CARES Act - US$2 Trillion Health Care and Economic Relief Package Passes: Implications for the Health Care Sector

March 27, 2020

On Friday, March 27, 2020, the Congress enacted H.R. 748, the *Coronavirus Aid, Relief, and Economic Security Act*, (the "CARES Act" or the "Act") (a copy of the enacted legislation can be found by clicking here), a sweeping measure that provides US$2.2 Trillion in emergency assistance to individuals, families, and businesses affected by the COVID-19 pandemic, as well as making substantive changes to existing laws and programs. It is expected that the President will promptly sign the Act into law.

The CARES Act is the third piece of economic stimulus legislation passed in response to the coronavirus pandemic, following the enactment of the Families First Coronavirus Response Act (Public Law 116-127), which was signed into law by President Trump on March 18, 2020, as well as the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (Public Law 116-123) enacted on March 6, 2020. Readers should familiarize themselves with both pieces of legislation; Dentons' insight on the Families First Coronavirus Response Act may be accessed here. Additional rounds of emergency relief legislation are expected to follow.

The CARES Act contains numerous significant provisions relevant to health care delivery, vaccine development, support for state and local governments' prevention and response efforts, and the purchase of crucial medical supplies. Largely tracking the organizational structure of the CARES Act, Dentons has drawn from the text of the legislation, as well as Senate committee summaries, to provide the following overview of the key provisions of the Act most relevant to the health care industry.

Highlights include:

- Additional funding for health care providers and supplies, including grants and increased Medicare and Medicaid payments.
- Expansion of coverage for telehealth services, as well as additional funding for related initiatives.
- Coverage of COVID-19 testing, preventative care and vaccinations without cost-sharing.
- US$172.1 billion to the U.S. Department of Health and Human Services (HHS) and related agencies, much of which is allocated to the Assistant Secretary for Preparedness and Response to support medical relief efforts.

Although this Alert summarizes provisions of the CARES Act of particular importance to health care providers, insurers and life sciences entities, much remains to be explained. The Administration will need to address the many questions that will surely arise, including how and when entities can apply for funds provided by the Act, and how and when those funds will flow. Dentons will do its best to provide information as quickly as possible on the Act's implementation, as well as on further legislation enacted to address issues which are not covered by the Act and to make necessary technical corrections.

Please do not hesitate to reach out if you have questions, needs, or concerns raised by the CARES Act. We are

available to assist you in navigating the many legislative, regulatory, and policy implications raised by the COVID-19 pandemic. Furthermore, if you have an issue that you believe requires Congressional action, please let us know.

Provisions in the CARES Act

Supply & Shortages - Medical Products and Emergency Drugs

Section 3101. National Academies report on America's medical product supply chain security. Directs the National Academies of Science to study, and make recommendations to strength, the U.S. manufacturing supply chain of drugs and medical devices.

Section 3102. Require the Strategic National Stockpile to include certain types of medical supplies. Clarifies that the Strategic National Stockpile can stockpile medical supplies, such as the swabs necessary for diagnostic testing for COVID-19.

Section 3103. Treatment of respiratory protective devices as covered countermeasures. Provides permanent liability protection for manufacturers of personal respiratory protective equipment, such as masks and respirators, in the event of a public health emergency, to incentivize production and distribution.

Section 3111. Prioritize reviews of drug applications; incentives. Requires the U.S. Food and Drug Administration (FDA) to prioritize and expedite the review of drug applications and inspections to prevent or mitigate a drug shortage.

Section 3112. Additional manufacturer reporting requirements in response to drug shortages. Requires drug manufacturers to submit more information to the FDA when there is an interruption in supply, including information about active pharmaceutical ingredients when such ingredients are the cause of the interruption. Requires manufacturers to maintain contingency plans to ensure back up supply of products. Requires manufacturers to provide information about drug volume.

