

TO: Ann Gergen
FROM: David Farber and Scott Dziengelski
DATE: March 31, 2020
RE: The Coronavirus Aid, Relief, and Economic Security Act (H.R. 748) and Potential Impact on AGRiP Members

This memorandum provides a brief summary of the Coronavirus Aid, Relief, and Economic Security Act (H.R. 748). Commonly referred to as the “CARES Act,” this legislation is the third Covid-19 related bill to become law. This memorandum includes an explanation of the provisions that could potentially impact AGRiP members. In short there are several relevant provisions that may impact pools and their underlying public entity members.

For risk pools as employers and/or guiding their members about employment matters, the legislation includes: reimbursement for nonprofits and government agencies for half of the costs incurred from paying unemployment insurance; a refundable payroll tax credit for 50 percent of wages paid by employers to employees; an option for employers to defer their share of the Social Security tax for employees; and a loan program for small businesses to keep their workers on the payroll.

For risk pool employees and/or pools guiding their members about employment matters, the legislation includes: a \$600 per week payment to each recipient of unemployment insurance; federal funding for the cost of the first week of unemployment benefits for states that choose to pay recipients as soon as they become unemployed; and an additional 13 weeks of unemployment benefits.

For health-related risk pools or pools with public health entities the legislation includes: clarification regarding the coverage of testing and prevention services for Covid-19; \$1.32 billion in funding for community health centers for testing and treating Covid-19; grants to promote telehealth and to strengthen rural community health; a “Ready Reserve Corps” to ensure availability of trained physicians and nurses during public health emergencies; clarification to the liability protections for volunteer health care professionals providing services during the Covid-19 public health emergency; an exemption for telehealth services in high-deductible health plan (HDHP) with a health savings account (HSA); permission for health savings account (HSA) and flexible spending account (FSA) funds to be used for menstrual care products without a physician prescription; removal of the requirement that a beneficiary receiving telehealth have a prior relationship with a provider; payment for telehealth services furnished by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC); prevention of scheduled payment adjustments for durable medical equipment (DME); clarification that beneficiaries can receive all tests for Covid-19 in Medicare Part B with no cost-sharing; \$178 million for personal protection equipment; \$4.3 billion to support state, and local public health agencies to prevent, prepare for, and respond to the coronavirus direct payments to local governments to respond to

Covid-19; and \$5 billion for the Community Development Block Grant (CDBG) program to respond to Covid-19.

For pools that have school members the legislation includes: a \$30.750 billion Education Stabilization Fund for states, school districts and higher education institutions; \$3 billion for emergency support grants to local educational agencies; and \$14.250 billion for emergency relief for higher education institutions;

For pools that include members involved in emergency response or preparedness the legislation includes: \$45 billion to states and localities through the Disaster Relief Fund; and \$400 million for firefighters, emergency managers, and providers of emergency food and shelter; and \$400 million grants to States for response to the coronavirus in the 2020 election cycle;

For pools that have public housing agency members the legislation includes: \$1.25 billion to preserve Section 8 voucher rental assistance for seniors, the disabled, and low-income working families.

For Risk Pools As Employers or Guiding Member Employment Practices

Sec. 2103. Emergency Unemployment Relief For Governmental Entities And Nonprofit Organizations.

This section of the CARES Act provides payment to states to reimburse nonprofits, government agencies, and Indian tribes for up to half of the costs they incur from paying unemployment insurance. This provision only goes through December 31, 2020 and may impact pools and their underlying public entity members.

Under the provision the Secretary of the Treasury will transfer funds during the Covid-19 public health emergency (defined as March 13, 2020 to December 31, 2020) to state Unemployment Trust Funds. Once the funds go to the state they then can be used to reimburse governmental entities, including Indian tribes, or any other organization (or group of governmental entities) for up to half of the costs they incur through December 31, 2020 to pay unemployment benefits.

The total amount of funding the Secretary can transfer to the Unemployment Trust Funds is not specified. The law states that the Secretary shall transfer “such sums as the Secretary of Labor estimates to be necessary.”

