Domestic Public Health Response to COVID-19: Current Status and Resources Guide

Updated March 25, 2020

The global outbreak of Coronavirus Disease 2019, COVID-19, is affecting communities throughout the United States, with case counts growing daily. Containment and mitigation efforts by federal, state, and local governments have been undertaken to “flatten the curve”—that is, to curb widespread transmission that could overwhelm the nation’s health care system.

This CRS Insight presents selected information and resources relevant to the domestic public health response to COVID-19 in containing and mitigating the spread and impact of the disease. As the situation evolves, CRS will continue to publish and update products relevant to the current needs of Congress. This Insight will be updated accordingly.

This Insight does not provide information on the international response to COVID-19, or on economic or other nonhealth policy issues related to COVID-19. This Insight also does not address issues related to health insurance and financing, or human services. For further information on those issues, see the CRS Coronavirus Disease 2019 homepage.

A Snapshot of the Domestic Public Health Response to COVID-19, as of March 25, 2020

Note: All dates below are in 2020.

International Events and World Health Organization (WHO) Selected Actions
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

- WHO declared the COVID-19 outbreak to be a Public Health Emergency of International Concern (PHEIC) on January 30.
- WHO announced the official name for the disease, COVID-19, on February 11.
- WHO declared the global COVID-19 outbreak a “pandemic” on March 11.
- Globally, over 441,000 cases have been confirmed in 172 countries, with over 19,000 deaths reported. (Data from compiled national and subnational reports.)
United States Selected Actions and Status
See websites linked below.

Emergency and Major Disaster Declarations and White House

- Several emergency declarations are in effect, including a Public Health Emergency under Section 319 of the Public Health Service Act; nationwide emergency declarations and selected major disaster declarations pursuant to the Stafford Act; and a National Emergency declaration pursuant to the National Emergencies Act. Waivers are in effect under Section 1135 of the Social Security Act to aid the health care system with surge capacity.
- President Donald Trump has formed the President’s Coronavirus Task Force and appointed Vice President Mike Pence as the coordinator and Dr. Deborah Birx as response coordinator.
- The White House has advised Americans to avoid gatherings of 10 or more people, discretionary travel, and restaurants, food courts, and bars for 15 days, as of March 16.
- President Trump invoked the Defense Production Act (DPA) on March 18, and delegated authority to the Secretary of Health and Human Services (HHS) to prioritize and allocate health and medical resources as needed.
- As of March 21, the Federal Emergency Management Agency (FEMA) leads federal operations on behalf of the White House Coronavirus Task Force, with HHS providing subject matter expertise. FEMA is supporting federal, state, and local partners by providing situational awareness, planning, logistics, and supply chain support. Additionally, FEMA is providing assistance to states and territories for emergency protective measures authorized pursuant to the President’s emergency and major disaster declaration under the Stafford Act.

Department of Health and Human Services (HHS) and Support Agencies

- CDC has issued guidance for the general public, schools, health care providers, health departments, pregnant women and children, travelers, and others.
- CDC has developed a diagnostic test kit for the virus and distributed it to public health laboratories pursuant to an Emergency Use Authorization (EUA) issued by the U.S. Food and Drug Administration (FDA) on February 4. Issues with test performance limited access to testing at a local level through the month of February.
- FDA has issued several EUAs for COVID-19 diagnostic tests (including for both commercial test kits and laboratory-developed tests, or LDTs) and personal protective equipment (PPE).
- FDA has taken actions to expand testing. FDA issued guidance on February 29 to authorize certain CLIA (Clinical Laboratory Improvement Amendments) certified labs to validate and use their own COVID-19 laboratory-developed tests for clinical diagnosis before EUA is granted. On March 16, FDA expanded this policy to cover the manufacture, distribution, and use of commercial test kits prior to EUA authorization. In this guidance, FDA also authorizes states to further authorize laboratories within their own state to develop and perform tests for COVID-19 pursuant to state law and without the objection of the FDA.
- On March 21, FDA issued an Emergency Use Authorization for a rapid point-of-care COVID-19 diagnostic test, projected to be more widely available in April.
- Medical countermeasures (diagnostics, vaccines, and therapeutics) are in development, including those supported by the National Institutes of Health (NIH) and the Biomedical Advanced Research and Development Authority (BARDA). An NIH-supported vaccine is in Phase 1 clinical trials (early-stage testing in humans). Widespread availability of a vaccine is projected to be at least a year away, while initial results of clinical trials of potential treatments are said to be expected by May.
- Drugs with possible antiviral properties have been made available under FDA expanded access (also known as compassionate use) to certain COVID-19 patients while clinical trials are underway.
- The HHS Assistant Secretary for Preparedness and Response (ASPR) has deployed medical products and supplies from the Strategic National Stockpile (SNS) to state and local jurisdictions and has indicated that it is working with industry to expand manufacturing capacity.
- The Department of Defense has transferred some stockpiled respirators and ventilators for civilian use, and has assigned U.S. Navy hospital ships to deploy. The U.S. Army Corps of Engineers is assisting in providing alternate health care facilities in New York and planning for such facilities in California, and is performing initial planning and engineering support to address medical facility shortages nationwide.

Travel-Related Policies and Restrictions
Travel restrictions and quarantine requirements are in effect for certain travelers who have been in mainland China, the Islamic Republic of Iran, the Schengen area of the European Union, the United Kingdom, and the Republic of Ireland within 14 days prior to arrival, pursuant to proclamations issued by President Trump.

Enhanced health screenings are in place at 13 major U.S. airports. Health screenings and referrals are in place at all air, land, and sea ports of entry by the Department of Homeland Security (DHS).

The United States has agreements with Canada and Mexico to limit all nonessential travel across the borders, effective March 21.

The State Department has advised Americans to avoid all international travel and for those abroad to return home immediately or prepare to remain abroad for an indefinite period of time.

The Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-123), enacted March 6, provides a total of $7.767 billion in appropriations: $6.497 billion for HHS (including contingent amount), $20 million for the Small Business Administration, and $1.250 billion for foreign operations. The act also expands telehealth services. Prior to enactment, health response efforts were primarily supported by the Centers for Disease Control and Prevention (CDC) Infectious Diseases Rapid Response Reserve Fund allotment of $105 million and HHS transfers of $136 million.

The Families First Coronavirus Response Act (H.R. 6201; P.L. 116-127), enacted March 18, includes provisions related to health care coverage and delivery, among other things. It also includes $1 billion for the HHS Public Health and Social Services Emergency Fund (PHSSEF) for COVID-19 testing for the uninsured.

Congress is considering the Coronavirus Aid, Relief, and Economic Security Act (CARES Act; H.R. 748), an economic package that includes additional supplemental appropriations for public health and medical response activities.

Over 55,000 cases have been reported in 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands, with over 800 deaths reported. Given testing limitations, these may undercount actual disease spread. (Data from compiled state and local reports.)

For general background, see CRS Report R46219, Overview of U.S. Domestic Response to Coronavirus Disease 2019 (COVID-19), coordinated by Sarah A. Lister and Kavya Sekar. (Note that parts of this report have become outdated as the COVID-19 situation has evolved.)

Federal Agency Websites

General


Relevant Agency Websites


Other Information Sources


• University of Minnesota Center for Infectious Disease Research and Policy (CIDRAP), http://www.cidrap.umn.edu/infectious-disease-topics/covid-19#news.

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