

Summary of the Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act); H.R. 6800

[aka: COVID-19 Stimulus 4 Legislation]

May 12, 2020

The chart below is an ACP staff summary of key priorities, as identified in a May 7, 2020 [ACP letter](#) to congressional leaders, and an assessment of the outcome of those priorities in the HEROES Act, as released on May 12, 2020. A subsequent manager’s amendment, which changed the bill text, was released and incorporated before the House passed the bill on May 15, 2020. The Senate is not expected to take up the legislation in its current form.

ACP Priority	HEROES Act Provision	ACP Policy
Support for Physicians and Practices		
<p>Provider Relief Fund: Increase funding for the Provider Relief Fund (PRF) and ensure that a dedicated and substantial portion of it is prioritized to support physicians and their practices based on need, and expressly ensure that sufficient and direct funding is provided to make primary care practices whole for lost revenue and increased expenses related to COVID-19 through the end of the calendar year;</p>	<p>This legislation includes the Public Health and Social Services Emergency Fund – \$175 billion to reimburse for health care workers for related expenses or lost revenue attributable to the coronavirus, as well as to support testing and contact tracing to effectively monitor and suppress COVID-19, including:</p> <ul style="list-style-type: none"> ▪ \$100 billion in grants for hospital and health care “providers” to be reimbursed health care related expenses or lost revenue directly attributable to the public health emergency resulting from coronavirus; and ▪ \$75 billion for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID-19. <p>The bill would distribute relief funds each quarter, based on cost reports submitted by</p>	<p>ACP supports this section to provide additional financial assistance to our physicians and other clinicians who have experienced financial hardship as a result of COVID-19.</p> <p>ACP supports the approach of making payments to physicians and their practices to offset lost revenue and increased expenses, as we recommended in our letter to Congress on May 7. In that letter, we asked Congress to direct the Secretary of Health and Human Services (HHS) to rapidly and automatically disburse PRF funds to physicians and their practices based on lost revenue and increased costs, and suggested that such lost revenue and increased costs could be determined by physicians attesting to: (1) additional expenses incurred by a practice related to COVID-19, for example additional</p>

ACP Priority	HEROES Act Provision	ACP Policy
	<p>clinicians. Physicians, hospitals and other clinicians would be eligible to receive payments to offset lost revenues compared to last year, and they could get full reimbursement for pandemic-related costs such as temporary construction, equipment, tests, training and workforce retention, as well as lost revenues that have resulted from the COVID-19 pandemic. Funds distributed will be less any payment provided by other programs that do not have to be repaid, for instance the Paycheck Protection Program.</p> <p>The funding cannot be used for executive compensation. Providers receiving funds would be barred from billing uninsured Covid-19 patients during the public health emergency. Any cost incurred from treating an uninsured COVID-19 patient (patients who have tested positive for COVID-19, treated for suspected COVID-19 though not tested and for diagnostic testing and services related to COVID-19) would be included in the lost revenue reports and calculated in the quarterly payments.</p>	<p>staffing, infrastructure, temporary re-location of their place of residence to prevent exposing family members to the virus, and supply costs, and (2) the percentage of revenue losses from all payers (Medicare, Medicaid, commercial insurers) resulting from the decline of in-person care visits during this crisis that will not be recouped, prioritized to physicians and their practices as described below.</p> <p>ACP also recommends that language be added to this section to prioritize primary care physician practices for loss of revenue and increased expenses:</p> <p>Specifically, we urge that language be added to H.R. 6800 directing the Secretary of HHS to make a targeted allocation out of the PRF to primary care physician practices in an amount sufficient to keep their doors open, similar to what has been done for rural "providers." This targeted allocation should, when combined with the general allocations from the PRF, offset at least 80 percent of total revenue from all payers, including Medicare, Medicaid and commercial insurers, from April 1 through the end of the calendar year.</p>

ACP Priority	HEROES Act Provision	ACP Policy
		<p>ACP also recommends that a substantial portion of disbursements also be prioritized to support and sustain:</p> <p>A. Internal medicine subspecialists and their practices. Internal medicine subspecialists are essential in the diagnoses, management, and treatment of patients with the most complex chronic illnesses, including conditions that put patients at the highest risk of mortality from COVID-19, as well as other patients with other complex conditions whose health and lives depend on care from internal medicine subspecialists. Many internal medicine subspecialty practices are at high risk of closing due to lost revenue.</p> <p>B. Physicians in smaller practices (e.g. 15 or fewer physicians), especially primary care physicians in smaller practices. Smaller practices lack the resources to be able to stay open with substantially lower revenues and often do not have the administrative staff to apply for loans and other forms of assistance.</p> <p>C. Physicians and practices in underserved rural and urban communities, including practices that treat patients at higher risk because of social determinants of health and racial, ethnic and other personal characteristics. The experience with COVID-19 suggests many patients are at higher overall risk of mortality and morbidity due to</p>

