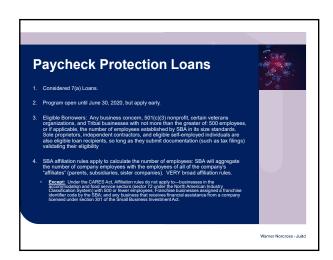


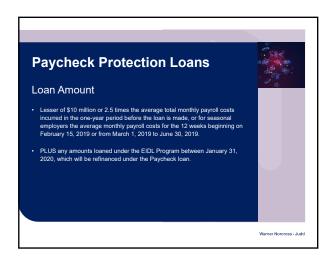


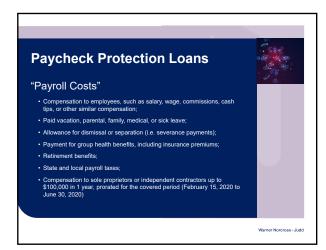


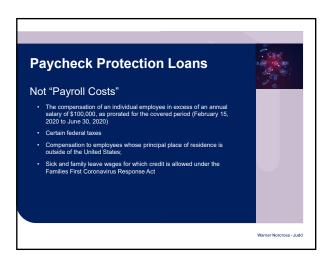
EIDL Loans Under CARES Act 1. Businesses, including most private nonprofils, with not more than 500 employees are now eligible for EIDL loans. Religious organizations are not eligible. 2. The covered period begins January 31, 2020 and ends December 31, 2020. 3. EIDL loans made during the covered period will not require (i) a personal guarantee on advances and loans of \$200,000 or less, (ii) an applicant to be in business for a 1-year period prior to the disaster (except the business must have been in operation on January 31, 2020), and (iii) an applicant be unable to find credit elsewhere. Further, lenders are authorized to approve applicants based solely on credit scores or "alternative appropriate methods to determine an applicant's ability to repay." 4. SBA affiliation rules are not waived for EIDL Loans.

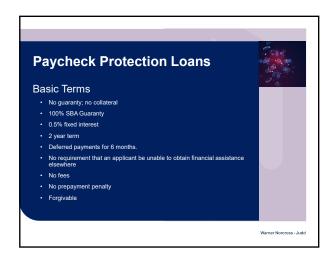


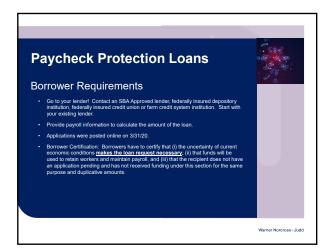


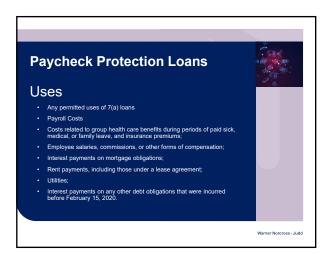








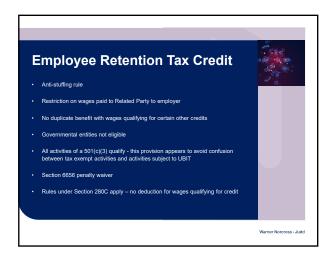


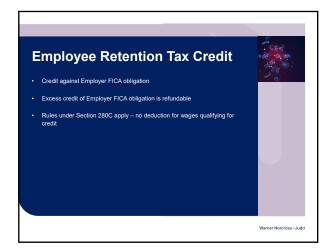


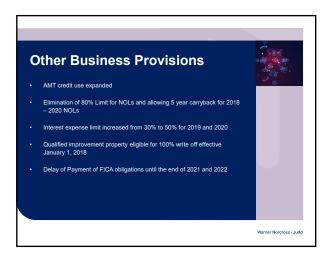
Paycheck Protection Loans Forgiveness - Forgivable in an amount up to the amount paid by the business for payroll (including wages to tipped employees), rent, utilities, and mortgage interest during the 8 weeks after origination of the loan, but not more than the principal amount of the loan. - The amount forgiven will be reduced proportionally by a formula related to layoffs or salary or wage reductions during the 8 week period after origination of the loan. Ab proveer is able to avoid this reduction by rehiming employees and eliminating the reduction in salary. - The tender forgives the principal, and the SBA pays any accrued interest to the lender. - The borrower has to apply to the lender for the forgiveness and supply supporting documentation as prescribed in the Act.

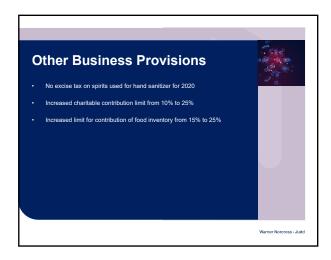


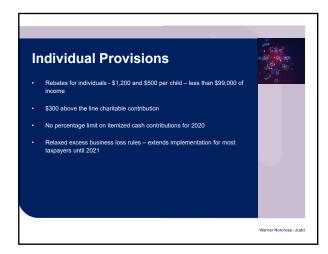














TITLE III – Supporting America's Health Care System



- Addressing Supply Chain Shortages
- Legislation is mostly aimed at responding to clear gaps in the system that have been exposed
- National Academies of Science, Engineering, and Medicine to examine and report on US medical-supply chain regarding US dependence on critical drugs and devices sources outside of the US and ways to improve US supply
- Requires the national stockpile to include personal protective equipment and includes respiratory devices as "covered countermeasures"
- Creates additional requirements for manufacturers to report discontinuation
 or disruption of sourcing materials. Requires manufacturers to implement
 risk-management plans related to shortages.

