

| TITLE X: HEALTH | |
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| ADDRESSING SUPPLY SHORTAGES | |
| Sec. 101. Moving the strategic national stockpile to ASPR. | <ul style="list-style-type: none"> Clarifies that the Assistant Secretary for Preparedness and Response (ASPR) is responsible for managing the Strategic National Stockpile (SNS). |
| Sec. 111. National Academies report on America's medical product supply chain security. | <ul style="list-style-type: none"> Directs the National Academies to study the manufacturing supply chain of drugs and medical devices and provide Congress with recommendations to strengthen the U.S. manufacturing supply chain. |
| Sec. 112. Requiring the strategic national stockpile to include certain types of medical supplies. | <ul style="list-style-type: none"> Clarifies that the SNS can stockpile medical supplies, such as the swabs necessary for diagnostic testing for COVID-19. |
| Sec. 113. Treatment of respiratory protective devices as covered countermeasures. | <ul style="list-style-type: none"> Provides permanent liability protection for manufacturers of personal respiratory protective equipment, such as masks and ventilators, in the event of a public health emergency, to incentivize production and distribution. |
| Sec. 121. Prioritize reviews of drug applications; incentives. | <ul style="list-style-type: none"> Requires the Food and Drug Administration (FDA) to prioritize and expedite the review of drug applications and inspections to prevent or mitigate a drug shortage. |
| Sec. 122. Additional manufacturer reporting requirements in response to drug shortages. | <ul style="list-style-type: none"> Requires drug manufacturers to submit more information when there is an interruption in supply, including information about active pharmaceutical ingredients, when active pharmaceutical ingredients are the cause of the interruption. Requires manufacturers to maintain contingency plans to ensure back up supply of products. |
| Sec. 123. GAO report on intra-agency coordination. | <ul style="list-style-type: none"> Directs the Government Accountability Office (GAO) to review internal coordination at FDA on drug inspection and enforcement and drug shortages. |
| Sec. 124. Report. | <ul style="list-style-type: none"> Directs the Secretary to submit a report containing recommendations for market-based incentives to encourage the manufacture of drugs in shortage or at risk of shortage. |

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| Sec. 125. Safe harbor provision. | <ul style="list-style-type: none"> Clarifies that drug manufacturers can communicate truthful and non-misleading information regarding products with an emergency authorization from the FDA. |
| Sec. 131. Discontinuance or interruption in the production of medical devices. | <ul style="list-style-type: none"> Clarifies that during a public health emergency, a medical device manufacturer is required to submit information about a device shortage or device component shortage upon request of the FDA. |
| Sec. 132. GAO report on intra-agency coordination. | <ul style="list-style-type: none"> Directs the GAO to examine coordination, communication, and decision-making within FDA related to assessing device shortages and risks associated with the supply of devices, as well as any actions to mitigate device shortages or take corrective actions. |
| Sec. 141. Emergency use of laboratory developed tests. | <ul style="list-style-type: none"> Makes clear the FDA policy that laboratory developed tests and diagnostic kits may begin being used to test patients in advance of an Emergency Use Authorization (EUA). |

ACCESS TO HEALTHCARE FOR COVID-19

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| Sec. 201. Coverage of diagnostic testing for COVID-19. | <ul style="list-style-type: none"> Clarifies that all testing for COVID-19 is to be covered by private insurance plans without cost sharing, including those tests without an EUA by the FDA. |
| Sec. 202. Pricing of diagnostic testing. | <ul style="list-style-type: none"> For COVID-19 testing covered with no cost to patients, requires an insurer to pay either the rate specified in a contract between the provider and the insurer, or, if there is no contract, a cash price posted by the provider. |
| Sec. 203. Rapid coverage of preventive services and vaccines for coronavirus. | <ul style="list-style-type: none"> Provides free coverage without cost-sharing of a vaccine within 15 days for COVID-19 that has in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force or a recommendation from the Advisory Committee on Immunization Practices (ACIP). |

