

117TH CONGRESS
1ST SESSION

H. R. 3219

To provide funding relating to COVID–19 for high Medicaid providers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 13, 2021

Mr. RUSH (for himself and Mr. DANNY K. DAVIS of Illinois) introduced the following bill; which was referred to the Committee on Appropriations

A BILL

To provide funding relating to COVID–19 for high Medicaid providers, and for other purposes.

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. FUNDING FOR HIGH MEDICAID PROVIDERS RE-**
4 **LATING TO COVID-19.**

5 (a) FUNDING.—In addition to amounts otherwise
6 available, there is appropriated to the Secretary, for fiscal
7 year 2021, out of any monies in the Treasury not other-
8 wise appropriated, \$10,000,000,000 for purposes of mak-
9 ing payments to eligible high Medicaid health care pro-
10 viders for health care related expenses and lost revenues

1 that are attributable to COVID–19. Amounts appro-
2 priated under the preceding sentence shall remain avail-
3 able until expended.

4 (b) APPLICATION REQUIREMENT.—To be eligible for
5 a payment under this section, an eligible high Medicaid
6 health care provider shall submit to the Secretary an ap-
7 plication in such form and manner as the Secretary shall
8 prescribe. Such application shall contain the following:

9 (1) A statement justifying the need of the pro-
10 vider for the payment, including documentation of
11 the health care related expenses attributable to
12 COVID–19 and lost revenues attributable to
13 COVID–19.

14 (2) The tax identification number of the pro-
15 vider.

16 (3) Such assurances as the Secretary deter-
17 mines appropriate that the eligible high Medicaid
18 health care provider will maintain and make avail-
19 able such documentation and submit such reports
20 (at such time, in such form, and containing such in-
21 formation as the Secretary shall prescribe) as the
22 Secretary determines is necessary to ensure compli-
23 ance with any conditions imposed by the Secretary
24 under this section.

1 (4) Any other information determined appro-
2 priate by the Secretary.

3 (c) LIMITATION.—Payments made to an eligible high
4 Medicaid health care provider under this section may not
5 be used to reimburse any expense or loss that—

6 (1) has been reimbursed from another source;

7 or

8 (2) another source is obligated to reimburse.

9 (d) APPLICATION OF REQUIREMENTS, RULES, AND
10 PROCEDURES.—The Secretary shall apply any require-
11 ments, rules, or procedures as the Secretary deems appro-
12 priate for the efficient execution of this section.

13 (e) DEFINITIONS.—In this section:

14 (1) ELIGIBLE HIGH MEDICAID HEALTH CARE
15 PROVIDER.—The term “eligible high Medicaid health
16 care provider” means a provider of supplier that—

17 (A) is enrolled with a State Medicaid plan
18 under title XIX (or a waiver of such plan);

19 (B) provides diagnoses, testing, or care for
20 individuals with possible or actual cases of
21 COVID–19; and

22 (C) is either—

23 (i) a disproportionate share hospitals
24 described in Section 1923(b) of the Social
25 Security Act;

(2) HEALTH CARE RELATED EXPENSES AT-
TRIBUTABLE TO COVID-19.—The term “health care related expenses attributable to COVID-19” means health care related expenses to prevent, prepare for, and respond to COVID-19, including the building or construction of a temporary structure, the leasing of a property, the purchase of medical supplies and equipment, including personal protective equipment and testing supplies, providing for increased workforce and training (including maintaining staff, obtaining additional staff, or both), the operation of an emergency operation center, retrofitting a facility,

1 providing for surge capacity, and other expenses de-
2 termined appropriate by the Secretary.

3 (3) LOST REVENUE ATTRIBUTABLE TO COVID–
4 19.—The term “lost revenue attributable to COVID–
5 19” has the meaning given that term in the Fre-
6 quently Asked Questions guidance released by the
7 Department of Health and Human Services in June
8 2020, including the difference between such pro-
9 vider’s budgeted and actual revenue if such budget
10 had been established and approved prior to March
11 27, 2020.

12 (4) PAYMENT.—The term “payment” includes,
13 as determined appropriate by the Secretary, a pre-
14 payment, a prospective payment, a retrospective pay-
15 ment, or a payment through a grant or other mecha-
16 nism.

