

H.R. 6201, FAMILIES FIRST CORONAVIRUS RESPONSE ACT**Summary****Employee Leave Benefits and Extended Unemployment Funding:**

- Requires employers with fewer than 500 employees and all government employers to provide emergency leave benefits to employees who have been on the job for at least 30 days, with the right take up to 12 weeks of job-protected leave under the Family and Medical Leave Act. There is a potential exception, determined by the Secretary of Labor, for employers with fewer than 50 employees that would suffer 'undue hardship' from this mandate.
- Requires employers with fewer than 500 employees and government employers to provide employees two weeks of paid sick leave, paid at the employee's regular rate, to quarantine or seek a diagnosis or preventive care for coronavirus; or paid at two-thirds the employee's regular rate to care for a family member for such purposes or to care for a child whose school has closed, or child care provider is unavailable, due to the coronavirus. There is a potential exception, determined by the Secretary of Labor, for employers with fewer than 50 employees that would suffer 'undue hardship' from this mandate.
- Implementation of Tax Credits – Includes \$15 million for the Internal Revenue Service to implement tax credits for paid sick and paid family and medical leave.
 - Provides a refundable tax credit equal to 100 percent of qualified paid sick leave wages paid by an employer for each calendar quarter.
 - Provides a refundable tax credit equal to 100 percent of a qualified sick leave equivalent amount for eligible self-employed individuals who must self-isolate, obtain a diagnosis, or comply with a self-isolation recommendation with respect to coronavirus.
 - Provides a refundable tax credit equal to 100 percent of qualified family leave wages paid by an employer for each calendar quarter.
 - Provides a refundable tax credit equal to 100 percent of a qualified family leave equivalent amount for eligible self-employed individuals.
 - Ensures that any wages required to be paid by reason of the Emergency Paid Sick Leave Act and the Emergency Family and Medical Leave Expansion Act will not be considered wages for purposes of section 3111(a).
- Emergency Transfers for Unemployment Compensation Administration -Provides \$1 billion in 2020 for emergency grants to states for activities related to processing and paying unemployment insurance (UI) benefits, under certain conditions.
 - \$500 million would be used to provide immediate additional funding to all states for staffing, technology, systems, and other administrative costs.
 - \$500 million would be reserved for emergency grants to states which experienced at least a 10 percent increase in unemployment.

- Full Federal Funding of Extended Unemployment Compensation for a Limited Period. For states that experience an increase of 10 percent or more in their unemployment rate (over the previous year) and comply with all the beneficiary access provisions in section 102, this section provides 100 percent federal funding for Extended Benefits, which normally require 50 percent of funding to come from states. Extended Benefits (EB) are triggered when unemployment is high in a state and provide up to an additional 26 weeks after regular UI benefits (usually 26 weeks) are exhausted.

Food and Nutrition:

- The Special Supplemental Nutrition Program for Women Infants and Children (WIC) – \$500 million to provide access to nutritious foods to low-income pregnant women or mothers with young children who lose their jobs or are laid off due to the COVID-19 emergency.
- The Emergency Food Assistance Program (TEFAP) – \$400 million to assist local food banks to meet increased demand for low-income Americans during the emergency.
- The legislation includes a general provision that allows the Department of Agriculture to approve state plans to provide emergency Electronic Benefit Transfer (EBT) food assistance to households with children who would otherwise receive free or reduced-price meals if not for their schools being closed due to the COVID-19 emergency.
- Nutrition Assistance for U.S. Territories – \$100 million for USDA to provide nutrition assistance grants to Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands.
- Senior Nutrition Program – Includes \$250 million for the Senior Nutrition program in the Administration for Community Living (ACL) to provide approximately 25 million additional home-delivered and pre-packaged meals to low-income seniors who depend on the Senior Nutrition programs in their communities.
- National School Lunch Program Requirement Waivers Addressing COVID19. Allows all child and adult care centers to operate as non-congregate (i.e. allows them to take food to go).
- SNAP Flexibility for Low-Income Jobless Workers. Suspends the work and work training requirements for SNAP during this crisis.
- Additional SNAP Flexibilities in a Public Health Emergency. Allows states to request special waivers from the Secretary to provide temporary, emergency CR-SNAP benefits to existing SNAP households up to the maximum monthly allotment.

Testing:

- Coverage of Testing for COVID-19 through the Department of Defense – Includes \$82 million for the Department of Defense to cover the costs of COVID-19 diagnostic testing for beneficiaries receiving care through the Defense Health Program.
- Includes \$64 million for the Indian Health Service to cover the costs of COVID-19 diagnostic testing for Indians receiving care through the Indian Health Service or through an Urban Indian Health Organization.

- Includes \$1 billion for the National Disaster Medical System to reimburse the costs of COVID19 diagnostic testing and services provided to individuals without health insurance.
- Includes \$60 million for the Department of Veterans Affairs to cover the costs of COVID-19 diagnostic testing for veterans receiving care through Medical Services or through Medical Community Care.
- Requires private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, urgent care center and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer.
- Requires Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered.
- Requires Medicaid to provide coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing.
- Ensures that individuals enrolled in TRICARE, covered veterans, and federal workers have coverage for COVID-19 diagnostic testing without cost-sharing.

Note:

- These new emergency benefits and the tax credits are contingent on a continued federal, state, or local emergency and expire at the end of 2020.