

**H.R. 266, PAYCHECK PROTECTION PROGRAM AND HEALTH CARE
ENHANCEMENT ACT**

Passed Senate – April 21, 2020; Passed House – April 23, 2020

Section-by-Section Summary

DIVISION A – Small Business Programs

Section 101. Amendments to the Paycheck Protection Program, economic injury disaster loans, and emergency grants.

Paycheck Protection Program (PPP)

- **\$310 billion increase to PPP appropriation** (from \$349B to \$659B)
 - \$30 billion carve-out for loans made by insured depository institutions and credit unions with consolidated assets between \$10 billion and \$50 billion.
 - \$30 billion carve-out for loans made by community financial institutions (community development financial institution, minority depository institution, a certified state development corporation, or an SBA microloan intermediary), insured depository institutions, and credit unions with consolidated assets of less than \$10 billion.

Economic Injury Disaster Loan (EIDL) Grant Program

- **\$10 billion increase to EIDL Grants** (from \$10B to \$20B)
- Gives agricultural enterprises with fewer than 500 employees access to EIDL Grants.

Section 102. Emergency designation –

DIVISION B – Additional Emergency Appropriations for Coronavirus Response

Title I – Health & Human Services

Public Health & Social Services Emergency Fund.

- **\$75 billion – Health Care Providers**
 - Eligible health care providers: public entities; Centers for Medicare and Medicaid Services suppliers and providers; and other for-profit and non-profit entities (Secretarial discretion) that “provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.”
 - Eligible purposes: construction of temporary structures; leasing of property; medical supplies and equipment (including PPE and testing equipment); expanded workforce training; emergency operation centers; facility retrofitting; and surge capacity.

- **\$25 billion – COVID-19 Testing**
 - COVID-19 testing research, development, validation, manufacturing, purchasing, administering, and capacity expansion related to both active infection and prior exposure (including molecular, antigen, and serological tests).
 - Manufacturing, procurement and distribution of tests, testing equipment, and testing supplies.
 - Allowable purposes: to scale up academic, commercial, public health, and hospital laboratories; to conduct surveillance and contact tracing; to support development of COVID-19 testing plans; and other related activities.
 - \$11 billion for states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for necessary COVID-19 testing expenses, including community-based testing sites and other entities engaged in COVID-19 testing, conduct surveillance, and trace contacts.
 - \$2 billion allocated according to the formula that applied to the Public Health Emergency Preparedness cooperative agreement in FY 2019.
 - \$4.25 billion allocated according to a formula methodology based on relative number of COVID-19 cases.
 - \$750 million allocated to tribes, tribal organizations, urban Indian organizations, or health service providers to tribes.
 - State plan including goals for the rest of 2020 within 30 days of enactment
 - \$1 billion to CDC for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance
 - \$306 million to National Cancer Institute for improved serological testing.
 - \$500 million to National Institute of Biomedical Imaging and Bioengineering to accelerate rapid testing research, development, and implementation.
 - \$1 billion to Director of National Institutes of Health for testing and partnerships with governmental and non-governmental entities to improve testing.
 - \$1 billion to the Biomedical Advanced Research and Development Authority
 - \$22 million to FDA for activities associated with diagnostic, serological, antigen, and other testing.
 - \$600 million to Health Resources Services Administration – Primary Health Care for grants under the Health Centers program and for grants to federally qualified health centers.
 - \$225 million for testing through grants to rural health clinics.
 - Up to \$1 billion to cover testing costs for uninsured individuals.
 - Secretary report on COVID-19 testing within 21 days of enactment and every 30 days until the end of the public health emergency, including data on demographic characteristics including disaggregated data on race, ethnicity, age, sex, geographic region and other relevant factors of individuals tested, and including rates of cases, hospitalizations, and deaths
 - HHS strategic testing plan to Congress within 30 days of enactment (and every 90 days thereafter), which must assist states, localities, territories, and tribes in understanding COVID-19 testing for both active infection and prior exposure and address how HHS will increase testing capacity and address disparities in all communities.

Title II – Independent Agencies

Small Business Administration

- \$2.1 billion for Salaries and Expenses
- \$50 billion for the Disaster Loans Program Account

Title III – General Appropriations

Section 301. Amounts in addition to amounts otherwise appropriated

Section 302. No appropriation shall remain available beyond September 30, 2020.

Section 303. Additional amounts available under authorities and conditions for FY 2020.

Section 304. Funds made available may only be used to prevent, prepare for, and respond to coronavirus.

Section 305. Coronavirus defined as SARS-CoV-2 or another coronavirus with pandemic potential.

Section 306. Each amount designated as being for an emergency requirement available only if President subsequently so designates all such amounts and transmits such designation to Congress.

Section 307. Amounts appropriated, designated as being for an emergency requirement, and subsequently so designated by the President, and transferred pursuant to transfer authorities shall retain such designation.

Section 308. Budgetary Effects –

- (a) Not entered on either PAYGO scorecard maintained pursuant to the Statutory Pay As-You-Go Act of 2010.
- (b) Not entered on any PAYGO scorecard maintained for purposes of H. Con. Res. 71 (115th Congress).
- (c) Budgetary effects of this division shall be estimated for purposes of section 251 of the Balanced Budget and Emergency Deficit Control Act of 1985.