferred to tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), they will be transferred on a one-time basis (non-recurring), are not part of the amount required by ISDEAA, and may only be used for the purposes of coronavirus preparedness, response, surveillance, and health service activities.
- Funds may be used to supplement amounts otherwise available under the “Indian Health Facilities” account.
- In order to use any of these funds to select core components appropriate to support the initial capacity of an Electronic Health Record system, the Committees on Appropriations of the House of Representatives and the Senate must be briefed 90 days in advance of executing a Request for Proposal for the components.

TITLE VIII—DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES

HEALTH RESOURCES AND SERVICES ADMINISTRATION (page 85)

PRIMARY HEALTH CARE

- **\$1,300,000,000** for necessary expenses to prevent, prepare for, and respond to coronavirus, for grants and cooperative agreements under the Health Centers Program, as defined by section 330[1] of the Public Health Service Act, and for eligible entities under the Native Hawaiian Health Care Improvement Act, including maintenance of current health care center capacity and staffing levels.**RYAN WHITE HIV/AIDS PROGRAM**
- **\$90,000,000** for the “Ryan White HIV/ AIDS Program” to prevent, prepare for, and respond to coronavirus through modifications to existing contracts and supplements to existing grants and cooperative agreements.[2]
- Supplements shall be awarded using a data-driven methodology determined by the Secretary of Health and Human Services.

HEALTH CARE SYSTEMS

- **\$5,000,000** to prevent, prepare for, and respond to coronavirus, for activities authorized under sections 127 and 1273 of the Public Health Service Act to improve the capacity of poison control centers to respond to increased calls and communications.
- Of this amount, **not less than \$15,000,000** shall be allocated to tribes, tribal organizations, **urban Indian health organizations**, or health service providers to tribes.

RURAL HEALTH

- **\$460,000,000** to prevent, prepare for, and respond to coronavirus, including telephonic and virtual care for the underinsured, and for continuation and **expansion of telehealth** and rural health activities under sections 330A and 330I of the Public Health Service Act and section 711 of the Social Security Act.
- **Not less than \$15,000,000** of this amount shall be allocated to tribes, tribal organizations, **urban Indian health organizations**, or health service providers to tribes.

CENTERS FOR DISEASE CONTROL AND PREVENTION (page 87)

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

- **Total of \$5,500,000,000** to prevent, prepare for, and respond to coronavirus, domestically or internationally.
- **Not less than \$2,000,000,000** of the amount provided shall be for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, **urban Indian health organizations**, or health service providers to tribes, for such purposes including to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.
- Every grantee that received a Public Health Emergency Preparedness grant for fiscal year 2019 shall receive not less than 100 percent of that grant level.
- Of this amount, **not less than \$125,000,000** of such funds shall be allocated to tribes, tribal organizations, **urban Indian health organizations**, or health service providers to tribes.
- The Director of CDC may satisfy the funding thresholds above by making awards through other grant or cooperative agreement mechanisms.
- **\$500,000,000** shall be for public health data surveillance and analytics infrastructure modernization.
- That funds may be used for grants for the rent, lease, purchase, acquisition, construction, alteration, or renovation of non-Federally owned facilities to improve preparedness and response capability at the State and local level.
- Funds shall remain available until September 30, 2024.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (page 90)

- **\$10,000,000** for worker-based training to prevent and reduce exposure of hospital employees, emergency first responders, and **other workers who are at risk of exposure to coronavirus through their work duties**.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (page 93)

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

- Total of **\$435,000,000** to prevent, prepare for, and respond to coronavirus, for program support and cross-cutting activities that supplement activities funded under the headings “Mental Health”, “Substance Abuse Treatment”, and “Substance Abuse Prevention”.[\[3\]](#)
- Of this amount, **not less than \$15,000,000** shall be allocated to tribes, tribal organizations, **urban Indian health organizations**, or health or behavioral health service providers to tribes.
- **\$60,000,000** of these funds shall be for services to the homeless population.
- **\$50,000,000** of these funds shall be for suicide prevention programs.

CENTERS FOR MEDICARE & MEDICAID SERVICES (page 94)

- For “Program Management”, \$550,000,000, to remain available until September 30, 2022 to prevent, prepare for, and respond to coronavirus, of which \$100,000,000 shall be for necessary expenses of the survey and certification program, prioritizing nursing home facilities in localities with community transmission of coronavirus.

