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

The rapidly evolving COVID-19 pandemic has brought much of the world to a halt. In the United States, from the first confirmed case on January 21 in Washington State, the total number of confirmed infections stood at over 370,000 as of April 6, 2020.<sup>1</sup> With the increase in infections came stronger state and local actions to impose social distancing on a grand scale, including cancellation of large gatherings, school closures, restrictions on restaurants and bars for dining in, closures of many types of businesses, and stay-at-home orders in 42 states, including both Carolinas.<sup>2</sup> Congress passed three major pieces of legislation in March 2020 to fund the public health efforts to stem the spread of the virus, help those impacted by the economic slowdown, and support an economy in freefall. This issue brief describes how the pandemic is currently affecting North and South Carolina and how these pieces of legislation may assist communities and residents reeling from the current crisis.

### SUMMARY OF THE COVID-19 PANDEMIC

COVID-19 is an infectious disease caused by a new strain of coronavirus, a common type of virus that infects humans and produces different kinds of upper-respiratory conditions.<sup>3</sup> The name COVID-19 is an abbreviation for the full name coronavirus disease 2019. Most people who are infected experience mild or moderate respiratory symptoms; however, older adults and people with underlying health issues like cardiovascular disease, diabetes, chronic respiratory disease, or cancer can develop more serious symptoms and require hospitalization.<sup>4</sup> Even so, nearly a quarter of hospitalizations related to COVID-19 are for individuals without any underlying health conditions.<sup>5</sup>

The spread of COVID-19 was first acknowledged by authorities in China on December 31, 2019. Figure 1 shows a brief history of the COVID-19 pandemic as it spread to the United States and the Carolinas and key actions taken by federal and state authorities in the Carolinas. Figures 2 and 3 show the growth of

COVID-19 cases and deaths in the Carolinas.

### STATE AND LOCAL ACTIONS TO ADDRESS THE PANDEMIC

#### North Carolina

Though ever evolving, each state has taken actions to address the pandemic in its communities. On Tuesday, February 11, 2020, North Carolina Governor Roy Cooper created the Governor's Novel Coronavirus Task Force and charged it with coordinating state and local response to the virus.<sup>6</sup> During the first week of March, the first confirmed cases in the state were announced, and on Tuesday, March 10, 2020, Governor Cooper declared a state of emergency.<sup>6</sup> Since that time, Governor Cooper has issued a series of executive orders designed to curtail the spread of the virus, provide additional support for local businesses affected by closures, and connect citizens with food and health care resources.<sup>7</sup> On March 13, the North Carolina Chief Justice ordered large-scale reductions in courthouse operations, including delays of eviction and foreclosure proceedings.<sup>8</sup> On March 21, the North Carolina Department of revenue announced a deadline extension for filing state taxes to July 15.<sup>9</sup>

As of March 30, 2020, North Carolina is under a statewide "stay-at-home" order effective through the end of April. This order was made after a series of counties implemented similar orders at the local level. The broad requirements of the order are that group gatherings exceeding 10 persons are prohibited, persons are to maintain a six-foot distance between one another, and non-essential businesses<sup>a</sup> are to be closed.<sup>10</sup> Public schools across the state have been closed through May 15, 2020<sup>11</sup>, and state and private universities have elected to transition to virtual classes through the end of the semester.<sup>12,13</sup> Recognizing the immediate social and economic impact of the virus across the state, state officials have taken steps to increase funding for schools to provide students with food services during the pandemic, to create other state systems to provide

<sup>a</sup> Covid-19 Essential Businesses and Operations include grocery stores, food and agricultural producers, hardware stores, pharmacies, social services, media organizations, gas stations, school buildings, office supply stores, hotels/motels, funeral services, restaurants (restricted to to-go services), transportation services, mail services, laundry services, banks, and other retailers of critical supplies or tradesmen (plumbers, electricians, etc). Executive Order No. 121 (March 27, 2020). <https://files.nc.gov/governor/documents/files/EO121-Stay-at-Home-Order-3.pdf>

