The Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act was introduced in the House of Representatives on May 12, 2020 and later passed by a vote of 217 to 189 on May 15, 2020. Below is an outline of the provisions related to health care and public health.

HEALTH PROVISIONS

- **Administration for Children and Families**
  - $10.1 billion to provide supportive and social services for families and children through programs including $7 billion for Child Care and Development Block Grants

- **Administration for Community Living**
  - $100 million to provide direct services such as home-delivered and prepackaged meals, and supportive services for seniors and disabled individuals, and their caregivers

- **Assistant Secretary for Preparedness and Response**
  - $4.575 billion to respond to coronavirus, including:
    - $3.5 billion for Biomedical Advanced Research and Development Authority (BARDA) for therapeutics and vaccines
    - $500 million for BARDA to support U.S.-based next generation manufacturing facilities
    - $500 million for BARDA to promote innovation in antibacterial research and development
  - $75 million for the Office of Inspector General

- **Centers for Disease Control and Prevention**
  - $2.1 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including:
    - $2 billion for State, local, Territorial, and Tribal Public Health Departments
    - $130 million for public health data surveillance and analytics infrastructure modernization

- **Centers for Medicare & Medicaid Services**
  - **Nursing Strike Team**
    - $150 million for States to establish and implement strike teams to deploy to skilled nursing facilities or nursing facilities within 72 hours of three residents or employees being diagnosed with or suspected of having COVID-19
  - **Medicaid**
    - Increases Federal Medical Assistance Percentage (FMAP) payments to state Medicaid programs by a total of 14 percentage points starting July 1, 2020 through June 30, 2021
    - No cost-sharing for COVID-19 treatments and vaccines during the COVID-19 public health emergency
    - Ensures that uninsured individuals whom states opt to cover through the new Medicaid eligibility pathway will be able to receive treatment for COVID-19 without cost-sharing during the COVID-19 public health emergency
- Temporary extension of 100 percent FMAP to Indian health providers – Clarifies that services received through urban Indian providers are matched at 100 percent
- FMAP through June 30, 2021
- Provides Medicaid eligibility to incarcerated individuals 30 days prior to their release
  - Medicare
    - Establishes zero cost-sharing (out-of-pocket costs) for COVID-19 treatment under Medicare Parts A and B during the COVID-19 public health emergency
    - Ensures skilled nursing facilities provide a means for residents to conduct “televisititation” with loved ones while in-person visits are not possible during the COVID-19 public health emergency
    - Provides an outlier payment for inpatient claims for any amount over the traditional Medicare payment to cover excess costs hospitals incur for more expensive COVID-19 patients until January 31, 2021
    - Establishes zero cost-sharing (out-of-pocket costs) for COVID-19 treatment under Medicare Advantage during the COVID-19 public health emergency
    - Requires coverage under Medicare Prescription Drug Plans and Medicare Advantage-Prescription Drug Plans without cost-sharing or Utilization Management Requirements for drugs intended to treat COVID-19 during the COVID-19 public health emergency
    - Lowers the interest rate for loans to Medicare providers made under the Accelerated and Advance Payment Program, reduces the per-claim recoupment percentage, and extends the period before repayment begins
    - Creates a new special enrollment period for Medicare Parts A & B eligible individuals during the COVID-19 public health emergency
    - Provides incentives for nursing facilities to create COVID-19-specific facilities and includes safety and quality protections for patients
    - Directs HHS to allocate money to the states to create strike teams to help facilities manage outbreaks when they occur
    - Requires the Secretary of HHS to provide additional assistance to facilities struggling with infection control through Medicare’s Quality Improvement Organizations (QIOs)
    - Requires HHS to collect data on COVID-19 in nursing homes and to publicly report demographic data on COVID-19 cases in nursing homes on Nursing Home Compare
  - Requires the Centers for Medicare and Medicaid Services (CMS) to re-establish a rural floor for the Medicare hospital area wage index for hospitals in all-urban states

- Health Resources and Services Administration
  - $7.6 billion to support expanded health care services for underserved populations, including:
    - $7.6 billion for Health Centers to expand the capacity to provide testing, triage, and care for COVID-19 and other health care services at approximately 1,000 existing health centers across the country
$10 million to Ryan White HIV/AIDS clinics to support extended operational hours, increased staffing hours, additional equipment, and additional home delivered meals and transportation needs of clients

- **Indian Health Service**
  - $2.1 billion to address health care needs related to coronavirus for Native Americans, including:
    - $1 billion to account for lost third party revenues as a result of reduced medical care
    - $64 million to assist Urban Indian Organizations
    - $10 million to assist with sanitation, hydration and hygiene needs in Indian Country necessary to prevent, prepare for, and respond to coronavirus
    - $500 million to provide health care, including telehealth services to Native Americans, and to purchase medical supplies and personal protective equipment
    - $140 million to expand broadband infrastructure and information technology for telehealth and electronic health records system purposes.
    - $20 million to provide health care, housing and isolation units for domestic violence victims and homeless Native Americans.
    - No less than $366 million to provide isolation or quarantine space

