



AAP Summary of the December 2020 Emergency Coronavirus Relief Package

On December 21st, Congress passed a fourth comprehensive package of legislation to respond to the COVID-19 pandemic, the *Coronavirus Response and Relief Supplemental Appropriations Act*. This package also contained the final Fiscal Year 2021 omnibus spending bill and legislation to address the practice of surprise medical billing. Throughout the COVID-19 crisis, AAP has been advocating extensively for a comprehensive federal policy response. Prior to Thanksgiving the Academy sent a [letter](#) to congressional leadership urging them to take action on a number of AAP legislative and funding priorities. Among the AAP's priorities for COVID relief: adequate funding for schools to reopen safely, an expanded supply of personal protective equipment (PPE), increased federal activity to fostering vaccine confidence, adequate funding for State and local public health departments for vaccine distribution, financial relief for physicians, support for foster youth, fiscal relief for families, and nutrition, housing and child care assistance among others.

The following chart outlines key provisions within the latest emergency coronavirus relief package of interest to pediatricians.

Topic	Summary	Analysis
Economic Supports		
Unemployment Insurance	<ul style="list-style-type: none"> Provides \$300 per week in additional unemployment insurance enhancement through March 14, 2021 Also provides an extra benefit of up to \$100 per week for certain workers who have both wage and self-employment income but whose base UI benefit calculation does not take their self-employment into account 	The \$300 in additional unemployment insurance will help American families better afford, rent, mortgages, food, utilities and other expenses as many are out of work due to the pandemic. This is especially important for families with children who are experiencing a dramatic rise in hunger and homelessness.
Small Business Support	<ul style="list-style-type: none"> Clarifies tax treatment of forgiven PPP loans and business expenses paid with PPP or EIDL funds Creates “a second round of PPP loans Expands PPP access to 501(c)(6) organizations with 300 or fewer employees, 15% or less in lobbying activities and receipts, and less than \$1 million in spending for lobbying activities 	These changes make more financial relief available to small businesses, including pediatric practices, based on continued financial strain. The tax changes ensure that forgiven loans will not be clawed back through 2020 tax payments. The “second draw” loans are subject to different rules: loan limit is \$2 million, it is meant to fund 2.5 months of payroll expenses, and businesses must have 300 or fewer employees. In order to qualify, small businesses must certify a loss of revenue of 25% or greater.
Direct Payments	<ul style="list-style-type: none"> Provides direct payments of \$600 per adult and child The payment phases out starting at \$75,000 in annual income for individuals, \$112,500 for 	Previous legislation prohibited stimulus payments from going to mixed status households.