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

December 31 - Authorities in China confirm treatment of dozens of cases of respiratory illness
January 21 - First confirmed case in the United States (American returning from China to Washington State)
January 30 - WHO declares global public health emergency
February 11 - WHO officially names COVID-19
February 29 - First death in the United States
March 3 - NC announces first case
March 6 - Congress passes and President Trump signs the Coronavirus Preparedness and Response Supplemental Appropriations Act; SC announces first two cases
March 10 - NC Gov. Cooper declares state of emergency
March 11 - WHO declares COVID-19 as a pandemic
March 13 - President Trump declares national emergency; SC Gov. McMaster declares state of emergency
March 14 - NC Gov. Cooper closes all K-12 schools
March 15 - CDC recommends no gatherings of 50 or more people; SC Gov. McMaster closes K-12 schools
March 16 - First death in SC
March 17 - NC Gov. Cooper suspends dine-in at restaurants and bars; SC Gov. McMaster suspends dine-in at restaurants and bars
March 18 - Congress passes and President Trump signs Families First Coronavirus Response Act
March 23 - NC Gov. Cooper announces K-12 closings through May 15 and orders closure of certain non-essential businesses
March 24 - SC Gov. McMaster announces K-12 closings through April 30
March 25 - First death in NC
March 26 - United States leads the world in confirmed cases
March 27 - 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 5:00pm
March 31 - SC Gov. McMaster orders non-essential businesses to close
April 3 - SC Gov. McMaster orders additional non-essential business closures and bans rentals to travelers from COVID-19 hotspots
April 6 - SC Gov. McMaster enacts statewide "work or home" order for the period of the State of Emergency

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. WHO-World Health Organization; CDC – Centers for Disease Control and Prevention; NC – North Carolina; SC – South Carolina

food assistance to families, and to temporarily increase state Food and Nutrition Services (FNS) benefits received by over 360,000 households.<sup>14,15</sup> Governor Cooper issued an executive order on March 31 prohibiting utility shut-offs and discouraging evictions and foreclosures.<sup>16</sup> Additionally, the state Medicaid payment rate has been temporarily increased to provide extra support to long-term care facilities, providers of behavioral health and therapy for individuals with intellectual and development disabilities, and other facilities that care for populations particularly vulnerable to COVID-19.<sup>17</sup> Licensure requirements for in-person medical and behavioral health services have been adjusted to allow licensed personnel from other states or territories to practice or apply for an emergency license in North Carolina with no fees.<sup>18,19,20</sup> Finally, the state has amended state unemployment benefit regulations to remove, most notably, the previously required one-week waiting period and attestation that the applicant is looking for work.<sup>21</sup>

### South Carolina

The regional Midlands Coronavirus Task Force brought together leaders in Richland and Lexington counties to address the local preparedness and potential response to COVID-19 on March 6.<sup>22</sup> One day later, South Carolina's first two cases were announced.<sup>23</sup> As in North Carolina, South Carolina Governor Henry McMaster has issued several executive orders intended to limit the spread of the virus and connect citizens with food and health care resources.<sup>7</sup> On March 13, Governor McMaster declared a state of emergency as COVID-19 cases reached 13. He originally ordered the closure of all public schools in

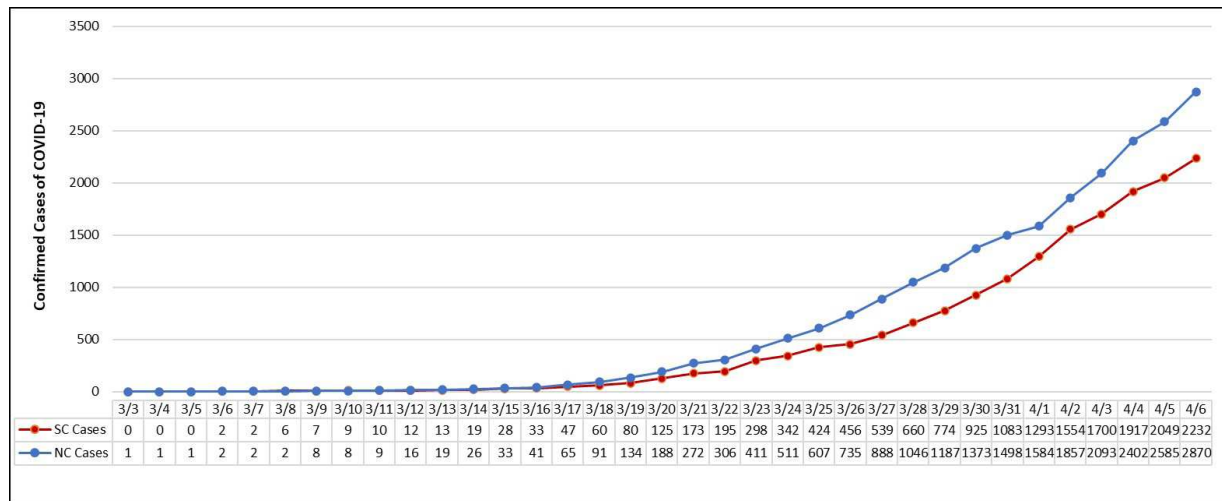
Kershaw and Lancaster counties for 14 days,<sup>24</sup> and two days later announced the closure of all South Carolina public schools through March 31, later extending closures to the end of April.<sup>25,26</sup> He has also called on all public colleges and universities in the state to finish their semesters online.<sup>27</sup> The state tax deadline for income taxes has been delayed until July 15, and the South Carolina Chief Justice halted all evictions.<sup>28,29</sup>