Section 3121. Discontinuance or interruption in the production of medical devices. Clarifies that during a public health emergency, a medical device manufacturer is required to submit information about a device shortage or device component shortage upon FDA request.

Coverage of COVID-19 Testing, Preventative Care, and Vaccination

Section 3201. Coverage of diagnostic testing for COVID-19. Clarifies that all testing for COVID-19 is to be covered by private insurance plans without member cost sharing obligations, including those tests without an Emergency Use Authorization by the FDA.

Section 3202. Pricing of diagnostic testing. For COVID-19 testing covered with no cost to patients, requires an insurer to pay the provider either the rate specified in the provider's participation agreement with the insurer, or, if there is no such agreement, a cash price posted by the provider.

Section 3203. Rapid coverage of preventive services and vaccines for coronavirus. Provides free coverage without cost-sharing of a vaccine for COVID-19 that has in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP), effective 15 days after a recommendation is made.

Support for Health Care Providers

Section 3211. Supplemental awards for health centers. Provides US$1.32 billion in supplemental funding to community health centers on the front lines of testing for and treating patients with COVID-19.

Section 3212. Telehealth network and telehealth resource centers grant programs. Reauthorizes Health Resources and Services Administration (HRSA) grant programs that promote the use of telehealth technologies for health care delivery, education, and health information services. Telehealth offers flexibility for patients with, or at risk of contracting, COVID-19 to access screening or monitoring care while avoiding exposure to others.

Section 3213. Rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs. Reauthorizes HRSA grant programs to strengthen rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services. Rural residents are disproportionately older and more likely to have a chronic disease, which could increase their risk of more severe illness if they contract COVID-19.

Section 3214. United States Public Health Service modernization. Establishes a Ready Reserve Corps to ensure we have enough trained doctors and nurses to respond to COVID-19 and other public health emergencies.

Section 3215. Limitation on liability for volunteer health care professionals during COVID-19 emergency response. Provides liability protections to doctors who provide volunteer medical services during the public health emergency related to COVID-19.

Section 3216. Flexibility for members of National Health Service Corps during emergency period. Allows the Secretary of HHS to reassign members of the National Health Service Corps to sites close to the one to which they were originally assigned, with the member's agreement, in order to respond to the COVID-19 public health emergency.

Healthcare Workforce

Section 3401. Reauthorization of health professions workforce programs. Reauthorizes and updates Title VII of the Public Health Service Act (PHSA) to address appropriations relating to care innovation initiatives and the training of primary care physicians, among other things.

Section 3402. Health workforce coordination. Provides for the Secretary of HHS, in coordination with the Advisory Committee on Training in Primary Care Medicine and Dentistry and the Advisory Council on Graduate Medical Education, to develop a comprehensive and coordinated plan for HHS health care workforce development programs, including education and training programs.

Section 3403. Education and training relating to geriatrics. Reauthorizes and updates Title VII of the PHSA, which pertains to programs to support clinician training and faculty development, including the training of practitioners in family medicine, general internal medicine, geriatrics, pediatrics, and other medical specialties. Directs the Secretary of HHS to develop a comprehensive and coordinated plan for health workforce programs, which may include performance measures and the identification of relevant workforce projection needs. Title VII programs strengthen the health professions workforce to better meet the health care needs of certain populations, such as older individuals and those with chronic diseases, who could be at increased risk of contracting COVID-19.

Section 3404. Nursing workforce development. Reauthorizes and updates Title VIII of the PHSA, which pertains to nurse workforce training programs. Updates reporting requirements to include information on the extent to which Title VIII programs meet the goals and performance measures for such activities, and the extent to which HHS coordinates with other federal departments on related programs. Permits Nurse Corps loan repayment beneficiaries to serve at private institutions under certain circumstances. Title VIII programs help to address current and emerging health care challenges by supporting the development of a robust nursing workforce, as nurses are critical in responding to the COVID-19 pandemic and future public health emergencies.