Sec. 2301. Employee Retention Credit For Employers Subject To Closure Due To Covid-19.

Sec. 2301 of the CARES Act provides a refundable payroll tax credit for 50 percent of wages paid by employers to employees during the Covid-19 crisis. The definition of eligible employer is:

(A) IN GENERAL.—The term “eligible employer” means any employer—

(i) which was carrying on a trade or business during calendar year 2020, and

(ii) with respect to any calendar quarter, for which—

(I) the operation of the trade or business described in clause (i) is fully or partially suspended during the calendar quarter due to orders from an appropriate governmental authority limiting commerce, travel, or group meetings (for commercial, social, religious, or other purposes) due to the coronavirus disease 2019 (Covid-19), or

(II) such calendar quarter is within the period described in subparagraph (B).

The definition of eligible employer under this section does not exclude government entities and therefore public entities and pools may be eligible for this tax credit if they meet the definition. If a risk pool has questions regarding if this provision applies to them, they should address those questions to their legal counsel.

The credit is based on wages paid to the employee. For employers with greater than 100 full-time employees, qualified wages are wages paid to employees when they are not providing services due to the Covid-19-related circumstances described above. For eligible employers with 100 or fewer full-time employees, all employee wages qualify for the credit, whether the employer is open for business or subject to a shut-down order.

The credit is provided for the first \$10,000 of compensation, including health benefits, paid to an eligible employee. The credit is provided for wages paid or incurred from March 13, 2020 through December 31, 2020.

Sec. 2302. Delay Of Payment Of Employer Payroll Taxes.

Section 2302 of the CARES Act allows employers to defer payment of their share of the Social Security tax they otherwise are responsible for paying to the federal government with respect to their employees. This provision is written to cover all employers who pay payroll taxes which would include AGRiP members. The provision requires that the deferred employment tax

be paid over the following two years, with half of the amount required to be paid by December 31, 2021 and the other half by December 31, 2022.

Sec. 1102. Paycheck Protection Program.

The Paycheck Protection Program, operated by the Small Business Administration (SBA), is a \$349 billion loan program designed to provide a direct incentive for small businesses to keep their workers on the payroll. Under the measure, SBA Paycheck Protection loans could be made for up to 250% of the employer's average monthly payroll, with a maximum loan of \$10 million for an individual business and a top interest rate of 4%. Generally, only businesses with fewer than 500 employees would be eligible unless the business is part of an industry with a larger workforce limit as defined by the SBA. The bill also allows loans to businesses with more than one physical location that has no more than 500 employee per location, such as hotel chains.

The definition of eligible recipient under this section does not exclude government entities and therefore public entities and pools may be eligible for this tax credit if they meet the definition. If a risk pool has questions regarding if this provision applies to them, they should address those questions to their legal counsel.

For Risk Pool Employees or Pools Guiding Member Employment Matters

Sec. 2104. Emergency Increase In Unemployment Compensation Benefits.

This section of the CARES Act provides a temporary Federal Pandemic Unemployment Compensation (FPUC) of \$600 a week for any worker eligible for state or federal unemployment compensation (UC) benefits. There is likely limited impact directly on AGRiP member pools or their respective local public entity members from this provision since the FPUC would not affect eligibility for other benefits like Medicaid, CHIP, SNAP, and housing assistance.

The FPUC would be paid in addition to and at the same time as (but not necessarily in the same check) regular state or federal UC benefits. The FPUC, combined with the underlying state unemployment benefit, would replace 100 percent of wages for the average U.S. worker. State UC programs would be fully reimbursed for the cost of administering the supplement and for the cost of the supplement itself.

Sec. 2105. Temporary Full Federal Funding Of The First Week Of Compensable Regular Unemployment For States With No Waiting Week.

Under Sec. 2105 of the CARES Act a state is eligible to provide unemployment compensation to individuals for their first week of regular unemployment without a waiting

week during the Covid-19 public health crisis (through December 31, 2020). Many states will still need to change their policies or laws to implement this provision. Therefore, the law allows states to have a plan to make the change to their law or regulations before receiving funding.