ACP Priority	HEROES Act Provision	ACP Policy
		<p>social determinants and racial and ethnic characteristics, particularly for African-Americans. Such patients are more likely to be found in underserved communities. It is essential to keep the practices that care for them open.</p> <p>ACP also recommends that Congress encourage HHS to support primary care physician practices in transitioning away from pure fee-for-service (FFS) by providing per-patient per-month (PPPM) prospective payments adjusted for patient demographics. The COVID-19 pandemic has shown the inherent flaws of FFS as a way of compensating primary care physicians, because revenue depends on being paid for a specific visit and procedure; as the volume of visits and procedures decline, primary care physicians and their practices are unable to bring in the revenue to keep their doors open. ACP has long-supported programs such as those from the CMS Innovation Center to provide PPPM payments to primary care. While completely eliminating FFS may not be viable for all practices now, we strongly encourage voluntary expansion of models to pay make PPPM payments to primary care adjusted for patient demographics.</p> <p>ACP is supportive of a temporary restriction on balance billing for COVID-19 treatment as</p>

ACP Priority	HEROES Act Provision	ACP Policy
		<p>a condition of receipt of funds. However, we urge that Congress not make it a requirement to reimburse for balance billing that has already occurred in the quarter beginning January 1, 2020 as it would be too burdensome to incorporate into physician practices.</p>
<p>Advance Payment Program: Mandate restoration of the Medicare Advance Payment Program and make improvements to it to lengthen the pay-back period and lower the interest rate to zero;</p>	<p>Improve the Accelerated and Advance Payment Program.</p> <p>This legislation would require CMS to make adjustments to the Accelerated and Advance Payment Program. These changes include extending the recoupment period to begin 365 days after receipt of the payment, after which the recipient will have one year to repay the advance; reducing the per-claim recoupment amount from 100 percent to 25 percent to allow practices to continue billing Medicare while paying back the advance; and lowering the interest rate for loans made under the program to one percent if they are not repaid within the required timeframe, rather than the current interest rate of 10.25 percent.</p>	<p>ACP applauds the provisions in H.R. 6800 that require CMS to make adjustments to the Accelerated and Advance Payment Program, which largely align with ACP's recent letter to CMS and its recent letter to Congress on this topic.</p> <p>ACP further asks that Congress specifically direct the Secretary of HHS to resume the Medicare Accelerated and Advance Payment Program, in conjunction with making these needed improvements to the program. This is critically important as practices continue to need to make adjustments to respond to the pandemic's spread in different areas of the country, while also providing necessary ongoing care to their broader patient population. This program serves to assist with practice cash flow issues, which will continue to be an issue beyond the immediate near term as practices face an extremely uncertain timeline for resuming full operations.</p>

ACP Priority	HEROES Act Provision	ACP Policy
<p>Audio-Only Phone Calls: Mandate that all payers pay for audio-only phone calls and telehealth at the same rate as in-person visits, as the Centers for Medicare and Medicaid Services (CMS) has done for Medicare;</p>	<p>No provision.</p>	<p>While virtual telehealth visits may be covered in many cases by insurers, the service requires equipment with both audio and video capability and do not include traditional audio-only phone calls with patients. Private payers not reimbursing for telephone visits (99441-99443)—at a payment level on par with in-person visits—disproportionally affects physicians and practices taking care of elderly and underserved patients. Many of these patients are managing multiple chronic conditions, do not have smartphones, or may have a smartphone, but do not know how to use FaceTime or Skype. As physicians convert in-person visits to virtual ones, practices are experiencing huge reductions in revenue while still having to pay rent, meet payroll, and meet other expenses without patients coming into their practices. Requiring all payers to cover and reimburse physicians for audio-only telephone visits at the same rate as an established patient in-person visit (99212-99214), will ensure that patients without advanced video-sharing capabilities are able to get care virtually, while helping to sustain physician practices.</p>
<p>Medicaid Pay Parity: Mandate Medicaid physician pay parity, especially for primary care physicians;</p>	<p>No provision</p>	<p>Congress should require Medicaid pay parity for all physicians, and especially for primary care and subspecialty care, retroactive to the declaration of the COVID-19 national emergency. We strongly support the renewal</p>