- **National Institutes of Health (NIH)**
  - $4.745 billion to expand COVID-19-related research on the NIH campus and at academic institutions across the country and to support the shutdown and startup costs of biomedical research laboratories nationwide

- **Private Insurance**
  - Provides for a two-month open enrollment period to allow individuals who are uninsured, for whatever reason, to enroll in coverage. Currently, Americans can only enroll in and Affordable Care Act (ACA) plan during open enrollment period, or because of a qualifying life event if they were previously insured
  - Requires the Advisory Committee on Immunization Practices (ACIP) to meet and provide a recommendation no later than 15 days after a COVID-19 vaccine is listed under the Public Health Service Act
  - Requires coverage of items and services related to the treatment of COVID-19 in group and individual market health plans and waives cost-sharing requirements for consumers during the COVID-19 public health emergency
  - Requires group and individual market health plans to notify consumers if their plan permits advance prescription drug refills during an emergency period
  - Creates requirement for free coverage of COVID-19 testing retroactive to the beginning of the COVID-19 public health emergency
  - Provides full premium subsidies, through January 2021, to allow workers to maintain their employer-sponsored coverage if they are eligible for COBRA due to a layoff or reduction in hours, and for workers who have been furloughed but are still active in their employer-sponsored plan
Public Health

Supply Chain Improvements
- Requires the President to appoint a Medical Supplies Response Coordinator
- Extends Food and Drug Administration’s (FDA) administrative destruction authority to medical devices
- Requires National Academies of Science, Engineering, and Medicine (NASEM) to conduct a symposium of experts to discuss recommendations to encourage domestic manufacturing of critical drugs and devices of greatest priority to providing health care
- Directs FDA to designate National Centers of Excellence in Continuous Pharmaceutical Manufacturing (NCEs). NCEs will work with FDA and industry to craft a national framework for the implementation of continuous manufacturing of drugs, including supporting additional research and development of this technology, workforce development, standardization, and collaborating with manufacturers to support adoption of continuous manufacturing of drugs
- Requires the Secretary of HHS to award contracts, grants, cooperative agreements, and enter into other transactions, as appropriate, to expand and enhance manufacturing capacity of vaccines and vaccine candidates to prevent the spread of COVID-19

Strategic National Stockpile Improvements
- Requires the Secretary of HHS to ensure that contents of the Strategic National Stockpile (SNS) are in good working order and, as necessary, conduct maintenance on contents of the stockpile
- Improves the SNS domestic product availability by enhancing medical supply chain elasticity, improving the domestic production of PPE, and partnering with industry to refresh and replenish existing stocks of medical supplies
- Requires the SNS to report to Congress about every request made to the SNS during the COVID-19 public health emergency and details regarding the outcomes of every request
- Requires the SNS to develop improved, transparent processes for SNS requests and identify clear plans for future communication between the SNS and States

Testing and Testing Infrastructure Improvements
- Requires the Secretary of HHS to update the COVID-19 strategic testing plan required under the Paycheck Protection Program and Health Care Enhancement Act no later than June 15, 2020.
  - The updated plan will identify the types and levels of testing necessary to monitor and contribute to the control of COVID-19 and inform any reduction in social distancing. In addition, the updated strategic testing plan must include specific plans and benchmarks with clear timelines, regarding how to ensure sufficient availability and allocation of all testing materials and supplies, sufficient laboratory and personnel capacity, and
specific guidelines to ensure adequate testing in vulnerable populations and populations at increased risk related to COVID-19, including older individuals, and rural and other underserved areas.

- This plan must also involve testing capacity in non-health care settings in order to help expand testing availability and make testing more accessible, as well as how to implement the testing strategy in a manner that will help to reduce disparities with respect to COVID-19.

