



Domestic Public Health Response to COVID-19: Current Status

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The Coronavirus Disease 2019 (COVID-19) pandemic is affecting communities throughout the United States, with total case counts growing daily. More than 1.3 million cases, including more than 82,000 deaths, have been reported in the United States. Containment and mitigation efforts by federal, state, and local governments have been undertaken to "flatten the curve"—that is, to slow widespread transmission that could overwhelm the nation's health care system. Currently, "social distancing" restrictions that have been in place for almost two months are being eased in some jurisdictions as economic consequences mount. Efforts to identify and quarantine close contacts of cases are underway in some places, although testing capacity remains limited. Nursing homes, prisons, jails, and similar congregate settings are emerging as points of rapid spread of infection.

This CRS Insight presents selected information and resources relevant to the *domestic public health response* to COVID-19 in containing and mitigating the spread and impact of the disease. As the situation evolves, this Insight will be updated. For further information on other issues related to COVID-19, see the CRS Coronavirus Disease 2019 homepage.

A Snapshot of the Domestic Public Health Response to COVID-19, as of May 13, 2020

Selected events and actions. All dates are calendar year 2020. All dollar amounts are discretionary appropriations.

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Congress-Relevant Laws and Legislation

- The Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-123), enacted March 6, provides a total of \$7.767 billion in appropriations, including \$6.497 billion for HHS (including a contingent amount). The act also expands telehealth services. Prior to enactment, health response efforts were primarily supported by the CDC Infectious Diseases Rapid Response Reserve Fund allotment of \$105 million and HHS transfers of \$136 million.
- The Families First Coronavirus Response Act (FFCRA; P.L. 116-127), enacted March 18, includes provisions related to health care coverage and delivery, among other things. It requires coverage of COVID-19 testing under most federal health care programs and provides \$1 billion for the HHS Public Health and Social Services Emergency Fund (PHSSEF) for COVID-19 testing for the uninsured.
- The Coronavirus Aid, Relief, and Economic Security Act (CARES Act; P.L. 116-136), enacted on March 27, includes \$142 billion in additional supplemental appropriations for HHS to support public health and medical response activities, including specified funding for coverage or purchase of a COVID-19 vaccine, when available. It establishes a \$100 billion Provider Relief Fund for hospitals and other health care providers. It also includes several health-related authorities, some related to medical supply chain issues.
- The Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139), enacted on April 24, includes \$75 billion for the Provider Relief Fund and \$25 billion for expanding COVID-19 testing capacity and contact tracing, with funding going to states, territories, and tribes, as well as to HHS. The act also requires several data reports on COVID-19 cases from HHS.
- The Chair of the House Appropriations Committee, Representative Lowey, introduced the Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES Act) on May 12, which includes many authorizing provisions related to core public health functions (e.g., contact tracing, surveillance, laboratory capacity), testing, and research and development into new medical countermeasures. The bill would appropriate an additional \$100 billion for the Provider Relief Fund and \$75 billion for a national testing and contact tracing program, along with additional amounts for other HHS purposes.

Emergency and Major Disaster Declarations and White House Response

- Several emergency declarations are in effect, including a Public Health Emergency under Section 319 of the Public Health Service Act, declared on January 31 (retroactively dated to January 27; renewed on April 21); nationwide emergency declarations on March 13 and subsequent major disaster declarations pursuant to the Stafford Act; and a National Emergency declaration pursuant to the National Emergencies Act on March 13, dated to March 1. Waivers are in effect under Section 1135 of the Social Security Act to aid the health care system with surge capacity.
- President Donald Trump formed the President's Coronavirus Task Force and appointed Vice President Mike Pence as the coordinator and Dr. Deborah Birx as response coordinator; announced on January 29.
- On March 18, the Administration first invoked the Defense Production Act (DPA) and delegated authority for its use to HHS. Since then, HHS, FEMA, DOD, and the USDA have all directly engaged in DPA actions on prioritization, allocation, anti-hoarding/price gouging, and expansion of productive supply.

- The White House, in collaboration with the Centers for Disease Control and Prevention (CDC), has released guidelines for "Opening Up America Again" on April 16.
- The White House released the Opening Up America Again Testing Overview and Testing Blueprint on April 27, which includes guidance for states on expanding and implementing COVID-19 testing.

Domestic Response Activities—FEMA, HHS, and Support Agencies

Coordination and General Public Health

- On March 21, Vice President Pence announced that the Federal Emergency Management Agency (FEMA) is leading federal operations on behalf of the White House Coronavirus Task Force, with HHS providing subject matter expertise. FEMA is supporting federal, state, and local partners by providing situational awareness, planning, logistics, and supply chain support. In addition, FEMA is providing assistance to states and territories for emergency protective measures authorized pursuant to the President's emergency and major disaster declarations under the Stafford Act. Certain states are also receiving assistance for crisis counseling under the Stafford Act major disaster declarations.
- The CDC has issued guidances for the general public, workplaces, health care providers, health departments, pregnant women and children, travelers, and others. CDC has also recommended that all Americans wear nonmedical cloth masks when in public settings where 6-foot social distancing is difficult to maintain (e.g., grocery stores).
- HHS has made several funding announcements following supplemental appropriations, including distributions totaling \$72 billion for the CARES Act Provider Relief Fund, and has launched the COVID-19 Uninsured Program Portal as of April 27.

