House Releases Draft of Next COVID-19 Supplemental Funding Bill  
*May 14, 2020*

On Tuesday, May 12 Speaker Pelosi released text of the Health and Economic Recovery Omnibus Emergency Solutions Act (HEROS Act), which is an initial draft of the next COVID-19 emergency supplemental bill.

The bill would provide funding for state and local governments to cover budget shortfalls, economic relief payments to households, unemployment benefits, nutrition aid, hazard pay for essential workers, investments in public health infrastructure, and additional funds for small business loan programs, among other things. ASTHO developed a summary of the public health provisions in this bill, which can be viewed below.

**Outlook:** With over 1,800 pages of text, this bill is massive and includes both emergency supplemental funding and authorizing language. Considering the sheer size of the legislation, it is very likely that ASTHO’s analysis did not capture every single public health provision.

This bill is expected to receive a vote in the House soon.

Please note that this is not a bipartisan bill and will not be considered by Senate. Therefore, it will not become law. However, given the wide-ranging public health provisions and the potential for some of these to get picked up later in the process, ASTHO believed it was important to issue a legislative alert on the bill.

**Considerations:** While this bill contains some positive components including funding for contact tracing and testing, the ASTHO government affairs team is concerned that a number of provisions included in this bill have not been properly vetted with public health experts and could potentially create onerous processes and systems.

**Resources**

- Bill language
- One-page summary
- Section-by-section summary

**Contact:** If you have any questions or concerns, please contact Jeffrey Ekoma, ASTHO’s director of government affairs.

Public health provisions in the bill are as follows:

**Assistant Secretary for Preparedness and Response**

$4.5 billion to respond to coronavirus, including:

- $3.5 billion for Biomedical Advanced Research and Development Authority (BARDA) for therapeutics and vaccines;
• $500 million for BARDA to support U.S.-based next generation manufacturing facilities;
• $500 million for BARDA to promote innovation in antibacterial research and development; and
• $75 million for the Office of Inspector General.

CDC
$2.13 billion total for the CDC, to remain available until September 30, 2024 to prevent, prepare for, and respond to the coronavirus domestically or internationally. Specifically:

• $1 billion is allocated for Public Health Emergency Preparedness cooperative agreements.
• $1 billion is allocated for necessary expenses for grants for core public health infrastructure for state, local, territorial, or tribal health departments, of which no less than $100 million is allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.
• $130 million is allocated for public health data surveillance and analytics infrastructure modernization.

Public Health and Social Services Emergency Fund
$175 billion for the Public Health and Social Services Emergency Fund to remain available until September 30, 2024, to prevent, prepare for, and respond to the coronavirus., domestically or internationally. Specifically:

• $100 billion is allocated and available until expended, for necessary expenses to make payments under the Health Care Provider Relief Fund.
• $75 billion is allocated for necessary expenses to carry out the COVID-19 National Testing and Contact Tracing Initiative, described in further detail below.
• $3.5 billion is allocated to the Biomedical Advanced Research and Development Authority (BARDA) for necessary expenses of advanced research, development, manufacturing, production, and purchase of vaccines and therapeutics. Of this amount:
  • $500 million is allocated for the construction, renovation, or equipping of U.S. based next generation manufacturing facilities, other than facilities owned by the United States Government;
  • $500 million is allocated to promote innovation in antibacterial research and development.

HRSA
• $7.6 billion, to remain available until September 30, 2025 for Health Centers to purchase equipment and supplies to conduct mobile testing, purchase and maintain mobile vehicles and equipment to conduct testing, and hire and training laboratory personnel and other staff to conduct mobile testing.
• $10 million is allocated for the Ryan White HIV/AIDS program to remain available until September 30, 2022.
SAMHSA

$3 billion total for SAMHSA, to remain available until September 30, 2021 to prevent, prepare for, and respond to the coronavirus. Specifically:

- $1.5 billion is allocated for the substance abuse prevention and treatment block grant program.
- $1 million is allocated for the community mental health service block grant.
- $100 million is allocated for services to the homeless population.
- $100 million is allocated for Project AWARE.
- $10 million is allocated for the National Child Traumatic Stress Network.
- $265 million is allocated for the Suicide Lifeline and Disaster Distress Helpline.
- Not less than $150 million is allocated to tribes, tribal organizations, urban Indian health organizations, or health or behavioral health service providers to tribes.

NIH

$4.745 billion total for the NIH to remain available until September 30, 2024 to prevent, prepare for, and respond to the coronavirus. Specifically:

- $500 million is allocated for the National Institutes of Allergy and Infectious Diseases.
- $200 million is allocated for the National Institute of Mental Health.
- $4.02 billion is allocated for the Office of the Director, with $3 billion allocated for offsetting the costs related to reduction in lab productivity resulting from the coronavirus pandemic or public health measures related to the coronavirus pandemic.

