

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

H.B. 1038
Apr 28, 2020
HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH30545-MGza-135

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

- 11 (1) Coronavirus Relief Fund. – Funds received by the State of North Carolina
12 during the 2019-2020 fiscal year from the Coronavirus Relief Fund created by
13 the Coronavirus Aid, Relief, and Economic Security Act of 2020, P.L.
14 116-136.
15 (2) CDC. – The federal Centers for Disease Control.
16 (3) COVID-19. – Coronavirus disease 2019.
17 (4) COVID-19 diagnostic test. – A test the federal Food and Drug Administration
18 has authorized for emergency use or approved to detect the presence of the
19 severe acute respiratory syndrome coronavirus 2.
20 (5) COVID-19 emergency. – The period beginning March 10, 2020, and ending
21 on the date the Governor signs an executive order rescinding Executive Order
22 No. 116, Declaration of a State of Emergency to Coordinate Response and
23 Protective Actions to Prevent the Spread of COVID-19.
24 (6) COVID-19 antibody test. – A serological blood test the federal Food and Drug
25 Administration has authorized for emergency use or approved to measure the
26 amount of antibodies or proteins present in the blood when the body is
27 responding to an infection caused by the severe acute respiratory syndrome
28 coronavirus 2.

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

30
31 **PART II. ENHANCED CAPACITY FOR PUBLIC HEALTH, BEHAVIORAL HEALTH,
32 AND CRISIS SERVICES**

33
34 **ENHANCED PUBLIC HEALTH CAPACITY**

35 **SECTION 2.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in
36 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health



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1 and Human Services, for the 2019-2020 fiscal year, to provide funds to support public health
2 efforts, the State Laboratory of Public Health, local health departments, and rural health providers
3 in building capacity to respond to the COVID-19 pandemic.

4 **SECTION 2.1.(b)** This section is effective when it becomes law.
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6 **ENHANCED BEHAVIORAL HEALTH CAPACITY**

7 **SECTION 2.2.(a)** The sum of twenty-five million dollars (\$25,000,000) in
8 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health
9 and Human Services, for the 2019-2020 fiscal year, to provide funds to support behavioral health
10 and crisis services to respond to the COVID-19 pandemic. These funds shall be used for at least
11 all of the following purposes:

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

19 **SECTION 2.2.(b)** This section is effective when it becomes law.
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21 **PART III. MEDICAID COVID-19 FUNDING AND AUTHORIZATION**

22 **FUNDS FOR ADDITIONAL MEDICAID COSTS**

23 **SECTION 3.1.(a)** The sum of forty million dollars (\$40,000,000) in nonrecurring
24 funds is appropriated from the Coronavirus Relief Fund to the Department of Health and Human
25 Services, Division of Health Benefits, for the 2019-2020 fiscal year, for coverage of additional
26 costs related to the Medicaid program, including any of the following costs:
27

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

35 **SECTION 3.1.(b)** This section is effective when it becomes law.
36

37 **MEDICAID PROVIDER RATE INCREASES**

38 **SECTION 3.2.(a)** In addition to the five percent (5%) rate increases already
39 requested by the Department of Health and Human Services (DHHS) in the 1135 Medicaid
40 disaster State Plan amendment (SPA) submitted to the Centers for Medicare and Medicaid
41 Services on April 8, 2020, for certain provider types, DHHS shall increase the fee-for-service
42 Medicaid rates paid directly by the Division of Health Benefits for all remaining provider types
43 by five percent (5%). The rate increases authorized under this section shall be effective March 1,
44 2020, through the duration of the declared nationwide public health emergency as a result of the
45 2019 novel coronavirus.