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Access to Health Care for COVID-19 Patients



- Commercial payers can reimburse for diagnostic testing at previously negotiated rates. If no rate previously negotiated, rate is equal to cash price set by provider and subject to negotiation.
- All entities providing COVID-19 diagnostic tests are required to post the cash price on their website. HHS can assess civil monetary penalties up to \$300 per day for noncompliance.
- Health plans are required to provide rapid coverage for services.
- $\bullet \quad \$1.3 \ \mbox{billion}$ appropriated for entities for prevention, diagnosis, and treatment.
- Public Health Service Act is amended regarding grants rural and small providers related to telehealth; warrants separate discussion.
- Federal and state liability limited for volunteer health care professionals.

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Access to Health Care for COVID-19 Patients Cont'd



- Statute that protects confidentiality and disclosure of substance use disorder patient records amended to allow certain re-disclosures to covered entities, business associates, or other programs in accordance with HIPAA after obtaining the patient's prior written consent.
- State agency or area agency on aging can transfer up 100% of the funds received by the agency to meet the needs of the state or area served, and the same meaning shall be given to an individual unable to obtain nutrition due to social distancing as one who is homebound due to illness.
- Provides that within 180 days of the passage of the Act, the Secretary of HHS shall issue guidance on the sharing of patients' protected health information (PHI) related to COVID-19, including guidance on compliance with HIPAA regulations and applicable policies.
- Secretary of HHS shall carry out a national awareness campaign relating to the importance and safety of blood donation, and the need of for donations.

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Innovation



- Removes cap on "other transaction authorities" allows for competitive procedures for government and industry to enter into agreements for projects related to public-health emergencies. The gov't also cannot cancel agreements due solely to the applicable emergency ending.
- There are new provisions to expedite development and review of new animal drugs if there is evidence that an animal disease has the potential to cause serious adverse-health consequences or lifethreatening diseases in humans.

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Health Care Workforce



- Reauthorizes significant appropriations (hundreds of \$millions) for certain entities that teach and train underrepresented minorities in health care programs, for scholarships to students in health-care professions from disadvantaged financial backgrounds, and for certain primary-care training programs and educational institutions.
- Grant money also available to certain education and training programs related to geriatrics.
- Additional focus on grants related to funding nursing workforce development for certain eligible programs.

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Finance Committee Provisions



- Certain location requirements that are typically prerequisites for FOHC or RHC to be reimbursed for telehealth services are waived during the emergency period. Face-to-face requirement for ESRD patients is waived during emergency period. Face-to-face requirement for hospice recertification is waived during emergency period.
- HHS Secretary allowed to consider other ways to encourage telehealth during emergency.
- Certain home-health provisions expanded to allow advance practice providers to treat and be reimbursed.

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Finance Committee Provisions, Cont'd



- Inpatient Prospective Payment System weighting factor increased by 20% for individuals diagnosed with COVID-19 that are discharged during the emergency period.
- Certain rules related to inpatient rehab and long-term-care hospitals are waived during emergency period (three-hour rule, discharge percentages, site-neutral payment rates).
- Payment rates for DME adjusted for rural and noncontiguous areas.
- Vaccines covered under Medicare Part B without cost sharing. Individuals can obtain up to 3-month supply of covered drugs.
- Home and community care payments expanded to include payments for home and community-based services, in acute-care hospital, where certain requirements are met.

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Finance Committee Provisions, Cont'd



- The definition of uninsured individual added to Social Security Act by FFCRA is supplemented and provides that uninsured individuals can be tested for COVID-19 without cost-sharing in any state Medicaid program that chooses to offer the enrollment option.
- The CARES Act amends the FFCRA by removing the requirement that the diagnostic products administered are approved, cleared, or authorized under the Federal Food, Drug, and Cosmetic Act for medical assistance payments to be authorized.
- Certain clinical laboratory reporting requirements are extended by one year, and scheduled reductions in Medicare payment rates are no longer applicable.

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Finance Committee Provisions, Cont'd



- For the duration of the COVID-19 emergency, the existing hospital accelerated payment program is expanded and allows hospitals, providers, and suppliers to request up to a six-month advanced payment on a periodic or lump sum
- CAH's can elect to receive up to 125 percent of prior period payments, while other hospital types could receive up to 100 percent of prior period payments.
- Hospitals may request to delay payment of loans for up to four months. Hospitals may also request to have at least 12 months from the advance payment date to repay loans without interest.

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