ADMINISTRATION FOR CHILDREN AND FAMILIES (pages 95-102)

LOW INCOME HOME ENERGY ASSISTANCE

- \$1,400,000,000 for “Low Income Home Energy Assistance”

CHILDREN AND FAMILIES SERVICES PROGRAMS (pages 98-102)

- Total of \$5,202,000,000.
- \$2,500,000,000 for activities to carry out the Community Services Block Grant Act
- \$25,000,000 shall be available for grants to support the procurement and distribution of diapers through non-profit organizations
- Each State, territory, or tribe shall allocate not less than xx percent of its formula award to non-profit organizations
- \$100,000,000 for carrying out activities under the Runaway and Homeless Youth Act

ADMINISTRATION FOR COMMUNITY LIVING (pages 102-103)

AGING AND DISABILITY SERVICES PROGRAMS

- \$1,205,000,000 total to prevent, prepare for, and respond to coronavirus
- \$1,070,000,000 shall be for activities authorized under the Older Americans Act of 1965
 - \$200,000,000 for supportive services
 - \$720,000,000 for nutrition services
 - \$30,000,000 for nutrition services under title 19 VI
 - \$100,000,000 for support services for family caregivers under part E of title III
 - \$20,000,000 for elder rights protection activities

OFFICE OF THE SECRETARY (pages 104- 109)

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND

- \$6,077,000,000 for “Public Health and Social Services Emergency Fund”, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the **development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, the purchase of vaccines, therapeutics, diagnostics, and necessary medical supplies, as well as medical surge capacity, workforce modernization, enhancements to the U.S. Commissioned Corps, telehealth access and infrastructure, initial advanced manufacturing, and related administrative activities**
- The Secretary may take such measures authorized under current law to ensure that vaccines, therapeutics, and diagnostics developed from funds provided in this Act will be affordable in the commercial market
- Products purchased with funds appropriated in this paragraph may be:
 - Deposited in the Strategic National Stockpile, at the discretion of the Secretary of Health and Human Services
 - Used for grants for the construction, alteration, or renovation of non-Federally owned facilities to improve preparedness and response capability at the State and local level
 - Used for the construction, alteration, or renovation of non-Federally owned facilities for the production of vaccines, therapeutics, and diagnostics where the Secretary

determines that such a contract is necessary to secure sufficient amounts of such supplies

- Not later than seven days after the date of enactment of this Act, and weekly thereafter until the Secretary declares the public health emergency related to coronavirus no longer exists, the Secretary shall report to the Committees on Appropriations of the House of Representatives and the Senate on the current inventory of personal protective equipment in the Strategic National Stockpile, including the numbers of face shields, gloves, goggles and glasses, gowns, head covers, masks, and respirators, as well as deployment of personal protective equipment during the previous week, reported by state and other jurisdictions
- \$100,000,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, to provide grants to public entities, not-for-profit entities, and Medicare and Medicaid enrolled suppliers and institutional providers, including for profit entities, to reimburse for health care related expenses or lost revenues directly attributable to the public health emergency resulting from the coronavirus
 - Grants shall be awarded in coordination with the Administrator of the Centers for Medicare & Medicaid Services and shall not be used to provide grants to reimburse for health care related expenses or lost revenues that have been reimbursed or are eligible for reimbursement from other sources
- \$4,500,000,000, to remain available until September 30, 2022, to prevent, prepare for, and respond to coronavirus, to reimburse the Department of Veterans Affairs for expenses incurred by the Veterans Affairs health care system to provide medical care to civilians

PUBLIC HEALTH EMERGENCY FUND (page 109)

- \$5,000,000,000 for the “Public Health Emergency Fund” to remain available until expended, to prevent, prepare for, and respond to coronavirus, to be deposited into the Public Health Emergency Fund, as established under section 319(b) of the Public Health Service Act.
 - Funds appropriated under this heading in this Act may, at the discretion of the Secretary of Health and Human Services, be deposited in the Strategic National Stockpile

GENERAL PROVISIONS—TITLE I (page 127-133)

SEC. 10803.