	<p>heads of household, and \$150,000 for married couples filing jointly</p> <ul style="list-style-type: none"> • Direct payments expanded to mixed-status households where there is at least one tax filer with a Social Security Number and makes this change retroactive to the CARES Act from March 	
Provider Relief Fund	<ul style="list-style-type: none"> • Provides \$3 billion in additional funds for the Provider Relief Fund, along with direction to allocate not less than 85% of unobligated funds in the Provider Relief Fund through an application-based portal to reimburse health care providers for financial losses incurred in Q3 or Q4 of 2020 or in Q1 of 2021 	The new provisions require HHS to allocate funding more quickly but do not change the process or priorities that HHS has used so far to distribute Provider Relief Funds. AAP will continue advocating for financial relief to pediatricians without burdensome application or reporting requirements.
Vaccine Confidence, Coverage, and Distribution		
COVID-19 Vaccine Distribution	<ul style="list-style-type: none"> • Provides \$8.75 billion for CDC (to remain available until Sep. 30, 2024) to support federal, State, local territorial, and tribal public health agencies to distribute, administer, monitor and track COVID-19 vaccination to ensure broad-based distribution, access, and vaccine coverage, including: <ul style="list-style-type: none"> ○ \$4.5 billion for State, local, territorial, and tribal public health departments. <ul style="list-style-type: none"> ▪ \$210 million for the Indian Health Service ○ \$300 million for a targeted effort to distribute and administer vaccines to high-risk and underserved populations, including racial and ethnic minority populations and rural communities 	These funds will help State, local, tribal and territorial public health agencies with the distribution, and administration of new COVID-19 vaccines. This funding also helps promote equitable distribution of the vaccine by allocating funds to distribute the vaccine to high-risk and underserved populations, including Black and Latinx individuals which have been disproportionately affected by the virus.
COVID-19 Vaccine and Therapeutic Procurement	<ul style="list-style-type: none"> • Allocates \$22.945 billion (to remain available until Sep. 30, 2024) to the Assistant Secretary for Preparedness and Response to respond to the COVID-19 pandemic, including: <ul style="list-style-type: none"> ○ \$19.695 billion for the Biomedical Advanced Research and Development Authority (BARDA) for manufacturing and procurement of vaccines and therapeutics, as well as ancillary supplies necessary for the administration of vaccines and therapeutics 	This funding helps with procurement of vaccines and therapeutics, and is essential to making sure that there are adequate supplies of vaccines and other necessary supplies.
Vaccine Confidence (VACCINES Act)	<ul style="list-style-type: none"> • Authorizes a national campaign to increase awareness and knowledge of the safety and effectiveness of vaccines for the prevention and control of diseases, to combat misinformation, and to disseminate scientific and evidence-based vaccine-related information 	Since 2019, the AAP has strongly advocated for enactment of the VACCINES Act following its introduction by Representative Kim Schrier, MD, FAAP (D-Wash.) in the House and Senator Gary Peters (D-

	<ul style="list-style-type: none"> • Directs HHS to expand and enhance programs and activities to collect, monitor, and analyze vaccination coverage data • Requires the National Vaccine Advisory Committee to update the report entitled, “Assessing the State of Vaccine Confidence in the United States: Recommendations from the National Vaccine Advisory Committee.” • Authorizes grants for planning, implementation, and evaluation of activities to address vaccine-preventable diseases, and for research on improving awareness of scientific and evidence-based vaccine-related information • Authorizes spending of an appropriations amount of \$15 million per year through 2025 	<p>Mich.) in the Senate. Language from the bill was included in final COVID relief package, authorizing critical activities related to public awareness and education on the safety and effectiveness of vaccines, understanding vaccine hesitancy, and increasing vaccine confidence. While funding for these provisions specifically was not included, States may use other funds awarded from the relief bill to support these activities.</p>
Health System Investments		
Medicare Payments	<ul style="list-style-type: none"> • Provides \$3 billion to increase Medicare payment rates for a 3.75% increase to all Medicare Physician Fee Schedule services for 2021 	<p>This provision has limited impact on pediatricians and other pediatric providers due to its application only to the Medicare program. Commercial payers and Medicaid programs are unlikely to incorporate this increase in their payment rates.</p>
Strategic National Stockpile	<ul style="list-style-type: none"> • Allocates \$3.25 billion for the Strategic National Stockpile 	<p>Additional funding will not only help replenish some of the Stockpile’s inventory for items like gloves, gowns and surgical masks, but it can also help the supply chain become more efficient and timelier to meet the nation’s needs in a pandemic.</p>
Food and Drug Administration	<ul style="list-style-type: none"> • Provides \$55 million for continued work on FDA efforts to facilitate the development and review, both pre-market and post-market, of medical countermeasures, devices, therapies, and vaccines to combat COVID-19. Funds will also support medical product supply chain monitoring and other public health research and response investments. 	<p>With the recent FDA Emergency Use Authorizations for the Pfizer-BioNTech and Moderna COVID-19 vaccines, it is essential that FDA has the funds to continue its important safety reviews and evaluations, both pre-market and post-market, as these vaccines and others that will follow are distributed to the American public.</p>
Patient Protection		
Surprise Medical Billing	<ul style="list-style-type: none"> • The legislation largely bans the practice of providers from issuing “surprise” medical bills – those from out-of-network physicians that patients had no role in choosing. • Patients cannot be charged more for a service than the in-network rate. • The legislation relies on the federal government to create an arbitration process to 	<p>Lawmakers have been trying to come up with a deal to end the practice of surprise billing for more than 2 years. This provision protects patients while also ensuring providers will receive adequate payment for their services. (See summary of the surprise billing provisions from the AMA.)</p>

