



February 16, 2021

Health Care Provisions in House Budget Reconciliation Bill

Last week, four committees in the House of Representatives approved health care-related legislation as part of the \$1.9 trillion COVID-19 relief bill proposed by Democrats. This bill is modeled on President Joe Biden’s “American Rescue Plan” and includes substantial funding to support public health initiatives, boost COVID-19 testing and vaccination efforts nationwide and mitigate shortages in the medical supply chain. This bill also includes significant policy changes that would expand health care coverage through Medicaid and the private insurance market.

The House Budget Committee and the House Rules Committee will meet to review and approve the legislation it goes to the House floor for a vote, likely the week of Feb. 22. The bill is expected to pass the House along partisan lines and then it will proceed to the Senate for a vote. Democratic leadership has stated their intention to pass the bill into law before mid-March, when unemployment assistance is set to expire.

On the following pages, see our summary of all of the health care provisions in the COVID-19 relief bill.

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This document is intended to provide you with general information regarding health care provisions in the budget reconciliation bill in the 117th Congress. The contents of this document are not intended to provide specific legal advice. If you have any questions about the contents of this document or if you need legal advice as to an issue, please contact the attorneys listed or your regular Brownstein Hyatt Farber Schreck, LLP attorney. This communication may be considered advertising in some jurisdictions.

ENERGY AND COMMERCE COMMITTEE PROVISIONS

Subtitle A – Budget Reconciliation Legislative Recommendations Relating to Public Health

Chapter 1 – Vaccines and Therapeutics

This chapter provides funding to the Department of Health and Human Services, through the CDC and the FDA, for vaccines and therapeutics. Specifically, Congress provides \$7.5 billion to the CDC to promote the distribution and administration of COVID-19 vaccines. It also provides \$1 billion to strengthen vaccine confidence with the goal of increasing vaccination rates. It provides \$5.2 billion to HHS to strengthen the vaccine and therapeutic supply chain and provides \$500 million to the FDA to support additional research and review of COVID-19 vaccines and therapeutics, taking into consideration emerging variants of the virus.

Section 3001: Funding for COVID-19 Vaccine Activities at the Centers for Disease Control and Prevention

- This section appropriates \$7.5 billion to HHS for activities to plan, prepare for, promote, distribute, administer, monitor and track COVID-19 vaccines.
- Through the CDC, the funds may be used to conduct activities to enhance, expand and improve vaccine distribution and administration. Funds may also be awarded to state and local governments for vaccine distribution purposes.
- **Impact:** Makes funds available to enhance the distribution and administration of COVID-19 vaccines.

Section 3002: Funding for Vaccine Confidence Activities

- This section appropriates \$1 billion to HHS to strengthen vaccine confidence in the United States.
- Through the CDC, funds may be used to provide further information and education with respect to vaccines to prevent COVID-19 and other diseases; and for activities to improve rates of vaccination in the United States.
- **Impact:** Makes funds available to strengthen confidence in vaccines for the purpose of improving rates of vaccination against COVID-19.

Section 3003: Funding for COVID-19 Vaccines and Therapeutics Supply Chain

- This section provides HHS \$5.2 billion for expenses related to research, development, manufacturing, production, and the purchase of vaccines, therapeutics and ancillary medical products and supplies to prevent, prepare or respond to SARS-CoV-2 or any viral variant, and COVID-19 or any disease with potential for creating a pandemic.
- **Impact:** Addresses concerns with the vaccine and therapeutic supply chain by making additional funding available.

Section 3004: Funding for COVID-19 Vaccine, Therapeutic, and Device Activities at the Food and Drug Administration

- This section provides \$500 million to HHS to evaluate the performance, safety and efficacy of vaccines, therapeutics and diagnostics to treat COVID-19, including emerging variants of COVID-19.
- Through the FDA, funding also extends to facilitating manufacturing for vaccines and related materials, conducting inspections of facilities manufacturing vaccines, therapeutics and devices that have been delayed due to COVID-19, review of devices authorized for treatment, prevention or diagnosis of COVID-19, and

oversight of the supply chain and mitigation of shortages of vaccines, therapeutics and devices related to COVID-19.

