



## Federal Stimulus Packages – Summary of Key Provisions

*Note: This is not a full summary of the three packages, but rather highlights of provisions most relevant to our cancer mission.*

### **Stimulus Package #1: Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020, Public Law No: 116-123 (03/06/2020)**

**FDA:** An additional \$61 million for both pre-market and post-market review of medical countermeasures, devices, therapies, and vaccines to combat the coronavirus. This funding will help FDA maintain the national drug and device product inventory and identify and mitigate potential supply chain interruptions. Funds will also assist FDA's enforcement work against counterfeit and misbranded products and its review of emergency use authorizations for medical products, such as diagnostics.

**CDC:** An additional \$2.2 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus. \$950 million, (\$475 million must be allocated within 30 days) to support States, locals, territories, and tribes to conduct public health activities. Reimburses State or local costs incurred for coronavirus preparedness and response activities between January 20 and the date of enactment of this emergency supplemental.

**Vaccines, Therapeutics, and Diagnostics:** More than \$3 billion for research and development of vaccines, therapeutics, and diagnostics to prevent or treat the effects of coronavirus, including: \$826 million for the National Institutes of Health to support basic research and development of vaccines, therapeutics, and diagnostics. Requires that vaccines, therapeutics, and diagnostics developed using taxpayer funds must be available for purchase by the Federal government at a fair and reasonable price. Allows the Secretary of Health and Human Services to ensure that vaccines, therapeutics, and diagnostics developed using taxpayer funds be affordable in the commercial market.

**Healthcare Preparedness, Pharmaceuticals and Medical Supplies, Community Health Centers:** Nearly \$1 billion for procurement of pharmaceuticals and medical supplies, to support healthcare preparedness and Community Health Centers, and to improve medical surge capacity:

**Telehealth Services During Certain Emergency Periods:** Allows the HHS Secretary to waive certain Medicare telehealth restrictions during the public health emergency to allow Medicare providers to furnish telehealth services to beneficiaries regardless of whether the beneficiary is in a rural community. This provision would also allow beneficiaries to receive care from physicians and other practitioners in their homes.

**Stimulus Package #2: H.R. 6201, FAMILIES FIRST CORONAVIRUS RESPONSE ACT, Public Law No: 116-127 (3/18/2020)**

**Reimbursement for Diagnostic Testing and Services for COVID-19 in Uninsured Individuals:** Includes \$1 billion for the National Disaster Medical System to reimburse the costs of COVID-19 diagnostic testing and services provided to individuals without health insurance.

**Coverage of Testing for COVID-19**

- **Private Insurance:** Requires private health plans to provide coverage – at no cost for the consumer - for COVID-19 diagnostic testing, including the cost of a provider, urgent care center and emergency room visits in order to receive testing.
- **Medicare Part B:** Requires Medicare Part B to cover beneficiary cost-sharing for provider visits when a COVID-19 diagnostic test is administered or ordered. Medicare Part B currently covers the COVID-19 diagnostic test with no beneficiary cost-sharing.
- **Medicare Advantage:** Requires Medicare Advantage to provide coverage – at no cost for the beneficiary – for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing.
- **Medicaid, CHIP, VA and Indian Health Services:** Requires Medicaid to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. Coverage must be provided at no cost to the beneficiary. It also provides states the option to extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing. State expenditures for medical and administrative costs would be matched by the federal government at 100 percent. No cost-sharing for TRICARE enrollees, covered veterans, and federal workers for COVID-19 diagnostic testing. No cost sharing for American Indians and Alaskan Natives for COVID-19 testing, including those referred for care away from an Indian Health Service or tribal health care facility.

**Emergency Medicaid FMAP Increase:** Provides a temporary increase to states' federal medical assistance percentage for the duration of the public health emergency for COVID-19. Requires states to maintain eligibility standards that are no less restrictive than the date of enactment.

**Increases Medicaid Allotments for Territories:** Provides an increase to the territories' Medicaid allotments for 2020 and 2021. Ensures that territories that receive an FMAP increase under the previous section will have the necessary additional federal funds for their Medicaid programs.

**Clarifies Secretarial Authority Regarding Medicare Telehealth Services Furnished During COVID-19**

**Emergency Period:** Makes a technical change to the Medicare telehealth provision of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) to ensure that new Medicare beneficiaries are able to access telehealth services under the emergency authority granted to the Secretary.

