

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019**

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**BILL DRAFT 2019-MGza-135 [v.24]**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
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Short Title: COVID-19 Health Care Working Grp Funding Recs. (Public)

Sponsors: Representative Lambeth.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT PROVIDING RELIEF TO VARIOUS PUBLIC AND PRIVATE ENTITIES OF THE  
3 STATE IN ORDER TO EXPAND CAPACITY FOR PUBLIC HEALTH AND SAFETY  
4 TO ADDRESS THE COVID-19 EMERGENCY, AS RECOMMENDED BY THE  
5 HEALTH CARE WORKING GROUP OF THE HOUSE SELECT COMMITTEE ON  
6 COVID-19.

7 The General Assembly of North Carolina enacts:

8  
9 **PART I. DEFINITIONS**

10  
11 **SECTION 1.1.(a)** The following definitions apply in this act:

- 12 (1) Coronavirus Relief Fund. – Funds received by the State of North Carolina  
13 during the 2020-2021 fiscal year from the Coronavirus Relief Fund created by  
14 the Coronavirus Aid, Relief, and Economic Security Act of 2020, P.L.  
15 116-136.
- 16 (2) CDC. – The federal Centers for Disease Control.
- 17 (3) COVID-19. – Coronavirus Disease 2019.
- 18 (4) COVID-19 diagnostic test. – A test the federal Food and Drug Administration  
19 has authorized for emergency use or approved to detect the presence of the  
20 severe acute respiratory syndrome coronavirus 2.
- 21 (5) COVID-19 emergency. – The period beginning March 10, 2020, and ending  
22 on the date the Governor signs an executive order rescinding Executive Order  
23 116 (Declaration of a State of Emergency to Coordinate Response and  
24 Protective Actions to Prevent the Spread of COVID-19).
- 25 (6) COVID-19 antibody test. – A serological blood test the federal Food and Drug  
26 Administration has authorized for emergency use or approved to measure the  
27 amount of antibodies or proteins present in the blood when the body is  
28 responding to an infection caused by the severe acute respiratory syndrome  
29 coronavirus 2.

30 **SECTION 1.1.(b)** This section is effective when it becomes law.

31  
32 **PART II. ENHANCED CAPACITY FOR PUBLIC HEALTH, BEHAVIORAL HEALTH  
33 AND CRISIS SERVICES.**  
34



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**ENHANCED PUBLIC HEALTH CAPACITY**

**SECTION 2.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services to provide funds to support public health efforts, the State Laboratory of Public Health, local health departments, and rural health providers in building capacity to respond to the COVID-19 pandemic.

**SECTION 2.1.(b)** This section is effective when it becomes law.

**ENHANCED BEHAVIORAL HEALTH CAPACITY**

**SECTION 2.2.(a)** The sum of twenty-five million dollars (\$25,000,000) in nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services to provide funds to support behavioral health and crisis services to respond to the COVID-19 pandemic. These funds shall be used for at least all of the following purposes:

- (1) To divert individuals experiencing behavioral health emergencies from emergency departments.
- (2) To allocate \$12,600,000 in nonrecurring funds to be distributed as a one-time payment to each local management entity/managed care organization (LME/MCO) for the purposes of providing temporary additional funding assistance for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD) services on a per diem basis.

**SECTION 2.2.(b)** This section is effective when it becomes law.

**PART III. MEDICAID COVID-19 FUNDING AND AUTHORIZATION****FUNDS FOR ADDITIONAL MEDICAID COSTS**

**SECTION 3.1.(a)** The sum of forty million dollars (\$40,000,000) in nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health and Human Services, Division of Health Benefits, for coverage of additional costs related to the Medicaid program, including any of the following costs:

- (1) Funding for the support of COVID-19 related priorities in the Medicaid program as they evolve, including additional provider support for long-term care, primary care, and other providers most at risk of insolvency as a result of severely disrupted revenue during the COVID-19 pandemic.
- (2) Additional funding for COVID-19 testing and the treatment of patients who test positive for COVID-19.
- (3) Costs associated with increased enrollment due to the COVID-19 pandemic.

