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## COVID-19 AND THE CAROLINAS: STATE RESPONSES AND FEDERAL LEGISLATION TO ADDRESS THE CRISIS - PART II

The North Carolina Institute of Medicine and the South Carolina Institute of Medicine & Public Health continue to monitor the COVID-19 pandemic and state and federal actions to address the health, economic, and social fallout of this crisis. This issue brief provides an update on these actions and the status of those described in our previous publication from April 8, 2020. Since that time, Congress and state legislatures have passed bills to appropriate funds for multiple sectors that have been affected. Governors have also begun to open state economies or lay out plans to do so.

Two studies that analyzed state-specific metrics have enhanced understanding of the vulnerabilities the Carolinas face in preparing for and addressing the pandemic:

■ The COVID-19 Community Vulnerability Index (CCVI), developed by the Surgo Foundation, identifies communities that may need the most support to deal with the pandemic. By combining the Centers for Disease Control's Social Vulnerability Index<sup>a</sup> with health care system and epidemiological factors specific to COVID-19, the CCVI does not make predictions about which areas will be most affected, but identifies communities where impacts could have the most negative consequences. Overall, many of the most vulnerable communities are concentrated in the south, and North and South Carolina are among the 10 most vulnerable states on the CCVI (42nd and 41st, respectively).<sup>1,2</sup> In South Carolina, 78% of counties scored in the "High" or "Very High" vulnerability category, and in North Carolina 70% of counties scored in those categories.<sup>2</sup> Cumberland County in North Carolina was the third largest county in the country in the "Very High" vulnerability category.<sup>2</sup>

■ WalletHub conducted a separate analysis to rank states on the ability of their support systems to protect at-risk populations from COVID-19. They use 17 metrics across the topics of Coronavirus Relief & Medical Services (e.g., Coronavirus Relief funding per capita, waived cost sharing of COVID-19 treatment,

adoption of telehealth services), Food and Housing Assistance (e.g., share of households in poverty receiving social assistance, share of elderly population served a home-delivered meal), and Unemployment Support (e.g., unemployment reciprocity rate, average unemployment weekly benefit). This analysis ranked North Carolina 51st out of all states and Washington, DC for ability to protect at-risk populations, and South Carolina 47th.<sup>3</sup> North Carolina's lowest categorical ranking was 49th in Coronavirus Relief & Medical Services and its highest (34th) was in Food and Housing Assistance. South Carolina's lowest categorical ranking was 48th in Coronavirus Relief & Medical Services and its highest (38th) was in Food and Housing Assistance.

Congregate living sites, such as nursing facilities and prisons, have seen the most significant outbreaks of COVID-19 since cases developed in the Carolinas. Over 2,500 cases have been confirmed in nursing homes in North Carolina and over 1,100 in South Carolina, accounting for 350 and 92 deaths, respectively.<sup>4,5</sup> Over 1,100 have tested positive in North Carolina correctional facilities, accounting for 14 deaths, while 64 have tested positive in South Carolina facilities.<sup>4,6</sup> Similar outbreaks have arisen in meat packing facilities in North Carolina, with over 1,600 workers across 26 plants testing positive as of May 18.<sup>b,7</sup>

Since the beginning of business closures in mid-March, unemployment filings have risen over 1 million in North Carolina and nearly 490,000 in South Carolina, accounting for one in every five workers in these states.<sup>8,9,10,11</sup> In response, state unemployment offices have drastically increased staffing and are now open on weekends.<sup>12,13</sup> The South Carolina Department of Employment and Workforce (SCDEW) has increased the number of phone operators from 49 to 450 along with extending call center hours and taking incoming calls on Saturdays from 8:00 a.m. to 5:00 p.m.<sup>14</sup> The loss of tax revenue in states is leading to projected state budget shortfalls. In North Carolina, chief legislative economist Barry Boardman estimated in early April

<sup>a</sup> The Social Vulnerability Index measures the expected negative impact of disasters of any kind. The index includes the following factors: socioeconomic status, household composition and disability, minority status and language, and housing type and transportation.

<sup>b</sup> South Carolina has a small number of cases reported in a facility processing poultry. <https://investigatamidwest.org/2020/04/16/tracking-covid-19s-impact-on-meatpacking-workers-and-industry/>

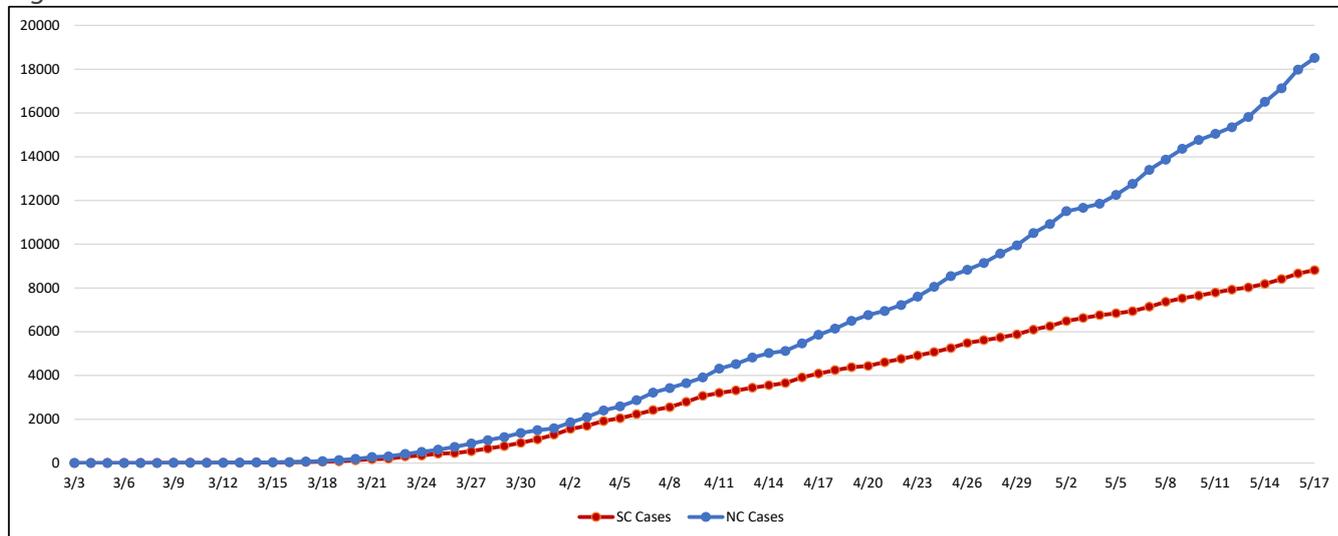
Figure 1: Timeline of Key Dates Related to the COVID-19 Pandemic and Response

