

The Coronavirus Aid, Relief, and Economic Security (CARES) Act is the third Covid-19 relief-related package that was considered by Congress and signed into law by President Trump. Below are the provisions of the legislation most relevant to orthopaedic surgeons and their patients.

HEALTH CARE

- **Tax Extenders** – Delay in several scheduled reductions, including Community Health Centers and Disproportionate Share Hospitals. The Teaching Health Centers for Graduate Medical Education also received a reauthorization of funds at the current levels through November 30th, 2020. **This sets up a delay in addressing surprise billing until November 30th, 2020.**
- **Telehealth** – Includes grants for providers who may not currently have telehealth capabilities. Expands Medicare coverage for telehealth services during the current pandemic and allows people with high-deductible health plans and health savings accounts to access telehealth before they've reached their deductible. The bill removes the “prior relationship” clause that would require the patient to have previously been treated by the physician to be eligible for telehealth services.
- **Rural Health Care Providers** – Reauthorizes HRSA grant programs to strengthen rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services. Also provides increases to Medicare reimbursement for physicians working in areas where the geographic floor is lower than the national average (primarily rural sites).
- **Medical Liability** – Provides assurances and protection for providers practicing across state lines due to the coronavirus, similar to the Good Samaritan Health Professionals Act. This language does NOT clarify provider liability exposure around telehealth.
- **Scope of Practice** – The bill enables nurse practitioners and physician assistants to order certain medications (specifies Part D medication for osteoporosis as an example) in home health care.
- **Medicare Sequestration Relief** – Temporarily lifts the Medicare sequester, which reduces payments to providers by 2 percent, from May 1 through December 31, 2020, boosting payments for hospital, physician, nursing home, home health, and other care.
- **Medicare Hospital Add-On Payment** – Provides an add-on payment of 20 percent, for hospitals treating COVID-19 cases.

PRIVATE PRACTICE RELIEF

- **Small Business Loans** – Establishes a maximum loan amount of \$10 million dollars, which is based on payroll costs incurred by the business. Establishes specific allowable uses of the loan include payroll support, such as employee salaries, paid sick or medical leave, insurance premiums, and mortgage, rent, and utility payments. Finally, the bill sets the maximum interest rate at four percent.
- **Short-Time Compensation Programs** – Establishes funding “short-time” compensation programs, through which employers who reduce the hours of their employees rather than laying them off and provide a pro-rated unemployment benefit, will receive 100

percent reimbursement of the costs incurred through providing short-time compensation.

- **Payroll Tax Credits** – Provides a 50 percent payroll tax credit to employers whose operations were fully or partially suspended during the COVID-19 crisis. It would provide the same credit to employers whose gross receipts are down by 50 percent from the same quarter the previous year. These credits are based on wages paid to employees.

APPROPRIATIONS

- \$1 billion for the DOD to begin leveraging the Defense Production Act to acquire PPE and other medical supplies;
- \$4.3 billion for the CDC, which includes
 - \$1.5 billion for states, local government, and tribes to purchase equipment, support testing and surveillance, etc.; and
 - \$1.5 billion for additional CDC activities, including the distribution of test kits;
- \$127 billion for medical response – Assistant Secretary for Preparedness and Response
 - \$100 billion for grants to hospitals, public entities, not-for-profit entities, and Medicare and Medicaid enrolled suppliers and institutional providers to cover unreimbursed health care related expenses or lost revenues attributable to the public health emergency resulting from the coronavirus;
 - \$27 billion for the Biomedical Advanced Research and Development Authority (BARDA)
 - \$16 billion for the Strategic National Stockpile for critical medical supplies, personal protective equipment, and life-saving medicine;
 - \$3.5 billion to advance construction, manufacturing, and purchase of vaccines and therapeutics
- \$19.57 billion for the VA for equipment, tests, and support services;