

COVID-19 Supplemental Legislation

Supplemental III

COVID-III, Coronavirus Aid, Relief, and Economic Security (CARES) Act

After the Senate passed the bill unanimously (96-0) Wednesday, March 25, the House passed the legislation on Friday, March 27. The House had three hours of debate, where members emphasized the problems with the bill but, for the most part, reiterated their support. Democrats voiced their concern about leaving out taxpaying immigrants, the amount of [money](#) dedicated to corporations, and the lack of an election contingency plan (i.e. vote-by-mail process). Some conservatives pointed to the high price tag and a few stated their flat-out opposition for the bill. Most members, while pointing to the problems they had with the bill, urged their peers to support the measure as it provided critical emergency funding for public health infrastructure, small businesses, and workers.

In a [tweet](#), Rep. Massie indicated he intended to call for a roll call on the vote. Multiple members, including, [it appears](#), Speaker Pelosi and Leader McCarthy, [attempted](#) to [persuade](#) him to not call for recorded vote. However, after debate ended, he requested a recorded vote, which failed (one fifth of members needed to stand in support of that motion for it to pass). Rep. Massie then objected on the basis that a quorum (two-thirds of the House, i.e. 216 members) was not present (and therefore voting could not occur). House leadership had marshalled enough members back to D.C. for a quorum to be present, and thus the bill was passed by voice vote. The president signed the bill at 4pm on Friday.

Final text [here](#). Democratic summary [here](#). Republican section by section [here](#).

Title I – Keeping American Workers Paid and Employed Act

Small Business Loans – Committee section by section [here](#) and one pager [here](#), minority one pager [here](#)
Paycheck Protection Program: \$350 billion to provide small businesses 8 weeks of cashflow assistance. The portion of the loan are used for payroll support (employee salaries, paid sick or medical leave, and other overhead like mortgage interest, rent, and utility payments) would be forgiven if employees (and salaries) are retained. Defines eligibility as businesses, nonprofits, veterans’ organizations, and Tribal businesses up to 500 employees and includes self-employed, independent contractors, sole proprietors.

Small Business Administration – Business Loans Program

\$17 billion for SBA to cover 6 months of payments for small businesses with existing SBA loans.

Title II – Assistance for American Workers, Families, and Businesses

Individual Relief – summary [here](#)

Pandemic Emergency Unemployment Assistance Compensation

For individuals not usually eligible for UI (self-employed, independent contractors, as well as individuals who are unable or unavailable to work (but not actually laid off or unemployed) because their place of employment is closed “as a direct result of the COVID-19 public health emergency”) through 12/31/2020.

Unemployment Insurance

Four months of \$600/week boost to individuals’ unemployment insurance (benefits per recipient varies by state).

2020 Recover Rebates for Individuals

\$1,200 to each person with a social security number (non-dependents), with a grant of \$500 per child with an income phase out for those with incomes over \$75,000.

Temporary Waiver of Required Minimum Distribution Rules for Certain Retirement Plans and Accounts

Waiver of early withdrawal penalties for withdrawals (up to \$100,000) from certain retirement accounts for COVID-19-related purposes.

Business Tax Relief – summary [here](#)

Employee Retention Credit

Provides refundable payroll tax credit for 50% of wages paid to employees during the COVID-19 crisis (tax-exempt 501(c) organizations excluded)

Delay of Payment of Employer Payroll Taxes

Delays OASDI payroll taxes, payable over two years with half due by 12/31/21 and the remainder due by 12/31/22

Modifications of Net Operating Costs

Relaxes limitations on net operating losses

Modifications of Limitation on Business Interest

Increases the amount of interest expense businesses are allowed to deduct (Increases limitation threshold increased from 30% to 50% of EBITDA for tax years beginning in 2019 and 2020)

Modification of Credit for Prior Year Minimum Tax Liability Corporations

Treats corporate AMT credits as refundable for 2018 onward

Temporary exception for excise taxes on alcohol when used to produce hand sanitizer

Title III – Supporting American’s Health Care System in the Fight Against the Coronavirus

Health Care Infrastructure Support – summary [here](#)

Medical Product Supplies

Provisions to address medical product supply shortages, including drug and device shortages;

Coverage for COVID-19 Diagnostic Tests

Mandates COVID-19 testing is free, requires private insurance to cover COVID-19 treatments and vaccines

Supplemental Awards for Health Centers

\$1.3 billion for community health centers

United States Public Health Service Modernization

Reauthorizes HRSA grant programs that promote the use of telehealth technologies;

Limitation on Liability for Volunteer Health Care Professionals

Expands liability protections for PPE manufacturers as well as doctors practicing across state lines;

Guidance on Protected Health Information

Requires HHS guidance on protected health information sharing.

