To provide emergency financial assistance to rural health care facilities and providers impacted by the COVID-19 emergency.

IN THE SENATE OF THE UNITED STATES

Mr. Bennet (for himself, Mr. Barrasso, Ms. Smith, Mr. Gardner, Mr. Jones, Mrs. Hyde-Smith, ) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To provide emergency financial assistance to rural health care facilities and providers impacted by the COVID-19 emergency.

1 Be it enacted by the Senate and House of Representa-
2 tives of the United States of America in Congress assembled,
3 SECTION 1. SHORT TITLE.
4 This Act may be cited as the “Immediate Relief for
5 Rural Facilities and Providers Act of 2020”.
6 SEC. 2. RURAL HEALTH CARE FACILITY GRANTS.
7 (a) PURPOSE.—It is the purpose of this section is to
8 provide to funding to stabilize rural hospitals and provide
immediate financial relief to prepare and respond to the COVID-19 emergency.

(b) GRANTS.—The Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall establish an emergency operating grant program and shall award an emergency operating grant to an eligible Medicare participating health care facility.

(c) ALLOTMENTS AND PAYMENTS.—

(1) ALLOTMENTS.—The Secretary shall, from amounts appropriated under subsection (i), allot to each facility eligible for a grant under this section the sum of—

(A) an amount equal to the number of patient days (including acute, swing-bed, and observation days) from January 1, 2019, to April 1, 2019 with respect to the facility, multiplied by $1000; and

(B) an amount equal to the total amount of reimbursements from all payer sources to the facility from January 1, 2019, to April 1, 2019.

(2) PAYMENTS.—The Secretary shall make payments under grants awarded to eligible facilities under this section in the amount of the allotments described in paragraph (1).
(3) **TIME OF GRANT.**—A one time payment shall be made under a grant awarded under this section not later than 14 days after the date of enactment of this Act.

(d) **ELIGIBLE FACILITIES.**—

(1) **IN GENERAL.**—To be eligible to receive a grant under subsection (b), a Medicare participating health care facility shall submit to the Secretary an application described in paragraph (2).

(2) **APPLICATION.**—An application under this paragraph shall be submitted to the Secretary not later that 180 days after the date of enactment of this Act and shall contain such information that the Secretary may require, including—

(A) a certification that—

(i) the facility will suffer financial losses as a result of the COVID-19 emergency; and

(ii) in the absence of an emergency grant under this section, the facility would be forced to either reduce staffing or operations;

(B) an assurance that the amount requested under the grant exceeds 130 percent of the amount of revenue collected by the facility
during the same period of the year preceding
the year for which the request under this sec-
tion is made;

(C) the amount of spending incurred by
the facility as a result of the COVID-19 emer-
gency;

(D) a description on how the facility will
use grant funds; and

(E) an assurance that the facility followed
the Secretary’s recommendations related to the
COVID-19 emergency.

(e) Reconciliation.—
(1) In general.—Not later than 2 years after
the date on which the COVID-19 emergency ends
(as determined by the Secretary), the Secretary shall
promulgate regulations under which a facility that
receives an emergency grant under this section shall
reconcile the amount of the emergency grant with—

(A) the entire amount of the grant allotted
to the facility in the case of a facility that was
determined not to be eligible under subsection
(d);

(B) any reimbursements received by the
facility from third-parties for services provided
during such emergency; and
(C) any portion of the grant funds that exceeds 130 percent of the amount of revenue collected by the facility during the same 90-day period of the year preceding the year for which the grant is being made as determined through such reconciliation to have been recovered by the facility through third-party payors, in addition to any additional spending incurred by the facility as a result of the COVID-19 emergency, with the Federal Government.

(2) RECOUPMENT.—The regulations under this subsection shall include procedures through which the Federal Government may recoup any portion of grant funds described in paragraph (1).

(f) LIMITATIONS ON USE OF FUNDS.—

(1) CONSTRUCTION OF FACILITIES.—

(A) LIMITATIONS.—Grants awarded under this section shall not be used by the facility for the purchase or improvement of land, or the purchase, construction, or permanent improvement of any building.

