



HOUSE APPROPRIATIONS

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H.R. 6074, CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020

Title-By-Title Summary

This \$8.3 billion package will fully fund a robust response to coronavirus, including vaccine development, support for state and local governments, and assistance for affected small businesses.

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

Prepared by the Democratic staff of the House Appropriations Committee

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

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. This funding will help FDA maintain our national drug and device product inventory through extensive outreach to medical product manufacturers to identify and mitigate potential supply chain interruptions. Funds will also assist FDA’s enforcement work against counterfeit and misbranded products and its review of emergency use authorizations for medical products, such as diagnostics. Additionally, these resources will enable FDA to build on its efforts to strengthen the U.S. medical product manufacturing sector by supporting efforts to foster more investment and innovation in advanced manufacturing methods for drugs, devices, vaccines, and other therapies.

Title II – Financial Services and General Government

Small Business Disaster Loans – Allows \$1 billion in loan subsidies to be made available to help small businesses, small agricultural cooperatives, small aquaculture producers, and non-profit 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. In addition, provides \$20 million to administer these loans.

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

Centers for Disease Control and Prevention – \$2.2 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus, including:

- \$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
- \$300 million to replenish the Infectious Diseases Rapid Response Reserve Fund, which supports immediate response activities during outbreaks.
- At least \$300 million for global disease detection and emergency response.

In addition –

- The supplemental supports CDC's repatriation and quarantine efforts, laboratory testing, emergency operations, epidemiological investigations, public information, and surveillance and data analysis.

Furthermore, the supplemental includes –

- A general provision to reimburse State or local costs incurred for coronavirus preparedness and response activities between January 20 and the date of enactment of this emergency supplemental.
- A proviso to allow funds to be used for construction or renovation of facilities to improve preparedness and response capabilities at the State and local level.

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, including:

- More than \$2 billion for the Biomedical Advanced Research and Development Authority (BARDA) to support advanced research and development of vaccines, therapeutics, and diagnostics, prioritizing platform-based technologies with U.S.-based manufacturing capabilities.
- \$826 million for the National Institutes of Health to support basic research and development of vaccines, therapeutics, and diagnostics.
- \$300 million in contingency funding for procurement of vaccines, therapeutics, and diagnostics.

In addition –

- Requires that vaccines, therapeutics, and diagnostics developed using taxpayer funds must be available for purchase by the Federal government at a fair and reasonable price.
- Allows the Secretary of Health and Human Services to ensure that vaccines, therapeutics, and diagnostics developed using taxpayer funds be affordable in the commercial market.

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:

- Approximately \$500 million for procurement of 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.
- \$100 million for health services through Community Health Centers, which will support smaller health clinics across the country in under-served urban and rural areas.
- Continues support for healthcare preparedness, including the National Ebola and Special Pathogens Training and Education Center (NETEC), regional, State and local special pathogens treatment centers, and hospital preparedness cooperative agreements.
- In addition, the bill allows funding for medical surge capacity, which will increase the supply of biocontainment beds at additional health facilities.

Additional Items

- 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.
- \$10 million for worker-based training through the National Institute of Environmental Health Sciences 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.
- \$2 million for the HHS Office of Inspector General to conduct oversight of activities related to coronavirus preparedness and response.
- Authority for HHS to hire public health experts, as expeditiously as necessary, to perform critical work relating to coronavirus.

Title IV – State, Foreign Operations, and Related Programs

State 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.

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.

Humanitarian Assistance – \$300 million to respond to humanitarian needs arising in countries coping with a coronavirus disease outbreak.

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

Oversight – \$1 million for the USAID Inspector General to perform oversight of coronavirus response activities.

In addition –

- Allows for increased flexibility to transfer funds to respond to the coronavirus.
- Requires a comprehensive strategy to respond to the coronavirus outbreak and regular reporting on the use of funding.

Title V – Bill-Wide

Technical budgetary provisions.

