



COALITION ON HUMAN NEEDS

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URGENT ACTIONS FOR THE CORONAVIRUS EMERGENCY

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- **Emergency paid sick leave:** We are pleased that H.R. 6201 adopts provisions in legislation introduced by Senator Patty Murray and Representative Rosa DeLauro to include **immediately available sick days** during a public health emergency. It would:
 - Require all employers to allow workers to gradually earn seven days of paid sick leave, as provided in the Healthy Families Act, also sponsored by Senator Murray and Representative DeLauro (S. 840; H.R. 1784). The current situation underscores the need for making paid sick leave permanently available, as well as the need for special emergency provisions.
 - Require all employers to provide an additional 14 days of paid sick leave, available immediately at the beginning of a public health emergency, including the current coronavirus crisis.
 - Ensure paid sick leave covers days when your child's school is closed due to a public health emergency, when your employer is closed due to public health emergency, or if an individual or a family member is quarantined or isolated due to a public health emergency.
 - Ensure that paid sick leave includes people who need to provide care to individuals who do not have the virus, but who need caregivers due to the virus (i.e., a direct support professional is sick or a day program closes).
(For more information, see [press announcement of legislation](#); see also, [National Partnership for Women and Families; support letter signed by over 120 organizations.](#))
- **Unemployment Insurance:** Many states have decimated their Unemployment Insurance systems since the last recession. Any UI effort must first fix the broken system that all of our other suggestions build on for them to help those most in need by establishing a federal floor for access and benefit levels. States must also waive some requirements during this outbreak, including:
 - As a matter of public safety and common sense, states should waive work search requirements in areas affected by an outbreak.
 - States should waive waiting weeks to access benefits because maintaining spending at a time like this is critical to hopefully staving off a recession.
 - States should make it clear to employers that COVID-19 related claims do not count against an employer's unemployment tax rating.
- **Disaster Unemployment Insurance:** H.R. 6201 provides \$500 million in administrative funding to enable states to process claims rapidly and allows states to waive the current waiting period to provide Extended Benefits. It also allows additional funding if states facilitate receipt of benefits by such actions as waiving work search requirements and waiting weeks, and clarifying that employers will not be charged extra for virus-related claims. These are important steps, but more will be needed:

- o Congress must waive the requirement that claimants must exhaust regular UI first. States need the immediate injection of funds and should not deplete their trust funds on virus related claims when a recession may follow this outbreak.
- o Congress should establish a minimum DUA benefit that is 1.5 times the national average state UI benefit (or \$531), to eliminate the extreme arbitrariness resulting from the current law, where DUA benefit levels are determined by states, some of whom provide benefits far lower than average state wages.
- o Provide a pandemic-related trigger – perhaps tied to number of virus-related claims – that triggers disaster unemployment to kick in. If it requires a county-by-county determination, it could trigger on too late and leave people without coverage during the early stages of outbreak when we most need people to stay at home.
(For more information, see National Employment Law Project, [Rebooting Disaster Unemployment Assistance](#); [multi-group support letter](#))
- o **Work sharing:** Allows employers to reduce hours of employment rather than lay off workers; workers then supplement income through Unemployment Insurance. About half the states operate such programs now. Congress should support expanding work sharing to all states
(For more information, see National Employment Law Center, [Work Sharing: An Alternative to Layoffs](#))
- o **Increase federal Medicaid match to states** and territories (FMAP) and **provide state stabilization fund:** More action will be needed to help states cope with increased health care and other costs. The federal government covered state Medicaid costs by increasing its match in the last two recessions and is even more critically needed during a public health emergency such as the COVID-19 outbreak. In addition, states in past recessions received federal help with other kinds of expenditures not covered by Medicaid. In the current situation, there will be need for assistance in responding to school closures or addressing the many issues listed here.
(For more information, see Center on Budget and Policy Priorities, [Far Better Ways Than Payroll Tax Cut to Contain Virus’s Economic Damage.](#))
- o **Free/Affordable Testing and Treatment:** H.R. 6201 provides free testing for the coronavirus, including for those uninsured. It does not appear to reverse Medicaid policies such as work requirements that would result in people losing coverage. Congress must still:
 - o Reverse policies such as Medicaid work requirements that result in people losing Medicaid assistance. These policies are demonstrably harmful in the absence of a public health emergency. Now that we are in one, with serious implications for employment and the economy as well as for people’s health, it is essential that the Medicaid program serve as many low-income and vulnerable people as possible, without interruption.
(For more information, see Center for Law and Social Policy, [Coronavirus: A Public Health Crisis That Threatens the Economic Security of Low-Income People](#))
 - o **Vaccines and treatments developed with U.S. taxpayer dollars should be affordable for the public - no monopoly control for coronavirus vaccines or treatments for any pharma corporation.**
(For more information, see *Virginia Mercury*, [Don’t Let Big Pharma Capitalize on Coronavirus](#))
 - o Reauthorization for Community Health Centers and Money Follows the Person: The 1,400 community health centers are a crucial part of the health care delivery system for low-income people. The CHC program must be reauthorized by May 22. It should be

done swiftly, with adequate funding and access to COVID-19 tests and treatment resources.

