



COUNTY GOVERNMENTS AND COVID-19: KEY ISSUES AND RESOURCES

LEGISLATIVE BRIEF | UPDATED MAY 2020

NACo's MISSION

Strengthen America's counties.



NACo's VISION

Healthy, safe and vibrant counties across America.

ABOUT NACo

The National Association of Counties (NACo) strengthens America's counties, serving nearly 40,000 county elected officials and 3.6 million county employees. Founded in 1935, NACo unites county officials to:

- **Advocate county priorities** in federal policymaking
- **Promote exemplary county policies** and practices
- **Nurture leadership skills** and expand knowledge networks
- **Optimize county and taxpayer resources** and cost savings, and
- **Enrich the public's understanding** of county government.

TABLE OF CONTENTS

CHAPTER 1: County federal policy priorities to address COVID-19

CHAPTER 2: County role and response to COVID-19

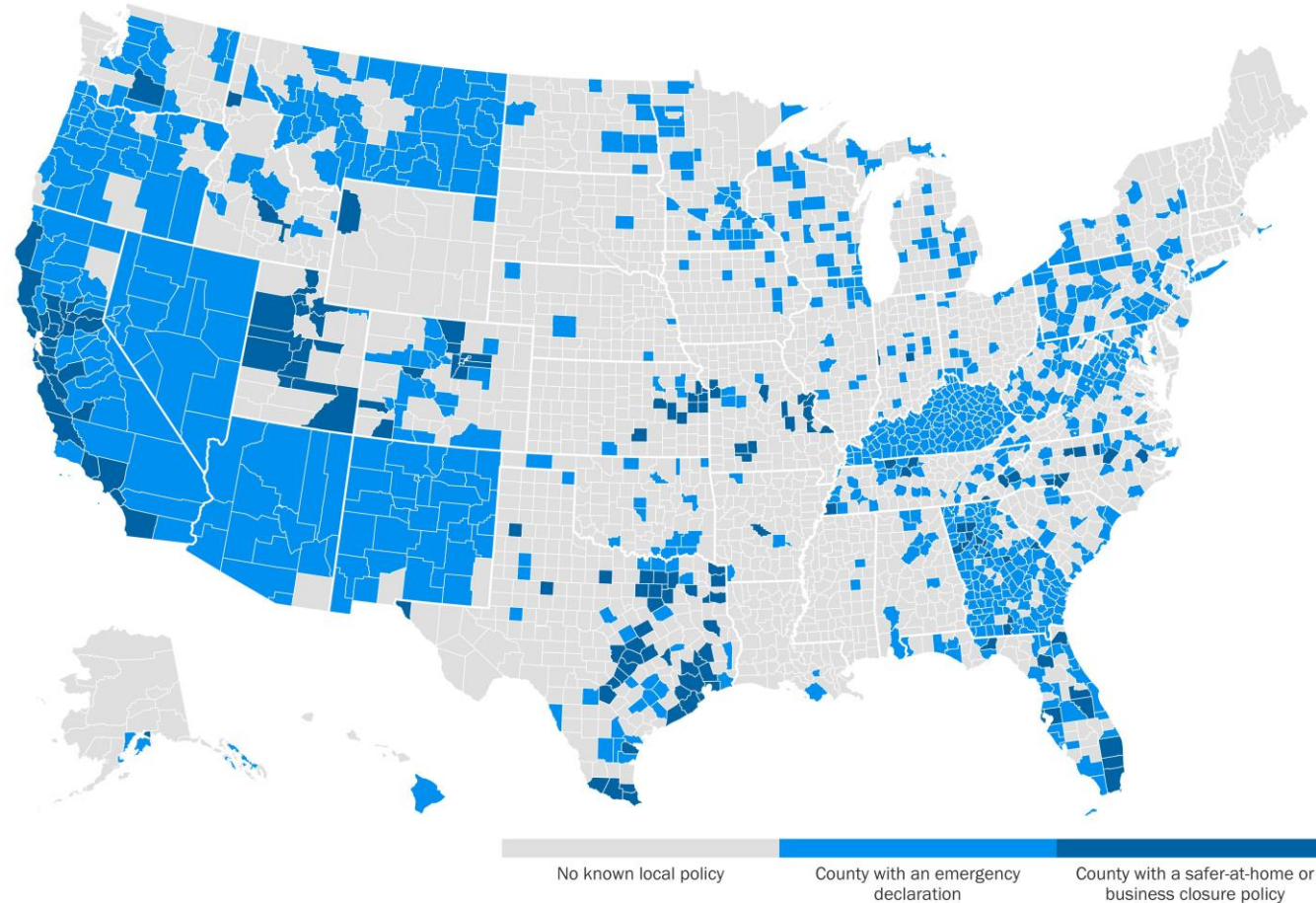
CHAPTER 3: Snapshot of COVID-19 impacts on county budgets

CHAPTER 4: Federal actions: White House, Congress and federal agencies

CHAPTER 5: Additional resources

COUNTY EMERGENCY DECLARATIONS

Currently, all U.S. states have declared an emergency in response to COVID-19. Additionally, there are 864 counties across the nation with an emergency declaration and 169 counties with a safer-at-home or business closure policy.



Source: NACo-collected data, as of April 14, 2020. In the event of a discrepancy between NACo data and data reported by state and local public health officials, data reported by state and local public health officials should be considered the most up to date.

A photograph of two medical professionals, a man and a woman, in a clinical setting. They are both wearing blue scrubs and light blue surgical masks. The man, on the left, has curly hair and glasses. The woman, on the right, has blonde hair. They are both looking down at a document held by the man. The document has the word 'CORONAVIRUS' printed on it. In the background, other medical professionals in white coats and masks are visible, working at a counter. The overall scene is brightly lit with a cool blue color palette.

COUNTY FEDERAL POLICY PRIORITIES TO ADDRESS COVID-19

CHAPTER 1

ON THE FRONTLINES OF THIS PANDEMIC, AMERICA'S
40,000 COUNTY ELECTED OFFICIALS



NEARLY
**1,000 COUNTY
SUPPORTED
HOSPITALS**



AND
**1,900 LOCAL
PUBLIC HEALTH
AUTHORITIES**



ARE ADDRESSING THE ISSUES OF
**COVID-19 PREPAREDNESS,
MITIGATION AND RESPONSE.**

- **Provide Direct, Flexible Funding for Local Governments of All Sizes:** Funding through the Coronavirus Relief Fund in the Coronavirus Aid, Relief and Economic Security Act (CARES Act, P.L. 116-136) was a vital first step in getting relief to our counties. However, the specification that only localities of over 500,000 residents receive direct funding means that smaller and more rural counties are uncertain of their state's allocation and did not directly receive funds. Further, as a result of Treasury's interpretation of Congressional intent, a significant subset of the major urban counties eligible for direct assistance under the Coronavirus Relief Fund will now see combined reductions of \$5.1 billion. ***We urge Congress to create a relief fund that is flexible and can be used to address lost revenue and supplement eligible personnel and administrative costs as a result of COVID-19 response.***
- **Address the Unfunded Mandate Included in the Families First Coronavirus Response Act (FFCRA):** Paid leave is a significant challenge for county governments who employ over 3.6 million people, or one percent of all Americans. While we appreciate that the FFCRA expands paid leave benefits for workers affected by COVID-19, the legislation imposes substantial new sick leave and family medical leave requirements on government employers of all sizes. ***Counties request that Congress repeal Section 7001(e)(4) and Section 7003(e)(4) of the FFCRA so that state and local government employers fully qualify for both credits.***

- **Provide Clear Federal Guidance on the Distribution of Personal Protective Equipment (PPE) and Essential Medical Equipment:** As COVID-19 continues to spread throughout our country, and we brace for a growing wave of patients in our hospitals and intensive care units (ICUs), ensuring that we have the equipment needed to care for patients and keep our essential health care workforce safe is crucial. While we applaud efforts to increase the availability of medical supplies in the CARES Act, state and local governments are currently competing for resources that are not necessarily being distributed based on need. ***We urge the federal government to issue clear guidance to coordinate the allocation of PPE and essential medical equipment to ensure that areas hardest hit by the pandemic are receiving needed equipment in a timely manner.***
- **Expand the Public Health Workforce to Support Increased Testing:** Counties applaud recent funding increases for testing and but these investments do not support the rapid expansion of the public health workforce that is necessary contact tracing, to operationalize those activities. Without personnel to identify potential cases early and implement infection prevention and control measures, our communities will be unable to safely dial back strict social distancing orders as we enter the next phase of the outbreak. ***We urge Congress to provide funding for local, state, tribal, and territorial health departments to support the surge of contact tracers needed to expand testing capacity***

