

The United States Congress passed a fourth piece of legislation on December 21, 2020, which was signed by President Trump on December 27, 2020, to address some of the health, economic, and education fallout of the COVID-19 pandemic. As case rates in the Carolinas rose through the summer and began spiking in fall 2020, the North Carolina Institute of Medicine and the South Carolina Institute of Medicine & Public Health continued to monitor state and federal actions to address the fallout from the crisis. This issue brief provides an update on these actions since our previous publications from April 8 and May 20, 2020.

Case Rates in the Carolinas

Cases of COVID-19 rose rapidly in the Carolinas between June and August 2020, then slowed for a few months. Throughout the fall and into winter, rates began to spike higher than any other time during the pandemic. In North Carolina, the percent of COVID-19 tests that were positive reached double-digits in December and peaked with a high of 17.0% on January 4, 2021.¹ Similarly, South Carolina's percent positive rate spiked early in December and reached a high of 47.2% on January 10, 2021.² Table 1 shows the number of cases and deaths that are associated with settings that have had larger outbreaks of COVID-19.

Nursing and residential care facilities have experienced the largest outbreaks, which have seen 761,302 cases and 9,342 deaths in North Carolina, and 398,892 cases and 6,564 deaths reported in South Carolina as of February 1, 2021.^{3,4} **Figures 1 and 2** show the rise of cases and hospitalizations, respectively, across time in the Carolinas. It is important to note that due to North

Carolina's larger population, case numbers are inherently larger in that state. North Carolina's case rate was 71,760 per million residents and South Carolina's case rate was 85,416 per million residents as of January 31, 2021, according to Worldometer.

TABLE 1

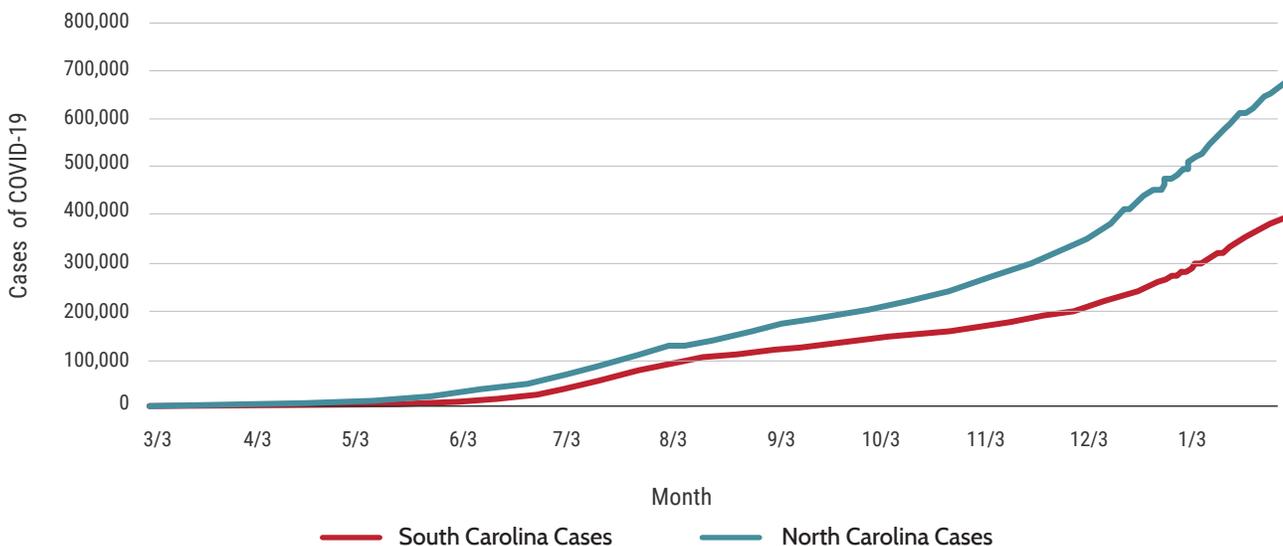
Cases and deaths in settings associated with larger outbreaks of COVID-19 in North and South Carolina

	North Carolina		South Carolina	
	CASES	DEATHS	CASES	DEATHS
Nursing and residential care facilities (resident and staff)	44,113	4,136	16,975	1,773
Corrections	11,175	77	3,892	39
Meat and poultry processing	4,411	22	Not Available	Not Available
Colleges and universities	3,012	1	Not Available	Not Available
Religious gatherings	2,246	37	Not Available	Not Available

Sources: North Carolina Department of Health and Human Services (NC DHHS). Outbreaks and Clusters. <https://covid19.ncdhhs.gov/dashboard/outbreaks-and-clusters>. Accessed January 31, 2021. South Carolina Department of Health and Environmental Control. Nursing Homes & Extended Care Facilities Impacted by COVID-19. <https://scdhec.gov/covid19/nursing-homes-extended-care-facilities-impacted-covid-19>. South Carolina Department of Corrections. COVID-19 Information. <http://www.doc.sc.gov/covid.html>. Accessed January 31, 2021. NC DHHS. COVID-19 Clusters in North Carolina. February 1, 2021. <https://files.nc.gov/covid/documents/dashboard/COVID-19-Clusters-in-NC-Report.pdf>.