(B) WAIVER.—The Secretary may wave the limitation contained in subparagraph (A) upon a facility request for such a waiver, if the Secretary finds that the request describes cir-
cumstances that justify the purchase of land or
the constrictive of facilities (or the making of
permanent improvements) related to the
COVID-19 emergency.

(2) **Political Activities.**—Grants awarded
under this section shall not be used in a manner in-
volving the use of grant funds, provisions of services,
or the employment or assignment of personnel, in a
manner supporting or resulting in the identification
of such programs with any partisan or nonpartisan
political activity or any political activity associated
with a candidate, or contending faction or group, in
an election for public or party office.

(g) **Legal Action.**—A facility that receives an emer-
gency grant under this section shall be prohibited from
commencing any legal action against a patients to recover
any costs associated with care provided to the patient dur-
ing the COVID-19 emergency.

(h) **Definitions.**—In this section:

(1) **COVID-19 Emergency.**—The term
“COVID-19 emergency” means the national emer-
gency declared by the President under the National
Emergencies Act (50 U.S.C. 1601 et seq.) with re-
spect to the Coronavirus Disease 2019 (COVID-19).
(2) **MEDICARE PARTICIPATING HEALTH CARE FACILITY.**—The terms “Medicare participating health care facility” and “facility” mean—

(A) an entity designated as—

(i) a Critical Access Hospital under section 485 of subpart F of title 42, Code of Federal Regulations; or

(ii) a subsection (d) hospital (as defined in paragraph (1)(B) of section 1886(d)(1)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(1)(B))) that is located in a rural area (as defined in paragraph (2)(D) of such section); and

(B) a provider of services enrolled in the Medicare program under section 1866(j) of the Social Security Act (42 U.S.C. 1395cc(j)).

(3) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

(i) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary to carry out this section.
SEC. 3. REIMBURSEMENT ADJUSTMENT FOR SWING BED PROGRAM.

(a) PURPOSE.—It is the purpose of this section to improve the health care system to prepare and respond to the COVID-19 emergency (as defined in section 2).

(b) ADJUSTMENT.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall increase reimbursements for rural hospitals under the swing bed program for the duration of the COVID-19 emergency.

(c) AMOUNT.—The amount of an increase under subsection (b) shall equal 20 percent of the amount of the swing bed reimbursement that a rural hospital involved would otherwise receive under the swing bed program.

(d) TERMINATION.—This section shall not apply beginning on the date that is 30 days after the date on which the COVID-19 emergency ends (as determined by the Secretary).

SEC. 4. EMERGENCY GRANTS FOR PHYSICIANS’ AND HEALTH CARE PROVIDERS’ PRACTICES.

(a) PURPOSE.—It is the purpose of this section to provide funding to provide immediate relief and stabilization for physicians’ and health care providers’ practices through emergency grants to prepare and respond to the COVID-19 emergency.
(b) Amendment.—Title III of the Public Health Service Act is amended by inserting after section 330A-1 (42 U.S.C. 254c-1a) the following:

"SEC. 330A-2. EMERGENCY GRANTS FOR PHYSICIANS’ AND HEALTH CARE PROVIDERS’ PRACTICES.

“(a) In General.—The Secretary shall establish a program to support physicians’ and health care providers’ practices by awarding emergency grants to eligible health care practices and ambulatory surgery centers.

“(b) Allotments and Payments.—

“(1) Allotments.—The Secretary shall, from amounts appropriated under subsection (e), allot to each eligible health care practice or ambulatory surgery center an amount equal to the actual payroll for the eligible health care practice or ambulatory surgery center during the period beginning January 1, 2019 and ending April 1, 2019.

“(2) Payments.—The Secretary shall make payments under grants awarded under this section to each eligible health care practice or ambulatory surgery center in the amount of the allotment described in paragraph (1) with respect to each such practice or center.