Health Provisions

- Increases federal medical assistance percentage (FMAP) payments to state Medicaid programs by a total of 14 percentage points from July 1, 2020 – June 30, 2021.
- Restores Medicaid coverage to individuals who are residents of freely associated states.

Public Health Authorizing Provisions

Supply Chain Improvements

- Requires President to appoint a Medical Supplies Response Coordinator to coordinate the efforts of the Federal Government regarding the supply and distribution of critical medical supplies and equipment related to detecting, diagnosing, preventing, and treating COVID-19, including PPE, medical devices, drugs, and vaccines. This coordinator is required to:
  - Consult with state, local, territorial, and tribal officials to ensure that health care facilities and health care workers have sufficient PPE and other medical supplies;
Evaluate ongoing needs of states, localities, territories, tribes, health care facilities, and health care workers to determine the need for critical medical supplies and equipment;

Serve as a point of contact for industry for procurement and distribution of critical medical supplies and equipment, including PPE, medical devices, testing supplies, drugs and vaccines;

Procure and distribute critical medical supplies and equipment, including PPE, medical devices, testing supplies, drugs and vaccines;

Establish and maintain an up-to-date national database of hospital capacity, including beds, ventilators, and supplies, including PPE, medical devices, drugs, and vaccines;

Provide weekly reports to Congress on gaps in capacity and progress made toward closing gaps;

Require, as necessary, industry reporting on production and distribution of PPE, medical devices, testing supplies, drugs, and vaccines and assess financial penalties as may be specified by the coordinator for failure to comply with such requirements for reporting and production and distribution;

Consult with Secretary of HHS and FEMA Administrator to ensure sufficient production levels under Defense Production Act; and

Monitor prices of critical medical supplies and equipment, including PPE and medical devices, drugs, and vaccines related to detecting, diagnosing, preventing, and treating COVID-19 and report any suspected price gouging of materials to the Federal Trade Commission.

Strategic National Stockpile Improvements

- Requires the Secretary of HHS to ensure that contents of the stockpile remain in good working order and as appropriate, conduct maintenance services on such contents.

- Amends the Public Health Service Act by including additional language to enhance medical supply chain elasticity (authorizes $500 million for each of the fiscal years 2020 through 2023, to remain available until expended) and establish and maintain domestic reserves of critical medical supplies by:
  - Increasing emergency stock of critical medical supplies;
  - Geographically diversifying production of such medical supplies;
  - Purchasing, leasing, or entering into joint ventures with respect to facilities and equipment to produce such medical supplies; and
  - Working with distributors of medical supplies to manage domestic reserves.

- Requires the Assistant Secretary for Preparedness and Response and the Director of CDC to develop and implement improved, transparent processes for the use and distribution of drugs, vaccines and other biological products, medical devices, and other supplies in the strategic national stockpile. Specifically:
  - Developing a manner in which states, localities, tribes, and territories are required to submit requests for supplies from the stockpile;
  - Criteria used by the Secretary in responding to such requests, including the reasons for fulfilling or denying such requests;
• What circumstances result in prioritization of distribution of supplies from the stockpile to states, localities, tribes, or territories;
• Clear plans for future, urgent communication between the Secretary and states, localities, tribes, and territories regarding the outcome of request; and
• Any differences in the processes developed for geographically related emergencies, such as weather events, and national emergencies, such as pandemics.

• Requires the Comptroller General of the United States to conduct a study to investigate the feasibility of establishing user fees to offset certain Federal costs attributable to the procurement of single-source materials for the stockpile.

Testing and Testing Infrastructure Improvements

• Requires the Secretary of HHS to update the COVID-19 strategic testing plan identifying:
  • What level of, types of, and approaches to testing (including predicted numbers of tests, populations to be tested, and frequency of testing and the appropriate setting whether a health care setting;
  • Specific plans and benchmarks with clear timelines;
  • Specific plans to ensure adequate testing in rural areas, frontier areas, health professional shortage areas, medically underserved areas, underserved populations, Native Americans, and populations at increased risk related to COVID-19;
  • Specific plans to ensure accessibility of testing to people with disabilities, older individuals, and individuals with underlying health conditions or weakened immune systems; and
  • Specific plans for broadly developing and implementing testing for potential immunity in the United States.

