

# Legislative Update



**April 2020**

- 1. Congress passes \$2 trillion stimulus package to address COVID-19 pandemic**
- 2. APHA and public health partners urge action to provide paid sick leave and family and medical leave for workers during the COVID-19 pandemic**
- 3. Groups push for a range of multi-sectoral policy changes to stem the tide of COVID-19 and its impact on American communities**
- 4. APHA and partners urge \$50 million for FY 2020 gun violence prevention research funding**

## **Congress passes \$2 trillion stimulus package to address COVID-19 pandemic**

*Third COVID-19 bill: the Coronavirus Aid, Relief and Economic Security Act*

On March 27, President Trump signed the [Coronavirus Aid, Relief and Economic Security Act](#) into law. This new law is the third in a series of bills that Congress has passed and the president has signed to combat the COVID-19 pandemic. The U.S. House of Representatives passed the bill by voice vote on March 27, and the U.S. Senate passed the measure by a vote of [96-0](#) on March 25. The unprecedented and broad-ranging \$2 trillion stimulus bill provides critical funding and other protections for a variety of programs and efforts to safeguard the health of the American public and lessen the devastating impact the pandemic is having on the U.S. economy and the American workforce. Upon House passage of the bill, [APHA issued a statement](#) praising the legislation but also highlighting that more would need to be done in the coming weeks and months. Importantly, the bill contains critical funding to support federal, state, local and tribal health departments and agencies as they work to respond to the ongoing COVID-19 outbreak. The bill provides an additional \$4.3 billion to the Centers for Disease Control and Prevention to combat COVID-19, with

\$1.5 billion of that total earmarked for state, local, tribal and other health agencies to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and other preparedness and response activities.

Also within the CDC allocation is:

- \$300 million for the Infectious Disease Rapid Response Reserve Fund;
- \$500 million for global disease detection and emergency response; and
- \$500 million for CDC's ongoing public health data surveillance and analytics infrastructure modernization activities.

Among its other provisions, the CARES Act:

- allocates \$16 billion to the Strategic National Stockpile to strengthen and expand resources;
- allots \$3.5 billion to the Biomedical Advanced Research and Development Authority for the manufacture, production and purchase of vaccines, therapeutics and diagnostics to combat COVID-19;
- [maintains CDC's important role](#) in coordinating with the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response in managing the Strategic National Stockpile;
- [establishes a Ready Reserve Corps](#) within the U.S. Public Health Service to strengthen the ability of the U.S. health system to respond to COVID-19 and other public health emergencies;
- supports the health care system and hospitals by providing funding for medical supplies, personal protective equipment, testing supplies and increased workforce trainings;
- offers important resources for workers by expanding and bolstering unemployment benefits for people impacted by the pandemic; and
- provides funding to assist people who are homeless or are at risk of becoming homeless.

While not included in the third legislative proposal to respond to the COVID-19 outbreak, [APHA joined other leading public health and medical organizations](#) in calling on Congress to provide a significant, long-term investment in public health infrastructure in future legislation to prepare for the next pandemic and avoid the loss of life and social and economic disruption we are facing today. By building the core public health infrastructure of states, localities, tribal governments and territories, as well as CDC, the nation will be better prepared for potential future threats. APHA will continue to work with our partners to advocate for the strongest possible provisions to ensure our public health system, including the public health workforce, is adequately resourced and prepared to address the current pandemic and future public health emergencies.

On March 30, APHA also joined letters to [House](#) and [Senate](#) Appropriations Committee leaders requesting a nonpartisan, high-level, comprehensive review of the COVID-19 response once the immediate public health emergency subsides.

## *Second COVID-19 bill: Families First Coronavirus Response Act*

On March 18, President Trump signed the [Families First Coronavirus Response Act](#), the second COVID-19-related bill passed by Congress. The House passed the bill by a vote of [363-40](#), and the Senate passed the bill by a vote of [90-8](#). The legislation, [also supported by APHA](#), provided expanded paid sick leave to some workers and also included other important measures to support families and workers impacted by the ongoing COVID-19 pandemic. The legislation also ensures testing for COVID-19 will be free to all individuals regardless of their insurance status or ability to pay. Also, the bill provides additional resources and flexibility for important nutrition assistance programs. These provisions increase access to nutrition assistance for populations likely to be impacted by COVID-19, including low-income pregnant women and mothers, children who depend on school lunches, and seniors. The bill also increases federal matching funds for state Medicaid programs to ensure states have the resources they need to meet increased demand for health care services related to the outbreak. Because the bill failed to expand paid sick leave and family and medical leave to all workers, APHA will continue to advocate and [work with our partners](#) to highlight the need to further expand these critical benefits moving forward.