46 **SECTION 3.2.(b)** This section is effective when it becomes law.
47

48 **PROVIDE MEDICAID COVERAGE FOR COVID-19 TESTING TO UNINSURED** 49 **INDIVIDUALS IN NORTH CAROLINA DURING THE NATIONWIDE PUBLIC** 50 **HEALTH EMERGENCY**

1 **SECTION 3.3.(a)** The Department of Health and Human Services, Division of
2 Health Benefits (DHB), is authorized to provide the Medicaid coverage described in 42 U.S.C.A.
3 § 1396a(a)(10)(A)(ii)(XXIII), which covers COVID-19 testing for certain uninsured individuals
4 during the period in which there is a declared nationwide public health emergency as a result of
5 the 2019 novel coronavirus. DHB is authorized to provide this medical assistance retroactively
6 to the earliest date allowable.

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

8
9 **TEMPORARY MEDICAID COVERAGE FOR THE PREVENTION, TESTING, AND**
10 **TREATMENT OF COVID-19**

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

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

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

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

29
30 **IMPLEMENT TEMPORARY PROVIDER ENROLLMENT CHANGES AUTHORIZED**
31 **UNDER THE MEDICAID 1135 WAIVER**

32 **SECTION 3.5.(a)** In order for the Department of Health and Human Services,
33 Division of Health Benefits, to implement the temporary provider enrollment changes under the
34 1135 waiver approved by the Centers for Medicare and Medicaid Services for the North Carolina
35 Medicaid program and NC Health Choice program, the following statutes shall not apply to the
36 North Carolina Medicaid program and the NC Health Choice program from March 1, 2020,
37 through the duration of the declared nationwide public health emergency as a result of the 2019
38 novel coronavirus:

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

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

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45 **PART IV. ENHANCED PERSONNEL SAFETY EQUIPMENT AND SANITATION**
46 **SUPPLIES**

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48 **FUNDS TO INCREASE THE STATE'S SUPPLY OF PERSONAL PROTECTIVE**
49 **EQUIPMENT AND OTHER EQUIPMENT AND SUPPLIES TO RESPOND TO**
50 **COVID-19**

1 **SECTION 4.1.(a)** The sum of fifty million dollars (\$50,000,000) in nonrecurring
2 funds is appropriated from the Coronavirus Relief Fund to the Office of State Budget and
3 Management (OSBM), for the 2019-2020 fiscal year, for allocation to the Department of Health
4 and Human Services and the Division of Emergency Management within the Department of
5 Public Safety for the following purposes:

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

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

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

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

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

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32 **FUNDS FOR TESTING, CONTACT TRACING, AND TRENDS TRACKING AND**

33 **ANALYSIS**

34 **SECTION 5.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in
35 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health
36 and Human Services, for the 2019-2020 fiscal year, to expand public and private initiatives for
37 COVID-19 testing, contact tracing, and trends tracking and analysis through, but not limited to,
38 all of the following ways:

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

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

48

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

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

3 **SECTION 6.1.(a)** The sum of twenty-five million dollars (\$25,000,000) in
4 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health
5 and Human Services, for the 2019-2020 fiscal year, to provide funding for (i) adult and child
6 protective services response, (ii) support for homeless and domestic violence shelters and
7 housing security, including prevention, diversion, and rapid re-housing assistance, (iii) child care
8 response, and (iv) technology modifications to support COVID-19 emergency relief
9 beneficiaries.

10 **SECTION 6.1.(b)** From funds received pursuant to subsection (a) of this section, the
11 sum of \$6,000,000 in nonrecurring funds is allocated equally among each of the six food banks
12 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 \$2,500,000 in nonrecurring funds is allocated to Reinvestment Partners, a nonprofit
15 organization, for its Produce Prescription Program, which provides a monthly forty-dollar
16 (\$40.00) per household benefit for each eligible Food and Nutrition Services recipient enrolled
17 by the recipient's health care provider, in serving individuals impacted by the COVID-19
18 emergency.

19 **SECTION 6.1.(d)** Subsection (c) of this section is effective when it becomes law
20 and expires three months from the date this section becomes effective. The remainder of this
21 section 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, for the 2019-2020 fiscal
27 year, to assist in serving children in foster care during the COVID-19 emergency. These funds
28 shall be used for monthly supplemental payments in the amount of one hundred dollars (\$100.00)
29 for each child receiving foster care assistance payments for the months of April 2020 through
30 June 2020.