**Senior Nutrition Program** – Includes \$250 million for the Senior Nutrition program to provide approximately 25 million additional home-delivered and pre-packaged meals to low-income seniors who depend on the Senior Nutrition programs in their communities. This could benefit cancer patients who are homebound because of particular vulnerability to infection.

**Emergency Medical Leave:** Provides employees of employers with fewer than 500 employees and government employers, who have been on the job for at least 30 days, with the right to take up to 12 weeks of job-protected paid leave under the Family and Medical Leave Act to be used for any of the following reasons:

- To adhere to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus;
- To care for an at-risk family member who is adhering to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus; and
- To care for a child of an employee if the child's school or place of care has been closed, or the child-care provider is unavailable, due to a coronavirus.

After the two weeks of paid leave, employees will receive a benefit from their employers that will be no less than two-thirds of the employee's usual pay.

**Emergency Paid Sick Leave:** Requires employers with fewer than 500 employees and government employers to provide employees two weeks of paid sick leave, paid at the employee's regular rate, to quarantine or seek a diagnosis or preventive care for coronavirus; or paid at two-thirds the employee's regular rate to care for a family member for such purposes or to care for a child whose school has closed, or child care provider is unavailable, due to the coronavirus. Expires on December 31, 2020.

- Full-time employees are entitled to 2 weeks (80 hours) and part-time employees are entitled to the typical number of hours that they work in a typical two-week period.
- The bill ensures employees who work under a multiemployer collective agreement and whose employers pay into a multiemployer plan are provided with leave.

**Payroll Credit for Required Paid Sick Leave:** Provides a refundable tax credit equal to 100 percent of qualified paid sick leave wages paid by an employer for each calendar quarter – therefore reimbursing employers for the paid sick leave they are required to provide their employees through previous sections of the legislation. The tax credit is allowed against the tax imposed by section 3111(a) (the employer portion of Social Security taxes). Qualified sick leave wages are wages required to be paid by the Emergency Paid Sick Leave Act.

Makes a distinction between qualified sick leave wages paid with respect to employees who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation with respect to coronavirus. For amounts paid to those employees, the amount of qualified sick leave wages considered for each employee is capped at \$511 per day. For amounts paid to employees caring for a family member or for a child whose school or place of care has been closed, the amount of qualified sick leave wages considered for each employee is capped at \$200 per day. The aggregate number of days considered per employee may not exceed the excess of 10 over the aggregate number of days considered for all preceding calendar quarters.

**Credit for Sick Leave for Certain Self-Employed Individuals:** Provides a refundable tax credit equal to 100 percent of a qualified sick leave equivalent amount for eligible self-employed individuals who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation with respect to coronavirus. For eligible self-employed individuals caring for a family member or for a child whose school or place of care has been closed due to coronavirus, the section provides a refundable tax credit equal to 67 percent of a qualified sick leave equivalent amount. The credit is allowed against income taxes and is refundable. Eligible self-employed individuals are individuals who would be entitled to

receive paid leave pursuant to the Emergency Paid Sick Leave Act if the individual was an employee of an employer (other than himself or herself). For eligible self-employed individuals who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation, the qualified sick leave equivalent amount is capped at the lesser of \$511 per day or the average daily self-employment income for the taxable year per day. For eligible self-employed individuals caring for a family member or for a child whose school or place of care has been closed due to coronavirus, the qualified sick leave equivalent amount is capped at the lesser of \$200 per day or the average daily self-employment income for the taxable year per day. In calculating the qualified sick leave equivalent amount, an eligible self-employed individual may only consider those days that the individual is unable to work for reasons that would entitle the individual to receive paid leave pursuant to the Emergency Paid Sick Leave Act.

A self-employed individual must maintain documentation prescribed by the Secretary of the Treasury to establish his or her eligibility for the credit. To prevent a double benefit, the qualified sick leave equivalent amount is proportionately reduced for any days that the individual also receives qualified sick leave wages from an employer. The section contains rules to ensure that self-employed individuals in U.S. territories may claim the credit.

