

### **Strengthen Programs that Provide Immediate Financial Support to Hospitals**

- *Strengthen the Medicare Accelerated and Advance Payments Program*
  - Increase the amount hospitals can advance from 3 or 6 months to 12 months
  - Extend the period before repayment begins (currently 120 days) to at least 12 months
  - Reduce the amount of the claim offset from 100% to 25% during the repayment period
  - Extend the repayment period for acute and post-acute providers from 12 months (or 210 days) to a minimum 36 months before hospitals must pay the outstanding balance and before interest begins to accrue
  - Waive the interest; at a minimum the interest rate should be no more than 2%
  - Ensure funding is allocated from general revenues
  - Consider forgiving repayment for hospitals and health systems that are struggling
- *Strengthen the Public Health and Social Services Emergency Fund (PHSSEF)*
  - Ensure additional funds are available, if needed, based on a triggering event
  - Require distribution of the Fund based on actual extraordinary COVID-19 costs and lost revenues

### **Ensure and Maintain Health Insurance Coverage**

- *Eliminate Cost-sharing for Treatment*
  - Eliminate out-of-pocket expenses for the treatment of COVID-19 patients
  - Ensure hospitals receive waived cost-sharing (copayments, coinsurance, deductibles) directly from the government or applicable insurer
  - Remove prior authorization requirements related to COVID-19 and post-acute care
- *Maintain Employer-Sponsored Insurance*
  - Provide subsidies/tax credits to employers to maintain health coverage for employees
  - Offset the full cost of coverage through COBRA for the recently unemployed
  - Extend the COBRA election period from 60 to 180 days
- *Bolster and Enhance Health Insurance Enrollment for the Unemployed and Uninsured*
  - Provide a special enrollment period for the Federally Facilitated Exchanges (FfEs)
  - Waive or reduce premiums for the newly unemployed
  - Expand eligibility for premium tax credits and lower the premium caps associated with the eligibility thresholds
  - Ensure enrollees are not dropped from the Exchanges due to a reduction in income
  - Provide a unique funding allocation for COVID-19 treatment for those remaining uninsured
  - Ensure presumptive and retroactive eligibility for Medicaid
  - Increase funding for the Navigator Program

### **Provide Liability Protection for Health Care Professionals and Facilities**

- Provide liability protection for clinicians and facilities responding to COVID-19 pandemic



## Federation of American Hospitals COVID-19 Legislative Priorities

### **Support Frontline Health Care Workers**

- Establish a COVID-19 Medical Professional Loan Forgiveness Program to provide forgiveness or tax credits (if loans are already paid in full) to frontline providers
  - Ensure eligibility is extended to all health care professionals treating COVID-19 patients in any health care facility, regardless of tax-status
- Waive location and specialty limitations on health care providers with H-1B and J-1 visas
- Protect the immigration status of families of health care workers with visas in the event of the health care worker's death or disability due to COVID-19

### **Expand Access to Telehealth/Broadband**

- Ensure tax-paying hospitals' eligibility for the FCC COVID-19 Telehealth Program and for *H.R. 6474, The Healthcare Broadband Expansion During COVID-19 Act*

### **Provide Additional Stability to Hospitals and Health Systems**

- Halt finalization of the CMS Medicaid Fiscal Accountability Regulation (MFAR)
- Ensure COVID-19 temporary hospital beds do not reduce teaching hospitals' indirect medical education (IME) payment (i.e., do not include those beds in the resident/bed ratio)
- Adopt *S. 3559 / H.R. 6365, Immediate Relief for Rural Facilities and Providers Act*

### **Bolster Behavioral Health Funding and Telehealth Coverage**

- Waive the Medicaid IMD Exclusion for at least the duration of the COVID-19 crisis
- Waive the Medicare 190-day lifetime limit for free-standing psychiatric hospital stays
- Improve compliance with mental health parity requirements
- Ensure hospital outpatient departments (HOPDs) can provide and bill for telehealth for outpatient therapy and psychiatry programs
- Allow critical access hospitals (CAHs) to directly bill for behavioral health telehealth services regardless of their billing method

### **Suspend Payment Impacts of CMS Penalty and Performance-based Payment Programs and Hold Harmless Participants in Alternative Payment Models (APMs)**

- Suspend payment impacts of CMS payment-based performance programs for any fiscal year impacted by COVID-19, including:
  - Hospital-Acquired Condition (HAC) Reduction Program
  - Hospital Readmissions Reduction Program
  - Hospital Value-Based Purchasing (VBP)
- Hold harmless APM participants (e.g., ACO's, BPCI-A) from 2020 performance year losses and prohibit CMS from mandating participants move to higher risk levels in 2021
- Sunset the Comprehensive Care for Joint Replacement Model (CJR) this December

### **Support Resumption of Medically Necessary Services**

- Enable hospitals to resume scheduled procedures and services to meet the needs of non-COVID-19 patients by increasing access to testing and personal protective equipment