Summary of the Bipartisan Families First Coronavirus Response Act

Emergency Paid Sick Leave

- Access to emergency paid sick leave will be expanded to as many as 87 million U.S. workers, including employers with fewer than 500 employees and government employers. This should cover most AFT members, although large nongovernmental hospital employers, as well as those experiencing staffing shortages, may be exempt.
  - Many of these workers currently have no paid leave and are being forced to choose between their paycheck, their health and the health of the people around them.

- The vast majority of these workers would receive full pay for two weeks—or 80 hours—of missed work that is related to the coronavirus.
  - Part-time employees are entitled to the typical number of hours that they work in a typical two-week period.

- Pay is broken down in two ways: at the employee’s regular rate, to quarantine or seek a diagnosis or preventive care for the coronavirus; or 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 whose child care provider is unavailable due to the coronavirus.

- Emergency paid sick leave must be made immediately available to employees, regardless of how long they have worked for the employer.

- This paid sick leave must be offered in addition to any paid sick leave offered in an employer policy (or guaranteed in a collective bargaining agreement), and an employer cannot require an employee to use their accrued leave prior to using the emergency paid sick leave (although an employee is free to do so).

- An employer cannot change its policy in response to the new law. This mandated paid sick time cannot carry over after this year and expires at the end of 2020.
• Every employer that provides paid leave under this bill will be fully reimbursed for the cost in no more than three months. This bill will benefit small businesses by helping them keep their workers healthy without taking on any additional costs.

**Emergency Family and Medical Leave**

• The act extends emergency family and medical leave benefits for employers with fewer than 500 employees and government employers. Again, this should cover most AFT members, although large nongovernmental hospital employers may be exempt.

• Employees are covered as long as they have been on the job for at least 30 days, and they have the right to take up to 12 weeks of job-protected leave under the Family and Medical Leave Act to be used for any of the following reasons:
  
  o To adhere to a requirement or recommendation to quarantine due to exposure to or symptoms of the coronavirus;
  
  o To care for an at-risk family member who is adhering to a requirement or recommendation to quarantine due to exposure to or symptoms of the coronavirus; and
  
  o To care for a child of an employee if the child’s school or place of care has been closed, or the child care provider is unavailable, due to the coronavirus.

• It is important to note that through a technical correction process Monday night, the Republicans were able to press for much more limited paid family leave. These Republican led changes would mean that only workers staying home to care for a child whose school or child care program has closed would be covered for extended paid family leave. They also give the Department of Labor the ability to grant waivers to the leave provisions for health care workers and other frontline workers.

• The first two weeks of leave under the emergency FMLA can be unpaid (although employees are free to use either the above emergency paid sick leave or accrued paid leave), while the remainder of the leave must be paid at no less than two-thirds of the employee’s usual pay. An employer may not require an employee to substitute paid leave accrued under an employer policy or collective bargaining agreement for emergency FMLA leave. K-12 educational employees are governed by special rules affecting the taking of leave near the end of a semester or intermittent leave or leave on a reduced schedule. It appears this law does not alter those rules.

**Unemployment Insurance**

• Prior to the enactment of the Families First Coronavirus Response Act, the Department of Labor announced new flexibility for states in administering their unemployment insurance to provide for payment of benefits when an employer temporarily ceases operations due to the virus, when an employee is quarantined with the expectation of returning to work after the quarantine is over, and when an individual leaves employment due to a risk of exposure or infection or to care for a family member.
• The act builds on this flexibility and allows states to waive the usual one-week waiting period for benefits without penalty, and provides more federal assistance to states to support partial unemployment payments to workers who have hour cutbacks instead of layoffs and to help states create work share programs.

• The act advances more money to states to help cover increases in unemployment insurance costs; incentivize states to ease eligibility requirements, such as work search requirements; and extend unemployment benefits for individuals past the usual 26 weeks for an additional 26 more weeks.

• Provided all other unemployment requirements are met under state law and regulations, a member should be eligible to receive unemployment benefits for actions by the employer or government such as mandatory quarantines or isolation, reduced hours or temporary closure of a workplace. Additional situations could be covered depending on the actions taken by state officials. For example, California has already waived its one-week unpaid waiting period and allows for collection by a parent if his or her child’s school is closed.

• Unemployment insurance is very state-specific, so locals should check with a qualified attorney before advising members on unemployment eligibility following an employer action in response to the coronavirus. Locals should continue to push state officials to take advantage of the new flexibility provided by the federal government and allow as much participation as possible for members and members of the public to take advantage of unemployment insurance if their lives are impacted by the coronavirus.

**Nutrition and Food Insecurity**

• The Department of Agriculture has additional authority to issue waivers to support access to child nutrition programs, including issuing nationwide waivers, which would reduce paperwork for states and help more schools, local governments and community organizations quickly adapt and provide meals; waivers that can increase programmatic costs; and waivers to adapt meal pattern requirements in response to disruptions to the food supply.

• The USDA will be able to approve state plans to provide an electronic benefits transfer (EBT) card to purchase food for households with children receiving free or reduced-price school meals due to school closures.

• The USDA also will have the authority to allow child and adult care centers to operate as non-congregating sites.

• States can request waivers from the USDA to provide temporary, emergency Supplemental Nutrition Assistance Program benefits to SNAP households, up to the maximum monthly benefit amount, and time limits on SNAP eligibility for unemployed and underemployed individuals are suspended.
Diagnostic COVID-19 Testing

- The act requires private health plans to provide coverage for COVID-19 diagnostic testing, including the cost of a provider, an urgent care center and emergency room visits in order to receive testing. Coverage must be provided at no cost to the consumer.

- It ensures that individuals enrolled in TRICARE, covered veterans and federal workers have coverage for COVID-19 diagnostic testing without cost-sharing.

- It provides $1 billion for the National Disaster Medical System to reimburse states for the costs of COVID-19 diagnostic testing and services provided to individuals without health insurance.

Retirees

- The act requires Medicare Part B to cover beneficiary cost-sharing for provider visits during which a COVID-19 diagnostic test is administered or ordered.

- It requires Medicare Advantage to provide no-cost coverage for COVID-19 diagnostic testing, including the associated cost of the visit in order to receive testing.

- It requires Medicaid to provide no-cost coverage for COVID-19 diagnostic testing, including the cost of a provider visit in order to receive testing. States may extend Medicaid eligibility to uninsured populations for the purposes of COVID-19 diagnostic testing.