The Secretary of the Treasury is given broad authority to issue regulations and guidance necessary to carry out the purposes of the section, including regulations and guidance related to avoidance and compliance and record-keeping relief. The section applies only to days occurring during the period beginning on a date selected by the Secretary of the Treasury which is during the 15-day period beginning on the date of the enactment of this Act, and ending on December 31, 2020.

**Payroll Credit for Required Paid Family Leave:** Provides a refundable tax credit equal to 100 percent of qualified family leave wages paid by an employer for each calendar quarter – therefore reimbursing employers for the paid sick leave they are required to provide their employees through previous sections of the legislation. The tax credit is allowed against the tax imposed by section 3111(a) (the employer portion of Social Security taxes). Qualified family leave wages are wages required to be paid by the Emergency Family and Medical Leave Expansion Act. The amount of qualified family leave wages considered for each employee is capped at \$200 per day and \$10,000 for all calendar quarters. If the credit exceeds the employer's total liability under section 3111(a) for all employees for any calendar quarter, the excess credit is refundable to the employer.

**Credit for Family Leave for Certain Self-Employed Individuals:** Provides a refundable tax credit equal to 100 percent of a qualified family leave equivalent amount for eligible self-employed individuals. The credit is allowed against income taxes and is refundable. Eligible self-employed individuals are individuals who would be entitled to receive paid leave pursuant to the Emergency Family and Medical Leave Expansion Act if the individual was an employee of an employer (other than himself or herself). The qualified family leave equivalent amount is capped at the lesser \$200 per day or or the average daily self-employment income for the taxable year per day. In calculating the qualified family leave equivalent amount, an eligible self-employed individual may only consider those days that the individual is unable to work for reasons that would entitle the individual to receive paid leave pursuant to the Emergency Family and Medical Leave Expansion Act.

**Special Rule Related to Tax on Employers:** Ensures that any wages required to be paid by reason of the Emergency Paid Sick Leave Act and the Emergency Family and Medical Leave Expansion Act will not be considered wages for purposes of section 3111(a). The Social Security OASDI trust funds are held harmless by transferring funds from the General Fund.

**Stimulus Package #3: S. 3548 The Coronavirus Aid, Relief, and Economic Security Act (3/25/20)**

- **FDA:** Provides \$80 million for FDA for development of necessary medical countermeasures and vaccines, advanced manufacturing for medical products, and monitoring of medical product supply chains.
- **CDC:** Provides an additional \$4.3 billion - \$1.5 billion for grants or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for corona-related activities. Key that the money is in addition to and not replacing existing funds.
- **NIH:** Adds \$945 million in funding, with most (\$706 million) going to the National Institute of Allergy and Infectious Disease. The National Library of Medicine (host of ClinicalTrials.gov) receives \$10 million, and the National Center for Advancing Translational Science is slated for \$36 million.
- **Substance Abuse and Mental Health Services Administration:** Provides an additional \$425 million for “Heath Surveillance and Program Support” through September 30, 2021. \$250 million for Certified Community Behavioral Health Clinics. Increases availability of mental health services which are important for cancer patients and survivors.
- **Centers for Medicare & Medicaid Services (CMS):** The bill includes \$200 million for CMS to assist nursing homes with infection control and support states’ efforts to prevent the spread of coronavirus in nursing homes – some of which serve cancer patients.
- **Veterans’ Administration** – The bill provides \$3.1 billion for VA to purchase, staff, and equip temporary sites of care and mobile treatment centers to deal with this pandemic. The bill includes funding for VA to expand the capacity on existing IT networks to address the demand in services and broadens VA’s tele-ICU and teleradiology capabilities. It further enhances the capability for telehealth visits, allowing more veterans to receive care from home, and for providers at home to continue to treat patients through technology.
- **Biomedical Advanced Research and Development Authority (BARDA)** to support research and development of vaccines, therapeutics, and diagnostics to prevent or treat the effects of coronavirus, including:
  - \$16 billion for the Strategic National Stockpile for critical medical supplies, personal protective equipment, and life-saving medicine;
  - At least \$3.5 billion to advance construction, manufacturing, and purchase of vaccines and therapeutics to the American people. This is in addition to the major investments provided for these activities in the first supplemental;
  - Funding for innovations in manufacturing platforms to support a U.S.-sourced supply chain of vaccines, therapeutics, and small molecule active pharmaceutical ingredients;
  - Workforce modernization and increased telehealth access and infrastructure to increase access to digital healthcare delivery.

