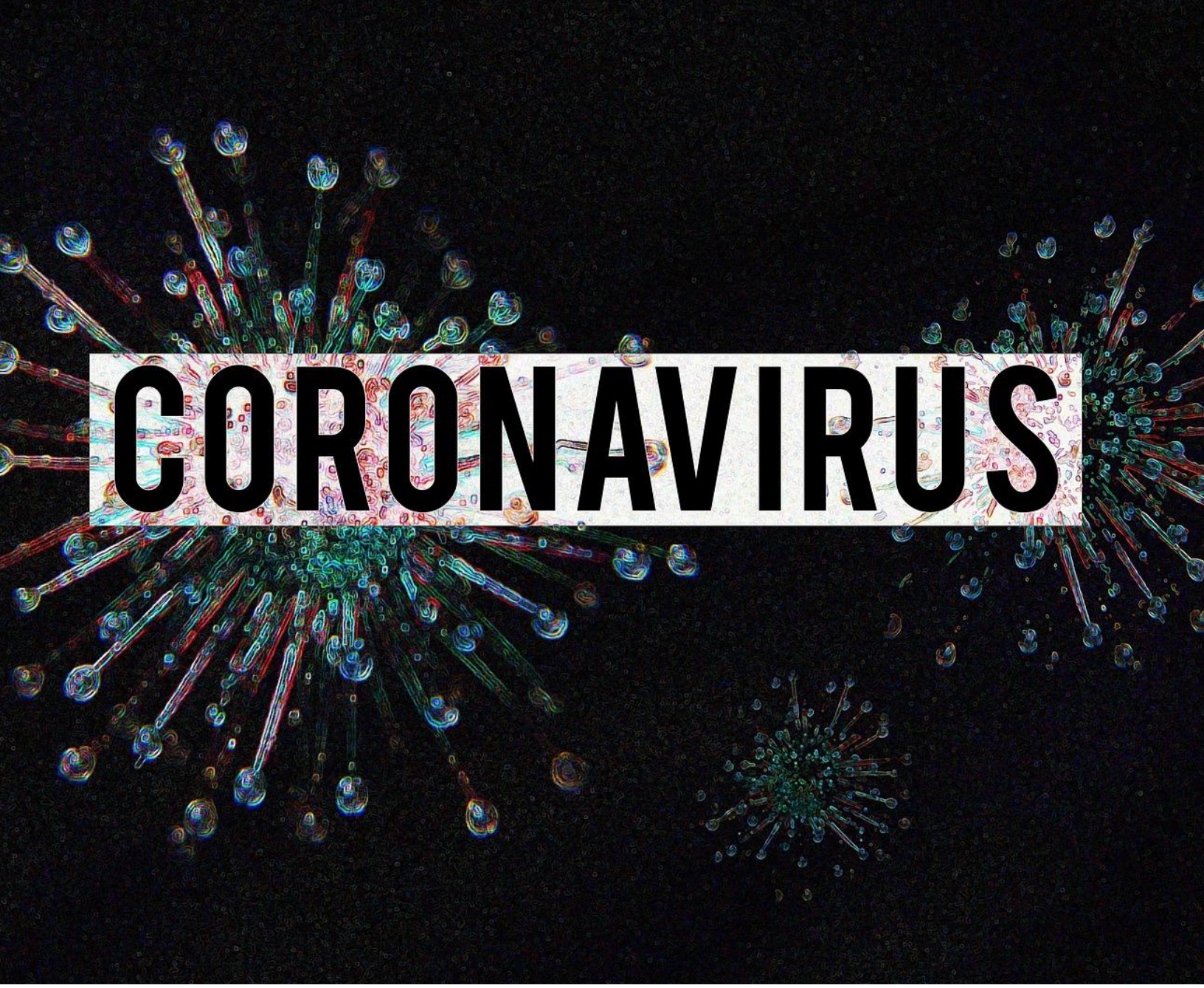

State and Federal Overview: the Novel Coronavirus (COVID-19), May 22-June 22, 2020

