

Saving Peoples’ Lives Act
The COVID-19 Public Health Emergency
Recommended Legislation
COVID-19 Emergency Response Group
April 15, 2020

PURPOSE AND GOALS.—The American response to the COVID-19 pandemic has followed an uncertain and halting path. The only advantage of this delay is that it provides the Congress an opportunity to base its response to the crisis going forward on the best available information about the nature of the virus and how its transmission can be brought under control in order to save as many lives as possible. The purpose of this legislative proposal is to establish our commitment as a nation to pursue that strategy with courage and determination.

**TITLE I—COVID-19 EMERGENCY
RESPONSE DIRECTORATE**

SECTION 1. Short Title.

This Act may be cited as the “COVID-19 Testing, Tracking, Isolation, Treatment, and Recovery Act” or the “Saving Peoples’ Lives Act.”

SEC. 1101. DEFINITIONS.

For purposes of this act—

- (1) the term “State” or “States” whether used in isolation or in the term “United States” shall include the District of Columbia, Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, Guam, and American Samoa.

SEC. 1102. COVID-19 EMERGENCY RESPONSE DIRECTORATE

There is hereby established within the Executive Branch of the United States Government a COVID-19 Emergency Response Directorate charged with the task of directing the nation’s public health response to the COVID-19 pandemic.

SEC. 1102. APPOINTMENT OF DIRECTOR

The President shall appoint a Director of the COVID-19 Emergency Response Directorate with the advice and consent of no fewer than three-fifth of the members of the Senate.

(a) TIMING OF APPOINTMENT.—The President’s nomination of an individual to fill this position shall be forwarded to the Senate for confirmation no later than 7 days following the enactment of the Act.

(b) QUALIFICATIONS OF DIRECTOR.—The President’s nominee must be an individual with significant public health expertise, the confidence and respect of former and present public health officials, and a proven track record of administrative leadership, which qualifications shall be described with particularity, along with accompanying evidentiary support, in documents accompanying the President’s nomination.

(c) PRESIDENT’S DECLARATION OF CONFIDENCE IN AND AUTHORITY OF DIRECTOR.—The President must also declare in writing that the individual nominated to fill this position has his full confidence and shall be empowered to act with the full authority of the President in the performance of his or her duties.

(d) LIMIT ON PRESIDENTIAL AUTHORITY TO REMOVE OR REDUCE THE AUTHORITY OF THE DIRECTOR.—The Director shall report to the President, but shall be removable or have his or her authority reduced only for good cause, with such good cause described with particularity in writing by the President, including supporting examples illustrating the factual basis for the President’s decision. This written explanation of the reasons for the President’s action in removing or reducing the authority of the Director shall be released to the public at least 7 days prior to the President’s action taking effect.

SEC. 1104. STATE AND LOCAL GOVERNMENT ASSISTANCE TO AND COOPERATION WITH COVID-19 EMERGENCY RESPONSE DIRECTORATE

(a) APPOINTMENT OF DIRECTORS OF THE COVID-19 EMERGENCY RESPONSE EFFORT AT THE STATE AND LOCAL LEVEL.—To be eligible to receive federal funds under this Act, the Governor or other Chief Executive Officer of a State must appoint a State Director of the COVID-19 Emergency Response Effort and Local Directors of the COVID-19 Emergency Response Effort with the necessary authority to act without delay in mobilizing state resources to assist the Federal COVID-19 Emergency Response Directorate in carrying out its functions.

(b) OBLIGATION OF STATE AND LOCAL GOVERNMENT TO COOPERATE WITH AND ASSIST THE NATIONAL DIRECTOR OF THE COVID-19 EMERGENCY RESPONSE.—To be eligible to receive federal funds under this Act, State and Local government officials must cooperate

with and assist the federal COVID-19 Emergency Response Directorate in carrying out its mission.

SEC. 1105. AUTHORITY AND DUTIES OF DIRECTOR

The Director of the federal COVID-19 Emergency Response Directorate shall act with the full authority of the President in performing the following duties.