The South Carolina General Assembly and Governor McMaster have allocated \$45 million to the Department of Health and Environmental Control to combat COVID-19.<sup>30</sup> Governor McMaster has requested that hospitals and other overnight medical facilities immediately restrict visitation in their facilities and allow only visits to patients in end-of-life situations.<sup>31</sup> To address the supply of medical professionals, the South Carolina Board of Medical Examiners and the South Carolina Board of Nursing implemented procedures to issue temporary licenses for out-of-state physicians, physician assistants, nurses and respiratory care practitioners without fee for 90-days.<sup>32</sup>

Local law enforcement was instructed on March 23 to disperse crowds gathered on state beaches and to disperse public gatherings of three or more people, with violations of this rule resulting in a misdemeanor.<sup>33</sup> On March 31, Governor McMaster ordered the closure of some non-essential businesses and added additional business closures on April 3.<sup>b,34,35</sup> An additional executive order suspended short-term rentals to anyone from CDC-identified hotspots across the country.<sup>36</sup> In March, two localities enacted "shelter in place" orders to help contain the spread of COVID-19, and effective April 7, Governor McMaster enacted a

<sup>b</sup> Non-essential businesses include entertainment venues and facilities, recreational and athletic facilities and close-contact service providers such as Barber shops, hair, waxing, threading tanning, and nail salons, spas, body-art facilities and tattoo services and massage-therapy establishments and massage services. Additional businesses that were added include home furnishing, clothing, jewelry, department, sporting, book, craft, and flower stores. South Carolina Office of the Governor. Executive Order 2020-17 and 2020-18. (March 31, 2020 & April 3, 2020). <https://governor.sc.gov/sites/default/files/Documents/Executive-Orders/2020-03-31%20eFILED%20Executive%20Order%20No.%202020-17%20-%20Closure%20of%20Non-Essential%20Businesses.pdf> & <https://governor.sc.gov/sites/default/files/Documents/Executive-Orders/2020-04-03%20eFILED%20Executive%20Order%20No.%202020-18%20-%20Closure%20of%20Additional%20Non-Essential%20Businesses.pdf>

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>  
 Note: While the growth of cases across both states is similar, the difference in state populations translates to more cases per population for South Carolina than North Carolina (40 per 100,000 residents vs. 26 per 100,000). 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 April 6, 2020

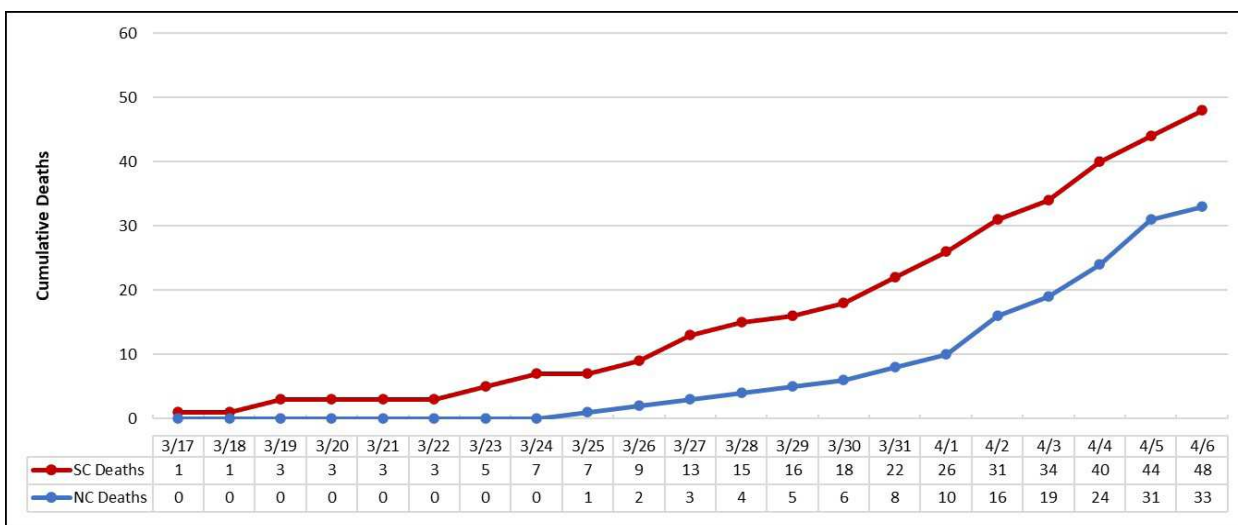
statewide “work or home” order for the period of the State of Emergency.<sup>37,38,39</sup>

