



Fact Sheet

COMMITTEE ON EDUCATION & LABOR

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The Hon. Robert C. "Bobby" Scott • Chairman

Committee Coronavirus Response Overview: Health

Securing Access to Affordable Care and Essential Services

In response to the COVID-19 pandemic, Congress recently passed two legislative packages that provide direct and immediate support to secure access to affordable COVID-19 care. The *Families First Coronavirus Response Act*, which was signed into law March 18, and the *Coronavirus Aid, Relief, and Economic Security (CARES) Act*, which was signed into law March 27, take important steps to help all individuals get the care they need during this unprecedented public health emergency.

Below is a summary of provisions enacted as part of Congress's response to COVID-19.

Access to No-Cost COVID-19 Testing

Families First Coronavirus Response Act

Removing all barriers to COVID-19 testing is critical for accurately assessing the scale and location of infections and mitigating its spread. The greatest barrier to testing thus far has been the federal government's failure to facilitate the rapid scaling of COVID-19 tests.

However, as testing capacity improves, we must ensure that cost does not determine whether potentially infected individuals seek medical attention. The *Families First Coronavirus Response Act*:

- **Requires all health insurance plans to cover the full cost of COVID-19 testing for U.S. consumers** by mandating that commercial payers selling individual or group coverage under the ACA, including ERISA plans and grandfathered plans, must cover all COVID-19 testing at no cost to patients, including copays, coinsurance, and deductibles.
 - The bill requires that associated provider visits, such as a visit to the doctor's office, also be covered by insurers at no cost to consumers.

Access to No-Cost COVID-19 Vaccines

CARES Act

Any future COVID-19 vaccine must be made available to all U.S. consumers at no cost. The *Families First Coronavirus Response Act*:

- **Requires private insurers to fully cover the cost of any COVID-19 vaccine within 15 days** of a vaccine being recommended by the United States Preventive Services Task Force or the CDC's Advisory Committee on Immunization Practices.
 - Currently, private insurers are only required to cover recommended vaccines by the following year. This provision will help immediately eliminate any potential cost barrier that would prevent consumers from accessing a life-saving vaccine.

Both the *Families First Coronavirus Response Act* and the *CARES Act* dedicate significant emergency funding to support the health of older individuals, who are particularly vulnerable during this pandemic.

- **The *Families First Coronavirus Response Act* provides \$250 million** in funding to states to support nutrition services for aging Americans.
 - For a breakdown of estimated state-by-state funding, click [here](#).

- **The *CARES Act* secures an additional \$955 million for aging and disability networks, including:**
 - \$200 million to support home- and community-based programs so that beneficiaries do not have to travel to receive services;
 - \$480 million to support nutrition programs for older Americans;
 - \$20 million for nutrition and related services for Native American communities;
 - \$100 million for the National Family Caregiver Support Program, which provides information, training, respite care for family caregivers;
 - \$20 million for Elder Rights Support Activities, including the Ombudsman Program to support continued oversight of long-term care facilities at a pivotal time;
 - \$50 million for Aging and Disability Resource Centers, which raise awareness of important resources for aging Americans, people with disabilities, and their families; and,
 - \$85 million for Centers for Independent Living to provide additional support for individuals with disabilities.

- **The *CARES Act* gives organizations necessary flexibility so they can safely and effectively serve older adults and individuals with disabilities. It includes three waivers that:**
 - Allow funding to be shifted from congregate meal programs – where people are served in group settings – to home-delivered meal programs that maintain social distancing;
 - Allow individuals who are homebound for social distancing purposes to be eligible for home-delivered meals, even if they would not be otherwise based on state or local policies; and
 - Allow organizations to temporarily waive federal nutrition standards so they have the flexibility they need to serve their communities.