

COVID-19 Federal Law Summary for Health and Human Services Impacts

Item #	DHHS Division	Federal Law	Program/ Service Impacted	Description of Provision	Fiscal Impact? (Y/N)	Federal Funds Estimate (if Available)	General Fund Estimate (if Available)	Notes
1	DPH	PL 116-123	Local Health Departments, Communicable Disease, others	To support and expand critical public health activities. Allowable activities include, but are not limited to: Epidemiology; Surveillance; Laboratory; Case identification; Public Health management and risk assessment of travelers and other persons with potential COVID-19 exposures and confirmed diagnoses; Travelers health; Data management; Equipment, supplies, and shipping; Infection control; Surge staffing; Distribution and use of medical material; Emergency operations and coordination; and Risk communication. Some unallowable cost include: Research; Clinical care (with specified exceptions); Publicity and lobbying.	Y	\$13.8 M		
2	Office of Rural Health	PL 116-123	Health Centers	\$100 million for HRSA Health Centers Program	Y	\$2.9 M		
3		PL 116-123	Medicare	Allows the U.S. Secretary of Health and Human Services to waive certain Medicare telehealth restrictions during the public health emergency.	N			
4	DPH	PL 116-127	WIC	States may request a waiver from the requirement that individuals are physically present for certification or recertification determinations during the emergency period and a deferral of blood work requirements. States may also request a waiver from administrative requirements if those requirements cannot be met because of COVID-19 or if the waiver is necessary to provide assistance. Waiver authorities would expire on September 30, 2020. The bill includes reporting requirements for states that receive waivers.	Y	\$13.9 M		WIC is food assistance to low-income pregnant women or mothers with young children.
5	DAAS	PL 116-127 & PL 116-136	Home and Community Care Block Grant (HCCBG)	Provides additional funding for Home-Delivered Nutrition Services and Congregate Nutrition Services. Provides flexibility to transfer funds between activities that support older adults, as well as allowing a waiver so that home-delivered meals can be provided to individuals who are unable to obtain nutrition due to social distancing.	Y	\$22.2 M	No required match	The local match required for HCCBG is waived for this purpose. DAAS is providing waivers for congregate nutrition programs to provide drive by the site and take-out meals and/or deliver meals to the participants' homes. As of March 20, 2020, the majority of counties have switched to providing take-home meals, shelf-stable meals, or food pantry. A few senior centers had not yet applied for a waiver, and a few have shut operations.

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6	Multiple Agencies	PL 116-127	Multiple programs	States and local governments receiving funds must ensure real-time reporting of testing and results data to the relevant State Emergency Operations Center and to the Centers for Disease Control and Prevention (CDC).	Y		Administrative costs to State and Local Governments	
7	DSS	PL 116-127	Food and Nutrition Services (FNS)	USDA may approve state plans to provide emergency FNS assistance for households with children who are missing free or reduced meals at school. The school must be closed for at least 5 days.	Y	Not available. Benefits are 100% federally funded.	May have administrative costs	States must submit a plan to provide benefits to FNS and non-FNS households. DHHS is in the process of developing the plan.
8	DSS	PL 116-127	Emergency FNS	States that have issued an emergency or disaster declaration for COVID-19 may receive emergency allotments (supplements) for FNS households, up to the maximum monthly allotment. Only 2 months of supplements are allowed. Issuance methods and application and reporting requirements may be adjusted. USDA must make state requests and USDA responses, as well as any guidance on state flexibilities, publicly available online.	Y	Not available. Benefits are 100% federally funded.	May have administrative costs	DHHS submitted the required plan to USDA on March 24, 2020.
9	DSS	PL 116-127	FNS	Suspends the time limit for Able-Bodied Adults Without Dependents (ABAWD) participation in FNS. State agencies are prohibited from limiting ABAWDs' eligibility unless the individual is not complying with a work program or workfare program offered by the State. This is effective during the period of April 1, 2020, through the end of the month after the month in which the public health emergency declaration by the US Secretary of Health and Human Services based on an outbreak of COVID-19 is lifted.	Y	Not available. Benefits are 100% federally funded.	May have administrative costs	
10	DHB	PL 116-127	Medicaid & NC Health Choice	Provides a 6.2 percentage point increase for Medicaid FMAP for calendar quarters in which the public health emergency is in effect. The increase applies to Medicaid claims incurred dating back to Jan 1st (beginning of quarter). In order to receive this increase, states must ensure that anyone who was enrolled in Medicaid & NC Health Choice on the date of enactment (March 18th) or who is subsequently enrolled in Medicaid during the emergency period remains eligible for Medicaid until the last day of the month when the emergency ends (unless they request termination or move out of state).	Y	Estimated \$210-\$225 million per quarter based on current enrollment and utilization patterns.	Estimated (\$180-\$195) million reduction per quarter based on current enrollment and utilization; enrollment and utilization increases may offset this estimated savings.	Estimated \$30-\$35 million per quarter of benefit accrues to hospitals through reduced hospital assessments (based on current enrollment and utilization).
11	DHB	PL 116-127	Medicaid & NC Health Choice	Any Medicaid cost-sharing (co-payments) must be waived for COVID-19 testing.	N			No impact to the State, providers lose the co-payment amounts (\$1-\$3).