Medicare

Section 3708. Enable physician assistants and nurse practitioners to order Medicare home health services. Allows physician assistants, nurse practitioners, and other professionals to order home health services for Medicare beneficiaries, reducing delays and increasing beneficiary access to care in the safety of their home.

Section 3709. Increase provider funding through immediate Medicare sequester relief. Provides prompt economic assistance to health care providers on the front lines fighting the COVID-19 virus, helping them to furnish needed care to affected patients. Specifically, this section temporarily lifts the Medicare sequester, which reduces payments to providers by 2%, from May 1 through December 31, 2020, boosting payments for hospitals, physicians, nursing homes, home health care agencies, and other providers. The Medicare sequester will be extended by one year to provide immediate relief without worsening Medicare's long-term financial outlook.

Section 3710. Medicare add-on for inpatient hospital COVID-19 patients. Increases the payment that would otherwise be made to a hospital for treating a patient admitted with COVID-19 by 20%. It builds on the Centers for Disease Control and Prevention (CDC) decision to expedite use of a COVID-19 diagnosis to enable better surveillance, as well as to trigger appropriate payment for these complex patients. This add-on payment will be available for the duration of the COVID-19 emergency period.

Section 3711. Increase Medicare access to post-acute care. Provides acute care hospitals with flexibility during the COVID-19 emergency period to transfer patients out of their facilities and into alternative care settings, in order to prioritize resources needed to treat COVID-19 cases. Specifically, this section waives the Inpatient Rehabilitation Facility (IRF) 3-hour rule, which requires that a Medicare beneficiary participate in at least 3 hours of intensive rehabilitation at least 5 days per week in order to be admitted to an IRF. It allows a Long Term Care Hospital (LTCH) to maintain its designation even if more than 50% of its cases are less intensive. It also temporarily pauses the current LTCH site-neutral payment methodology.

Section 3712. Prevent Medicare durable medical equipment payment reduction. Prevents scheduled reductions in Medicare payments for durable medical equipment (DME), which helps patients transition from hospital to home, and remain in their home, through the duration of the COVID-19 emergency period.

Section 3713. Coverage of the COVID-19 vaccine under Medicare Part B without any cost-sharing. Relieves Medicare fee-for-service and Medicare Advantage (MA) beneficiaries of cost sharing obligations with respect to the cost and administration of a COVID-19 vaccine.

Section 3714. Allow up to 3-month fills and refills of covered Medicare Part D drugs. Requires Medicare Part D and MA-Part D plans to provide up to a 90-day supply of a covered prescription medication if requested by a beneficiary during the COVID-19 emergency period.

Section 3717. Clarification regarding coverage of tests. Clarifies a section of the Families First Coronavirus Response Act of 2020 by ensuring that Medicare fee-for-service beneficiaries can receive all tests for COVID-19 with no cost-sharing obligations.

Section 3718. Prevent Medicare clinical laboratory test payment reduction. Prevents scheduled reductions in Medicare payments for clinical diagnostic laboratory tests furnished to beneficiaries in 2021. It also delays by one year the upcoming reporting period during which laboratories are required to report private sector payment rates.

Section 3719. Expansion of the Medicare hospitals accelerated payment program. Expands an existing Medicare accelerated payment program for the duration of the COVID-19 emergency period. Hospitals, especially those facilities in rural and frontier areas, need reliable and stable cash flow to maintain an adequate workforce, buy essential supplies, create additional infrastructure, and keep the doors open to care for patients. Specifically, qualified facilities may request up to a six month advanced lump sum or periodic payment, based on net reimbursement represented by unbilled discharges or unpaid bills. Most hospital types could elect to receive up to 100% of the prior

period payments, with Critical Access Hospitals able to receive up to 125%. Finally, a qualifying hospital is not required to start paying down the loan for four months, and has at least 12 months to complete repayment without a requirement to pay interest.

Section. 3801. Extension of physician work geographic index floor. Increases payments for the work component of physician fees through December 1, 2020, in areas where labor costs are determined to be lower than the national average.