- **Impact:** Provides funding for FDA to mitigate shortages of vaccines, therapeutics and devices.

Chapter 2 – Testing

This chapter provides additional funding to HHS to expand and enhance testing, contact tracing and other activities to mitigate the spread of COVID-19. This includes \$46 billion to HHS for the establishment of a national testing strategy, \$1.75 billion to the CDC to study the circulation and transmission of viruses including SARS-CoV-2, \$500 million for enhanced data surveillance capabilities, and \$750 million to support CDC's efforts on global health security.

Section 3011: Funding for COVID-19 Testing, Contact Tracing, and Mitigation Activities

- This section appropriates \$46 billion to HHS for activities to detect, diagnose, trace, and monitor SARS-CoV-2 and COVID-19 infections and other strategies to mitigate the spread of COVID-19.
- The language directs the secretary to implement a national, evidence-based strategy for testing, contact tracing, surveillance and mitigation. This also includes technical assistance and grant dollars to states, supporting the distribution and administration of tests, investing in laboratory capacity and community testing sites, enhancing data-sharing, awarding grants to sustain a public health workforce, and administrative costs.
- **Impact:** Funds available to create a national testing strategy to mitigate the spread of COVID-19, including supporting state efforts.

Section 3012: Funding for SARS-CoV-2 Genomic Sequencing and Surveillance

- This section appropriates \$1.75 billion to strengthen genomic sequencing, analytics and disease surveillance, by expanding activities and enhancing the workforce at HHS.
- Through the CDC, funds would be used to conduct, expand and improve activities to sequence genomes, identify mutations and survey the circulation and transmission of viruses. This includes awarding grants to states and local governments to improve and develop effective disease response strategies based on genomic sequencing and surveillance data and increase the informatics capabilities of the public health workforce.
- **Impact:** Makes funds available to strengthen analytics and disease surveillance through an enhanced workforce and state partnerships.

Section 3013: Funding for Global Health

- This section appropriates \$750 million to HHS, through the CDC, to combat SARS-CoV-2 and COVID-19 and other infectious diseases. This includes efforts related to global health security, global disease detection and response, global health protection, global immunization, and global coordination on public health.
- **Impact:** Makes funds available for global coordination on infectious diseases.

Section 3014: Funding for Data Modernization and Forecasting Center

- This section appropriates \$500 million to HHS to support public health data surveillance and analytics infrastructure modernization at the CDC. This includes efforts to establish, expand and maintain a modern disease warning system to forecast and track hotspots for COVID-19, its variants and other emerging biological threats.

- **Impact:** Funds made available to modernize CDC data-gathering capabilities and infrastructure.

Chapter 3 – Public Health Workforce

This chapter provides funding to public health departments and the Medical Reserve Corps to support the workforces required to respond to the COVID-19 public health emergency (PHE).

Section 3021: Funding for Public Health Workforce

- This section appropriates \$7.66 billion to HHS for fiscal year 2021 to establish, expand and sustain a public health workforce. This includes making awards to state, local and territorial public health departments.
- Funds may be used for costs, including wages and benefits, related to the recruiting, hiring and training of individuals to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions that may be required to prevent, prepare for and respond to the COVID-19 PHE.
- These individuals must be employed by the public health department involved or a nonprofit private or public organization with demonstrated expertise and established relationships in the aforementioned fields.
- Funds may also be used for personal protective equipment (PPE) and other necessary supplies, data management and other technology, associated administrative costs and activities, reporting costs and sub-awards to local health departments.
- **Impact:** Provides funding for grants to public health departments to facilitate the recruiting, hiring, training and maintenance of individuals necessary to respond to the COVID-19 PHE, as well as the technology and supplies required by this workforce.

Section 3022: Funding for Medical Reserve Corps

- This section appropriates \$100 million for fiscal year 2021 for the Medical Reserve Corps, which is a network of volunteers, including medical and public health professionals, who support emergency response efforts and community health activities.
- **Impact:** Appropriates funding to support the Medical Reserve Corps in responding to the COVID-19 PHE.