ACP Priority	HEROES Act Provision	ACP Policy
		<p>of applying the Medicare payment rate floor to primary care services furnished under Medicaid and urge that this policy be included in the next COVID-19 response legislation. While we support pay parity for all specialties, we believe that at a minimum, pay parity should be restored for primary care specialties and related subspecialties, as called for in the Kids Access to Primary Care Act, H.R. 6159.</p>
<p>Small Business Administration loan/grant programs; Paycheck Protection Program/Economic Injury Disaster Loan (EIDL) program.</p>	<p>Provides an additional \$10 billion for the SBA EIDL program, and makes many improvements to the newly-created SBA programs created in the CARES Act, including the Paycheck Protection Program. Some key provision of interest in the bill, which are supported by ACP include:</p> <p>Creates a carve out in the PPP of 25% of the funds to be used specifically for small businesses with 10 or fewer employees to guarantee they are fully able to access PPP assistance;</p> <p>Adds flexibility in the covered period for borrowers in the PPP by extending the 8-week period to 24 weeks and extends the covered period from June 30 to December 31;</p> <p>Extends the Paycheck Protection Program to December 31;</p>	<p>We support additional funding for the EIDL program and changes to the PPP to ensure that small businesses will receive the funds needed to sustain their businesses, including physician practices. We look forward to working with the Small Business Administration and the Department of Treasury to ensure effective implementation of these programs so that physician practices can readily qualify.</p>

ACP Priority	HEROES Act Provision	ACP Policy
	<p>Removes the requirement that 75% of loan proceeds be used for payroll</p> <p>See full summary from the House Small Business Committee here.</p>	
<p>Hazard Pay for Frontline Workers</p>	<p>Our interpretation of this section is that it does include hazard pay for work deemed “essential” by employees/workers deemed “essential” allowing up to \$10,000 in hazard pay for those with income less than \$200,000 or up to \$5,000 in hazard pay for those with income greater than \$200,000. Our understanding is that physicians would be eligible for such hazard pay, as defined in the legislation.</p>	<p>ACP policy supports provisions in this legislation that would extend hazard payments up to \$10,000 for individual physicians with incomes less than \$200,000 or up to \$5000 for those with income greater than \$200,000.</p> <p>However, we request clarification as to whether eligibility would be extended to those independent physicians who own their own practices, as those individuals are in fact “employers” but are still providing essential care/services for payment (as required in the legislation) on the frontlines of the COVID crisis. We suggest clarifying in the bill language the definition of what constitutes a “covered employer” and an “essential worker” to ensure that independent physicians in solo practice are eligible for hazard pay.</p>

ACP Priority	HEROES Act Provision	ACP Policy
Support for the Physician Workforce		
<p>Physician Workforce: Support the physician workforce by enacting legislation to provide loan forgiveness for frontline medical students, residents, and physicians; and reauthorize the Conrad State 30 J-1 visa waiver program and provide a pathway to immigrant visas for International Medical Graduates (IMGs);</p>	<p>Supplementing the COVID response workforce. This section would temporarily ease certain immigration-related restrictions to allow immigrant physicians and other critical healthcare workers to better assist in the fight against COVID-19. This section would:</p> <ul style="list-style-type: none"> • Allow immigrant physicians who have lived and worked lawfully in the United States for years, and who have been approved for immigrant visas but are stuck in visa backlogs, to immediately apply for green cards if they will engage in COVID-19 work. • Require DHS and the Department of State to expedite the processing of nonimmigrant petitions and visa applications for medical professionals and researchers who will engage in COVID-19 work. • Provide flexibility to hospitals, medical facilities, and other employers of healthcare workers to quickly transfer employees to administer direct patient care or telemedicine in COVID-19 hot spots, engage in research and development of COVID-19 vaccines and cures, and provide other services as needed to address the emergency. • Permanently authorize the “Conrad 30” Waiver Program, which allows 	<p>ACP is pleased to support this section of the legislation that would permanently authorize the Conrad 30 program, support International Medical Graduates (IMGs) and their families, and temporarily ease certain immigration-related restrictions to allow IMGs and other critical healthcare workers to assist in the fight against COVID-19.</p> <p>A vastly larger number of IMGs are currently serving on the frontlines of U.S. healthcare, both under J-1 and H-1B training visas and in other forms. These physicians serve an integral role in the delivery of health care in the United States. IMGs provide health care for underserved populations in the United States and are often more willing than their U.S. medical graduate counterparts to practice in remote, rural areas.</p> <p>In addition to the section outlined above: Congress should also direct CMS to provide more flexibility in CMS’s Graduate Medical Education (GME) reimbursement to hospitals to accommodate variations in training due to</p>

