

Public Health Provisions in the Heroes Act

On May 12, 2020, House leadership introduced [The Health and Economic Recovery Omnibus Emergency Solutions Act \(Heroes\) Act](#), legislation including a vast array of Democratic priorities and totaling \$3 trillion. The 1,800 page bill contains provisions for emergency supplemental appropriations as well as program authorizations, which do not include funding. NACCHO's summary of high level points relevant to public health is below. Please contact Eli Briggs, Senior Government Affairs Director with any questions at ebriggs@naccho.org.

The bill reflects House Democratic leadership priorities and is not expected to receive bipartisan support. Senate Majority Leader Mitch McConnell (R-KY) has said that in consultation with the White House, he is still assessing the results of earlier COVID-19 bills and has no plans currently for consideration of the Heroes Act in the Senate. However, the bill is a marker for Democratic priorities and where more advocacy is needed.

The following table lists public health appropriations in the bill:

\$1 billion	Public health infrastructure grants to local, state, tribal, and territorial health departments
\$1 billion	CDC infrastructure
\$1 billion	Public health emergency preparedness (PHEP) cooperative agreements
\$130 million	Public health data surveillance and analytics infrastructure modernization
\$540 billion	State Fiscal Relief Fund
\$375 billion	Local Fiscal Relief Fund
\$75 billion	Testing and contact tracing under the Public Health and Social Services Act
\$7.6 billion	Community health centers testing
\$10 million	Ryan White Program

The bill also lays out specific requirements for testing and contact tracing.

\$75 billion to carry out the National COVID-19 National Testing and Contact Tracing Initiative.

- Requires CDC to coordinate with State, local, Tribal, and territorial health departments to establish and implement a national evidence-based system for testing, contact tracing, surveillance, containment and mitigation of COVID-19, including offering guidance on voluntary isolation and quarantine of positive COVID-19 cases.
- CDC shall provide grants to State, local, Tribal, and territorial health departments to carry out evidence-based systems for testing, contact tracing, surveillance, containment and mitigation of COVID-19.
- CDC shall provide flexibility to modify, establish, or maintain evidence-based systems; and the Secretary shall ensure that **local health departments receive funding from State health departments or directly from the Centers for Disease Control and Prevention to contribute to such systems, as appropriate.**
- CDC shall provide a minimum level of funding for all State, local, Tribal, and territorial health departments, and prioritize additional funding for areas with high number of cases of COVID-19,

areas with a surge in cases of COVID-19, and those proposing to serve high numbers of low-income and uninsured populations, including underserved populations.

- Requires CDC to award grants to State, local, Tribal, and territorial health departments
- Funding shall be used to leverage or modernize existing systems, identify specific strategies for testing in medically underserved populations, establish culturally competent and multilingual strategies for contact tracing, hire and compensate a locally-sourced workforce, and support individuals who have been infected with or exposed to COVID-19.

Government Accountability Office shall conduct a study on the public health workforce in the United States during the COVID–19 pandemic, due by December 1, 2021.

Authorized public health funding in the bill (requires additional appropriations)

- Authorizes \$6 billion for a public health infrastructure program.
- Authorizes \$450 million for public health data system transformation.
- Authorizes \$31.2 million in FY2020-2021 for the Medical Reserve Corps.
- Includes revised provisions of [Public Health Workforce Loan Repayment Act](#) – authorizes \$100 million in FY2020; \$75 million in FY2021

Provides \$200 billion for hazard pay allowing essential workers to receive additional pay of \$13 dollars/hour.

- Essential work is defined as regular physical handling of items that were handled by patients, the public, or coworkers including the following areas since January 27, 2020:
 - Public health work conducted at state, local, territorial, and tribal government public health agencies including epidemiological activities, surveillance, contact tracing, data analysis, statistical research, health education, and other disease detection, prevention, and response methods. (NACCHO [advocated](#) for public health professionals to be included.)
 - Biomedical research regarding COVID-19 that involves the handling of COVID-19 samples
 - Behavioral health work requiring physical interaction with individuals
 - Nursing care

Other provisions of note:

National Institutes of Health: \$4.7 billion to expand COVID related research

Assistant Secretary for Preparedness and Response: \$4.6 billion including \$3.5 billion for Biomedical Advance Research and Development Authority for countermeasures and vaccines.

- Requires the Advisory Committee on Immunization Practices (ACIP) to meet and provide a recommendation no later than 15 days after a COVID-19 vaccine is listed under the Public Health Service Act.

Substance Abuse and Mental Health Services Administration: \$3 billion including \$265 million specifically to emergency grants to address immediate behavioral health needs as a result of COVID-19.

Public Health Assistance to Tribes: Expands tribal eligibility for PHEP grants, also gives Tribes access to the Strategic National Stockpile.

Occupational Safety and Health Administration

- Requires OSHA issue emergency temporary standards seven days after the bill's enactment and that workplaces implement within 14 days of the bill's enactment
- Requires that employers develop a comprehensive infectious disease containment plan
- Covers public employees in the 24 states they are not currently covered
- Requires employers to comply with existing OSHA recordkeeping
- Prohibits employers from retaliating against workers for reporting or publicizing health and safety hazards

Supplemental Nutrition Assistance Program (SNAP): \$10 billion additional

- Increases the SNAP benefit level by 15 percent from June 1, 2020 to September 30, 2021.
- Increases the minimum SNAP benefit to \$30 per month.
- Waives all work requirements for SNAP for two years after bill enactment.
- Prevents finalizing or implementing the Able Bodied Adults Without Dependents, Broad Based Categorical Eligibility, and Standard Utility Allowance rules.
- Provides an extra \$300 million over two years to States for SNAP administration to meet the increased need for SNAP.
- Excludes the Pandemic Unemployment Compensation as countable income for SNAP benefit calculation.
- Directs USDA to allow the use of SNAP to purchase hot foods or hot food products ready for immediate consumption from authorized retail food stores.
- Allows SNAP-Ed providers to help distribute meals for schools and food banks for length of public health emergency.

Child nutrition: \$3 billion additional

WIC: \$1.1 billion additional

Demographic data: Requires the Secretary of HHS, no later than 14 days following enactment, to update and make publicly available the report to Congress required by the Paycheck Protection and Health Care Enhancement Act on the collection of data on race, ethnicity, age, sex, and gender of individuals diagnosed with COVID-19. The updated report must include how the Secretary will provide technical assistance to State, local, and territorial health departments to improve collection and reporting of demographic data, and requirements for the report to be updated every 30 days and to identify any barriers for such health departments in collecting such data.

- Authorizes funding to AHRQ, CDC, CMS, FDA, the Office of the National Coordinator for Health Information Technology, and NIH to modernize their data collection methods and infrastructure in order to increase data collection related health inequities.
- Authorizes grants to state, local, and territorial health departments in order to support the modernization of data collection methods and infrastructure in order to increase data collection related health inequities.

Paid leave

- Expands paid leave to employees of businesses with more than 500 employees and to healthcare workers, and emergency responders excluded from current law.
- Expand paid leave protections under the law by providing extended paid leave for a broader range of purposes, covering additional health and caregiving needs, and extending emergency paid leave provisions through 2021.