<p><b>March 10</b> - NC Gov. Cooper declares a state of emergency and waives licensure requirements for licensed out-of-state health care and behavioral health providers</p> <p><b>March 13</b> – President Trump declares national emergency; NC Chief Justice delays eviction and foreclosure proceedings; SC Gov. McMaster declares state of emergency</p> <p><b>March 14</b> – NC Gov. Cooper closes all K-12 schools; SC Board of Medical Examiners and Board of Nursing implement procedures to issue temporary licenses for out-of-state physicians, physician assistants, nurses, and respiratory practitioners without fee for 90 days</p> <p><b>March 17</b> – NC Gov. Cooper suspends dine-in at restaurants and bars; SC Gov. McMaster suspends dine-in at restaurants and bars and SC Chief Justice halts all evictions</p> <p><b>March 19</b> – SC General Assembly and Gov. McMaster allocate \$45 million to the Department of Health and Environmental Control to combat COVID-19</p> <p><b>March 21</b> – NC state tax deadline delayed to July 15; SC state tax deadline delayed to July 15</p> <p><b>March 23</b> – NC Gov. Cooper extends K-12 closings through May 15 and orders closure of certain non-essential businesses</p> <p><b>March 24</b> – SC Gov. McMaster orders public schools closed through the end of April and universities to end their semesters online</p> <p><b>March 27</b> – Congress passes and President Trump signs the Coronavirus Aid, Relief, and Economic Security (CARES) Act; NC Gov. Cooper announces statewide stay-at-home order, effective March 30 at 5:00 pm</p> <p><b>March 31</b> - SC Gov. McMaster orders non-essential businesses to close</p> <p><b>April 3</b> - SC Gov. McMaster orders additional non-essential business closures and bans rentals to travelers from COVID-19 hotspots</p> <p><b>April 6</b> - SC Gov. McMaster announces “work or home” order</p> <p><b>April 6</b> – White House announces guidelines for three phases of reopening</p> <p><b>April 7</b> – NC DHHS announces Emergency Child Care Subsidy Program and supplemental pay for active childcare workers</p> <p><b>April 7</b> – NC Gov. Cooper orders additional social distancing requirements for retail businesses, including reduced capacity and disinfecting</p> <p><b>April 17</b> – NC DHHS convenes Testing Surge Workgroup to develop plans for increasing COVID-19 testing across the state</p> <p><b>April 21</b> - SC Gov. allows retail stores to reopen with 20% maximum occupancy or 5 customers per 1,000 square feet of retail space, whichever is the lesser; beaches could be reopened by towns and cities. Gov. McMaster also announced accelerateSC – a coordinated COVID-19 advisory team to consider and recommend economic revitalization plans for South Carolina</p> <p><b>April 22</b> – SC Gov. McMaster and Superintendent Molly Spearman announce the closure of schools in South Carolina for the remainder of the school year</p> <p><b>April 23</b> – White House announces it has enough test kits for a phase one reopening; NC Gov. Cooper extends stay-at-home order to May 8</p> <p><b>April 24</b> – President Trump signs Paycheck Protection Program and Health Care Enhancement Act; NC Gov. Cooper announces closure of schools for remainder of school year with continued remote instruction</p> <p><b>April 24</b> – NC Gov. Cooper and NC DHHS announce Carolina Community Tracing Collaborative to study trends across the state and advise on safe reopening</p> <p><b>April 30</b> – NC Gov. Cooper and Secretary of NC DHHS, Mandy Cohen, announce metrics and a phased approach to reopening the state economy; SC Supreme Court Chief Justice Donald Beatty extends the halt on evictions and foreclosures until May 15<sup>th</sup></p> <p><b>May 1</b> – SC Gov. McMaster’s executive order 2020-30 ends the mandatory self-quarantine, lodging and travel restrictions for individuals enter SC from high risk areas</p> <p><b>May 1</b> – SC Gov. McMaster lifts ‘home or work’ order and allowed the reopening of restaurants with outdoor seating to serve customers outside. Tables must be 8ft apart and per DHEC guidelines can seat a maximum of 8 people per table</p> <p><b>May 4</b> – NC Gov. Cooper signs legislation allocating \$1.5 billion to combat the health care, financial, and social impacts of COVID-19</p> <p><b>May 8</b> – Phase 1 of reopening begins in NC with increased access to essential businesses operating at reduced capacity, opening of state parks, and expansion of gathering recommendations to a maximum of 10 people; SC Gov. McMaster announces reopening of indoor dining beginning Monday May 11<sup>th</sup>, strongly suggesting restaurants operate at no more than 50% capacity and must distance tables 6-8 feet apart “if possible”</p> <p><b>May 10</b> – SC Gov. McMaster announces reopening of close-contact businesses beginning Monday May 18<sup>th</sup> including gyms, salons, tattoo shops, tanning salons, massage salons, and public pools, suggesting they operate at no more than 50% capacity</p> <p><b>May 12</b> – NC Gov. Cooper signs order allowing greater flexibility to NC DHHS to temporarily waive or modify certain regulations and accreditations</p> <p><b>May 18</b> – SC Gov. McMaster signs bill giving South Carolina legislature full control over direction of CARES Act funding</p>
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Sources: Bryson Taylor D. A Timeline of the Coronavirus Pandemic. The New York Times. March 27, 2020. <https://www.nytimes.com/article/coronavirus-timeline.html>; Coronavirus pandemic updates: What’s happening in North Carolina? North Carolina Health News. Accessed March 31, 2020. <https://www.northcarolinahealthnews.org/covid-19-coverage/>; Bell J. A brief timeline of the COVID-19 coronavirus outbreak in South Carolina. April 2, 2020. <https://www.thestate.com/news/coronavirus/article241708466.html> Accessed April 6, 2020; Office of the Governor Henry McMaster. Executive Orders. <https://governor.sc.gov/executive-branch/executive-orders>. Accessed May 7, 2020; North Carolina Office of the Governor. COVID-19 Executive Orders. <https://www.nc.gov/covid-19/covid-19-executive-orders>. Accessed May 16, 2020; Joseph C. SC extends halt on evictions, foreclosures another two weeks amid coronavirus downturn. The Post and Courier. [https://www.postandcourier.com/health/covid19/sc-extends-halt-on-evictions-foreclosures-another-two-weeks-amid-coronavirus-downturn/article\\_4891bd1e-8b23-11ea-b9ec-c3774779593a.html](https://www.postandcourier.com/health/covid19/sc-extends-halt-on-evictions-foreclosures-another-two-weeks-amid-coronavirus-downturn/article_4891bd1e-8b23-11ea-b9ec-c3774779593a.html). Accessed May 6, 2020.; Kantis C, Kiernen S, Socrates Barti, J. Updated: Timeline of the Coronavirus. <https://www.thinkglobalhealth.org/article/updated-timeline-coronavirus>. April 22, 2020.