Chapter 4 – Public Health Investments

This chapter provides funding for COVID-19 mitigation, testing and vaccination activities through funding for community and teaching health centers, primary health providers, congregate health settings and federal family planning and child care programs. It also provides funding for oversight of activities carried out using federal dollars.

Section 3031: Funding for Community Health Centers

- This section appropriates \$7.6 billion for fiscal year 2021 to be awarded to federally qualified health centers, including at least \$20 million for Native Hawaiian Health Centers.
- Funds may be used to plan, prepare for, promote, distribute, administer and track COVID-19 vaccines, and to carry out other vaccine-related activities; to detect, diagnose, trace and monitor COVID-19 infections and for other mitigation-related activities; to purchase equipment and supplies to conduct mobile testing or vaccinations for COVID-19, purchase and maintain mobile vehicles and equipment to conduct testing or vaccinations, and hire and train laboratory personnel and other staff needed for the aforementioned activities, particularly in medically underserved areas; to establish and expand the health care workforce; to modify, enhance and expand health

care services and infrastructure; and to conduct community outreach and education activities related to COVID-19.

- Awardees may use the funds to retroactively cover allowable expenses incurred on or after Jan. 31, 2020.
- **Impact:** Provides funding for community health centers to respond to and mitigate further spread of the COVID-19 virus.

Section 3032: Funding for National Health Service Corps

- This section appropriates \$800 million for fiscal year 2021 for the National Health Service Corps Loan Repayment Program.
- \$100 million of this funding is to be made available for providing public health services through supplemental grants to states participating in the loan repayment program.
- **Impact:** Provides funding for a loan repayment program to support primary health care providers in high-need, low-resource areas across the country.

Section 3033: Funding for Nurse Corps

- This section appropriates \$200 million for fiscal year 2021 for the Nurse Corps Loan Repayment Program.
- **Impact:** Provides funding for a loan repayment program to support primary health care providers in high-need, low-resource areas across the country.

Section 3034: Funding for Teaching Health Centers That Operate Graduate Medical Education

- This section appropriates \$331 million, to remain available until Sept. 30, 2023, for teaching health centers (THCs) that operate graduate medical education (GME) programs and for THC development grants.
- Funds may be used to make payments to new approved graduate medical residency training programs; to provide an increase to the per resident amount of \$10,000; to make payments to qualified THCs for approved graduate medical residency training programs; to make payments for the expansion of existing approved graduate medical residency programs; to make awards to THCs for the purposes of establishing new accredited or expanded primary care residency programs; and to cover administrative costs and activities necessary for qualified THCs to carry out the aforementioned activities.
- **Impact:** Provides funding to expand the number of THC GME sites nationwide and increase the per resident allocation.

Section 3035: Funding for COVID-19 Testing, Contact Tracing, and Mitigation Activities in Congregate Settings

- This section appropriates \$1.8 billion to HHS to carry out activities to detect, diagnose, trace and monitor COVID-19 infections, and for related strategies to mitigate the spread of the virus in congregate settings.
- Funds may be used to purchase, procure or administer in vitro diagnostic tests and supplies necessary for administering and processing such tests to staff of or individuals residing in congregate settings, and to pay part or all of the costs to such entities of administering or processing tests.
- Funds may also be used to support vaccine-related activities for staff of or individuals living in congregate settings, and to pay part or all of the costs to such entities of administering vaccines.
- Additionally, funds may be used to purchase, procure or distribute PPE or other mitigation supplies for staff of and individuals residing in congregate settings.

- Lastly, funds may be used to provide technical assistance, guidance and support and award grants, contracts or cooperative agreements to public health departments to facilitate the aforementioned activities in congregate settings, including prisons, jails, detention centers, long-term care facilities, psychiatric hospitals and residential treatment facilities, intermediate care facilities, and other settings providing care for individuals with disabilities.
- **Impact:** Provides funding to carry out COVID-19 detection, diagnostic, tracing, monitoring and mitigation activities in a range of congregate settings.

Section 3036: Funding for Family Planning

- This section appropriates \$50 million for fiscal year 2021 for necessary expenses and to award grants and contracts under the Title X Family Planning Program.
- **Impact:** Provides funding for federal family planning grant program.

