



A Union of Professionals

Healthcare Provisions in the Coronavirus Aid, Relief, and Economic Security (CARES) Act (passed March 27, 2020)

Funding for hospitals/health agencies

- \$100 billion to ensure healthcare providers receive support for COVID-19-related expenses, including increased workforce and trainings, retrofitting facilities, building or construction of temporary structures, medical supplies and equipment—including personal protective equipment—and testing supplies.
- \$1.5 billion in designated funding for state and local preparedness and response activities.
- \$1.3 billion for community health centers.

Funding for healthcare equipment and facilities

- Up to \$16 billion to purchase personal protective equipment, ventilators and other medical supplies for the national stockpile.
- A minimum of \$250 million to improve the capacity of healthcare facilities to respond to medical events.
- \$45.4 billion to support the Federal Emergency Management Agency's response and recovery activities as well as reimbursements provided to states and localities nationwide for emergency and major disaster declarations.
- \$5 million to provide guidance and outreach on best disinfectant and protective practices for homes, schools and day care facilities.

Medicare/Medicaid

- Temporarily lifts Medicare cuts that reduce payments to providers by 2 percent, boosting payments for hospital, physician, nursing home, home health and other care.
- Increases by 20 percent the payment that would otherwise be made to a hospital for treating a patient admitted with COVID-19.
- Delays reductions in disproportionate share hospital payments through Nov. 30, 2020.

Other healthcare programs

- \$14.4 billion to support increased demand for healthcare services at Department of Veterans Affairs facilities and through telehealth, including the purchase of medical equipment and supplies, testing kits and personal protective equipment, and \$606 million to address

The **American Federation of Teachers** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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infrastructure demands, including the development of alternative sites of care and procurement of mobile treatment centers.

- \$200 million for telecommunications services, information services and devices necessary to enable the provision of telehealth services.
- \$425 million to address mental health and substance use disorders as a result of the coronavirus pandemic.
- \$100 million for correctional officers' overtime, personal protective equipment, and supplies related to the coronavirus; clean work and living environments; and inmate medical care and supplies related to the coronavirus.
- \$275 million to expand services and capacity for rural hospitals, telehealth, poison control centers and the Ryan White HIV/AIDS Program.
- \$500 million to support the Centers for Disease Control and Prevention's global health efforts.

Healthcare policy

- Free coverage, without cost sharing, for a COVID-19 vaccine.
- Reauthorization of health professions workforce programs.
- Extends rural healthcare services outreach, rural health network development, and small healthcare provider quality improvement grant programs.
- Rural health clinics and federally qualified health centers would be allowed to provide telehealth services to beneficiaries in their homes under Medicare during the COVID-19 crisis.
- Healthcare professionals who volunteer service receive federal and state liability protection.

Healthcare-related provisions in the Families First Coronavirus Response Act (passed March 18, 2020)

Emergency paid sick leave

- Access to emergency paid sick leave to as many as 87 million U.S. workers, including employers with fewer than 500 employees and government employers.
- The vast majority of these workers would receive full pay for two weeks—or 80 hours—of missed work that is related to the coronavirus.
 - Part-time employees are entitled to the typical number of hours they work in a typical two-week period.
- Pay is broken down in two ways: at the employee's regular rate, to quarantine or seek a diagnosis or preventive care for the coronavirus; or at two-thirds the employee's regular rate to care for a family member for such purposes or to care for a child whose school has closed or whose child care provider is unavailable due to the coronavirus.

- Emergency paid sick leave must be made immediately available to employees, regardless of how long they have worked for the employer.
- This paid sick leave must be offered in addition to any paid sick leave offered in an employer policy (or guaranteed in a collective bargaining agreement), and an employer cannot require an employee to use their accrued leave prior to using the emergency paid sick leave (although an employee is free to do so).
- Every employer that provides paid leave under this bill will be fully reimbursed for the cost in no more than three months.

Diagnostic COVID-19 testing

- Requires private health plans to provide full coverage for COVID-19 diagnostic testing, including the cost of a provider, an urgent care center, and emergency room visits in order to receive testing.
- Provides \$1 billion for the National Disaster Medical System to reimburse states for the costs of COVID-19 diagnostic testing and services provided to individuals without health insurance.

Retirees

- Requires Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered.
- Requires Medicare Advantage to provide no-cost coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing.
- Requires Medicaid to provide no-cost coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. States may extend Medicaid eligibility to uninsured populations for the purpose of COVID-19 diagnostic testing.