FIGURE 1

Cumulative Confirmed Cases of COVID-19 in North and South Carolina



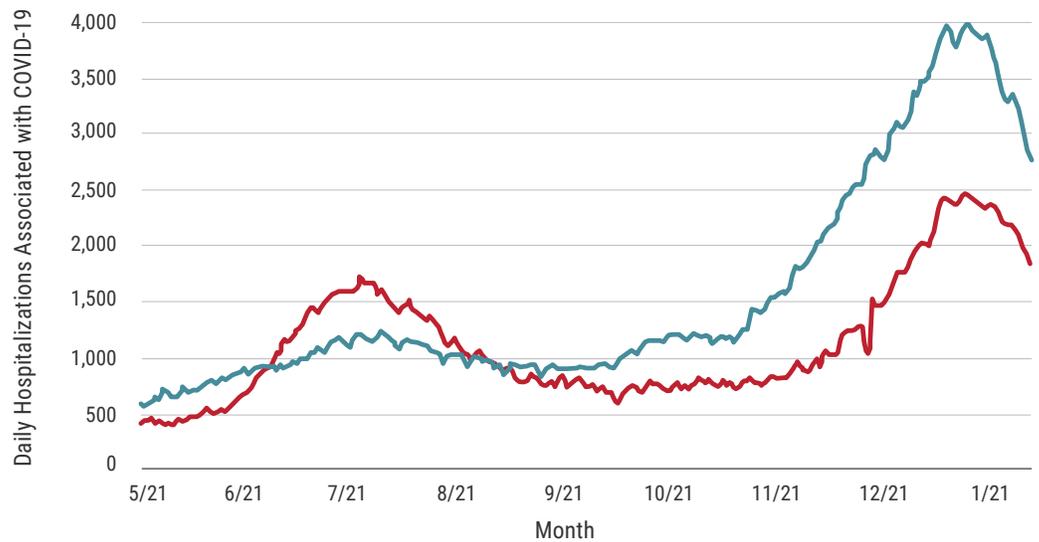
Source: The COVID Tracking Project. <https://covidtracking.com/data>. Accessed February 1, 2021. Notes: Confirmed case totals are dependent on testing rates. North Carolina's testing rate was 839,314 tests per million residents and South Carolina's rate was 953,133 per million as of January 31, 2021. North Carolina's confirmed case rate was 71,760 per million residents and South Carolina's is 85,416 per million residents as of January 31, 2021. Worldometer. <https://www.worldometers.info/coronavirus/country/us/>. Accessed January 31, 2021.

FIGURE 2

Daily Hospitalizations Associated with COVID-19 in North and South Carolina

Source: The COVID Tracking Project. <https://covidtracking.com/data>. Accessed February 1, 2021.

— South Carolina
— North Carolina



Social and Economic Impacts of the COVID-19 Pandemic

Unemployment

Since businesses began closing in March 2020, the number of people filing for unemployment has reached over 1.4 million in North Carolina and over 830,000 in South Carolina, accounting for nearly one in every three workers in the Carolinas.⁵⁻⁸ In North Carolina, 67% of people who applied for unemployment benefits were approved, with over \$9.6 billion in payments as of January 29, 2021, including federal supplements, while 31% have been deemed ineligible for benefits (3% still pending).⁶ In South Carolina, payments have totaled over \$5 billion as of January 25, 2021, including federal supplements.⁵ Counties across the two states experienced a variation in peak unemployment rates— from 8.1% in Bertie County, NC and 7.2% in Saluda County, SC to 24.5% in Dare County, NC and 22.5% in Horry County, SC.^{5,6,9}

The US Census Bureau has conducted the Household Pulse Survey since April 23, 2020 to provide weekly data on the impact of the pandemic on households across several indicators, including employment income (see Table 2). Data through July 2020 indicate that 45.7% of people in the Carolinas experienced a loss in employment income since March 13, 2020.¹⁰ The most recent survey data available as of

February 1, 2021 was for the weeks of January 6-18. The survey found that 27.1% of North Carolinians and 25.3% of South Carolinians expected someone in their household to have a loss in employment income in the next four weeks.¹¹

Health Insurance

As people have lost employment, many have also lost insurance coverage associated with those jobs. An analysis by Families USA estimated that as of May 2020 approximately 5.4 million American workers had lost health insurance due to unemployment since the start of the COVID-19 pandemic.¹¹ In North Carolina, an estimated 238,000 workers lost health insurance between February and May, the fifth largest number in the nation (behind California, Texas, Florida, and New York – all states with much higher populations).^{a,11} In South Carolina, an estimated 99,000 lost insurance coverage, coming in at 16th highest in the country.¹¹ Approximately 20% of North and South Carolinian adults lacked health insurance, compared to 16% in 2018.¹¹ Data is not available on the number of dependents (spouses, children, or adult children on parents' insurance) who have lost coverage due to a family member's unemployment, but with dependents included, the total number of Carolinians now without health insurance is likely higher than these estimates.

^a Analysis by Mark Holmes of the Cecil G. Sheps Center for Health Services Research found a mid-range estimate of a three-percentage-point increase in North Carolina's uninsured rate as of August 2020, suggesting a total uninsured rate of 14.3%. This analysis also found a 7% increase in North Carolina's Medicaid enrollment between February and August 2020. <https://www.ncmedicaljournal.com/content/ncm/81/6/400.full.pdf>

Evictions

Unemployment has also put more people at risk for eviction. Renters make up 35% of North Carolina residents (over 3.3 million people) and 31% in South Carolina (nearly 1.5 million people).¹²⁻¹⁴ Median gross rent in both states is around \$790 per month, and average rent burden is around 30% of household income.¹⁴ The Household Pulse Survey includes a measure of the likelihood of eviction or foreclosure. As of Week 22 of the survey (January 6-18), 23.2% of adults in North Carolina and 46.1% in South Carolina who were “living in households not current on rent or mortgage” said that they were either “very” or “somewhat” likely to face eviction or foreclosure in the next two months (see Table 2).¹¹

The CARES Act placed a moratorium on evictions from housing units assisted by Community Development Block