	<p>help insurers and providers resolve payment disputes.</p> <ul style="list-style-type: none"> • The arbiter will determine a fair amount based, in part, on what other doctors and hospitals are typically paid for similar services. Medicare and Medicaid rates, which are typically much lower than what commercial insurers pay, will not be considered when developing payment disputes. • The new law will bar air ambulances from giving patients surprise bills. Ground ambulances, however, are excluded from the new law. 	
Research and Development		
National Institutes of Health	<ul style="list-style-type: none"> • Provides \$1.25 billion to support research and clinical trials related to COVID-19, as well as continued support for Rapid Acceleration of Diagnostics for COVID-19. Of this amount, \$1.15 billion will be for research and clinical trials related to long-term studies of COVID-19 	<p>This funding will help continue important clinical research at NIH to prevent, treat and better understand coronavirus. This includes studies on vaccine and monoclonal antibody studies for COVID-19 prevention, research on how COVID-19 affects blood cells and the immune system, studies on long-term medical problems and long-term immunity after COVID-19 recovery, and an observational study of coronavirus infection and MIS-C, to name a few.</p>
Testing		
HHS Public Health and Social Services Emergency Fund	<ul style="list-style-type: none"> • Allocates \$22.4 billion (to remain available until Sep. 30, 2022) for testing, contact tracing and other activities necessary to effectively monitor and suppress COVID-19, including tests for both active infection and prior exposure, the manufacturing, procurement, and distribution of tests, testing equipment and supplies, including PPE needed for administering tests, the development and validation of rapid, molecular point-of-care test, and to scale up laboratories among other items <ul style="list-style-type: none"> ○ Of this amount, \$2.5 billion is designated for a targeted effort to improve testing capabilities and contact tracing in high-risk and underserved populations, including racial and ethnic minority populations and rural communities ○ \$790 million will be transferred to HHS-Indian Health Services 	<p>COVID-19 testing and contact tracing are essential in helping slow the spread of the coronavirus. As the virus continues to multiply, this funding will help manufacture, procure, and distribute tests, testing equipment and supplies, which pediatric offices may be able to benefit from. These funds can also help with equity concerns by dedicating a certain amount to improve testing capability and contact tracing in high risk and underserved populations.</p>

Health Care Workforce		
Graduate Medical Education Funding	<ul style="list-style-type: none"> • Adds 1,000 new Medicare-supported graduate medical education (GME) positions to increase federal support for residency training • New positions will be prioritized to training programs in rural areas, hospitals training more residents than they are currently able to receive Medicare-financed support for, states with new medical schools, and providers that care for underserved communities 	<p>Academic institutions partly finance pediatric training positions through Medicare GME based on the overall amount the institution bills to the program. As such, the Medicare GME program does play a role in financing pediatric training at institutions that also have adult medicine programs. Under current law, there is a cap on the number of training positions each institution is able to finance through Medicare GME. Standalone children's hospitals are not eligible for Medicare GME funding.</p>
Education & Child Care		
Elementary and Secondary Education	<ul style="list-style-type: none"> • Provides \$54.3 billion for the Elementary and Secondary School Emergency Relief Fund (K-12), with formula funding to States and school districts to help schools respond to COVID-19, including new allowable uses of funds for: <ul style="list-style-type: none"> ○ School facilities repairs and improvements, including heating, ventilation, and air conditioning systems projects to improve indoor air quality in school facilities and ○ Addressing learning loss among students, including low-income students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness and children and youth in foster care • Provides \$4.1 billion for the Governors Emergency Education Relief Fund, which includes \$2.75 billion for Emergency Assistance to Non-Public Schools grant program for private K-12 schools • Provides \$818.8 million for relief for outlying areas and the Bureau of Indian Education • Includes language clarifying that PPE and other supplies used for the prevention of the spread of COVID-19 are treated as eligible expenses for purposes of the educator expense deduction, and is retroactive to March 12, 2020 	<p>Increased federal funding to support schools as they reopen has been a major AAP priority over the last 9 months. This increase in funding will help State and local school districts, many of whom have already spent substantial sums on these efforts, to continue to make any additional changes to heating and ventilation systems and other physical plant changes needed, procure needed PPE for faculty and staff, purchase cleaning supplies, and so on. Funding also dedicates funding for the Bureau of Indian Education, another AAP priority.</p>
Child Care	<ul style="list-style-type: none"> • Allocates \$10 billion for Child Care and Development Block Grants to provide immediate assistance to child care providers 	<p>Additional funding allows child care providers to keep their doors open, pay their staff, and provide care for children in many families with essential workers, including medical providers, that allow them to</p>