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| <p>Sec. 211. Supplemental awards for health centers.</p> | <ul style="list-style-type: none"> • Provides \$1.32 billion in supplemental funding to community health centers on the front lines of testing and treating patients for COVID-19. |
| <p>Sec. 212. Allowing permanent direct hire of NDMS health care professionals.</p> | <ul style="list-style-type: none"> • Provides the National Disaster Medical Service (NDMS) with direct hiring authority so it can increase the number of participating health care professionals from 3,500 health care professionals to 6,000 to respond to the COVID-19 public health and national emergency. |
| <p>Sec. 213. Telehealth network and telehealth resource centers grant programs.</p> | <ul style="list-style-type: none"> • Reauthorizes Health Resources and Services Administration (HRSA) grant programs that promote the use of telehealth technologies for health care delivery, education, and health information services. • Telehealth offers flexibility for patients with, or at risk of contracting, COVID-19 to access screening or monitoring care while avoiding exposure to others. |
| <p>Sec. 214. Rural health care services outreach, rural health network development, and small health care provider quality improvement grant programs.</p> | <ul style="list-style-type: none"> • Reauthorizes HRSA grant programs to strengthen rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services. • Rural residents are disproportionately older and more likely to have a chronic disease, which could increase their risk for more severe illness if they contract COVID-19. |
| <p>Sec. 215. United States Public Health Service Modernization.</p> | <ul style="list-style-type: none"> • Establishes a Ready Reserve Corps to ensure we have enough trained doctors and nurses to respond to COVID-19 and other public health emergencies. |
| <p>Sec. 216. Limitation on liability for volunteer health care professionals during covid-19 emergency response.</p> | <ul style="list-style-type: none"> • Makes clear that doctors who provide volunteer medical services during the public health emergency related to COVID-19 have liability protections. |

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| Sec. 221. Confidentiality and disclosure of records relating to substance use disorder. | <ul style="list-style-type: none"> Allows for additional care coordination by aligning the 42 CFR Part 2 regulations, which govern the confidentiality and sharing of substance use disorder treatment records, with Health Insurance Portability and Accountability Act (HIPAA), with initial patient consent. |
| Sec. 222. Nutrition services. | <ul style="list-style-type: none"> Waives nutrition requirements for Older Americans Act (OAA) meal programs during the public health emergency related to COVID-19 to ensure seniors can get meals in case certain food options are not available. |
| Sec. 223. Guidance on protected health information. | <ul style="list-style-type: none"> Requires the Department of Health and Human Services (HHS) to issue guidance on what is allowed to be shared of patient record sharing during the public health emergency related to COVID-19. |
| Sec. 224. Reauthorization of healthy start program. | <ul style="list-style-type: none"> Reauthorizes Healthy Start, which is a program that provides grants to improve access to services for women and their families, who may need additional support during the public health emergency related to COVID-19. |

| INNOVATION | |
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| Sec. 301. Removing the cap on OTA. | <ul style="list-style-type: none"> Allows the Biomedical Advanced Research and Development Authority (BARDA) to more easily partner with private sector on research and development by removing the cap on other transaction authority (OTA). |
| Sec. 302. Extending the priority review program for agents that present national security threats. | <ul style="list-style-type: none"> Makes the FDA priority review voucher incentive permanent to incentivize companies to develop countermeasures more quickly. |
| Sec. 303. Priority zoonotic animal drugs. | <ul style="list-style-type: none"> Provides Breakthrough Therapy designations for animal drugs that can prevent human diseases – i.e. speed up the development of drugs to treat animals to help prevent animal-to-human transmission, which is suspected to have occurred with outbreak of novel coronavirus, leading to the SARS-CoV-2 pandemic. |

| TITLE X: Education Title | |
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| Sec. xxx. Definitions | <ul style="list-style-type: none"> • Sets definitions for terms of “qualifying emergency,” “affected student,” “institution of higher education,” and “Secretary.” |
| Sec. xxx. Campus-Based Aid Waivers | <ul style="list-style-type: none"> • Waives the institutional matching requirement for campus-based aid programs. • Allows institutions to transfer unused work-study funds to be used for supplemental grants. |
| Sec. xxx. Use of Supplemental Educational Opportunity Grants for Emergency Aid | <ul style="list-style-type: none"> • Allows institutions to award additional SEOG funds to students impacted by COVID-19. |
| Sec. xxx. Continuing Federal Work Study to Continue During a Qualifying Emergency | <ul style="list-style-type: none"> • Allows institutions to issue work-study payments to student who are unable to work due to work-place closures as a lump sum or in payments similar to paychecks. |
| Sec. xxx. Adjustments of Subsidized Loan Limits | <ul style="list-style-type: none"> • For students who dropped out of school as a result of COVID -19 excludes the term from counting toward lifetime subsidized loan eligibility. |
| Sec. xxx Exclusion from Federal Pell Grant | <ul style="list-style-type: none"> • For students who dropped out of school as a result of COVID -19 excludes the term from counting toward lifetime Pell eligibility. |
| Sec. xxx. Institutional Refund and Federal Student Loan Flexibility. | <ul style="list-style-type: none"> • For students who dropped out of school as a result of COVID -19, the student is not required to return Pell grants or student loans to the Secretary. • Waives the requirement that institutions calculate the amount of grant or loan assistance that the institution must return to the Secretary in the case of students who dropped out of school as a result of COVID-19. |
| Sec. xxx. Satisfactory Progress | <ul style="list-style-type: none"> • For students who dropped out of school as a result of COVID -19, the student’s grades do not effect a student’s federal academic requirements to continue to receive Pell Grants or student loans. |
| Sec. xxx. Continuing Education at Affected Foreign Institutions | <ul style="list-style-type: none"> • Permit foreign institutions to offer distance learning to U.S. students receiving title IV funds for the duration of the COVID-19 declaration of disaster. |

