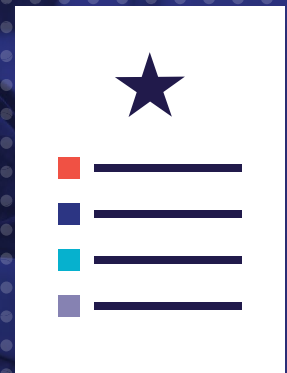


RELEASED APRIL 14, 2020

FEDERAL POLICY RECOMMENDATIONS



The COVID-19 pandemic will impact nearly every aspect of American life for years to come and has laid bare the interconnectivity between our personal access to affordable health care, our financial security, and each other. Since the outbreak began, USofCare has been talking to state and federal elected officials, our [Founders' Council](#), our [Entrepreneur's Council](#), community leaders, health care advocates, and our communities to understand their needs and concerns. With the help of [real people](#) and others in the general public, our work has identified emerging trends among the rising needs of individuals and families across our country.

Most of the country is weeks into social distancing and stay-at-home orders; public health experts remind us there is a long path to containing the spread of the virus and that "opening" too early will result in deadly consequences. At a time when so much is unknown, people are concerned about protecting and providing for ourselves and our families. This historic moment provides us with a unique opportunity to ensure our health care system is not only responsive to the pandemic right now, but also ensures health care accessibility and affordability well into the future. **Our conversations have surfaced the following themes:**

- ★ People want accurate information and recommendations on the virus and how to stay healthy and safe.
- ★ People want an adequately resourced and reliable health care system able to support front-line workers and also one that is available when they need it now and after the pandemic.



- ★ People are worried about the personal financial impact of the pandemic and want clear and dependable support for them and their family's financial and medical well-being.
- ★ People want a health care system which respects the value of human life and cares for the most vulnerable.

In the immediate term, people and small businesses continue to require economic support to sustain social distancing. That is why it is time for meaningful national investment in the entirety of our health care system to both combat the current pandemic while also ensuring we are better prepared to fight one in the future. As Congress considers its next round of COVID-19 response, **our leaders must take action in four priority areas.**



PRIORITY AREA #1

Provide the accurate information and clear recommendations that people need to be safe from the virus.

Meeting this need means developing and deploying a plan for comprehensive testing and tracking to understand when it is safe to relax social distancing, as well as understanding and sharing what we know about COVID-19 and where it is spreading.

- **Provide \$3.6 billion to fund case identification, contact tracing and the creation of infrastructure for state and local departments of public health.** This is based on the [average pay for a community health worker](#) of \$17 per hour, assuming that 100,000 workers work full time on this for 1 year.
- **Require the collection and public reporting of comprehensive data about COVID-19 infection, including by race and ethnicity, treatment success rates for hospitalized patient therapies, a public dashboard of FDA clinical lab tests and therapies in development and the status of vaccine tests.** Data continues to emerge showing minority populations are bearing a disproportionate burden of the outbreak. While some [states](#) and localities are releasing data showing these disparities, Congress must require comprehensive reporting via a public website updated daily with the data necessary to provide a full picture of the impact of the virus.



PRIORITY AREA #2

Build a reliable health care system that is adequately resourced to support front-line workers and available when they need it both now and after the pandemic.

People want to know that a strong health care system will be prepared to take care of them if and when they need it. Building this system means investing in all of the needs of our frontline health care workers and shoring up our health care infrastructure to protect us against future threats.

- **Provide a \$5,000 bonus payment to frontline medical workers and first responders every month for the duration of a declared emergency in the state in which they are practicing.** These frontline medical workers are facing tremendous personal risk by caring for COVID-19 patients; in the SARS epidemic of 2000, for example, [20% of those infected were health care workers](#). For the purposes of the \$5,000 bonus payment, frontline medical workers should include physicians, nurses, physicians assistants, nursing assistants, nursing home staff, health care facility workers who come into direct contact with patients, and the mental health care professionals supporting and treating their frontline medical colleagues. This additional compensation will help these critical workers cover individual child care or other family care, as well as other needs they may face as they work extended hours.
- **Establish a “combat pay” tax exclusion for frontline health care workers providing services during a pandemic.** This could be similar to the [Tax Exclusion for Combat Service](#).
- **Appropriate \$12.6 billion to help sustain Community Health Centers and other social service organizations.** The health and human service infrastructure in locations hardest hit by COVID-19 is crumbling and experiencing massive financial shortfalls. In a short time, these challenges are likely to shut down key community clinics in the middle of a pandemic and could lead to their permanent closure. Congress should:
 - » Fund four months of compensatory relief to health centers demonstrating COVID-19 related losses.
 - » Require state Medicaid programs to maintain rates paid to community health centers for telehealth and behavioral health at parity with pre-pandemic in-person visits.
- **Establish a health care worker fund** to assist those currently serving on the front lines with long-term and/or chronic conditions coming out of their service to include both physical and [mental health needs](#). This fund should also provide for those front line workers who endure financial difficulty due to their service during the pandemic but will be particularly effective for expected [mental health](#) care once the pandemic is over.