Education – one pager [here](#)

Adjustment of Subsidized Loan Usage Limits

Allows students to defer student loan payments for 6 months

Exclusion from Federal Pell Grant Duration Limit

Allows students to keep their Pell grants

Federal Work Study During a Qualifying Emergency

Allows colleges/universities to continue to pay students for work-study

Senate Finance Jurisdiction Health Provisions – summary [here](#)

Adjustment of Sequestration

Temporary suspension of Medicare Sequestration (5/1/2020 – 12/31/2020)

Expansion of Medicare Hospital Accelerated Payment Program

Expand an existing Medicare accelerated payment program, where qualified hospitals would be able to receive up to six months advanced payment (based on net reimbursement of unbilled discharges/unpaid bills)

Inclusion of Certain Over-the-Counter Medical Products as Qualified Medical Expenses

Allows HSAs to cover telehealth prior to deductible as well as over-the-counter medical products without a prescription

Title IV – Economic Stabilization and Assistance to Severely Distressed Sectors of the United States Economy

Economic Stabilization – summary [here](#)

Federal Reserve lending program to provide liquidity for industry in the form of loans, loan guarantees, and other investments.

- \$500 billion in treasury-administered loans with specifically: \$25 billion for passenger air carriers, \$4 billion for cargo air carriers, and \$17 billion for businesses “critical to maintaining national security”,
- The remaining \$454 billion would be dedicated for all other businesses.
- Oversight regulations, including restrictions on exec salaries, establishment of IG within Treasury for Pandemic Recovery, disqualifies companies with ties to President/VP/Department head/Congress from eligibility, and creates a Congressional Oversight Committee.
- Specific worker protections (see [here](#) for summary) and limits on stock buybacks, dividends, furloughs, and worker pay cuts.

Air Carrier Worker Support: \$32 billion in grants to be used explicitly for employee wages, salaries, and benefits: \$25 billion to passenger air carriers, \$4 billion to cargo air carriers, \$3 billion to contractors.

Temporary Moratorium on Eviction Filings

Housing support in the form of a temporary ban on eviction filings, ban on foreclosures of federally-backed mortgage loans, forbearance for certain borrowers.

Coronavirus Relief Funds

\$150 billion Coronavirus Relief Fund for states, territories, and Tribal governments, with \$1.25 billion minimum for small states. Formula includes county size and population.

Title V – Coronavirus Relief Funds

Emergency Appropriations – majority section by section [here](#)

- \$117 billion for hospitals and Veterans Health Care, with \$16 Billion dedicated to the Strategic National Stockpile
- \$45 billion for the FEMA Disaster Relief Fund
- \$4.3 billion for the CDC, with \$1.5 billion toward state and local preparedness grants;
- \$15 billion for SNAP;
- \$10.5 billion for DOD, with \$1 billion for implementation of the Defense Production Act, over \$3 billion for defense health programs, and \$1.5 billion for National Guard support for states/territories;
- \$400 million for election security grants for states.

Supplemental II

COVID-II, Families First Coronavirus Response Act (HR 6201)

The Senate passed the House bill on March 18 and the President signed the bill into law that evening. Bill text [here](#). Factsheet [here](#). Bill section by section [here](#). A summary of paid leave provisions, incorporating changes made by technical correction, is [here](#).

