National Indian Health Board

Section	Short Title	Summary	Total Funding	Tribal Set Aside	Potential Tribal Impact	Notes
Part II - Access to Health Care						
3202	Pricing for Diagnostic Testing	Clarifies that if a private insurance provider has an established negotiated reimbursement rate for COVID-19 testing with a health provider before the declaration of a public health emergency, the provider shall be reimbursed at that negotiated rate. If a negotiated rate does not exist, then the insurance provider shall reimburse the health provider at the cash price for such service, or a lower negotiated rate. Also requires the provider to publicize the cash price		N/A	Varies based on whether Tribes have a negotiated rate in place with insurance providers for COVID-19 testing	
3203	Coverage of COVID-19 Vaccine	Provides coverage of COVID-19 vaccine (once developed) with zero-cost sharing				
3212	HRSA Telehealth Network grants	Reathorizes HRSA telehealth grants and adds focus on evidence-based projects that utilize telehealth technology, and a larger focus on expanding access to telehealth overall. Makes the grants for 5 years instead of 4, and increases the funding authorization to $29 million per year from $20 million	$29 million per year	N/A	Tribes are eligible	
3213	HRSA Rural Health Care Services	Reauthorizes the HRSA rural health care grants with stronger focus on quality improvement, care coordination, healthcare integration, and healthcare access. Substantially increases the funding authorization from $45 million to $79.5 million per year	$79.5 million	N/A	Tribes are eligible	
3214	Ready Reserve Corps	Creates a new Ready Reserve Corps of doctors and healthcare professionals specifically for public health emergencies.	N/A	N/A	This section is something to follow up on, as Tribes may want to see if such officers could be deployed to IHS/Tribal clinics during an emergency; or alternatively, this could potentially reduce the # of Commisssion Corps deployments from the I/T/U during public health emergencies	
3215	Volunteer Liability	Limits liability for healthcare volunteers under federal and state law (not Tribal) during the extent of the COVID-19 public health emergency. However, the limited liability does not extend to willful or criminal misconduct, gross negligence, etc.	N/A	N/A	There are many healthcare volunteers in the Indian health system. This isn't quite FTCA coverage for volunteers and only exists for the extent of the PH emergency; however, this is something that Tribes should be aware of.	
3216	National Health Service Corps Flexibility	Gives the HHS Secretary flexibiltiy to reassign Commission Corps officers to respond to the COVID-19 pandemic.	N/A	N/A	Many IHS/Tribal sites have already lost Commission Corps officers. Given this flexibility, it is important that Tribes further request that officers be deemed mission critical. Direct Service Tribes would need to go through Area Director	

3221	Confidentiality & Disclosure of Substance Use Disorder Records	Aligns 42 CFR Part 2 with HIPAA regulations related to disclosure of patient substance use records. Before patient SUD data can be shared, the patient must provide written consent; after which data can be shared according to HIPAA regulations. It is possible that patient's consent can be applied to future disclosures or uses unless the patient revokes in writing. Data can be shared with public health authorities as long as it is de-identified.	N/A	N/A	Tribes may want to monitor this and request consultation as it applies to AI/AN patient data	
3224	Guidance on Sharing of Health Information	Requires the Secretary of HHS to promulgate guidance on sharing of patient protected health information for the duration of the COVID-19 public health emergency declaration.	N/A	N/A	Tribes should monitor and request consultation so Tribal input is informing guidance development	
Part IV - Health Care Workforce						
3401-3403	Reauthorization of Health Professions Workforce Programs	3401: Reauthorizes multiple HRSA grants for health profesions schools and other public and nonprofit entities (including Native American Centers of Excellence). 3402: Requires the Secretary to work with the Adviosry Committee on Training in Primary Care Medicine and Dentistry and the Advisory Council on Graduate Medical Education to develop a coordinated plan to evaluate and measure the effectiveness of health care workforce development programs. 3403: Strengthens healthcare education programs for geriatric care and creates a new Geriatrics Workforce Enhacement Program to support training of healthcare professionals in geriatric care.	For scholarship funding: $51.4 million for 2021-2025; For loan repayments/scholarships: $1.19 million for 2021-2025; For educational assistance: $15 million for 2021-2025; For primary care grants: $48.924 million for 2021-2015; For general, pediatric and public health dentistry: $28/5 million for 2021-2025; For Area Health Education Centers: $41.25 million for 2021-2025; For Geriatric Workforce Program: $40.7 million for 2021-2025	N/A	Requires the Secretary to prioritize Tribes and Tribal organizations for primary care training and enhancement grants, and for geriatric workforce enhancement grants	
3404	Nursing Workforce	Adds a new definition of nurse managed health clinic which is a "nurse practice arrangement, managed by advanced practice nurses that provide primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university, FQHC or independent non-profit health or social services agency." Strengthens and expands the scope of nursing workforce programs to include addressing nursing workforce shortages. Bolsters nurse education, practice and quality grants. Includes Community Health Aide Program (CHAP) as among the list of candidates that can become registered nurses with baccalaureate degrees or nurses with graduate nursing education. Requires the Comptroller General to generate a report on nurse loan repayment programs including an evaluation of the number of nurses assigned to FQHCs and facilities "affiliated" with the IHS	$137.8 million for 2021-2025	N/A	This can fastrack CHAPs to receive grants to get an advanced degree in nursing.	
Subtitle D - Finance Committee						