In addition –

- Ensures that the President cannot use funds appropriated in this bill for any other purpose, except for repayment of transfers within the Department of Health and Human Services.
- Requires enhanced Government Accountability Office oversight of funds appropriated in this bill.
- Defines coronavirus.

DIVISION B – Telehealth Services During Certain Emergency Periods

Prepared by the Committee on Ways and Means and the Committee on Energy and Commerce

Emergency Telehealth Waiver: Allows the Secretary of Health and Human Services (HHS) to waive certain Medicare telehealth restrictions during the coronavirus public health emergency. These waivers would allow Medicare providers to furnish telehealth services to Medicare beneficiaries regardless of whether the beneficiary is in a rural community. This provision would also allow beneficiaries to receive care from physicians and other practitioners in their homes. This provision is estimated to cost \$500 million.



H.R. 6201, FAMILIES FIRST CORONAVIRUS RESPONSE ACT

Title-By-Title Summary

The legislation provides paid leave, establishes free testing, protects public health workers, and provides important benefits to children and families.

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

Prepared by the Democratic staff of the House Committee on Appropriations

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.
- **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.

In addition –

- The legislation includes a general provision that allows the Department of Agriculture to approve state plans to provide emergency SNAP 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.

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

Emergency Paid Sick Days Program – Includes \$5 million for the Department of Labor to administer the emergency paid sick days program.

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.

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.

Title III – Bill-Wide

Technical budgetary provisions.

DIVISION B – Nutrition Waivers

Prepared by the Democratic staff of the House Agriculture Committee

Title I – Maintaining Essential Access to Lunch for Students Act

Section 101. Short Title. The short title for the bill is the Maintaining Essential Access to Lunch for Students Act or the MEALS Act.

Section 102. Waiver Exception for School Closures Due to COVID-19. 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.

Title II – COVID-19 Child Nutrition Response Act

Section 201. Short Title. The short title for the bill is the COVID-19 Child Nutrition Response Act.

Section 202. National School Lunch Program Requirement Waivers Addressing COVID-19. Allows all child and adult care centers to operate as non-congregate (i.e. they can serve outside the school or in individual settings) and waive all meal pattern requirements if there is a disruption to the food supply as a result of the COVID-19 emergency.

Title III – SNAP COVID-19 Response Waivers

Section 301. SNAP Flexibility for Low-Income Jobless Workers. Suspends the work and work training requirements for SNAP during this crisis.

Section 302. 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.

DIVISION C – COVID-19 Health Care Worker Protection Act of 2020

Prepared by the Democratic staff of the House Committee on Education and Labor

Section 1. Short Title. The short title for the bill is the COVID-19 Health Care Worker Protection Act of 2020.

Section 2. Findings. This section includes Congressional findings related to COVID-19.

TITLE I – COVID-19 Emergency Temporary Standard

Section 101. COVID-19 Emergency Temporary Standard. This section requires the Occupational Safety and Health Administration (OSHA) to issue an Emergency Temporary Standard (ETS) within 30 days, requiring employers within the health care sector -- and any other sectors which either OSHA or the Centers for Disease Control and Prevention (CDC) designate at elevated risk -- to develop and implement a comprehensive infectious disease exposure control plan to protect health care workers from exposure to the SARS-CoV-2 virus that causes COVID19. The ETS shall be based on the CDC’s 2007 “Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” that was issued to protect health care workers against Severe Acute Respiratory Syndrome (SARS). In addition, the ETS may not be less protective than the infectious disease precautions for novel pathogens issued by any OSHA state plan.

OSHA shall issue a permanent health and safety standard, which the Occupational Safety and Health Act stipulates shall be issued 6 months after the ETS has been issued.

TITLE II – Amendments to the Social Security Act

Section 201. Application of COVID-19 Emergency Temporary Standard to Certain Facilities Receiving Medicare Funds. This section requires that hospitals and skilled nursing facilities operated by state or local government agencies, which are not otherwise subject to the Occupational Safety and Health Act of 1970 or a State occupational safety and health plan, shall comply with the ETS and the permanent OSHA standard required in this Act as a condition of receiving Medicare funds. A facility that fails to comply with the OSHA standards is subject to a civil monetary penalty in an amount similar to the amount OSHA may impose under the OSHA Act for a violation of a standard, but such facility is not subject to termination of an agreement with Medicare.