Sec. 2107. Pandemic Emergency Unemployment Compensation.

Under Sec. 2107 of the CARES Act an additional 13 weeks of unemployment benefits are available to help those who remain unemployed after state unemployment benefits are no longer available for the duration of the Covid-19 public health emergency (December 31, 2020). Specifically, under this provision a State will make payments of pandemic emergency unemployment compensation to individuals who:

- have exhausted all rights to regular compensation under the State law or under Federal law with respect to a benefit year (excluding any benefit year that ended before July 1, 2019);
- have no rights to regular compensation with respect to a week under such law or any other State unemployment compensation law or to compensation under any other Federal law;
- are not receiving compensation with respect to such week under the unemployment compensation law of Canada; and
- are able to work, available to work, and actively seeking work.

An individual is deemed to have exhausted such individual's rights to regular compensation under a State law when:

- no payments of regular compensation can be made under such law because such individual has received all regular compensation available to such individual based on employment or wages during such individual's base period; or
- such individual's rights to such compensation have been terminated by reason of the expiration of the benefit year with respect to which such rights existed.

The amount of pandemic emergency unemployment compensation will be the amount of the regular compensation (including dependents' allowances) payable under State law.

For Health-Related Risk Pool Or Pools With Public Health Entities

Sec. 3201. Coverage Of Diagnostic Testing For Covid–19.

Section 3201 of the CARES Act offers a clarification to a section of the Families First Coronavirus Response Act of 2020 (Public Law 116-127) by requiring that all testing for Covid-19 be covered by private insurance plans and that patients cannot be charged a copay or a deductible for the test.

Section 3201 includes tests for which the FDA has not yet approved the test developer's emergency use application. But, only if the application has not been denied and the developer submits an application within a reasonable time. This provision may be used to assist healthcare providers and suppliers furnish Covid-19 diagnostic tests and services to all individuals with insurance by reducing the financial obstacles to patients seeking Covid-19 tests and services.

Sec. 3202. Pricing Of Diagnostic Testing.

Section 3202 of the CARES Act requires health insurance companies pay health care providers for the Covid-19 tests at the rate specified in a contract between the insurer and the provider.

If there is no contract, the insurance company would pay the provider's posted cash price. The bill requires health care providers to publicly post on their websites their cash prices for testing. This section also provides the Secretary of Health and Human Services the authority to impose a civil monetary penalty on any provider of a diagnostic test for Covid–19 that is not in compliance with this section and has not completed a corrective action plan to comply \$300 per day.

Sec. 3203. Rapid Coverage Of Preventive Services And Vaccines For Coronavirus.

Section 3203 of the CARES Act requires that once a Covid-19 vaccine has been developed with an A or B rating by the United States Preventive Services Task Force or from the Advisory Committee on Immunization Practices, private health insurance plans must cover the vaccine for their enrollees free of charge.

Sec. 3713. Coverage Of The Covid–19 Vaccine Under Part B Of The Medicare Program Without Any Cost-Sharing.

Section 3713 of the CARES Act provides Medicare beneficiaries with access to any Covid-19 vaccine through Medicare Part B without any cost-sharing. This is similar to how Medicare covers influenza vaccines. Without this change an approved vaccine would become covered under Part D and be subject to cost sharing and formulary limitations.

Sec. 3211. Supplemental Awards For Health Centers.

Section 3211 of the CARES Act provides \$1.32 billion in supplemental FY2020 funding for community health centers for testing and treating Covid-19.

Sec. 3212. Telehealth Network And Telehealth Resource Centers Grant Programs.