Testing, Surveillance, and Contact Tracing

- FEMA and HHS lead a joint Laboratory Diagnostics Task Force to coordinate diagnostic testing-related activities, including carrying out the White House testing blueprint and aiding in jurisdictional testing plans.
- FEMA and HHS established Community Based Testing Sites (CBTS), which now have the option of being transferred to state leadership.
- CDC has begun to publish a weekly data report, and has published research reports on U.S. and international cases and public health interventions.
- CDC has issued several guidances related to COVID-19 case reporting, including for confirmed cases and certifying deaths.
- CDC has issued guidance and published training by the Association of State and Territorial Health Officials (ASTHO) related to contact tracing.
- NIH announced the Rapid Acceleration of Diagnostics (RADx) initiative on April 29, a prize competition for diagnostic test innovation.

Medical Countermeasures

FDA has issued several Emergency Use Authorizations (EUAs) for COVID-19 diagnostic
tests (including for serologic and point-of-care tests), ventilators and related medical
devices, respirators and respirator decontamination systems, and treatments for COVID19.

- Medical countermeasures (diagnostics, vaccines, and therapeutics) are in development, including those supported by the National Institutes of Health (NIH) and the Biomedical Advanced Research and Development Authority (BARDA). For example, an NIH-supported vaccine has received FDA permission to begin Phase 2 clinical trials (midstage testing in humans) per a company statement, although widespread availability of a vaccine is projected to be about a year away at the earliest. In addition, based in part on initial positive results from an NIH clinical trial, the investigational drug remdesivir has been made available via EUA to some hospitalized patients with severe COVID-19.
- FDA created a special emergency program, the Coronavirus Treatment Acceleration Program (CTAP), to speed approval of drugs and therapies to treat COVID-19.
- NIH has announced the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) partnership on April 17.
- Treatments have been made available under FDA expanded access (also known as compassionate use) to certain COVID-19 patients while clinical trials are underway.
- NIH has published treatment guidelines for COVID-19 patients in collaboration with other federal agencies and several medical associations.

Medical Supply Chain and Health Care Surge

- FEMA is coordinating medical supply chain activities through several efforts, including Project Airbridge and deployment of assets from the Strategic National Stockpile, with the HHS Assistant Secretary for Preparedness and Response (ASPR).
- FDA has issued a series of enforcement policies via guidance to make products available, waiving regulatory requirements for personal protective equipment (PPE), hand sanitizer, and other FDA-regulated products and activities. CDC has also issued guidance on optimizing PPE use.
- In response to the COVID-19 emergency, DPA authorities have been variously employed to address medical, food, and defense industry supply chain issues, although the Administration's implementation pattern has been relatively narrow in application. In addition, the full extent of DPA implementation is not necessarily clear, as agencies differ in reporting DPA actions.
- The Department of Defense has transferred stockpiled respirators and ventilators for civilian use and deployed U.S. Navy hospital ships, field hospitals, and medical augmentation teams to infection hot spots, such as New York, New Jersey, Washington, Michigan, and Louisiana. In addition, over 40,000 members of the National Guard are conducting COVID-19 response operations at the direction of their governors.
- FEMA tasked the U.S. Army Corps of Engineers (USACE) to convert available sites into
 alternate health care facilities requested by numerous states. Completed facilities have
 expanded available beds by roughly 15,600. Certain media reports claim that some of the
 facilities may be put on standby, repurposed as testing sites, or decommissioned in the
 coming weeks.

Travel and Immigration Related Policies and Restrictions

• Travel restrictions and quarantine requirements are in effect for certain travelers who have been in mainland China, the Islamic Republic of Iran, the Schengen area of the European Union, the United Kingdom, and the Republic of Ireland within 14 days prior to arrival, pursuant to proclamations issued by President Trump.

- The State Department has advised Americans to avoid all international travel and for those abroad to return home immediately or prepare to remain abroad for an indefinite period of time. CDC recommends that travelers avoid all nonessential travel to all global destinations.
- CDC issued an order (along with implementing regulations) suspending the "introduction" of foreign nationals from countries with COVID-19. Two DHS orders restrict nonessential travel by foreign nationals into the United States through ports of entry on the land borders with both Canada and Mexico.
- On April 22, President Trump issued a proclamation suspending entry into the United States of certain aliens (foreign nationals) who are seeking lawful permanent resident (LPR) status (i.e., immigrants).

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