Grant (CDBG), Neighborhood Stabilization Program, and CDBG-Disaster Recovery loans through July 24, 2020. In North Carolina, Governor Roy Cooper signed an executive order placing a moratorium on all evictions from May 30 through June 20, 2020.^{15,16} In South Carolina, the state supreme court halted evictions between March 27 and May 15, 2020.¹³ Residents that could demonstrate financial hardship due to the pandemic and met other criteria could apply for a one-time rental assistance payment of up to \$1,500 through funding from the South Carolina Housing Finance and Development Authority.¹⁷ On September 2, the Centers for Disease Control and Prevention (CDC) ordered a suspension of evictions for nonpayment of rent, fees, or other charges, and this moratorium is currently in place until March 31, 2021.^{18,19}

TABLE 2

Select Economic and Social Impacts of the COVID-19 Pandemic

	North Carolina		South Carolina		United States	
	Week 1 ^a	Week 22 ^b	Week 1 ^a	Week 22 ^b	Week 1 ^a	Week 22 ^b
Loss in Employment Income (%)	42.3	N/A	46.0	N/A	47.0	N/A
Expected Loss in Employment Income (%)	32.0	27.1	36.5	25.3	38.8	27.0
Food Scarcity (%)	7.8	10.6	11.6	13.7	9.8	11.3
Delayed Medical Care (%)	34.6	N/A	38.6	N/A	38.7	N/A
Housing Insecurity (%)	19.7	10.0	27.2	14.0	24.6	8.9
Likelihood of Eviction or Foreclosure (%)	N/A	23.2	N/A	46.1	N/A	34.2
Difficulty Paying for Usual Household Expenses (%)	N/A	33.3	N/A	36.7	N/A	35.1
K-12 Educational Changes (%)	99.9	N/A	99.0	N/A	99.6	N/A
Any Telework (%)	N/A	41.4	N/A	28.4	N/A	38.4
	April 2020	Nov. 2020	April 2020	Nov. 2020	April 2020	Nov. 2020
Unemployment (%)	12.9	6.2	12.8	4.4	14.8	6.7
	2018	May 2020	2018	May 2020	2018	May 2020
Uninsured (% of all adults)	16	20	16	20	13	16
Workers Becoming Uninsured due to Job Losses between February and May 2020	N/A	238,000	N/A	99,000	N/A	30,778,000

^a Week 1 survey was fielded April 23 to May 5, 2020; ^b Week 22 survey was fielded January 6-18, 2021; N/A - Not Available

Sources: Household Pulse Survey: <https://www.census.gov/householdpulsedata>; Unemployment: <https://www.bls.gov/web/laus/lausth1.htm>; Uninsured: https://familiesusa.org/wp-content/uploads/2020/07/COV-254_Coverage-Loss_Report_7-17-20.pdf

Data definitions: Loss in Employment Income - Percentage of adults in households where someone had a loss in employment income since March 13, 2020; Expected Loss in Employment Income - Percentage of adults who expect someone in their household to have a loss in employment income in the next 4 weeks; Food Scarcity: Percentage of adults in households where there was either sometimes or often not enough to eat in the last 7 days; Delayed Medical Care: Percentage of adults who delayed getting medical care because of the COVID-19 pandemic in the last 4 weeks; Housing Insecurity: Percentage of adults who missed last month's rent or mortgage payment, or who have slight or no confidence that their household can pay next month's rent or mortgage on time; Likelihood of Eviction or Foreclosure: Percentage of adults living in households not current on rent or mortgage where eviction or foreclosure in the next two months is either very likely or somewhat likely; Difficulty Paying for Usual Household Expenses: Percentage of adults living in households where it has been somewhat or very difficult to pay for usual household expenses during the coronavirus pandemic; K-12 Educational Changes: Percentage of adults in households with children in public or private school, where classes were taught in a distance learning format, or changed in some other way; Telework: Percentage of adults living in households where at least one adult has substituted some or all of their typical in-person work for telework because of the coronavirus pandemic.

Other Social and Economic Challenges

The pandemic in general, and unemployment specifically, has led to other social and economic challenges for Carolinians. According to the Household Pulse Survey, 11% of North Carolinians and 14% of South Carolinians have “sometimes” or “often” not had enough to eat between January 6-18, 2021.¹¹ Over a third of adults in the Carolinas has had difficulty paying for usual household expenses during the pandemic.¹¹

State Budgets

With the significant economic impacts being felt currently and expected into the future, state legislatures are anticipating budget shortfalls. The North Carolina Fiscal Research Division and the Office of State Budget and Management’s latest projections were for a 7% state revenue decline for fiscal year (FY) 2020 and 10% decline for FY 2021.²⁰ The South Carolina Board of Economic Advisors projections anticipate an FY 2020 revenue decline of 3.5%.^{b,21,22}

Snapshot of State and Local Actions to Address the Pandemic

State leadership responses to the pandemic in the Carolinas, particularly around economic reopening, have greatly differed. This section details ongoing actions taken as of February 1, 2021 by state officials to address the health, economic, and social fallout of the pandemic since our COVID-19 and the Carolinas issue brief published May 2020.