- Requires States receiving funding through this Act to establish a public, searchable webpage identifying and providing contact information for COVID-19 testing sites within the State
- Authorizes $6 billion for public health departments to expand workforce, improve laboratory systems, health information systems, disease surveillance, and contact tracing capacity to account for the unprecedented spread of COVID-19
- Authorizes $1 billion for CDC to expand and improve their core public health infrastructure and activities in order to address unmet and emerging public health needs
  - COVID-19 National Testing and Contact Tracing (CONTACT) Initiative
    - Requires CDC to coordinate with State, local, Tribal, and territorial health departments to establish and implement a national evidence-based system for testing, contact tracing, surveillance, containment and mitigation of COVID-19
    - Requires CDC to award grants to State, local, Tribal, and territorial health departments to carry out evidence-based systems for testing, contact tracing, surveillance, containment and mitigation of COVID-19
    - Requires CDC and other relevant agencies to issue guidance, provide technical assistance and information, and establish clear communication pathways for State, local, Tribal, and territorial health departments for the establishment and maintenance of their testing, contact tracing, surveillance, containment, and mitigation systems
    - Provides grants for a multilingual and culturally appropriate national, science-based COVID-19 campaign, to include information related to availability of testing and promote the importance of contact tracing. (grants can be issued to public or private entities including faith-based organizations)
    - Authorizes grants to support the recruitment, placement, and training of individuals in COVID-19 contact tracing and related positions, with a focus on recruiting from impacted local communities and building a culturally competent workforce
• **Public Health Assistance**
  - **Assistance to Providers and Health System**
    - Establishes a loan repayment program to enhance recruitment and retention of state, local, tribal, and territorial public health department workforce
    - Authorizes grants to expand the use of technology-enabled collaborative learning and capacity building models to respond to COVID-19
    - Authorizes additional funding for the Medical Reserve Corps (MRC), which is a national network of local volunteer units who engage their local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response, and recovery capabilities
    - Authorizes grants to schools of medicine in rural, underserved, or minority-serving institutions
    - Directs NIH to carry out a study on the short- and long-term impact of COVID-19 on infected and recovered individuals
    - Directs the NIH’s National Institute of Mental Health to support research on the mental health impacts of COVID-19
    - Updates the blood donation public awareness campaign authorized by the CARES Act to include blood plasma
    - Establishes a technical assistance center at the Substance Abuse and Mental Health Services Administration (SAMHSA) that will support public or nonprofit entities and public health professionals seeking to establish or expand access to mental health and substance use services associated with the COVID-19 public health emergency
  - **Assistance for Individuals and Families**
    - Authorizes COVID-19 treatment to be reimbursed for uninsured individuals
    - Authorizes SAMHSA to award grants to support local, tribal, and state substance use efforts that need further assistance as a result of COVID-19
  - **Public Health Assistance to Tribes**
    - Extends eligibility for the CDC’s Public Health Emergency Preparedness (PHEP) program to Tribes
    - Guarantees IHS and other Tribal health organizations direct access to the Strategic National Stockpile like all 50 other states
    - Allows the Urban Indian Health Organizations (UIHO) to bill VA for care provided to qualified urban native veterans
    - Clarifies VA coverage for Native Veterans who qualify for both VA benefits and IHS services
• **Public Health and Social Services Emergency Fund**
  - $175 billion to reimburse for health care related expenses or lost revenue attributable to the coronavirus, as well as to support testing and contact tracing to effectively monitor and suppress COVID-19, including:
    - $100 billion in grants for hospital and health care providers to be reimbursed health care related expenses or lost revenue directly attributable to the public health emergency resulting from coronavirus
    - $75 billion for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID-19

• **Substance Abuse and Mental Health Services Administration**
  - $3 billion to increase mental health support during this challenging time, to support substance abuse treatment, and to offer increased outreach, including:
    - $1.5 billion for the Substance Abuse Prevention and Treatment Block Grant
    - $1 billion for the Community Mental Health Services Block Grant
    - $100 million for services to homeless individuals
    - $100 million for Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency grants to identify students and connect them with mental health services
    - $10 million for the National Child Traumatic Stress Network
    - $265 million for emergency response grants to address immediate behavioral health needs as a result of COVID-19
    - $25 million for the Suicide Lifeline and Disaster Distress Helpline
    - Not less $150 million for tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes across a variety of programs

**OTHER COVID RELATED PROVISIONS**

• **Supplemental Nutrition Assistance Program (SNAP)** – provides $10 billion to support anticipated increases in participation and to cover program cost related to flexibilities provided to SNAP by the Families First Coronavirus Response Act

• **Special Supplemental Nutrition Program for Women Infants and Children (WIC)** – provides an additional $1.1 billion to provide access to nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or are laid off due to the COVID-19 emergency

• **The Emergency Food Assistance Program (TEFAP)** – Includes $150 million to help local food banks meet increased demand for low-income Americans during the emergency including funding provided by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), TEFAP has received a total of $1 billion

• **Child Nutrition Programs** – includes $3 billion in additional funding to provide emergency financial relief to school meal providers and USDA’s Child and Adult Care Food Program
• **Violence Against Women Act (VAWA) Programs** – $100 million, with a waiver of the local match requirement, including $30 million for grants to combat violence against women, $15 million for transitional housing assistance grants, $15 million for sexual assault victims’ assistance, $10 million for rural domestic violence and child abuse enforcement assistance, $10 million for legal assistance for victims, $4 million for assistance to tribal governments, and $16 million to support families in the justice system

• **Byrne Justice Assistance Grants** – $300 million to help prevent, prepare for, and respond to coronavirus, including for purchasing personal protective equipment and controlling outbreaks of coronavirus at prisons. The bill additionally prevents the Department of Justice from preventing these funds from going to sanctuary jurisdictions.