ACP Priority	HEROES Act Provision	ACP Policy
	<p>States to sponsor immigrant physicians to work in medically underserved areas in exchange for a waiver of the physicians' 2-year foreign residence requirement. The base number of annual Conrad waivers available to each State is increased from 30 to 35, with a demand-based sliding scale to determine the number of available waivers in future years.</p> <ul style="list-style-type: none"> • Provide independent temporary work authorization documents to nonimmigrant physicians and other healthcare workers, giving them maximum mobility and flexibility to engage in COVID-19 work during the present emergency. • Provide special immigrant status for certain nonimmigrant COVID-19 workers and ensure that the spouses and children of such workers are not subject to removal if the worker dies. 	<p>the COVID-19 response. ACP urges that Congress direct HHS to expand flexibility to lengthen the initial residency period (IRP) for residents to allow them to extend their training, if necessary, to meet program and board certification requirements. Congress should also have CMS expand the cap at institutions where residents must extend their training to support an increased number of residents as new trainees begin while existing trainees remain to complete their programs.</p>

ACP Priority	HEROES Act Provision	ACP Policy
<p>Provide Student Loan Debt Relief for medical students, residents, and physicians.</p>	<p>The HEROES Act includes multiple measures to provide student loan debt relief to medical students, residents, and physicians. It would:</p> <ul style="list-style-type: none"> • Amend the CARES Act to extend suspension of payments for federal student loans through September 30, 2021; • Extend no interest accrual on federal student loans until September 30, 2021, or until the economy shows initial signs of recovery; • Provide \$10,000 of up front debt relief only to borrowers who were “economically distressed” on March 12. Student borrowers would be deemed “economically distressed” — and therefore qualify for loan forgiveness — if their monthly payment under an income-based repayment plan was zero, as of March 12. Only low income borrowers “those making \$19,140 or less would qualify for the \$10,000 debt relief. <p><i>(The initial version of the HEROES Act would have provided \$10,000 of up front debt relief to all student</i></p>	<p>ACP supports the measures listed in the HEROES Act that will provide student loan debt relief to our students and physicians. We do not support the revision to the bill that was included in the manager’s amendment that will provide \$10,000 of up front debt relief to borrowers who were economically distressed as it would disqualify many of our students and physicians. We support the original provision in the bill that extends \$10,000 in up front debt relief to all borrowers.</p> <p>ACP supports these provisions but we urge additional measures to specifically ease the financial strain of debt for medical students, residents, and physicians who are playing a critical role in responding to the COVID-19 crisis and providing care to patients.</p> <p>ACP specifically recommends that Congress enact the Student Loan Forgiveness for Frontline Health Workers Act, H.R. 6720, which would forgive student loans for physicians and other clinicians who are on the frontlines of providing care to COVID-19 patients or helping the health care system cope with the COVID-19 public health emergency. The bill would forgive both federal and private student loans for physicians and clinicians with no limit on the amount of debt relief granted. The bill’s forgiveness would include the student debt</p>

ACP Priority	HEROES Act Provision	ACP Policy
	<p><i>borrowers but this provision was scaled back in a manager's amendment to the bill that provides these funds only to "economically distressed" borrowers.)</i></p> <ul style="list-style-type: none"> • Borrowers could also qualify for loan forgiveness under the revised plan if, on March 12, they were delinquent or in default on their loans or in a forbearance or deferment based on financial hardship." • Allow federal student loan borrowers the ability to consolidate loans without losing prior payments for purposes of the Public Service Student Loan Forgiveness and income driven repayment plans. <p>This Act creates a Public Health Workforce Loan Repayment Program. Establishes a loan repayment program to enhance recruitment and retention of state, local, tribal, and territorial public health department workforce. It would provide grants for schools of medicine in diverse and underserved areas. Authorizes grants to schools of medicine in</p>	<p>of graduate-level education for physicians, medical residents, medical fellows, and medical students who provide COVID-19-related health care services</p>