Section 3037: Funding for Children under the Care of the Department of Health and Human Services

- This section appropriates \$425 million for expenses incurred in preparing for and providing child care, education, health care, case management or other necessary services for children in the care of personnel employed by or under a grant, cooperative agreement or contract with HHS.
- Funds may be used for costs related to capacity to provide care; costs related to the recruiting, hiring and training of additional staff; activities to detect, diagnose, trace, treat, monitor and mitigate COVID-19 infections and spread of the virus; the purchase, procurement or distribution of COVID-19 tests and associated administration costs; and distribution of vaccines for children and staff.
- **Impact:** Provides funding for children under HHS care, both for increased caregiving costs, and for activities directly related to the spread of COVID-19 among children and staff.

Section 3038: Funding for Office of Inspector General

- This section appropriates \$5 million to the HHS Office of Inspector General for fiscal year 2021 for oversight of activities related to funds provided to the agency for COVID-19.
- **Impact:** Provides funding for oversight of federally funded COVID-19 activities.

Chapter 5: Indian Health

This chapter provides \$6.094 billion to improve Indian health services in order to enhance their response to COVID-19. It implements measures to administer and track COVID-19 vaccines as well as monitor COVID-19 infections on tribal lands and creates a public health workforce to help carry out these provisions. The chapter also improves mental and behavioral health services on tribal lands and ensures the availability of safe drinking water.

Section 3041: Funding for Indian Health

- Allocates a total of \$6.094 billion in funding for tribal health programs.
- Provides \$2 billion (of the \$6 billion mentioned above) for lost reimbursements.
- Provides \$500 million (of the \$6 billion mentioned above) for services furnished through the Purchased/Referred Care program.
- Provides \$140 million (of the \$6 billion mentioned above) to modernize technology, telehealth infrastructure and the Indian Health Service health records system.
- Provides \$84 million (of the \$6 billion mentioned above) to maintain operations of the Urban Indian Health

Program.

- Provides \$600 million (of the \$6 billion mentioned above) to plan, prepare for, promote, distribute, administer and track COVID-19 vaccines on tribal lands.
- Provides \$1.5 billion (of the \$6 billion mentioned above) to detect, diagnose, trace and monitor COVID-19 infections on tribal lands.
- Provides \$240 million (of the \$6 billion mentioned above) to create a public health workforce to respond to COVID-19 in tribal communities.
- Provides \$420 million (of the \$6 billion mentioned above) for mental and behavioral health services.
- Provides \$600 million (of the \$6 billion mentioned above) to renovate and modernize tribal health facilities.
- Provides \$10 million (of the \$6 billion mentioned above) for the delivery of safe drinking water to tribal communities.
- **Impact:** Provides tribes and tribal entities with resources to combat the COVID-19 pandemic.

Chapter 6: Mental Health and Substance Abuse

This chapter allocates \$3.5 billion for the Substance Abuse Prevention and Treatment and Community Mental Health block grant programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). It also creates additional mental and behavioral health workers by providing \$80 million in grants for training programs. Further, the chapter creates new grant programs at SAMHSA to expand participation to additional entities, such as community-based and nonprofit mental health organizations, and bolsters existing SAMHSA programs targeting suicide prevention and awareness among children and adolescents.

Section 3051: Funding for Block Grants for Community Mental Health Services

- Provides \$1.75 billion for Community Mental Health block grant programs administered by the Substance Abuse and Mental Health Services Administration to be expended by Sept. 30, 2025.
- **Impact:** Awards grants to address the increased demand for mental health services during the coronavirus pandemic.

Section 3052: Funding for Block Grants for Prevention and Treatment of Substance Abuse

- Provides \$1.75 billion for the Substance Abuse Prevention and Treatment block grant programs administered by the Substance Abuse and Mental Health Services Administration to be expended by Sept. 30, 2025.
- **Impact:** Awards grants to address the increased prevalence of substance use disorder during the coronavirus pandemic.