(a) Funds appropriated in this title may be made available to restore amounts, either directly or through reimbursement, for obligations incurred by agencies of the Department of Health and Human Services to prevent, prepare for, and respond to coronavirus, domestically or internationally, prior to the date of enactment of this Act.

(b) Grants or cooperative agreements with States, localities, territories, tribes, tribal organizations, **urban Indian health organizations**, or health service providers to tribes, under this title, to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities to prevent, prepare for, and respond to coronavirus shall include amounts to reimburse costs for these purposes incurred between January 20, 2020, and the date of enactment of this Act.

[1] Sections 330(r)(2)(B), 330(e)(6)(A)(iii), and 330(e)(6)(B)(iii) shall not apply to funds provided under this heading in this Act.

[2] Under parts A, B, C, D, F, and section 2692(a) of title XXVI of the Public Health Service Act. Sections 2604(c), 2612(b), and 2651(c) of the Public Health Service Act shall not apply to funds provided under this heading in this Act.

[3] In carrying out titles III, V, and XIX of the Public Health Service Act.

DIVISION G—HEALTH POLICIES

TITLE I—MEDICAID

SEC. 70101. INCREASING FEDERAL SUPPORT TO STATE MEDICAID PROGRAMS DURING ECONOMIC DOWNTURNS.

SEC. 70102. LIMITATION ON ADDITIONAL SECRETARIAL ACTION WITH RESPECT TO MEDICAID SUPPLEMENTAL PAYMENTS REPORTING REQUIREMENTS.

- During the period that begins on the date of enactment of this section and ends the date that is 2 years after the last day of the emergency period, the Secretary of Health and Human Services shall not take any action (through promulgation of regulation, issue of regulatory guidance, or otherwise) to—
 - (1) finalize or otherwise implement provisions contained in the Medicaid Fiscal Accountability Regulation proposed rule published on November 18, 2019; or
 - (2) promulgate or implement any rule or provision similar to the provisions described in paragraph (1) pertaining to the Medicaid program established under title XIX of the Social Security Act^[1] or the State Children’s Health Insurance Program established under title XXI of such Act^[2]

SEC. 70103. AUTHORITY TO AWARD MEDICAID HCBS GRANTS TO RESPOND TO THE COVID-19 PUBLIC HEALTH EMERGENCY. (pages 254-268)

- This section includes UIOs in the definition of “Indian tribe” for purposes of awarding home and community-based services (HCBS) grants.
- “Indian tribe.—The term “Indian tribe” means an Indian tribe, a tribal organization, or an **urban Indian organization** (as such terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)), and includes a tribal consortium of Indian tribes or tribal organizations (as so defined).”
- GRANTS TO INDIAN TRIBES.
 - During the COVID-19 public health emergency period, the Secretary may award grants to an Indian tribe in the same manner, and subject to the same requirements, as apply to a State, except as otherwise provided in this paragraph.
 - The bill includes information on the application, monthly grant payment amounts, tribal share of monthly HCBS expenditures, and the grant period.

SEC. 70105. COVERAGE AT NO COST SHARING OF COVID-19 VACCINE AND TREATMENT. (pages 269 - 274)

SEC. 70106. OPTIONAL COVERAGE AT NO COST SHARING OF COVID-19 TREATMENT AND VACCINES UNDER MEDICAID FOR UNINSURED INDIVIDUALS. (pages 275 - 276)

SEC. 70107. TEMPORARY INCREASE IN MEDICAID FEDERAL FINANCIAL PARTICIPATION FOR TELEHEALTH SERVICES. (pages 277 - 278)

SEC. 70108. EXTENSION OF FULL FEDERAL MEDICAL ASSISTANCE PERCENTAGE TO INDIAN HEALTH CARE PROVIDERS. (page 278)

- Extends 100% FMAP to Urban Indian organizations,^[3] Indian health care providers^[4]

- Provides a fix for the Medicaid clinic “four walls” issue.
- The section reads:
 - Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—
 - (1) in subsection (a)(9), by inserting “and including such services furnished in any location by or through an Indian health care provider (as defined in section 1932(h)(4)(A))” before the semicolon; and
 - (2) in subsection (b)—
 - (B) by striking “Indian Health Care Improvement Act)” and inserting “Indian Health Care Improvement Act), or through an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act) pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act’.”