DIVISION A – Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

Title I – Agriculture, Rural Development, Food and Drug Administration, and Related Agencies

Food and Nutrition Service – Includes funding to ensure the domestic nutrition assistance programs have adequate resources to help those impacted by the COVID-19 public health emergency. Funding is provided for:

- The Special Supplemental Nutrition Program for Women Infants and Children (WIC) – \$500 million to provide access to nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or are laid off due to the COVID-19 emergency. <https://www.fns.usda.gov/disaster/pandemic>
- The Emergency Food Assistance Program (TEFAP) – \$400 million to assist local food banks to meet increased demand for low-income Americans during the emergency. Of the total, \$300 million is for the purchase of nutritious foods and \$100 million is to support the storage and distribution of the foods. <https://www.fns.usda.gov/disaster/pandemic>
- The legislation includes a general provision that allows the Department of Agriculture to approve state plans to provide emergency Electronic Benefit Transfer (EBT) food assistance to households with children who would otherwise receive free or reduced-price meals if not for their schools being closed due to the COVID-19 emergency. In order to be eligible, the child's school must be closed for no less than 5 consecutive days.

- Nutrition Assistance for U.S. Territories – \$100 million for USDA to provide nutrition assistance grants to Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands in response to the COVID-19 public health emergency.

<https://www.fns.usda.gov/disaster/pandemic>

Title II – Defense

Coverage of Testing for COVID-19 through the Department of Defense – Includes \$82 million for the Department of Defense to cover the costs of COVID-19 diagnostic testing for beneficiaries receiving care through the Defense Health Program. <https://health.mil/News/In-the-Spotlight/Coronavirus>

Title III – Financial Services and General Government

Implementation of Tax Credits – Includes \$15 million for the Internal Revenue Service to implement tax credits for paid sick and paid family and medical leave.

Title IV – Interior, Environment, and Related Agencies

Coverage of Testing for COVID-19 through the Indian Health Service – Includes \$64 million for the Indian Health Service to cover the costs of COVID-19 diagnostic testing for Indians receiving care through the Indian Health Service or through an Urban Indian Health Organization. <https://www.ihs.gov/coronavirus/>

Title V – Labor, Health and Human Services, Education, and Related Agencies

Senior Nutrition Program – Includes \$250 million for the Senior Nutrition program in the Administration for Community Living (ACL) to provide approximately 25 million additional home-delivered and pre-packaged meals to low-income seniors who depend on the Senior Nutrition programs in their communities. <https://acl.gov/COVID-19>

- This funding will provide meals to low-income seniors: who are home-bound; who have disabilities; who have multiple chronic illnesses; as well as caregivers for seniors who are home-bound.
- ACL's Senior Nutrition grants are provided to States, territories, and eligible tribal organizations and serve more than 2.4 million individuals annually. Nearly two-thirds of recipients of home-delivered meals report these meals as more than half of their food intake for the day.

Reimbursement for Diagnostic Testing and Services for COVID-19 in Uninsured Individuals – Includes \$1 billion for the National Disaster Medical System to reimburse the costs of COVID-19 diagnostic testing and services provided to individuals without health insurance.

Title VI – Military Construction, Veterans Affairs, and Related Agencies

Coverage of Testing for COVID-19 through the Veterans Health Administration – Includes \$60 million for the Department of Veterans Affairs to cover the costs of COVID-19 diagnostic testing for veterans receiving care through Medical Services or through Medical Community Care.

<https://www.publichealth.va.gov/n-coronavirus/index.asp>

Title VII – General Provisions

Technical budgetary provisions.

Ensures State Emergency Operations Centers receive regular and real-time reporting on aggregate testing and case data from health departments and share that data with the Centers for Disease Control and Prevention.

DIVISION B – Nutrition Waivers

Title I – Maintaining Essential Access to Lunch for Students Act

Electronic Benefit Transfer (EBT)

Approval of state plans to provide food assistance to households with children who would otherwise receive free or reduced-price meals if not for their schools being closed due to the COVID-19 emergency. In order to be eligible, the child's school must be closed for no less than 5 consecutive days.

<https://www.fns.usda.gov/disaster/pandemic> / <https://www.fns.usda.gov/sites/default/files/resource-files/SNAP-CN-COVID-PEBTGuidance.pdf>

Waiver Exception for School Closures Due to COVID-19

Provides the Secretary of Agriculture the authority to issue waivers for state plans that increase costs to the federal government. <https://www.fns.usda.gov/disaster/pandemic>

Title II – COVID-19 Child Nutrition Response Act

Child Nutrition Program Requirement Waivers Addressing COVID-19.