Section 3053: Funding for Mental and Behavioral Health Training for Health Care Professionals, Paraprofessionals and Public Safety Officers

- Directs the administrator of the Health Resources and Services Administration to award \$80 million in grants to health professions schools, academic health centers and other relevant entities to develop, operate or participate in mental and behavioral health training for health care professionals, paraprofessionals and public safety officers.
- **Impact:** Creates additional mental and behavioral health workers to respond to the increased demand for these services.

Section 3055: Funding for Grants for Health Care Providers to Promote Mental and Behavioral Health among Their Health Professional Workforce

- Allocates \$40 million for a grant program to establish, enhance or expand initiatives promoting mental and behavioral health among providers and other personnel.
- Eligible recipients include health care providers associations and federally qualified health centers.
- Directs HHS to target rural and medically underserved communities in implementing the grant program.
- **Impact:** Provides funding for a national mental and behavioral health education and awareness campaign, specifically targeting health care professionals and first responders.

Section 3056: Funding for Community-Based Funding for Local Substance Use Disorder Services

- Allocates \$30 million to develop a grant program for community-based overdose prevention programs, including syringe services programs and similar initiatives.
- State, local and tribal governments, nonprofit community-based health organizations, and primary and behavioral health organizations will be eligible to participate in the program.
- Funding will support efforts to prevent and control the spread of infectious diseases associated with substance abuse, distribution of opioid overdose reversal medication and overdose education and counseling services.
- **Impact:** Provides states, municipalities, community-based organizations and health care providers with funding to support overdose prevention programs.

Section 3057: Funding for Community-Based Funding for Local Behavior Health Needs

- Allocates \$50 million to develop a grant program addressing increased behavioral health concerns worsened by the COVID-19 pandemic.
- Funding will support coordinated care efforts among local entities, mental and behavioral health workforce training, addressing surge capacity for mental and behavioral health needs, expanding mental health services and more.
- **Impact:** Directs funding to address the spike in behavioral and mental health needs incurred by the COVID-19 pandemic. Emphasizes a community-based approach toward providing mental health services to those who need them.

Section 3058: Funding for the National Child Traumatic Stress Network

- Allocates \$10 million to the National Child Traumatic Stress Network, pursuant to §581 of the Public Health Services Act, to assist high-risk or medically underserved individuals experiencing violence-related stress.
- **Impact:** Provides funding for a pre-existing SAMHSA program, the National Child Traumatic Stress Network. This program works to develop and promote effective community practices to support children and adolescents exposed to a heightened array of traumatic events.

Section 3059: Funding for Project Aware

- Allocates \$30 million to Project Aware (Advancing Wellness and Resilience in Education), pursuant to §520A of the Public Health Services Act.

- **Impact:** Provides funding for a SAMHSA grant program, Project Aware. This program supports State Mental Health Agencies in partnership with State Educational Agencies to increase awareness of mental health issues among primary school-aged children and provide training for school personnel to better respond to mental health issues among other similar initiatives.

Section 3059A: Funding for Youth Suicide Prevention

- Allocates \$20 million to Youth Suicide Early Intervention and Prevention Strategies pursuant to §520E of the Public Health Service Act and Mental Health and Substance Use Disorder Services on Campus pursuant to §520E-2 of the Public Health Service Act.
- **Impact:** Provides funding for SAMHSA grants programs to combat suicide rates among children and young adults.

Section 3059B: Funding for Behavioral Health Workforce Education and Training

- Allocates \$100 million to the Behavioral Health Workforce Education and Training Program pursuant to §756 of the Public Health Service Act, administered by the Health Resources and Services Administration.
- **Impact:** Provides funding to expand access to behavioral health services through focused training for behavioral health paraprofessionals, including peer support specialists.

Chapter 7: Exchange Grant Program

Section 3061: Exchange Grant Program

- Allocates \$20 million to HHS to award grants to states for the purpose of modernizing information technology systems for state-based marketplaces established under the Affordable Care Act.
- **Impact:** Provides IT funding for state-based marketplaces through state grants.