3703	Medicare Telehealth Flexibilities	Repeals the limitation on Medicare telehealth expansion authority that existed under HR 6074 (first COVID package) where telehealth could only be used during the COVID-19 emergency for patients seen within the past 3 years	N/A	N/A	N/A	N/A
3704	Telehealth under Medicare for FQHCs and Rural Health Clinics	For the extent of the COVID-19 emergency, FQHCs and rural health clinics can serve as a distant site for telehealth consultations and permits Medicare reimbursement for such aservices at payment rates similar to the national average payment fates for comprable telehealth services under the Medicare PFS. However, FQHCS are prohibtied from using the costs associated with telehealth services to determine the reimbursement rate under FQHC PPS calculations.	N/A	N/A	Tribes that are FQHCs or rural health clinics can be reimbursed under Medicare for telehealth for the duration of the COVID-19 emergency	
3705	Medicare telehealth for dialysis	Eases regulations on use of telehealth under Medicare for dialysis treatment by eliminating the requirement that the nephrologist conduct some face-to-face evaluations first	N/A	N/A	IHS/Tribes should be aware of this	
3706	Telehealth for Hospice Care Recertification	For the extent of the COVID-19 emergency, hospice physicians and nurse practitioners can use telehealth technologies in order to fulfil hospice face-to-face recertification requirements.	N/A	N/A	IHS/Tribes should be aware of this	
3707	Telecommunications for Home Health	Requires the HHS Secretary to issue guidance on ways to encurage use of telecommunications systems, including for remote patient monitoring, to furnish home health	N/A	N/A	IHS/Tribes should be aware of this and submit comments	
3708	Enabling Physician Assistants and Nurse Practitioners to order Medicare Home Health Services	Enables PA's and NP's and other health professionals to order home health services and requires the Secretary of HHS to develop regulations within 6 months	N/A	N/A	IHS/Tribes should submit comments during regulatory development	N/A
3709	Medicare Sequestration	Eliminates the Medicare sequester (which reduces payments to providers by 2%) for May 1 through December 31, 2020. It can be extended for 1 additional year; thus boosting payments to providers, hospitals, etc.	N/A	N/A	IHS/Tribes should be aware of this	
3710	Medicare Hospital Inpatiwnt Payment System	Allows Medicare-participating inpatient hospitals that treat patients admitted with a COVID-19 illness by 20% for the duration of the public health emergency	N/A	N/A	IHS/Tribes should definitely be monitoring this especially as it relates to PRC. It does not cite the IHCIA/SSA sections around the MLR being payment in full.	
3712	Medicare Durable Equipment Payment Reduction	Prevents Medicare payment reductions for durable medical equipment to help patients transition from the hospital to home for the duration of the COVID-19 emergency for rural and noncontiguous areas	N/A	N/A	IHS/Tribes should monitor	
3713	Medicare Part B coverage of COVID-19	Requires Medicare Part B coverage at no cost-sharing to patient for COVID-19 vaccines	N/A	N/A	N/A	N/A