- **Expand Federal Support for Local Medicaid Programs:** As the threat of COVID-19 persists, our citizens are simultaneously grappling with both unemployment and the loss of their employer-sponsored health insurance, creating a critical need for expanded health insurance coverage. Counties applaud the increase to the FMAP provided in the Families First Coronavirus Response Act (FFCRA; P.L. 116-127) which will help us to test for and treat the virus, but additional support is needed. ***We urge congress to provide further increases to the FMAP so that local governments can effectively mitigate the surplus of low income or indigent residents and continue to diagnose and treat all residents facing the virus. Additionally, we continue to encourage Congress and the Administration to suspend all changes to Medicaid financing to avoid destabilizing our county public health systems at a time when our resources are already heavily strained.***
- **Preserve the Municipal Bond Market:** States and localities are on the front lines in the fight against COVID-19 and need assistance from the federal government to finance the increasing costs of the response to this health emergency. By authorizing the Federal Reserve to buy municipal debt, the Municipal Bonds Emergency Relief Act will help ensure greater stability of the municipal bond market, an indispensable financing tool for public health and other critical infrastructure. ***We urge Congress to adopt this important legislation, which will help provide support to state and local governments for this crisis and similar future emergencies.***

- **Eliminate the Federal Emergency Management Agency (FEMA) Non-Federal Cost Share Currently Required Under the Presidential Disaster Declaration:** Increasing the federal cost share of FEMA public assistance would provide much-needed relief and additional federal assistance for state, local, tribal and territorial governments on the front lines of the pandemic. ***Counties encourage Congress to eliminate the local match requirement in any upcoming relief package.***
- **Support County Human Services Systems:** The COVID-19 crisis creates newfound challenges for counties providing supportive services to vulnerable residents. As the economic fallout of the virus significantly increases demand for the social safety net, local human service agencies must meet the growing needs of our residents while safeguarding the health and safety of our employees. ***We urge Congress to provide flexibility and robust emergency funding to help counties maintain and expand the operation of federally funded human services programs such as nutrition assistance, children and family services, publicly funded child care programs, services for older Americans, and more.***
- **Address Impacts on Local Infrastructure:** As counties address the public health aspects of COVID-19, it is likely that resources currently available to complete critical community infrastructure projects will need to be allocated elsewhere to address more immediate local public health effects of the virus. ***We urge Congress to mitigate the impact on local infrastructure needs by appropriating adequate additional appropriations for public airports, public transit systems and other essential county infrastructure.***



COUNTY ROLE AND RESPONSE TO COVID-19

CHAPTER 2

NOW, MORE THAN EVER, WE NEED STRONG FEDERAL, STATE AND LOCAL INTERGOVERNMENTAL COLLABORATION TO ADDRESS THIS CRISIS.

Counties are on the frontlines of our nation's local public health emergency response and overall public safety efforts.

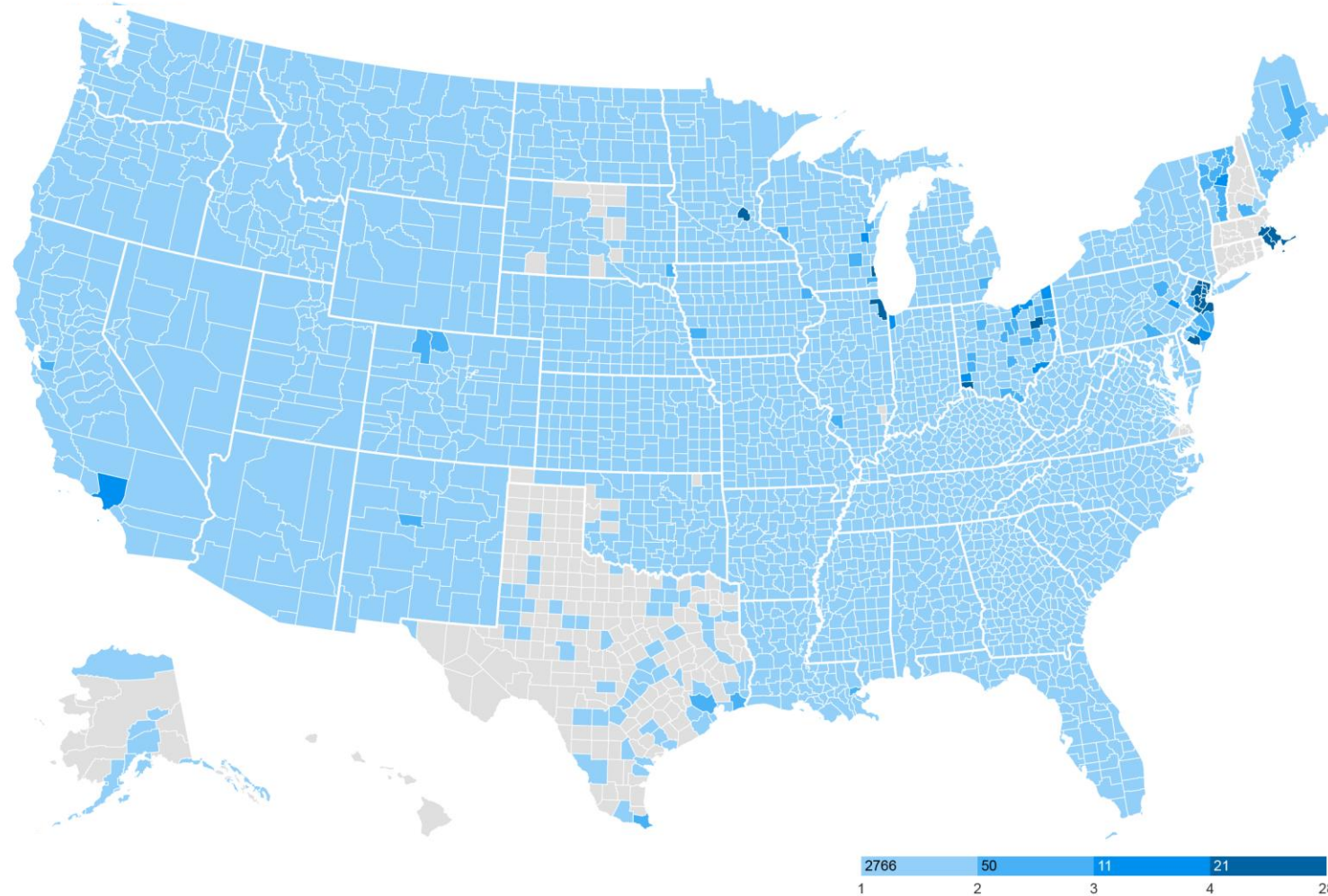
As the ground troops in the fight against the COVID-19 pandemic, **counties are rapidly disseminating factual and timely updates to the public**, while pursuing containment strategies.

In addition to public health and human services infrastructure, counties are crucial to the operation of local economies, **investing \$134 billion in the construction of infrastructure and the operation and maintenance** of public works and institutions, such as schools, hospitals and jails.

Counties are also important partners in ensuring the economic health of our communities by helping to create and retain jobs and improve the overall quality of life in America.