		continue to work and provide medical care and other services.
Head Start	<ul style="list-style-type: none"> Provides \$250 million for Head Start to prevent, prepare for, and respond to coronavirus 	This funding will help Head Start programs continue to implement mitigation strategies to deliver high quality early care and provide a critical lifeline to health, mental health, early education and nutrition resources during the pandemic.
Expansion of Pell Grants	<ul style="list-style-type: none"> Expands the number of Pell Grant recipients by 500,000 Increases maximum Pell grant award by \$150 to \$6,495 for the 2021-2022 school year Reinstates Pell Grants for incarcerated students 	
Nutrition		
SNAP	<ul style="list-style-type: none"> Temporarily increases SNAP monthly benefits by 15% for 6 months Temporarily suspends work requirements for SNAP-eligible college students Dedicates \$614 million for nutrition assistance for Puerto Rico and the territories 	AAP has been advocating for an increase of 15% in the SNAP monthly benefit since the beginning of the pandemic.
Housing		
Eviction Moratorium and Rental Assistance	<ul style="list-style-type: none"> Includes a one-month extension of the nationwide eviction moratorium, through January 31, 2021 Provides \$25 billion in emergency rental relief through the Coronavirus Relief Fund and administered by the Department of Treasury 	AAP has supported the nationwide eviction moratorium. The rental assistance amounts are viewed as only a start and well below the \$100 billion that was included in the House-passed HEROES Act.
Global Health		
Gavi, the Vaccine Alliance	<ul style="list-style-type: none"> Allocates an additional \$4 billion specifically for COVID-19 vaccine procurement and delivery in low-income countries 	AAP has been advocating for this funding which will enable access to safe and effective COVID-19 vaccines in low-income countries.
Medicaid and Other Health Care Program Extenders		
Medicaid DSH Cuts	<ul style="list-style-type: none"> Eliminates reductions in Disproportionate Share Hospital (DSH) funding from 2021 to 2023 	Earlier this year, Congress passed legislation temporarily extending several important Medicaid programs, including a delay in cuts to the Medicaid Disproportionate Share Hospital (DSH) payment program, which are critical to children's hospitals ability to provide health care to all children. These programs
Money Follows the Person	<ul style="list-style-type: none"> Program extended through September 2023 	
Spousal Impoverishment Protections	<ul style="list-style-type: none"> Program extended through September 2023 	
Community Mental Health Demonstration	<ul style="list-style-type: none"> Program extended through September 2023 	