• State Testing Report – For any state that authorizes (or intends to authorize) one or more laboratories in the State to develop and perform in vitro diagnostic COVID-19 tests, the head of the department or agency of such state with primary responsibility for health must:
  • Notify the Secretary of such authorization (or intention to authorize) and provide the Secretary with a weekly report:
    ▪ Identifying all laboratories authorized (or intended to be authorized) by the State to develop and perform in vitro diagnostic COVID-19 tests;
    ▪ Including relevant information on all laboratories, which may include information on laboratory testing capacity:
    ▪ Identifying all in vitro diagnostic COVID-19 tests developed and approved for clinical use in laboratories identified; and
    ▪ Including relevant information on all tests identified, which may include:
      • The name and contact information of the developer of any such test;
      • Any fact sheets, manufacturer’s instructions, and package inserts for any such test, including information on intended use: and
      • The sensitivity and specificity of any such test.

• State Listing of Testing Sites – No later than 14 days after the date of enactment of this bill, any state receiving funding or assistance under the bill, as a condition on such receipt, shall establish and maintain a public, searchable webpage on the official website of the state that identifies all
sites located in the State that provide diagnostic or serological resting for COVID-19 and provides appropriate contact information for testing sites.

- Reporting of COVID-19 Testing Results – Every laboratory that performs or analyzes a test that is intended to detect COVID-19 or diagnose a possible case of COVID-19 shall report daily the number of test performed and the results from each test to the Secretary of HHS and to the Secretary of Homeland Security, in such a form and manner as such Secretaries may prescribe. Such information should be made available to the public in a searchable, electronic format.

Public Health Data System Transformation

- Expanding CDC and Public Health Department Capabilities – Requires the Secretary of HHS, through the Director of CDC to:
  - Conduct activities to expand, enhance, and improve applicable public health data systems use by the CDC, related to the interoperability and improvement of such systems (including as it relates to preparedness for, prevention and detection of, and response to public health emergencies);
  - Award grants or cooperative agreements to state, local, tribal, or territorial public health departments for the expansion and modernization of public health data systems, to assist public health departments in:
    - Assessing current data infrastructure capabilities and gaps to improve and increase consistency in data collection, storage, and analysis and, as appropriate, to improve dissemination of public health related information;
    - Improving secure public health data collection, transmission, exchange, maintenance, and analysis;
    - Improving the secure exchange of data between the CDC, local, tribal, and territorial public health departments, public health organizations, and health care providers, including by public health officials in multiple jurisdictions within such state, as appropriate, and by simplifying and supporting reporting by health care providers, as applicable, pursuant to state law, including through the use of health information technology;
    - Enhancing the interoperability of public health data systems (including systems created or accessed by public health departments) with health information technology;
    - Supporting and training data systems, data science, and informatics personnel;
    - Supporting earlier disease and health condition detection, such as through near real-time data monitoring, to support rapid public health responses;
    - Supporting activities within the applicable jurisdiction related to the expansion and modernization of electronic case reporting; and
    - Developing and disseminating information related to the use and importance of public health data

- Data Standards – The Secretary of HHS, acting through the Director of the CDC, shall, as appropriate and in consultation with the Office of the National Coordinator for Health Information Technology, designate data and technology standards for public health data
systems, with deference given to standards published by consensus-based standards development organizations with public input and voluntary consensus based standards bodies.

- **Public-Private Partnerships (authorized for $450 million)** – The Secretary of HHS may develop and utilize public-private partnerships for technical assistance, training, and related implementation support for state, local, tribal, and territorial public health departments, and the CDC on the expansion and modernization of electronic case reporting and public health data systems.
  - The Secretary of HHS may not award a grant or cooperative agreement unless the applicant uses or agrees to use standards endorsed by the National Coordinator for Health Information Technology.

- **Pilot Program to Improve Laboratory Infrastructure (authorized for $1 billion)** – Requires the Secretary to award grants to states and political subdivisions of states to support the improvement, renovation, or modernization of infrastructure at clinical laboratories that will help to improve COVID-19 testing and response activities, including the expansion and enhancement of testing capacity at such laboratories.

- **Core Public Health Infrastructure for State, Local, Tribal, and Territorial Health Departments** – The Secretary, acting through the Director of the CDC shall establish a core public health infrastructure program consisting of awarding grants for the purpose of addressing core public health infrastructure needs. Specifically:
  - Award grants to state health departments or award grants on a competitive basis to state, local, tribal, or territorial health departments.
  - Not less than 50 percent shall be for grants to state health department and not less than 30 percent shall be for grants to state, local, tribal, or territorial health departments.
  - Funds may be used to address core public infrastructure needs, including those identified in the accreditation process.
  - In making grants, the Secretary shall award funds to each state health department in accordance with:
    - A formula based on population size, burden of preventable disease and disability, and core public health infrastructure gaps including those identified in the accreditation process; and
    - Application requirements established by the Secretary, including a requirement that the state health department submit a plan that demonstrates to the satisfaction of the Secretary that the state’s health department will address its highest priority core public health infrastructure needs and as appropriate, allocate funds to local health departments within the state.