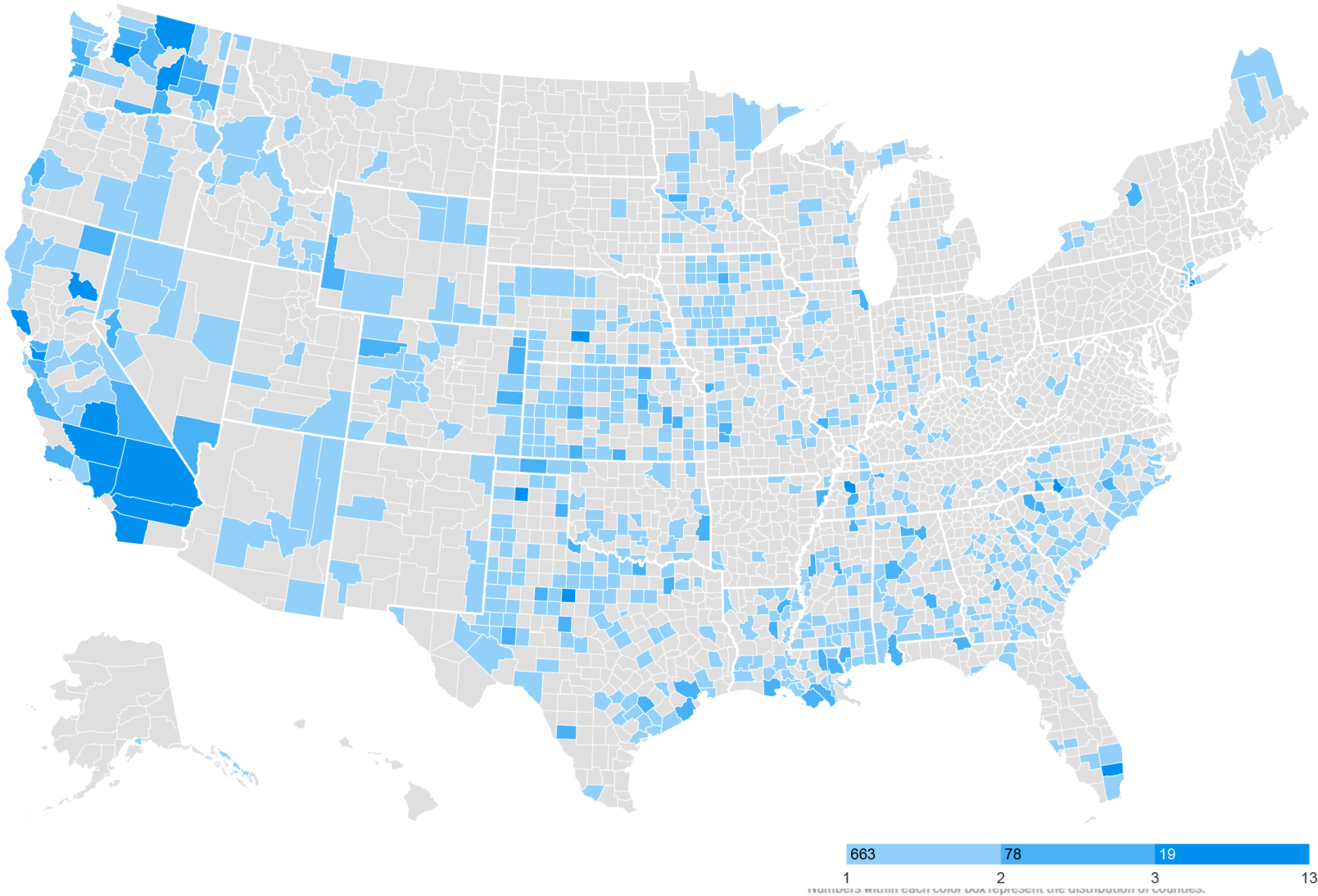
COUNTIES NATIONWIDE OPERATE 1,900 HEALTH DEPARTMENTS