Section 3802. Extension of funding for quality measure endorsement and selection. Provides funding for HHS to contract with a consensus-based entity, e.g., the National Quality Forum (NQF), to carry out duties related to quality measurement and performance improvement through November 30, 2020.

Section 3803. Extension of funding outreach and assistance for low-income programs. Extends funding for beneficiary outreach and counseling related to low-income programs through November 30, 2020.

Medicaid

Section 3715. Provide home and community-based support services during hospital stays. Expands the ability of state Medicaid programs to pay for home and community based services.

Section 3716. Clarification regarding uninsured individuals. Clarifies the definition of “uninsured individual” set forth in section 6004(a)(3)(C) of the Families First Coronavirus Response Act of 2020, which ensures that uninsured individuals can receive COVID-19 tests and related services with no cost-sharing obligation in any state Medicaid program that elects to offer such enrollment option.

Section 3720. Provide state access to enhanced Medicaid FMAP. Amends Section 6008(b)(2) of the Families First Coronavirus Response Act to ease the requirements associated with the enhanced federal match. The amendment gives the states a 30 day delay, beginning on the date of the CARE Act’s enactment, to adjust premiums.

Section 3811. Extension of Money Follows the Person demonstration program. Provides additional funds for the Medicaid Money Follows the Person demonstration through November 30, 2020.

Section 3812. Extension of spousal impoverishment protections. Extends the Medicaid spousal impoverishment protections program through November 30, 2020.

Section 3813. Delay of disproportionate share hospital reductions. Delays scheduled reductions in Medicaid disproportionate share hospital allotments until December 1, 2020.

Section 3814. Extension and expansion of Community Mental Health Services demonstration. Extends the Medicaid Community Mental Health Services demonstration, that provides coordinated care to patients with mental health and substance use disorders, through November 30, 2020. This section also expands the demonstration to two additional states and requires a Government Accountability Office report.

Public Health

Section 3831. Extension for community health centers, the National Health Services Corps, and teaching health centers that operate GME programs. Extends mandatory funding for community health centers, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program at current levels through November 30, 2020.

Section 3832. Diabetes programs. Extends mandatory funding for the Special Diabetes Program for Type I Diabetes

and the Special Diabetes Program for Indians at current levels through November 30, 2020.

Telehealth

Section 3701. Health savings accounts for telehealth services. Allows a high-deductible health plan (HDHP) with a health savings account (HSA) to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 virus and protecting other patients from potential exposure.

Section 3703. Expand Medicare telehealth flexibilities. Eliminates the requirement in the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (Public Law 116-123) that limits the Medicare telehealth expansion authority during the COVID-19 emergency period to situations where the physician or other professional has treated the patient in the past three years. This enables beneficiaries to access telehealth, including in their home, from a broader range of providers, reducing COVID-19 exposure.

Section 3704. Allow federally qualified health centers and rural health clinics to furnish telehealth in Medicare. Allows Federally Qualified Health Centers and Rural Health Clinics to serve as a distant site for telehealth consultations during the COVID-19 emergency period. A distant site is where the practitioner is located during the time of the telehealth service. This section allows FQHCs and RHCs to furnish telehealth services to beneficiaries in their homes. Medicare will reimburse for these telehealth services based on payment rates similar to the national average payment rates for comparable telehealth services under the Medicare Physician Fee Schedule. It also excludes the costs associated with these services from both the FQHC prospective payment system and the RHC all-inclusive rate calculation.

Section 3705. Expand Medicare telehealth for home dialysis patients. Eliminates requirement that nephrologists conduct face-to-face periodic evaluations of patients on home dialysis, allowing these vulnerable beneficiaries to get more care in the safety of their home during the COVID-19 emergency period.

Section 3706. Allow for the use of telehealth during the Medicare hospice care recertification process. Allows qualified providers, such as hospice physicians and nurse practitioners, to use telehealth technologies in order to fulfill the hospice face-to-face recertification requirement during the COVID-19 emergency period.