Subtitle B – Medicaid

The subtitle aims to increase coverage in Medicaid for specific populations, including requiring coverage of COVID-19 treatment and vaccines would be required in Medicaid without cost sharing, allowing states to extend Medicaid eligibility to women for 12 months postpartum; Medicaid eligibility would be extended to incarcerated individuals 30 days prior to their release; Medicaid matching dollars would be increased to support state mobile crisis intervention units; states that decide to expand Medicaid would be eligible for a 5% Federal Medical Assistance Percentage (FMAP) increase for two years; there would be a temporary FMAP increase of 7.35 percentage points for states to make improvements to Medicaid home- and community-based services (HCBS) for one year; and \$250 million is appropriated for states to establish and implement a strike team to help with COVID-19 outbreaks at nursing facilities. The bill includes a drug offset, a provision that eliminates the cap on Medicaid drug rebates starting in 2023.

Section 3101: Mandatory Coverage of COVID-19 Vaccines and Administration and Treatment under Medicaid

- This provision requires Medicaid coverage of COVID-19 vaccines and treatment without cost sharing for beneficiaries, with vaccines matched at a 100% FMAP through one year after the end of the public health emergency (PHE).
- It also gives states the option to provide coverage to the uninsured for COVID-19 vaccines and treatment without cost sharing at 100% FMAP.
- **Impact:** Coverage of COVID-19 treatment and vaccines would be required in Medicaid without cost sharing.

Section 3102: Modifications to Certain Coverage under Medicaid for Pregnant and Postpartum Women

- For a period of five years after enactment, states would be allowed to provide full benefits for women during pregnancy, and extended Medicaid eligibility to women for 12 months postpartum.
- **Impact:** This provision allows states, for five years, to extend Medicaid eligibility to women for 12 months postpartum.

Section 3103: Allowing for Medical Assistance under Medicaid for Inmates During the 30-Day Period Preceding Release

- For a period of five years after enactment, this provision would provide Medicaid eligibility to incarcerated individuals 30 days prior to their release.
- **Impact:** Medicaid eligibility would be extended to incarcerated individuals 30 days prior to their release.

Section 3104: Enhanced Federal Medicaid Support for Bundled Community-Based Crisis Intervention Services

- For a period of five years after enactment, this provision provides an increased FMAP to state Medicaid programs to cover mobile crisis intervention services for individuals experiencing a mental health or substance use disorder crisis.
- **Impact:** Medicaid matching dollars would be increased to support state mobile crisis intervention units for individuals experiencing a mental health or substance use crisis.

Section 3105 : Temporary Increase in FMAP for Medical Assistance under State Medicaid Plans Which Begin to Expand Amounts for Certain Mandatory Individuals

- This provision provides an incentive for states to expand Medicaid by temporarily increasing the state's base FMAP by five percentage points for two years for states that newly expand Medicaid.
- States would have to choose to expand Medicaid in order to be eligible for the increased federal funding.
- **Impact:** States that decide to expand Medicaid would be eligible for a 5% FMAP increase for two years.

Section 3106: Extension of 100 Percent Federal Medical Assistance Percentage to Urban Indian Health Organizations and Native Hawaiian Health Care Systems

- For a period of two years, this provision provides 100% FMAP for services provided to Medicaid beneficiaries receiving care through Urban Indian Organizations and Native Hawaiian Health Centers.
- **Impact:** Urban Indian Organizations and Native Hawaiian Health Centers would be eligible for 100% FMAP, for two years.

Section 3107: Sunset of Limit on Maximum Rebate Amount for Single Source Drugs and Innovator Multiple Source Drugs

- Starting on Jan. 1, 2023, this provision eliminates the cap on Medicaid drug rebates.
- Under current law, there is a cap of 100% Average Manufacturer Price (AMP) on how much states can collect.
- This provision was included as a "pay-for"; the additional rebates would largely result in increased savings for state and federal governments.
- **Impact:** The AMP cap is eliminated in Medicaid, starting in 2023.

Section 3108: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency Period

- This provision provides a temporary FMAP increase of 7.35 percentage points for states to make improvements to Medicaid home- and community-based services (HCBS) for one year.
- In order to be eligible for the FMAP bump, states must use the federal funds to supplement, not supplant, the level of state funds for HCBS, and implement certain requirements to enhance or expand their HCBS program.
- **Impact:** For one year, states are eligible for a 7.35% FMAP increase for HCBS.