North Carolina



STATE-LEVEL ACTIONS TO PROTECT HEALTH

Starting on March 10, 2020, North Carolina Governor Roy Cooper has enacted multiple Executive Orders to protect health in response to the COVID-19 pandemic. Currently, the following statewide restrictions are in place under Phase 3:

- Indoor gatherings were limited to 10 people under Executive Order 176, effective at 5 pm on November 13, 2020 through December 4, 2020, and this restriction has been extended under additional Executive Orders. Secretary of Health and Human Services Mandy Cohen also issued a Secretarial Order on January 6, 2021 that provides guidance on reducing the spread of COVID-19 transmission and instructs North Carolinians to avoid gatherings with non-household members through the duration of the State of Emergency declared under Executive Order 116.^{23,24}
- Face coverings, such as masks, are required in all indoor public settings where non-household members are present under Executive Order 180, effective since 5 pm on November 25, 2020.²⁵ This represents an expansion of the requirements outlined in past Executive Orders, which only required face coverings in indoor public settings if people were within 6 feet. Face coverings are also required in all public outdoor settings if people are within 6 feet.
- Executive Orders 188 and 189 extended the modified restrictions outlined by Executive Order 181.²⁶⁻²⁸ These provisions went into effect at 5 pm on January 8, 2021 and will remain effective until at least February 28, 2021 at 5 pm. These restrictions include a modified stay-at-home order from 10 pm to 5 am, required nighttime closure from 10 pm to 5 am for certain businesses and activities, and a ban on the sale and service of alcohol for onsite consumption from 9 pm to 7 am. Restaurants, bars, lounges, indoor venues, arenas, physical activity facilities, personal care businesses, movie theaters, museums and aquariums, and parks are among the list of establishments subject to the nighttime closure requirement.²⁹

^b Projected revenue declines are calculated differently from state to state and should not be compared.

STATE-LEVEL LEGISLATION RELATED TO COVID-19

In September 2020, the North Carolina General Assembly convened for a short budgetary session focused on allocating \$1.1 billion in remaining COVID-19 relief funds provided to the state through the federal CARES Act.^c North Carolina's Coronavirus Relief Act 3.0, which passed with strong bipartisan support, was subsequently signed into law by Governor Roy Cooper on September 4.³⁰

As a result of the Coronavirus Relief Act 3.0, the Department of Information Technology's Broadband Infrastructure Office received \$30 million in CARES funding to provide grants to

private broadband service providers focused on expanding access to underserved areas of the state through the Growing Rural Economies with Access to Technology (GREAT) program. On December 17, 2020, Governor Cooper announced that \$29.8 million of these funds will be awarded to 18 broadband infrastructure projects with plans to connect 15,965 households and 703 businesses to high-speed internet.³⁰

The North Carolina General Assembly also appropriated CARES funding to other education and social support activities. A selection of these appropriations includes:

- \$335 stimulus checks for parents with children under age 18;³⁰
- \$10 million for internet connectivity devices for remote learning;³¹
- \$25 million to the North Carolina Medical Society for medical practices with financial need related to COVID-19;³¹
- \$34 million for COVID-19 testing and tracing;³¹
- \$75 million for personal protective equipment;³¹
- \$45.5 million for the Job Retention Grant program to prevent small business layoffs;³¹
- \$19.7 million for aid to museums and arts organizations that have experienced closures due to the pandemic;³¹
- \$35 million to the Department of Health and Human Services' Division of Child Development and Early Education to provide operational grants to licensed child care providers;³¹ and
- Appropriations to the Board of Governors of the University of North Carolina to transition eligible private college and university students to online education and support students and their families impacted by the pandemic; and other funds to mitigate spread on UNC campuses.³¹

Additional bills related to telehealth, broadband internet access, and education may be considered during the North Carolina General Assembly's 2021 – 2022 legislative session, which officially began on January 13, 2021.

^c Governor Cooper signed a bill allocating \$1.5 billion in federal coronavirus relief funds on May 4, 2020. These funds were appropriated for testing and availability of personal protective equipment, combating disparities across the state, addressing education needs of children, and providing support to small businesses. https://nciom.org/wp-content/uploads/2020/05/COVID-Brief-Part-II_FINAL.pdf

PUBLIC SCHOOLS AND UNIVERSITIES

Over the course of summer 2020, North Carolina schools prepared for three possible modes of opening schools. On July 24, Governor Cooper announced that public and charter schools could reopen under *moderate social distancing* (known as Plan B) or *remote learning only* (Plan C). Districts could not operate under the least restrictive minimal social distancing (Plan A), but were given the flexibility to choose to reopen under either Plan B or C. If districts chose to operate under Plan B, they were encouraged to provide families with an option for all-remote learning.³² NC DHHS guidelines originally required schools operating under Plan B to reduce their capacity by 50%, but those guidelines were revised to allow schools to limit the number of students, teachers, staff, and visitors to the extent necessary to ensure six feet of distance can be maintained when people are stationary.^{32,33} Seventy-two of 115 school districts in the state, along with 54 charter schools, opened on August 17 using remote learning.³⁴ Governor Cooper announced on September 17 that the state's elementary schools could be opened for fully in-person instruction beginning October 5.³⁵ As cases began to spike in late fall, many schools began to shift to remote instruction only. As of mid-January, 52 of the state's 115 school districts had shifted to remote instruction only, representing 53%

CONGREGATE LIVING OUTBREAKS AND VISITATION RULES

North Carolina's long-term care facilities have faced the worst of the pandemic's outbreaks and death tolls. In total, as of January 31, 2021, 365 and 342 outbreaks have been reported in nursing homes and residential care facilities across the state, respectively.³⁷ Currently, indoor visitation is allowed in nursing homes and other long-term care facilities with no COVID-19 cases in the last 14 days and in counties with a percent positive testing rate of less than 10% as outlined in Secretarial Order 6, which reflects guidance provided by the federal Centers for Medicare & Medicaid Services.³⁹ The Department of Health and Human Services also provided updated guidance related to indoor and outdoor visitation in larger congregate living settings on December 22, 2020.⁴⁰