**SECTION 3.1.(b)** This section is effective when it becomes law.

**MEDICAID PROVIDER RATE INCREASES**

**SECTION 3.2.(a)** In addition to the five percent (5%) rate increases already requested by the Department of Health and Human Services (DHHS) in the 1135 Medicaid disaster State plan amendment (SPA) submitted to the Centers for Medicare and Medicaid on April 8, 2020, for certain provider types, DHHS shall increase the fee-for-service Medicaid rates paid directly by the Division of Health Benefits for all remaining provider types by five percent (5%). The rate increases authorized under this section shall be effective March 1, 2020 through the duration of the declared nationwide public health emergency as a result of the 2019 novel coronavirus.

**SECTION 3.2.(b)** This section is effective when it becomes law.

1 **PROVIDE MEDICAID COVERAGE FOR COVID-19 TESTING TO UNINSURED**  
2 **INDIVIDUALS IN NORTH CAROLINA DURING THE NATIONWIDE PUBLIC**  
3 **HEALTH EMERGENCY**

4 **SECTION 3.3.(a)** The Department of Health and Human Services, Division of  
5 Health Benefits (DHB), is authorized to provide the Medicaid coverage described in 42 U.S.C.A.  
6 § 1396a(a)(10)(A)(ii)(XXIII), which covers only COVID-19 testing for certain uninsured  
7 individuals during the period in which there is a declared nationwide public health emergency as  
8 a result of the 2019 novel coronavirus. DHB is authorized to provide this medical assistance  
9 retroactively to the earliest date allowable.

10 **SECTION 3.3.(b)** This section is effective when it becomes law.

11  
12 **TEMPORARY MEDICAID COVERAGE FOR THE PREVENTION, TESTING, AND**  
13 **TREATMENT OF COVID-19**

14 **SECTION 3.4.(a)** The Department of Health and Human Services, Division of  
15 Health Benefits (DHB), is authorized to provide temporary, targeted Medicaid coverage to  
16 individuals with incomes up to 200% of the federal poverty level, as requested by the Secretary  
17 of the Department Health and Human services in the 1115 waiver application submitted to the  
18 Centers for Medicare and Medicaid Services (CMS) on March 27, 2020. If CMS grants approval  
19 for different coverage or a different population than requested in that 1115 waiver application,  
20 DHB may implement the approved temporary coverage, provided that all the following criteria  
21 are met:

- 22 (1) The coverage is only provided for a limited time period related to the declared  
23 nationwide public health emergency as a result of the 2019 novel coronavirus.
- 24 (2) The coverage is not provided for services other than services for the  
25 prevention, testing, or treatment of COVID-19.
- 26 (3) The income level to qualify for the coverage does not exceed 200% of the  
27 federal poverty level.

28 **SECTION 3.4.(b)** The Department of Health and Human Services, Division of  
29 Health Benefits, is authorized to provide this Medicaid coverage retroactively to the earliest date  
30 allowable.

31 **SECTION 3.4.(c)** This section is effective when it becomes law.

32  
33 **IMPLEMENT TEMPORARY PROVIDER ENROLLMENT CHANGES AUTHORIZED**  
34 **UNDER THE MEDICAID 1135 WAIVER**

35 **SECTION 3.5.(a)** In order for the Department of Health and Human Services,  
36 Division of Health Benefits, to implement the temporary provider enrollment changes under the  
37 1135 waiver approved by the Centers for Medicare and Medicaid for the North Carolina  
38 Medicaid program and NC Health Choice program, the following statutes shall not apply to the  
39 North Carolina Medicaid program and the NC Health Choice program from March 1, 2020  
40 through the duration of the declared nationwide public health emergency as a result of the 2019  
41 novel coronavirus:

- 42 (1) G.S. 108C-2.1.
- 43 (2) G.S. 108C-4(a).
- 44 (3) G.S. 108C-9(a) with respect to any required trainings prior to enrollment.
- 45 (4) G.S. 108C-9(c).

46 **SECTION 3.5.(b)** This section is effective when it becomes law.