2016 total local health departments



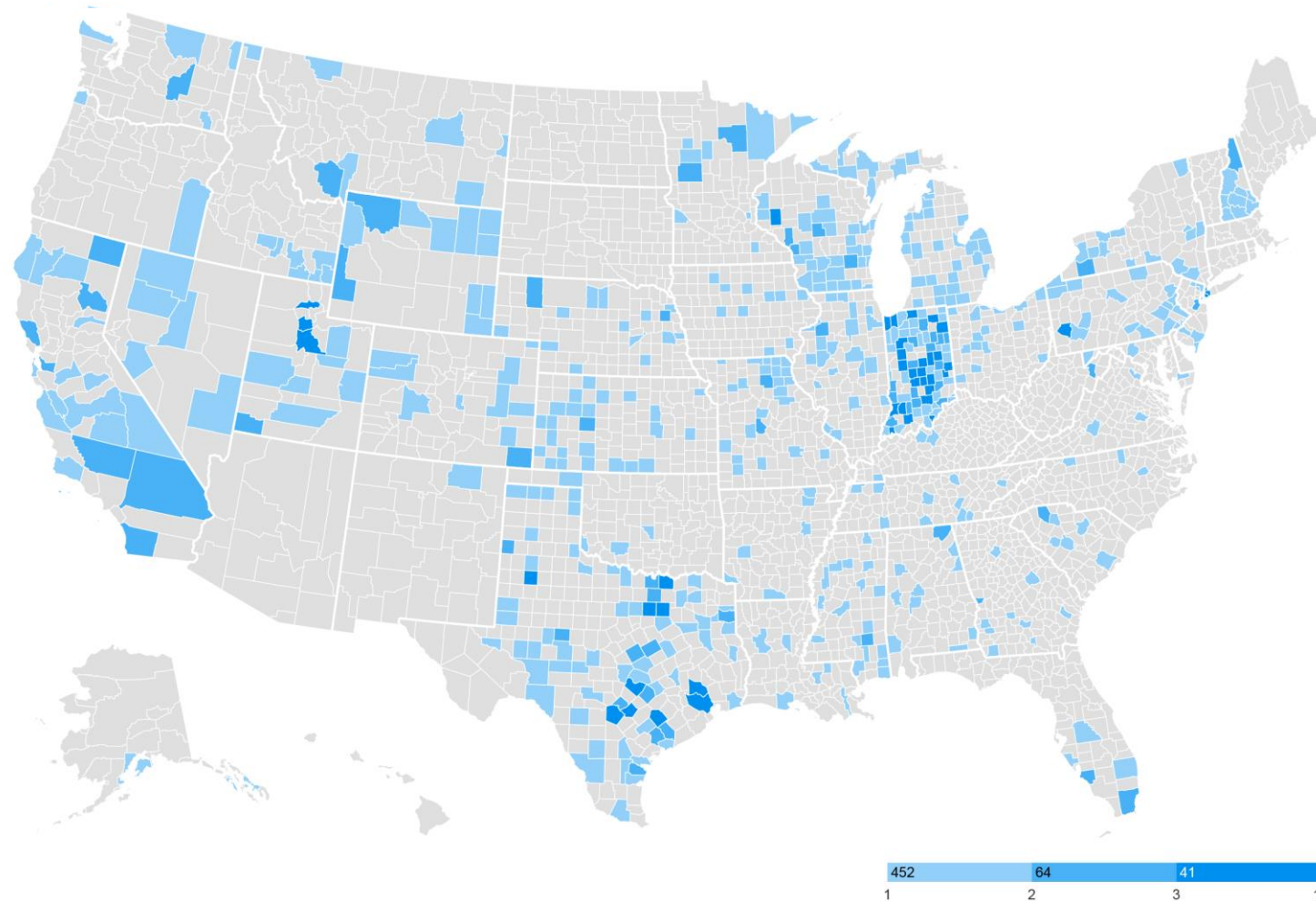
COUNTIES SUPPORT NEARLY 1,000 HOPSITALS

2017 number of county supported hospitals



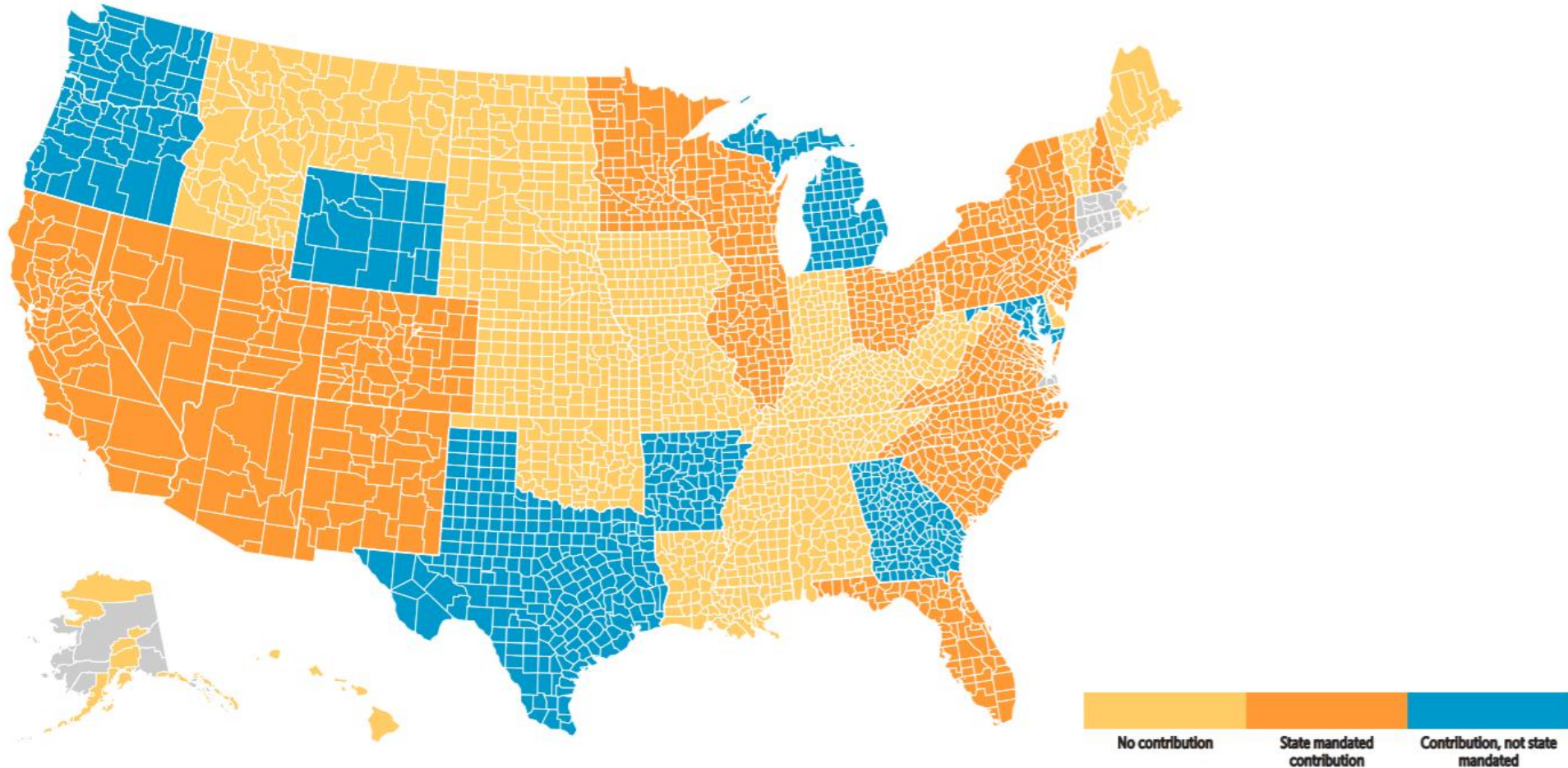
COUNTIES OWN AND SUPPORT 824 NURSING HOMES

2019 nursing homes operated by counties



COUNTY ROLE IN MEDICAID

Counties contribute to Medicaid in 26 states. Of these states, 18 states mandate counties to contribute to the non-federal share of Medicaid costs and/or administrative, program, physical health and behavioral health costs. The map below displays 2016 federal medical benefits.



NATIONAL
ASSOCIATION
of COUNTIES **NACo.**[®]

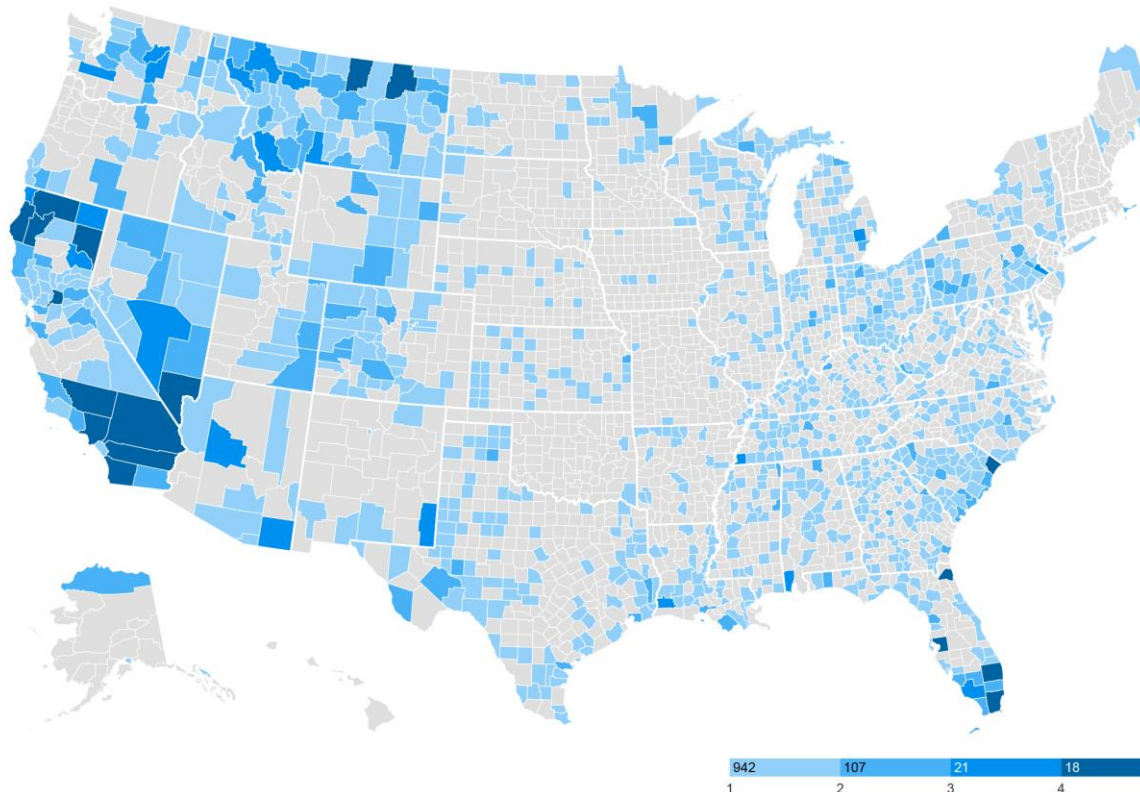
COUNTY ADMINISTERED

NON-COUNTY ADMINISTERED

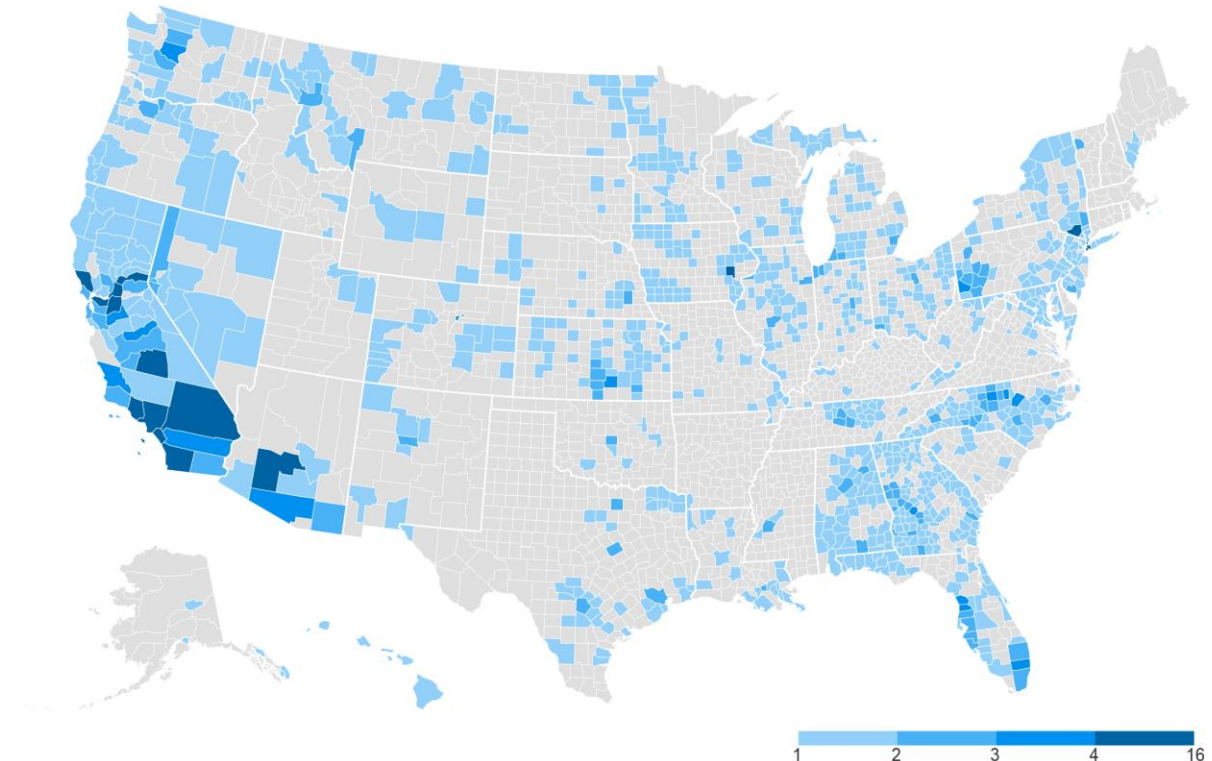
COUNTY ROLE IN AIRPORTS AND TRANSIT SYSTEMS

Counties directly support 34 percent of the nation's public airports and 78 percent of public transit systems that connect people, communities and economies. Additionally, counties invest \$134 billion in the construction of infrastructure and maintenance and operation of public works, such as wastewater and stormwater systems, county hospitals and jails and other public institutions.