DIVISION D – Emergency Paid Leave Act of 2020

Prepared by the Democratic staff of the House Committee on Ways and Means

Section 101. Short Title. The short title for the bill is the Emergency Paid Leave Act of 2020.

Section 102. Emergency Paid Leave Benefits. *Amends the Social Security Act by inserting after title V the following: Title VI-Emergency Paid Leave Benefits.* This section creates a new federal emergency paid leave benefits program as Title VI of the Social Security Act, consisting of the following Social Security Act sections.

Section 601. Definitions. This section defines an “emergency leave day” as a day in which an individual is unable to work due to one of four qualifying reasons related to COVID-19:

- The worker has a current diagnosis of COVID-19.
- The worker is quarantined (including self-imposed quarantine), at the instruction of a health care provider, employer, or government official, to prevent the spread of COVID-19.
- The worker is caring for another person who has COVID-19 or who is under a quarantine related to COVID-19.
- The worker is caring for a child or other individual who is unable to care for themselves due to the COVID-19-related closing of their school, child care facility, or other care program.

It also defines other key terms including “eligible individual,” which is someone who was working in the thirty days before they were impacted by COVID-19.

Section 602. Emergency Paid Leave Benefits. This section creates a new federal emergency paid leave benefit program. Eligible workers will receive a benefit for a month (up to three months) in which they must take 14 or more days of leave from their work due to the qualifying COVID-19-related reasons. Days when an individual receives pay from their employer (regular wages, sick pay, or other paid time off) or unemployment compensation do not count as leave days for purposes of this benefit.

The program will be administered by the Social Security Administration (SSA). Specifications include the following:

- Benefit amount: Two-thirds of the individual’s average monthly earnings (based on the most recent year of wages or self-employment income for which records are readily available), up to a cap of \$4,000.
- Program and benefit period: The benefits will be available for leave that occurs from January 19, 2020 (the date of the first U.S. COVID-19 diagnosis) through one year after the bill’s enactment.
- Retroactive benefits: Benefits can be paid retroactively, and applications can be filed up to 6 months after enactment.
- Application: Applications will be taken online, by phone, or by mail. Individuals will not visit SSA field offices to apply. Payments will in most cases be issued electronically.
- Program integrity: Applicants must attest that they meet the criteria for eligibility and existing penalties for fraud or misrepresentation with regard to Social Security benefits are applied to the federal emergency paid leave benefits program.

The program will operate in coordination with other relevant benefits and leave programs, including:

- Protection of existing benefit rights: Existing benefit rights are protected, including any rights to State or local paid leave benefits, and greater benefits are allowed including under a contract, collective bargaining agreement, or other employment benefit program.
- Reduction based on receipt of state or private paid leave: Benefit amounts are offset (reduced) dollar-for-dollar by the amount of any state or private paid leave benefit the individual also receives.
- Reimbursement grants to States: States will be reimbursed for the total amount of these offsets that are due to state-run or state-mandated paid leave programs.
- No effect on eligibility for SSI: Benefits paid under this program do not count as income or resources for the Supplemental Security Income (SSI) program.

Section 603. Funding and Expedited Implementation Authority. SSA will receive additional direct (mandatory) funding for both the cost of the benefits and the cost of administering the program. Treasury will receive additional direct (mandatory) funding for reimbursement of states.

Section 604. Protection of Social Security Trust Funds. Social Security’s Trust Funds and regular administrative budget will be kept separate from this new program and cannot be used to administer or fund it.

Section 605. Taxation of Emergency Leave Benefits. Benefits paid under this program are not subject to federal income taxes.

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

Prepared by the Democratic staff of the House Committee on Ways and Means

Section 101. Short Title. The short title for the division is the Emergency Unemployment Insurance Stabilization and Access Act of 2020.