Allows all child and adult care centers to operate as non-congregate (i.e. allows them to take food to go). Allows the Secretary of Agriculture to waive meal pattern requirements in child nutrition programs if there is a disruption to the food supply as a result of the COVID-19 emergency. Provides the Secretary of Agriculture the authority to issue nationwide school meal waivers during the COVID-19 emergency, which will eliminate paperwork for states and help more schools quickly adopt and utilize flexibilities.

<https://www.fns.usda.gov/disaster/pandemic>

CN COVID-19 Meal Times Nationwide Waiver: <https://www.fns.usda.gov/resource/cn-covid-19-meal-times-nationwide-waiver>

CN COVID-19 Non-congregate Feeding Nationwide Waiver: <https://www.fns.usda.gov/resource/cn-covid-19-non-congregate-feeding-nationwide-waiver>

Nationwide Waiver of the Activity Requirement in Afterschool Care Child Nutrition Programs: <https://www.fns.usda.gov/resource/cn-covid-19-afterschool-activity-waiver>

Physical Presence Waiver Under WIC During Certain Public Health Emergencies

Provides the Secretary of Agriculture with the authority to grant waivers to allow participants to be certified for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) without being physically present at the WIC clinic. <https://www.fns.usda.gov/disaster/pandemic>

Administrative Requirements Waiver Under WIC

Provides the Secretary of Agriculture with the authority to waive administrative requirements that are barriers to serving WIC participants during the coronavirus outbreak.

<https://www.fns.usda.gov/disaster/pandemic>

Title III – SNAP COVID-19 Response Waivers

SNAP COVID-19 Response Waivers

<https://www.fns.usda.gov/disaster/pandemic>

SNAP Flexibility for Low-Income Jobless Workers

Suspends the work and work training requirements for SNAP during this crisis.

<https://www.fns.usda.gov/sites/default/files/resource-files/FFCRA-Impact-on-ABAWD-TimeLimit.pdf>

Additional SNAP Flexibilities in a Public Health Emergency

Allows states to request special waivers from the Secretary to provide temporary, emergency CR-SNAP benefits to existing SNAP households up to the maximum monthly allotment, as well as give the Secretary broad discretion to provide much more flexibility for States in managing SNAP caseloads. Additionally, this language requires the Secretary to make State requests for waivers and the USDA response, as well as any USDA guidance on State flexibilities, publicly available online.

<https://www.fns.usda.gov/disaster/pandemic/> <https://www.fns.usda.gov/sites/default/files/resource-files/SNAP-COVID-EmergencyAllotmentsGuidance.pdf>

DIVISION C – Emergency Family and Medical Leave Expansion Act

Amendments to Family and Medical leave Act of 1993

Provides employees of employers with fewer than 500 employees and government employers, who have been on the job for at least 30 days, with the right take up to 12 weeks of job-protected leave under the Family and Medical Leave Act to be used for any of the following reasons:

- To adhere to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus;
- To care for an at-risk family member who is adhering to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus; and
- To care for a child of an employee if the child’s school or place of care has been closed, or the child-care provider is unavailable, due to a coronavirus.

After the two weeks of paid leave, employees will receive a benefit from their employers that will be no less than two-thirds of the employee’s usual pay. The bill ensures employees who work under a multiemployer collective agreement and whose employers pay into a multiemployer plan are provided with leave. <https://www.dol.gov/agencies/whd/fmla/pandemic>

DIVISION D – Emergency Unemployment Insurance Stabilization and Access Act of 2020

Emergency Transfers for Unemployment Compensation Administration

\$1 billion The funding would be distributed in the same proportions as regular UI administrative funding provided through annual appropriations. <https://www.dol.gov/newsroom/releases/eta/eta20200312-0/> <https://www.careeronestop.org/LocalHelp/UnemploymentBenefits/find-unemployment-benefits.aspx>

Provides emergency grants to states for activities related to processing and paying unemployment insurance (UI) benefits, under certain conditions.