National Health Service Corps	<ul style="list-style-type: none"> • Extends mandatory funding at current levels through fiscal year 2023 	are now extended through September of 2023.
Community Health Centers	<ul style="list-style-type: none"> • Extends mandatory funding at current levels through fiscal year 2023 	
Teaching Health Centers	<ul style="list-style-type: none"> • Extends mandatory funding at current levels through fiscal year 2023 	
Special Diabetes Program	<ul style="list-style-type: none"> • Extends mandatory funding at current levels through fiscal year 2023 	
School-Based Health Centers	<ul style="list-style-type: none"> • Reauthorizes the School-Based Health Center program for fiscal years 2022 through 2026 	AAP has long supported school-based health centers and supported reauthorization of this important program. School-based health centers will be more crucial than ever as more students return to school with unmet physical and mental health care needs due to the COVID-19 pandemic.
Personal Responsibility Education Program	<ul style="list-style-type: none"> • Extends the Personal Responsibility Education Program (PREP) for 3 years, which provides grants to state agencies to educate young people on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS 	
Compact of Free Association	<ul style="list-style-type: none"> • Restores Medicaid eligibility to Compact of Free Association (COFA) migrant communities 	The Compacts of Free Association (COFA) are critical U.S. national security and economic agreements with the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Before 1996, COFA citizens in the U.S. had access to Medicaid through their designation as legally residing non-citizen nationals. In 1996, Congress inadvertently stripped COFA communities living in the U.S. of their eligibility for most means-tested federal benefits, including Medicaid. This provision restores their Medicaid eligibility.
Non-Emergency Medical Transportation	<ul style="list-style-type: none"> • Codifies Non-Emergency Medical Transportation (NEMT) as a mandatory benefit for Medicaid enrollees 	Although non-emergency medical transportation (NEMT) is a mandatory Medicaid benefit, some states have recently attempted to limit its availability through federal waivers. This provision codifies NEMT as a mandatory benefit in federal statute. Previously, it was only defined as mandatory via regulation.

Telehealth		
<p>Improvements to Broadband and Internet Access</p>	<ul style="list-style-type: none"> • Provides \$7 billion in funding to support broadband internet access, including: <ul style="list-style-type: none"> ○ \$3.2 billion for an emergency-broadband benefit that will be available to individuals and families who cannot readily afford essential internet connections (\$50/month for low-income families) ○ \$1.3 billion for broadband connectivity on tribal lands and in communities surrounding historically Black colleges and universities ○ \$300 million for rural broadband deployment ○ \$250 million for the Federal Communications Commission’s telehealth program ○ \$65 million to improve broadband mapping. 	<p>Equitable access to broadband internet is critical to the promotion of health equity and quality of care outcomes through telehealth. Further broadband deployment can help to reduce geographic and sociodemographic disparities and access to care.</p>
<p>Expanding access to mental health services furnished through telehealth</p>	<ul style="list-style-type: none"> • Makes mental health services available through telemedicine for all Medicare beneficiaries and allow the services to be provided to them in their own homes 	<p>Over the course of the pandemic, CMS has changed its policies to increase access to and payment for telehealth services in Medicare (e.g., covering telehealth from the patient’s home, paying for audio-only telephone calls). While this provision applies to Medicare, states can loosen restrictions in Medicaid and commercial insurance. AAP continues to advocate for more covered telehealth visits, payment parity, and more accepted sites of care.</p>
<p>Expanding Capacity for Health Outcomes (ECHO) Act of 2019</p>	<ul style="list-style-type: none"> • Creates a \$50 million, five-year program under the Department of Health and Human Services to award grants to develop, expand and evaluate the use of technology-enabled collaborative learning and capacity building models like ECHO – to increase access to health care services and improve the retention of health care providers in underserved communities 	<p>The AAP has supported this legislation since 2019. As one of ten ECHO super-hubs – and the only pediatric super-hub – the Academy trains and supports organizations running a telementoring program for a specific clinical issue or population such as epilepsy, traumatic brain injury, and lead screening. In March, the AAP launched a COVID-19 ECHO to increase clinician knowledge, comfort and competence regarding emergency readiness and response through the lens of COVID-19, with the aim of building capacity for primary care providers to care for children and their families affected by COVID-19.</p>