Similar to North Carolina, South Carolina officials have increased funding and flexibility for schools, increased Supplemental Nutrition Assistance Plan (SNAP) benefits for over 175,000 households to the maximum monthly allotment based on household size for two months, and amended unemployment benefit regulations to remove, most notably, the one-week waiting period and attestation that the applicant is looking for work.<sup>40,41,42</sup> Finally, the South Carolina Department of Mental Health is setting up a Virtual Crisis Counseling Program to support residents feeling anxiety during this crisis.<sup>43</sup>

### KNOWN AND POTENTIAL IMPACTS OF THE PANDEMIC IN NORTH AND SOUTH CAROLINA

The COVID-19 pandemic has sweeping impacts on both the health of the population and the well-being of local economies. Vulnerable populations such as older adults and persons who are immunocompromised as a result of preexisting conditions are at elevated risk of negative health consequences from the virus. In the absence of any known treatment or vaccine for COVID-19, social distancing and

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>

other exposure-limiting strategies for everyone are thought to be the best protection for these groups. Even though testing has improved since the emergence of the virus in the region, there remain barriers to ensuring that those with the virus are appropriately tested and treated. Testing criteria has been expanded but is still limited to persons who are symptomatic.<sup>c,44,45</sup>

For those with confirmed infection, treatment may also come with cost burdens. For individuals who lack health insurance, costs can be staggering if they require prolonged hospital admission.<sup>46</sup> Patients with insurance also face steep out-of-pocket costs upwards of \$1,300.<sup>46</sup> To address cost-burden concerns, many private health insurers have acted to reduce cost-sharing for members. Among others, Humana and Cigna have announced that they will waive all cost-sharing for COVID-19 testing and treatment.<sup>47</sup> Blue Cross and Blue Shield of North Carolina has announced that it will waive cost-sharing for COVID-19 testing, cover all telemedicine visits under the same plan provisions as face-to-face visits, and will not require pre-approval for COVID-19 testing or virus-related services.<sup>48</sup> BlueCross BlueShield of South Carolina has announced that it will cover testing, copay, coinsurance, and deductibles to diagnose COVID-19 for its members when medically necessary, waive all out-of-pocket costs related to COVID-19 treatment until June 1, and cover telehealth sessions with psychologists and psychiatrists.<sup>49</sup> UnitedHealthcare is waiving costs of COVID-19 testing and all cost-sharing for treatment of the virus for members.<sup>50</sup> Medicare beneficiaries are not responsible for cost-sharing for COVID-19 testing, and are covered for treatment services received during inpatient hospital stays under Part A and outpatient services under Part B.<sup>51</sup>

The stay-at-home orders and other restrictions have had undeniable impacts on local economies across both states. Restaurants; personal care service providers such as hairstylists and barbers; and other small retailers have seen large cuts to revenue that have forced them to lay off employees or dramatically reorganize their businesses. While some have been able to adjust to delivery or curbside-only service, lost income and the ability to make payroll for employees remains a problem.<sup>52</sup> In the last two weeks of March, new unemployment claims in North Carolina passed 300,000—a figure that far exceeds what is typically seen across an entire year—and 95,000 in South Carolina.<sup>53,54</sup>

The pandemic and the social-distancing strategies designed to slow its spread also impact psychological well-being. School and work closures disrupt social schedules and place financial pressures on individuals and families that may exacerbate stress and anxiety.<sup>55</sup> These effects may

be disproportionately concentrated on populations with lower socioeconomic status who are less likely to have jobs that can be performed remotely and may also face barriers to affording housing and child care.<sup>56</sup> For older adults who already face increased risk of social isolation, restriction of access to social spaces and suspension of guest access to nursing homes and other senior communities may exacerbate negative health effects associated with loneliness.<sup>57</sup>

## FEDERAL LEGISLATION AND ACTION TO ADDRESS THE IMPACTS OF THE COVID-19 PANDEMIC

Congress worked quickly to try to address the growing public health and economic crises in the country. From March 6-27, three bills were passed by Congress and signed by President Trump. The following sections detail these pieces of legislation and possible implications for North and South Carolina.

### Coronavirus Preparedness and Response Supplemental Appropriations Act

The first piece of federal legislation in response to COVID-19, the Coronavirus Preparedness and Response Supplemental Appropriations Act, was signed into law on March 6, 2020. This bill provides \$8.3 billion in emergency funding for federal agencies, with \$6.7 billion designated for domestic response and \$1.6 billion designated for international efforts to combat the COVID-19 outbreak.<sup>58</sup> Of this funding, the Centers for Disease Control and Prevention (CDC) received \$1.9 billion to prevent, prepare for, and respond to the spread of COVID-19, of which \$950 million will be dispersed through grants or cooperative agreements with states, localities, and tribal organizations. North Carolina received around \$13.8 million and South Carolina around \$8.9 million.<sup>59</sup> The funding is to be used to “carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.”<sup>60</sup>

