Coronavirus Aid, Relief, and Economic Security Act (CARES)

April 1, 2020

The following analysis provides an overview of some of the major provisions of the CARES Act as well as recent actions by the Administration to increase access to health care services. Regulatory agencies with oversight to implement the provisions of CARES are currently working on additional guidance and regulations to implement the Act. The information in this analysis is as of March 31, 2020. ANA’s Policy and Government Affairs staff is providing weekly updates on recently issued guidance and regulations via RNAction Facebook. * Indicates ANA’s priority work in the legislation.

Overview of CARES

On March 26, 2020, President Trump signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which provides over $2 trillion dollars to address economic issues related to COVID-19. This is a third in a series of laws to address the impacts of the pandemic. The first law addressed funds for medical treatment and tests, the second expanded benefits for workers and provided nutritional assistance and the CARES Act provides provisions to stabilize the economy though small business loans, financial assistance to industries impacted by the virus as well as over $100 billion investment in the Public Health and Social Services Emergency fund. This fund may be accessed by health care providers and health systems to help off-set COVID-19 related expenses such as increased purchases of medical supplies and the construction of temporarily hospitals and facilities. The law also relaxes several Medicare provisions to allow for greater access to care and addresses issues related to the supply chain of PPE. A link to the law can be found at: https://www.congress.gov/bill/116th-congress/house-bill/748/text.

In addition to the CARES Act, the Department of Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) have issued the following guidance.

Recent guidance from Agencies

HHS Guidance
Hospitals will be required to submit data to CMS and CDC on bed capacity, supplies and test results on a daily basis.
CMS Guidance
CMS is issuing waivers so that hospitals can use other practitioners, such as physician assistants and nurse practitioners, to the fullest extent possible, in accordance with a state’s emergency preparedness or pandemic plan. These clinicians can perform services such as order tests and medications that may have previously required a physician’s order where this is permitted under state law.

CMS is waiving the requirements that a certified registered nurse anesthetist (CRNA) must practice under the supervision of a physician. This will allow CRNAs to function to their full scope of practice as allowed by the state and free up physicians from the supervisory requirement while expanding the capacity of both CRNAs and physicians.

In addition, CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.

CMS is waiving the requirements for a nurse to conduct an onsite visit every two weeks for home health and hospice. This would include waiving the requirements for a nurse or other professional to conduct an onsite visit every two weeks to evaluate if aides are providing care consistent with the care plan, as this may not be physically possible for a period of time.


CMS will now allow for more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. Providers can also evaluate beneficiaries who have audio phones only.

Providers can bill for telehealth visits at the same rate as in-person visits. Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that is allowed to provide telehealth. New, as well as, established patients may stay at home and have a telehealth visit with their provider.

CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health.

CMS is allowing physician supervision of clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.

Home Health Agencies can provide more services to beneficiaries using telehealth, so long as it is part of the patient’s plan of care and does not replace needed in-person visits as ordered on the plan of care.
CMS also is issuing a blanket waiver to allow hospitals to provide benefits and support to their medical staffs, such as multiple daily meals, laundry service for personal clothing, or child care services while the physicians and other staff are at the hospital and engaging in activities that benefit the hospital and its patients.

Key Provisions of the CARES Act

**Personal Protective Equipment**
- Directs the National Academies to study the manufacturing supply chain of medical devices and provide recommendations to strengthen the US supply chain.
- Requires Strategic National Stockpile to include PPE and other medical supplies required for testing and administration of drugs and vaccines. *
- Provide permanent liability protection for manufacturers for manufactures of non-medical PPE cleared by NIOSH in the event of a public health emergency.
- Provides $1 billion for the Defense Production Act to invest in manufacturing capabilities to increase production of PPE and other medical equipment. *
- Provides $178 million for the Department of Homeland Security to ensure front line federal employees have PPE.

**Free testing for COVID-19**
- Requires COVID-19 testing to be covered by insurers at no cost to the patient.*

**Workforce**
- Reauthorizes and updates Title VIII of the PHSA which pertain to nurse workforce training programs. *
- Establishes a Ready Reserve Corps to help ensure the nation has enough trained doctors and nurses to respond to COVID-19 or other public health emergencies.*
- Provides liability protections for health care providers who provide volunteer medical services during public health emergencies related to COVID-19.
- Provide $1.4 billion for the deployment of the National Guard for six months.