ACP Priority	HEROES Act Provision	ACP Policy
	<p>rural, underserved, or Minority-Serving Institutions. Grants can be used to build new schools of medicine and expand, enhance, modernize, support existing schools of medicine. Funding priority is given to rural, underserved, or Minority-Serving Institutions, including Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges and Universities, and Asian American and Pacific Islander Serving Institutions.</p>	
Expand Coverage and Lower Out of Pocket Cost		
<p>Enhance Medicaid: Ensure access to Medicaid by increasing the federal contribution;</p>	<p>Increases Federal Medical Assistance Percentage (FMAP) payments to state Medicaid programs by a total of 14 percentage points starting July 1, 2020 through June 30, 2021.</p> <p>Extension of existing section 1115 demonstration projects. Authorizes states with section 1115 demonstration projects that expire on or before February 28, 2021 to extend them through December 31, 2021.</p>	<p>ACP is pleased that H.R 6800 increases the Federal Matching Assistance Percentage (FMAP) payment by 14 percentage points through June 30, 2021. At a time of financial instability, this would ensure State governments have the resources they need to continue providing critical services</p> <p>In previous letters, we have urged Congress to increase the federal match for Medicaid past the duration of the public health emergency caused by COVID-19 and we are pleased to support this provision.</p>

ACP Priority	HEROES Act Provision	ACP Policy
<p>Coverage of Treatment of COVID-19 illness: Eliminate cost-sharing for COVID-19 treatment</p>	<p>No cost-sharing for COVID-19 treatment. Eliminates cost sharing for Medicaid beneficiaries for COVID-19 treatment and vaccines during the COVID-19 public health emergency.</p> <p>It would hold Medicare beneficiaries harmless for specified COVID-19 treatment furnished under Part A or Part B of the Medicare program.</p> <p>It establishes zero cost-sharing (out-of-pocket costs) for COVID-19 treatment under Medicare Parts A and B during the COVID-19 public health emergency.</p> <p>It would provide Coverage of treatments for COVID-19 at no cost sharing under the Medicare Advantage program. During this emergency.</p> <p>It would provide coverage of items and services related to the treatment of COVID-19 in group and individual market health plans and waives cost-sharing requirements for consumers during the COVID-19 public health emergency.</p>	<p>We support provisions in the legislation to ensure no cost-sharing for COVID-19 treatment and eliminate cost-sharing for Medicaid, Medicare, and Medicare Advantage beneficiaries as well as group and individual health plans for COVID-19 treatment and vaccines during the COVID-19 public health emergency.</p>

ACP Priority	HEROES Act Provision	ACP Policy
Improvements to Public Health through COVID-19 Testing/Contact Tracing/Surveillance		
<p>Public Health Improvements: Fund the public health capacity needed to partially and safely resume certain prioritized economic and social activities at a state and community level, consistent with ACP’s new guidance on <i>Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity</i>.</p>	<p>The HEROES Act includes a comprehensive plan to implement COVID-19 testing, contact tracing, and surveillance.</p> <p>It requires the Secretary of HHS to update the COVID-19 strategic testing plan required under the Paycheck Protection Program and Health Care Enhancement Act no later than June 15, 2020. The updated plan shall identify the types and levels of testing necessary to monitor and contribute to the control of COVID-19 and inform any reduction in social distancing.</p> <p>In addition, the updated strategic testing plan must include specific plans and benchmarks with clear timelines, regarding how to ensure sufficient availability and allocation of all testing materials and supplies, sufficient laboratory and personnel capacity, and specific guidelines to ensure adequate testing in vulnerable populations and populations at increased risk related to COVID-19, including older individuals, and rural and other underserved areas.</p> <p>This plan must also involve testing capacity in non-health care settings in order to help expand testing availability and make testing more accessible, as well as how to implement the testing strategy in a manner that will help</p>	<p>ACP strongly supports the provision to require that Secretary of HHS to update the COVID-19 strategic testing plan required under the Paycheck Protection Program and Health Care Enhancement Act no later than June 15, 2020.</p> <p>The College applauds the inclusion of \$75 billion in addition to the \$25 billion already approved to create a national system for COVID-19 testing, contact tracing, surveillance, containment and mitigation.</p> <p>ACP supports these provisions in this legislation to expand COVID-19 testing and we recently released a paper on the best methods to expand COVID-19 testing and contract tracing of COVID-19 cases. The paper, <i>Partial Resumption of Economic, Health Care and Other Activities While Mitigating COVID-19 Risk and Expanding System Capacity: A Clinical and Public Policy Guidance</i> from the American College of Physicians, offers detailed recommendations to allow certain economic and social activities to be resumed in a phased and prioritized way, based on the best available evidence, in a manner that mitigates risk (slows and reduces the spread of COVID-19, and associated deaths and other harm to patients) and rapidly expands health system</p>