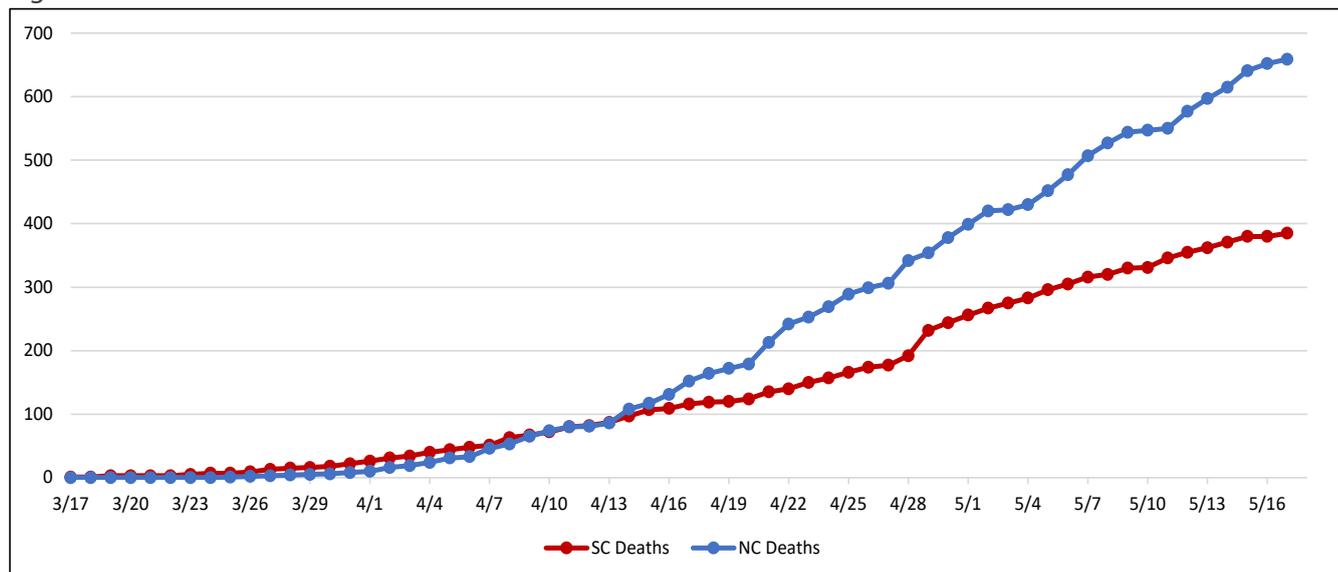
NC – North Carolina; SC – South Carolina; DHEC – Department of Health and Environmental Control; DHHS Department of Health and Human Services

Figure 2: Confirmed Cases of COVID-19 in North and South Carolina



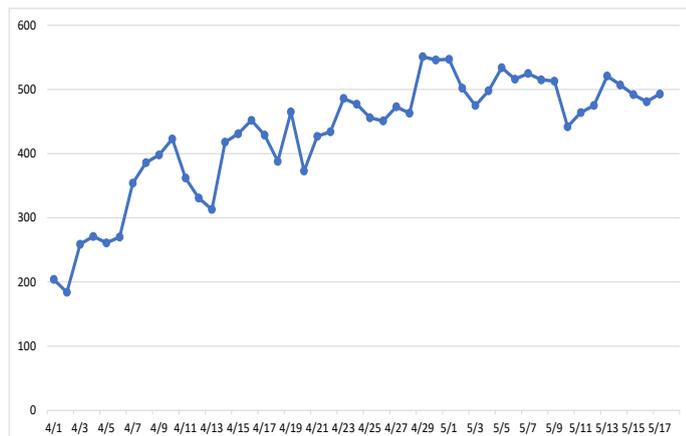
Sources: North Carolina Department of Health and Human Services. COVID-19 North Carolina Dashboard. <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-nc-case-count>. South Carolina Department of Health and Environment. News Releases. <https://www.scdhec.gov/news-releases/south-carolina-announces-latest-covid-19-update-0>  
 Notes: Case totals are dependent on testing rates and the Carolinas are in the bottom 10 states in tests per population – North Carolina was completing 22,748 test per million residents and South Carolina 21,290 per million as of May 16. Worldometer. <https://www.worldometers.info/coronavirus/country/us/>. Accessed May 16, 2020. North and South Carolina cases per population are 173 per 100,000 residents and 163 per 100,000, respectively. Hernandez S. Tracking Covid-19 cases in the US. CNN Health. <https://www.cnn.com/interactive/2020/health/coronavirus-us-maps-and-cases/>. Published 2020. Accessed May 16, 2020.

Figure 3: Deaths Associated with COVID-19 in North and South Carolina



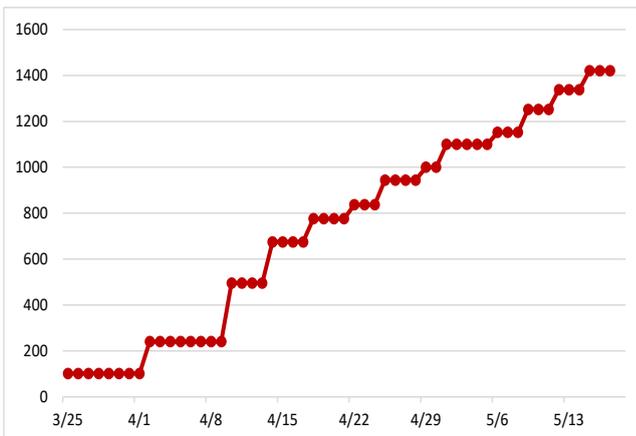
Sources: North Carolina Department of Health and Human Services. COVID-19 North Carolina Dashboard. <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-nc-case-count>. South Carolina Department of Health and Environment. News Releases. <https://www.scdhec.gov/news-releases/south-carolina-announces-latest-covid-19-update-0>  
 Notes: There is a slightly larger daily increase in deaths for South Carolina on April 29 because of 29 previously unreported deaths. Also, North and South Carolina have a similar number of deaths per population with 6 per 100,000 residents and 7 per 100,000, respectively. Hernandez S. Tracking Covid-19 cases in the US. CNN Health. <https://www.cnn.com/interactive/2020/health/coronavirus-us-maps-and-cases/>. Published 2020. Accessed May 13, 2020

Figure 4: NC Daily Hospitalizations Associated with COVID-19



Source: NC DHHS. COVID-19 North Carolina Dashboard – Key Metrics: Hospitalizations. <https://covid19.ncdhhs.gov/dashboard#key-metricsis-north-carolina-slowing-the-spread->. Accessed May 18, 2020.  
 Note: North Carolina reports total hospitalizations per day. This is not a cumulative statistic.

Figure 5: SC Cumulative Hospitalizations Associated with COVID-19



Source: The COVID Tracking Project – South Carolina. <https://covidtracking.com/data/state/south-carolina#historical>. Accessed May 17, 2020.  
 Note: South Carolina reports hospitalizations on a cumulative basis. Daily hospital census associated with COVID-19 is not available. These data are not updated on a daily basis.

that revenue could be down \$1.5 to \$2.5 billion, and in May, Senate leader Phil Berger said, “The state’s rainy day fund of \$1.2 billion won’t be enough to cover what could be a \$3.5 to \$4 billion shortfall because of the coronavirus impact.”<sup>15,16</sup> In South Carolina, state budget forecasters project a loss of \$507 million in expected revenue for the current budget year (ending June 30th) and \$643 million in losses for the fiscal year beginning in July.<sup>17</sup>

Meanwhile, the White House has released recommendations for phased opening of state economies and Governors Cooper and McMaster have announced differing plans for reopening. The timeline in Figure 1 outlines major points in federal and state action and Figures 2-5 depict trends in COVID-19 cases, deaths, and hospitalizations in the Carolinas (hospitalization data is reported differently by the states; see notes for definitions). The remainder of this issue brief describes the federal recommendations for phased reopening, state-specific actions, the status of funds allocated by previous federal actions, and a summary of the most recent bill passed by Congress, the Paycheck Protection Program and Health Care Enhancement Act.