Section 3109: Funding for State Strike Teams for Resident and Employee Safety in Nursing Facilities

- This provision provides \$250 million to help states create nursing home strike teams for facilities to manage COVID-19 outbreaks.
- The funding is intended to help nursing homes assist with clinical care, infection control or staffing during the emergency period.
- **Impact:** \$250 million is appropriated for states to establish and implement a strike team to help with COVID-19 outbreaks at nursing facilities.

Subtitle C – Children’s Health Insurance Program (CHIP)

The subtitle requires mandatory coverage of COVID-19 vaccines and treatment is required without cost sharing to the CHIP beneficiary with vaccines matched at 100% FMAP, and gives states the option to extend CHIP eligibility for pregnant women to 12 months postpartum.

Section 3201: Mandatory Coverage of COVID-19 Vaccines and Administration and Treatment Under CHIP

- Until one year after the end of the PHE, this provision requires CHIP coverage of COVID-19 vaccines and treatment without cost sharing to the beneficiary with vaccines matched at 100% FMAP.
- **Impact:** Coverage of COVID-19 vaccines and treatment is required without cost sharing to the CHIP beneficiary with vaccines matched at 100% FMAP.

Section 3202: Modifications to Certain Coverage under CHIP for Pregnant and Postpartum Women

- For a period of five years, this provision allows the option to states to extend CHIP eligibility for women to 12 months postpartum.
- **Impact:** This provision allows the option to states to extend CHIP eligibility for pregnant women to 12 months postpartum.

WAYS AND MEANS COMMITTEE PROVISIONS

Subtitle B – Emergency Assistance to Families through Home Visiting Programs

This subtitle provides resources to carry out home visiting programs safely through the pandemic and ensure that staff can maintain their jobs despite reductions in enrollment.

Section 9101: Emergency Assistance to Families through Home Visiting Programs

- Provides \$150 million to remain available through Sept. 30, 2022, to eligible entities to carry out home visiting

programs.

- Prohibits eligible entities from reducing funding or staffing levels of the program due to reduced enrollment.
- **Impact:** Provides resources to carry out home visiting programs safely through the pandemic and protects staff from job loss.

Subtitle E – Support to Skilled Nursing Facilities in Response to COVID-19

This subtitle puts protections in place in skilled nursing facilities to prevent COVID-19 infection as well as control any suspected or confirmed infections.

Section 9401: Providing for Infection Control Support to Skilled Nursing Facilities through Contracts with Quality Improvement Organizations.

- Allocates \$200 million to skilled nursing facilities to implement infection control and mitigation protocols.
- **Impact:** Decreases the risk of COVID-19 infection within skilled nursing facilities.

Section 9402: Funding for Strike Teams for Resident and Employee Safety in Skilled Nursing Facilities

- Provides \$250 million to states to deploy strike teams to skilled nursing facilities with a diagnosis or suspected case of COVID-19.
- **Impact:** Prevents transmission of COVID-19 within skilled nursing facilities.

Subtitle F – Preserving Health Benefits for Workers

This subtitle allows individuals to maintain their insurance coverage by subsidizing COBRA coverage through the end of the year and extending the enrollment period. It ensures that employers notify COBRA-eligible individuals of these flexibilities and directs the secretaries of Labor and Health and Human Services to conduct outreach to increase awareness as well. It also creates health care subsidies for unemployed workers who are ineligible for COBRA and provides a payroll tax credit to allow employers and plans to be reimbursed for the full amount of COBRA premiums not paid by workers.

Section 9501: Preserving Health Benefits for Workers

- Provides for premium assistance of 85% for COBRA continuation coverage for eligible individuals and families from the first of the month after enactment through Sept. 31, 2021.
- Establishes assistance for eligible individuals and excludes individuals from receiving premium assistance if individuals are eligible for other group health plan coverage or Medicare.
- Extends the COBRA election period from the first of the month after enactment and ending 60 days after the plan administrator notifies the beneficiary of their eligibility for the extended election period.
- Directs the secretaries of Labor and Health and Human Services to conduct expedited reviews lasting no longer than 15 business days of any denials of premium assistance.
- Requires employers to provide clear and understandable notices to COBRA-eligible individuals about the availability of premium assistance, enrollment options and the extended eligibility period.
- Directs the secretaries of Labor and Health and Human Services to conduct outreach consisting of public education and enrollment assistance relating to COBRA premium assistance.
- Provides a refundable payroll tax credit to reimburse employers and plans who paid the subsidized portion of the

premium to COBRA assistance eligible individuals.