- \$500 million would be used to provide immediate additional funding to all states for staffing, technology, systems, and other administrative costs, so long as they met basic requirements about ensuring access to earned benefits for eligible workers.
- \$500 million would be reserved for emergency grants to states which experienced at least a 10 percent increase in unemployment. Those states would be eligible to receive an additional grant, in the same amount as the initial grant, to assist with costs related to the unemployment spike, and would also be required to take steps to temporarily ease eligibility requirements that are limiting access to UI during the COVID-19 outbreak.

Temporary Assistance for States

Provides states with access to interest-free loans to help pay regular UI benefits through December 31, 2020, if needed. Such funds from the \$500 Million.

Technical Assistance and Guidance for Short-Time Compensation Programs

Requires the Secretary of Labor to provide technical assistance to states that want to set up work-sharing programs, in which employers reduce hours instead of laying employees off, and then employees receive partial unemployment benefits to offset the wage loss. Such from the \$500 Million.

Extended Unemployment Compensation

Provides 100 percent federal funding for Extended Benefits (EB) for states that experience an increase of 10 percent or more in their unemployment rate (over the previous year). Extended Benefits are triggered when unemployment is high in a state and provide up to an additional 26 weeks after regular UI benefits (usually 26 weeks) are exhausted. Such from the \$500 Million.

DIVISION E – Emergency Paid Sick Leave Act

Emergency Paid Sick Leave

Requires employers with fewer than 500 employees and government employers to provide employees two weeks of paid sick leave, paid at the employee's regular rate, to quarantine or seek a diagnosis or preventive care for coronavirus; or paid at two-thirds the employee's regular rate to care for a family member for such purposes or to care for a child whose school has closed, or child care provider is

- unavailable, due to the coronavirus.
- Full-time employees are entitled to 2 weeks (80 hours) and part-time employees are entitled to the typical number of hours that they work in a typical two-week period.
- The bill ensures employees who work under a multiemployer collective agreement and whose employers pay into a multiemployer plan are provided with leave.

Small Business Exemption

Small businesses with fewer than 50 employees will be eligible for an administrative exemption from the leave requirements relating to school closings or child care unavailability where the requirements would jeopardize the ability of the business to continue. The exemption will be available on the basis of simple and clear criteria that make it available in circumstances involving jeopardy to the viability of an employer's business as a going concern. Department of Labor will provide emergency guidance and rulemaking to clearly articulate this standard.

DIVISION F – Health Provisions

Private Health Plans

Requires private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, urgent care center and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer.

Medicare

Cost sharing waived under the Medicare Program for certain visits relating to COVID-19 testing. Requires Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered. Medicare Part B currently covers the COVID-19 diagnostic test with no beneficiary cost-sharing. Requires Medicare Advantage to provide coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing. Coverage must be provided at no cost to the beneficiary.

Medicaid and CHIP

Requires Medicaid to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. Coverage must be provided at no cost to the beneficiary. Provides states

with the option to extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing. State expenditures for medical and administrative costs would be matched by the federal government at 100 percent. Requires certain personal respiratory protective devices to be treated as covered countermeasures under the PREP Act Declaration for the purposes of emergency use during the COVID-19 outbreak and ending October 1, 2024.

TRICARE, Coverage for Veterans, and Coverage for Federal Civilians

Ensures that individuals enrolled in TRICARE, covered veterans, and federal workers have coverage for COVID-19 diagnostic testing without cost-sharing.

Indian Health Service

Ensures that American Indians and Alaskan Natives do not experience cost sharing for COVID-19 testing, including those referred for care away from an Indian Health Service or tribal health care facility.

Emergency FMAP Increase

Provides a temporary increase to states' federal medical assistance percentage for the duration of the public health emergency for COVID-19. It requires states to maintain eligibility standards that are no less restrictive than the date of enactment.

Medicaid Allotments for Territories

Provides an increase to the territories' Medicaid allotments for 2020 and 2021. It will ensure that territories that receive an FMAP increase under the previous section will have the necessary additional federal funds for their Medicaid programs.