Child Welfare

Supporting Foster Youth and Families Through the Pandemic Act

- Provides an additional \$350 million for the John H. Chafee Foster Care Program for Successful Transition to Adulthood (Chafee) and an additional \$50 million for the John H. Chafee Educational and Training Vouchers Program for Youths Aging out of Foster Care (Chafee ETV) and waives the state match requirement for these additional funds
- Increases the Chafee ETV from \$5,000 to \$12,000 per youth per year
- Waives work/education requirements
- Places a moratorium on young people aging out of foster care and allows for re-entry into care during public health emergency
- Expands access to Family First services, waiving the IV-E state match for evidence-based mental health, substance abuse, and parenting skill services until the end of the public health emergency
- Provides an additional \$875 million in emergency funds for the MaryLee Promoting Safe and Stable Families program, and waives state match for additional funds to support family preservation, reunification, adoption, and other supportive services
- Allows flexibilities in the Maternal, Infant, and Early Childhood Education Home Visiting program, including virtual home visits, sustained funding for staffing, and allows states to use federal funds

The AAP has advocated for the provisions included in the *Supporting Foster Youth and Families through the Pandemic Act* since the beginning of the pandemic. These supports are crucial for older youth and families during this public health emergency and beyond.

Fostering Stable Housing Opportunities Act

- Prioritizes housing assistance for youth aging out of foster care between 18-24 years old who are at-risk of homelessness by providing three-year housing choice vouchers under the Family Unification Program (FUP)
- Requires public housing authorities to work in partnership with local child welfare agencies to identify youth and families to refer to FUP
- Extends FUP voucher for youth in foster care for up to an additional 24 months as they are work toward self-sufficiency, including participating in a Family Self-Sufficiency program, workforce development training, or pursuing a degree or postsecondary credentials

Mental Health		
Substance Abuse and Mental Health Services Administration	<ul style="list-style-type: none"> • Allocates \$4.25 billion to provide increased mental health and substance use services and support, to prevent, prepare for, and respond to coronavirus, including: <ul style="list-style-type: none"> ○ \$1.65 billion for the Substance Abuse and Prevention Treatment Block Grant ○ \$1.65 billion for the Mental Health Services block Grant ○ \$600 million for Certified Community Behavioral Health Clinics ○ \$50 million for suicide prevention programs ○ \$50 million for Project AWARE to support school-based mental health for children ○ \$240 million for emergency grants to States ○ \$10 million for the National Child Traumatic Stress Network ○ Not less than \$125 million of funds provided to SAMHSA must be allocated to tribes, tribal organizations, urban Indian health organizations, or health services providers to tribes across a variety of programs 	Mental health needs of Americans have increased dramatically during the COVID-19 pandemic. Many are facing increased stress and anxiety, depression, sadness and loneliness. Children have had to cope with the loss of playing with friends, attending school, anxiety about the virus, and increased social isolation. Medical professionals, including pediatricians, have had to deal with the stress of keeping their practices open, working long hours, and many have had their patients become sick and die from COVID-19. The increased funding for mental health services can help Americans of all ages.
Other AAP Priorities		
Emergency Broadband Benefit Program	<ul style="list-style-type: none"> • Establishes an Emergency Broadband Benefit Program at the FCC, under which eligible households may receive a discount of up to \$50, or up to \$75 on Tribal lands, off the cost of internet service and a subsidy for low-cost devices such as computers and tablets. Households that qualify for the benefit include those with children that qualify for the free and reduced lunch program and Pell grant recipients 	
E-cigarettes	<ul style="list-style-type: none"> • Requires in-person age verification for mail deliveries of e-cigarette products 	
Additional Provisions		
Food and Drug Administration	<ul style="list-style-type: none"> • Allows the FDA to continue to award priority review vouchers for drugs that treat rare pediatric diseases and are designated no later than Sept. 30, 2024, and approved no later than Sept. 30, 2026 	