In state prisons, limited visitation with significant restrictions resumed October 1, 2020. Visitation is allowed

of K-12 public school students.³⁶ As of January 26, 2021, there have been 1,154 cluster-associated cases^d among students and staff in K-12 schools across North Carolina.³⁷

In early August, most University of North Carolina (UNC) system schools and private colleges and universities opened residence halls for move-in. All UNC system schools and many private institutions offered a mix of in-person and online classes.³⁸ Each UNC system school was required to develop their own plan, and many institutions, including UNC Chapel Hill and North Carolina State University (NC State), began the fall semester early in order to end by Thanksgiving.³⁸ One to two weeks after move-in, several universities shifted to fully remote learning, including UNC-Chapel Hill, North Carolina State University, and East Carolina University.³⁸ Other public and private universities in the state adjusted on-campus living arrangements and continued testing to maintain some in-person classes.³⁸ Many UNC system schools modified their plans for spring, including beginning classes later in January or into February, additional COVID-19 testing requirements for student coming back to campus, and are offering at least some classes in person.³⁸

by appointment only, although children under 12 are not allowed to visit, and only two visitors are allowed per session.⁴¹ Visitation is not permitted if the prison is experiencing a significant outbreak of COVID-19 or if the facility has a "red" status, defined as multiple COVID-19 cases or multiple individuals with symptoms of COVID-19, or a determination by the Department of Public Safety that mitigating the spread of the virus requires minimizing contact among staff, offenders, and volunteers. Masks that cover the nose and mouth must also be worn at all times, and hand sanitizer must be used when entering and leaving the visitation area. Local jails in North Carolina are governed by the sheriff's office in the county in which the jail is located, leading to variation in restrictions related to visitation.

^d A cluster is defined as a minimum of five positive cases
<https://files.nc.gov/covid/documents/dashboard/Weekly-Ongoing-Clusters-in-Child-Care-and-School-Settings.pdf>

FCC Butner, which consists of 3 federal correctional facilities, is located in North Carolina and adheres to visitation guidelines established by the Federal Bureau of Prisons. The Federal Bureau of Prisons suspended social visitation as part of a nine-phase action plan to reduce the spread of the virus, although certain modifications to the plan are allowed at the discretion of the individual facility.⁴² Facilities are expected to continuously monitor

their visitation plan and modify as needed by limiting or postponing visitation, providing visitation by appointment, or implementing other measures. Visits must be non-contact with enforced social distancing between inmates and visitors using plexiglass or similar barriers, visitors must be temperature-checked and screened for COVID-19 symptoms, and masks must be worn at all times by visitors and inmates.

COVID-19 VACCINE DISTRIBUTION

North Carolina's vaccination prioritization plan has evolved since the first draft plan was submitted to the Centers for Disease Control and Prevention in October 2020. As of late January 2021, NC DHHS has planned for five vaccination groups with the guiding principle of saving lives and slowing the spread of COVID-19.

Prioritization is based on "protecting health care workers, people who are the highest risk of being hospitalized or dying, and those at high risk of exposure to COVID-19."⁴³ At the end of January 2021, Groups 1 and 2 are eligible to receive vaccination.⁴³

Group 1

Health care workers and long-term care staff and residents

- Includes health care workers with in-person patient contact and long-term care staff and residents in skilled nursing facilities, adult care homes, and continuing care retirement communities.⁴³

Group 2

Adults aged 65 years and older

Group 3

Frontline essential workers

- Qualifying individuals must need to be in-person at their place of work and work in one of eight essential sectors: 1) critical manufacturing; 2) education; 3) essential goods; 4) food and agriculture; 5) government and community services; 6) health care and public health; 7) public safety; and 8) transportation.⁴⁴

Group 4

Adults at high risk for exposure and increased risk of severe illness

- Includes people aged 16-64 years with medical conditions that increase the risk of severe disease from COVID-19 infection. This group also includes people who are incarcerated or living in other group settings that have not received a vaccine. Additional essential workers not included in Group 3 will also be included from the following sectors: other transportation and logistics, water and wastewater, food service, shelter and housing (e.g., construction), finance (e.g., bank tellers), information technology and communications, energy, legal, media, public safety (e.g., engineers), and public health workers.⁴³

Group 5

All others



North Carolina has faced criticism for a slower roll-out of vaccinations than many other states, however the state made significant improvements in administering first doses by the end of January 2021. North Carolina is ranked ninth among states in the total number of vaccine doses administered and had distributed 99% of its allocated first doses by the end of January, ranking 12th nationally.^{45,46} NC DHHS continues to work with state and community partners to administer vaccine doses as quickly as possible. One example is an allocation of \$2.5 million in coronavirus relief funds through the North Carolina Department of Transportation to local transit agencies to provide transportation to vaccination sites.⁴⁷ On January 5, Governor Cooper mobilized the National Guard to help with vaccination efforts, with teams of six guard members: two medics and four administrative support assistants.⁴⁸

South Carolina

STATE-LEVEL ACTIONS TO PROTECT HEALTH

Since the beginning of the COVID-19 pandemic, South Carolina Governor Henry McMaster has continued to enact 15-day State of Emergency Executive Orders intended to mitigate the spread of COVID-19, allocate resources needed to combat the virus and address changing circumstances, allowing him to make decisions on business and school closures and reopening, restaurant, retail and event capacity sizes and other temporary restrictions.⁵² Since May, there have been multiple Executive Orders rescinding prior orders that closed or limited essential and non-essential businesses from operating.