## FEDERAL PHASED OPENING RECOMMENDATIONS

On April 16, 2020, President Trump gave governors a road map to begin reopening economies around the nation through a three-phase approach. The White House proposed that states satisfy the following criteria before beginning the first phase of the approach:

■ A “downward trajectory of influenza-like illnesses reported within a 14-day period and a downward trajectory of COVID-like syndromic cases reported within a 14-day period;”

■ A “downward trajectory of documented cases within a 14-day period or a downward trajectory of positive tests as a percent of total tests within a 14-day period;”

■ Hospitals able to “treat all patients without crisis care and implement a robust testing program for at-risk health care workers, including emerging antibody testing.”<sup>18</sup>

Each phase is outlined with guidelines for individuals, employers, specific types of employers, and specifications for entering the following phases, including:

### Phase 1<sup>18</sup>

- o Prerequisite: Satisfy the White House proposed criteria
- o Individuals: Vulnerable individuals should continue to shelter in place; all individuals should continue practicing social distancing when in public and should avoid socializing in groups of more than 10 people
- o Employers: Employers are encouraged to telework and, if possible, return to work in phases while minimizing nonessential travel, and close common areas where personnel are likely to congregate
- o Specific Types of Employers: Schools and organized youth activities should remain closed, visits to senior

living facilities and hospitals should be prohibited, large venues can operate under strict protocols, elective surgeries can resume, gyms can open if they adhere to distancing and sanitation protocols, and bars should remain closed

### Phase 2<sup>18</sup>

- o Prerequisite: No evidence of a rebound in infections and continue to satisfy the criteria for a second time
- o Individuals: Vulnerable individuals should continue to shelter in place, all individuals should maximize physical distance from others, social settings of more than 50 people should be avoided, and nonessential travel may resume
- o Employers: Employers should continue to encourage telework and keep common areas where people are likely to congregate closed
- o Specific Types of Employers: Schools and youth activities can reopen, visits to senior facilities and hospitals should be prohibited, large venues can operate under moderate physical distancing protocols, elective surgeries can resume, gyms can remain open if they adhere to strict physical distancing and sanitation protocols, and bars may operate with diminished standing-room occupancy

### Phase 3<sup>18</sup>

- o Prerequisite: No evidence of a rebound in infections and continue to satisfy the criteria for a third time
- o Individuals: Vulnerable individuals can resume public interaction but should practice physical distancing, and low-risk populations should consider minimizing time spent in crowded environments
- o Employers: Employers may resume unrestricted staffing of worksites
- o Specific Types of Employers: Visits to senior care facilities and hospitals can resume, large venues can operate under limited physical distancing protocols, gyms can remain open if they adhere to standard sanitation protocols, and bars may operate with increased standing-room occupancy<sup>19</sup>

## ONGOING STATE AND LOCAL ACTIONS TO ADDRESS THE PANDEMIC

While North Carolina and South Carolina implemented similar orders and closures in response to COVID-19, additional actions and reopening processes varied. Both states have moved ahead toward reopening their economies without experiencing a downward trajectory of cases within a 14-day period.<sup>20,21</sup> Each state has a method of planning its reopening as well: North Carolina executive leadership has worked in conjunction with the legislature to direct funding to address the pandemic, and with the North Carolina Department of Health and Human Services (NC DHHS) to create a three-phased plan to reopen the North Carolina economy. South Carolina has taken a different

approach, creating a task force to consider and recommend economic revitalization plans.<sup>22,23</sup> This section details those plans and the additional actions taken by state officials to address the pandemic.

**North Carolina**

Since early April, North Carolina has taken many additional steps that coalesce around (1) providing direct financial relief, (2) enhancing support for health care services and social determinants of health, and (3) implementing public safety initiatives.

**Financial Relief and Other Funding Efforts**

On April 7, 2020, the NC DHHS announced the Emergency Child Care Subsidy Program to provide essential workers with supplemental financial resources to pay for child care and bonuses for child care workers who continued working during the months of April and May.<sup>c,24</sup>

On May 4, Governor Cooper signed two bills appropriating \$1.5 billion in federal funds to increase testing and availability of personal protective equipment (PPE), combat disparities across the state, address education needs of children, and provide support to small businesses.<sup>d,e,19</sup> These funds are part of the \$4 billion allocated to the state through

the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Details of the appropriations made in this legislation are provided in Table 1.

**Health Care Services and Social Determinants Support**

On April 8, Governor Cooper announced that the Federal Emergency Management Agency (FEMA) had approved the state’s request to develop housing alternatives for North Carolinians at risk of COVID-19 or those who need to quarantine but do not have stable housing.<sup>26</sup> Additionally, the governor announced the development of mental health phone resources,<sup>27</sup> and signed Executive Order 130, a measure designed to temporarily allow hospitals to expand the number of accessible beds with written requests to NC DHHS and increase health care workforce through temporary licensure modification.<sup>28</sup>

On April 16, NC DHHS announced that additional funding would be provided to nursing homes and other facilities that primarily treat vulnerable older adults who are enrolled in Medicaid.<sup>29</sup> The following day, they convened the Testing Surge Workgroup to develop plans for increased COVID-19 testing across the state and identify and develop solutions to barriers to testing and accessibility of PPE.<sup>29</sup>

Table 1: Appropriations from North Carolina General Assembly COVID-19 Legislation

<b>General</b>	Small Business Assistance Loans - \$125 million	
	State Government Operations - \$70 million	
	State Agencies - \$20 million	
	Transportation Operations - \$300 million	
	Rural Broadband Connectivity - \$9 million	
	Tourism Industry Support - \$5 million	
	Department of Agriculture - \$15 million	
	Local Government Assistance - \$150 million	
<b>Department of Health and Human Services</b>	<b>North Carolina Hospitals</b>	Rural Hospitals - \$65 million
		Teaching Hospitals Relief Fund - \$15 million
		General Hospital Relief Fund - \$15 million
		School Nutrition - \$75 million
		Summer Learning Programs - \$70 million
		K-12 Connectivity - \$1 million
<b>Providers and Emergency Responders</b>	<b>Support for Education</b>	K-12 Devices for Students and Personnel - \$35 million
		Student Health - \$10 million
		Cybersecurity infrastructure - \$4.5 million
		Non-digital remote instruction - \$3 million
<b>NC Medical School Research Fund</b>		Grants for Extraordinary Costs to Schools - \$15 million
		At-risk Students - \$5 million
		Community Colleges - \$25 million
		Private postsecondary institutions - \$20 million
		UNC Flexibility Funding - \$44 million
		Enhanced Public Health Capacity - \$20 million
		Enhanced Behavioral Health - \$20 million
		Rural and Underserved Communities - \$50 million
		Facilities accepting State-County Special Assistance - \$25 million
		Food Safety, Shelter, Foster, and Child Care - \$24 million
		Enhanced PPE and Sanitation Supplies - \$50 million
		Prescriptions for Indigent and Uninsured - \$1.5 million
		Free and Charitable Clinics - \$10 million
		Association of Community Health Centers - \$5 million
		UNC School of Public Health/NC Collaboratory - \$29 million
		Duke University Human Vaccine Institute - \$15 million
		ECU Brody School of Medicine - \$15 million
		Campbell University School of Osteopathic Medicine - \$6 million
		Wake Forest University Health Services - \$20 million