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

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

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

- 36 (1) Facility licensed to accept State-County Special Assistance payments. – Any
37 residential care facility that is (i) licensed by the Department of Health and
38 Human Services and (ii) authorized to accept State-County Special Assistance
39 payments from its residents.
- 40 (2) State-County Special Assistance. – The program authorized by G.S. 108A-40.

41 **SECTION 6.3.(b)** The sum of twenty-five million dollars (\$25,000,000) in
42 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Department of Health
43 and Human Services, Division of Social Services, for the 2019-2020 fiscal year, for facilities
44 licensed to accept State-County Special Assistance. These funds shall be used to provide a
45 one-time payment to these facilities to offset the increased costs of serving residents during the
46 COVID-19 emergency. Each eligible facility shall receive an amount equal to one thousand three
47 hundred twenty-five dollars (\$1,325) for each resident of the facility who is a recipient of
48 State-County Special Assistance between March 10, 2020, through July 30, 2020. In the case of
49 a recipient who transfers from one facility to another during this time period, only the first eligible
50 facility of residence will receive the 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, for the 2019-2020 fiscal year, to provide funds to support rural and
13 underserved communities especially hard hit by the COVID-19 pandemic, which may include
14 directed grants to health care providers other than rural hospitals; targeted Medicaid assistance
15 for rural providers; enhanced telehealth services; transportation for critical services; health care
16 security for the uninsured; and other related purposes. These funds may be used to fund items
17 not addressed by federal relief funds or as needed to address critical health care needs until federal
18 funds are received for such 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 Office of State
24 Budget and Management (OSBM), for the 2019-2020 fiscal year, to provide a directed grant to
25 the North Carolina Healthcare Foundation (NCHF), a nonprofit corporation. NCHF shall use
26 these funds to award grants to rural hospitals to offset expenses incurred for providing patient
27 care in North Carolina to respond to the COVID-19 pandemic. NCHF shall award grants to
28 eligible rural hospitals within 30 days after receipt of an application and on the basis of need
29 according to tier designation, county health ranking, and hospital-specific financial data. NCHF
30 shall provide technical assistance to grant recipients for a period of five years following
31 distribution of funds to (i) ensure that funds are utilized according to the intended purpose, (ii)
32 assist recipient facilities in interpreting and implementing waivers and other federal guidance
33 related to COVID-19 response and recovery, and (iii) support recipient facilities in preparing for
34 post-COVID-19 sustainability.

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

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

1 (8) Procuring staff or consultants to help mitigate the burden of extensive review
2 of new and incoming federal and State regulatory guidelines.

3 (9) Salary support for furloughed employees.

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

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

11 **FUNDS FOR FREE AND CHARITABLE CLINICS**

12 **SECTION 7.3.(a)** The sum of one million four hundred thousand dollars
13 (\$1,400,000) in nonrecurring funds is appropriated from the Coronavirus Relief Fund to the
14 Department of Health and Human Services, Division of Central Management and Support, Office
15 of Rural Health, for the 2019-2020 fiscal year, to provide directed grants of equal amounts to the
16 67 member clinics of the North Carolina Association of Free and Charitable Clinics, to offset
17 costs for providing health care and prescription medications during the COVID-19 emergency.

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

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 the Department of Health and Human Services, for the 2019-2020 fiscal year, to provide a
23 directed grant to NC MedAssist, a nonprofit corporation, to offset increased costs for providing
24 prescription assistance services during the COVID-19 pandemic to individuals who are indigent
25 or uninsured.