- Imposes a \$250 penalty for failure to notify a group health plan of the cessation of eligibility for continuation of coverage premium assistance.
- Excludes premium assistance from gross income.
- **Impact:** Ensures individuals can maintain their health coverage and improves affordability of plans.

EDUCATION AND LABOR COMMITTEE PROVISIONS

Subtitle B – Labor Matters

This subtitle eliminates the burden of proof placed on federal employees and maritime workers that they contracted COVID-19 in the workplace in order to make it easier for these workers to access workers' compensation benefits for COVID-19 infection.

Section 2103: Eligibility for Workers' Compensation Benefits for Federal Employees Diagnosed with COVID-19.

- Presumes that COVID-19 exposure of federal employees between Jan. 27, 2020, and Jan. 30, 2023, occurred in the workplace, and therefore makes the employee eligible for workers' compensation benefits.
- **Impact:** Makes it easier for federal employees to receive workers' compensation to treat illness related to COVID-19.

Section 2104: Compensation Pursuant to the Longshore and Harbor Workers' Compensation Act

- Presumes that COVID-19 exposure of employees engaged in maritime employment between Jan. 27, 2020, and Jan. 27, 2023, occurred in the workplace, and therefore makes the employee eligible for workers' compensation benefits.
- **Impact:** Makes it easier for maritime workers to receive workers' compensation to treat illness related to COVID-19.

Subtitle E – COBRA Continuation Coverage

This subtitle allows individuals to maintain their insurance coverage by subsidizing COBRA coverage through the end of the year and extending the enrollment period. It ensures that employers notify COBRA-eligible individuals of these flexibilities and directs the secretaries of Labor and Health and Human Services to conduct outreach to increase awareness as well. It also creates health care subsidies for unemployed workers who are ineligible for COBRA and provides a payroll tax credit to allow employers and plans to be reimbursed for the full amount of COBRA premiums not paid by workers.

Section 2401: Preserving Health Benefits for Workers

- Provides for premium assistance of 85% for COBRA coverage for workers who are eligible for COBRA due to involuntary termination or reduction in hours beginning the first month following the date of enactment through Sept. 30, 2021.
- Extends the COBRA election period from the first of the month after enactment and ending 60 days after the plan administrator notifies the beneficiary of their eligibility for the extended election period.
- Directs the secretaries of Labor and Health and Human Services to conduct expedited reviews lasting no longer than 15 business days of any denials of premium assistance.

- Requires employers to provide clear and understandable notices to COBRA-eligible individuals about the availability of premium assistance, enrollment options and the extended eligibility period.
- Directs the secretaries of Labor and Health and Human Services to conduct outreach consisting of public education and enrollment assistance relating to COBRA premium assistance.
- Provides a payroll tax credit to allow employers and plans to be reimbursed for the full amount of COBRA premiums not paid by workers.
- Imposes a \$250 penalty for failure to notify a group health plan of the cessation of eligibility for continuation coverage premium assistance.
- Excludes premium assistance from gross income.
- **Impact:** Ensures individuals can maintain their health coverage and improves affordability of plans.

FINANCIAL SERVICES COMMITTEE PROVISIONS

Subtitle A – Defense Production Act of 1950

This subtitle provides \$10 billion to invoke the Defense Production Act and manufacture critical medical supplies, such as tests, personal protective equipment, vaccines, etc.

Section 4101: COVID-19 Emergency Medical Supplies Emergency Enhancement

- Allocates \$10 billion to remain available through Sept. 30, 2025, for Defense Production Act spending to manufacture critical medical supplies, such as tests, personal protective equipment, vaccines and other necessary supplies.