Sources: North Carolina Senate Bill 704. <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S704v0.pdf>. North Carolina House Bill 1043. <https://www.ncleg.gov/Sessions/2019/Bills/House/PDF/H1043v6.pdf> Fain T. Legislature reaches deal on \$1.6 billion pandemic relief package. WRAL.com. May 2, 2020. <https://www.wral.com/coronavirus/legislature-reaches-deal-on-1-6-billion-pandemic-relief-package/19081671/>

c Under the program, full-time teachers were originally eligible for a \$300 stipend per month, which has been increased to \$950; and non-teacher full-time staff were eligible for a \$200 stipend per month, which has been raised to \$525. Part-time workers are eligible to receive pro-rated stipends that correspond to their job designation. [https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/COVID-19\\_Emergency\\_Child\\_Care\\_Subsidy\\_Program\\_Job\\_Aid.pdf?ver=2020-04-28-104834-630](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/C/COVID-19_Emergency_Child_Care_Subsidy_Program_Job_Aid.pdf?ver=2020-04-28-104834-630)

d North Carolina Senate Bill 704. <https://www.ncleg.gov/Sessions/2019/Bills/Senate/PDF/S704v5.pdf>

e North Carolina House Bill 1043. <https://www.ncleg.gov/Sessions/2019/Bills/House/PDF/H1043v6.pdf>

Between April 20 and 22, state officials announced several additional measures designed to combat effects of the pandemic on social determinants of health. First, North Carolina has received approval for the Pandemic Electronic Benefit Transfer Program (P-EBT), which provided EBT cards to families whose children qualify for free or reduced lunch services at school.<sup>30</sup> NC DHHS announced that \$250 in P-EBT benefits would be provided per child who was eligible for free and reduced lunch through schools.<sup>31</sup> On May 13, NC DHHS announced an additional \$370 per child to be paid in two installments in mid-May and first half of June.<sup>32</sup> Second, the state received approval from CMS to increase flexibility for home- and community-based services for Medicaid beneficiaries.<sup>33</sup> Third, North Carolina received a \$2 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund programs designed to tackle the mental health impacts of the pandemic.<sup>34</sup>

On May 12, Governor Cooper signed Executive Order 139, allowing the Secretary of NC DHHS to temporarily waive or modify regulations concerning child care and high-risk health care facilities, accreditation of local health departments, and accreditation of asbestos and lead testing professionals.<sup>35</sup>

**Public Safety**

Governor Cooper issued Executive Order 131 on April 9, instituting new social distancing requirements, as well as rules for retail businesses, effective April 13.<sup>36</sup> The new rules required businesses to limit customers in buildings, follow routine disinfecting protocols, and mark six-foot increments on floors in high-traffic areas. On April 23, Governor Cooper signed Executive Order 135, extending the state’s stay-at-

home order through May 8.<sup>37</sup> The following day, Governor Cooper announced that remote instruction would continue through the end of the 2019-2020 school year for all public schools.<sup>38</sup>

On April 27, NC DHHS and Governor Cooper announced the development of the Carolina Community Tracing Collaborative in partnership with Community Care of North Carolina (CCNC) and North Carolina Area Health Education Centers (NC AHEC).<sup>39</sup> This program is intended to hire local staff across the state to study trends and advise the state on safe reopening initiatives. As of May 18, 250 contact tracers work at local health departments and the state plans to increase this number to 500.<sup>21</sup> Testing capacity continues to grow in the state, yet North Carolina is one of 10 states with the lowest testing rates.<sup>40</sup>

Governor Cooper and the Secretary of NC DHHS, Mandy Cohen, released metrics on April 23 that the state will be using to guide reopening.<sup>69</sup> The three-phased approach allows for a gradual reopening of businesses and is summarized in Table 2. They announced on May 5 that North Carolina was expected to move into Phase 1 beginning at 5:00 pm on May 8.<sup>41</sup> Phase 1 is expected to last until at least May 22, but will be extended if there is a spike in infections across the state. During Phase 1, “nonessential” businesses will be permitted to reopen provided they comply with social distancing requirements and limit the number of customers allowed inside to 50% of their fire code capacity. Certain businesses, such as salons, gyms, bars, and other entertainment venues, will still be prohibited from opening.

Table 2: Three-phased approach to opening North Carolina economy

Phase 1	Phase 2	Phase 3
When: Beginning May 8, 5:00 pm	When: At least 2-3 weeks after Phase 1	When: At least 4-6 weeks after Phase 2
Stay home order: In place, except for commercial activity	Stay home order: lifted	No stay home order
Retailers and services implement social distancing and other safety measures	Limited opening of restaurants, bars, and other businesses with safety protocols in place	Increased capacity at restaurants, bars, entertainment venues, houses of worship, etc.
Gathering limit: 10 people	Gatherings: Increase in limit; allowed at houses of worship and entertainment venues at reduced capacity	Gatherings: Further increase in limit
Parks open	Playgrounds open	Less restrictions for vulnerable populations
Face coverings: recommended in public	Restrictions remain for congregate living sites	Restrictions remain for congregate living sites
Teleworking encouraged		

Source: Cain B, Jackson D. When can restaurants reopen? What about churches? Here are answers about NC’s new plan. April 23, 2020. <https://www.newsobserver.com/news/coronavirus/article242233046.html>

f Metrics for phased reopening of state businesses and other activities are: trajectory of COVID-like syndromic cases over 14 days, trajectory of lab-confirmed cases over 14 days, positive tests as a percentage of total tests over 14 days, trajectory of hospitalizations due to COVID-19, and capacity for testing, contact tracing, and PPE.

g Not all laboratory-reported cases of COVID-19 have an associated race and ethnicity reported. As of May 13, 74% of cases had race reported and 68% had ethnicity reported, but 94% of deaths had race reported and 83% had ethnicity reported.

### Disparities and Complications

North Carolina has experienced some complications in combating the virus and the rollout of its protective measures and reopening plans. Across the state, African American and Hispanic communities have faced disproportionately high rates of both the virus and death from the virus.<sup>9</sup> Black or African American individuals make up around 22% of the state population, but account for 35% of COVID-19 deaths.<sup>42,21</sup> Individuals of Hispanic ethnicity make up around 10% of the state population and 5% of COVID-19 deaths, but account for 28% of positive cases.<sup>42,21</sup> More information will be needed to understand any reporting challenges for ethnicity or lag between current case counts and potential deaths. Structural racism and pervasive misinformation about the virus have contributed to these effects. Communities of color have diminished access to safe and affordable housing and healthy foods, and people of color are more likely to be uninsured and less likely to have established connections with health care providers.<sup>43</sup> From an employment perspective, African American and Hispanic workers are more likely to be in low-wage jobs that cannot be done from home. Communities of color also may not be receiving the public health information they need. Reports of early rumors circulating about immunity to the virus and lack of information about the dire impact the virus has been having on African American and Hispanic communities have served as barriers to addressing the needs of these populations.<sup>44</sup>

In the last few weeks, the state has also seen numerous “ReOpen NC” protests launched by groups that believe that social distancing and public health safeguards are compromising economic development and personal freedoms. Some of these events have led to direct confrontations with health care workers counter-protesting in support of state protective efforts. The groups have stated an intention to file suit against the state, but no action has been taken. At this time, the impact that these protests will have on future reopening efforts is unclear.

### Future Steps

Moving forward, if North Carolina meets the required benchmarks by May 22, the state will enter Phase 2. At that time, religious institutions, entertainment venues, restaurants, gyms, salons, and playgrounds will be permitted to open at reduced capacity, as long as safety protocols are observed.<sup>21</sup> Phase 2 is expected to last for up to six weeks. If benchmarks are again met during Phase 2, the state will move into Phase 3. Phase 3 will decrease restrictions on vulnerable populations and will increase capacity limits for restaurants, religious institutions, and other businesses.<sup>21</sup> Restrictions on nursing and assisted living facilities are expected to continue through Phase 3.