Sec. 3212 of the CARES Act reauthorizes the Health Resources and Services Administration (HRSA) grant programs for telehealth, rural health care, and small health care providers. This component of the legislation may be relevant to health pools. Specifically, Sec. 3212:

- authorizes \$29 million annually through FY 2025 for grants to promote the use of telehealth technologies for health care delivery, education and health information.
- adds substance use disorder to the health issues for which telehealth can be developed and used.
- stipulates that at least 50% of the funds must be awarded for projects in rural areas.
- Extends the maximum duration of grants from four to five years.
- Removes caps on maximum grant amounts.
- Decreases from 40% to 20% the total allowable proportion of grant funds that can be spent on equipment.
- Permits for-profit entities to apply for grants.
- authorizes \$80 million annually through FY 2025 for grants to strengthen rural community health by focusing on quality improvement, increased access, coordination of care, and integration of services.

Sec. 3214. United States Public Health Service Modernization.

Sec. 3214 clarifies that the existing Ready Reserve Corps can be called up in time of a public health or national emergency to bolster the number of trained doctors and nurses available to respond to the crisis. Under the measure, HHS is authorized to reassign members of the

National Health Service Corps to sites close to where they were originally assigned in order to respond to the current health emergency. The corps member must agree to the reassignment.

Sec. 3215. Limitation On Liability For Volunteer Health Care Professionals During Covid-19 Emergency Response.

Section 3215 clarifies the liability protections for volunteer health care professionals in the course of providing services during the Covid-19 public health emergency. Specifically, this section state that a health care professional will not be liable under Federal or State law for any harm caused by an act or omission in the provision of health care services during the public health emergency with respect to Covid-19 if—

- the professional is providing health care services in response to such public health emergency, as a volunteer; and
- the act or omission occurs—
 - in the course of providing health care services;
 - in the health care professional’s capacity as a volunteer;
 - in the course of providing health care services that—
 - are within the scope of the license, registration, or certification of the volunteer, as defined by the State of licensure, registration, or certification; and
 - do not exceed the scope of license, registration, or certification of a substantially similar health professional in the State in which such act or omission occurs; and
 - in a good faith belief that the individual being treated is in need of health care services.

This section applies to a “health care professional,” which means an individual who is licensed, registered, or certified under Federal or State law to provide health care services.

Sec. 3216. Flexibility For Members Of National Health Service Corps During Emergency Period.

Sec. 3216 grants the Secretary of HHS additional flexibility to assign members of the National Health Service Corps (NHSC) to new service locations. Under current law, these health professionals are assigned to approved sites in Health Professional Shortage Areas, or to Federally Qualified Health Centers and Indian Health Service Sites. As amended in this bill, NHSC members could be reassigned during the Covid-19 public health emergency to another location, with their consent, so long as the new location is a reasonable distance from their current posting.

Sec. 3701. Exemption For Telehealth Services.

Sec. 3701 allows high-deductible health plans with health savings accounts (HSAs) to cover telehealth services prior to a patient reaching the deductible for plan years beginning on or before Dec. 31, 2021.

Section 3702: Inclusion Of Certain Over-The-Counter Medical Products As Qualified Medical Expenses

Sec. 3702 of the CARES Act amends the Internal Revenue Code to allow patients to use health savings account (HSA) and a flexible spending account (FSA) funds to cover over-the-counter “menstrual care products.” Prior to the CARES Act, the Internal Revenue Code (IRC) provided that individuals may use funds from their health savings account (HSA) or flexible spending account (FSA) to cover “qualified medical expenses,” which included medical and dental expenses and prescription drugs. The CARES Act expanded the scope of “qualified medical expenses” to include certain over-the-counter medical products, specifically “menstrual care products.” The CARES Act defined the term “menstrual care product” to mean “a tampon, pad, liner, cup, sponge, or similar product used by individuals with respect to menstruation or other genital tract-secretions.”

Sec. 3703. Increasing Medicare Telehealth Flexibilities During Emergency Period.

Sec. 3703 removes the requirement that a beneficiary receiving telehealth during the Covid-19 emergency period from a qualified provider under Medicare, Medicaid or the Children's Health Insurance Program have a prior relationship with a provider during the previous three years. Sec. 3703 also:

- eliminates the requirement that a nephrologist conduct some of the required face-to-face periodic evaluations of a patient who is undergoing home dialysis treatments for the duration of the Covid-19 public health emergency.