Two billion dollars of the \$6.2 billion allocated to the U.S. Department of Health and Human Services (DHHS) was allocated to the Biomedical Advanced Research and Development Authority to research and develop vaccines, therapeutics, and diagnostics.<sup>58</sup> Another \$836 million was allocated to the National Institute of Allergy and Infectious Diseases (NIAID) to conduct research on therapies, vaccines, and diagnostics, and \$61 million was appropriated for the Food and Drug Administration (FDA) to review these potential vaccines.<sup>60</sup> The deadline for the first round of grant funding opportunities for COVID-19 research through NIAID was April 5, 2020.<sup>61</sup>

c The testing criteria in North Carolina includes persons who (1) “Have fever or lower respiratory symptoms (cough, shortness of breath) and close contact with a confirmed COVID-19 case within the past 14 days;” or (2) “Have fever and lower respiratory symptoms (cough, shortness of breath) and a negative rapid flu test.” <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/testing-and>  
d The America’s Health Insurance Plans (AHIP) trade association maintains a full listing of the response of health insurance companies to Covid-19. <https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/>



This bill also includes a waiver that removes restrictions on Medicare providers, allowing them to offer telehealth services to all beneficiaries (estimated cost of \$500 million).<sup>58</sup> Telehealth visits were traditionally restricted to routine visits for patients residing in rural areas to prevent fraud and abuse. However, the Centers for Medicare and Medicaid Services (CMS) has expanded telehealth access to a wide range of health care providers at the same reimbursement rate as in-person visits for Medicare beneficiaries during the COVID-19 public health emergency.<sup>62</sup> While North Carolina no longer requires an in-person exam prior to receiving telehealth and has removed restrictions on the location of the provider and patient, South Carolina telehealth evaluation and management encounters are only available for established patients. North Carolina service claims began March 10, 2020, and South Carolina will accept claims provided on or after March 15 through the duration of the COVID-19 public health emergency.<sup>62</sup>

Many of the nation's 30 million small businesses are subject to economic disruptions.<sup>63</sup> The Coronavirus Preparedness and Response Supplemental Appropriations Act provides \$20 million to the Small Business Administration (SBA) to assist in its disaster loans program, which will administer loan subsidies for small businesses that are severely financially impacted by the coronavirus.<sup>58</sup>

### Families First Coronavirus Response Act

The second major federal legislative initiative addressing COVID-19, the Families First Coronavirus Response Act, was signed into law on March 18, 2020 to respond to the growing health and economic crisis. This package took effect on April 3, 2020, and addresses the domestic outbreak with measures including paid sick leave, insurance coverage of COVID-19 testing, nutrition assistance, and unemployment benefits.<sup>64</sup>

#### Paid Sick Leave

Many employees cannot self-quarantine because they lack paid sick leave and have concerns related to personal finances. According to the federal Bureau of Labor Statistics, in 2019 24% of civilian workers in the United States (private and public employees) did not have access to paid sick leave.<sup>65</sup> In the South Atlantic region, which includes North and South Carolina, 29% of civilian workers do not have access to paid sick leave.<sup>65</sup> Nationally, access to paid sick leave varies significantly based on occupation and employer size. Table 1 details the average percentage of employees with paid leave across occupation groups and across employer size.

The Families First Coronavirus Response Act permits employees who are unable to work due to quarantine orders by a health care provider, or are experiencing symptoms and seeking diagnosis, up to 80 hours of paid sick leave at their regular rate of pay (up to \$511 per day). Employees are eligible for two-thirds of their regular pay (up to \$200 per

day) if they are caring for an individual who is subject to self-quarantine, caring for a child if their school has been closed, or experiencing "any other substantially similar condition specified by" the Secretary of DHHS.<sup>66</sup> This paid leave applies to private businesses with fewer than 500 employees and all public employers, with exemptions available for small businesses with fewer than 50 employees if compliance would threaten their viability. Employers may receive a sick leave credit for an employee who is unable to work due to self-quarantine or is showing COVID-19 symptoms and is seeking medical diagnosis or having to take care of someone with these symptoms.<sup>67</sup>

#### Insurance Coverage for Testing and Other Health Care Costs

While testing costs were originally uncertain, private health plans are now mandated by this law to provide coverage for COVID-19 diagnostic testing, including the cost of related provider and emergency room visits, at no cost to the consumer.<sup>64</sup> While Medicare beneficiaries were already protected from cost-sharing for diagnostic lab tests, this bill removes cost-sharing for the related provider visit, as well.<sup>66</sup> For individuals enrolled in Medicaid or CHIP, all fees are waived for testing and testing-related services during the emergency period.<sup>66</sup> TRICARE, Veterans Affairs, and health plans covering federal workers will not impose cost-sharing for the detection or diagnosis of COVID-19 provided that the diagnostic has received Emergency Use Authorization.<sup>66</sup>