2017 COUNTY AIRPORTS

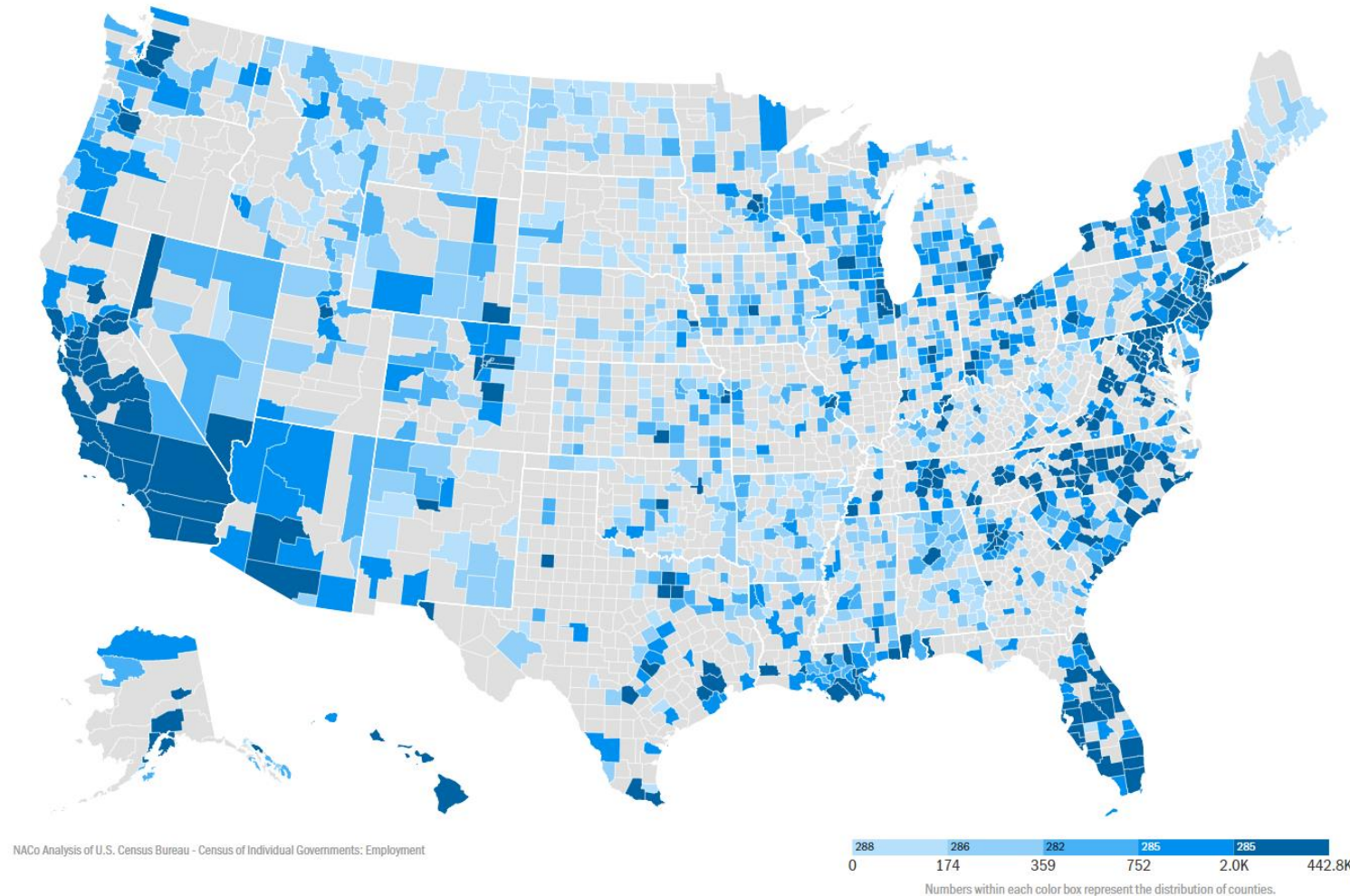


2015 COUNTY TRANSIT AGENCIES



COUNTIES AS EMPLOYERS

Across the country, counties employ 3.6 million, or 1 percent, of Americans. Additionally, counties serve as one of the largest purchasers of healthcare insurance, providing health insurance coverage to 5 million county workers, family members/ dependents and retirees.





SNAPSHOTS OF COVID-19 IMPACTS ON COUNTY BUDGETS

CHAPTER 3

Counties are responding to residents' needs and providing expanded essential services in the COVID-19 crisis **AND THE COSTS ARE RISING.**



COUNTIES ARE INVESTING IN:

Supplies



Masks, gloves, other personal protective equipment and sanitation supplies

New care centers



More doctors, nurses and clinicians



Housing for citizen isolation



Call centers for resident monitoring and support



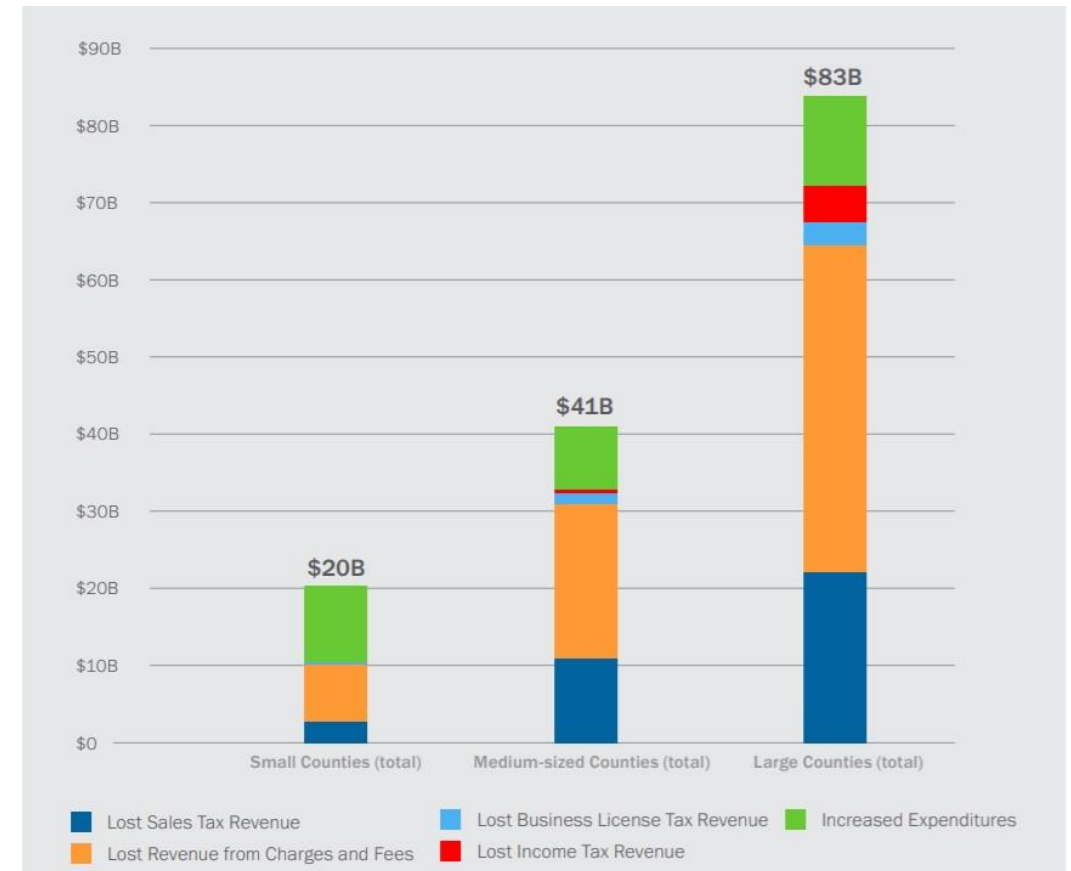
Emergency leave and overtime



OVER **\$144 BILLION** IMPACT ON COUNTY BUDGETS ESTIMATES THROUGH FY2021

COUNTIES FACING \$114 BILLION IN LOST REVENUE AND \$30 BILLION IN RESPONSE COSTS

- County governments are facing serious revenue shortfalls and budgetary challenges resulting from the pandemic.
- The COVID-19 pandemic has the potential to impact county budgets by over \$144 billion through fiscal year 2021.
- An additional \$54 billion in property tax revenue is at risk in states where counties have not yet collected any or all property tax revenue in FY2020.
- Between lost revenue and increased expenditures, in total, **small counties may see a 24 percent reduction in overall budgets.**



More details: [NACo's report on Fiscal Impact of COVID-19 on County Finances](#)

LOS ANGELES COUNTY, CALIF.