Section 3707. Encourage the use of telecommunications systems for home health services in Medicare. Requires HHS to issue clarifying guidance and conduct outreach encouraging the use of telecommunications systems, including remote patient monitoring, to furnish home health services consistent with a Medicare beneficiary's care plan during the COVID-19 emergency period.

Drugs; Pharmaceuticals

Section 3702. Inclusion of certain over-the-counter medical products as qualified medical expenses. Amends the definition of "qualified medical expenses" to permit patients to use funds in HSAs, Archer Medical Savings Accounts (MSA), and Flexible Spending Accounts (FSA) for the purchase of over-the-counter (OTC) menstrual care products.

Section 3851. Regulation of certain nonprescription drugs that are marketed with an approved drug application. Reforms the regulatory process for OTC drug monographs by allowing the FDA to approve changes to OTC drugs administratively, rather than going through a full notice and comment rulemaking. Currently, FDA can approve all other drugs without going through a full notice and comment rulemaking, and this legislation ensures OTC medicines receive the same treatment as other drugs. This section also incentivizes companies to create more innovative products by providing an 18-month market-exclusivity component that rewards a return on investment for new OTC drugs.

Section 3852. Misbranding. Amends Section 502 of the Federal Food, Drug, and Cosmetic Act to clarify that an

OTC drug that does not comply with the drug monograph requirements is misbranded.

Section 3853. Drugs excluded from over-the-counter drug review. Clarifies that nothing in the CARES Act, or any amendments thereto, will apply to drugs previously excluded by FDA from the Over-the-Counter Drug Review under the original 1972 Federal Register document.

Section 3854. Treatment of Sunscreen Innovation Act. Clarifies that sponsors of sunscreen ingredients with pending orders have the option to request review in accordance with the Sunscreen Innovation Act or to request review under the new monograph review process.

Section 3855. Annual update to Congress on appropriate pediatric indication for certain OTC cough and cold drugs. Requires the Secretary of HHS to provide an annual update to Congress regarding FDA's progress in evaluating pediatric indications for certain cough and cold monograph drugs for children under the age of six. The evaluation will assess the conditions under which these drugs are considered to be safe and effective.

Section 3856. Technical corrections. Makes technical corrections to the Food and Drug Administration Reauthorization Act of 2017 and existing law.

Section 3861. Finding. Provides that the fees paid pursuant to these provisions will be dedicated to FDA review of over-the-counter monograph drugs.

Section 3862. Fees relating to over-the-counter drugs. Establishes a new FDA user fee to allow the agency to hire additional staff members to ensure there is adequate agency oversight to approve changes to OTC drugs.

Miscellaneous

Section 3221. Confidentiality and disclosure of records relating to substance use disorder. Promotes additional care coordination by aligning the 42 CFR Part 2 (Part 2) regulations, which govern the confidentiality and sharing of substance use disorder treatment records, with the Health Insurance Portability and Accountability Act (HIPAA). Specifically, it amends Part 2 regulations to permit certain re-disclosures of substance use disorder treatment records to covered entities, business associates, and other programs subject to HIPAA after obtaining a patient's initial written consent.

Section 3222. Nutrition services. Waives nutrition requirements for Older Americans Act (OAA) meal programs during the public health emergency related to COVID-19 to ensure seniors can get meals in the event that certain food options are not available.

Section 3223. Continuity of service and opportunities for participants in community service activities under Title V of the Older Americans Act of 1965. Allows the Secretary of Labor to extend older adults' participation in community service projects under Title V of the OAA and makes administrative adjustments to facilitate their continued employment under the program.

