Summary of $75 Billion Healthcare Provider Funding Provisions in H.R. 266
April 22, 2020

The Senate passed on April 21, and the House is expected to pass tomorrow, a legislative package that includes $75 billion in funds that health care providers and suppliers will be able to access. Once H.R. 266 is passed into law, we expect CMS to issue details about how to apply for funds and demonstrate financial need. Following are the criteria in the legislation:

Purpose of Funds

- Funds are to prevent, prepare for, and respond to coronavirus, domestically or internationally
- Funds are for necessary expenses to reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus
- Funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse

Recipient/Payment Requirements

- Recipients of payment must submit reports and maintain documentation as the Secretary of Health and Human Services determines are needed to ensure compliance with conditions for the payments, and such reports and documentation shall be in such form, with such content, and in such time as the Secretary may prescribe for such purpose
- “Eligible health care providers” means public entities, Medicare or Medicaid enrolled suppliers and providers, and for-profit entities and not-for-profit entities not otherwise described as the Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID–19
- To be eligible for a payment, an eligible health care provider shall submit to the Secretary an application that includes a statement justifying the need of the provider for the payment and the eligible health care provider shall have a valid tax identification number
- Funds shall be available for building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity
- “Payment” means a pre-payment, prospective payment, or retrospective payment, as determined appropriate by the Secretary
- Payments shall be made in consideration of the most efficient payment systems practicable to provide emergency payment

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Government Obligations

- The Secretary shall, on a rolling basis, review applications and make payments under this paragraph in this Act
- Not later than 3 years after final payments are made, the Office of Inspector General of the Department of Health and Human Services shall transmit a final report on audit findings with respect to this program to the Committees on Appropriations of the House of Representatives and the Senate
- Nothing in this paragraph limits the authority of the Inspector General or the Comptroller General (GAO) to conduct audits of interim payments at an earlier date
- Not later than 60 days after the date of enactment of this Act, the Secretary shall provide a report to the Committees on Appropriations of the House of Representatives and the Senate on obligation of funds, including obligations to such eligible health care providers summarized by State of the payment receipt; such reports shall be updated and submitted to such Committees every 60 days until funds are expended