47  
48 **PART IV. ENHANCED PERSONNEL SAFETY EQUIPMENT AND SANITATION**  
49 **SUPPLIES**

1 **FUNDS TO INCREASE THE STATE'S SUPPLY OF PERSONAL PROTECTIVE**  
2 **EQUIPMENT AND OTHER EQUIPMENT AND SUPPLIES TO**  
3 **RESPOND TO COVID-19**

4 **SECTION 4.1.(a)** The sum of fifty million dollars (\$50,000,000) in nonrecurring  
5 funds is appropriated from the Coronavirus Relief Fund to the Office of State Budget and  
6 Management (OSBM) for allocation to the Department of Health and Human Services and the  
7 Division of Emergency Management within the Department of Public Safety for the following  
8 purposes:

- 9 (1) To purchase personal protective equipment that meets CDC guidelines for  
10 infection control. As used in this section, personal protective equipment  
11 includes gloves, gowns and aprons, surgical and respiratory masks, goggles,  
12 face shields, and other protective clothing that meet CDC guidelines for  
13 infection control.  
14 (2) To purchase other supplies and equipment related to emergency protective  
15 measures to address immediate threats to life, public health, and safety related  
16 to COVID-19, such as ventilators, touch-free thermometers, disinfectant, and  
17 sanitizing wipes.  
18 (3) To meet State match requirements for Federal Emergency Management Act  
19 (FEMA) public assistance funds for the COVID-19 pandemic.

20 **SECTION 4.1.(b)** Any supplies and equipment purchased with funds appropriated  
21 in this section may be made available to both public and private health care providers and other  
22 entities the Department of Health and Human Services or the Division of Emergency  
23 Management deem essential to the State's response to COVID-19.

24 **SECTION 4.1.(c)** The Department of Health and Human Services and the Division  
25 of Emergency Management shall ensure that funds appropriated in this section are expended in  
26 a manner that does not adversely affect any person's or entity's eligibility for federal funds that  
27 are made available, or that are anticipated to be made available, as a result of the COVID-19  
28 pandemic. The Department of Health and Human Services and the Division of Emergency  
29 Management shall also, to the extent practicable, avoid using State funds to cover costs that will  
30 be, or likely will be, covered by federal funds.

31 **SECTION 4.1.(d)** This section is effective when it becomes law.  
32

33 **PART V. TESTING, TRACING, AND TRENDS**

34  
35 **FUNDS FOR TESTING, CONTACT TRACING, AND TRENDS TRACKING AND**  
36 **ANALYSIS**

37 **SECTION 5.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in  
38 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health  
39 and Human Services to expand public and private initiatives for COVID-19 testing, contact  
40 tracing, and trends tracking and analysis through, but not limited to, all of the following ways:

- 41 (1) Building capacity for widespread COVID-19 diagnostic testing to enable  
42 rapid case-based interventions.  
43 (2) Building capacity for widespread COVID-19 antibody testing to enable rapid  
44 deployment when such testing becomes available.  
45 (3) Expanding contact tracing workforce and infrastructure to routinely identify  
46 potentially exposed persons and take appropriate public health actions.  
47 (4) Increasing research and data tools and analysis infrastructure to support better  
48 predictive models, surveillance and response strategies.

49 **SECTION 5.1.(b)** This section is effective when it becomes law.  
50

51 **PART VI. FOOD, SAFETY, SHELTER, AND CHILD CARE**

1  
2 **FUNDING FOR VARIOUS RESPONSES RELATED TO FOOD, SAFETY, SHELTER,**  
3 **AND CHILD CARE**

4 **SECTION 6.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in  
5 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health  
6 and Human Services to provide funding for: (i) adult and child protective services response; (ii)  
7 support for homeless and domestic violence shelters and housing security, including prevention,  
8 diversion, and rapid re-housing assistance; (iii) child care response; and (iv) technology  
9 modifications to support COVID-19 emergency relief beneficiaries.

10 **SECTION 6.1.(b)** From funds received pursuant to subsection (a) of this section, the  
11 sum of six million dollars (\$6,000,000) in nonrecurring funds is allocated equally among each of  
12 the six food banks in this State in support of responses to the COVID-19 emergency.