**Telehealth**
- Broadens HHS authority to waive Medicare telehealth requirements during the COVID-19 emergency.*
- For a limited time it will allow Federally Qualified Health Centers, including community health centers and rural health clinics, to furnish telehealth services to Medicare beneficiaries including in the beneficiary’s home.
- For a limited time, allow for the use of telehealth technologies to order or fulfill the hospice face-to-face requirement.
• HHS will issue temporary guidance encouraging the use of telecommunications system to provide home health services.
• Allow nurse practitioners and physician assistants and clinical nurse specialists to order home health services for Medicare beneficiaries.*
• Reauthorizes Health Resources and Services Administration (HRSA) grant programs that promote use of telehealth technologies.
• For a limited time, allows high deductible insurance plans with a health savings account to cover telehealth services prior to a patient reaching the deductible.

Medicare payments
• Temporarily suspend Medicare sequestration to increase payments by 2 percent from May 1 through December 31, 2020.
• Waves the Inpatient Rehabilitation Facility (IRF) three-hour rule.
• Waves clinical criteria for long-term care hospital’s admissions and payments.
• Temporarily suspend long-term care hospitals site neutral payment methodology.
• Prevent payment reductions for durable medical equipment.
• Waive co-pays for COVID vaccine in Medicare Part B and Medicare Advantage plans.

Medicaid payments
• Allow state Medicaid programs to pay for direct support professionals caregivers trained to help with activities of daily living, to assist individuals with disabilities in hospital acute care settings.
• Uninsured individuals can receive COVID-19 test and related services with no cost sharing in Medicaid programs that elect to offer this option.
• Extend the Medicaid Money Follows the Person demonstration project through November 30, 2020.

HIPAA Standards
• Aligns the 42 CFR Part 2 regulations which govern the confidentiality and sharing of substance use disorder treatment records with the requirements of HIPAA, following an initial opportunity for patients to give or withhold consent.
• Requires the HHS to issue guidance within 180 days of law enactment on what protected health information can be shared during the public health emergency relate to COVID-19 under current law.

Funding for Community health centers/rural health
• Provides 1.32 billion in supplemental funding for FY2020 to community health centers.
• Reauthorizes HRSA grant programs for rural community health.
Research funding
- Provides $6 million for the National Institute of Standards and Technology to conduct research and measurement science to support testing and treatment of coronavirus.
- Provides $75 million for the National Science Foundation to support research.
- Provides $415 million for military research into vaccines and anti-viral pharmaceuticals.

Department of Health and Human Services activities
- Provides for $172 billion for investments in health care, vaccine development, support local and state prevention efforts, and purchase of supplies.

Assistant Secretary for Preparedness and Response
- Provides $127 billion for medical response efforts
  - $1 billion for a new program to provide grants to cover non-reimbursable health care related expenses or lost revenues attributable to the COVID-19 emergency.

Medicare and Medicaid Services (CMS)
- Provides $200 million for CMS to assist nursing homes with infection controls.

State relief
- Establishment of the Coronavirus Relief Fund of $150 billion to states to offset expenditures incurred in responding to the coronavirus outbreak.

Unemployment/lost income
- Creates a new Pandemic Unemployment Assistance program to help those not traditionally eligible for UI, such as self-employed and independent contractors, as well as those who are unable to work or telework as a result of the coronavirus public health emergency.
- Provides funding to reimburse nonprofits and government entities that are not part of the state unemployment system for 50% of the costs they incur through December 31, 2020 to pay unemployment benefits.
- Provisions include recovery rebates for individuals including $1,200 for singles heads of households (2,400 married couples) and $500 per qualifying child. Phase-out occurs with incomes exceeding $99,000 for single filers and $146,500 for head of household filers with one child, and $198,000 for joint filers with no children.
- Waive the additional 10 percent tax on early distribution from IRAs and defined contribution plans.
- Provides $50 million in funding for the Legal Services Corporation to meet civil legal aid needs to low-income Americans facing job loss, eviction, domestic violence of consumer scams from the coronavirus emergency.
- Includes $900 million to help lower income households heat and cool their homes.
• Provides $45 million to support respond to family and domestic violence including offering shelter.
• Provides $425 million for Substance Abuse and Mental Health Services Administration to support its programs.

Safety net for non-profits and government entities
• Allow for a $300 above the line deduction for cash contributions to public charities in 2020.
• Provide a refundable pay roll tax credit for 5- percent of wages paid by eligible employers to certain employees during the COVID-19 crisis. Credit is available to employers, including non-profits whose operations have been fully or partially suspended as a result of a government ordered limiting commerce, travel, or group meetings.

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