- includes language to allow Federally Qualified Health Centers and Rural Health Clinics to serve as sites where the practitioner is located for telehealth consultations.
- allows physician assistants, nurse practitioners, and other professionals to order home health services for Medicare and Medicaid beneficiaries. This change remains in place after the Covid-19 public health emergency has ended. It also allows qualified hospice physicians and nurse practitioners to conduct the hospice care recertification process through telehealth during the current emergency.
- directs HHS to issue guidance that encourages the use of telecommunications systems, including remote patient monitoring, to furnish home health services consistent with the patient's care plan for the duration of the Covid-19 emergency.

Sec. 3712. Revising Payment Rates For Durable Medical Equipment Under The Medicare Program Through Duration Of Emergency Period.

Section 3712 of the CARES Act suspends scheduled reductions in Medicare payments in rural and noncontiguous areas for durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) (42 CFR 414.210) until December 31, 2020, or until after the Covid-19 emergency period ends. For areas other than rural and noncontiguous, the fee schedule amount for the area becomes 75% of the adjusted payment amount and 25% of the unadjusted fee schedule for the period of March 6, 2020, through the end of the emergency period.

Sec. 601. Coronavirus Relief Fund

Section 601 of the CARES Act provides \$150 billion for direct payments to units of local government. Under the provision all states will receive at least \$1.25 billion and from that qualifying local governments will receive direct payments based on population. The funds are for expenditures incurred due to the Covid-19 public health emergency and were not accounted for in the state and local budgets during the period that begins on March 1, 2020, and ends on December 30, 2020. The funds can cover only costs that:

- are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (Covid-19);
- were not accounted for in the budget most recently approved as of the date of enactment of this section for the State or government; and
- were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

Under this provision a local government can apply to the federal government for direct funding, bypassing the state. A local government in this section means a county, municipality, town, township, village, parish, borough, or other unit of general government below the State level with a population that exceeds 500,000. Therefore, in the case of a state that does not have a local government representing more than 500,000 people, all the funds will go to the state for distribution.

Local governments that met the population threshold will receive funding based on the following formula: Take 45 percent of the state’s total allocation. Multiply that by the local government’s share of the state population.

It is estimated that state governments will receive about \$110 billion of the total allocation, or 79 percent of the total that is not set aside for tribes, the District of Columbia, Puerto Rico and other territories. Local governments will receive the other 21 percent of the funds — about \$29 billion. In 16 states, the state government will receive the entire allocation, since no localities in those states have 500,000 residents.¹

Estimated Distribution of Coronavirus Relief Fund, by State

State	Total distribution (millions)	Estimated share to state (millions)	Estimated share to local governments with over 500,000 people (millions)
Alabama	\$1,901	\$1,786	\$115
Alaska	\$1,250	\$1,250	
Arizona	\$2,822	\$1,857	\$965
Arkansas	\$1,250	\$1,250	
California	\$15,321	\$9,526	\$5,796
Colorado	\$2,233	\$1,674	\$559
Connecticut	\$1,382	\$913	\$469
Delaware	\$1,250	\$927	\$323
District of Columbia	\$495		
Florida	\$8,328	\$5,856	\$2,472
Georgia	\$4,117	\$3,503	\$614
Hawaii	\$1,250	\$863	\$387
Idaho	\$1,250	\$1,250	
Illinois	\$4,914	\$3,519	\$1,395

¹ <https://www.cbpp.org/research/state-budget-and-tax/how-will-states-and-localities-divide-the-fiscal-relief-in-the>