- **FDA Prioritization of Drug Reviews for Drugs in Shortage:** Changed an existing “may” to a “shall” prioritize review for drugs in shortage.
- **Additional Sponsor Reporting about Drug Shortages:** This involves major portions of the Collins MEDS act, adding requirements for contingency planning, reporting of shortages of not just drugs, but ingredients, and beefed up internal coordination.
- **Device Shortage Reporting Requirements:** While manufacturers have had to report potential drug shortages to FDA, there has never been a parallel device requirement. This creates that requirement for products needed during an emergency.
- **Zoonotic Drug Prioritization:** This section creates a designation that allows expedited FDA review of animal drugs designed to treat diseases that can also spread to humans.
- **COVID-19 Test Prices:** Requires providers to publish the cash price of COVID-19 diagnostic tests on a public website. This provision aims to prevent price gouging for COVID-19 tests.
- **COVID-19 testing:** Clarifies that all testing for COVID-19 is to be covered by private insurance plans without cost-sharing.
- **Quick Coverage of a COVID-19 Vaccine/Preventive Service in Private Insurance:** Requires all private health insurance plans (including individual, small group and ERISA plans) to cover a COVID-19 preventive service (vaccine or other) with no cost-sharing 15 days after it is recommended by USPSTF or ACIP.
- **Medicare Coverage of COVID-19 Vaccine:** Establishes Medicare Part B coverage of a COVID-19 vaccine with no cost-sharing, including no deductible. Requires Medicare Advantage plans to do the same.
- **Definition of Uninsured Individuals:** Clarifies the definition of “uninsured individuals” as individuals who would be eligible for Medicaid if their state had chosen to expand Medicaid and those eligible for benefits under a State program or other Federal health program whose benefits do not include coverage at no cost sharing of COVID-19 vaccine (and its administration) or coverage at no cost sharing of an in vitro diagnostic testing product.
- **Special Rules Related to Temporary Increase Medicaid FMAP:** Provides exceptions for certain states that did not meet the enhanced FMAP requirements to receive the enhanced FMAP anyways, as long as the state certifies to the Secretary of HHS they are unable to meet the requirements and the state does not put into place premiums that exceed, or eligibility standards, methodologies, or procedures that are more restrictive than the premiums, eligibility standards, methodologies, or procedures in effect as of March 18, 2020.
- **90-day Supply of Medications:** Requires Medicare Part D and Medicare Advantage plans to allow enrollees to obtain 90 days’ worth of medication in a single fill for a covered drug. This requirement is not withstanding any utilization management requirement, and there is an exception for drugs that have a safety edit (pharmacy flag) disallowing a 90-day fill (therefore it’s likely some plans will

not allow this for opioids – though cancer patients may be able to get an exception).

- **Home Nutrition Services:** Extends eligibility for home-delivered nutrition services to seniors affected by COVID-19 virus. This could benefit cancer patients who are homebound because of particular vulnerability to infection
- **Administration for Community Living (\$955 million):** Resources are included for aging and disability services programs, including senior nutrition; home and community-based supportive services; family caregivers; elder justice; and independent living. [This is the money for the senior nutrition programs, among other programs]
- **Public Awareness Campaign Regarding the Blood Supply:** Charges HHS with conducting (or contracting with an org to conduct) a public awareness campaign about the importance of donating blood during the COVID-19 crisis, and how to do so safely. As many cancer patients need donated blood, this is an important effort. Also, ACS could potentially compete for the contract to do the public awareness campaign.
- **Treatment of Sunscreen Innovation Act:** Clarifies that sponsors of sunscreen ingredients with pending orders have the option to see review in accordance with the Sunscreen Innovation act or to see review under the new monograph review process.
- **Charitable Contributions:** Gives an above the line tax deduction for charitable contributions in 2020 – meaning an individual gets the deduction even if they don't itemize. The deduction amount is up to \$300. This may give more individuals incentive to donate to charities like ACS.
- **Tax Deductions for Charitable Donations:** Modifies the limits on tax deductions for charitable donations. This may give more individuals and corporations incentive to donate to charities like ACS.