Additionally, the legislation passed by the North Carolina General Assembly has modified testing requirements for the end of this school year, moved up the start date for the fall school semester to August 17, extended expiration deadlines for driver’s licenses and registrations, waived

interest on tax payments due in April, and given pharmacists permission to administer a future COVID-19 vaccine.<sup>45</sup> The General Assembly went back in session on May 18 and will discuss allocation of the remaining federal funds distributed to the state through the CARES Act.<sup>16</sup>

### South Carolina

South Carolina’s reopening plan has entailed less of a phased approach. While business and services are being permitted to reopen, state efforts have been focused on expanding testing capacity, as well as planning for future economic recovery and a return to schools.

### Reopening the State

Since early April, South Carolina has taken additional steps to prepare for a safe reopening of the state and the state’s economy while planning to double testing through June 2020, addressing disparities through testing, and increasing contact tracing from 20 tracers at the onset of the pandemic to 400 as of May 11, 2020 with the goal of increasing the total number of contact tracers to 1,000 by June, 2020.<sup>46,47</sup>

Governor McMaster began the reopening of the state through a series of executive orders, first opening state-owned boat ramps on April 16. Following this came the announcement that the first wave of retail stores would reopen on April 21, but stores would be limited to 20% of their maximum occupancy or five customers per 1,000 square feet of retail space, whichever is the lesser. The same executive order gave local leaders the option to reopen beaches with social distancing measures in place that permitted groups of three or less. Following this came the establishment of a statewide task force to make plans for safely reopening the state.<sup>48</sup>

South Carolina has experienced some complications in combating the virus and the rollout of its reopening plans due to challenges accessing testing in some areas of the state. According to the Kaiser Family Foundation, South Carolina ranks among the 10 states with the lowest testing rate in terms of tests per 1,000 residents.<sup>40</sup> The South Carolina Department of Health and Environmental Control (DHEC) is increasing the amount of testing sites, targeting rural counties and establishing test sites for anyone who wants a COVID-19 test whether or not they are sick.<sup>46</sup> Governor McMaster and the DHEC have introduced a multi-step plan to test 2% of the state’s population beginning May 11, 2020, through June 2020. Health officials are focusing on universal testing for nursing home residents and workers, expansion of testing in rural and minority communities that have been disproportionately affected, mass urban testing and discovering new hotspots across the state.<sup>49</sup>

### Funding for State Efforts Around COVID-19

State Funding to DHEC - In early March, the Coronavirus Preparedness and Response Supplemental Appropriations Act awarded the South Carolina DHEC \$8.9 million in response to COVID-19 through part of an \$8.9 billion

Table 3: South Carolina Allocations to the Department of Health and Environmental Control for COVID-19 Efforts

Need	Funding	Purpose
Staffing	\$14.6 million	Additional staffing to support COVID-19 disease surveillance and contact investigation, lab testing and phone lines
Personal Protective Equipment (PPE)	\$14.8 million	PPE for health care workers
Staff Support	\$5.3 million	Operating costs including technology, lab supplies, reagents, travel, and facility cleaning
Education Campaign	\$2.5 million	Support for TV and Radio airtime and printed materials
Quarantine	\$1.4 million	Cost to support people in quarantine
Transportation	\$1.4 million	Cost to courier lab samples and distribute items from the Strategic National Stockpile
Contingency	\$5 million	Excess for unanticipated costs or changing assumptions based on disease spread

Source: South Carolina Association of Counties. Senate Finance Committee approves funding for SCHEC COVID-19 response. <https://www.sccounties.org/news/senate-finance-committee-approves-funding-scdhec-covid-19-response>. Accessed May 8, 2020.

package. This was coupled with \$45 million from the state's contingency reserve fund to combat the virus. The South Carolina General Assembly also loosened provisions to allow retired DHEC employees to return to the agency to help contain the virus.<sup>50</sup> As of May 1, 2020, DHEC has spent a little over \$9 million of the \$45 million allocated by the state.<sup>50</sup> The South Carolina Senate Finance Committee approved DHEC's \$45 million spending breakdown shown in Table 3.

**South Carolina CARES Act Funding** - South Carolina received nearly \$2 billion from the CARES Act to reimburse state and local governments for COVID-19 related expenses.<sup>51</sup> The money must be used to reimburse state agencies and local government expenses from March 1, 2020, through December 30, 2020, but other allowable expenses include testing supplies, expanding telemedicine programs, technology improvements, and ramping up public hospitals.<sup>52</sup> Of the funding, 55% is to be used for state expenditures while the remaining 45% is to be used for local governmental entities that meet population size parameters. Greenville County is the only county in South Carolina that is large enough to meet the minimum threshold of 500,000 residents to receive direct funding from the federal government, and has received \$91 million, which has been subtracted from the state's \$2 billion.<sup>53</sup> The remaining \$807.4 million intended for local governmental entities will roll back into the state share for re-allocation.<sup>14</sup> The state has not yet allocated these funds but Governor McMaster has given the General Assembly control over this funding.<sup>54</sup>

### Disparities

As in North Carolina, a disproportionately high number of African Americans are diagnosed with and dying from COVID-19. African Americans account for 27% of the Palmetto State's population but 54% of COVID-19 deaths,

more than doubling their representation in the state.<sup>55,5</sup> Similar issues exist in South Carolina around longstanding institutionalized racism, bias in the health care community; and lower access to nutritious foods and preventive health care.<sup>56</sup> Due to these conditions, South Carolinians who are African American have a disproportionately high rate of conditions that can lead to negative outcomes from COVID-19 infection.

Individuals who are Hispanic also suffer from racism and bias in health care. Like African Americans, baseline health inequities have been exacerbated by COVID-19 and related quarantine measures. Approximately 5.8% of South Carolina's population identifies as Hispanic and they represent 6.4% of COVID-19-related deaths (when weighted for geographic outbreak areas).<sup>57,5</sup> This data does not represent a dramatic disparity; however, further research is needed to review potential reporting deficits.

To address these and other issues, South Carolina House Representative Rosalyn Henderson-Myers recently called on Governor McMaster to create a state task force to address COVID-19's disproportionate impact on people of color, although this task force has not been established yet.<sup>58</sup>

### Planning for the Future

**Economic Recovery** - On April 20, 2020, Governor Henry McMaster organized accelerateSC (<https://governor.sc.gov/executive-branch/acceleratesc>), a coordinated COVID-19 task force to consider and recommend economic revitalization plans for South Carolina.<sup>22</sup> The economic revitalization plan for the state consists of five components: Response, Protection, Governance, Resources, and Information. Each component is coupled with a coordinating agency including:

■ **Response:** Identifying challenges related to workforce capacity, workforce re-entry, critical industries, capital requirements, regulatory issues, and supply chain/logistics

- Coordinating Agency: Department of Commerce

■ **Protection:** Identify protective protocols for practical implementation in workplace and public, testing and contact tracing, supply of personal protective equipment, and long-term mitigation efforts to ensure economic revitalization

- Coordinating Agency: DHEC

■ **Governance:** Identify challenges faced by state and local governments, educational institutions, emergency services and first responders to proceed with economic revitalization

- Coordinating Agency: South Carolina Executive Office of the Governor

■ **Resources:** Identify process and appropriate metrics for disbursing federal funds and to ensure transparency of all disbursed funds in consultation with appropriate stakeholders

- Coordinating Agency: Department of Administration Executive Budget Office (EBO)

■ **Information:** Create consolidated information portal and associated dissemination methods related to citizens' inquiries associated with COVID-19

- Coordinating Agency: Department of Administration (Administration)<sup>22</sup>

The task force is made up of 30 leaders from different sectors around the state including six members from the General Assembly and is chaired by James Burns of Nelson Mullins law firm.<sup>22</sup> The Governor and Lieutenant Governor both participate in these meetings, and ultimately will make state-wide decisions based on immediate and long-term recommendations from the task force.

