



## Memorandum

To: Tampa Bay area Leaders in Health Care and Government  
From: U.S. Representative Kathy Castor  
Date: May 7, 2020  
Re: Summary of new health care coverage and testing provisions

---

Congress passed four coronavirus emergency aid packages since early March to provide resources to families and local communities. This memo summarizes the health care coverage and testing provisions.

**Coronavirus Preparedness and Response Supplemental Act (March 6)** provided early resources to federal, state and local health agencies to combat COVID-19.

More than \$3 Billion for research and development of vaccines, therapeutics and diagnostics.

\$2.2 Billion in public health funding for prevention, preparedness and response, \$950 million of which supports state and local health agencies; (Tampa Family Health Centers received \$215,000 in early coronavirus aid funds).

\$61 Million to facilitate the development and review of medical countermeasures, devices, therapies and vaccines, and to help mitigate potential supply chain interruptions.

Nearly \$1 Billion for procurement of pharmaceuticals and medical supplies, to support healthcare preparedness and Community Health Centers, and to improve medical surge capacity.

\$435 Million to support health systems overseas to prevent, prepare and respond to COVID-19.

**Families First Coronavirus Response Act (March 18)** directed that State Emergency Operations Centers receive regular and real-time reporting on aggregate testing and case data from health departments and that data be shared with the Centers for Disease Control and Prevention (CDC).

Importantly, Families First required *free* coverage for Diagnostic Testing and Services for COVID-19.

Requires **private health plans** to provide coverage for diagnostic testing, including the cost of provider, urgent care center and emergency room visits in order to received testing. Coverage must be provided at no cost to the consumer.

Requires **Medicare Part B** to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered. Medicare Part B currently covers the COVID-19 diagnostic test with no beneficiary cost-sharing.

Requires **Medicare Advantage** to provide coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing. Coverage must be provided at no cost to the beneficiary.

Requires **Medicaid** to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. Coverage must be provided at no cost to the beneficiary. It also provides states with the option to extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing. State expenditures for medical and administrative costs would be matched by the federal government at 100 percent. Florida has not taken up this option.

Requires that individuals enrolled in **TRICARE**, covered **veterans** and **federal workers** have coverage for COVID-19 diagnostic testing without cost-sharing.

For **individuals without health insurance**, \$1 Billion is provided to the National Disaster Medical System to reimburse the costs of COVID-19 diagnostic testing and services.

### **Coronavirus Aid, Relief and Economic Security (CARES) Act (March 27)**

Congress provided over \$2 Trillion in the largest aid package for states, local communities, small businesses, unemployed, health providers and more including:

\$150 Billion for the State and Local Coronavirus Relief fund to provide states and localities additional resources to address the coronavirus pandemic. Florida received approximately **\$8 Billion** in desperately needed funds to benefit Florida residents and **Hillsborough County received \$257 Million.**

\$200 Billion for hospitals, health care workers and health research, including expanded funding for personal protective equipment, \$4.3 Billion for CDC to support coronavirus response and testing. To date, **Florida health providers have received over \$2.6 Billion, including Tampa General, BayCare, AdventHealth, Moffitt Cancer Center and \$5.4 Million for Tampa Family Health Centers.**

### **Paycheck Protection Program and Health Care Enhancement Act (April 24)**

Due to the uneven response by the Administration in establishing a national testing framework and supply chain organization for supplies, Congress directed the establishment of a

**\$25 Billion widespread COVID-19 testing framework** in partnership with state and local communities, including:

- \$11 Billion for States, localities, territories and Tribes;
- \$2 Billion for states, localities, and territories according to the formula that applied to the Public Health Emergency Preparedness cooperative agreement for Fiscal Year (FY) 2019;
- \$4.25 Billion for states, localities, and territories according to a formula methodology that is based on the relative number of cases of COVID-19 in that state, locality, or territory and
- \$1 Billion for CDC for surveillance, epidemiology, contact tracing and other activities to support testing.

\$1.8 Billion for NIH to accelerate development of point-of-care and rapid diagnostic technologies, including:

- \$306 Million for the National Institutes of Health (NIH) – National Cancer Institute to develop, validate, improve, and implement serological testing and associated technologies;
- \$500 Million transferred to the NIH – National Institute of Biomedical Imaging and Bioengineering to accelerate research, development and implementation of point of care and other rapid testing related to coronavirus;
- \$1 Billion transferred to the NIH – Office of the Director to develop, validate, improve and implement testing and associated technologies; to accelerate research, development, and implementation of point of care and other rapid testing; and for partnerships with government and non-governmental entities to research, develop and implement testing related to COVID-19.

\$1 Billion for the Biomedical Advanced Research and Development Authority (BARDA) to accelerate development of point-of-care and rapid diagnostic technologies.

\$22 Million for the Food and Drug Administration (FDA) for its role in accelerating development and approval of point-of-care and rapid diagnostics.