- **Competitive Grants to State, Local, Tribal, and Territorial Health Departments** – In making grants under this section, the Secretary shall give priority to applicants demonstrating core public health infrastructure needs identified in the accreditation process.

- **Establishment of a Public Health Accreditation Program (authorized for $6 billion)** – The Secretary shall develop, and periodically review and update, standards for voluntary accreditation of state, local, tribal, and territorial health departments and public health laboratories for the purpose of advancing the quality and performance of such departments and laboratories and implement a program to accredit such health departments in accordance with such standards. The Secretary may enter into a cooperative agreement with a private nonprofit entity to carry out this section.
• Core Public Health Infrastructure and Activities for CDC – The Secretary, acting through the Director of the CDC shall expand and improve the core public health infrastructure and activities of the CDC to address unmet and emerging public health needs.

COVID-19 National Testing and Contact Tracing Initiative – authorizes $75 billion

• National System for COVID-19 Testing, Contact Tracing, Surveillance, Containment, and Mitigation – The Secretary, acting through the Director of the CDC and in coordination with state, local, tribal, and territorial health departments, shall establish and implement a nationwide evidence-based system for:
  o Testing, contact tracing, surveillance, containment, and mitigation with respect to COVID-19;
  o Offering guidance on voluntary isolation and quarantine of individuals infected with, or exposed to individuals infected with the virus that causes COVID-19; and
  o Public reporting on testing, contact tracing, surveillance, and voluntary isolation and quarantine activities with respect to COVID-19.

• Grants - To implement a national testing system, the Secretary, acting through the Director of the CDC shall subject to the availability of appropriations, award grants to state, local, tribal, and territorial health departments that seek grants to carry out coordinated testing, contact tracing, surveillance, containment, and mitigation with respect to COVID-19, including:
  o Diagnostic and surveillance testing and reporting;
  o Community-based contract tracing efforts; and
  o Policies related to voluntary isolation and quarantine of individuals infected with or exposed to individuals infected with the virus that causes COVID-19.

• The Secretary shall ensure that grants under this section provide flexibility for state, local, tribal, and territorial health departments to modify, establish, or maintain evidence-based systems and local health departments receive funding from state health departments or directly from the CDC to contribute to such systems.

• The Secretary, acting through the Director of the CDC, shall allocate funding to each state, local, tribal, and territorial health department that seeks a grant under this section and allocate additional funding based on the following prioritization:
  o The Secretary shall give highest priority to applicants proposing to serve populations in one or more geographic regions with a high burden of COVID-19 based on data provided by the CDC or other sources as determined by the Secretary.
  o The Secretary shall give second highest priority to applicants preparing for, or currently working to mitigate, a COVID-19 surge in a geographic region that does not yet have a high number of reported cases of COVID-19 based on data provided by the CDC or other sources determined by the Secretary.
  o The Secretary shall give third highest priority to applicants proposing to serve high numbers of low-income and uninsured populations, including medically underserved populations, racial and ethnic minorities, or geographically diverse areas, as determined by the Secretary.
A state, local, tribal, and territorial health department receiving a grant under this section, to the extent possible, use grant funds for the following activities, or other activities deemed appropriate by the Director of the CDC:

- **Testing** – To implement a coordinated testing system that:
  - Leverages or modernizes existing testing infrastructure and capacity;
  - Is consistent with the updated testing strategy;
  - Is coordinated with the state plan for COVID-19;
  - Is informed by contact tracing and surveillance activities;
  - Is informed by guidelines established by the CDC for which populations should be tested;
  - Identifies how diagnostic and serological tests in such system shall be validated prior to use;
  - Identifies how diagnostic and serological tests and testing supplies will be distributed to implement such system;
  - Identifies specific strategies for ensuring testing capabilities and accessibility in medically underserved populations, racial and ethnic minority populations, and geographically diverse areas, as determined by the Secretary;
  - Identifies how testing may be used, and results may be reported, in both health care settings and non-health care settings;
  - Allows for testing in sentinel surveillance programs, as appropriate; and
  - Supports the procurement and distribution of diagnostic and serological tests and testing supplies to meet the goals of the system.