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| <i>Sec. xxx. Competitive Grant Program Waivers</i> | <ul style="list-style-type: none"> Permits institutions to request waivers from the Secretary of Education for financial matching requirements in competitive grants programs in the Higher Education Act so colleges can devote institutional resources to COVID-19 efforts. |
| <i>Sec. xxx. HBCU Capital Financing Program</i> | <ul style="list-style-type: none"> Authorizes the Secretary of Education to defer payments on current HBCU Capital Financing loans during the national emergency period so HBCUs can devote financial resources to COVID-19 efforts. |
| <i>Sec. xxx National Emergency Educational Waivers</i> | <ul style="list-style-type: none"> Provide the Secretary of Education with broad waiver authority to provide waivers from the Elementary and Secondary Education Act, the Higher Education Act, and the Carl D. Perkins Career and Technical Education Act, except civil rights laws, that are necessary and appropriate due to the COVID-19 declaration of disaster. |
| <i>Sec. xxx. Provisions Related to the Corporation for National and Community Service</i> | <ul style="list-style-type: none"> Provide participants serving in the National Service Corps programs with the educational award they were due to receive before their duties had been suspended or placed on hold during the COVID-19 declaration of disaster. Extend the age limits and the terms of service to allow individuals serving in national service programs to continue participating in programs after the COVID-19 declaration of disaster ends. |
| <i>Sec. xxx. Workforce Response Activities.</i> | <ul style="list-style-type: none"> Provides local workforce boards with additional flexibility to use funds received under the Workforce Innovation and Opportunity Act for administrative costs, including for online resources. Allows Governors to utilize reserved workforce funds on rapid response activities in response to COVID-19. |
| <i>Sec. xxx Technical Amendments</i> | <ul style="list-style-type: none"> Makes technical edits to the FUTURE Act to improve implementation and aid student loan borrowers. |
| <i>Sec. xxx Temporary Relief for Federal Student Loan Borrowers</i> | <ul style="list-style-type: none"> Allow the Secretary to defer student loan payments, principal, and interest for 3 months without penalty to the student. Allow the Secretary to defer for an additional 3 months if necessary pursuant to the public health emergency declaration. |

| Title X: Labor Title | |
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| Sec. 101. Limitation on Paid Family and Medical Leave. | <ul style="list-style-type: none"> Creates a limitation stating an employer shall not be required to pay more than \$200 per day and \$10,000 in the aggregate for each employee under this section. |
| Sec. 102. Limitation on Paid Sick Leave | <ul style="list-style-type: none"> Creates a limitation stating an employer shall not be required to pay more than \$511 per day and \$5,110 in the aggregate for sick leave or more than \$200 per day and \$2,000 in the aggregate to care for a quarantined individual or child for each employee under this section. |
| Sec. 103. Regulatory Authorities under the Emergency Paid Sick Leave Act. | <ul style="list-style-type: none"> Expands the authority for the Secretary of Labor to regulate to exempt small businesses with fewer than 50 employees from paid leave provisions in the section. |
| Sec. 104. Unemployment Insurance. | <ul style="list-style-type: none"> Provides that applications for unemployment compensation and assistance with the application process are accessible in person, by phone, or online. |
| Sec. 105. OMB Waiver of Paid Family and Paid Sick Leave Requirement. | <ul style="list-style-type: none"> Allows the Director of the Office of Management and Budget to exclude for good cause certain Executive Branch employees from the Paid Family Leave mandate. Allows the Director of the Office of Management and Budget to exclude for good cause certain Executive Branch employees from the Paid Sick Leave mandate. |

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| Sec. 106. Paid Family and Medical Leave for Rehired Employees | <ul style="list-style-type: none">• Allows an employee who was laid off by an employer March 1, 2020, or later to have access to paid family and medical leave in certain instances if they are rehired by the employer.• Employee would have had to work for the employer at least 30 days prior to being laid off. |
| Sec. 107. Advance of Paid Leave Tax Credit | <ul style="list-style-type: none">• Allows employers and self-employed to receive an advance tax credit from Treasury instead of having to be reimburse on the back end.• Creates regulatory authority to implement the tax credit advances. |