As of February 2021, South Carolina is one of 12 states without a mask mandate. Governor McMaster has continued to encourage counties and municipalities to implement tailored emergency ordinances to require face coverings.⁵³ As of February 3, 2021, 58 municipalities and 9 counties across the state have implemented mask ordinances.⁵⁴

After being able to reopen at 20% capacity for 52 days from April to June, retail establishments were able to fully reopen at 100% capacity on June 12, 2020.⁵⁵ McMaster worked closely with accelerateSC, the coordinated South

More than 250 soldiers were assisting as of January 21.⁴⁹ CVS and Walgreens are coordinating vaccinations for long-term care staff and residents in the state through a federal partnership overseen by the CDC.⁵⁰ Fifty-three percent of doses allocated to this program in North Carolina had been administered as of the beginning of February 2021.⁴⁵

North Carolina has had challenges with equitable distribution of the vaccine by race/ethnicity. The state's population is 71% white, 22% Black or African American, 10% Hispanic or Latino, 3% Asian or Pacific Islander, and 2% American Indian or Alaska Native.⁵¹ As of late January 2021, the racial and ethnic demographics of individuals who have received the first dose of a vaccine are 82% white, 11% Black or African American, 2% Hispanic, 3% Asian or Pacific Islander, and 1% American Indian or Alaska Native.⁴⁵



Carolina COVID-19 advisory team he assembled to consider and recommend economic revitalization plans for South Carolina and encourage the South Carolina Department of Health and Environmental Control (DHEC) to establish guidelines for safely reopening restaurants.⁵⁶ After outdoor dining was available for one week in May, restaurants were then able to seat inside at 50% capacity. Indoor dining restrictions were lifted on October 13, 2020 through Executive Order 2020-63.⁵⁷

While retail establishments and restaurants can operate at full capacity, the Governor has restricted certain businesses, services, venues, activities, and mass gatherings.

1. To reduce the community spread and transmission of COVID-19, Governor McMaster enacted an Executive Order that banned the sale and consumption of alcoholic beverages on premises of licensed establishments between the hours of 11:00 p.m. and 10 a.m. starting on July 11, 2020.⁵⁸
2. Governor McMaster also issued an Executive Order prior to the winter, limiting businesses, facilities, venues, services, activities, events, and large gatherings to 50% capacity or 250 people.⁵⁹

STATE-LEVEL LEGISLATION RELATED TO COVID-19

South Carolina leaders allocated \$1.9 billion from the CARES Act in two phases with the first phase being passed in June 2020, totaling \$1.2 billion and focusing on replenishing the unemployment trust fund and preparing for schools to reopen.⁶⁰ The second phase, which was passed in

September 2020, totaled \$693 million, also focused on the unemployment trust fund among other grant funding opportunities including non-profit, small business and minority owned business relief.^{59,e} A breakdown of these investments is provided in the table below.

TABLE 3

Phase 1 Allocations (JUNE 2020)

\$500 million	Department of Employment and Workforce: Unemployment Trust Fund
\$222.7 million	State Department of Education: Academic Recovery Camps, Five Days of Academic Instruction, Food Service
\$270 million	Department of Administration: State and Local Government Expenditures
\$42.4 million	Department of Health and Environmental Control: Statewide Testing and Monitoring
\$16.6 million	Adjunct-General - Emergency Management Division: PPE Stockpile and Supply Chain
\$125 million	Department of Administration - Executive Budget Office: Hospital Relief Fund
\$50 million	Office of Regulatory Staff: Broadband Mapping and Planning, Infrastructure and Mobile Hotspots
\$10 million	Department of Administration - Executive Budget Office - Grant Management Oversight and Compliance

Phase 2 Allocations (SEPTEMBER 2020)

\$420 million	Department of Employment and Workforce: Unemployment Trust Fund
\$73 million	Department of Health and Environmental Control: Statewide Testing
\$20 million	Medical University of South Carolina: Statewide Testing
\$115 million	State Department of Education - Local Government - State Agencies
\$40 million	Small Business and Minority Owned Business Relief Grants
\$25 million	Non-profit Relief Grants

2,284 small businesses and 686 non-profits were granted relief through the \$65 million set aside by these allocations.⁶¹ Small business and minority owned business grants were capped at \$50,000 and non-profit grants were capped at \$50,000.

Telehealth and virtual education during the COVID-19 pandemic has shed light on broadband issues across rural America. The South Carolina Office of Regulatory Staff (ORS) was placed in charge of the \$50 million from phase one of the CARES Act distribution to support broadband initiatives. With this funding, the ORS hired an outside firm to map the entire state at structure level to see where broadband is needed, supplied 101,000 hotspots for families with students whose annual income met specific thresholds below the poverty line,

and granted \$26.4 million for the expansion of broadband infrastructure throughout the state.^{60,62}

Many states, including South Carolina, have made broadband and telehealth access key priorities for the 2021 legislative session. In December 2020, two bills pertaining to these issues have been pre-filed in South Carolina. House Bill 3230 would require the Department of Health and Human Services (SC DHHS) to reimburse practitioners for mental health telehealth services delivered to patients enrolled in Medicaid and House Bill 3146 would create the Growing Rural Economies with Access to Technology (GREAT) Program to facilitate the deployment of broadband to unserved areas of the state.^{63,64}

^e Greenville County was the only county in South Carolina to meet the 500,000-resident threshold, allowing them to receive \$91.4 million directly from the federal government to spend at their discretion.