- **Contact Tracing** – To implement a coordinated contact tracing system that:
  - Leverages or modernizes existing contact tracing systems and capabilities, including community health workers, health departments, and federally qualified health centers;
  - Is able to investigate cases of COVID-19, and help to identify other potential cases of COVID-19, through tracing contacts of individuals with positive diagnoses;
  - Establishes culturally competent and multilingual strategies for contact tracing, which may include consultation with and support for cultural or civic organizations with established ties to the community;
  - Provides individuals identified under the contact tracing program with information and support for containment or mitigation;
  - Enables state, local, tribal, and territorial health departments to work with a non-governmental, community partner or partners and state and local workforce development systems to hire and compensate a locally sourced contact tracing workforce, if necessary, to supplement the public health workforce to:
    - Identify the number of contact tracers needed for the respective state, locality, territorial, or tribal health department to identify all cases of COVID-19 currently in the jurisdiction and those anticipated to emerge over the next 18 months in such jurisdiction;
    - Outline qualification necessary for contact tracers;
• Train the existing and newly hired public health workforce on best practices related to tracing close contacts of individuals diagnosed with COVID-19, including the protection of individual privacy and cybersecurity protection; and
• Equip the public health workforce with tools and resources to enable a rapid response to new cases;
  ▪ Establishes statewide mechanisms to integrate regular evaluation to the CDC regarding contact tracing efforts, makes such evaluation publicly available, and to the extent possible, provides for such evaluation at the county level; and
  ▪ Identifies specific strategies for ensuring contact tracing activities in medically underserved populations, racial and ethnic minority populations, and geographically diverse areas, as determined by the Secretary.

○ Surveillance – To strengthen the existing public health surveillance system that:
  ▪ Leverages or modernizes existing surveillance systems within the respective state, local, tribal, or territorial health department and national surveillance systems;
  ▪ Detects and identifies trends in COVID-19 at the county level;
  ▪ Evaluates state, local, tribal, and territorial health departments in achieving surveillance capabilities with respect to COVID-19;
  ▪ Integrates and improves disease surveillance and immunization tracking; and
  ▪ Identifies specific strategies for ensuring disease surveillance in medically underserved populations, racial and ethnic minority populations, and geographically diverse areas, as determined by the Secretary.

○ Containment and Mitigation – To implement a coordinated containment and mitigation system that:
  ▪ Leverages or modernizes existing containment and mitigation strategies within the respective state, local, tribal, or territorial government and national containment and mitigation strategies;
  ▪ May provide for, connect to, and leverage existing social services and support for individuals who have been infected with or exposed to COVID-19 and who are isolated or quarantined in their homes, such as through:
    • Food assistance programs;
    • Guidance for household infection control;
    • Information and assistance with childcare services; and
    • Information and assistance pertaining to support available the CARES Act and this bill;
  ▪ Provides guidance on the establishment of safe, high-quality, facilities for the voluntary isolation of individuals infected with, or quarantine of the contacts of individuals exposed to COVID-19, where hospitalization is not required, which facilities should:
    • Be prohibited from making inquiries relating to citizenship status of an individual isolated or quarantined; and
    • Be operated by a non-Federal, community partner or partners that:
      ○ Have previously established relationships in localities;
• Work with local places of worship, community centers, medical facilities, and schools to recruit local staff for such facilities; and
• Are fully integrated into state, local, tribal, or territorial containment and mitigation efforts; and
• Identifies specific strategies for ensuring containment and mitigation activities in medically underserved populations, racial and ethnic populations, and geographically diverse areas, as determined by the Secretary.

Guidance, Technical Assistance, Information, and Communication

• No later than 14 days after the date of the enactment of this bill, the Secretary, in coordination with other federal agencies, shall issue guidance, provide technical assistance, and provide information to states, localities, tribes, and territories, with respect to:
  o Diagnostic and serological testing of individuals identified through contact tracing for COVID-19, including information with respect to the reduction of duplication related to programmatic activities, reporting, and billing.
  o Best practices regarding contact tracing, including the collection of data with respect to such contact tracing and requirements related to the standardization of demographic and syndromic information collected as part of contact tracing efforts.
  o Best practices regarding COVID-19 disease surveillance, including best practices to reduce duplication in surveillance activities, identifying gaps in surveillance and surveillance systems, and ways in which the Secretary plans to effectively support state, local, tribal, and territorial health departments in addressing such gaps.
  o Information on ways for state, local, tribal, and territorial health departments to establish and maintain the testing, contact tracing, and surveillance activities.
  o The protection of any personally identifiable health information.
  o Best practices regarding privacy and cybersecurity protection related to contact tracing, containment, and mitigation efforts.