13 **SECTION 6.1.(c)** From funds received pursuant to subsection (a) of this section, the  
14 sum of two million five hundred thousand dollars (\$2,500,000) in nonrecurring funds is allocated  
15 to Reinvestment Partners, a nonprofit organization, for its Produce Prescription Program, which  
16 provides a monthly forty-dollar (\$40.00) per household benefit for each eligible Food and  
17 Nutrition Services recipient enrolled by the recipient's health care provider, in serving individuals  
18 impacted by the COVID-19 emergency.

19 **SECTION 6.1.(d)** Subsection (c) of this section is effective when it becomes law and  
20 expires three months from the date this section becomes effective. The remainder of this section  
21 is effective when it becomes law.

22  
23 **SUPPLEMENTAL PAYMENTS FOR FOSTER CARE**

24 **SECTION 6.2.(a)** The sum of two million two hundred fifty thousand dollars  
25 (\$2,250,000) in nonrecurring funds is appropriated from the Coronavirus Relief Fund to the  
26 Department of Health and Human Services, Division of Social Services, to assist in serving  
27 children in foster care during the COVID-19 emergency. These funds shall be used for monthly  
28 supplemental payments in the amount of one hundred dollars (\$100.00) for each child receiving  
29 foster care assistance payments for the months of April, 2020, through June, 2020.

30 **SECTION 6.2.(b)** This section is effective when it becomes law.

31  
32 **ONE-TIME FINANCIAL ASSISTANCE FOR FACILITIES LICENSED TO ACCEPT**  
33 **STATE-COUNTY SPECIAL ASSISTANCE**

34 **SECTION 6.3. (a)** The following definitions apply in this section:

35 (1) Facility licensed to accept State-County Special Assistance payments or  
36 facility. – Any residential care facility that is (i) licensed by the Department  
37 of Health and Human Services and (ii) authorized to accept State-County  
38 Special Assistance payments from its residents.

39 (2) State-County Special Assistance. – The program authorized by G.S. 108A-40.

40 **SECTION 6.3.(b)** The sum of twenty-five million dollars (\$25,000,000) in  
41 nonrecurring funds is appropriated from the Coronavirus Relief Fund the Department of Health  
42 and Human Services, Division of Social Services, for facilities licensed to accept State-County  
43 Special Assistance. These funds shall be used to provide a one-time payment to these facilities  
44 to offset the increased costs of serving residents during the COVID-19 emergency. Each eligible  
45 facility shall receive an amount equal to one thousand three hundred twenty-five dollars (\$1,325)  
46 for each resident of the facility who is a recipient of State-County Special Assistance between  
47 March 10, 2020, through July 30, 2020. In the case of a recipient who transfers from one facility  
48 to another during this time period, only the first eligible facility of residence will receive the  
49 payment authorized under this section.

1           **SECTION 6.3.(c)** Nothing in this section shall be construed as an obligation by the  
2 General Assembly to appropriate funds for the purpose of this section, or as an entitlement by  
3 any facility, resident of a facility, or other person to receive financial assistance under this section.

4           **SECTION 6.3.(d)** This section is effective when it becomes law.  
5

## 6 **PART VII. TARGETED SUPPORT FOR COVID-19 ASSISTANCE IN RURAL AND** 7 **UNDERSERVED COMMUNITIES**

### 8 9 **FUNDS FOR RURAL AND UNDERSERVED COMMUNITIES**

10           **SECTION 7.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in  
11 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health  
12 and Human Services to provide funds to support rural and underserved communities especially  
13 hard hit by the COVID-19 pandemic, which may include directed grants to health care providers  
14 other than rural hospitals; targeted Medicaid assistance for rural providers; enhanced telehealth  
15 services; transportation for critical services; health care security for the uninsured; and other  
16 related purposes. These funds may be used to fund items not addressed by federal relief funds,  
17 or as needed to address critical health care needs until federal funds are received for such  
18 purposes.