(1) Establishing Mobile Testing Facilities.—organize and coordinate the deployment and redeployment of mobile clinical testing facilities separate from treatment facilities in all communities

(2) Provisioning Mobile Testing Facilities.—ensure the production, allocation, delivery and deployment of adequate medical equipment, supplies, infrastructure, infrastructure support, and personnel when and where it is needed on a rapid deployment and redeployment basis for safe and effective rapid response diagnostic testing for infection and appropriate follow up.

(3) Conducting Monitoring.—institute a daily monitoring system using systems available for mass calling and other forms of communication to monitor the status of individuals who are known to be infected, presumed to be infected (based on their symptoms or contact with infected individuals), or who have recovered from infection, and ensure that information concerning their status is entered into appropriate data bases.

(4) Promoting Self-Isolation.—ensure that every individual identified as having symptoms associated with COVID-19 is strongly encouraged (with follow up) to comply with the following directions—

(i) immediately self-isolate;

(ii) take a retest within 24 hours or as quickly thereafter as is reasonably possible;

(iii) continue self-isolation and cooperate with daily monitoring until testing results reliably establish that the individual is or is not infected.

(5) Establishing Self-Isolation Facilities.—organize and coordinate the establishment of differentiated self-isolation facilities based on the COVID-19 status of the individuals provided the housing.

(6) Provisioning Self-Isolation Facilities.—ensure the production, allocation, delivery and deployment of adequate equipment, supplies, infrastructure, infrastructure support, and personnel when and where it is needed on a rapid deployment and redeployment basis to establish self-isolation facilities where they are needed and when they are needed to serve individuals who otherwise would find it difficult to self-isolate.

(7) Quality of Self-Isolation Accommodations.—Ensure that self-isolation facilities provide comfortable accommodations for the individuals who reside in them, food that is palatable to the residents, other necessities and appropriate social services.

(8) Behavioral Health.—

(A) Local Community Initiatives.—Provide additional grant-based funding for local organizations that are engaging in activities that empower local communities to build and maintain sound mental health and wellness during the COVID-19 pandemic and its aftermath

(B) Mental Health and Wellness Database.—Fund the development of a simplified national mental health and wellness resource database to assist researchers, State and local Departments of Health, and mental health service providers in planning the allocation of resources for the delivery of mental health services.

(9) Racial, Ethnic and Socio-Economic Minorities Suffering Disproportionately High Rates of COVID-19 Infection.—

(A) Data Collection and Reporting Requirement.—Require the Centers for Disease Control and Prevention to collect and report data on the differential impact of COVID-19 on racial and ethnic minority groups and other disadvantaged population groups

(B) Community Outreach.—Provide additional funding for organizations that serve communities experiencing disproportionately high COVID-19 infection to assist in outreach initiatives, on a door to door basis, to provide information to community members concerning COVID-19, to assist them in accessing COVID-19 testing, to help arrange for medical treatment for those who need it, and to encourage cooperation with contact identification, health monitoring, and self-isolation when called for.

(C) Self-Isolation Facilities.—Establish self-isolation facilities in or near such communities to accommodate individuals who cannot safely self-isolate at home.

(D) Coordination with Health Care Providers and Hospitals.—Coordinate with local health care providers and hospitals to ensure prompt access to medical care for those individuals who require it and adequate recuperative support for individuals who recover from the virus.

(10) Immigrants.—

(A) Community Outreach.—Provide additional funding for organizations that serve immigrant communities to assist in outreach initiatives to provide information to the members of immigrant communities concerning COVID-19, to assist them in accessing COVID-19 testing, to help arrange for medical treatment for those who need it, and to encourage cooperation with contact identification, health monitoring, and self-isolation when called for.

(B) Quieting Fears.—Fund intensive information campaigns in immigrant communities to reassure community members, consistent with section ___ of this Act, that they can seek COVID-19 testing and participate in all other COVID-19 public health measures without fear of adverse consequences regarding their own immigration status or the immigration status of family members and friends.

(11) Individuals and Families Experiencing Homelessness.—

(A) Homeless Service Providers.—Provide additional funding for homeless service providers to ensure that adequate resources and attention is directed at meeting the special needs of individuals and families that experience homelessness during the COVID-19 crisis.