• No later than 14 days after the date of enactment of this bill, the Secretary, in coordination with the Administrator of CMS, Director of CDC, and in coordination with other federal agencies, shall develop and issue to state, local, tribal, and territorial health departments clear guidelines and policies:
  o With respect to the coordination of claims submitted for payment out of the Public Health and Social Services Emergency Fund for services furnished in a facility;
  o Identifying how a individual who is isolated or quarantined at home or in such a facility:
    ▪ Incurs no out-of-pocket costs for any services furnished to such individual while isolated; and may receive income support for lost earnings or payments for expenses such as childcare or elder care while such individual is isolated at home or in such a facility;
  o Providing information and assistance pertaining to support available under the CARES Act and this bill; and
  o Identifying state, local, tribal, and territorial health departments or partner agencies that may provide social support services, such as groceries or meals, health education,
internet access, and behavioral health services, to individuals who isolated or quarantined at home or in such a facility.

- No later than 14 days after the date of the enactment of this bill, the Secretary, in coordination with the Commissioner of FDA, Director of CDC, and in coordination with other federal agencies, shall develop and issue to state, local, tribal, and territorial health departments clear guidance and policies regarding:
  - Objective standards to characterize the performance of all diagnostic and serological tests for COVID-19 in order to independently evaluate tests continuously over time;
  - Protocols for the evaluation of the performance of diagnostic and serological tests for COVID-19; and
  - A repository of characterized specimens to use to evaluate the performance of those tests that can be made available for appropriate entities to use to evaluate performance.

- The Secretary, in coordination with the Director of the CDC and in collaboration with the Director of the NIH, the Director of AHRQ, the Commissioner of the FDA, and the Administrator of CMS, shall support research and development on more efficient strategies and effective strategies:
  - For the surveillance of COVID-19;
  - For the testing and identification of individuals infected with COVID-19; and
  - For the tracing of contacts of individuals infected with COVID-19.

- The Secretary, acting through the Director of the CDC and in coordination with other offices and agencies, as appropriate, shall award competitive grants or contracts to one or more public or private entities, including faith-based organizations, to carry out multilingual and culturally appropriate awareness campaigns. Such campaigns shall:
  - Be based on available scientific evidence;
  - Increase awareness and knowledge of COVID-19, including countering stigma associated with COVID-19;
  - Improve information on the availability of COVID-19 diagnostic testing; and Promote cooperation with contact tracing efforts.

- Contracts and grants which include contact tracing as part of the scope of work and that are awarded under shall require that contact tracer and related positions are paid not less than the prevailing wage and fringe rates required under the Service Contract Act for the area in which the work is performed.

Demographic Data and Supply Reporting Related to COVID-19

- No later than 15 days after the date of enactment of this bill, the Secretary of HHS shall establish and maintain an online portal for use by eligible health care entities to track and transmit data (bi-weekly) regarding their PPE and medical supply inventory and capacity related to COVID-19.

- Not later than 14 days after the date of enactment of the bill, the Secretary of HHS, in coordination with the Director of the CDC, shall amend the reporting, as required by the Paycheck Protection and Health Care Enhancement Act on the collection of data on race, ethnicity, age, sex, and gender of individuals diagnosed with COVID-19 to include:
Providing technical assistance to state, local, and territorial health departments to improve the collection and reporting of such demographic data;

- If such data is not collected or reported, the reason why the state, local, or territorial department of health has not been able to collect or provide such information; and making a copy of such report available publicly on the website of the CDC.

- The Secretary of HHS shall work with covered agencies to support the modernization of data collection methods and infrastructure at such agencies for the purpose of increasing data collection related to health inequities, such as racial, ethnic, socioeconomic, sex, gender, and disability disparities. $4 million is authorized to be appropriated for this section and remain available until expended.

- Not later than 6 months after the date of enactment of this bill, the Secretary, acting through the Director of the CDC, shall award grants to state, local, and territorial health departments in order to support the modernization of data collection methods and infrastructure for the purpose of increasing data related to inequities, such as racial, ethnic, socioeconomic, sex, gender, and disability disparities. $100 million is authorized to be appropriated for this section and remain available until expended. The Secretary shall:
  - Provide guidance, technical assistance, and information to grantees under this section on best practices regarding culturally competent, accurate, and increased data collection and transmission; and
  - Track performance of grantees under this section to help improve their health inequities data collection by identifying gaps and taking effective steps to support states, localities, and territories in addressing gaps.

- No later than 6 months after the date of enactment of this bill, the Director of the Indian Health Service, in coordination with Tribal Epidemiology Centers and other federal agencies, shall conduct or support research and field studies for the purposes of improved understanding of Tribal health inequities among American Indians and Alaska Natives. $25 million is authorized to be appropriated for this section and remain available until expended.