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

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), for the 2019-2020 fiscal year, to establish the COVID-19
32 Teaching Hospitals Relief Fund. OSBM shall allocate the monies in the fund as directed grants
33 to hospitals located within the State that are classified as teaching hospitals by the Centers for
34 Medicare and Medicaid Services, for the purpose of offsetting expenses incurred for providing
35 patient care in North Carolina as a result of the COVID-19 pandemic. OSBM shall award grants
36 to eligible teaching hospitals based on (i) the amount of charitable care provided in North
37 Carolina and (ii) the amount of lost revenue sustained within North Carolina as a result of the
38 COVID-19 pandemic. Grant recipients shall not use these funds for any purpose other than the
39 following to offset costs related to patient care provided in North Carolina to respond to the
40 COVID-19 pandemic:

41 (1) Up to sixty percent (60%) of lost revenues from foregone elective procedures
42 during the COVID-19 emergency, net of federal funds received from the
43 CARES Act.

44 (2) Supplies and equipment purchased in accordance with Centers for Disease
45 Control guidelines.

46 (3) Rapidly ramping up infection control and triage training for health care
47 professionals.

- 1 (4) Retrofitting separate areas to screen and treat patients with suspected
- 2 COVID-19 infections, including isolation areas in or around hospital
- 3 emergency departments.
- 4 (5) Increasing the number of patient care beds to provide surge capacity.
- 5 (6) Transporting patients with confirmed or suspected COVID-19 safely to or
- 6 from health care facilities.
- 7 (7) Planning, training, and implementing expanded telehealth capabilities.
- 8 (8) Procuring staff or consultants to help mitigate the burden of extensive review
- 9 of new and incoming federal and State regulatory guidelines.
- 10 (9) Salary support for furloughed employees.

11 **SECTION 8.1.(b)** By November 1, 2020, each grant recipient shall submit a detailed
12 report to OSBM on the use of funds appropriated in subsection (a) of this section. By December
13 1, 2020, OSBM shall submit a detailed report to the Joint Legislative Oversight Committee on
14 Health and Human Services on the use of funds appropriated in subsection (a) of this section.

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

16

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

18 **SECTION 8.2.(a)** The sum of twenty-five million dollars (\$25,000,000) in
19 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Office of State
20 Budget and Management (OSBM), for the 2019-2020 fiscal year, to establish the COVID-19
21 General Hospital Relief Fund. OSBM shall allocate the monies in the fund as directed grants to
22 hospitals located within the State that are not classified as rural hospitals or teaching hospitals by
23 the Centers for Medicare and Medicaid Services, for the purpose of offsetting expenses incurred
24 for providing care to patients in North Carolina as a result of the COVID-19 pandemic. OSBM
25 shall award grants to eligible large hospitals based on (i) the amount of charitable care provided
26 in North Carolina and (ii) the amount of lost revenue sustained within North Carolina as a result
27 of the COVID-19 pandemic. Grant recipients shall not use these funds for any purpose other than
28 to offset the following costs related to patient care provided in North Carolina to respond to the
29 COVID-19 pandemic:

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

47 **SECTION 8.2.(b)** By November 1, 2020, each grant recipient shall submit a detailed
48 report to OSBM on the use of funds appropriated in subsection (a) of this section. By December
49 1, 2020, OSBM shall submit a detailed report to the Joint Legislative Oversight Committee on
50 Health and Human Services on the use of funds appropriated in subsection (a) of this section.

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

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2 **PART IX. FUNDS FOR COVID-19 RESEARCH**
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4 **COVID-19 RESPONSE RESEARCH FUND**

5 **SECTION 9.1.(a)** The sum of one hundred ten million dollars (\$110,000,000) in
6 nonrecurring funds is appropriated from the Coronavirus Relief Fund to the Office of State
7 Budget and Management (OSBM), for the 2019-2020 fiscal year, to establish the COVID-19
8 Response Research Fund. OSBM shall allocate the monies from the fund as follows:

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

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

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

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

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

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PART X. CARRYFORWARD OF FUNDS

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

PART XI. DEPARTMENTAL RECEIPTS

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

PART XII. SEVERABILITY

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

PART XIII. EFFECTIVE DATE

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