“(3) Time of Grant.—Not later than 14 days after the date of enactment of this section, the Sec-
retary shall make a one-time payment under a grant
under this section to each eligible health care prac-
tice or ambulatory surgery center.

“(c) UTILIZATION OF PAYMENTS.—Payments made
under subsection (b) shall be utilized, with respect to the
grantee involved, to compensate—

“(1) all hourly staff up to $25 per hour and
salaried staff up to $75,000 in full; and

“(2) all hourly staff above $25 per hour and
salaried staff above $75,000 at a rate of $25 per
hour or $75,000 in annual salary.

“(d) DEFINITIONS.—In this section:

“(1) AMBULATORY SURGERY CENTER.—The
term ‘ambulatory surgery center’ has the meaning
given such term in section 1833(i) of the Social Se-
curity Act.

“(2) ELIGIBLE HEALTH CARE PRACTICE.—The
term ‘eligible health care practice’ means a corpora-
tion, limited liability company, or unincorporated
personal entity that provides health care services of
a physician or a health care provider as licensed
under State law.

“(3) HEALTH CARE PROVIDER.—The term
‘health care provider’ means an individual providing
health care services under State law as determined by the Secretary

“(4) Physician.—The term ‘physician’ means an individual that meets the definition under section 1861(r) of the Social Security Act.

“(e) Authorization of Appropriations.—There is authorized to be appropriated such sums as may be necessary to carry out this section.”.

SEC. 5. EMERGENCY LOW-INTEREST LOANS FOR PHYSICIANS’ AND HEALTH CARE PROVIDERS’ PRACTICES.

The Small Business Act is amended by inserting after section 32 (15 U.S.C. 657b) the following:

“SEC. 33. 2020 EMERGENCY LOW-INTEREST LOANS FOR PHYSICIANS’ AND HEALTH CARE PROVIDERS’ PRACTICES.

“(a) Purpose.—It is the purpose of this section to provide low-interest loans for physicians’ and health care providers’ practices or ambulatory surgery centers, which as a result of the COVID-19 emergency, have suffered a significant financial impact.

“(b) Low-Interest Loans.—The Administrator shall provide any eligible health care practice or ambulatory surgery center, which as a result of the COVID-19 emergency, has suffered a significant financial impact, a
loan in such amount as may be necessary to enable such enterprise to maintain or resume operations in order to assist in maintaining and restoring the economic viability of the practice or center. Loans authorized by this section shall be made without regard to limitations on the size of loans which may otherwise be imposed by any other provision of law or regulations promulgated pursuant thereto.

“(c) INTEREST.—Any loan made under this section shall be subject to not to exceed .25 percent interest, and the President, if determined necessary, may defer payments of principal for a period not to exceed 3 years after the date of such loan.

“(d) DEFERRED INTEREST ACCRUAL.—Interest on a loan under this section shall not begin to accrue until the date that is 24 months after the date on which the COVID-19 emergency official ends (as determined by the Administrator).

“(e) OTHER FEDERAL ASSISTANCE.—Loans made under this section shall be in addition to any other Federal emergency assistance available, except that such other assistance may be adjusted or modified to the extent determined appropriate by the Administrator.

“(f) DEFINITIONS.—In this section:
“(1) Ambulatory surgery center.—The term ‘ambulatory surgery center’ has the meaning given such term in section 1833(i) of the Social Security Act.

“(2) Eligible health care practice.—The term ‘eligible health care practice’ means a corporation, limited liability company, or unincorporated personal entity that provides health care services of a physician or a health care provider as licensed under State law.

“(3) Health care provider.—The term ‘health care provider’ means an individual providing health care services under State law as determined by the Administrator.

“(4) Physician.—The term ‘physician’ means an individual that meets the definition under section 1861(r) of the Social Security Act.

“(g) Sunset.—Low-interest loans under this section to eligible health care practices and ambulatory surgery centers shall only be made during the duration of the COVID-19 emergency.

“(h) Authorization of Appropriations.—There is authorized to be appropriated such sums as may be necessary to carry out this section.”.