ACP Priority	HEROES Act Provision	ACP Policy
	<p>to reduce disparities with respect to COVID-19.</p> <p>Centralized testing information website. Requires the Secretary of HHS to establish and maintain a public, searchable website that lists all in vitro diagnostic and serological tests used in the United States to analyze critical specimens for detection of COVID-19 or antibodies for the virus. The website will also list relevant information about the tests, including the sensitivity and specificity of the test and the numbers of tests available.</p> <p>Public health data system transformation. Requires HHS to expand, enhance, and improve public health data systems used by the Centers for Disease Control and Prevention (CDC). This includes: grants to State, local, Tribal, or territorial public health departments for the modernization of public health data systems in order to assist public health departments in assessing current data infrastructure capabilities and gaps; to improve secure public health data collection, transmission, exchange, maintenance, and analysis; to enhance the interoperability of public health data systems; to support and train related personnel; to support earlier disease and health condition detection; and to develop and disseminate related information and improved electronic case reporting.</p>	<p>capacity to diagnose, test, treat, conduct contact tracing (with privacy protections), and conduct other essential public health functions.</p>

ACP Priority	HEROES Act Provision	ACP Policy
	<p>Core public health infrastructure and activities for CDC. Authorizes \$1 billion for CDC to expand and improve their core public health infrastructure and activities in order to address unmet and emerging public health needs.</p> <p>National system for COVID-19 testing, contact tracing, surveillance, containment and mitigation. Requires CDC to coordinate with State, local, Tribal, and territorial health departments to establish and implement a national evidence-based system for testing, contact tracing, surveillance, containment and mitigation of COVID-19, including offering guidance on voluntary isolation and quarantine of positive COVID-19 cases.</p> <p>COVID-19 testing, contact tracing, surveillance, containment, and mitigation grants. Requires CDC to award grants to State, local, Tribal, and territorial health departments to carry out evidence-based systems for testing, contact tracing, surveillance, containment and mitigation of COVID-19. CDC shall provide a minimum level of funding for all State, local, Tribal, and territorial health departments, and prioritize additional funding for areas with high number of cases of COVID-19, areas with a surge in cases of COVID-19, and those proposing to serve high numbers of low-</p>	

ACP Priority	HEROES Act Provision	ACP Policy
	<p>income and uninsured populations, including underserved populations. Funding shall be used to leverage or modernize existing systems, identify specific strategies for testing in medically underserved populations, establish culturally competent and multilingual strategies for contact tracing, hire and compensate a locally-sourced workforce, and support individuals who have been infected with or exposed to COVID-19.</p> <p>COVID-19 testing, contact tracing, surveillance, containment, and mitigation guidance. Requires CDC and other relevant agencies to issue guidance, provide technical assistance and information, and establish clear communication pathways for State, local, Tribal, and territorial health departments for the establishment and maintenance of their testing, contact tracing, surveillance, containment, and mitigation systems.</p> <p>Awareness campaign. Provides grants for a multilingual and culturally appropriate national, science-based COVID-19 campaign, to include information related to availability of testing and promote the importance of contact tracing. Grants can be issued to public or private entities, including faith-based organizations.</p>	

ACP Priority	HEROES Act Provision	ACP Policy
	<p>Research and development. Requires CDC, in collaboration with the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), FDA, and CMS to support research and development on efficient and effective testing, contact tracing, and surveillance strategies.</p> <p>Authorizes \$75 billion for these efforts.</p> <p>COVID-19 reporting portal. Requires the Secretary of HHS, within 15 days, to establish and maintain an online portal for health entities to track and transmit data regarding their inventory and capacity related to COVID-19. This portal will enable hospitals and long-term care facilities to report their inventory related to PPE, medical supplies (like available ventilators and beds), and facility capacity (like number of needed doctors, nurses, and lab personnel). Facilities should be required to report these figures on a biweekly basis.</p>	