2017 Population: 10.61 million

Los Angeles County, the nation's most populous county, **estimates costs of \$290 million over the course of six months** for their COVID-19 response. They also estimate that **50 of the 88 cities within the county will face additional total response costs of roughly \$145 million.**

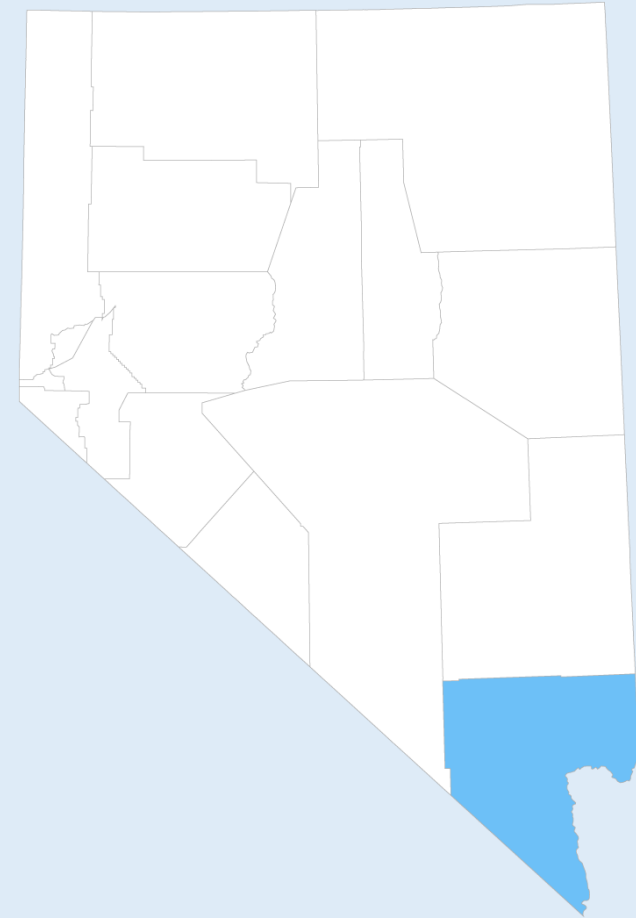


CLARK COUNTY, NEV.

2017 Population: 2.2 million

Clark County, estimates costs of **\$1.08 billion over the next two-years for their COVID-19 response.** The county is investing additional funds in emergency response services such as child welfare services and medical center support.

Additionally, as the owner of the world's tenth largest business airport, McCarran International Airport, Clark County **estimates the county will lose \$329 million in revenue due to a reduction in air traffic.**



HARRIS COUNTY, TEXAS

2017 Population: 4.65 million

Harris County has **already incurred nearly \$43 million of expenditures due to the crisis and expects to continue paying nearly \$11 million each month.**

The county is investing additional funds in its hospital district, public health services, sheriffs' department and even engineering department, among other items.

These estimates do not include lost revenue, productivity and the eventual costs the county will incur to catch up on the delayed work. Nor do these estimates include **additional overtime for peace officers, which could amount to nearly \$2 million per week.**



ROSCOMMON COUNTY, MICH.

2017 Population: 24,000

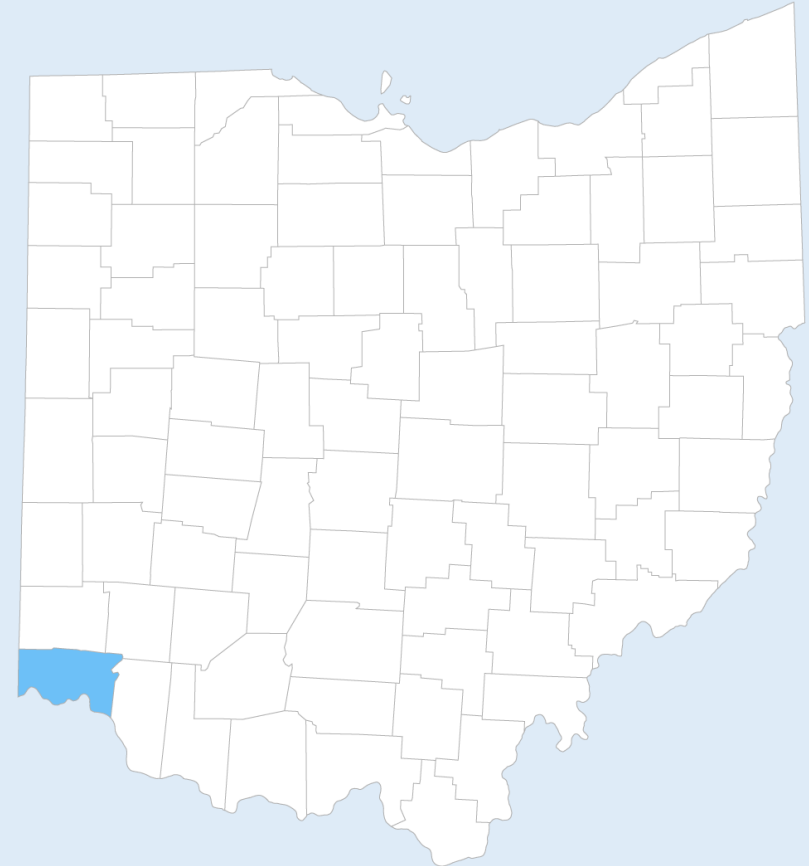
Small, rural counties are known for having especially tight budgets, so the COVID-19 pandemic is hitting their finances particularly hard. Roscommon County, a county of less than 24,000 residents with a budget of just over \$28 million, estimated that it **will incur an additional \$335,000 of expenditures each month** for closure costs, extra equipment and overtime. **These costs translate to a loss of over 14 percent of the county's monthly budget and take away funding from other crucial county services.**



HAMILTON COUNTY, OHIO

2017 Population: 813,822

Hamilton County has estimated that the pandemic has **cost \$1 million so far in expenditures**. More importantly, the crisis is **causing the county to lose approximately \$12 million each month in revenue**, which is over 10 percent of the county's total monthly revenue.





FEDERAL ACTIONS: WHITE HOUSE, CONGRESS AND FEDERAL AGENCIES

CHAPTER 4

SNAPSHOT OF FEDERAL ACTION

Included in this chapter is an overview of the various federal policy and legislative actions taken to address the COVID-19 pandemic.

- **Timeline of Federal Response:** Federal actions timeline in response to COVID-19
- **Deficit:** Implications of coronavirus response for federal deficit
- **Debt:** Look at current debt and how it impacts ongoing negotiations
- **Interest rates:** How COVID-19 impacts interest rates
- **Analysis:** Presidential declarations
- **Analysis:** First COVID-19 supplemental package
- **Analysis:** Second COVID-19 supplemental package
- **Analysis:** Third COVID-19 supplemental package

TIMELINE OF MAJOR FEDERAL ACTIONS RESPONDING TO COVID-19

DATE	FEDERAL ACTION
March 6	President signs H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act (PL 116-123) into law. View NACo analysis here .
March 13	President declares a national emergency related to COVID-19. View the declaration here .
March 18	President signs H.R. 6201, the Families First Coronavirus Response Act (PL 116-127) into law. View NACo analysis here .
March 16	President announces Social Distancing Guidelines to be in place for two weeks.
March 18	President signs an Executive Order allowing for use of the Defense Production Act but indicates the administration will not deploy those powers for anything but a worst-case-scenario. View the Executive Order here .
March 27	President signs H.R. 748, the Coronavirus Relief, Aid and Economic Security Act (PL 116-136) into law. View NACo analysis here .
March 28	President extends Social Distancing Guidelines through the month of April.

TIMELINE OF MAJOR FEDERAL ACTIONS RESPONDING TO COVID-19, CONTINUED

DATE	FEDERAL ACTION TAKEN
April 16	President announces Guidelines for Opening Up America Again, a three-phase approach to opening up the country, which would be implemented at the discretion of each state governor on a statewide or county-by-county basis. View the guidelines here .
April 22	President issues a proclamation suspending entry of certain immigrants into the United States for 60 days, citing labor supply concerns. View the proclamation here .
April 24	President signs H.R. 266, the Paycheck Protection Program and Health Care Act (PL 116-139) into law. View NACo analysis here .