PUBLIC SCHOOLS AND UNIVERSITIES

South Carolina's K-12 public schools reopened in August for the first time since April 22, 2020. All school district reopening plans were approved by the South Carolina Superintendent of Education, Molly Spearman, by August 10, 2020. District plans developed at the district level were required to include virtual and in-person options for students, a time frame for when districts intended to return to full face-to-face instruction and establish guidelines for high-quality instruction regardless of the district's operation model.⁶⁵

On August 12, 2020, Governor McMaster announced that the state would purchase and distribute \$10 million worth of personal protective equipment (PPE) and supplies to 70 school districts to ensure a safe reopening. Statewide, 70 of the state's 81 school districts requested PPE funding.⁶⁶

As of February 7, 2021 there have been 7,965 cases among private, public and charter school students and 2,977 cases among school employees across South Carolina.⁶⁷

On January 5, 2021, Governor McMaster announced a \$19.9 million education and workforce training investment

CONGREGATE LIVING OUTBREAKS AND VISITATION RULES

Since the beginning of the pandemic, outbreaks and deaths from COVID-19 have been a major issue for long-term care residents and staff in the state. Of South Carolina's 685 long-term care facilities, only 363 facilities are currently offering visitation as of February 9, 2021.⁷¹ The separation and isolation has caused loneliness and depression for many residents of these facilities as they have not been able to see family members in-person for many months.

On September 1, 2020, DHEC provided guidelines for limited outdoor visitation at nursing homes and assisted living facilities based on numerous public health factors

through the Governor's Emergency Education Relief (GEER) Fund including \$8 million for job training for more than 3,000 South Carolinians, \$7 million for early childhood education and \$4.9 million for foster children.⁶⁸

South Carolina colleges and universities created their own reopening plans, including components such as mandatory testing for on-campus students, COVID-19 dashboards and campus alert levels that were implemented in the fall of 2020, with many schools going fully virtual after Thanksgiving to reduce the spread of COVID-19. While the University of South Carolina (UofSC) reopened for virtual and in-person classes in August, Clemson University began virtual and started in-person classes on September 21, 2020.⁶⁹ Some schools including the UofSC have implemented more aggressive testing tactics for 2021, requiring students who live on campus, students registered for at least one face-to-face class, first year students, faculty and staff and those wishing to access campus resources to be tested once per month, and enforced with fines.⁷⁰



at each location, and released guidelines on October 9, 2020, to allow indoor visits, with each facility establishing its own visitation policies.^{72,73}

129 South Carolina nursing homes have received funding to connect residents with their family members using tablets, smart phones and other devices through the Centers for Medicare and Medicaid Services (CMS) COVID-19 Communicative Technology grants.⁷²

COVID-19 VACCINE DISTRIBUTION

The South Carolina vaccine distribution plan is occurring in a phased approach to allow public health officials to ensure those at highest risk and those who keep us alive are vaccinated first.⁷⁴

Phase 1

1A | January-February (Estimated Population: 987,039)

- Frontline healthcare workers at high risk of exposure
- Residents and staff of long-term care facilities
- Those 70 years and older

1B | Early Spring (Estimated Population: 573,501)

- Frontline essential workers (firefighters, law enforcement officers, corrections officers, food and agricultural workers, USPS workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the educational sector—teachers, support staff, and daycare workers)

Phase 2

Summer-Fall (Estimated Population: 690,648)

- All people who wish to be vaccinated⁷⁴

1C | Late Spring (Estimated Population: 2,897,527)

- All people aged 65 and older
- People aged 16 years and older with certain underlying health conditions that puts them at high risk for severe disease
- Other essential workers (people who work in transportation and logistics, food service, housing construction and finance, information technology, communications, energy, law, media, public safety, and public health staff who are non-frontline healthcare workers)



Like North Carolina, South Carolina has faced criticism for its slower roll-out of its vaccination program, but also for its lack of vaccines sent to the state from the Federal Government. As of February 10, 2021, the state has received 970,450 total doses of the COVID-19 vaccine and has given 566,977 doses, with 8.7% of the state's population receiving the first dose and 2.8% receiving both doses.⁷⁵ Both the Pfizer-BioNTech Vaccine and the Moderna Vaccine are being used for Phase 1a individuals with the majority of the Moderna doses being used for the LTC Program.

Many state leaders, including the Governor, have expressed frustration at the slow rollout of the COVID-19 vaccine. Governor McMaster met with hospital executives and DHEC officials to speed up the vaccination process. To speed up the number of South Carolinians getting

vaccinated, Phase 1a individuals were encouraged to schedule a vaccine appointment by January 15, 2021, to ensure priority for the vaccine and prepare for scheduling the next phase of vaccinations. Along with this, McMaster and DHEC announced that South Carolinians aged 65 and older can schedule vaccine appointments beginning February 8, 2021, as nearly 82% of COVID-19 mortalities in the state come from the 65 and older population.⁷⁵

As in North Carolina, pharmacy teams from CVS and Walgreens will coordinate and administer vaccinations at South Carolina's nursing homes and assisted living facilities as part of a federal vaccination program overseen by the CDC.⁷⁶ DHEC has dedicated 104,000 doses of the Moderna vaccine for this initiative but is not involved in the planning or implementation of the vaccine effort.⁷⁷

Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act

After almost five months of deadlock, Congress enacted the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) Act on December 27, 2020 as several aid programs from the Coronavirus Aid, Relief, and Economic Security (CARES) Act expired, or were set to expire at the end of December. The \$900 billion package provided a second round of direct payments, enhanced unemployment benefits, education funding and vaccine funding, and aid to other sectors recovering from the economic fallout of the COVID-19 pandemic.⁷⁷ The CRRSA Act extends the deadline for state and local government expenditures with CARES Act Coronavirus Relief Fund awards from December 30, 2020 to December 31, 2021.

