



MEMORANDUM

DATE: July 30, 2020

TO: All Clients

FROM: Center Road Solutions

RE: COVID-19 4th Relief Package: Senate Republican HEALS Act; and House & Senate Comparison

Below provides a summary of the provisions related to mental health and childcare from the recently released Senate HEALS Act, as well as a short snapshot comparison of these provisions in comparison to the House-passed HEROES Act. The total Senate package costs \$1 Trillion dollars, and the House package \$3 Trillion dollars. We expect that the package will be passed in 7-14 days, and be a compromise between the two bills, and potentially landing somewhere in the middle financially.

Senate HEALS Act vs. House HEROES Act Comparison

	House-passed HEROES Act	Senate R's HEALS Act
Telehealth	Yes-\$5B (roughly) for IHS, telehealth infrastructure, broadband development	Yes-extend Medicare telehealth coverage waivers through Dec 2021, allows telehealth as excepted benefit
EDOT Act (H.R. 7078) Research on Telehealth and Disparities	No-bill was not yet introduced	Yes, partially. Requires a study on telehealth use that includes age, race, gender, type of beneficiary, among other items
COBRA	Yes-100% tax credit for premiums through Jan 2021	No
Suicide Prevention	Yes- \$50M	Yes- \$50M
Mental Health Research	Yes- \$200M	Yes-\$200M
Mental Health Block Grant	Yes- \$1.5B	Yes- \$2B
Substance Use Disorder Block Grant	Yes- \$1.5B	Yes- \$1.5B
Childcare Provider Relief	Yes- \$7B	Yes- \$15B
Mental Health & Schools Assistance- Project AWARE	Yes-\$100M	Yes- \$100M
FMAP (Medicaid) Increase for States	Yes- 7.8%	No
Healthcare Provider Relief	Yes- \$100B (Provider Relief Fund)	Yes- \$25B

Mental Health Community and Provider Support (Including Private) a) Emergency Support for Substance Use Disorders Act b) COVID-19 Behavioral Health Support Act c) Emergency Mental Health and Substance Use Technical Assistance Act	Yes: a) \$10M (until expended) b) \$50M (for each FY20 and FY21) c) \$20M (for each FY20 and FY21)	No: <i>Note however that Sen. Smith and Murkowski did have two bills on this totaling \$125M, but was not included in</i>
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I. Telehealth

American Workers, Families and Employers Assistance Act

Title III—Supporting Patients, Providers, Older Americans, and Foster Youth in Responding to COVID-19

Subtitle A—Promoting Access to Care and Services F25F

A. **Section 303.** Authority to extend Medicare telehealth waivers (p. 108-115)¹

a. **Summary:** Would extend the Medicare telehealth flexibilities made available during the public health emergency through **December 31, 2021**. Also requires the Medicare Payment Advisory Commission to provide a report to Congress on the impact of telehealth flexibilities on access, quality and cost by July 1, 2021. Last, requires a report by the Department of Health and Human Services to post data on the use of telehealth throughout the pandemic and provide legislative recommendations to Congress. This study would include data collection on:

- Access to care
- Health outcomes
- Spending by type of health care provider
- Patient demographic—age, gender, race and type of eligibility within the Medicare program
- Residence—low population density or health professional shortage area
- Diagnosis
- Telecommunication modality
- Patient satisfaction

b. *Note: The report requirement by the Department of Health and Human Services is a component of the Rep. Robin Kelly (D-IL) bill, “Evaluating Disparities and Outcomes of Telehealth (EDOT) During the COVID-19 Emergency Act (H.R. 7078). The grants to states provision to conduct similar data collection for state Medicaid programs was not included within this bill.*

B. **Section 304.** Extending Medicare telehealth flexibilities for Federally qualified health centers and rural health clinics (p. 115-118)²

a. **Summary:** Extends the expansion of telehealth flexibilities for FQHCs and rural health clinics that were provided in the CARES Act for five years beyond the public health

¹American Workers, Families and Employers Assistance Act: <https://www.congress.gov/116/bills/s4318/BILLS-116s4318is.pdf>

² Ibid

emergency. Additionally, it establishes the patient's home as an eligible site of care by removing geographic requirements.

Safely Back to School and Back to Work Act

Title I—Health Provisions

C. Section 108. Telehealth Plans (p. 34-36)³

- a. **Summary:** Allows employers to offer telehealth as an excepted benefit to employees (and their dependents) who are not full-time or do not qualify for their employer's coverage. This benefit can only be offered to employees who are not eligible for another group health plan or coverage by the employer and can't be offered for plan years beginning or after January 1, 2022.
- b. **Note:** *This was a specific request from the American Benefits Council stating that some employers wish to provide telehealth services to employees who are not benefits eligible or who opted out of the employer's group health plan.*
- c. **Note:** *Concerns of propping up emerging telehealth platforms, which could encourage employers to drop full coverage in favor of a piecemeal approach to healthcare (pre-ACA days).*

Coronavirus Response Additional Supplemental Appropriations Act, 2020

D. Section: Department of Health and Human Services, Office of the Secretary Public Health and Social Services Emergency Fund (p. 93-96)⁴