- Not later than 90 days after the date of enactment of this bill, the Secretary of HHS, acting through the Director of the CDC, in collaboration with state, local, and territorial health departments, shall complete field studies to better understand health inequities that are not currently tracked by the Secretary. $25 million is authorized to be appropriated for this section and remain available until expended.

Public Health Assistance

- The Secretary of HHS shall establish a program to be known as the Public Health Workforce Loan Repayment Program to assure an adequate supply of and encourage recruitment of public health professionals to eliminate critical public health workforce shortages in local, state, territorial and tribal public health agencies. For each year of service, the Secretary may pay no more than $35,000 on behalf of the individual for loans. With respect to participants with under the program with eligible loans that re less than $105,000, the Secretary shall pay an amount that does not exceed one-third of the eligible loan balance for each year of such service of such individual. $100 million and $75 million are authorized to be appropriated for the program for fiscal years 2020 and 2021, respectively.
• The Secretary of HHS, acting through the Administrator of HRSA, shall award grants to eligible entities to develop and expand the use of technology-enabled collaborative learning and capacity building models to respond to ongoing and real-time learning, health are information sharing, and capacity building needs related to COVID-19. $20 million is authorized to be appropriated for this section and remain available until expended.
• Authorizes an additional $28.8 million for fiscal years 2020-2023 for the Medical Reserve Corps.
• Requires the Comptroller General of the United States to conduct a study on the public health workforce in the United States during the COVID-19 pandemic. Topics of the study shall address:
  o Existing gaps in the federal, state, local, tribal, and territorial public health workforce, including:
    ▪ Epidemiological and disease intervention specialists needed during the pandemic for contact tracing, laboratory technicians necessary for testing, community health workers for community supports and services, and other staff necessary for contact tracing, testing, or surveillance activities; and
    ▪ Other personnel needed during the COVID-19 pandemic;
  o Challenges associated with the hiring, recruitment, and retention of the federal, state, local, tribal, and territorial public health workforce; and
  o Recommended steps the federal government should take to improve hiring, recruitment, and retention of the public health workforce.

Assistance for Individuals and Families
• During the public health emergency declared by the Secretary, the Director of the CDC shall maintain a toll-free telephone number to address public health queries, including questions concerning COVID-19. $10 million is authorized to be appropriated for this section and remain available until expended.
• The Assistant Secretary for Mental Health and Substance Use of HHS, in consultation with the CDC Director shall award grants to states, political subdivisions of states, tribes, tribal organizations, and community-based entities to address the harms of drug misuse, including by:
  o Preventing and controlling the spread of infectious diseases, such as HIV/AIDS and viral hepatitis, and the consequences of such diseases for individuals with substance use disorder;
  o Connecting individuals at risk for or with a substance use disorder to overdose education, counseling, and health education; or
  o Encouraging such individuals to take steps to reduce the negative personal and public health impacts of substance use or misuse during the emergency period. $10 million is authorized to be appropriated for this section and remain available until expended.
• The Secretary, acting through the Assistant Secretary of Mental Health and Substance Use, shall award grants to states, political subdivisions of states, Indian tribes and tribal organizations, community-based entities, and primary care and behavioral health organizations to address behavioral health needs caused by the public health emergency. $50 million is authorized to be appropriated for each of fiscal years 2020 and 2021 and remain available until expended. An entity receiving funds may use funds to:
  o Increase behavioral health treatment and prevention capacity including to:
- Promote coordination among local entities;
- Train the behavioral health workforce, relevant stakeholders, and community members;
- Upgrade technology to support effective delivery of health care services through telehealth modalities;
- Purchase medical supplies and equipment for behavioral health treatment entities and providers;
- Address surge capacity for behavioral health needs such as through mobile units; and
- Promote collaboration between primary care and mental health providers; and
  - Support or enhance behavioral health services, including:
    - Emergency crisis intervention, including mobile crisis units, 24/7 crisis call centers, and medically staffed crisis stabilization programs;
    - Screening, assessment, diagnosis, and treatment;
    - Mental health awareness trainings;
    - Evidence-based suicide prevention;
    - Evidence-based integrated care models;
    - Community recovery supports;
    - Outreach to underserved and minority communities; and
    - For front line health care workers.