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Indiana	\$2,610	\$2,442	\$168
Iowa	\$1,250	\$1,250	
Kansas	\$1,250	\$1,034	\$216
Kentucky	\$1,732	\$1,599	\$134
Louisiana	\$1,803	\$1,803	
Maine	\$1,250	\$1,250	
Maryland	\$2,344	\$1,653	\$691
Massachusetts	\$2,673	\$1,656	\$1,017
Michigan	\$3,873	\$3,081	\$792
Minnesota	\$2,187	\$1,870	\$317
Mississippi	\$1,250	\$1,250	
Missouri	\$2,380	\$2,084	\$296
Montana	\$1,250	\$1,250	
Nebraska	\$1,250	\$1,084	\$166
Nevada	\$1,250	\$832	\$418
New Hampshire	\$1,250	\$1,250	
New Jersey	\$3,444	\$2,394	\$1,050
New Mexico	\$1,250	\$1,068	\$182
New York	\$7,543	\$5,219	\$2,325
North Carolina	\$4,067	\$3,585	\$481
North Dakota	\$1,250	\$1,250	
Ohio	\$4,533	\$3,757	\$775
Oklahoma	\$1,534	\$1,282	\$253
Oregon	\$1,635	\$1,389	\$247
Pennsylvania	\$4,964	\$3,935	\$1,029
Puerto Rico	\$2,241		
Rhode Island	\$1,250	\$911	\$339
South Carolina	\$1,996	\$1,905	\$91
South Dakota	\$1,250	\$1,250	
Tennessee	\$2,648	\$2,363	\$285
Texas	\$11,243	\$8,038	\$3,205
Utah	\$1,250	\$935	\$315
Vermont	\$1,250	\$1,250	
Virginia	\$3,310	\$3,110	\$200
Washington	\$2,953	\$2,167	\$786

Department Of Homeland Security Management Directorate Operations And Support

This section of the CARES Act provides \$178 million for necessary personal protection equipment for personnel including gloves, garments, goggles, hand sanitizer, respirators, and surgical masks for six months. The funding comes through the “Operations and Support” fund at the Department of Homeland Security and will remain available until September 30, 2021. The funds are to be used for the purchase of personal protective equipment and sanitization materials to prevent, prepare for, and respond to coronavirus, domestically or internationally.

Funding for the Centers for Disease Control (CDC) and Prevention

This Section of the CARES Act provides \$4.3 billion to support federal, state, and local public health agencies to prevent, prepare for, and respond to the coronavirus. Within that funding are \$1.5 billion in State and Local Preparedness Grants. These funds will go to the:

- purchase of personal protective equipment;
- surveillance for coronavirus;
- laboratory testing to detect positive cases;
- contact tracing to identify additional cases;
- infection control and mitigation at the local level to prevent the spread of the virus; and
- other public health preparedness and response activities.

Funding for Community Development Block Grant

This section of the CARES Act provides \$5 billion for the Community Development Block Grant (CDBG) program. The fund will enable states, counties, and cities to rapidly respond to Covid-19 and the economic and housing impacts caused by it. The fund can be used for the expansion of community health facilities, child care centers, food banks, and senior services. Of the total amounts provided, \$2 billion is allocated to states and units of local governments that received an allocation under the fiscal year 2020 CDBG formula, \$1 billion will go directly to states to support a coordinated response across entitlement and non-entitlement communities, and \$2 billion will be allocated to states and units of local government, cities and counties based on the prevalence and risk of Covid-19 and related economic and housing disruption.

For Pools That Have School Members

Sec. 18001 General Provisions Education Stabilization Fund

Sec. 18001 provides \$30.75 billion for an “Education Stabilization Fund” to prevent, prepare for, and respond to coronavirus, domestically or internationally. The fund will be available through September 30, 2021 and the Secretary will allocate—

- one-half of 1 percent on the basis of their respective needs, as determined by the Secretary, in consultation with the Secretary of the Interior;
- one-half of 1 percent for the Secretary of Interior, in consultation with the Secretary of Education, for programs operated or funded by the Bureau of Indian Education; and
- 1 percent for grants to States with the highest coronavirus burden to support activities.