SEC. 70110. INCREASED FMAP FOR MEDICAL ASSISTANCE TO NEWLY ELIGIBLE INDIVIDUALS. (page 282 - 283)

SEC. 70111. RENEWAL OF APPLICATION OF MEDICARE PAYMENT RATE FLOOR TO PRIMARY CARE SERVICES FURNISHED UNDER MEDICAID AND INCLUSION OF ADDITIONAL PROVIDERS. (page 283- 290)

- Includes FQHC

SEC. 70114. EXTENSION OF EXISTING SECTION 1115 DEMONSTRATION PROJECTS. (page 292-295)

- Upon request by a State, the Secretary of Health and Human Services shall approve an extension of the waiver and expenditure authorities for a demonstration project described in subsection (a) for a period up to and including December 31,2021, to ensure continuity of programs and funding during the emergency period.

EXPEDITED APPLICATION PROCESS.

- The Federal and State public notice and comment procedures or other time constraints otherwise applicable to demonstration project amendments shall be waived to expedite a State’s extension request pursuant to this section.

SEC. 70118. EXTENSION OF THE COMMUNITY MENTAL HEALTH SERVICES DEMONSTRATION PROGRAM.

- Extends program end date from May 22, 2020 to November 30, 2020.

[1] 42 U.S.C. 1396 et seq.

[2] 42 U.S.C. 1397aa et seq.

[3] As defined in section 4 of the Indian Health Care Improvement Act.

[4] As defined in section 1932(h)(4)(A) of the Social Security Act.

TITLE II—MEDICARE

SEC. 70201. COVERAGE OF THE COVID-19 VACCINE UNDER THE MEDICARE PROGRAM WITHOUT ANY COST-SHARING. (page 298-300)

SEC. 70202. HOLDING MEDICARE BENEFICIARIES HARMLESS FOR SPECIFIED COVID-19

TREATMENT SERVICES FURNISHED UNDER PART A OR PART B OF THE MEDICARE PROGRAM. (page 300-305)

SEC. 70204. ENHANCING MEDICARE TELEHEALTH SERVICES FOR FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS DURING THE EMERGENCY PERIOD. (page 305-308)

- The Secretary shall pay for telehealth services that are furnished via a telecommunications system by an FQHC to an eligible telehealth individual **SPECIAL PAYMENT RULE.**—
- The Secretary shall develop and implement payment methods that apply under this subsection to an FQHC that furnishes a telehealth service to an eligible telehealth individual during such emergency period.
- Such payment methods shall be based on payment rates that are similar to the national average payment rates for comparable telehealth services under the physician fee schedule.

TITLE V—PUBLIC HEALTH POLICIES

Subtitle A—Improving Public Health and Medical Response

PUBLIC HEALTH DATA SYSTEM TRANSFORMATION. EXPANDING CDC AND PUBLIC HEALTH DEPARTMENT CAPABILITIES.—(page 417)

Subtitle B—Tribal Health (pages 435 - 443)

SEC. 70521. IMPROVING STATE, LOCAL, AND TRIBAL PUBLIC HEALTH SECURITY. (pages 435-442)

- **Includes urban Indian organizations’ as eligible entities and describes the determination of funding amount.**
- The Secretary shall award at least 10 cooperative agreements under this section

SEC. 70522. PROVISION OF ITEMS TO INDIAN PROGRAMS AND FACILITIES. (page 442)

- Ensures that items (drugs, vaccines and other biological products, medical devices, and other supplies) from the Strategic National Stockpile are deployed to **urban Indian organizations.**

SEC. 319F-5. DISTRIBUTION OF QUALIFIED PANDEMIC OR EPIDEMIC PRODUCTS TO INDIAN PROGRAMS AND FACILITIES. (page 443)

- Specifically includes **urban Indian organizations**
- Secretary distributes qualified pandemic or epidemic products[\[1\]](#) to States or other entities, such products are distributed directly to health programs or facilities operated through an **urban Indian organization**

SEC. 70542. DIABETES PROGRAMS.

- Extends Special Diabetes Program for Indians (SDPI) to November 30, 2020.

[\[1\]](#) As defined in section 319F-3(i)(7).