- All payers (VA, HIS, Medicare, Medicaid, exchange plans, ERISA plans) should cover COVID-19-related costs without cost sharing. Additional funding is needed for increased staffing, overtime, and sick days for direct support professionals.
- **Protecting Health Care and Other Workers:** We cannot respond effectively to COVID-19 without ensuring that health care and other high-risk workers are protected from the spread of the disease. The Senate should enact S. 3475, the COVID-19 Health Care Worker Protection Act of 2020. The bill mandates that OSHA issues an Emergency Temporary Standard to protect health care and other high-risk workers in the public and private sectors.
- **Nutrition Needs:** H.R. 6201 provides for many important steps:
 - H.R. 6201 allows U.S.D.A. to approve state plans for emergency SNAP assistance to households with children who lose free or reduced-price school meals because schools are closed for at least 5 consecutive days.
 - H.R. 6201 gives the USDA secretary authority to issue nationwide school meal waivers and SNAP waivers in states that could result in increased benefits during the COVID-19 emergency.
 - H.R. 6201 provides \$100 million for U.S. territories including Puerto Rico to receive additional nutrition assistance to respond to the COVID-19 emergency.
 - Increased WIC (\$500 million in H.R. 6201 to extend access to pregnant women or mothers with young children who lose their jobs due to the COVID-19 outbreak). With increased concern of exposure to COVID-19, steps should be taken to permit remote certification of participants, retain current participants, and ensure adequate access to WIC foods in the case of quarantine or distribution challenges.
 - Increased emergency food (TEFAP) (\$400 million in H.R. 6201 for commodity assistance program; additional \$250 million for home-delivered and congregate meals provided to older people and people with disabilities and caregivers for homebound seniors; expected to provide about 25 million additional meals).
 - H.R. 6201 suspends work/training requirements for SNAP during the COVID-19 emergency.
 - Adapting Disaster SNAP and disaster provisions of other federal nutrition programs to provide nutrition resources for low-income consumers who lack resources to stockpile food and to make up for disrupted school meals service.
 - Expanded access to Summer Food Program, including to those whose families do not receive SNAP benefits.
 - Increased SNAP benefit amounts to bolster the program's countercyclical impacts. (For more information, see FRAC, [A Recession Might Be Coming](#); and [Initiatives to Make SNAP Benefits More Adequate Significantly Improve Food Security, Nutrition, and Health](#))
- **Income Supplements:** We oppose the use of a payroll tax cut as a response to the COVID-19 emergency. Economists have documented that payroll tax cuts are poorly targeted as a means of preventing recessions or directing assistance to hard-hit low-income people. For example, the [Penn Wharton Budget Model](#) estimated that a 2-percentage point payroll tax cut over an entire year would give an average of just \$50 to those in the bottom 20% of the population and an average \$410 to those

in the next 20%. The richest 10% would each save an average of about \$3,000. Workers laid off and those unable to find employment due to the COVID-19 emergency would of course get nothing at all. In addition, it would be wholly unacceptable to reduce the Social Security Trust Fund by delivering emergency aid through a payroll tax cut. Further, proposals that would reduce the employer share of payroll taxes are not well targeted at all. If Congress considers providing any employer tax reductions separate from the payroll tax, it should only be on condition that they be used to offset the cost of providing additional paid sick leave.

There are multiple alternatives that would be better targeted, including cash payments from the federal government to low- and moderate-income families, similar but more targeted than the payments distributed at the beginning of the Great Recession, expanded use of Disaster Unemployment Insurance, work sharing, and nutrition assistance, all described in this document. During the last recession, additional Medicaid funding, SNAP assistance and unemployment benefits proved the most effective means of boosting the economy, while at the same time providing well-targeted help to those most in need.

(For more information, see Josh Bivens, Economic Policy Institute, [Economic Policy and COVID-19](#); Dean Baker, CEPR, Planning the Anti-Recession Stimulus: The Make Work Pay Tax Credit: <https://cepr.net/planning-the-anti-recession-stimulus-the-make-work-pay-tax-credit/>; Chye-Ching Huang, Center on Budget and Policy Priorities, [Far Better Ways Than Payroll Tax Cut to Contain Virus's Economic Damage](#))

- o **Protections for Immigrants:** Still needed:
 - o **Suspend immigration enforcement that deters immigrants and their families from seeking or obtaining testing or care** — Consistent with historical practices taken during national disasters and other public health emergencies, CBP and ICE must formally announce a suspension of enforcement actions to the public, including immigration checkpoints that people must cross to access care, immigration enforcement at or near health care providers, and public charge consequences if people access government funded care to address coronavirus symptoms. This is essential both for basic decency and to ensure that there is no gap in containment.
 - o **Clearly identify health care, nutrition and other programs responding to COVID-19 as disaster relief.** Under existing law, disaster relief programs are already excluded from both restrictions on eligibility for immigrants and from being counted toward the public charge determination. To ensure that all immigrants seek the care they need without fear of immigration consequences, it is important that any new/expanded programs be clearly identified as falling under this exclusion, and that DHS and benefit-granting agencies clarify that services accessed during the COVID-19 public health emergency will not count toward a public charge determination. Congress should also pass the Protecting Sensitive Locations Act to expand and improve upon the existing sensitive locations policy.
(For more information, see Center for Law and Social Policy, [Coronavirus: A Public Health Crisis That Threatens the Economic Security of Low-Income People](#))
- o **Protect people in congregate settings, including mental health facilities, homeless shelters, nursing homes, prisons, jails, juvenile detention or immigrant detention sites:** Still needed: People in group living arrangements are particularly vulnerable; if COVID-19 is introduced into such facilities, it is likely to spread, with disproportionately harmful consequences when people are already in compromised health. It is essential that every effort is made to reduce the use of