Section 102. Emergency Transfers for Unemployment Compensation Administration. This section provides \$1 billion in 2020 for 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. Those requirements are:

- Require employers to provide notification of potential UI eligibility to laid-off workers
- Ensure that workers have at least two ways (for example, online and phone) to apply for benefits
- Notify applicants when an application is received and being processed and if the application cannot be processed, provide information to the applicant about how to ensure successful processing.

States would be required to report on the share of eligible individuals who received UI benefits and the state's efforts to ensure access within one year of receiving the funding. The funding would be distributed in the same proportions as regular UI administrative funding provided through annual appropriations.

\$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 might be limiting access to UI during the COVID-19 outbreak, like work search requirements, required waiting periods, and requirements to increase employer UI taxes if they have high layoff rates. Depending on the state, those actions might require changes in state law, or might just require changes in state policy. This section also provides temporary federal flexibility regarding those UI restrictions which are also in federal law.

Section 103. Temporary Assistance for States with Advances. This section provides states with access to interest-free loans to help pay regular UI benefits through December 31, 2020, if needed.

Section 104. Technical Assistance and Guidance for Short-Time Compensation Programs. This section 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.

Section 105. Full Federal Funding of Extended Unemployment Compensation for a Limited Period. For states that experience an increase of 10 percent or more in their unemployment rate (over the previous year) and comply with all the beneficiary access provisions in section 102, this section provides 100 percent federal funding for Extended Benefits, which normally require 50 percent of funding to come from states. 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.

DIVISION F – Paid Sick Days for Public Health Emergencies and Personal and Family Care Act

The emergency paid sick days legislation:

- Requires all employers to allow employees to gradually accrue seven days of paid sick leave and to provide an additional 14 days available immediately in the event of any public health emergency, including the current coronavirus crisis;
- Requires all employers to provide an additional 14 days of paid sick leave, available immediately at the beginning of a public health emergency, including the current coronavirus crisis;
- Ensures paid sick leave covers days when your child’s school is closed due to a public health emergency, when your employer is closed due to public health emergency, or if you or a family member is quarantined or isolated due to a public health emergency;
- Reimburses small businesses—defined as businesses with 50 or fewer employees—for the costs of providing the 14 days of additional paid sick leave used by employees during a public health emergency;
- Enables construction employees to receive sick pay based on hours they work for multiple contractors; and
- Makes the bill effective immediately so that employees in areas covered under a qualifying Public Health Emergency, upon the date of enactment, can take 14 days of paid sick leave in order to address COVID-19.

DIVISION G – Health Provisions

Prepared by the Democratic staff of the Committees on Energy and Commerce, Ways and Means, and Education and Labor

Section 101. Coverage of Testing for COVID-19. This section 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.

Section 102. Waiving Cost Sharing Under the Medicare Program For Certain Visits Relating To Testing For COVID-19. This section 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.

Section 103. Waiving Cost Sharing Under the Medicare Advantage Program for Certain Visits Relating to Testing for COVID-19. This section 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.

Section 104. Coverage at No Cost Sharing of COVID-19 Testing Under Medicaid and CHIP. This section 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. It would also provide 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.

Section 105. Laboratory Reimbursement for Diagnostic Testing for COVID-19 in Uninsured Individuals. This section requires the National Disaster Medical System to reimburse the costs of COVID-19 diagnostic testing provided to individuals without insurance.

Section 106. Treatment of Personal Respiratory Protective Devices as Covered Countermeasures. This section 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.

Section 107. Application with Respect to TRICARE, Coverage for Veterans, and Coverage for Federal Civilians. This section ensures that individuals enrolled in TRICARE, covered veterans, and federal workers have coverage for COVID-19 diagnostic testing without cost-sharing.

Section 108. Coverage of Testing for COVID-19 At No Cost Sharing for Indians Receiving Contract Health Services. This section 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.

Section 109. Emergency FMAP Increase. This section 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.

DIVISION H – Budgetary Effects

Technical budgetary provisions.