- **Ensure emergency workers have child and family care available.** [Washington, DC](#) and [Vermont](#) are using schools to provide child care for health care workers and/or other “essential persons” during the crisis. Congress should establish a fund and strategy to ensure frontline health care workers have child and other family care during a national emergency pandemic.
- **Guarantee that all critical medical workers have the Personal Protective Equipment (PPE) they need.**
 - » Establish a national PPE purchasing and distribution program, including reimbursement and/or a tax incentive for those donating PPE. It has become clear the market for PPE has broken down and federal leadership is required. A national PPE purchasing and distribution program led by a non-partisan appointee or commission would fix this in times of a health care crisis. Congress could also:
 - Create a National Clearing House/Exchange for re-distributing clinical staff to high need areas
 - Authorize direct tribal access to the Strategic National Stockpile
 - » **Designate [Direct care workers](#) as essential personnel to ensure access to PPE.** Nurse aides, home health aides, and personal and home care aides are critical to the lives of the elderly and those with disabilities. Their protection is vital not only to their own health and ability to offer care, but also to the at-risk populations they serve.
- **Support independent and primary care physician practices through advanced payments in Medicare for three to six months.** These payments could be forgiven if these practices remain independent for at least one year. The number of independent practices nationwide has [diminished](#) from 48.5 percent in 2012 to 31.4 percent in 2018. Those remaining will prove critical to our health care system over the next several months during the COVID-19 pandemic, but do not have the financial strength of their larger, institutional owned peers and will require assistance to continue their vital work.
- **Provide \$38.5 billion to ensure continuation of critical mental health resources.** Funding is required for direct payments to behavioral health organizations to ensure they remain open and operational during the COVID-19 pandemic. The need for mental health and substance use services is growing, yet behavioral health organizations are already laying off staff, cutting programs, and may need to cancel services or close clinics in the coming weeks. Without robust investment in behavioral health, these organizations will not be able to keep their doors open, leading to many people seeking emergency services and further stressing hospital emergency departments.
- **Support providers that rely on Medicaid payments.** Congress should ensure providers receiving significant portions of their funding from Medicaid - such as children’s hospitals, OB-GYNs, and long-term care facilities - receive COVID-19 Provider Relief Funding so they are able to keep their doors open and serve patients.
- **Invest in our health care infrastructure to meet long term needs**
 - » Establish a dedicated strategy, program, and funding source to enable existing agencies within HHS and the Department of Defense to develop flexible platforms and countermeasures for any type of novel pathogen.

- » Establish a national infectious disease forecasting center.
 - » Establish a statute-based national infectious disease chain of command centralized in the White House and free from political interference.
 - » Establish a million-strong Health Care Ready Reserve [similar](#) to the reserve forces of the military branches. A health care reserve corps like this could be activated when extraordinary surges in health care workers are necessary.
- **Encourage technological innovation and make new solutions widely available.**
 - » **Encourage the development of new remote and home-based health technologies.** The more quickly the FDA can approve new technologies, the easier it will be for people to utilize them at home and for medical providers to monitor at-risk patients without them having to travel into a medical facility.
 - » **Fully development and deployment of telehealth capacities including broadband coverage in rural areas and Indian Country.** A digital divide in America continues to exist, especially in rural areas and Indian Country. While [78 percent](#) of American households have an internet subscription, only 65 percent have one in rural counties and just 53 percent have one in [Indian Country](#). Phase 3 of the COVID-19 legislative response included \$185 million to expand telehealth services at rural critical access hospitals. Congress should provide additional funding as telehealth has proven more vital now than ever before.
 - » **Create an accelerated pathway for coverage and reimbursement of documented time, material, and other relevant costs required to scale up new technologies, products, or services that could be immediately deployed in a health care crisis.** The goal of this policy is to leverage the full intellectual capacity of small firms in America and help them to have significant impact without disadvantaging them later when appropriate reimbursement is determined. This would provide seed money to immediately scale up the product they have made that could help in a national emergency.



PRIORITY AREA #3

Provide people with the financial and health care security they need to weather COVID-19.

We know people are worried about the financial impact of the pandemic, and want clear and dependable support for themselves and their family's financial and medical well-being. We are asking people to stay home, and often away from their jobs, for an extended period of time. Congress must ensure people have the financial and health care resources they need to sustain themselves through long-term social distancing and the associated economic downturn.