detention or incarceration, and whenever possible to place people in small, community-based settings. Congregate settings of all types should be subject to frequent and careful inspection, to ensure that there are plans to protect people's health (staff as well as residents), adequate supplies, and adequate staffing.

- Provide guidance from CDC (with Administration for Community Living) regarding staffing, safety precautions, and rights protections. People must not be forced into institutional settings due to a lack of staffing in their homes or other community-based settings (see Medicaid and other emergency funding suggestions for additional staffing, overtime, and sick leave for workers).
- Permanently reauthorize Money Follows the Person (expires May 22) to bring additional resources to transition back to the community in the event that people end up in nursing homes or other institutional settings due to community staffing shortages or sickness from COVID-19. Additional funding is needed for the federally-funded network or state protection and advocacy agencies and long-term care ombudsmen for monitoring and rights protections for people with disabilities and seniors.
(For more information, see ACLU, <https://www.aclu.org/news/prisoners-rights/are-our-prisons-and-jails-ready-for-covid-19/>; [The Partnership for Inclusive Disaster Strategies, National Call to Action](#))
- **Protect people experiencing or threatened with homelessness:** Still needed: federal funding to provide the services listed below without diverting funding from existing services for people experiencing homelessness.
 - Ensure that national, state and community-level public health/pandemic planning and response includes the homeless population and homeless service agencies.
 - Provide housing and shelter to people experiencing homelessness who are at an increased risk of a Coronavirus outbreak.
 - Provide significant additional resources for McKinney-Vento Homeless Assistance Grants and the Disaster Housing Assistance Program (DHAP).
 - Create an emergency assistance fund to help prevent evictions or tax foreclosures by providing short-term financial assistance and housing stabilization services.
 - Water shut-offs for failure to pay bills should be suspended during the pandemic emergency, as was recently done in Detroit after an agreement by the governor and mayor.
 - Provide access to legal services, foreclosure and eviction crisis counseling, and establish a moratorium on evictions and foreclosures during the crisis.
 - Create a dedicated funding stream for local communities to implement medical respite care programs for those who need a safe hospital discharge for ongoing care but have no home to recuperate/receive services.
 - All tests, treatment and quarantine locations should be offered without cost for all members of the community – housed or not, with or without health insurance.
 - Each community should identify space that those who do not have a permanent home can access in case of quarantine. Any costs should come out of community-level public health resources.
 - Cities should provide hygiene facilities (port-a-potties, hand-washing stations) and trash pickup for residents of encampments - during and after any pandemic has passed.
 - There should be a moratorium on encampment sweeps that displace already displaced households and that often cause the loss of personal property that includes medication and other life-sustaining items.

- Increase funding for street outreach and street medicine (which includes encampment services).
(For more information, see [National Low Income Housing Coalition and Disaster Housing Recovery Coalition](#).)
- **Child care:**
 - Increased funding is still needed for child care providers based on enrollment, not attendance, to make sure they can stay in business, including hiring of substitute educators and lowering parent copayments if families facing loss of employment or other financial strains cannot pay their child care bills.
 - Payments are needed for early childhood educators if they lose wages because they have to stay home because of COVID-19-related closures.
 - Increased funding is needed for states to ensure child care providers have necessary sanitation equipment.
(For more information, see National Women’s Law Center, [group support letter](#).)
- **Disability Community and Emergency Management**
 - FEMA should increase the number of disability immigration coordinators to pre-Trump Administration levels, to ensure services and supports are available to people with disabilities. ([REAAADI Act](#))
 - Centers for independent Living and other disability community-based organizations should be eligible for funds targeting emergency services during a pandemic for service delivery. ([REAAADI Act](#))
 - All information provided by the federal government must be accessible and provided with the necessary reasonable accommodations under law.
 - Permit Medicaid portability to allow people’s services to move with them as needed during the pandemic ([DRMA](#))
 - Prescriptions and medical supplies:
 - Require all payers (Medicare, Medicaid, ERISA, non-ERISA, marketplace, VA, etc.) to cover an additional 90-day supply of all medications and supplies, including prescribed controlled substances. Congress should explicitly address how medication-based treatment for opioid use disorder will not be interrupted.
 - Require all payers (including Medicaid) to permit the use of mail-order pharmacies for home delivery of medications.
(For more information, see Senator Bob Casey’s [REAAADI Act](#) and Disaster Relief Medicaid Act ([DRMA](#)) and [The Partnership for Inclusive Disaster Strategies](#))