

117TH CONGRESS  
1ST SESSION

# H. R. 5963

To provide for improvements in the reimbursement of eligible health care providers through the Provider Relief Fund, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 12, 2021

Ms. SPANBERGER (for herself, Mr. GONZALEZ of Ohio, Mrs. AXNE, Mrs. MILLER-MEEKS, and Ms. MACE) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To provide for improvements in the reimbursement of eligible health care providers through the Provider Relief Fund, 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. SHORT TITLE.**

4 This Act may be cited as the “Provider Relief Fund  
5 Improvement Act”.

1 **SEC. 2. COVID-19 PROVIDER RELIEF FUND IMPROVE-**  
2 **MENTS.**

3 (a) FINDINGS.—Congress makes the following find-  
4 ings:

5 (1) The most recent distribution made from the  
6 Provider Relief Fund to eligible health care pro-  
7 viders began in 2020.

8 (2) No distributions from the Provider Relief  
9 Fund have been made or announced to account for  
10 the surge in COVID-19 cases caused by the Delta  
11 variant.

12 (3) That surge, at its peak, saw 7-day averages  
13 of about 175,000 daily COVID-19 cases, over  
14 100,000 daily hospitalized patients, and almost  
15 2,100 daily deaths in the United States.

16 (4) The COVID-19 pandemic, and the Delta  
17 variant surge in particular, has taken a heavy toll on  
18 our frontline health care heroes, who have been on  
19 the front lines of the pandemic for over a full year  
20 and a half, with many suffering from trauma, burn-  
21 out, and increased behavioral health challenges.

22 (5) Many hospitals have experienced critical  
23 staffing and infrastructure issues due to the surge  
24 demands of very ill patients infected with the Delta  
25 variant of COVID-19, forcing some to make difficult  
26 patient care choices, such as postponing non-emer-

1       gent surgeries or transferring certain patients, in-  
2       cluding children and expectant mothers, to other  
3       hospitals.

4           (6) These challenges are being exacerbated by  
5       threats of violence against hospitals and their work-  
6       force, so much so that a domestic terror alert has  
7       been issued for health care facilities.

8           (7) COVID–19-related expenses are sky-  
9       rocketing, as demonstrated in a recent study show-  
10      ing that hospitals and health systems are paying  
11      \$24,000,000,000 more per year for qualified clinical  
12      labor than they did before the beginning of the  
13      COVID–19 pandemic.

14          (8) Hospitals and other eligible health care pro-  
15      viders need additional funding, and continued access  
16      to Provider Relief Fund funding already received, to  
17      prevent, prepare for, and respond COVID–19, as in-  
18      tended under the law, and to protect their facilities  
19      and workforce.

20      (b) EXTENSION OF DEADLINE FOR ELIGIBLE  
21      HEALTH CARE PROVIDERS TO USE CERTAIN FUNDS RE-  
22      CEIVED FROM THE COVID–19 PROVIDER RELIEF  
23      FUND.—

24          (1) PAYMENT RECEIVED PERIODS 1 AND 2.—  
25      Effective June 29, 2021, the deadline by which an

1 eligible health care provider is required to use reim-  
2 bursements from the Provider Relief Fund received  
3 by such eligible health care provider during a cov-  
4 ered payment received period is extended until the  
5 end of the COVID–19 emergency period.

6 (2) ADJUSTMENT OF REPORTING TIME PE-  
7 RIOD.—The Secretary shall make appropriate ad-  
8 justments to the reporting time period (as specified  
9 in the Provider Relief Fund guidance) that cor-  
10 responds to a covered payment received period to re-  
11 flect the extension of the applicable deadline under  
12 paragraph (1).

13 (3) REFUND OF AMOUNTS RETURNED TO  
14 PRF.—Not later than 30 days after the date of the  
15 enactment of this section, the Secretary shall reim-  
16 burse an eligible health care provider the total  
17 amount of payments such eligible health care pro-  
18 vider returned to the Secretary by reason of the  
19 deadline referred to in paragraph (1).

20 (4) MODIFICATION OF DEADLINE FOR PERIOD  
21 3.—The deadline by which an eligible health care  
22 provider is required to use reimbursements from the  
23 Provider Relief Fund received by such eligible health  
24 care provider during the Payment Received Period  
25 referred to in the Provider Relief Fund Guidance as

1 the Period 3 specified in table 1 of such guidance  
2 (beginning on January 1, 2021, and ending on June  
3 30, 2021) shall be the later of—

4 (A) the end of the COVID–19 emergency  
5 period; or

6 (B) June 30, 2022.

7 (c) REQUIREMENT TO DISTRIBUTE REMAINING  
8 COVID–19 PROVIDER RELIEF FUNDS BY MARCH 31,  
9 2022.—

10 (1) REQUIREMENT FOR DISTRIBUTIONS.—

11 (A) IN GENERAL.—Not later than March  
12 31, 2022, the Secretary shall distribute to eligi-  
13 ble health care providers for health care related  
14 expenses or lost revenues that are attributable  
15 to coronavirus, any remaining funds appro-  
16 priated to the Provider Relief Fund as of the  
17 date of the enactment of this section for reim-  
18 bursements.

19 (B) DEADLINE TO USE FUNDS.—The  
20 deadline by which an eligible health care pro-  
21 vider is required to use reimbursements received  
22 pursuant to subparagraph (A) is June 30,  
23 2023.