Section 3224. Guidance on protected health information. Directs the Secretary of HHS to issue guidance with respect to the sharing of patients' protected health information (PHI) during the COVID-19 public health emergency no later than 180 days after the enactment of the CARES Act. Such guidance must include information on compliance with HIPAA regulations and applicable policies. Dentons notes that HHS has recently released guidance (unrelated to this directive in the CARES Act) detailing the circumstances under which covered entities may disclose PHI about an individual who has been infected with or exposed to COVID-19 to law enforcement, paramedics, first responders, and public health authorities without the individual's authorization in compliance with HIPAA regulations.

Section 3225. Reauthorization of Healthy Start Program. Provides US$125,000,000 for each of fiscal years 2021 through 2025 for the Healthy Start Program, which provides grants to improve access to services for women and their

families who may need additional support during the public health emergency related to COVID-19.

Section 3226. Importance of the blood supply. Directs the Secretary of HHS to carry out a national campaign to improve awareness of, and support public outreach efforts regarding, the importance and safety of blood donation as well as the continued need for blood donations during the COVID-19 public health emergency.

Section 3301. Remove the cap on OTA for public health emergencies. Requires the Secretary of HHS to use competitive procedures when entering into transactions to carry out the Biomedical Advanced Research and Development Authority (BARDA). Facilitates partnerships with the private sector on research and development, which includes helping to scale up manufacturing as appropriate, by removing the cap on other transaction authority (OTA) during a public health emergency.

Section 3302. Prioritize zoonotic animal drugs. Directs the Secretary of HHS to expedite the development and review of new animal drugs if preliminary clinical evidence indicates that a drug has the potential to prevent or treat a zoonotic disease in animals that has the potential to cause serious adverse health consequences for humans.

Section 3823. Extension of demonstration projects to address health professions workforce needs. Extends the Health Professions Opportunity Grants (HPOG) program through November 30, 2020 at current funding levels. This program provides funding to help low-income individuals obtain education and training in high-demand, well-paid, health care jobs.

Health and Human Services And Related Agencies Funding

The CARE Act appropriates US$172.1 billion to ensure that people, facilities, public health, and other state and local government agencies on the front lines of the pandemic fight have the resources to prepare for, prevent, and respond to the crisis, including funding that builds off of the initial Coronavirus Preparedness and Response Supplemental Appropriations Act by making additional investments in healthcare, vaccine development, support for state and local governments' prevention, and response efforts, and the purchase of critical medical supplies. It also includes a substantial investment in education, child care, and other social services programs to support schools and communities during the economic crisis resulting from the pandemic. Highlights include:

Centers for Disease Control and Prevention – US$4.3 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including:

- US$1.5 billion to support states, localities, territories, and tribes in their efforts to conduct public health activities, including:
  - purchase of personal protective equipment;
  - surveillance for coronavirus;
  - laboratory testing to detect positive cases;
  - contact tracing to identify additional cases;
  - infection control and mitigation at the local level to prevent the spread of the virus; and
  - other public health preparedness and response activities.

- US$1.5 billion in flexible funding to support CDC's continuing efforts to contain and combat the virus, including repatriation and quarantine efforts, purchase and distribution of diagnostic test kits (including for state and local public health agencies), support for laboratory testing, workforce training programs, combatting antimicrobial resistance and antibiotic resistant bacteria as a result of secondary infections related to COVID-19, and

communicating with and informing public, state, local, and tribal governments and healthcare institutions.

- US$500 million for global disease detection and emergency response;
- US$500 million for public health data surveillance and analytics infrastructure modernization; and
- US$300 million for the Infectious Diseases Rapid Response Reserve Fund, which supports immediate response activities during outbreaks.

National Institutes of Health – US$945 million to support research to expand on prior research plans, including developing an improved understanding of the prevalence of COVID-19, its transmission and the natural history of infection, and novel approaches to diagnosing the disease and past infection, and developing countermeasures for the prevention and treatment of its various stages.