(B) Testing.—Fund targeted initiatives to identify homeless individuals and assist them in obtaining COVID-19 testing and encourage them to cooperate with contact tracking, health monitoring, and self-isolation .

(C) Health Care: Fund initiatives to provide medical care for homeless individuals who are infected but don't need hospitalization and to ensure smooth hospital admission for those who do need it.

(D) Emergency Housing.—Fund and provide access to emergency housing fit for self-isolation purposes and emergency rental assistance to prevent additional people from becoming homeless.

(E) Shelters.—Fund emergency adaptations to existing shelters to make them as safe as possible for homeless individuals to use and institute emergency protocols

to identify, test, and facilitate the self-isolation of homeless individuals who arrive at shelters with symptoms associated with COVID-19.

(12) Incarcerated Individuals.—

(A) Release of Incarcerated Individuals.—Pursuant to the “general Welfare” clause of Section 8(1) of the Constitution, the “Commerce” clause of Section 8(3) of the Constitution, the “necessary and proper” clause of the Section 8(18) of the Constitution, the “cruel and unusual punishments” clause of the Eight Amendment to the Constitution, and the inherent police powers of the federal government in the midst of a pandemic that recognizes no political borders—the Director shall direct the orderly release of as many non-violent offenders as is reasonably possible from federal, State and local prisons, jails and other detention facilities.

(B) Priorities.—The following priorities should be observed in the release schedule—

- (i) Older individuals because of their heightened risk of death from becoming infected with COVID-19 and their reduced risk of reoffending;
- (ii) Individuals with pre-existing conditions that increase their risk of death from from becoming infected with COVID 19;
- (iii) Individuals incarcerated for appearance violations, failure to pay court-ordered fines, and other similar procedural offenses;
- (iv) Persons who are eligible for parole and community supervision;
- (v) Individuals incarcerated for parole or probation violations that did not threaten public safety;
- (vi) Individuals Charged or Convicted of Non-Violent Offenses;
- (vii) Individuals who committed violent crimes as youths, have been incarcerated for a considerable length of time, who have a record of good behavior in prison, and have displayed substantial evidence of rehabilitation because of the reduced risk of their reoffending.

(C) Expediting the Parole Process.—Establish a presumption of parole without a hearing for incarcerated persons who are eligible for parole, have no recent record of misconduct, and have documented evidence of rehabilitation.

(D) Provide Support for Released Persons.— Institute measures to ensure that people released from detention have access to adequate housing, health care, and income support until they are able to obtain employment.

(E) Moratorium on New Incarcerations.—Order all Federal, State and local criminal and civil justice authorities to suspend new incarcerations, except for persons charged or convicted of violent offenses, in order to reduce the risk of introducing the virus within incarcerated populations or exposing the offender to the risk of infection.

(F) Electronic Monitoring,-- Ensure that electronic monitoring restrictions take into consideration the added difficulties of obtaining medical care, food and other essentials during the public health crisis.

(G) Providing Information to Incarcerated Persons.— Ensure that all incarcerated persons are provided accurate and regularly updated information concerning protocols to avoid the spread of COVID-19.

(H) Caring for Persons who are Incarcerated.—Provide funding and necessary supplies and equipment to test incarcerated persons, track and monitor their contacts, institute differential isolation—but not using solitary confinement—of those individuals who are or may be infected with COVID-19, and ensure that those who are infected receive high-quality and respectful medical care.

(I) Family Contact.—Allow incarcerated individuals regular and frequent telephone contact with family and friends, free of telephone charges, and establish a video visitation platform that allows for video visits with incarcerated persons from the visitor's home.

(J) Labor Performed by Incarcerated Individuals.—Ensure that any deployment of incarcerated individuals to perform hygiene, sanitation or other work is both informed and voluntary, and that any individuals who volunteer for such work are provided with non-toxic cleaning supplies, adequate personal protective equipment and training to perform the work safely.