### **APHA and public health partners urge action to provide paid sick leave and family and medical leave for workers during the COVID-19 pandemic**

As Americans nationwide are being advised to stay home and practice social distancing, the lack of access to paid sick leave and paid family and medical leave has increasingly gained attention as a public health issue. To prevent workers from having to make a decision between following public health guidelines or keeping their job, it is essential that Congress take action to provide paid sick leave and family and medical leave for all workers. On March 5, APHA joined an [organizational letter](#) to Congress in support of the Healthy Families Act (S. 840/H.R. 1784). This legislation would create a nationwide standard guaranteeing that workers can earn up to seven paid sick days a year. On March 11, APHA joined an [organization letter to Congress](#) in support of the Paid Sick Days for Public Health Emergencies and Personal and Family Care Act (S. 3415/H.R. 6150). This legislation would guarantee workers 14 days of sick leave to be used during the COVID-19 pandemic and future public health emergencies. And, on March 13, APHA joined an [organization letter](#) to Vice President Pence and congressional leaders regarding additional actions, including access to paid sick leave, that are needed by the administration and Congress as the United States faces a sharp increase in community transmission of COVID-19.

As noted in the summary above, Congress passed and the president signed the Families First Coronavirus Response Act, which expanded paid sick leave to certain public employees and small business employees (employers with less than 500 employees) but leaves [critical gaps for many low-income workers](#). To continue urging action to fill these gaps, on March 20, APHA joined an [organization letter to Congress](#) in support of the Providing Americans Insured Days of (PAID) Leave Act. This bill would ensure workers have access to 14 days of paid sick leave and 12

weeks of paid family and medical leave for use during the COVID-19 outbreak or any future public health emergency. In a joint [op-ed](#) with Debra Ness, president of the National Partnership for Women & Families, APHA Executive Director Georges C. Benjamin, MD, stated “Whether it’s COVID-19, a common cold or the unexpected happens — sooner or later, every one of us will face the need to take leave from work. It’s time to end this devastating inequity and provide all workers access to paid sick days and paid leave.”

### **Groups push for a range of multi-sectoral policy changes to stem the tide of COVID-19 and its impact on American communities**

The widespread impact of the COVID-19 pandemic on our nation’s public health and health care system, economy and countless other sectors calls for a multi-sectoral response. APHA has joined with other partners in calling for additional important solutions to the unique challenges our nation is currently facing. These efforts include:

- On March 2, APHA joined a [public health and legal expert letter](#) to Vice President Pence expressing support for a well-funded, evidence-based response that supports social safety net programs, effectively communicates science and protects vulnerable communities.
- On March 13, APHA joined an [organizational letter](#) to the U.S. Department of Labor urging approval of a petition for an OSHA emergency temporary standard for infectious disease to address the COVID-19 pandemic.
- On March 19, APHA joined a [nonprofit organization letter](#) with recommendations on the role that nonprofit organizations can serve during the COVID-19 pandemic.
- On March 23, APHA joined an [organizational letter](#) to Congress in support of increasing direct aid to states and increasing federal Medicaid matching funds.
- On March 20, APHA joined an [organization letter](#) to the vice president and congressional leaders in support of additional actions to address current and future mental health and substance use needs related to the COVID-19 pandemic.
- On March 25, APHA joined an [organization letter](#) to the U.S. Department of Agriculture requesting additional nutrition waivers so states can have the flexibility needed to support individuals affected by the COVID-19 pandemic.

As the nation continues to grapple with the current public health crisis affecting our country and the global community, APHA stands ready to support solutions spanning multiple sectors to protect the health and well-being of Americans.

For a summary and overview of the first COVID-19 bill, which the president signed on March 6, please refer to [APHA’s March 2020 Legislative Update](#).

We would also like to thank all of the APHA and Affiliate members who have advocated for strong funding, paid sick and family and medical leave and other key

provisions during this public health emergency. Your efforts are critical to ensuring Congress and the administration prioritizes these important issues.

### **APHA and partners urge \$50 million in FY 2021 gun violence prevention research funding**

On March 30, APHA joined 200 national, state, and local medical, public health, and research organizations in sending letters to [House](#) and [Senate](#) Appropriations Committee leaders urging them to provide \$50 million in FY 2021 funding shared evenly between the U.S. Centers for Disease Control and Prevention and the National Institutes of Health to conduct public health research into firearm morbidity and mortality prevention. In FY 2020, Congress provided CDC and NIH with \$12.5 million each for this research, fulfilling one of APHA's priorities for the year.

Firearm-related injuries are a public health crisis that led to 39,740 fatalities in 2018, and this research is an important response to this epidemic. CDC and NIH research is critical to a public health approach to accurately quantify and describe the facets of the issue and identify opportunities for reducing its related morbidity and mortality. Similar federally funded public health research has a proven track record of reducing public health-related deaths, whether from motor vehicle crashes, smoking or Sudden Infant Death Syndrome.

### **Additional APHA advocacy news**

Given the rapid pace of action in Washington, D.C., we wanted to highlight additional issues we have weighed in on recently. Those include:

- [Organization letter](#) to House and Senate Appropriations Committee leaders urging increased FY 2021 funding for CDC's Public Health Emergency Preparedness Cooperative Agreement and ASPR's Hospital Preparedness Program (March 25)
- [Organization letter to Congress](#) in support of a minimum of \$40 million for the Surveillance for Emerging Threats to Mothers and Babies program in FY 2021 (March 24)
- [Health organization letter](#) in support of \$15 million for CDC's Climate and Health program in FY 2021 (March 9)
- [Organization letter](#) in support of the Healthy Families Act (S. 840/H.R. 1784), legislation to create a national paid sick and safe days standard (March 5)