19           **SECTION 7.1.(b)** This section is effective when it becomes law.  
20

### 21 **FUNDS FOR RURAL HOSPITALS**

22           **SECTION 7.2.(a)** The sum of seventy-five million dollars (\$75,000,000) in  
23 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the North Carolina  
24 Healthcare Foundation (NCHF), a nonprofit corporation, as a directed grant. NCHF shall use  
25 these funds to award grants to rural hospitals to offset expenses incurred for providing patient  
26 care in North Carolina to respond to the COVID-19 pandemic. NCHF shall award grants to  
27 eligible rural hospitals within 30 days after receiving of an application on the basis of need  
28 according to tier designation, county health ranking, and hospital-specific financial data. NCHF  
29 shall provide technical assistance to grant recipients for a period of five years following  
30 distribution of funds to (i) ensure that funds are utilized according to the intended purpose (ii)  
31 assist recipient facilities in interpreting and implementing waivers and other federal guidance  
32 related to COVID-19 response and recovery, and (iii) support recipient facilities in preparing for  
33 post-COVID-19 sustainability.

34           **SECTION 7.2.(b)** Grant recipients shall not use these funds for any purpose other  
35 than to offset the following costs related to patient care provided in North Carolina as a result of  
36 the COVID-19 pandemic:

- 37           (1) Up to 60% of lost revenues from foregone elective procedures during the  
38 emergency period, net of federal funds received from the CARES Act.
- 39           (2) Supplies and equipment purchased in accordance with Centers for Disease  
40 Control guidelines.
- 41           (3) Rapidly ramping up infection control and triage training for health care  
42 professionals.
- 43           (4) Retrofitting separate areas to screen and treat patients with suspected  
44 COVID-19 infections, including isolation areas in or around hospital  
45 emergency departments.
- 46           (5) Increasing the number of patient care beds to provide surge capacity.
- 47           (6) Transporting patients with confirmed or suspected COVID-19 safely to or  
48 from rural facilities.
- 49           (7) Planning, training, and implementing expanded telehealth capabilities.
- 50           (8) Procuring staff or consultants to help mitigate the burden of extensive review  
51 of new and incoming federal and state regulatory guidelines.

1 (9) Salary support for furloughed employees.

2 **SECTION 7.2.(c)** By November 1, 2020, grant recipients shall submit to NCHF a  
3 detailed written report on the use of the funds appropriated in subsection (b) of this section. By  
4 December 1, 2020, NCHF shall submit to the Joint Legislative Oversight Committee on Health  
5 and Human Services and the Fiscal Research Division a detailed written report on the use of  
6 funds appropriated in subsection (b) of this section, along with recommendations on how  
7 recipient facilities can prepare for post-COVID 19 sustainability.

8 **SECTION 7.2.(d)** This section is effective when it becomes law.  
9

## 10 **FUNDS FOR FREE AND CHARITABLE CLINICS**

11 **SECTION 7.3.(a)** The sum of one million four hundred thousand dollars  
12 (\$1,400,000) in nonrecurring funds is appropriated from the Coronavirus Relief Fund to the  
13 Department of Health and Human Services, Division of Central Management and Support, Office  
14 of Rural Health, to provide directed grants of equal amounts to the 67 member clinics of the  
15 North Carolina Association of Free and Charitable Clinics, to offset costs for providing health  
16 care and prescription medications during the COVID-19 emergency.

17 **SECTION 7.3.(b)** This section is effective when it becomes law.  
18

## 19 **FUNDS FOR NC MEDASSIST**

20 **SECTION 7.4.(a)** The sum of one million five hundred thousand dollars  
21 (\$1,500,000) in nonrecurring funds received from the Coronavirus Relief Fund is appropriated  
22 to NC MedAssist, a nonprofit corporation, as a directed grant to offset increased costs for  
23 providing prescription assistance services during the COVID-19 pandemic to individuals who  
24 are indigent or uninsured.

25 **SECTION 7.4.(b)** This section is effective when it becomes law.  
26

## 27 **PART VIII. COVID-19 RELIEF FOR NON-RURAL HOSPITALS**

### 28 **COVID-19 RELIEF FOR TEACHING HOSPITALS**

29 **SECTION 8.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in  
30 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Office of State  
31 Budget and Management (OSBM) to establish the COVID-19 Teaching Hospitals Relief Fund.  
32 OSBM shall allocate the monies in the fund as directed grants to hospitals located within the  
33 State that are classified as teaching hospitals by the Centers for Medicare and Medicaid Services,  
34 for the purpose of offsetting expenses incurred for providing patient care in North Carolina as a  
35 result of the COVID-19 pandemic. OSBM shall award grants to eligible teaching hospitals based  
36 on (i) the amount of charitable care provided in North Carolina and (ii) the amount of lost revenue  
37 sustained within North Carolina as a result of the COVID-19 pandemic. Grant recipients shall  
38 not use these funds for any purpose other than the following to offset costs related to patient care  
39 provided in North Carolina to respond to the COVID-19 pandemic:  
40