(K) Detention Facility Staff.—Ensure that all detention-facility staff are provided clear instructions and adequate training regarding protocols to avoid the spread of COVID-19 in the facility or facilities where they work, that they are monitored for

COVID-19 symptoms when they report to work each day, that any who present with symptoms or develop symptoms during the work day are sent home, and that they are provided with adequate personal protective equipment and training to perform their duties safely.

(L) Suspension of In-Person Reporting Requirements for Individuals Under Supervision.—Suspend mandatory in-person reporting and mandatory in-person appearances in court for persons under court supervision.

(M) Transparency: Require officials to—

(i) inform the public on a regular and frequent basis concerning the steps they are taking to respond to the COVID-19 emergency in detention facilities within their jurisdiction along with relevant statistics concerning the presence and effects of the virus in each facility under their jurisdiction.

(ii) enter relevant COVID-19 statistics for facilities within their jurisdiction in national databases as determined by the Director in consultation with public health officials.

(13) Supplemental Treatment Facilities.—Organize and coordinate the deployment and redeployment of supplemental acute and long-term care hospitals and nursing homes when and where they are needed to provide adequate care facilities in COVID-19 “hotspots” anywhere in the United States.

(14) Provisioning Supplemental Treatment Facilities.—Ensure the production, allocation, delivery and deployment of adequate medical supplies, infrastructure, infrastructure support, and additional personnel to treatment facilities when and where needs arise on a rapid deployment and redeployment basis for safe and effective treatment of individuals infected with COVID-19

(15) Guidance.—Provide guidance with regular updates to employers and employees in both the private and public sector regarding best-practice protocols that minimize the chances of their contracting or spreading the virus if they must continue working during a period when the public is being advised to isolate at home.

(15) Immunity Testing.—Incorporate immunity testing into the Directorate’s testing protocols as reliable test become available, and develop a plan for advising individuals who are presumptively immune when they can resume normal activities and when, if at

all, individuals who lack immunity can do so with or without personal protective equipment.

(15) Data Collection and Analysis.—Ensure and where necessary provide the infrastructure necessary for comprehensive data collection and analysis to facilitate modeling, prediction, and adaptive planning of the campaign to defeat the virus.

(A) Integrated National Electronic Record System.—Establish an integrated national electronic medical record system with syndromic surveillance and reporting of all reportable diseases and conditions, including COVID 19 cases to local, state and federal health departments.

(B) Confidentiality.—Ensure that all test results, including for infection with COVID 19, are FDA approved and are confidentially recorded using protocols that permit their use for contact tracing, testing and isolation when appropriate.

(16) Public Service Education Campaign

(A) COVID-19 Public Education Campaign.—The Directorate shall fund the establishment of a non-profit consortium of media leaders and innovators to develop consistently messaged themes, vetted by public health experts, for the purpose of disseminating accurate information about the COVID-19 pandemic and the need for sustained public cooperation with efforts to defeat it.

(B) Funding Strategy.—To the extent possible, the consortium shall seek and rely on contributions of resources from media enterprises to disseminate its public service messaging across multiple platforms so as to reach as much of the public as possible.

SEC. 1106 ESTABLISHMENT OF OFFICE OF INSPECTOR GENERAL.

The Director shall establish an Office of Inspector General within the COVID-19 Emergency Response Directorate and appoint an Inspector General to head the office with the advice and consent of no less than three-fifths of the members of the Senate.

SEC. 1107 TRANSPARENCY.

To win and sustain public confidence that actions taken by the COVID-19 Emergency Response Directorate are based on fair and objective criteria which is free of political influence, the Director shall pursue a policy of maximum transparency with respect to the Directorate's decisions and operations.

TITLE II—MISCELLANEOUS

SEC. 2101. PROHIBITING THE USE OF HEALTH CARE AND PUBLIC BENEFIT RECORDS IN DEPORTATION PROCEEDINGS.

No information furnished or obtained in connection with an application for or receipt of health care services or public benefits may be used in any court or administrative proceeding or in any administrative practice that could result in the deportation or adverse change in the immigration status of the subject of the information.

SEC. 2102. RESTRICTING THE ACTIVITIES OF CERTAIN FEDERAL AGENCIES.