24 (2) ACCOUNTING FOR HEALTH CARE RELATED  
25 EXPENSES OR LOST REVENUES IN THE SECOND,

1 THIRD, AND FOURTH QUARTERS OF 2021.—Notwith-  
2 standing any other provision of law, distributions  
3 made under paragraph (1) to eligible health care  
4 providers shall account for financial losses and  
5 changes in operating expenses occurring in the sec-  
6 ond, third, or fourth quarter of calendar year 2021,  
7 that are attributable to coronavirus.

8 (d) CLARIFICATION OF USE OF FUNDS FOR WORK-  
9 PLACE SAFETY AND SECURITY.—

10 (1) IN GENERAL.—Funds appropriated to the  
11 Provider Relief Fund for eligible health care pro-  
12 viders and funds appropriated under section 1150C  
13 of the Social Security Act (42 U.S.C. 1320b–26) for  
14 eligible health care providers (as defined in sub-  
15 section (e)(1) of such section) before, on or after the  
16 date of the enactment of this section may be used  
17 to reimburse an eligible health care provider for ex-  
18 penses incurred by the eligible health care provider  
19 for measures taken to establish or improve the secu-  
20 rity of the workplace of such eligible health care pro-  
21 vider and improve the safety of personnel of such eli-  
22 gible health care provider present at such workplace.

23 (2) ADDITIONAL CLARIFICATION OF PERMIS-  
24 SIBLE EXPENSES.—Expenses for workplace security  
25 and safety of personnel of an eligible health care

1 provider described in paragraph (1) shall include the  
2 following:

3 (A) Mitigation of risk of violence at the  
4 workplace of such eligible health care provider,  
5 including the employment of additional security  
6 personnel, conduct of risk assessment activities,  
7 implementation of response plans, implementa-  
8 tion of small-scale changes to physical plant  
9 (such as the addition of more secure locks, the  
10 use of key card access, altering ingress and  
11 egress points, and the installation of additional  
12 security cameras), and staff education and  
13 training.

14 (B) Measures to prevent violence at the  
15 workplace and against personnel of such eligible  
16 health care provider, including education and  
17 training of personnel on de-escalation protocols  
18 and installation of panic buttons and other  
19 similar, required equipment.

20 (C) Trauma support for personnel with re-  
21 spect to violence in the workplace, such as  
22 counseling and other supports in the event of  
23 significant workplace safety episodes, which  
24 may include events that do not result in vio-  
25 lence but may have significant impacts on per-

1           sonnel and the operations of the eligible health  
2           care provider (commonly referred to as near-  
3           misses).

4           (e) DEFINITIONS.—In this section:

5           (1) CORONAVIRUS.—The term “coronavirus”  
6           means severe acute respiratory syndrome  
7           coronavirus 2 (SARS-CoV-2) or another  
8           coronavirus with pandemic potential.

9           (2) COVERED PAYMENT RECEIVED PERIOD.—  
10          The term “covered payment received period” means,  
11          with respect to Payment Received Periods referred  
12          to in the Provider Relief Fund Guidance—

13                 (A) the “Period 1” specified in table 1 of  
14                 such guidance (beginning on April 10, 2020,  
15                 and ending on June 30, 2020); and

16                 (B) the “Period 2” specified in such table  
17                 (beginning on July 1, 2020, and ending on De-  
18                 cember 31, 2020).

19           (3) COVID-19 EMERGENCY PERIOD.—The  
20           term “COVID-19 emergency period” means the  
21           emergency period described in section 1135(g)(1)(B)  
22           of the Social Security Act (42 U.S.C. 1320b-  
23           5(g)(1)(B)).

24           (4) ELIGIBLE HEALTH CARE PROVIDER.—The  
25           term “eligible health care provider” has the meaning



1 given such term in the third proviso of the third  
2 paragraph under the heading “Department of  
3 Health and Human Services—Office of the Sec-  
4 retary—Public Health and Social Services Emer-  
5 gency Fund” in division B of the CARES Act (Pub-  
6 lic Law 116–136).

7 (5) PROVIDER RELIEF FUND.—The term “Pro-  
8 vider Relief Fund” means the funding appropriated  
9 to prevent, prepare for, and respond to coronavirus,  
10 domestically or internationally, for necessary ex-  
11 penses to reimburse, through grants or other mecha-  
12 nisms, eligible health care providers for health care  
13 related expenses or lost revenues that are attrib-  
14 utable to coronavirus for which appropriations are  
15 made under—

16 (A) the third paragraph under the heading  
17 “Department of Health and Human Services—  
18 Office of the Secretary—Public Health and So-  
19 cial Services Emergency Fund” in division B of  
20 the CARES Act (Public Law 116–136);

21 (B) the first paragraph under the heading  
22 “Department of Health and Human Services—  
23 Office of the Secretary—Public Health and So-  
24 cial Services Emergency Fund” in division B of  
25 the Paycheck Protection Program and Health

1 Care Enhancement Act (Public Law 116–139);  
2 and

3 (C) the third paragraph under the heading  
4 “Department of Health and Human Services—  
5 Office of the Secretary—Public Health and So-  
6 cial Services Emergency Fund” of the  
7 Coronavirus Response and Relief Supplemental  
8 Appropriations Act, 2021 (division M of the  
9 Consolidated Appropriations Act, 2021 (Public  
10 Law 116–260)).

11 (6) PROVIDER RELIEF FUND GUIDANCE.—The  
12 term “Provider Relief Fund Guidance” refers to the  
13 guidance entitled “Provider Relief Fund General and  
14 Targeted Distribution Post-Payment Notice of Re-  
15 porting Requirements” issued by the Secretary of  
16 Health and Human Services on June 11, 2021.

17 (7) SECRETARY.—The term “Secretary” means  
18 the Secretary of Health and Human Services, acting  
19 through the Administrator of the Health Resources  
20 and Services Administration.

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