

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 million		
2		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			
3	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 million		WIC is food assistance to low-income pregnant women or mothers with young children.
4	DAAS	PL-116-127	Home and Community Care Block Grant (HCCBG)	<ul style="list-style-type: none"> o Home-Delivered Nutrition Services o Congregate Nutrition Services 	Y	\$4.7 million home -Delivered Meals; \$2.3 million Congregant meals	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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5	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 cost to State and Local Governments	
6	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.	\$0	States must submit a plan to provide benefits to FNS and non-FNS households. DHHS is in the process of developing the plan.
7	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.	\$0	DHHS submitted the required plan to USDA on March 24, 2020.
8	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.	\$0	
9	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).

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10	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).
11	DHB	PL-116-127	Medicaid	The State may choose to provide Medicaid coverage to all uninsured individuals that is limited to COVID-19 testing at 100% FMAP. Uninsured individuals are defined as anyone who is not otherwise eligible for Medicaid and “not enrolled in a Federal health care program (as defined in section 1128B(f)), a group health plan, group or individual health insurance coverage offered by a health insurance issuer (as such terms are defined in section 2791 of the Public Health Service Act), or a health plan offered under Chapter 89 of Title 5, United States Code.”		100% federally funded	\$0	It appears the State would have to affirmatively choose this coverage. Since G.S. 108A-54(e)(4) and (f) prohibit DHHS from modifying Medicaid eligibility categories without express authority from the GA, it may require legislative action to choose this option.
12		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			
13	Some Local DSS	PL-116-127	The Emergency Food Assistance Program (TEFAP)	Provides additional funding.	Y	\$3.2 million for administration, \$9.9 million 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.
14		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			
15		PL-116-127	Family Emergency Medical Leave Act	Requires employers of more than 50 employees to provide paid leave and restoration to position after paid leave for employees caring for children whose school or daycare programs have been closed as a result of COVID-19 emergencies. Employees are eligible for paid leave after first having taken 10 days of unpaid leave. Some exceptions may apply.	N			

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16		PL-116-127	Fair Labor Standards Act	Employers of fewer than 500 employees must give 80 hours of paid sick time to full-time employees who are quarantined, exhibiting symptoms of COVID-19, caring for an individual who is quarantined or exhibiting symptoms, or caring for a child whose school or daycare is closed. Part-time employees would also be eligible for some paid sick time. Violations of this act are punishable as violations of the Fair Labor Standards Act.	N			
17		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			