

## The CARES Act

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This analysis of the CARES Act, HR 748, identifies funding opportunities and other provisions that may apply to local health departments across the state of Michigan. The analysis is based on the enrolled bill, and references to section numbers and page numbers are for that version, which can be found here:

<https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>.

### Funding Opportunities

#### Awards for Health Centers

##### Supplemental Awards for Health Centers

- \$1.32B for FY2020 for the detection, prevention, diagnosis and treatment of COVID-19 (sec. 3211)
- \$4B for FY2020 and \$668,493,151 for 10/1/20 – 11/30/20 for community health centers (sec. 3831)

##### Centers for Disease Control and Prevention

- CDC-Wide Activities and Program Support: \$4.3B available through 9/30/24; funds may be used for grants for the rent, lease, purchase, acquisition, construction, alteration, or renovation of non-federally owned facilities to improve preparedness and response capabilities at the state and local level (pg. 274)
  - \$1.5B in grants/cooperative agreements with states and localities to carry out surveillance, epidemiology, lab capacity, infection control, mitigation, communications, and other preparedness and response activities
  - Grantees that received a Public Health Emergency Preparedness grant for FY2019 shall receive 100% of that funding level from the \$4.3B appropriation
  - \$500M for public health data surveillance and analytics infrastructure modernization

##### Office of the Secretary – HHS

- Public Health and Social Services Emergency Fund: \$27,014,500,000 available through 9/30/24; funds may be used for grants for the construction, alteration, or renovation of non-federally owned facilities to improve preparedness and response capability at the state and local level (pg. 280-284)
  - \$90M transferred to the HRSA-Ryan White HIV/AIDS program available through 9/30/22 for modifications/supplements to existing contracts, grants and cooperative agreements to respond to coronavirus
  - \$5M for HRSA-Health Care Systems to improve the capacity of poison control centers to respond to increased calls
  - \$100B to reimburse eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus; applies to entities that provide diagnoses, testing, or care for individuals with possible or actual cases

##### Food Safety and Inspection Service

- \$33M available until 9/30/21 to prevent, prepare for, and respond to coronavirus, including for support of temporary and intermittent workers, relocation of inspectors, and costs of overtime for inspectors (pg. 226)

## **Funding for non-traditional health programs that may be relevant to local health departments**

### **Water and Related Resources – Department of the Interior**

- \$12.5M available through 9/30/21 to support remote access, teleworking, cleaning and disinfection of facilities, incident management and liability, and medical services and equipment related to coronavirus prevention, preparation, and response (pg. 244)

### **Substance Abuse and Mental Health Services Administration**

- \$425M available through 9/30/21 for “Health Surveillance and Program Support” (pg. 276)
  - \$250M for Certified Community Behavioral Health Clinics to increase access to mental health care services
  - \$50M suicide prevention programs
  - \$100M in SAMHSA Emergency Response Grants to address mental health, SUD, and provide resources and support to youth and the homeless

### **Administration for Children and Families**

- Children and Family Services Programs: \$1.874B available through 9/30/21 for carrying out activities under the Community Services Block Grant Act (pg. 278-279)
  - \$750M for all grantees in Head Start programs
  - \$45M for Family Violence and Prevention and Services Act; grants available to provide temporary housing and assistance to victims of family, domestic, and dating violence
  - \$25M for activities to support the Runaway and Homeless Youth Act
- Low Income Home Energy Assistance Program: \$900M available through 9/30/21 (pg. 277)
- Child Care and Development block grants: \$3.5B through 9/30/21 to provide payments and assistance to child care providers in the case of decreased enrollment/closures; ensure child care facilities are able to remain open or reopen; such facilities are required to provide child care assistance to essential workers (e.g., first responders, health care providers) (pg. 277-278)

### **Administration for Community Living**

- Aging and Disability Services Programs: \$955M available through 9/30/21 (pg. 279-280)
  - \$820M activities authorized under the Older Americans Act: \$200M for supportive services, \$680M for nutrition services, \$100M for support services for family caregivers, \$200M for elder rights protection activities
  - \$50M aging and disability resource centers

### **Food and Nutrition Service**

- Supplemental Nutrition Assistance Program (SNAP): \$15.81B available through 9/30/21 to cover waiver authorities in the Family First Coronavirus Response Act and anticipated increases in program participation (pg. 228)
- Commodity Assistance Program: \$450M available through 9/30/21 provides funding for commodities and distribution of emergency food assistance through community partners, including food banks (pg. 228)

## Relevant Amendments Adding Flexibility to Current Policies

### COVID-19 Testing and Vaccination

- Definition of acceptable COVID-19 tests to amend the Families First Coronavirus Response Act, which requires coverage for diagnostic testing by health plans without cost sharing (sec. 3201)
- Definition of reimbursement rates to providers from health plans for COVID-19 testing; requirement to publicize cash price for testing (sec. 3202)
- Coverage by health plans without cost sharing for any qualifying coronavirus preventive services, including vaccinations (sec. 3203)

### Flexibility for Health Centers

#### Telehealth

- Includes substance use disorder treatment in telehealth network and telehealth resource centers (sec. 3212)
- Authorizes the Secretary of HHS to waive restrictions on payment of facility fees, requirements on type of services (audio/visual), and requirements for patients to be established prior to telehealth service delivery (sec. 3703)
- Encourages use of telecommunications systems for home health services (sec. 3707). Adds flexibility of provider type and face-to-face visit requirement for care planning for Medicare home health services (sec. 3708)

#### Existing Funding

- FY2020 funding for the Health Centers Program used for maintaining or increasing health center capacity and staffing levels related to coronavirus shall be deemed a cost of prevention, diagnosis, and treatment of coronavirus (pg. 282-283)

#### Privacy and Liability

- Establishes there will be no liability for volunteer health care providers for harm caused by act/omission. Includes definition for “volunteer” and specifies which services are included (sec. 3215)
- Loosens restrictions on sharing of PHI and medical records for individuals with SUD. Providers can obtain prior written consent once for all future uses/disclosures. Allows public health authorities to receive such information (sec. 3221)

## Other Benefits to Local Health Departments

### Reauthorizations

- Health Professions Workforce Program reauthorization: \$23,711,000 for each fiscal year 2021 – 2025, giving health departments an expanded pool of applicants when hiring (sec. 3401)
- Healthy Start Program reauthorization: \$125,500,000 for each fiscal year 2021-2025 (sec. 3225)