\$600 million for Community Health Centers to support COVID-19 testing.

\$225 million for Rural Health Clinics to support COVID-19 testing.

**Up to \$1 Billion to cover the cost of testing the uninsured.**

**\$75 Billion to reimburse hospitals and health care providers for health care related expenses or lost revenues attributable to COVID-19.**

**Congress directed the Department of Health and Human Services (HHS) to submit to a COVID-19 strategic testing plan within 30 days** of enactment (May 24), including:

Assistance to States, localities, territories, Tribes, tribal organizations and urban Indian health organizations in testing for both active infection and prior exposure, including

hospital-based testing, high-complexity laboratory testing, point-of-care testing, mobile testing and other settings and an estimate of testing production, including new technologies.

Guidelines for testing:

- A plan to increase domestic testing capacity, including testing supplies;
- A plan to address disparities in testing;
- Outline the federal resources available to support the testing plans of each State, locality and territories.

A requirement that HHS submit a report within 21 days on the number of cases, hospitalizations and deaths related to COVID-19, including de-identified data disaggregated by race, ethnicity, age, sex and geographic region, and other relevant factors of individuals tested for or diagnosed with COVID-19.

HHS is also required to submit a report within 180 days on the number of positive diagnoses, hospitalizations, and deaths related to COVID-19, including data disaggregated by race, ethnicity, age, sex and geographic region, and other relevant factors and an epidemiological analysis of such data.

### **Discussions with federal health officials**

Over the past week, my committee and I have had telephone conferences with Frances Collins, Director of NIH, Dr. Anne Schuchat, Principal Director of CDC, and Admiral Giroir, HHS Assistant Secretary of Health who is the “testing czar.” ADM Giroir said the overriding focus for ramping up testing are front end locations (not hospitals), swabs, tubes and reagents. Swab supply has been daunting. The Federal Emergency Management Agency (FEMA) is responding to shortages, but aiming to send states everything they need every week to a central location in each state. New domestic swab production has been validated and will be expanded. ADM Giroir and his team have developed a list of lab machine locations and lab capacity, which has been provided to Governors to ensure appropriate distribution.

The 41 federally supported community-based test sites were discontinued after April 6 as retail locations (drug stores and groceries) expanded - especially in areas of highest vulnerability.

The Administration’s goal is for each state to test not less than two percent of their population each month, but each state can have a goal over two percent. ADM Giroir advised that the level of testing depends on state characteristics, but they will work with states on the goals and the supplies they need to carry this out. Overall, the Administration is aiming for 3.9 percent testing in the U.S. by the end of May into June. In Governor DeSantis’ plan to reopen Florida, he believes the state, in coordination with local governments, health providers, private labs and educational institutions, should have the capacity to conduct 30,000 average tests per day by May 15 and 40,000 average tests per day by June 15.

ADM Giroir also emphasized the importance of widespread vaccination for the flu when COVID-19 and the flu return in the fall/winter and coverage for the influenza vaccine at a time when millions have lost health insurance.

### **Florida Gaps in Health Coverage**

I am very concerned that Florida is leaving many Floridians without health coverage at this critical time. Reps. Stephanie Murphy, Donna Shalala and I [wrote](#) to Governor DeSantis urging him to implement the free coronavirus testing that Congress provided in the Families First Coronavirus Response Act. This law authorized governors to amend state Medicaid plans to cover COVID-19 testing and testing-related services for uninsured individuals, with **the federal government paying 100 percent of the cost:**

“Over a month has elapsed since passage of this law, and we are not aware of any steps you have taken to use the power that Congress granted you in order to bring Florida taxpayer dollars back to serve the community. As a result, some or all of Florida’s 2.7 million uninsured residents are not, in fact, able to obtain free COVID-19 testing. Many of these individuals may be forced to forego testing because they cannot afford to do so. This outcome poses a direct threat to their own health and to the health of all Floridians.”

I encourage you to contact the Governor and our legislative delegation to address this major gap in care.

Finally, Florida is one of the last remaining states not to expand Medicaid services under the Affordable Care Act and is leaving an estimated \$13 Billion in Washington through 2024. Florida hospitals, providers in rural areas and communities like Hillsborough County that devote millions in sales tax revenue to covering the uninsured would save substantial money. Medicaid expansion would provide a much more efficient health system particularly during the COVID-19 public health emergency, which is why I lead many of my Florida colleagues in a [letter](#) to the governor asking him to immediately expand Medicaid and take other necessary steps to protect our Florida neighbors and save lives during this crisis.

Thank you for your devotion to our neighbors and our community. I hope this answers questions regarding available resources passed by Congress. If you have any questions or comments, please do not hesitate to contact me, my Chief of Staff, Clay Phillips at 813-871-2817 or my Legislative Director, Elizabeth Brown at 202-225-3376.