To date, the group has recommended re-opening outdoor dining at restaurants with limited seating along with lifting the "home or work" order, which materialized through an executive order from Governor McMaster on May 3, 2020.<sup>59</sup> Following that recommendation, the group advised Governor McMaster to re-open dine-in services with limited capacity, after which he issued an executive order to allow restaurants to re-open at 50% capacity starting May 11, 2020.<sup>60</sup> Upon the announcement of increased testing and contact tracing from DHEC, Governor McMaster announced the re-opening of close-contact establishments beginning May 18, 2020.<sup>48</sup> accelerateSC and DHEC have drafted guidelines for close-contact businesses including gyms, salons, barber shops, massage therapists, and public pools.<sup>61</sup> Moving forward, the task force will continue to make recommendations to safely and efficiently reopen South Carolina. The economic revitalization committee was working to make recommendations on how to allocate

the \$1.9 billion in funding for the state from the CARES Act, but Governor McMaster signed a bill giving the South Carolina legislature full control over the direction of the funding.<sup>54</sup> McMaster will propose an outline of priorities recommended by the accelerateSC taskforce, but the decisions will be ultimately left up to the General Assembly. The Senate plans to hit the ground running as they have established "Re-Open South Carolina" a panel to make recommendations to members of the Senate.<sup>54</sup>

South Carolina legislators met May 12, 2020 to adopt emergency measures to keep the state government funded past July 1st and to respond to the COVID-19 outbreak. Lawmakers approved \$155 million in one-time surplus dollars to a COVID-19 reserve account, \$25 million to the Medical University of South Carolina (MUSC) to expand testing and \$15 million for election safety in the upcoming South Carolina primaries on June 9.<sup>62</sup> The Election Commission will use this money for a \$30 boost in poll worker pay along with gloves, face masks, face shields, plexiglass separators for check-in stations, hand sanitizer, wipes and cotton swabs for voters to make their selections without touching the screen.<sup>63</sup> Following much debate on absentee voting restrictions during legislative session, McMaster signed a bill into law allowing anyone to vote absentee in the upcoming primaries and runoff elections, assuring that no one has to vote in person.<sup>64</sup>

**Return to Schools** - The Governor and State Superintendent of Education Molly Spearman announced the closure of schools for in-person instruction and the continuation of remote learning for the remainder of the school year on April 22.<sup>65</sup> Education leaders from across the state have established accelerateED, a committee designed to break down barriers to online education and plan the safe return of 780,000 students to more than 1,200 schools this fall.<sup>66</sup> The committee has acknowledged that social distancing should be a requirement and that PPE should be readily available in classrooms. Determining how far students must socially distance will be a challenge, as Greenville County Schools Deputy Superintendent, Dr. Scott Turner, stated that maintaining the CDC-recommended six feet of distance on a 77-passenger school bus would only allow for 13 passengers at a time.<sup>64</sup> The committee's planning depends on how much funding they receive from the \$1.9 billion in CARES Act allocations to South Carolina. Other obstacles include ensuring proportionate funding for rural districts coupled with internet access barriers in many rural areas of the state. Molly Spearman stated that 150,000 households with students do not have internet access.<sup>67</sup>

## UPDATE ON ROLLOUT OF THE FEDERAL CARES ACT

### Small Business Loans

The CARES Act, signed into law on March 27, allocated \$350 billion to the Paycheck Protection Program (PPP) to keep small businesses afloat and discourage layoffs.<sup>62</sup> Any portion of the loan used to cover payroll costs, rent, mortgage, and/or existing debt will be forgiven, provided

workers stay employed through the end of June. According to the Small Business Administration (SBA) the agency processed more than 14 years' worth of loans in less than 14 days.<sup>64</sup> Between April 6-7, 70% of the country's 30 million small businesses applied for PPP loans with 1.6 million loans being granted before the program ran out of money.<sup>68,69</sup>

Funding distribution has received criticism due to disproportionate loan amounts and allocation. While these loans were meant for small businesses, some larger corporations were able to secure millions because their individual locations are independently owned. While some returned funding due to scrutiny, data suggests that many did not. The majority (55.5%) of PPP funding went to businesses that were approved for loans of up to \$1 million, while 9.0% was granted to businesses that were approved for loans of \$5 million or more.<sup>70</sup>

The average loan amount through April 16, 2020, was \$206,000, but 67,216 loans of \$1 million or more, totaling \$152.4 billion, have been provided.<sup>70</sup> This suggests that large organizations have obtained funding despite the intention of the qualifying factor of having less than 500 employees.

Small businesses in the Carolinas employ more than 40% of the employees in each state and both states received billions in funding from PPP loans. Table 4 provides details about small businesses in the Carolinas and the funds they have received through PPP loans.

### Stimulus Checks

With the rise of unemployment and business closures due to the pandemic, the CARES Act provided \$207 billion through 122 million stimulus payments to individuals across the country.<sup>71</sup> While this funding is beneficial for individuals during the pandemic, there have been many complications and issues with obtaining stimulus checks. Initially, many citizens were left out of the payment because they do not traditionally file taxes, including more than 15 million Americans on Social Security who do not file because their income is too low.<sup>72</sup> In response,

on April 1, the Internal Revenue Service (IRS) announced that it would issue automatic payments to Social Security recipients. The IRS began depositing payments in checking accounts for those who have that information linked to their tax return on April 15 and checks were sent out shortly after. There was ambiguity for some individuals about whether they would receive a check, so IRS launched the "Get My Payment" tool for taxpayers to check the status of their stimulus payments online. The IRS also set a deadline of May 5 for Social Security and Department of Veteran Affairs (VA) benefit recipients who do not file taxes to register and claim \$500 for each dependent they have who is under the age of 17.<sup>72</sup> Many of the most vulnerable Americans who are in need of stimulus payments have technological issues including lack of internet and/or a device to access the IRS website.<sup>72</sup>

As of May 8th, millions of stimulus checks had reached individuals hands in the Carolinas: \$6,985,338,563 has been sent to 4,076,334 North Carolinians, while \$3,522,197,950 has been sent to 2,060,588 South Carolinians.<sup>73</sup>

### Unemployment

More than 36 million Americans have filed for unemployment since mid-March as states imposed "shelter in place" orders, closing non-essential businesses.<sup>74</sup> This surge in claims has caused technological issues and has overloaded state's call centers nationwide. As of May 9, 20% of the workforce across the Carolinas had filed for unemployment, totaling nearly 900,000 people in North Carolina and over 485,000 in South Carolina.<sup>75,76,77,51</sup>