- **Increase SSI and Social Security benefits for people with disabilities for the duration of the national emergency.** Benefits should be boosted for the duration of the epidemic to help people with disabilities afford medically necessary isolation and other costs they incur.
- **Establish new incentives for states to augment Medicaid eligibility** temporarily during a national emergency. States could be further incentivized to expand Medicaid by offering a 100 percent federal match for those enrolled in the Medicaid expansion. The 100 percent match would be available to all states, regardless of whether they previously expanded Medicaid.
- **Appropriate \$500 billion in new [state and local funding](#).** State budgets will not be able to meet the demands of the crisis as income, corporate and sales tax revenues decrease. State and localities have no other place to turn other than the federal government to ensure critical services continue to be delivered. Research cited above indicates each percentage point increase in unemployment corresponds with a \$45 billion loss to state budgets nationwide.
- **Remove any financial barriers to seeking care for COVID-19.**
 - » Ensure no person receives a surprise bill for COVID-19 treatment, which, depending on hospital capacity, may need to be provided at hospitals or facilities that are out of network.
 - » Establish a new reinsurance program to keep premiums down for all commercial insurance, including self-insured plans, which face the double challenge of both increased medical costs and an economic downturn.
 - » Augment funding already provided to hospitals to pay for COVID-19 care for the uninsured, and provide additional funds to ensure all other necessary non-hospital care for COVID-19 is covered, including follow up care.
 - » Cap out-of-pocket costs in traditional Medicare for those without supplemental coverage (Medigap) for the duration of the emergency. People on Medicare requiring medical care to treat COVID-19 can quickly exceed their covered out-of-pocket costs if they lack supplemental coverage.

- » Ensure COVID-19 [antibody tests](#) are covered at no cost-sharing as a preventative service just as vaccines will be.
 - **Shore up the health care safety net for those who are losing jobs and income.**
 - » Provide federal subsidies for the purchase of COBRA.
 - » Open a special enrollment period in all federally facilitated health care marketplaces operated by healthcare.gov so people can shop for additional coverage options.
 - » Expand Advanced Premium Tax Credits (APTCs) for marketplace plans through the duration of national emergency and six months after to 600% FPL.
 - » Similar to how the \$1,200 direct payments are exempt for Medicaid income eligibility purposes, these payments should also be exempt for APTC determination purposes.
 - » Institute a 90 day grace period for health care premiums paid for individual health insurance plans.
 - » Make permanent IRS guidance requiring high-deductible health plans to cover COVID-19 testing and treatment with 1st-dollar coverage.
 - » Augment the FMAP match beyond the 6.2 percent increase already enacted to ensure Medicaid and state governments have the resources required to care for people with disabilities. This should be combined with strong protections around state maintenance of effort requirements.
-



PRIORITY AREA #4

Build a COVID-19 response and health care system which cares for the most vulnerable.

People respect the value of the lives of their friends and neighbors and want to see a health care system that protects those who most need it.

- **Establish both the legal authority and federal funding to help states shelter homeless and other at-risk populations in hotels during a pandemic.** Homeless populations, which are [57.1% urban and 42.8% suburban/rural](#), do not have access to resources allowing them to adhere to social distancing protocols; even shelters cannot offer [sufficient](#) isolation measures. People experiencing homelessness also have higher rates of mental and physical health concerns than the general population, making them high-risk for COVID-19 infection and, therefore, a risk to the larger population. [California](#) recently received federal approval for non-congregant funding from FEMA on a

cost-sharing basis for the duration of their Major Disaster Declaration. Congress should ensure states do not have to seek permission to do this during a pandemic and provide funding for this program's nationwide administration.

- **Fund equipment necessary to allow family members to be with their loved ones in the hospital as they battle COVID-19.** Hospitals should have the PPE and equipment they need to enable family members to visit their loved one when they are critically ill.
- **Establish a new community development block grant program or other funding source to support unemployed workers in our local communities.** In order to provide community support to vulnerable populations, even when the economy re-opens, there will be millions of people who need to find new employment. We should put them to work building America and taking care of vulnerable populations.
- **Fund Home and Community Based Services grants**, such as the ones found in the [Coronavirus Relief for Seniors and People with Disabilities Act](#), to support the Direct Support Professional (DSP), Personal Care Attendant (PCA), and Home Health Workforce.
- **In order to protect both our society's public health and our liberty, ensure all Americans are not forced to choose between participating in our democracy and protecting their own health on Election Day.** Bipartisan [support is building](#) across the country for Congress to help states protect public health and democracy by ensuring local jurisdictions have the resources and are properly incentivized to enable Americans to vote during a time of social distancing. Congress should appropriate funding accordingly.



With facts on the ground changing quickly, it is imperative Congress acts quickly as additional needs continue to emerge. Enacting policies providing the information, security and support people need during this challenging time will help all of us sustain the social distancing necessary to continue to make progress in slowing the spread of COVID-19.

In line with [our mission](#), USofCare will continue to listen to people across the country to identify their needs and the solutions that will meet them.