#### Nutrition Assistance

As the unemployment rate increases, the need for nutrition assistance will increase as well; therefore, work and work training requirements will be lifted for SNAP beginning in April until the public health emergency declaration is lifted by the Secretary of DHHS. With the pandemic forcing the closure of schools, children are at a greater risk of food insecurity, as 22 million students nationwide participate in the free and reduced-price lunch program.<sup>68</sup> Funding has also been allocated to the Secretary of Agriculture to increase federal funds that states request for federal school breakfast and lunch programs. These funds help purchase equipment, pay food service staff, and purchase food supplies that are currently being used to implement "grab and go" bags and meal delivery at many schools in North and South Carolina.<sup>69,70</sup>

#### Unemployment Benefits

South Carolina saw 109,702 unemployment claims between March 1 and March 28, with more than 95,000 of those claims in the last two weeks of the month.<sup>71</sup> More than 350,000 unemployment claims have been filed in North Carolina since March 16, one of the highest increases in unemployment seen across the country.<sup>72,73</sup> Both states' unemployment offices are struggling to keep pace with the number of claims being filed.<sup>73,74</sup> To combat such an increase, the Families First Coronavirus Response Act

Table 1: Access to Paid Sick Leave in 2019 by Selected Occupational Groups &amp; Size of Employer Across the U.S.

Occupation group	Access to paid leave
Primary, secondary, and special education schoolteachers	96%
Management, business, and financial workers	94%
Registered nurses	90%
Office and administrative support workers	83%
Protective service workers	83%
Installation, maintenance, and repair workers	77%
Transportation and material moving workers	72%
Production workers	68%
Sales and related workers	64%
Construction, extraction, farming, fishing, and forestry workers	59%
Number of employees	Access to paid leave
1 to 49	64%
50-99	71%
100-499	81%
500 or more	91%

Source: DeSilver D. As coronavirus spreads, which U.S. workers have paid sick leave – and which don't?. Pew Research Center. March 12, 2020. <https://www.pewresearch.org/fact-tank/2020/03/12/as-coronavirus-spreads-which-u-s-workers-have-paid-sick-leave-and-which-dont/>. Accessed March 31, 2020

allocates \$500 million to states using a population ratio and another \$500 million to states where unemployment compensation claims increase by 10% over quarter two from 2019. The weekly benefit amount in South Carolina is approximately 50% of one's prior average weekly wage, subject to a weekly minimum of \$42 and maximum of \$326.<sup>75</sup> In North Carolina, one's weekly benefit is calculated by adding wages from the last two quarters of employment divided by 52, with a maximum weekly benefit of \$350.<sup>75</sup>

### Coronavirus Aid, Relief, and Economic Security (CARES) Act

The third and most extensive piece of legislation passed by Congress related to COVID-19 is the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Signed by President Trump on March 27, 2020, the CARES Act dedicates \$2.5 trillion in federal spending, by far the largest stimulus bill ever passed by Congress. It includes stimulus checks to individuals and families, a supplement to unemployment insurance benefits, loans for small and large businesses, and funding for hospitals, community health centers, and state and local governments. Table 2 details allocations to these stakeholders, available information on qualifications to receive funds, and, when possible, specifies the extent to which North and South Carolina residents and communities will benefit.

The CARES Act includes many other funding provisions that are not specified in this table. The National Conference of State Legislatures has a detailed summary of provisions impacting states at <https://www.ncsl.org/ncsl-in-dc/publications-and-resources/coronavirus-stimulus-bill-states.aspx>.

### Other Federal Actions to Address the COVID-19 Pandemic

Along with these legislative actions, and the work of the CDC, CMS, DHHS, and other health-related agencies, the federal government continues to take actions to address the COVID-19 pandemic. Among these actions, restrictions have been placed on entry to the United States by foreign nationals who have visited China, Iran, the European Schengen area, the United Kingdom, or the Republic of Ireland.<sup>95</sup> The Internal Revenue Service has extended the tax filing deadline from April 15 to July 15, 2020.<sup>96</sup> The Federal Reserve lowered the benchmark for most interest rates to a range of 0% to .25% on March 15 in an attempt to protect against large economic impacts.<sup>97,98</sup>

### CONCLUSION

The COVID-19 pandemic and associated economic crisis have been developing for months, yet we are most likely in the early stages of a long-term situation that will require ongoing state and federal actions to protect the health and well-being of Americans. The North Carolina Institute of Medicine and the South Carolina Institute of Medicine & Public Health will continue to monitor federal actions and their potential impacts on the residents and communities of our states. This issue brief will be updated if Congress passes additional legislation related to COVID-19.