- 41 (1) Up to 60% of lost revenues from foregone elective procedures during the  
42 COVID-19 emergency, net of federal funds received from the CARES Act.
- 43 (2) Supplies and equipment purchased in accordance with Centers for Disease  
44 Control guidelines.
- 45 (3) Rapidly ramping up infection control and triage training for health care  
46 professionals.
- 47 (4) Retrofitting separate areas to screen and treat patients with suspected  
48 COVID-19 infections, including isolation areas in or around hospital  
49 emergency departments.
- 50 (5) Increasing the number of patient care beds to provide surge capacity.

- (6) Transporting patients with confirmed or suspected COVID-19 safely to or from healthcare facilities.
- (7) Planning, training, and implementing expanded telehealth capabilities.
- (8) Procuring staff or consultants to help mitigate the burden of extensive review of new and incoming federal and State regulatory guidelines.
- (9) Salary support for furloughed employees.

**SECTION 8.1.(b)** By November 1, 2020, each grant recipient shall submit a detailed report to OSBM on the use of funds appropriated in subsection (a) of this section. By December 1, 2020, OSBM shall submit a detailed report to the Joint Legislative Oversight Committee on Health and Human Services on the use of funds appropriated in subsection (a) of this section.

**SECTION 8.1.(c)** This section is effective when it becomes law.

## **COVID-19 RELIEF FOR OTHER HOSPITALS**

**SECTION 8.2.(a)** The sum of twenty-five million dollars (\$25,000,000) in nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Office of State Budget and Management (OSBM) to establish the COVID-19 General Hospital Relief Fund. OSBM shall allocate the monies in the fund as directed grants to hospitals located within the State that are not classified as rural hospitals or teaching hospitals by the Centers for Medicare and Medicaid Services, for the purpose of offsetting expenses incurred for providing care to patients in North Carolina as a result of the COVID-19 pandemic. OSBM shall award grants to eligible large hospitals based on (i) the amount of charitable care provided in North Carolina and (ii) the amount of lost revenue sustained within North Carolina as a result of the COVID-19 pandemic. Grant recipients shall not use these funds for any purpose other than to offset the following costs related to patient care provided in North Carolina to respond to the COVID-19 pandemic:

- (1) Up to 60% of lost revenues from foregone elective procedures during the emergency period, net of federal funds received from the CARES Act.
- (2) Supplies and equipment purchased in accordance with Centers for Disease Control guidelines.
- (3) Rapidly ramping up infection control and triage training for health care professionals.
- (4) Retrofitting separate areas to screen and treat patients with suspected COVID-19 infections, including isolation areas in or around hospital emergency departments.
- (5) Increasing the number of patient care beds to provide surge capacity.
- (6) Transporting patients with confirmed or suspected COVID-19 safely to or from healthcare facilities.
- (7) Planning, training, and implementing expanded telehealth capabilities.
- (8) Procuring staff or consultants to help mitigate the burden of extensive review of new and incoming federal and state regulatory guidelines.
- (9) Salary support for furloughed employees.

**SECTION 8.2.(b)** By November 1, 2020, each grant recipient shall submit a detailed report to OSBM on the use of funds appropriated in subsection (a) of this section. By December 1, 2020, OSBM shall submit a detailed report to the Joint Legislative Oversight Committee on Health and Human Services on the use of funds appropriated in subsection (a) of this section.