Unemployment hit quickly for many during the imposed "shelter in place" orders, causing a loss in paychecks and insurance. The increase in unemployment claims created a demand in services at state unemployment offices across the country. Both unemployment websites in the Carolinas are dated, slow, and have experienced glitches.<sup>78</sup> In response to the growing demand, the South Carolina Department of Employment and Workforce (SCDEW) has doubled its servers twice to alleviate slow-loading pages and accessibility issues.<sup>14</sup>

Table 4: Small Business Funding Statistics in the Carolinas

	North Carolina	South Carolina
<b>Number of Small Businesses</b>	913,398	418,031
<b>Small Business Employees</b>	1.7 million (44.1%)	794,711 (46.3%)
<b>Statewide % of Businesses That Are Small Businesses</b>	99.60%	99.40%
<b>Approved Loans</b>	39,520	22,933
<b>Total Funding for PPP Loans</b>	\$8,005,752,270	\$3,807,578,397
<b>Average Loan Size</b>	\$202,574.70	\$166,030.54
<b>Loan Dollars Per Capita</b>	\$771.00	\$748.90

Sources: U.S. Small Business Administration Office of Advocacy. 2019 Small Business Profile: South Carolina. <https://cdn.advocacy.sba.gov/wp-content/uploads/2019/04/23142657/2019-Small-Business-Profiles-SC.pdf>. Accessed May 5, 2020.; U.S. Small Business Administration Office of Advocacy. 2019 Small Business Profile: North Carolina. <https://cdn.advocacy.sba.gov/wp-content/uploads/2019/04/23142650/2019-Small-Business-Profiles-NC.pdf>. Accessed May 5, 2020.; Small Business Administration. Paycheck Protection Program (PPP) Report. <https://www.sba.gov/sites/default/files/2020-04/PPP%20Deck%20copy.pdf>. Accessed May 4, 2020. USA FACTS. These states received most of the \$350 billion in CARES Act small business loans. <https://usafacts.org/articles/these-are-states-receiving-most-350-billion-small-business-loans/>. Accessed May 1, 2020.  
Note: A small business is defined as a business with less than 500 employees.

In response to the increase in claims, the North Carolina Division of Employment Security tripled staff to handle the flood of COVID-19-related unemployment claims.<sup>79</sup>

Under the CARES Act, Americans will receive an additional 13 weeks of federally funded unemployment benefits called Pandemic Emergency Unemployment Compensation (PEUC), and since North and South Carolina offer less than 39 weeks of unemployment benefits, unemployed citizens can supplement the difference of their unemployment income through Pandemic Unemployment Assistance (PUA).<sup>57</sup> Unemployed citizens will receive an extra \$600 each week in addition to their weekly unemployment benefits from the date they lose their job through July 31, 2020.

**Other Funds Directed to States**

The Carolinas have received billions of dollars in aid from the CARES Act directed to state and local spending, and millions more for various purposes. While the exact amounts are still being determined and available information is inconsistent between the states, funds distributed to each state are shown in Table 5.

**ADDITIONAL FEDERAL LEGISLATION: PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT**

The Paycheck Protection Program and Health Care Enhancement Act is the latest legislation out of Congress to address the COVID-19 pandemic. It was signed by President Trump on April 24 and totals \$480 billion is spending, primarily to replenish the PPP. This legislation allocates the following funds<sup>80</sup>:

- \$310 billion for PPP loans, plus an additional \$10 billion for administrative costs. These funds include \$60

billion to community lenders and mid-sized banks that tend to serve more small businesses and businesses owned by people of color

- \$60 billion for the Economic Injury Disaster Loans Program that provides forgivable grants to small businesses
- \$75 billion for hospital budget shortfalls
- \$25 billion for increasing COVID-19 testing capacity, including \$11 billion directly to states to help them increase capacity, and the remainder to federal agencies.

This new legislation addresses a few of the criticisms of the original PPP, but still leaves loopholes in place.<sup>81</sup> Hedge funds and private equity firms are now barred from receiving PPP funds, and the Treasury Department is strongly discouraging publicly held companies from applying, as they likely could access capital elsewhere.<sup>81</sup> Yet, loans are still available to hotels and restaurant chains, regardless of size; manufacturers with offshore workforces; and businesses with more than 500 workers in certain industries.<sup>81</sup>

**CONCLUSION**

The long-term impacts of the COVID-19 pandemic on health and the economy are still unfolding. North and South Carolina are tackling the crisis in differing ways. Congress continues to discuss further legislation to bolster the economy and help the individuals and families struggling to deal with the fallout of business closures and unemployment. The North Carolina Institute of Medicine and the South Carolina Institute of Medicine & Public Health will continue to monitor state and federal actions and analyze their impact on state residents.

Table 5: CARES Act Funds Distributed to the Carolinas

North Carolina	South Carolina
\$4.1 billion - Coronavirus Relief Fund	\$1.9 billion - Coronavirus Relief Fund
\$832 million - Education Stabilization Funds	\$48 million - Education relief to be awarded to education agencies and colleges at the governor’s discretion
\$362 million - Hospitals	\$141 million - Hospitals
\$320 million - Federal Transit Administration	\$216 million - Department of Education for K-12 relief
\$118 million - Child Care Development Block Grant	\$185 million - South Carolina colleges
\$51 million - Low-Income Home Energy Assistance Program	\$63 million - Department of Social Services for childcare providers, meant to cover childcare for first responders and health care workers
\$47 million - Community Development Block Grant	\$14.5 - Department of Public Safety for state and local law enforcement grants
\$24 million - Justice Assistance Grants	
\$24 million - Emergency Solutions Grants	
\$18 million - Community Services Block Grant	
\$15 million - CDC Emergency Funds	
\$11 million - Supplemental Elections Grants	
\$6 million - Indian Housing Block Grant	
\$2 million - Manufacturing Extension Partnership	
\$1 million - Housing Opportunities for Persons with AIDS	
\$632,300 - National Endowment for the Humanities	
\$508,700 - National Endowment for the Arts	

\* These funds are to be awarded to education agencies and colleges at the governor’s discretion.  
 \*\* These funds are meant to cover childcare for first responders and health care workers.  
 \*\*\* These funds are meant for state and local law enforcement grants.  
 Sources: Khachatryan S. BTC Fact Sheet: Federal funding for North Carolina COVID-10 response is a good start, but much more support is needed. April 20, 2020. North Carolina Justice Center. <https://www.ncjustice.org/publications/btc-fact-sheet-federal-funding-for-north-carolina-covid-19-response-is-a-good-start-but-much-more-support-is-needed/>; Seanna A. \$2 billion in federal coronavirus relief money already flowing into SC. The Post and Courier. [https://www.postandcourier.com/health/covid19/2-billion-in-federal-coronavirus-relief-money-already-flowing-into-sc/article\\_8ebfb9d4-8656-11ea-afc1-4b48f8c97a29.html](https://www.postandcourier.com/health/covid19/2-billion-in-federal-coronavirus-relief-money-already-flowing-into-sc/article_8ebfb9d4-8656-11ea-afc1-4b48f8c97a29.html). Accessed May 11, 2020.; Reuter E. Here’s what hospitals got in the first round of CARES Act payments. MedCityNews. May 7, 2020. <https://medcitynews.com/2020/05/heres-what-hospitals-got-in-the-first-round-of-cares-act-payments/>.  
 Note: Fund distributions are reported inconsistently between North and South Carolina and these lists are not meant for comparison.

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