



Summary of Key CHC Provisions Included in Stimulus #3 (CARES Act)

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[Bill text available by clicking HERE](#)

Major Health Center Priorities:

- **Emergency Funding for Health Centers**

Funded at \$1.32 Billion for FY20 for “supplemental awards under subsection (d) for the detection of SARS-CoV-2 or the prevention, diagnosis, and treatment of COVID-19”.

Additional language clarifies these dollars can also be used for health center staffing needs, specifically that: “That for the purposes of any funding provided for FY 2020 for the Health Center program pursuant of Section 330 of the PHS Act, maintaining current health center capacity and staffing levels during a public health emergency related to coronavirus shall be deemed a cost of prevention, diagnosis, and treatment of the coronavirus.”

- **Short-term Fix for Primary Care Cliff (CHCF, NHSC, THCGME)**

Provides flat funding through November 30, 2020 for all three programs

- **Telehealth Flexibility for the Duration of the Crisis**

Authorizes Medicare reimbursement for health centers and rural health clinics as distant sites for the duration of the emergency, not reimbursed at PPS rate but instead “such payment methods shall be based on payment rates that are similar to the national average payment rates for comparable telehealth services under the physician fee schedule under section 1848.”

- **Grant Funding to Help Health Care Providers Offset Revenue Loss Due to COVID-19**

Provides \$100 billion for a new program to provide grants to health care institutions on the frontlines of the crisis - 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 this public health emergency. Health centers are eligible entities based on this criteria.

Other Provisions of Interest to CHCs

- **State Assistance:** State and local governments get \$150 billion to help alleviate budgetary pressures, with \$8 billion set aside for tribal governments.
- **SBA Loans to Support Small Businesses, including Non-Profits:** Provides a total of \$349 billion for loan guarantees through the 7(a) Paycheck Protection Program at the Small Business Administration, which can be used for payroll support (such as employee salaries, paid sick or medical leave), insurance premiums, and mortgage, rent, and utility payments; loan amounts

will be based on a formula tied to payroll costs incurred by the borrowing entity; sets criteria by which the loan will be forgiven if employees are retained (*removes language from an earlier draft that would have effectively prohibited health centers from accessing these loans*)

- **Variety of Provisions to Address Supply Shortages** (nothing specific to health centers):
 - \$16 billion to replenish the Strategic National Stockpile supplies of pharmaceuticals, personal protective equipment, and other medical supplies, which are distributed to State and local health agencies, hospitals and other healthcare entities facing shortages during emergencies.
 - \$1 billion for the Defense Production Act to bolster domestic supply chains, enabling industry to quickly ramp up production of personal protective equipment, ventilators, and other urgently needed medical supplies
 - \$4.3 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including for the purchase of personal protective equipment; laboratory testing to detect positive cases; infection control and mitigation at the local level to prevent the spread of the virus; and other public health preparedness and response activities.
- **Liability Coverage for Volunteer Clinicians providing COVID-related services:** Prevents lawsuits being filed related to volunteer providers providing care directly related to COVID-19. It is our initial read that this would supersede health centers' FTCA coverage for volunteers, meaning health centers wouldn't even need to use FTCA to cover health care volunteers when they provide care directly related to COVID-19.
- **National Health Service Corps Flexibility:** Allows the Secretary of HHS to reassign NHSC members 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.
- **Child Care for Health Care Workers:** \$3.5 billion in additional funding for the Child Care Development Block Grant to provide child care assistance to health care sector employees, emergency responders, sanitation workers, and other workers deemed essential during the response to the coronavirus.
- **Funds/Reauthorizes a variety of important health and social services programs:**
 - Reauthorizes Healthy Start, which is a program that 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.
 - Reauthorizes and updates Title VII and VIII health professions workforce programs
 - Supplemental Nutrition Assistance Program (SNAP) – \$15.5 billion in additional funding
 - Child Nutrition Programs –\$8.8 billion in additional funding to ensure children receive meals while school is not in session
 - Rental Assistance Protections for Low-Income Americans – \$3 billion for housing providers to help households currently assisted by HUD to safely remain in their homes or access temporary housing assistance in response to economic and housing disruptions caused by COVID-19.
 - Emergency Solutions Grants – \$4 billion to address the impact of COVID-19 among individuals and families who are homeless or at risk of homelessness, and to support additional homeless assistance, prevention, and eviction prevention assistance.

Emergency Solutions Grants through the McKinney Vento Homeless Assistance Grant program are traditionally used by localities for shelter and housing costs – this bill will loosen restrictions around the use of these funds. *The National Council on Health Care for the Homeless plans to release guidance on how HCH providers can use and obtain these funds to help fund services and supports in shelters and respite programs.*

- Community Development Block Grant – \$5 billion to enable states, counties, and cities to rapidly respond to economic and housing impacts, including expansion of community health facilities, child care centers, food banks, and senior 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 case certain food options are not available.
 - Low Income Home Energy Assistance Program (LIHEAP) – \$900 million to help lower income households heat and cool their homes.
 - Head Start – \$750 million for Head Start to meet emergency staffing needs.
 - Community Services Block Grant (CSBG) – \$1 billion for CSBG to help communities address the consequences of increasing unemployment and economic disruption.
 - \$450 million for The Emergency Food Assistance Program (TEFAP) to assist food banks across the country.
 - Family Violence Prevention Services – \$45 million to prevent/respond to family and domestic violence, including shelter and supportive services
- **FMLA/Sick Leave:** Places explicit limits on employers' financial obligations to pay for emergency FMLA and sick leave as passed in the previous coronavirus response bills
 - **Special Diabetes Programs** (SDP and SDPI) extended through November 2020 (same timeline as CHC funding extension)
 - **Substance Abuse and Mental Health Services Administration** – Provides \$425 million for SAMHSA to increase access to mental health services through Community Behavioral Health Clinics, suicide prevention programs, and emergency response spending, including outreach to those experiencing homelessness.
 - **Testing Coverage:** Clarifies that all testing for COVID-19 covered by private insurance plans will be without cost sharing
 - **Aligns 42 CFR Part 2 SUD Treatment Confidentiality Standards with HIPAA:** Allows for additional care coordination by aligning the 42 CFR Part 2 regulations, which govern the confidentiality and sharing of substance use disorder treatment records, with Health Insurance Portability and Accountability Act (HIPAA) once a patient provides consent. This significant, permanent change will allow this data to be re-disclosed for the purpose of treatment, payment, and health care operations as permitted by HIPAA until the patient revokes their consent.
 - **CCBHC Demo Extension and Expansion:** extends CCBHC demo through November 30, 2020 (same timeline as CHC funding extension); authorizes HHS to expand program to 2 more states
 - **Medicaid DSH hospitals:** delays scheduled cuts through November 30, 2020 (same timeline as CHC funding extension)