**SECTION 8.2.(c)** This section is effective when it becomes law.

## **PART IX. FUNDS FOR COVID-19 RESEARCH**

### **COVID-19 RESPONSE RESEARCH FUND**



1           **SECTION 9.1.(a)** The sum of one hundred ten million dollars (\$110,000,000) in  
2 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Office of State  
3 Budget and Management (OSBM) to establish the COVID-19 Response Research Fund. OSBM  
4 shall allocate the monies from the fund as follows:

5           (1) The sum of one hundred million dollars (\$100,000,000) shall be allocated to  
6 the North Carolina Policy Collaboratory (Collaboratory) at the University of  
7 North Carolina at Chapel Hill to coordinate efforts among entities being  
8 provided funds pursuant to this subdivision. The Collaboratory shall facilitate  
9 best practices and strategies for those entities to maximize resources and  
10 achieve a comprehensive response to COVID-19. The Collaboratory may  
11 assemble an advisory panel of representatives from entities receiving funds  
12 pursuant to this subdivision as necessary to discuss, review, and analyze  
13 progress towards meeting the goals for the use of the funds. Funds shall be  
14 provided to the following entities to be used for (i) the rapid development of  
15 a countermeasure of neutralizing antibodies for COVID-19 that can be used  
16 as soon as possible to both prevent infection, and for those infected, treat  
17 infection, (ii) for bringing a safe and effective COVID-19 vaccine to the public  
18 as soon as possible, (iii) community testing initiatives, (iv) and other research  
19 related to COVID-19:

- 20           a. The sum of twenty-five million dollars (\$25,000,000) shall be  
21 allocated to the Duke University Human Vaccine Institute (DHVI) of  
22 the Duke University School of Medicine.  
23           b. The sum of twenty-five million dollars (\$25,000,000) shall be  
24 allocated to the Gillings School of Global Public Health at the  
25 University of North Carolina at Chapel Hill.  
26           c. The sum of twenty-five million dollars (\$25,000,000) shall be  
27 allocated to the Brody School of Medicine at East Carolina University.  
28           d. The sum of twenty-five million dollars (\$25,000,000) shall be  
29 allocated to the Wake Forest School of Medicine.

30           (2) The sum of ten million dollars (\$10,000,000) shall be allocated to the  
31 Campbell University School of Osteopathic Medicine for a community and  
32 rural-focused primary care workforce response to COVID-19, including but  
33 not limited to (i) supporting community testing initiatives, (ii) providing  
34 treatment in community-based healthcare settings, (iii) monitoring rural  
35 populations, (iv) educating health professionals on best practices for a  
36 pandemic response, and (v) supporting rural communities through primary  
37 care.

38           **SECTION 9.1.(b)** The Collaboratory, DHVI, Gillings School of Global Public  
39 Health, Brody School of Medicine, and Wake Forest School of Medicine shall report on the  
40 progress of the development of a countermeasure and vaccine, findings from their community  
41 testing initiatives, and other research related to COVID-19, and the use of the appropriated funds  
42 received pursuant to this section to the Joint Legislative Oversight Committee on Health and  
43 Human Services by no later than September 1, 2020. Campbell University School of Osteopathic  
44 Medicine shall report on its findings on their use of community testing, educating health  
45 professionals, best practices for treating rural populations and supporting community based  
46 hospitals during a pandemic and the use of the appropriated funds received pursuant to this  
47 section to the Joint Legislative Oversight Committee on Health and Human Services by no later  
48 than September 1, 2020.

49           **SECTION 9.1.(c)** This section is effective when it becomes law.

50  
51 **PART X. CARRYFORWARD OF FUNDS**

1  
2           **SECTION 10.1.** Funds appropriated for the purposes described in this act that are  
3 unexpended or unencumbered on June 30, 2020, shall not revert to the General Fund, but shall  
4 remain available for the purposes authorized in this act and as provided under federal law.  
5

6   **PART XI. DEPARTMENTAL RECEIPTS**  
7

8           **SECTION 11.1.** Departmental receipts, as defined in G.S. 143C-1-1, are  
9 appropriated for the 2019-2020 fiscal year and the 2020-2021 fiscal year up to the amounts  
10 needed to implement the provisions in this act for the corresponding fiscal year.  
11

12   **PART XII. SEVERABILITY**

13           **SECTION 12.1.** If any provision of this act is declared unconstitutional or invalid  
14 by the courts, it does not affect the validity of this act as a whole or any part other than the part  
15 declared unconstitutional or invalid.  
16

17   **PART XIII. EFFECTIVE DATE**  
18

19           **SECTION 13.1.** Except as otherwise provided, this act is effective when it becomes  
20 law.