3714	Medicare Part D Drug Refills	Allows up to 90-day drug refills for Medicare patients for duration of COVID-19 emergency		N/A	N/A	Doesn't seem to limiit this to certain drug types or reference other sections of law regarding this
3715	Medicaid Reimbursement of Home and Community-Based Services in Acute Care Hospitals	Allows state Mediciaid programs, under 1115 waivers, to pay for professional services and caregivers to assist elders with daily living in an effort to reduce hospital length of stay	N/A	N/A		
3716	Uninsured Individuals	Clarifies the section under HR 6201 (2nd COVID package) regarding Medicaid coverage for uninsured individuals, such that individuals considered to not have minimum essential coverage shall not be treated as enrolled ina federal health care program	N/A	N/A	AI/ANs are not required to maintain minimum essential coverage as defined under the ACA. Something to further examine	
3717	Coverage of Tests	Clarifies the section under HR 6201 (2nd COVID package) such that Medicare Part B beneficiaries will have full coverage at no cost-sharing for COVID-19 tests	N/A	N/A		N/A
3718	Medicare Clinical Lab Payment Reduction	All COVID-19 tests are covered at no cost-sharing under Medicare				
3719	Hospital Medicare Advance Payments	At the request of any hospital (especially rural or frontier hospitals) with the exception of psychiatric, rehabilitation, pediatric, and long-term inpatient (more thasn 25 days) hospitals, the Secretary shall pay 100% of the costs (125% for critical access hospitals) and hospitals can request a 6-month lump sum payment or periodic payment. The payment is based on net reimbursemenet represented by unbilled discharges or unpaid bills. It would be a LOAN and the hospital wouldn't have to start paying it down for 4 months with the option to extend that for a year with no interest acrruing.			IHS/Tribes should be aware of this	
3720	Enhanced FMAP for states	Amends HR 6201 (2nd COVID package) to make sure states can take advantage of the 6.2% increased FMAP rate for the duration of the emergency				
Medicare Provisions						
3801	Extension of the work geographic index floor under the Medicare Program	This is one of the metrics that Medicare uses to determine how much to pay for a medical procedure. It was originally set to sunset on May 23, 2020 but will now extend to December 1, 2020.			IHS/Tribes should be aware of this	
3802	Extension of funding for quality measure endorsement, input, and selection	This is an appropriation of $20,000,000 for quality measure endorsement, input, and selection for FY 2020. There's also a provision to prorate $20,000,000 for the period between October 1 and November 30, 2020. This should be helpful for researching treatment options.				Not sure how Tribes would access this funding so do not think it has an impact.

3803	Extension of funding outreach and assistance for low-income programs	This extends funding for the following items (all funding is FY 2020 and then pro-rated Oct 1 – Nov 30 2020): $13,000,000 for State Health Insurance Programs, $7,500,000 for area agencies on aging, $5,000,000 for Aging and Disability Resource Centers, and $12,000,000 for grants and contracts with the National Center for Benefits and Outreach Enrollment.			Increasing support for outreach and education programs may have a positive impact on the ability of Tribal members to learn more about the Medicare program, what it offers, and how to maximize their usage of benefits. There's no Tribal set aside here sadly, but increased outreach and education can still reach Tribal members.	
Medicaid Provisions						
3811	Extension of the Money Follows the Person rebalancing demonstration program	Appropriates $337,500,000 (increase by $162,500,000) to the "Money Follows the Person Rebalancing Demonstration Program" for FY 2020 with an extension to November 30 (and a prorated amount paid for that period).			If a Tribal member is receiving services through an institution, this should increase the capacity for them to transition into a Home and Community Based service.	
3812	Extension of spousal impoverishment protections	This extends Spousal Impoverishment Protections, which were due to sunset in May . No additional appropriations here. This basically protects people who are receiving home and community based services. It allows for the exclusion of spousal income in those instances so people are able to receive HCBS through the Medicaid program even if their spouse is over income and asset limits. It now sunsets on November 30,2020.			Same as 3811^ protects Tribal members whose spousal income may result in them being unable to access HCBS.	
3813	Delay of DSH reductions	This pushes the reductions in Medicaid disproportionate share hospital (DSH) payments even further down the road. Instead of starting on May 23, 2020, it now starts on December 1, 2020. These cuts were authorized under the ACA but keep getting pushed back. It makes sense that it would be pushed back again for this, given that hospitals need all of the resources they can get.			No impact.	
3814	Extension and expansion of Community Mental Health Services	Provisions allows for CMS to select two states for the Community Mental Health Services Demonstration Program. It also extends the program until November 30, 2020 (from May 22, 2020). No (apparent) additional appropriations for this.			If a Tribe is in a state that is apart of this demonstration project, it could open up doors for additional treatment options and reimbursement opportunities for Tribes. Unclear whether Tribes have been apart of this in the past.	