Table 2: Funding Details in the Coronavirus Aid, Relief, and Economic Security Act and Estimated Beneficiaries in North and South Carolina (continued on next page)

	NC	SC
<b>Stimulus payments to individuals and families</b> <sup>76</sup>	<b>Estimated* % of households that will receive a payment</b>	
<ul style="list-style-type: none"> <li>• One-time payments of up to \$1,200 per adult, \$500 per child under 17</li> <li>• Eligible individuals include all U.S. residents with a Social Security Number who are not claimed as a dependent for tax purposes</li> <li>• Payments calculated using 2019 tax return, or 2018 if not yet filed</li> <li>• Payments will be directly deposited if deposit information available from tax return, otherwise checks will be mailed out beginning around April 17</li> <li>• Individuals earning \$75,000 or less annually (adjusted gross income) will receive \$1,200; payments decrease with increasing income and are phased out at \$99,000 annually</li> <li>• Individuals filing taxes as “head of household” (usually single parents with children) will receive \$500 per child under 17 and are eligible for the full amount if their earnings are \$112,500 or less; individual payments are phased out at \$136,500 annually; for each additional \$10,000 of earnings over \$136,500, payment for children will decrease by \$500 (e.g., head of household earning \$156,600 with two children will not receive payment, but would receive \$500 if they had three children)</li> <li>• Married couples earning \$150,000 or less annually will receive \$2,400; payments are phased out at \$198,000 annually</li> <li>• Married couples with children receive \$500 per child under 17; for each additional \$10,000 of earnings over \$198,000, payment for children will decrease by \$500 (e.g., married couples earning \$218,000 with two children will not receive a payment, but would receive \$500 if they had three children)</li> </ul>	<p>83% of married parents</p> <p>94% of single parents</p> <p>99% of individuals who are single and living with others (no children)</p> <p>89% of individuals living alone</p>	<p>85% of married parents</p> <p>94% of single parents</p> <p>99% of individuals who are single and living with others (no children)</p> <p>90% of individuals living alone</p>
<b>Pandemic Unemployment Assistance</b> <sup>77,78</sup>	<b>State unemployment details</b>	
<ul style="list-style-type: none"> <li>• Expands unemployment benefits 13 weeks beyond what states provide</li> <li>• Temporary supplement of \$600 pre week to unemployment benefits provided by state for four months</li> <li>• Eligible individuals include those who worked part-time, were self-employed, and/or were gig economy workers, if allowed by the state</li> <li>• Furloughed employees can qualify even if still receiving benefits from employer</li> <li>• Federal government will pay first week of benefits if state waives one-week waiting period</li> </ul>	<p>New unemployment claims last two weeks of March: 305,804 <sup>79</sup></p> <p>State unemployment benefits: \$350 max weekly; \$265 avg. weekly <sup>80</sup></p> <p>Current reciprocity rate***:10% <sup>81</sup></p> <p>One-week waiting period waived?: Yes <sup>21</sup></p>	<p>New unemployment claims last two weeks of March: 95,910 <sup>82</sup></p> <p>State unemployment benefits: \$326 max weekly; \$260 avg. weekly <sup>80</sup></p> <p>Current reciprocity rate***:22% <sup>81</sup></p> <p>One-week waiting period waived?: Yes <sup>83</sup></p>
<b>Aid to state and local governments = \$150 billion</b> <sup>77</sup>	<b>Amount allocated to each state (local cap**) \$ in millions</b> <sup>84</sup>	
<ul style="list-style-type: none"> <li>• Use for COVID-19 related expenses incurred between March 1, 2020 and December 30, 2020 that are not accounted for in state budgets</li> <li>• 45% of state funds allocated for local governments for areas with populations of 500,000 or more</li> <li>• \$8 billion of these funds set aside for tribal governments</li> </ul>	\$4,067 (\$1,830)	\$1,996 (\$898)
<b>Loans to small businesses = \$350 billion</b> <sup>85-87</sup>	<b>Estimated number of qualifying businesses and employees<sup>^</sup></b>	
<ul style="list-style-type: none"> <li>• Companies with 500 employees or fewer</li> <li>• Up to eight weeks of cash-flow assistance to maintain payroll</li> <li>• If payroll maintained, any funds used for payroll costs, interest on mortgage, rent, or utilities will be forgiven</li> <li>• Loans available retroactively to February 15, 2020 and up to June 30, 2020</li> <li>• Maximum loan amount based on formula (average monthly payroll x 2.5); maximum loan size \$10 million</li> <li>• Applications must be submitted online, available through the US Department of Treasury website</li> <li>• Also available, Economic Injury Disaster Loans with \$10,000 advance</li> </ul>	<p>Establishments with 1 to 499 employees: 226,766</p> <p>Individuals employed by these establishments: 2.98 million</p>	<p>Establishments with 1 to 499 employees: 105,674</p> <p>Individuals employed by these establishments: 1.39 million</p>