- a. **Summary:** \$25 billion to remain available to eligible health care providers for health care related expenses or lost revenues that are attributable to the coronavirus. "Eligible health care providers" means public entities, Medicare or Medicaid enroller suppliers and providers, and for-profit and non-profit entities as determined by the Secretary.
- b. **Note:** For providers that bill Medicaid, these monies could be an option for mental health facilities. The determination has nothing to do with the volume of Medicaid patients/caseload you serve but based off of lost revenue within the last year. There is still a tranche of funding from CARES available if you're interested in applying and the **deadline is August 3**. We expect the additional \$25 billion to be passed in a final package, so another application deadline will open, and we can continue to keep you apprised of that. For more information on how to apply for the CARES Act pot of money visit:
 - i. Factsheet: <https://www.hhs.gov/sites/default/files/provider-relief-fund-medicaid-chip-factsheet.pdf>;
 - ii. Application portal: <https://cares.linkhealth.com/#/>

II. Suicide

Coronavirus Response Additional Supplemental Appropriations Act, 2020

A. Section: Department of Health and Human Services, Centers for Disease Control and Prevention, CDC-Wide Activities and Program Support (p. 62-67)⁵

³ Safely Back to School and Back to Work Act: <https://www.congress.gov/116/bills/s4322/BILLS-116s4322is.pdf>

⁴ Coronavirus Response Additional Supplemental Appropriations Act, 2020: <https://www.appropriations.senate.gov/imo/media/doc/TJS05MAH.PDF>

⁵ Ibid

- a. **Summary:** \$1 million to develop and maintain a system known as the Public Safety Officer Suicide Reporting System to collect data on the suicide incidence among public safety officers and facilitate the study of successful interventions to reduce suicide among public safety officers. The program is to be integrated into the National Violent Death Reporting System.

B. **Section:** Substance Abuse and Mental Health Services Administration, Health Surveillance and Program Support (p.72-74)⁶

- a. **Summary:** Of the \$4.5 billion allocated for Health Surveillance and Program Support, at least \$50 million needs to be made available for suicide prevention programs. There is no additional information about what programs will be funded.

III. Mental Health

Coronavirus Response Additional Supplemental Appropriations Act, 2020

A. **Section:** Department of Health and Human Services, National Institute of Mental Health (p. 69)⁷

- a. **Summary:** Allocates \$200 million to the National Institute of Mental Health, available until September 30, 2024, to prepare for, and respond to the coronavirus both domestically and internationally.

B. **Section:** Substance Abuse and Mental Health Services Administration, Health Surveillance and Program Support (p. 72-74)⁸

E. **Summary:** Allocates \$4.5 billion to “Health Surveillance and Program Support” through September 30, 2021. Allows the Substance Abuse and Mental Health Services Administration to waive requirements for the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant as deemed necessary. There are specific spending requirements within this \$4.5 billion allocation. They are:

- \$1.5 billion for grants for the Substance Abuse Prevention and Treatment block grant program
- \$2 billion for grants for the Community Mental Health Services Block Grant Program
 - At least \$1 billion has to go directly to behavioral health providers
- At least \$600 million has to be made available for the Certified Community Behavioral Health Clinic Expansion Grant program
- \$100 million for activities and services under Project AWARE
- At least \$250 million has to be made available for flexible emergency grants to states
- At least \$15 million must be allocated to tribes, tribal organizations, and urban Indian health organizations, or health or behavioral service providers to tribes

IV. Childcare

Coronavirus Response Additional Supplemental Appropriations Act, 2020

A. **Section:** Department of Health and Human Services, Payments to States for the Child Care and Development Block Grant (p. 76-78)⁹

⁶ Ibid

⁷ Ibid

⁸ Ibid

⁹ Ibid

- a. **Summary:** Allocates \$5 billion to the “Payments to States for the Child Care and Development Block Grant” available through September 30, 2021. The money is designed to supplement, not replace State, Territory, and Tribal funds used for childcare assistance for low-income families. States, Territories, and Tribes are encouraged to place conditions on payments to childcare providers that ensure a portion of funds received are used to continue to pay the salaries and wages of staff. The funds can be used to:
- Provide continued payments and assistance to childcare providers in the case of decreased enrollment or closures related to COVID-19 and assure they are able to remain open or reopen as appropriate.
 - Provide childcare to essential workers (including health care sector employees, emergency responders, and sanitation workers) without regard to relevant income eligibility requirements.
 - Pay for obligations incurred to prevent, prepare for, and respond to the coronavirus.
- B. **Section:** Department of Health and Human Services, Children and Family Services Program (p.78-79)¹⁰
- a. **Summary:** Allocates \$190 million for the “Children and Family Services Program,” which must be used for the following purposes:
- \$65 million for Family Violence Prevention and Services grants
 - \$2 million for the National Domestic Violence Hotline
 - Funds may be made available to provide temporary housing and assistance to victims of family, domestic and/or dating violence
 - \$75 million for child welfare services
 - Made available without regard to matching requirements or other applicable reductions in Federal financial participation
 - \$50 million for necessary expenses for community-based grants for the prevention of child abuse and neglect
- C. **Section:** Department of Health and Human Services, Back to Work Child Care Grants (p. 80)¹¹
- a. **Summary:** Allocates \$10 billion for “Back to Work Child Care Grants” available through September 30, 2021, for activities to carry out the Back to Work Child Care Grants to qualified childcare providers, for a transition period of not more than 9 months to assist in paying for fixed costs and increased operating expenses due to COVID-19, as well as to reenroll children in an environment that supports the health and safety of children and staff

¹⁰ Ibid

¹¹ Ibid