Assistant Secretary for Preparedness and Response – US$127 billion for medical response efforts, including:

- US$100 billion for a new program to provide grants to hospitals, public entities, not-for-profit entities, and Medicare and Medicaid enrolled suppliers and institutional providers to cover unreimbursed health care related expenses or lost revenues attributable to the public health emergency resulting from the coronavirus.
- More than US$27 billion for the BARDA to support research and development of vaccines, therapeutics, and diagnostics to prevent or treat the effects of coronavirus, including:
  - US$16 billion for the Strategic National Stockpile for critical medical supplies, personal protective equipment, and life-saving medicine;
  - At least US$3.5 billion to advance construction, manufacturing, and purchase of vaccines and therapeutics for the American people, in addition to the major investments provided for these activities in the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (Public Law 116-123);
  - At least US$250 million for the Hospital Preparedness Program, including the National Ebola and Special Pathogens Training and Education Center (NETEC), regional, state, and local special pathogens treatment centers, and hospital preparedness cooperative agreements;
  - Funding for innovations in manufacturing platforms to support a U.S.-sourced supply chain of vaccines, therapeutics, and small molecule active pharmaceutical ingredients;
  - Funding to support U.S.-based next generation manufacturing facilities;
  - Increased medical surge capacity at additional health facilities;
  - Enhancements to the U.S. Commissioned Corps;
  - Funding to support research related to antibiotic resistant secondary infections associated with coronavirus; and
  - Workforce modernization and increased telehealth access and infrastructure to increase access to digital healthcare delivery.

Health Resources and Services Administration (HRSA) – US$275 million for HRSA, including US$90 million for Ryan White HIV/AIDS programs and US$185 million to support rural critical access hospitals, rural tribal health and telehealth programs, and poison control centers.

Administration for Community Living (ACL) – US$955 million for ACL to support nutrition programs, home and community based services, support for family caregivers, and expanded oversight and protections for seniors and

individuals with disabilities.

Centers for Medicare & Medicaid Services (CMS) – US$200 million for CMS to assist nursing homes with infection control and support states' efforts to prevent the spread of coronavirus in nursing homes.

Veterans Affairs (VA) Funding

The CARE Act appropriates US$19.6 billion in funding to ensure the Department of Veterans Affairs (VA) has the equipment, tests, and support services necessary to provide veterans with the additional care they need at facilities nationwide, including:

Medical Services – US$14.4 billion in support for increased demand for healthcare services at VA facilities and through telehealth, including the purchase of medical equipment and supplies, testing kits, and personal protective equipment. The funds also enable the VA to provide additional support for vulnerable veterans, including through programs to assist homeless or at-risk of becoming homeless veterans, as well as within VA-run nursing homes and community living centers.

Medical Community Care – US$2.1 billion in support for increased demand for care in the community, specifically emergency room and urgent care.

Medical Emergency Management – US$100 million to support the Veterans Health Administration's 24-hour emergency management coordination, including overtime, travel, transportation of materials, and training.

Medical Facilities – US$606 million to support the development of alternative sites of care and procurement of mobile treatment centers to meet the demand for healthcare services, improvements in security, and non-recurring maintenance projects to existing infrastructure and utility systems at VA facilities (e.g., reconfiguration of space to support care).

Information Technology – US$2.15 billion to support increased telework, telehealth, and call center capabilities to deliver healthcare services directly related to coronavirus and mitigate the risk of virus transmission. This includes the purchasing of devices, as well as enhanced system bandwidth and support.

Veterans Benefits Administration – US$13.0 million to provide additional software licenses and telework support for staff, and enhanced cleaning contracts.

Emergency Management – US$6.0 million to expand and maintain 24-hour operations of Crisis Response and Continuity of Operations Plan implementation at various sites. Expands cleaning and sanitation service in high traffic facilities.

Grants for Construction of State Extended Care Facilities – US$150.0 million to support modification or alteration of existing hospital, nursing home, and domiciliary facilities in state homes to prevent, prepare for, and respond to coronavirus.

Office of Inspector General – US$12.5 million to support oversight of VA's efforts to prevent, prepare for, and respond to the coronavirus.

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