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12	DHB	PL 116-127	Medicaid	States have the option to extend a very limited Medicaid benefit covering only COVID-19 testing to certain uninsured individuals and receive 100% FMAP. The individuals who can be covered include adults aged 19-64 with incomes under 133% of the federal poverty level. Also included are individuals with Medicaid coverage that is limited, such as individuals whose coverage is limited to the treatment of breast or cervical cancer. Further guidance is needed regarding whether other individuals without private insurance coverage can receive Medicaid coverage for COVID-19 testing through this optional group.		100% federally funded	\$0	The State would have to affirmatively choose this coverage and legislation would have to be enacted. Reimbursement for testing for uninsured individuals not covered under this option may be covered under the National Disaster Medical System. (See entry below)
13		PL 116-127	National Disaster Medical System	Provides \$1 billion to cover provider claims for COVID-19 diagnostic tests and related visits for individuals without health insurance.	N			
14	Some Local DSS	PL-116-127 & PL 116-136	The Emergency Food Assistance Program (TEFAP)	TEFAP received funds in the CARES Act and the Families First Coronavirus Response Act. Figures include funding in both bills.	Y	\$8.2 M for administration, \$19.7 M for commodities		Food is received in NC by the Department of Agriculture, who distributes the food to local food banks. Some counties have their local DSS administer (determine eligibility) the program and others a nonprofit.
15		PL 116-127	Insurance	Requirement that private health plans, Medicare Advantage Plans, TRICARE, veterans plans, federal workers' health plans, and the Indian Health Service cover (at no cost to the patient) the COVID-19 diagnostic test and visit (in-person and telehealth) to receive testing. Prior authorization for COVID-19 testing and other utilization management is prohibited. Group health insurance must cover COVID-19 testing without any cost-sharing provisions.	N			
16		PL 116-127	Medicare	Waives Medicare Part B cost sharing for visits (in-person and telehealth) during which a COVID-19 diagnostic test is administered or ordered (the test is already covered by Part B).	N			
17	DAAS	PL 116-136	HCCBG	Provides funding for eligible services under the Older Americans act, these are services that allow an individual to remain in the community and include but are not limited to Adult Day Care and Adult Day Health Care, In-Home Aid services, case management and transportation services.	Y	\$6.1 M		
18	DAAS	PL 116-136	HCCBG	Provides additional funding for support for elder caregivers.	Y	\$3 M		
19	DAAS	PL 116-136	Adult Protective Services and Ombudsman program	Provides funding for elder rights protection activities, including the long-term ombudsman program.	Y	\$600,000		

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20	Office of Rural Health	PL 116-136	Community Health Program	Provides \$1.3 billion to Health Centers for the prevention, diagnosis, and treatment of COVID-19	Y	Not available		
21	Office of Rural Health	PL 116-136		\$79.5 billion in FY 2021-2025 in rural health and small health care provider grants	Y			
22	Office of Rural Health	P.L. 116-136		\$25 million for rural distance learning, telemedicine, and broadband program.	Y			
23	DCDEE	PL 116-136	Programs eligible for or already receiving CCDBG funds	Funds for the Child Care and Development Block Grant (CCDBG) to prevent, prepare for, and respond to coronavirus. States are encouraged to place conditions on payments to child care providers that ensure that providers use a portion of funds received to continue to pay the wages of staff.	Y	\$117.3 M		States are not required to amend CCDBG plans.
24	DPH	PL 116-136	Healthy Start	\$125.5 million for each FY 2021-2025 for the Healthy Start Program	Y			
25	DPH	P.L. 116-136	Ryan White	Provides \$90 million for nationwide for the Ryan White HIV/AIDS Program.	Y			
26	DPH	P.L. 116-136	Public Health Preparedness and Response	Provides \$1.5 billion for Cooperative grants with states and other entities.	Y	\$15.3 M		
27	DPH/DSS	PL 116-136	Various Nutrition programs	Provides USDA additional funds for various Nutrition programs, including summer feeding, Food and Nutrition Services and commodities	N	Benefits are 100% federally funded		These funds are only available if needed due to the emergency.
28	DSS	PL 116-136	Community Services Block Grant	\$1 billion to the Community Services Block Grant to help local community-based organizations that provide a wide range of social services and emergency assistance for those with the highest need.	Y	\$25.9 M		
29	DSS	PL 116-136	Low Income Home Energy Assistance Program (LIHEAP)	\$900 million for the Low Income Home Energy Assistance Program (LIHEAP) to help families and provide assistance in managing costs associated with home energy bills, energy crises, and weatherization and energy-related minor home repairs.	Y	\$50.9 M		
30	DSS	PL 116-136	Child Welfare	Provides \$45 million nationwide for child welfare services. Funds are available without regard to normal matching requirements.	Y	\$1.6 M		
31	DSS	PL 116-136	Various	Extends the Temporary Assistance to Needy Families block grant authorization through November 30, 2020. (Was set to expire May 2020)	N			
32	DHSR	PL 116-136	Hospital Preparedness	Provides \$250 million nationally for the Hospital Preparedness Program.	Y			