Individual payments



The CRRSA Act provides direct economic relief through \$600 direct payments for individuals earning up to \$75,000; \$1,200 for couples earning up to \$150,000; and an extra \$600 for dependents under the age of 17.⁷⁸ Payments will be based on 2019 taxes filed last year. The income threshold phases out similarly to the CARES Act for those whose earnings exceed the income requirements, reducing payments by 5% for every \$100 above the \$75,000 and cutting off direct payments for individuals whose income is greater than \$87,000 or joint filers earning more than \$174,000.⁷⁷

Unemployment assistance



Though both Carolinas' unemployment rates (South Carolina: 4.6%; North Carolina: 6.2% as of December 2020) fall below the national average (6.7%), hundreds of thousands are still jobless in each state based on weekly unemployment claims.⁷⁸ \$120 billion in expanded federal unemployment benefits from this package will provide an extra \$300 per week to beneficiaries through March 14, 2021. The CRRSA Act also extends the Pandemic Emergency Unemployment Compensation until April 5, 2021, which provides additional weeks of benefits when state unemployment benefits run out.

Paycheck Protection Program



The initial \$349 billion Paycheck Protection Program (PPP) lasted only 13 days before being depleted and had to be replenished in April 2020 with \$310 billion authorized through the CARES Act.⁷⁹ The CRRSA Act provides \$325 billion in funding for small business loans through the PPP and allows for businesses with fewer than 300 employees that can demonstrate a revenue reduction of 25% since the onset of the pandemic to receive a second loan.⁷⁸



Public health funding



The CRRSA Act includes \$73 billion to the Department of Health and Human Services to support public health including:

\$8.75 BILLION

To the Centers for Disease Control and Prevent (CDC) to support federal, state, and local public health agencies to distribute, administer, monitor and track the COVID-19 vaccine, including \$4.5 billion for health departments and \$300 million for targeted distribution of vaccine to high-risk populations.

\$22.9 BILLION

For the Office of Assistant Secretary for Preparedness and Response to respond to COVID-19 including \$19.7 billion for the Biomedical Advanced Research and Development Authority to manufacture vaccines, therapeutics, and supplies and \$3.25 billion for the Strategic National Stockpile.

\$55 MILLION

For the Food and Drug Administration (FDA) for continued work on efforts to facilitate devices, therapies, and vaccines to combat COVID-19.

\$25.4 BILLION

For the Public Health and Social Services Emergency Fund to support testing and contact tracing with \$3 billion in grants for hospitals and health care providers to be reimbursed for health care related expenses or lost revenue as a result of COVID-19.

\$1.25 BILLION

For National Institutes of Health (NIH) to support research and clinical trials related to the long-term effects of COVID-19.

\$4.25 BILLION

For the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide increased mental health and substance abuse services.

\$10.25 BILLION

For the Administration for Children and Families to support early childhood programs including immediate assistance to child-care providers and \$250 million for the Head Start program.

\$100 MILLION

For the Administration for Community Living to address abuse, neglect, and exploitation of the elderly.⁷⁸

Education



The CRRSA Act provides \$82 billion in funding for the Education Stabilization Fund that can be used through September 30, 2022 including:

\$54.3 BILLION

For the Elementary and Secondary School Emergency Relief Fund to address learning loss, school improvements and infrastructure to reduce the spread of COVID-19.

\$4.1 BILLION

For the Governors Emergency Education Relief Fund education-related pandemic assistance at the discretion of Governors in each state. Funds cannot be used for vouchers or scholarships for students to attend private schools.

\$22.7 BILLION

for the Higher Education Emergency Relief Fund, allocating \$20.2 billion public and private non-profit institutions, \$680.9 million to for-profit colleges to provide financial aid grants, \$1.7 billion to historically Black colleges and universities, and \$113 million for institutions with the greatest unmet need due to the pandemic.

\$819 MILLION

To the Bureau of Indian Education-operated and funded school and tribal colleges and universities.⁷⁸

Broadband access



As broadband initiatives have increased across the nation due to an increase of virtual learning and need for telehealth services, the CRRSA Act directs \$7 billion to expand access to students, families and unemployed workers. The broadband funding includes \$3.2 billion to provide broadband to low-income families through a monthly \$50 reimbursement to carriers to provide cheaper, more stable internet connection.⁸⁰ The funding also includes \$300 million for rural broadband deployment and \$98 million to improve broadband mapping nationwide.

Rental assistance



\$25 billion has been set aside for emergency housing payments and the CRRSA Act provides a temporary extension to the current CDC eviction moratorium through the end of January 2021.⁷⁸ Those eligible will receive assistance to pay rent and utilities, including unpaid rent and unpaid utility bills as well. Households may receive up to 12 months of assistance. The Treasury Department will distribute funds to states to distribute for the rental assistance program with each state receiving a minimum of \$200 million.⁷⁸ The National Low Income Housing Coalition estimated that North Carolina would receive around \$698 million for emergency rental assistance, and South Carolina would receive \$200 million.⁸¹

Food assistance



Under the CRRSA Act, monthly Supplemental Nutrition Assistance Program (SNAP) benefits will be increased by 15% through June 30, 2021, and federal pandemic unemployment assistance does not count towards household income for SNAP. The package also extends SNAP eligibility for college students who are eligible for a federal or state work-study program or has no expected family contribution.⁷⁸



Conclusion

The availability of COVID-19 vaccines provides hope for an end to the pandemic, yet there is a long way to go to protect residents of the Carolinas and address the social and economic toll of this unprecedented crisis. The data presented in this issue brief highlight the struggles that individuals and families have faced - unemployment, loss of health insurance, food insecurity, housing instability, and educational access, among others. As state legislators convene in 2021, they will determine the best ways to help North and South Carolinians address these challenges. Congressional leaders are negotiating additional relief bills and the North Carolina Institute of Medicine and South Carolina Institute of Medicine and Public Health will monitor state-level funding allocations included in any legislation that is passed.

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