

How the HEROES Act Compares to Key Priorities for Federal Legislation

On May 12, 2020, House leadership released its proposal for the next round of COVID-19 legislation, the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act (H.R. 6800). While the lengthy bill (more than 1,800 pages) is still being analyzed, the table below summarizes key provisions that address three general priorities that Families USA has identified: health insurance coverage, state fiscal relief, and health interventions. The bill addresses all three priorities, including many (although not all) specific proposals urged by Families USA and other advocates.

The bill could come to the House floor for a vote as soon as Friday, May 15. The bill text and a summary are available online.*

Title 1. Summary of Selected Provisions Within the HEROES Act

	Families USA Priorities	HEROES Act
1. Protecting and strengthening health insurance coverage during a rapidly spreading pandemic of deadly, untreatable disease.	Enhanced premium tax credits that make private health coverage on the individual market more affordable for struggling families.	Not in the bill.
	COBRA subsidies, paying full premiums so laid-off and furloughed workers can retain coverage through their prior employers.	In the bill.
	Special enrollment period so people can enroll in the individual market (including health insurance exchanges) in response to the COVID-19 pandemic.	In the bill.
	Financial assistance for poor, uninsured adults in Medicaid non-expansion states to get coverage on the exchange, helping adults denied Medicaid by their states' refusal to expand.	Not in the bill.
	Optional Medicaid coverage for the uninsured to include COVID-19 treatment—not just testing—including for the undocumented.	Option for COVID-19 treatment added to bill. General Medicaid immigration-status restrictions apply. However, all COVID-19 treatment is treated as emergency medical care, eligibility for which is not affected by immigration status.
	To encourage state Medicaid expansion, return to 2014 federal matching rules so newly expanding states qualify for 100% federal matching funds, after which the percentage will gradually decline.	Not in the bill.
	\$600 million in annual consumer assistance funding to provide intensive, individualized help enrolling the uninsured into coverage.	\$25 million for “outreach and education.”

* For text, see: <https://docs.house.gov/billsthisweek/20200511/BILLS-116hr6800ih.pdf>. For summary, see: <https://appropriations.house.gov/sites/democrats.appropriations.house.gov/files/documents/Heroes%20Act%20Summary.pdf>.

Families USA Priorities		HEROES Act
<p>2. Providing state and local governments the fiscal support they need to maintain key services during the COVID-19–driven economic crash.</p>	Increase federal Medicaid funding, roughly doubling the 6.2 percentage point increase provided in earlier federal COVID-19 legislation. Include strong Maintenance of Effort requirements barring Medicaid cuts or terminations of eligibility.	14 percentage point increase from July 1, 2020, to June 30, 2021; otherwise, 6.2 percentage point increase. Maintenance of Effort allows Medicaid eligibility cuts approved before a specified date, consistent with a request from Governor Andrew Cuomo of New York.
	\$500 billion in additional state and local funding, doubling coronavirus relief fund dollars.	\$540 billion in additional funding for states, \$387 billion for localities.
	Maintain heightened federal funding levels for the Children’s Health Insurance Program.	Not specified in bill.
	Protect provider infrastructure by using federal health care funding to pay “retainers” to essential health care providers.	Federal retainer funding is available, at state option, for providers of home- and community-based care.
	Continue fiscal relief for the duration of economic recovery following the pandemic.	Federal Medical Assistance Percentage increase is based on calendar and emergency declaration, not objective economic conditions. State and local fiscal relief is available until spent.
<p>3. Funding for states to implement comprehensive testing, tracing, and quarantining.</p>	Provide the Centers for Disease Control and Prevention (CDC) at least \$3.7 billion in emergency supplemental funding for distribution to federal, state, local, territorial, and tribal public health agencies to support a force of at least 100,000 contact tracers.	\$75 billion for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID-19.
	Make \$43 billion available to the CDC to expand the contact tracing workforce, operate self-isolation facilities, and provide income supports for individuals in 14-day isolation periods.	\$75 billion for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID-19.
	States should submit binding plans to allocate these funds based on disease prevalence and local public health staffing needs, prioritizing communities with limited fiscal capacity to stand up pandemic response quickly.	Highlights state flexibility rather than requiring binding plans. The bill gives each state base funding. Additional dollars for: <ol style="list-style-type: none"> 1. Populations or geographic areas with a high burden of COVID-19. 2. Mitigation of potential COVID-19 surges based on CDC or other data. 3. Service to low-income people, uninsured, medically underserved, Health Professional Shortage Areas, racial and ethnic minorities, and geographically diverse areas.

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