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33	DMH/DD /SAS	PL 116-136	Certified Community Behavioral Health Clinic Expansion Grant program	Funds for the Certified Community Behavioral Health Clinic Expansion Grant program (to remain available until Sept 2021).	Y			
34	DMH/DD /SAS	PL 116-136	Suicide Prevention Programs	Funds for suicide prevention programs.	Y			
35	DMH/DD /SAS	PL 116-136	Substance use disorder and mental health programs	Substance use disorder and mental health emergency response: noncompetitive grants, contracts or cooperative agreements to public entities to enable such entities to address emergency substance abuse or mental health needs in local communities.	Y			
36	DHB	PL 116-136	Medicaid	Extends the Money Follows the Person demonstration program through 11/30/20.	N			
37	DHB	PL 116-136	Medicaid	Extends the Medicaid spousal impoverishment protections program through 11/30/20.	N			
38	DHB	PL 116-136	Medicaid	Delays scheduled reductions in disproportionate share hospital payments until 12/1/20.	Y	\$113.3 M		May increase non-tax revenues in FY20-21
39	DHB	PL 116-136	Medicaid	Allows Medicaid programs to pay for home and community based support services for individuals in hospital settings.	Y			Minimal impact if option is implemented.
40	DHB	PL 116-136	Medicare and Medicaid	Allows nurse practitioners, clinical nurse specialists, certified nurse midwives, and physician assistants to order home health services for beneficiaries. Regulations to implement the section must be established and effective within 6 months.	?			May impact Medicaid
41		PL 116-136	Medicare	Increases hospital rates for discharges of COVID-19 patients by 20% during the emergency.	?			May impact Medicaid
42		PL 116-136	Medicare	Expands and encourages use of telehealth and remote monitoring during the emergency, including use of federally qualified health centers and rural health centers as Medicare telehealth sites with reimbursement rates similar to average physician rates.	N			
43		PL 116-136	Medicare	Eliminates Medicare cost-sharing for COVID-19 vaccine, once developed.	N			
44		PL 116-136	Medicare	Allows Medicare recipients on a Medicare Advantage-prescription drug plan to receive a 90-day supply of drugs during the emergency without regard to utilization management programs.	N			

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45		PL 116-136	Medicare	Expands the Medicare accelerated payment program for hospitals, allowing more hospitals to qualify for the program, providing greater payments, and more time before reconciliation of advanced amount.	N			
46		PL 116-136	Head Start	Funds for the Head Start program. Majority of funds are eligible for operating supplemental summer programs through non-competitive grant supplements to existing grantees most ready to operate those programs.	Y	\$18.2 M		Some Head Start programs have NC Pre-K classrooms.
47	Non-profits	PL 116-136	Runaway and Foster Youth	Provides \$25 million nationwide for carrying out activities under the Runaway and Homeless Youth Act. Funding must be used to supplement, not supplant, existing funds and no matching funds are required	Y	\$700,000		
48	Non-profits	PL 116-136	Centers for Independent Living (CIL)	Provides \$85 million nationwide for additional funding for Centers for Independent Living	N	\$2.3 M		CILs are consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies that provide independent living services.
49		PL 116-136	Indian Health Services	Provides \$1 billion, a portion of which will be allocates to IHS directly operated programs and to tribes and tribal organizations.	N			There is 1 Indian Health Service facility in Cherokee NC.
50		PL 116-136	Strategic National Stockpile	Mandates the inclusion of certain items in the strategic national stockpile (SNS).	N			
51		P.L. 116-136		Provides \$27 billion to address the development of necessary countermeasures and vaccines, purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, as well as medical surge capacity, addressing blood supply chain, workforce modernization, telehealth access and infrastructure.				
52		PL 116-136		Limits liability for volunteer health professionals during COVID-19. Protects from acts of omissions that occur provided that volunteer is acting within the scope of license or certification, and acting in good faith.	N			
53		PL 116-136		Provides an additional \$1.4 billion in FFY 2020 and \$668.5 million in FY 2021 and for Community Health Centers.	Y			
54		PL 116-136		Provides \$310 million in Fee 2020 and \$51.8 million for the month of FY 21 for the National Health Service Corps.	N			
55		PL 116-136	Health workforce development grants and loan repayment programs	Provides Health Workforce development grants to support education for various health care professions, including primary care, nursing, public health and geriatric care. Also provides scholarships, loan repayment assistance and other educational assistance.	N			

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56		PL 116-136	Private Insurance	High deductible health plans are temporarily allowed to chose not to apply a deductible to telehealth. Heath savings accounts (HSAs) and flexible spending accounts (FSAs) may be used for menstrual products and over-the-counter medications without requiring a prescription.	N			
57		PL 116-136	Over the Counter Drugs	The bipartisan Over-the-Counter Monograph Safety, Innovation, and Reform Act passed as part of the CARES act, which updates federal oversight for OTC products.	N			