PRESIDENTIAL DECLARATION

On March 13, President Trump declared a national emergency related to COVID-19.

The declaration allows increased federal funding for states through the Federal Emergency Management Administration's (FEMA) disaster relief fund. States are now eligible to request a 75 percent cost-share for expenses that include emergency workers, medical tests, medical supplies, vaccinations, security for medical facilities, and other needs.

In total, the declaration freed up \$50 billion to address COVID-19 as well as:

- **Unlocked resources from FEMA's disaster relief fund**
- **Allowed the U.S. Department of Health and Human Services (HHS) to waive certain regulations to more quickly deliver testing and care for coronavirus patients**
- **Waived interest that accrues on all federal student loans "until further notice"**

FIRST FEDERAL COVID-19 RELIEF PACKAGE

On March 6, President Trump signed the [Coronavirus Preparedness and Response Supplemental Appropriations Act](#), which provided \$8.3 billion emergency supplemental appropriations package (P.L. 116-123) that includes comprehensive resources to enhance the national response to coronavirus, as well as key provisions to support state and local efforts to address cases of the illness.

As passed, the legislation specifically includes:

- **Funding to support preparedness and response efforts:** \$2.2 billion in public health funding to support prevention, preparedness and response efforts, including a \$1 billion set-aside for State and Local Public Health Emergency Preparedness (PHEP) grants to support states, counties, cities and tribes, half of which will be distributed to states within 30 days. Under this provision, each state will receive at least \$4 million in PHEP grants. *For county administered public health authorities, we strongly encourage county officials to work closely with state public health offices on the timing and requirements for suballocation and use of these funds*
- **Deployment of vaccines and other tools:** \$3 billion in funding for research and development of coronavirus vaccines and diagnostic tools, and \$100 million in supplemental appropriations for Community Health Centers (CHC)
- **Additional funding to key federal health agencies:** \$3.1 billion in funding to support the Public Health and Social Services Emergency Fund under the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response

SECOND FEDERAL COVID-19 PACKAGE

H.R. 6201

On March 18, the President signed into law the *Families First Coronavirus Response Act* (H.R. 6201) ([P.L. 116-127](#)) which passed the U.S. House of Representatives by a vote of 343-40 and the U.S. Senate by a vote of 90-8.

The [multi-billion-dollar emergency aid package](#) includes **five key provisions** meant to respond to the deepening economic crisis caused by the coronavirus outbreak:

- **Free Coronavirus testing:** Ensures that all individuals, including those with private insurance, Medicare Advantage or Original Medicare, Medicaid, CHIP, VA, FEHBP and TRICARE, as well as the uninsured, will have access to tests at no cost. This broad no-cost access to testing will allow additional services to be covered under the Medicaid program, helping mitigate potential uncompensated, indigent and/or other prevention and mitigation costs for county hospitals and clinics, as well as broader county public health services.
- **Food assistance:** Includes more than \$1 billion in additional funding and broad administrative flexibilities for nutrition assistance programs under the U.S. Department of Agriculture to ensure low-income households can access enough healthy food during the crisis, especially those with children impacted by school closures. The measure includes \$500 million increase for the Special Supplemental Nutrition Program for Women Infants and Children (WIC) and \$400 million to assist local food banks to meet increased demand for low-income Americans during the emergency.

SECOND FEDERAL COVID-19 PACKAGE

H.R. 6201

- **Medicaid FMAP Rates:** Increases by 6.2 percent the Federal Medical Assistance Percentage (FMAP) that the federal government provides to state and territorial Medicaid programs. This temporary increase will prevent states from cutting Medicaid benefits. It requires states to maintain eligibility standards that are no less restrictive than the date of enactment. It also maintains a special provision that preserves the existing FMAP sharing arrangements between states and their political subdivisions – a major win for counties in certain states.
- **Unemployment Aid:** Gives states the resources and flexibility to provide unemployment benefits to laid off and furloughed workers, as well as to those workers who exhaust their allotted paid leave. It provides \$1 billion in 2020 for emergency grants to states for activities related to processing and paying unemployment insurance (UI) benefits, under certain conditions. Of that amount, \$500 million – or about half – would be used to provide immediate additional funding to all states for staffing, technology, systems and other administrative costs, so long as they meet basic requirements around ensuring access to earned benefits for eligible workers. The other \$500 million would be reserved for emergency grants to states experiencing at least a 10 percent increase in unemployment
- **Paid Sick and Medical Leave:** The bill contains two major overhauls to paid leave programs for employers – the expansion of the Family and Medical Leave Act (Emergency FMLA Expansion Act) and the enactment of Emergency Paid Sick Leave for reasons related to COVID-19. The legislation applies to all employers with fewer than 500 employees, to provide employees two weeks of paid sick leave, paid at two-thirds the employee's regular rate to care for a child whose school has closed, or if childcare provider is unavailable, due to the coronavirus. The legislation provides employers with tax credits to offset the costs associated with the Emergency FMLA Expansion Act and the Emergency Paid Sick Leave Act. However, under the legislation, only private sector employers will receive a tax credit to offset the costs. **Public sector employers are explicitly prohibited from receiving these same tax credits.**

THIRD FEDERAL COVID-19 RELIEF PACKAGE

H.R. 748

On March 27, the President signed into law H.R. 748, Coronavirus Aid, Relief, and Economic Security (CARES) Act ([P.L. 116-136](#)), a \$2 trillion emergency package, the largest economic rescue package in U.S. history.

Highlights of the legislation include:

- **Establishes new Coronavirus Relief Fund (CRF) for state and local governments to address spending shortages related to the coronavirus pandemic:** The bill provides \$150 billion in aid to states, tribal governments, territories and local governments with populations of over 500,000 people to address necessary expenditures incurred due to the COVID-19 public health emergency. *Note: the Department of Treasury issued additional guidance on April 22 for state and local governments.* [Learn more here.](#)
- **No fix for county eligibility for payroll tax credits:** The bill **did not** include a technical fix to make county governments are eligible for payroll tax credits established under the second supplemental appropriations bill (H.R. 6201/P.L. 116-127).
- **Gives U.S. Treasury new authority to authorize loans and make municipal bond purchases to aid state and local governments:** The bill would create a \$500 billion Economic Stabilization Fund that authorizes the U.S. Treasury to purchase obligations of states, local governments and political subdivisions of them, to cover losses incurred as a result of COVID-19. Thus, the Federal Reserve is permitted to participate as an investor in securities that mature in greater than six months. This fund also provides loans and loan guarantees to small businesses.

THIRD FEDERAL COVID-19 RELIEF PACKAGE

H.R. 748

- **Extends the Temporary Assistance for Needy Families (TANF) program:** The bill delays the expiration of TANF from May 22, 2020 to November 30, 2020, providing important short-term certainty for county human services agencies and helping vulnerable county residents maintain access to this safety net program.
- **Provides hospitals and health care facilities with additional funding for response efforts:** The bill provides \$100 billion in funding for local hospitals to address medical surge capacity issues and offset the cost of increased healthcare related expenses and loss revenue. Eligible health care providers include public entities, Medicare or Medicaid enrolled suppliers or providers and other health care facilities.
- **Protects payments to hospitals serving the uninsured and underinsured:** The bill would delay statutory cuts to Medicaid Disproportionate Share Hospital (DSH) payments until FY 2021 to help hospitals, including eligible county-owned hospitals, serving the medically indigent and underinsured make up for revenue losses and continue to provide high quality care to all patients especially during this time of crisis.

THIRD FEDERAL COVID-19 RELIEF PACKAGE

H.R. 748

The legislation also provides **\$330 billion through emergency supplemental appropriations** including some of following highlights:

- **\$16 billion to replenish the Strategic National Stockpile supplies** of pharmaceuticals, personal protective equipment, and other medical supplies, which are distributed to State and local health agencies, hospitals and other healthcare entities facing shortages during emergencies.
- **\$1 billion for the Defense Production Act** to bolster domestic supply chains, enabling industry to quickly ramp up production of personal protective equipment, ventilators, and other urgently needed medical supplies, and billions dollars more for federal, state and local health agencies to purchase such equipment.
- **\$4.3 billion to support federal, state and local public health agencies** to prevent, prepare for, and respond to the coronavirus.
- **\$45 billion for FEMA's Disaster Relief Fund**, to provide for the immediate needs of state, local, tribal and territorial governments, as well as private non-profits performing critical and essential services.
- **\$10 billion in grants to help airports** as the aviation sector grapples with the steepest and potentially sustained decline in air travel in history. This funding will be distributed by formulas broken down later in this document.
- **\$56 million for small and rural airports** in additional FY 2020 discretionary appropriations to maintain regularly scheduled air service to small and rural communities.