The remaining funds made available as follows:

9.8 percent for Governors of each State to:

- provide emergency support through grants to local educational agencies to continue to provide educational services to their students and to support the on-going functionality of the local educational agency;
- provide emergency grants to institutions of higher education to continue to provide educational services and support the on-going functionality of the institution; and
- provide support to any other institution of higher education, local educational agency, or education for carrying out emergency educational services to students, the provision of child care and early childhood education, social and emotional support, and the protection of education-related jobs.

43.9 percent for emergency relief grants to each State educational agency for a local educational agency for:

- Coordination of preparedness and response efforts to prevent, prepare for, and respond to coronavirus.
- Providing principals and others school leaders with the resources necessary to address the needs of their individual schools.

- Activities to address the unique needs of low-income children or students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and foster care youth, including how outreach and service delivery will meet the needs of each population.
- Developing and implementing procedures and systems to improve the preparedness and response efforts of local educational agencies.
- Training and professional development for staff of the local educational agency on sanitation and minimizing the spread of infectious diseases.
- Purchasing supplies to sanitize and clean the facilities of a local educational agency, including buildings operated by such agency.
- Planning for and coordinating during long-term closures, including for how to provide meals to eligible students, how to provide technology for online learning to all students, how to provide guidance for carrying out requirements under the Individuals with Disabilities Education Act and how to ensure other educational services can continue to be provided consistent with all Federal, State, and local requirements.
- Purchasing educational technology that aids in regular and substantive educational interaction between students and their classroom instructors.
- Providing mental health services and supports.
- Planning and implementing activities related to summer learning and supplemental afterschool programs.
- Other activities that are necessary to maintain the operation of and continuity of services in local educational agencies and continuing to employ existing staff of the local educational agency.

46.3 percent for the Secretary to award grants to institutions of higher education to cover any costs associated with significant changes to the delivery of instruction due to the coronavirus.

Those costs cannot include payment:

- to contractors for recruitment activities;

- endowments; or
- capital outlays associated with facilities related to athletics, sectarian instruction, or religious worship.

Additionally, 50 percent of the funds are for emergency financial aid grants to students for expenses related to the disruption of campus operations due to coronavirus.

For Pools That Include Members Involved In Emergency Response

Election Assistance Commission And Election Security Grants

The CARES Act provides \$400 million to the Election Assistance Commission to provide grants to the States in response to the coronavirus for the 2020 election cycle. Specifically, the grants are to prevent, prepare for, and respond to coronavirus, domestically or internationally, for the 2020 Federal election cycle. All of this funding will go to the state who can further distribute it among local governments.

Funding for Federal Emergency Management Administration (FEMA)

The CARES Act provides \$45 billion to continue FEMA's response and recovery activities. That includes reimbursements to states and localities through the Disaster Relief Fund (DRF) for emergency and major disaster declarations. The bill also includes \$400 million for grants that can be disbursed in a timely manner for firefighters, emergency managers, and providers of emergency food and shelter.

Through the DRF, FEMA can fund authorized federal disaster support activities as well as eligible state, territorial, tribal, and local actions, such as providing emergency protection, hazard mitigation initiatives, and financial assistance to eligible disaster survivors.

Reimbursable activities may include medical response, personal protective equipment, National Guard deployment, coordination of logistics, safety measures, and community services nationwide.

The bill also includes \$400 million for FEMA grants for firefighters, emergency managers, and providers of emergency food and shelter, including \$200 million for supportive services to individuals and families in sudden economic crisis and \$100 million for personal protective equipment specifically for first responders.

For Pools That Have Public Housing Agency Members

Funding For Tenant-Based Rental Assistance

This section of the CARES Act provides \$1.25 billion to prevent, prepare for, and respond to coronavirus. This includes providing additional funds for public housing agencies to maintain normal operations and take other necessary actions during the period that the program is impacted by coronavirus. \$850,000,000 of the funding will be available for both administrative expenses and other expenses of public housing agencies for their section 8 programs. Newly eligible activities under the legislation include activities to support or maintain the health and safety of assisted individuals and families, and costs related to retention and support of participating owners.