**Pandemic Emergency Assistance and Services**

- Appropriates $9.6 billion to the Social Services Block Grant to provide emergency aid and services to disadvantaged children, families, and households. Within 45 days after the date of the enactment of the bill, the Secretary of HHS shall distribute the funds made available to states on an emergency basis for immediate obligation and expenditure. Within 90 days after a state receives funds, the state shall submit a revised pre-expenditure report that describes how the state plans to administer the funds. A state to which funds made available shall obligate funds no later than December 31, 2020 and the funds shall be expended no later than December 31, 2020. States may only use funds to support the provision of emergency services to disadvantaged children, families, and households. In the case of a state in which a county administers or contributes financially to the non-federal share of the amounts expended in carrying out a state program, the state may pass funds to the chief elected official of the city or urban county that administers the program or local government and community-based organizations. A state may not use funds for costs that are reimbursable by FEMA, under a contract for insurance or by self-insurance.

**Surveillance, Tracking, and Investigation of Work-Related Cases of COVID-19**

- The Director of the CDC, in conjunction with the Director of the National Institute for Occupational Safety and Health shall:
  - Collect and analyze case reports, including information on the work status, occupation, and industry classification of an individual, and other data on COVID-19;
Investigate, as appropriate, individual cases of COVID-19 among such employees to evaluate the source of exposure and adequacy of infection and exposure control programs and measures;

Provide regular periodic reports on COVID-19 among such employees to the public, and

Based on such reports and investigations, make recommendations on needed actions or guidance to protect such employees.

COVID-19 Heroes Fund Act of 2020

Provisions Relating to State, Local, Tribal, and Private Sector - $180 billion to remain available until expended

- The Secretary of the Treasury shall award a grant to each essential worker employer that applies for a grant for the purpose of providing premium pay to essential workers. Essential work is defined as work that:
  - Is performed during the period between January 27, 2020 and ends 60 days after the last day of the COVID-19 Public Health Emergency;
  - Is not performed while teleworking from a residence;
  - Involves regular in-person interactions with:
    - Patients;
    - The public; or
    - Coworkers of the individual performing the work and is in any of the following areas that include, but not limited to:
      - First responder work, in the public or private sector;
      - Health care work physically provided in inpatient settings and other work physically performed in such inpatient settings that supports or is in furtherance of such health care work physically provided in inpatient settings;
      - Health care work physically provided in outpatient settings and other work physically performed in such inpatient settings that supports or is in furtherance of such health care work physically provided in outpatient settings;
      - Pharmacy work, physically performed in pharmacies, drug stores, or other retail facilities specializing in medical goods and supplies;
      - Any work physically performed in a facility that performs medical testing and diagnostic services, including laboratory processing, medical testing services, or related activities;
      - Home and community-based work, including home health care, residential care, assistance with activities of daily living, and any services provided by direct care workers, personal care aids, job coaches, or supported employment providers, and any other provision of care to individuals in their homes by direct service providers, personal care attendants, and home health aides;
• Biomedical research regarding COVID-19 that involves the handling of hazardous materials such as COVID-19 samples;
• Behavioral health work requiring physical interaction with individuals;
• Nursing care and residential care work physically provided in a facility;
• Family care, including childcare services, in home childcare services such as nanny services, and care services provided by family members to other family members;
• Social services work, including social work, case management, social and human services, child welfare, family services, shelter and services for people who have experienced intimate partner violence or sexual assault, services for individuals who are homeless, child services, community food and housing services, and other emergency social services;
• Public health work conducted at state, local, territorial, and tribal government public health agencies, including epidemiological activities, surveillance, contact tracing, data analysis, statistical research, health education, and other disease detection, prevention, and response methods; and
• Tribal vital services, as defined by the Commissioner of the Administration for Native Americans in consultation with Tribal governments and after conferring with urban health organizations.

• Pandemic Premium Pay – An essential work employer receiving a grant is required to provide each essential worker with premium pay at a rate equal to $13 for each hour of work performed by the essential worker from January 27, 2020, until the date that is 60 days after the last day of the COVID-19 Public Health Emergency. Any payments made to employees must be in addition to other compensation, including all ages, remuneration, or other pay and benefits, that the essential worker otherwise receives from the essential work employer
• COVID-19 HEROES Fund – The Secretary of the Treasury shall award a grant to each essential work employer that applies for a grant for the purpose of providing premium pay to essential workers described above.

Provisions Relating to Federal Employees and COVID-19 - $10 billion to remain available until expended

• Specifies definitions of agency (any entity within the executive, legislative, and judicial branches of the federal government, except for the Postal Service or the Postal Regulatory Commission) and employees (all employees in all federal personnel systems, but not political appointees, Members of Congress or Congressional staff).
• Federal employees, as well as employees in state, local, tribal, and private sectors are eligible for premium pay.