THIRD FEDERAL COVID-19 RELIEF PACKAGE

H.R. 748

- **\$25 billion in aid for transit systems for operational support** to help protect public health and safety while ensuring access to jobs, medical treatment, food and other essential services. 100 percent of transit funding is allocated through formula grants to state, regional and local transit agencies, including those in rural areas.
- **\$400 million in election assistance** for the states to help prepare for the 2020 election cycle, including to increase the ability to vote by mail, expand early voting and online registration and increase the safety of voting in-person by providing additional voting facilities and more poll workers.
- **More than \$6.5 billion for CDBG, the Economic Development Administration, and the Manufacturing Extension Partnership** to help mitigate the local economic crisis and rebuild impacted industries such as tourism or manufacturing supply chains.
- **More than \$7 billion for affordable housing and homelessness assistance programs** to help low-income and working class Americans avoid evictions and minimize any impacts caused by loss of employment, and child care, or other unforeseen circumstances related to COVID-19.
- **\$850 million in additional funding for the Byrne Justice Assistance Grant (JAG) Program** to help counties—among other eligible entities—address the needs of their local police departments and jails, including the purchase of personal protective equipment and other needed medical items and to support overtime for officers on the front lines.

THIRD FEDERAL COVID-19 RELIEF PACKAGE

H.R. 748

- **\$15.5 billion in additional funding for the Supplemental Nutrition Assistance Program (SNAP)** to support states and localities in deploying program flexibilities and meeting growing need for food assistance as a result of coronavirus.
- **\$3.5 billion in additional funding for the Child Care Development Block Grant** to provide childcare assistance to health care sector employees, emergency responders, sanitation workers and other workers deemed essential during the response to the coronavirus.
- **\$30.75 billion for grants to provide emergency support to local school systems** and higher education institutions to continue to provide educational services to their students and support the on-going functionality of school districts and institutions.
- **\$955 million for the Administration for Community Living (ACL)** to assist local Area Agencies on Aging in providing services to seniors and their caregivers, including home-based support, senior nutrition programs and elder protection.
- **\$88 million in additional funding for food systems and safety** including \$55 million in additional funding for animal and plant health inspections and an additional \$33 million for the Food and Safety Inspection Service.
- **\$1 billion and additional administrative flexibility for the Community Services Block Grant** for local Community Action Agencies to provide anti-poverty programs and services to residents experiencing increasing unemployment and financial instability as a result of the coronavirus.

FOURTH FEDERAL COVID-19 PACKAGE

H.R. 266

On April 24, the President signed into law H.R. 266, the Paycheck Protection Program and Health Care Enhancement Act ([P.L. 116-139](#)) which passed the U.S. House of Representatives by a vote of 388-5 and the U.S. Senate by a voice vote.

The [\\$484 billion package](#) includes additional funding to support small businesses, hospitals and enhance COVID-19 testing:

- **New funding for small businesses:** \$320 billion to replenish the Small Business Administration’s (SBA) Paycheck Protection Program (PPP), a loan initiative aimed at helping small businesses weather the economic fallout from the COVID-19 response.
- **More support for hospitals and healthcare providers:** The interim relief package would provide an additional \$75 billion to support local hospitals and health care providers by providing reimbursements for COVID-19 related expenses, lost revenue and public health services for uninsured Americans who have been infected by COVID-19.
- **New funding for targeted COVID-19 testing in rural areas and for the uninsured.** The interim package would provide \$25 billion for “necessary expenses to research, develop, validate, manufacture, purchase, administer and expand capacity for COVID–19 tests” to help effectively monitor and suppress the COVID-19 pandemic.
- **Mandates states and localities to report how resources will be used for testing and COVID-19 community mitigation policies:** Alongside increased funding for testing, the legislation would also require that state and localities that receive funds provide a plan for COVID-19 testing to the HHS Secretary no later than 30 days following the bill’s enactment.

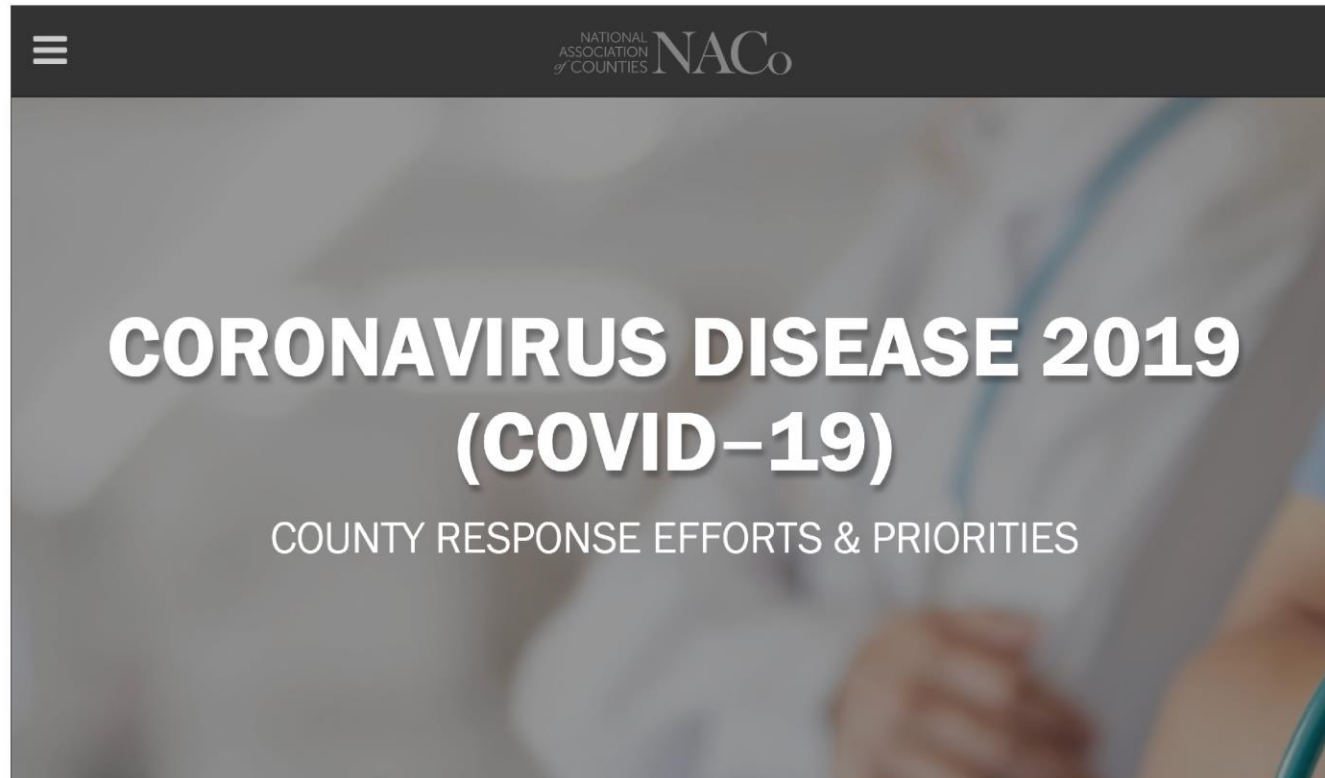


ADDITIONAL RESOURCES

CHAPTER 5

ABOUT NACo's COVID-19 RESOURCE PAGE

([NACo.org/coronavirus](https://naco.org/coronavirus))



Visit **NACo.org/coronavirus** to view the latest news, resources and strategies related to the coronavirus pandemic from NACo and its member counties, NACo's partners and the Centers for Disease Control and Prevention.

NACo's COVID-19 FEDERAL ADVOCACY RESOURCES

Federal Policy Resources

Find analysis of the latest federal action, letters, policy news and action alerts, as well as resources from federal agencies and the White House, including best practices, FAQs and more

LEARN MORE

Visit

www.naco.org/covid19/federal-advocacy to view NACo's legislative analysis, advocacy tools, federal agency resources and more



STRONGER COUNTIES. STRONGER AMERICA.

660 North Capitol St. NW | Suite 400 | Washington, D.C. 20001 | 202.393.6226 | NACo.org
fb.com/NACoDC | [@NACoTweets](https://twitter.com/NACoTweets) | youtube.com/NACoVideo | linkedin.com/company/NACoDC