Table 2 continued

<b>Public Health and Social Services Emergency Fund = \$127 billion</b> <sup>88-91</sup>
<ul style="list-style-type: none"> <li>• \$100 billion intended to “reimburse, through grants or other mechanisms, eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus”</li> <li>• Hospitals can apply for funding for a variety of COVID-19 related expenses (e.g., construction of temporary structures, medical supplies)</li> <li>• Distribution at the discretion of Secretary of the US Department of Health and Human Services</li> <li>• There are no formulas, eligibility criteria, or requirements for specific geographic distribution</li> <li>• Hospitals will receive a 20% increase in Medicare reimbursement for expenses related to COVID-19</li> <li>• Scheduled reductions in Disproportionate Share Hospital payments delayed until December 2020</li> <li>• \$27 billion for developing vaccines and purchasing supplies; \$16 billion must be allocated to purchases from the Strategic National Stockpile</li> </ul>
<b>Loans to large corporations = \$500 billion</b> <sup>87,92</sup>
<ul style="list-style-type: none"> <li>• Provided for loans, loan guarantees, and other investments; for up to five years and not forgiven</li> <li>• Program will be overseen by an inspector general at the Treasury Department</li> <li>• Specific payments allocated to airlines (\$50 billion) and cargo carriers (\$8 billion)</li> <li>• Prohibitions on businesses owned by U.S. President, Vice President, members of Congress, and heads of Executive Departments benefitting</li> </ul>
<b>Other select appropriations</b> <sup>77,87,91,93,94</sup>
<ul style="list-style-type: none"> <li>• COVID-19 testing and vaccines to be provided at no cost to patients</li> <li>• \$1 billion for Indian Health Service for support of medical services, equipment, and supplies</li> <li>• \$1.3 billion for emergency funding of community health centers</li> <li>• \$19.6 billion for Department of Veterans Affairs equipment, testing, and support services</li> <li>• \$1.5 billion for Economic Development Administration to assist communities with economic revitalization after pandemic</li> <li>• \$5 billion to the Community Development Block Grant program to help states and localities respond to COVID-19 related economic and housing impacts (e.g., expanding community health centers, childcare, food banks, and senior services)</li> <li>• \$45 billion for Disaster Relief Fund for state and local needs related to the pandemic (e.g., National Guard deployment, personal protective equipment, medical response)</li> <li>• \$30.75 billion Educational Stabilization Fund for states to use for elementary, secondary, and higher education; allocations to states based on formulas<sup>^^</sup></li> <li>• Agriculture-related funding, including \$14 billion for Commodity Credit Corporation and \$9.5 billion for additional assistance to livestock and specialty crop farmers</li> <li>• Suspension of federal student loan payments to September 30 with no accrued interest; applies to loans made within past 10 years</li> </ul>

<sup>\*</sup>Estimates based on Cecil G. Sheps Center for Health Services research analysis of 2014-2018 American Community Survey (ACS) 5-Year Public Use Microdata Sample (PUMS) Files; U.S. Census Bureau (2020); retrieved from <https://www2.census.gov/programs-surveys/acs/data/pums/2018/5-Year/>. Assumptions used for estimates: Individuals and couples have filed a tax return in 2018 or 2019; married couples file jointly; individuals who are single may be overestimated due to inclusion of all adults 18 and older without knowledge of dependency status for tax purposes.

<sup>\*\*</sup>Local cap refers to the maximum amount a local government can be given from the total state allocation.

<sup>\*\*\*</sup>Reciprocity rate refers to the percent of people applying for unemployment benefits who receive them. North Carolina has the lowest reciprocity rate in the country. The US average is 28%. (United States Department of Labor. Reciprocity Rates, By State. 2019. <https://oui.dola.gov/unemploy/Chartbook/a13.asp>)

<sup>^</sup>Calculations from American Community Survey. 2016 Business patterns. CB1600A12: Geography Area Series: County Business Patterns by Legal Form of Organization. North Carolina and South Carolina.

<sup>^^</sup>The Center for Budget and Policy Priorities has estimated the amount states will receive from the Education Stabilization Fund and projects that North Carolina will receive \$831.6 million (\$378.4 million for K-12 schools, \$357.6 million for higher education, and \$95.6 million for Governors' emergency education relief grants) and South Carolina will receive \$410.2 million (\$204.0 million, \$159.0 million, and \$47.3 million, respectively). <https://www.cbpp.org/research/state-budget-and-tax/how-much-will-states-receive-through-the-education-stabilization-fund>



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