• **Pandemic Justice Response Act Grants** – $600 million, including: $500 million to prevent, detect, and stop the presence of COVID-19 in correctional institutions, and for pre-trial citation and release grants, $25 million for Rapid COVID-19 Testing at correctional institutions, and $75 million for Juvenile Specific Services

• **National Science Foundation (NSF) Research** – $125 million to prevent, prepare for, and respond to coronavirus

• **State Fiscal Relief** – $500 billion in funding to assist state governments with the fiscal impacts from the public health emergency caused by the coronavirus

• **Local Fiscal Relief** – $375 billion in funding to assist local governments with the fiscal impacts from the public health emergency caused by the coronavirus

• **Tribal Fiscal Relief** – $20 billion in funding to assist Tribal governments with the fiscal impacts from the public health emergency caused by the coronavirus

• **Fiscal Relief for Territories** – $20 billion in funding to assist governments of the Territories with the fiscal impacts from the public health emergency caused by the coronavirus

• **CARES Act Coronavirus Relief Fund Repayment to DC** – Provides an additional $755 million for the District of Columbia to assist with the fiscal impacts from the public health emergency caused by the coronavirus

• **Community Development Financial Institutions (CDFI)** – $1 billion for economic support and recovery in distressed communities by providing financial and technical assistance to CDFIs

• **Department of the Interior** – $1 billion for building hospitals and critical infrastructure in the Insular Areas, as well as for general technical assistance in responding to Coronavirus; and $5 million to perform oversight, accountability, and evaluation of programs, projects, or activities in the Department of the Interior pandemic response

• **Environmental Protection Agency** – $50 million for environmental justice grants, including investigating links between pollution exposure and the transmission and health outcomes of coronavirus in environmental justice communities

• **Economic Stimulus**
  - Makes all dependents eligible for the $500 qualifying child amount in the Economic Impact Payments made under the CARES Act (previously only applicable to children below age 17)
  - Additional recovery rebates to individuals – Provide a $1,200 refundable tax credit for each family member that will be paid out in advance payments, similar to the Economic Impact Payments in the CARES Act. The credit is $1,200 for a single taxpayer ($2,400 for joint filers)
Refundability and enhancement of child and dependent care tax credit for 2020 – Makes the child and dependent care tax credit (CDCTC) fully refundable for 2020 and increases the maximum credit rate to 50 percent. Amends the phaseout threshold to begin at $120,000 instead of $15,000. Doubles the amount of child and dependent care expenses that are eligible for the credit to $6,000 for one qualifying individual and $12,000 for two or more qualifying individuals.

Additional Relief for Workers

• Above-the-line deduction allowed for certain expenses of first responders – Provides a $500 above-the-line deduction for unreimbursed expenses of professional first responders related to the cost of uniforms or tuition and fees related to training. This deduction is indexed to inflation.

• Repeal of reduced rate of credit for certain leave – Coordinates changes made to the requirement to provide paid sick time to allow employers to claim up to $511 per day, rather than $200 per day for leave for caregivers of individuals subject to a coronavirus related stay at home order and parents providing for children affected by a coronavirus related school closure. This provision applies to days on or after the date of enactment of this Act.

• Increase in limitations on credits for paid family leave – Coordinates changes made to the requirement to provide emergency paid family and medical leave to allow employers to claim up to $12,000 in refundable payroll tax credits, rather than $10,000. Allows individuals to claim the credit for a maximum of 60 days (corresponding to the $12,000 amount) rather than 50 days.

• Federal, state, and local governments allowed tax credits for paid sick and paid family and medical leave – Removes the exclusion disallowing the paid sick and family leave credits enacted in the Families First Coronavirus Response Act for Federal, state, and local governments. It makes conforming changes to the definition of qualified wages to align the credit with the intent that the credit cover the leave required by the respective mandates.

• Credits not allowed for certain large employers – Provides that, notwithstanding other changes in this Act requiring that employers with 500 or more employees provide required paid sick leave and paid family and medical leave, these employers are not eligible for payroll tax credits for these wages. This restriction does not apply to federal, state, and local governments. This provision applies to wages paid after the date of enactment.

• Eliminates the health care provider and emergency responder exclusions.

• Extends weekly $600 federal unemployment payments through next January.