Neither the U.S. Immigration and Customs Enforcement agency nor the United States Department of Justice may seek, obtain, or use any information concerning an individual or an individual's family or friends generated in connection with the individual's application for or receipt of health care services or public benefits for the purpose of enforcing immigration laws against the interest of the individual or the individual's family or friends.

SEC. 2103. PAROLING DETAINEES FROM IMMIGRATION DETENTION.

All persons being held in immigration detention centers and holding facilities shall be paroled into the United States within 30 days of the enactment of this Act, beginning with the immediate release of all detainees who are over the age of 50, pregnant, or who have underlying conditions that render them at heightened risk from exposure to the COVID-19 virus.

SEC. 2104. REQUIREMENTS RELATING TO THE PAROLE OF DETAINEES FROM IMMIGRATION DETENTION.

- (1) In the case of minors, the Department of Health and Human Services shall attach the highest priority to identifying and expediting the approval of families into whose custody the minors can be safely released, assigning additional staff to the task as needed to meet the 30-day deadline.
- (2) In the case of both minors and adults released detainees shall be provided safe transportation from the location of the detention facility where they are being held to a place of their choosing in the United States where they have family or friends.
- (3) In the case of both minor and adult detainees, the individuals who are released shall be provided with a cost-of-living allowance permitting them to live safely through the COVID-19 crisis, the amount of the allowance to be determined by the Director of the

federal COVID-19 Emergency Response Directorate and to be drawn from savings resulting from the closure of immigrant detention facilities.

(4) All released detainees shall be furnished with immediate enrollment in the SNAP and Medicaid Programs of the state where they elect to reside, with reimbursement to the States for the additional cost of these enrollments from savings resulting from the closure of immigrant detention facilities..

SEC. 2105. SUSPENSION OF DEPORTATION PROCEEDINGS.

All legal or administrative proceedings and all administrative practices that could result in the deportation of an immigrant present in the United States as of the date this Act is enacted shall be suspended until six months after the COVID-19 virus has been safely contained as determined by the Director of the federal COVID 19 Emergency Response Directorate.

SEC. 2106. BEHAVIORAL HEALTH SERVICES.

(a) TELE-COUNSELING AND TELE-THERAPY SERVICES.—For any period during which an individual is self-isolating because they have a confirmed or suspected COVID-19 infection or because they have been advised by local, state or federal public health officials to self-isolate, all State Medicaid and CHIP programs, Medicare Parts B & C, and the Essential Benefits that health insurance plans must provide to comply with the Affordable Care Act must cover tele-counseling and tele-therapy behavioral health services

(b) FEDERAL FUNDING.—The federal government shall reimburse health insurance plans for 100% of the additional cost of providing these services beyond what they would have paid had this section not been enacted.

SEC. 2107 NO CHARGES FOR SERVICES.

(a) All Services to Be Provided Free of Charge.—All of the services furnished to individuals under this Act shall be provided free of charge to them.

(b) Reimbursement of Costs.—All costs incurred by a State or any of its administrative subdivisions that are incurred pursuant to directives of the federal COVID-19 Emergency Response Directorate for which advance payment has not been provided shall be reimbursed by the federal government.

- **Assistance of Other Agencies of the Federal Government:** Require all other agencies of the Federal Government to assist the COVID-19 Emergency Response Directorate in carrying out its functions without additional legislative direction.

- **Priority of Assistance Provided COVID-19 Emergency Response Directorate:** Direct that priority be given to this undertaking by all Federal agencies to the extent reasonably possible and that the Director of the COVID-19 Emergency Response Directorate report to the [relevant House and Senate committees) within 7 days of the enactment of this Act and every 7 days thereafter, detailing its progress in completing the establishment of the System.

SEC. 2106. APPROPRIATIONS.

(a) IN GENERAL.—There is appropriated, out of amounts in the Treasury not otherwise appropriated, for the fiscal year ending September 30, 2020, to remain available until September 30, 2021,

- (1) \$10,000,000,000 in advance payments to State and local government activities undertaken at direction of the federal COVID-19 Emergency Response Directorate.
- (2) \$10,000,000,000 as start-up funding for the COVID-19 Emergency Response Directorate.