DIVISION G – Tax Credits for Paid Sick And Paid Family And Medical Leave

Paid Sick and Paid Family And Medical Leave, and Self-Employment Tax Credits

<https://www.irs.gov/newsroom/treasury-irs-and-labor-announce-plan-to-implement-coronavirus-related-paid-leave-for-workers-and-tax-credits-for-small-and-midsize-businesses-to-swiftly-recover-the-cost-of-providing-coronavirus>

Payroll Tax Credit for Sick leave: Refundable tax credit equal to 100 percent of qualified paid sick leave wages paid by an employer for each calendar quarter. The tax credit is allowed against the tax imposed by section 3111(a) (the employer portion of Social Security taxes). Qualified sick leave wages are wages required to be paid by the Emergency Paid Sick Leave Act.

For an employee who is unable to work because of Coronavirus quarantine or self-quarantine or has Coronavirus symptoms and is seeking a medical diagnosis, eligible employers may receive a refundable sick leave credit for sick leave at the employee's regular rate of pay, up to \$511 per day and \$5,110 in the aggregate, for a total of 10 days. For other employees within this period, the maximum credit is \$200 per day and \$2,000 in the aggregate.

Payroll Tax Credit for Family Leave: For an employee who is caring for someone with Coronavirus, or is caring for a child because the child's school or child care facility is closed, or the child care provider is unavailable due to the Coronavirus. The amount of qualified family leave wages taken into account for each employee is capped at \$200 per day and \$10,000 for all calendar quarters. If the credit exceeds the employer's total liability under section 3111(a) for all employees for any calendar quarter, the excess credit is refundable to the employer.

Self-employed Tax Credit for Sick Leave: A refundable tax credit equal to 100 percent of a qualified sick leave equivalent amount for eligible self-employed individuals who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation with respect to coronavirus. For eligible self-employed individuals caring for a family member or for a child whose school or place of care has been closed due to coronavirus, the section provides a refundable tax credit equal to 67 percent of a qualified sick leave equivalent amount.

The qualified sick leave equivalent amount is capped at the lesser of \$511 per day or the average daily self-employment income for the taxable year per day. For eligible self-employed individuals caring for a family member or for a child whose school or place of care has been closed due to coronavirus, the qualified sick leave equivalent amount is capped at the lesser of \$200 per day or the average daily self-employment income for the taxable year per day.

DIVISION H – Budgetary Effects

Technical budgetary provisions.

Supplemental I

COVID-1 – H.R. 6074, Coronavirus Preparedness and Response

Supplemental Appropriations Act, 2020

Signed by the President March 6. Text [here](#), summary [here](#).

Title I – Department of Health and Human Services

Food and Drug Administration

\$61 million to facilitate the development and review, both pre-market and post-market, of medical countermeasures, devices, therapies, and vaccines to combat the coronavirus. <https://www.fda.gov/emergency-preparedness-and-response/mcm-issues/covid-19-related-guidance-documents-industry-fda-staff-and-other-stakeholders>

State diagnostic testing: <https://www.federalregister.gov/documents/2020/03/18/2020-05793/expanding-state-approved-diagnostic-tests>; Clinical trials: <http://https://www.regulations.gov/document?D=FDA-2020-D-1106-0002>

Title II – Small Business Administration

Small Business Disaster Loans

\$1 billion for loan subsidies to be made available to help small businesses, small agricultural cooperatives, small aquaculture producers, and nonprofit organizations which have been impacted by financial losses as a result of the coronavirus outbreak. This funding could enable the Small Business Administration to provide an estimated \$7 billion in loans to these entities. <https://www.sba.gov/disaster-assistance/coronavirus-covid-19>

Title III – Department of Health and Human Services

Centers for Disease Control and Prevention

\$2.2 billion in support for federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus. <https://www.grants.gov/web/grants/view-opportunity.html?oppld=324734>

Of the \$2.2 billion \$950 million, of which \$475 million must be allocated within 30 days, to support States, locals, territories, and tribes to conduct public health activities such as:

- surveillance for coronavirus;
- laboratory testing to detect positive cases;
- contact tracing to identify additional positive cases;
- infection control at the local level to prevent additional cases;
- migration in areas with person-to-person transmission to prevent additional cases; and
- other public health preparedness and response activities

National Institutes of Health

Infectious Diseases Rapid Response Reserve Fund: \$300 million to replenish the Infectious Diseases Rapid Response Reserve Fund, which supports immediate response activities during outbreaks.

