# Health Task Force Proposals
# Senate Finance Committee Jurisdiction Section-by-Section

## Health Savings Accounts for Telehealth Services

This section would allow a high-deductible health plan (HDHP) with an health savings account (HSA) to cover telehealth services prior to a patient reaching the deductible, increasing access for patients who may have the COVID-19 and protecting other patients from potential exposure to the virus.

## Over-the-Counter Medical Products without Prescription

This section would allow patients to use funds in HSAs and Flexible Spending Accounts for the purchase of over-the-counter medical products, including those needed in quarantine and social distancing, without a prescription from a physician.

## Health Savings Accounts for High-quality Primary Care

This section would allow patients with HDHP to use HSA funds to pay the monthly fee to a "direct primary care" physician practice that typically provides more remote care, including telehealth.

## Expanding Medicare Telehealth Flexibilities

This section would eliminate the requirement in Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020 (Public Law 116-123) that limits the COVID-19 Medicare telehealth expansion authority during the COVID-19 emergency to situations where the physician or other professional has treated the patient in the past three years. This would enable beneficiaries to access telehealth, including in their home, from a broader range of providers, reducing COVID-19 exposure risk.

## Allowing Federally Qualified Health Centers and Rural Health Clinics to Furnish Telehealth

This section would allow, during the COVID-19 emergency, Federally Qualified Health Centers and Rural Health Clinics to furnish telehealth services to beneficiaries in their home or other setting. Medicare would reimburse for these services at a composite rate similar to payment provided for comparable telehealth services under the Medicare Physician Fee Schedule.

## Expanding Telehealth for Home Dialysis Patients

This section would eliminate a requirement during the COVID-19 emergency that a nephrologist conduct some of the required periodic evaluations of a patient on home dialysis face-to-face., allowing these vulnerable beneficiaries to get more care in the safety of their home.

**Enabling Physician Assistants and Nurse Practitioners to Order Home Health Services**

This section would allow physician assistants, nurse practitioners, and other professionals to order home health services for beneficiaries, reducing delays and increasing access beneficiary access to care in the safety of their home.

**Increasing Provider Funding through Immediate Medicare Sequester Relief**

This section would provide prompt economic assistance to health care providers on the front lines fighting the COVID-19 virus, helping them to furnish needed care to affected patients. Specifically, this section would temporarily lift 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. The Medicare sequester would be extended by one-year beyond current law to provide immediate relief without worsening Medicare's long-term financial outlook.

**Medicare Add-on for Inpatient Hospital COVID-19 Patients**

This section would increase the payment that would otherwise be made to a hospital for treating a patient admitted with COVID-19 by 15 percent. It would build on the Centers for Disease Control and Prevention (CDC) decision to expedite use of a COVID-19 diagnosis to enable better surveillance as well as trigger appropriate payment for these complex patients.

**Preventing Durable Medical Equipment Payment Reduction**

This section would prevent a scheduled decrease in payment amounts for durable medical equipment, which helps patients transition from hospital to home and remain in their home, through the length of COVID-19 public health emergency.

**Using Provider Collaboration Programs to Improve Care in Rural and Underserved Areas**

This section would allow state Medicaid programs to pay for learning programs that enable specialists to train and consult with providers in rural and underserved areas on treating COVID-19 and other public health emergencies.

**Providing Home and Community-based Support Services during Hospital Stays**

This section would allow state Medicaid programs to pay for direct support professionals, caregivers trained to assist with activities of daily living, provided to disabled individuals in the hospital to reduce length of stay and free up beds.

**Using and Developing DISARM Antimicrobial Drugs**

This section would establish separate Medicare payment to hospitals for when administering a qualified antibiotic or antifungal to treat a serious or life-threatening infection, helping to prevent the spread of serious infection. A hospital must participate in a CDC stewardship program to receive the separate payment, which would be in place for a five-year period with an evaluation of the impact.

**Speeding Medicare Determinations on Novel Breakthrough Products**

This section would require Medicare to make quicker coding, coverage, and payment determinations when the Food and Drug Administration approves truly novel drugs and devices

**Relief from Employer Mandate Requirements**

This section would provide relief from the Obamacare employer mandate during the COVID-19 emergency, giving a reprieve to employers like grocers and some restaurants that may have to temporarily increase some staffing hours to meet demand.