Global Disease Detection (GDD) Program

At least \$300 million for global disease detection and emergency response.

Biomedical Advanced Research and Development Authority (BARDA)

More than \$2 billion to support advanced research and development of vaccines, therapeutics, and diagnostics, prioritizing platform-based technologies with U.S.-based manufacturing capabilities.

<https://beta.sam.gov/opp/1b46a4169fcb4902b9c4fcbb5bf981f7/view/> /

<https://www.phe.gov/emergency/events/COVID19/Pages/default.aspx/>

https://beta.sam.gov/opp/b4f7923443a448218d369209723141c5/view?keywords=BAA-20-100-SOL-0002%20&sort=-relevance&index=&is_active=true&page=1/

<https://www.medicalcountermeasures.gov/Request-BARDA-TechWatch-Meeting/>

National Institutes of Health

\$826 million for the National Institute of Allergy and Infectious Diseases (NIAID) to support basic research and development of vaccines, therapeutics, and diagnostics and \$10 million for the National Institute of Environmental Health Sciences (NIEHS) to prevent and reduce exposure of hospital employees, emergency first responders, and other workers who are at risk of exposure to coronavirus through their work duties. For the NIEHS program: <https://www.nih.gov/news-events/news-releases/covid-19-workers-get-training-protect-their-own-health>

Public Health and Social Services Emergency Fund

Vaccines, Therapeutics, and Diagnostics

More than \$3 billion for research and development of vaccines, therapeutics, and diagnostics to prevent or treat the effects of coronavirus

Contingency funding

\$300 million in contingency funding for procurement of vaccines, therapeutics, and diagnostics,

Healthcare Preparedness, Pharmaceuticals and Medical Supplies, Community Health Centers

Nearly \$1 billion for procurement of pharmaceuticals and medical supplies, to support healthcare preparedness and Community Health Centers, and to improve medical surge capacity

Medical supply procurement

Approximately \$500 million for pharmaceuticals, masks, personal protective equipment, and other medical supplies, which can be distributed to state and local health agencies in areas with a shortage of medical supplies.

Community Health Centers

\$100 million for health services through Community Health Centers for health services which will support smaller health clinics across the country in under-served urban and rural areas.

<https://bphc.hrsa.gov/emergency-response/coronavirus-frequently-asked-questions.html#funding>

National Ebola and Special Pathogens Training and Education Center (NETEC), regional, State and local special pathogens treatment centers, and hospital preparedness cooperative agreements for continued support for healthcare preparedness.

HHS Other

\$2 million for the HHS Office of Inspector General to conduct oversight of activities related to coronavirus preparedness and response. Requirement to reimburse \$136 million to programs across the Department of Health and Human Services that were temporarily transferred to support emergency preparedness and response activities at the CDC and the Assistant Secretary for Preparedness and Response. In addition, the bill allows funding for medical surge capacity, which will increase the supply of biocontainment beds at additional health facilities. Authority for HHS to hire public health experts, as expeditiously as necessary, to perform critical work relating to coronavirus.

Title IV – Department of State

State Department Operations

\$264 million for consular operations, emergency evacuations of State Department staff and dependents, and other emergency preparedness needs at embassies around the world. Increases transfer threshold for emergency evacuations from \$10 million to \$100 million.

USAID Global Health Response

\$435 million to support health systems overseas to prevent, prepare and respond to the coronavirus, of which \$200 million is for the Emergency Reserve Fund. <https://www.usaid.gov/news-information/press-releases/mar-2-2020-administrator-green-37-million-assistance-novel-coronavirus-covid-19>

USAID Economic and Security Stabilization \$250 million to protect against the effects of an outbreak including economic, security, and stabilization requirements.

Humanitarian Assistance

\$300 million to respond to humanitarian needs arising in countries coping with a coronavirus disease outbreak. State is using October 2019 humanitarian mechanism in conjunction with Swiss Humanitarian Trade Arrangement (SHTA)

Title V – General Provisions

Health Waivers - Telehealth COVID-19 Response Waivers

\$500 Million – Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. Rural and site limitations are removed. Telehealth services can now be provided regardless of where the enrollee is located geographically and type of site, which allows the home to be an eligible originating site. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>