State and Federal Overview: June 22, 2020

International

With influenza season starting in the southern hemisphere, WHO has alerted countries to maintain vigilance for influenza and prepare for the upcoming influenza season during the COVID-19 pandemic. WHO recommends that countries optimize the Global Influenza Surveillance and Response System (GISRS) for both influenza and COVID-19 sentinel surveillance. Countries are urged to (i) sustain influenza surveillance, (ii) report surveillance data to WHO FluNet and FluID or through regional platforms, (iii) send representative viruses to WHO Collaborating Centres of GISRS without delay, and (iv) maintain influenza vaccination programs according to WHO guidance. A survey conducted by the WHO Regional Office for the Americas highlight that services for the prevention and treatment of noncommunicable diseases (NCDs) have been critically affected since the onset of the COVID-19 pandemic in the Region. WHO has published 'Criteria for releasing COVID-19 patients from isolation' which provides an update to previous guidance. The updated criteria reflect recent findings that patients whose symptoms have resolved may still test positive for the COVID-19 virus for many weeks. Despite this positive test result, these patients are not likely to be infectious and therefore are unlikely to be able to transmit the virus to another person. WHO has published an Emergency Global Supply Chain System (COVID-19) catalogue. This catalogue lists all medical devices, including personal protective equipment, medical equipment, medical consumables, single use devices, laboratory and test-related devices that may be requested through the COVID-19 Supply Portal.

- Read today's situation report.
- Read Sunday's situation report.
- Read Saturday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.

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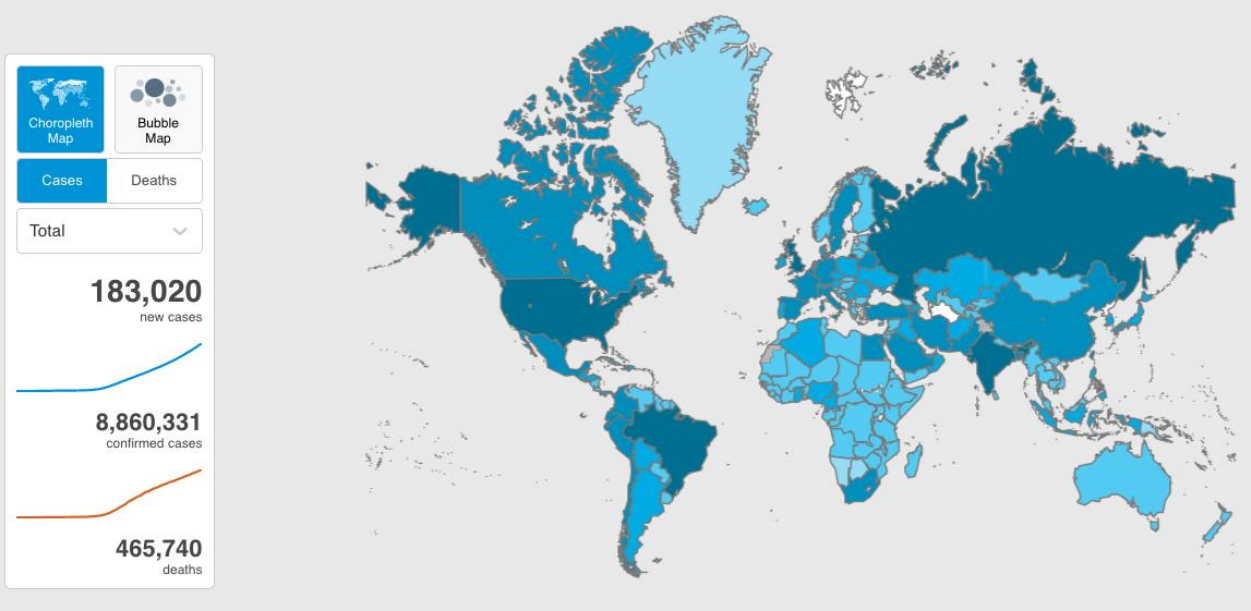
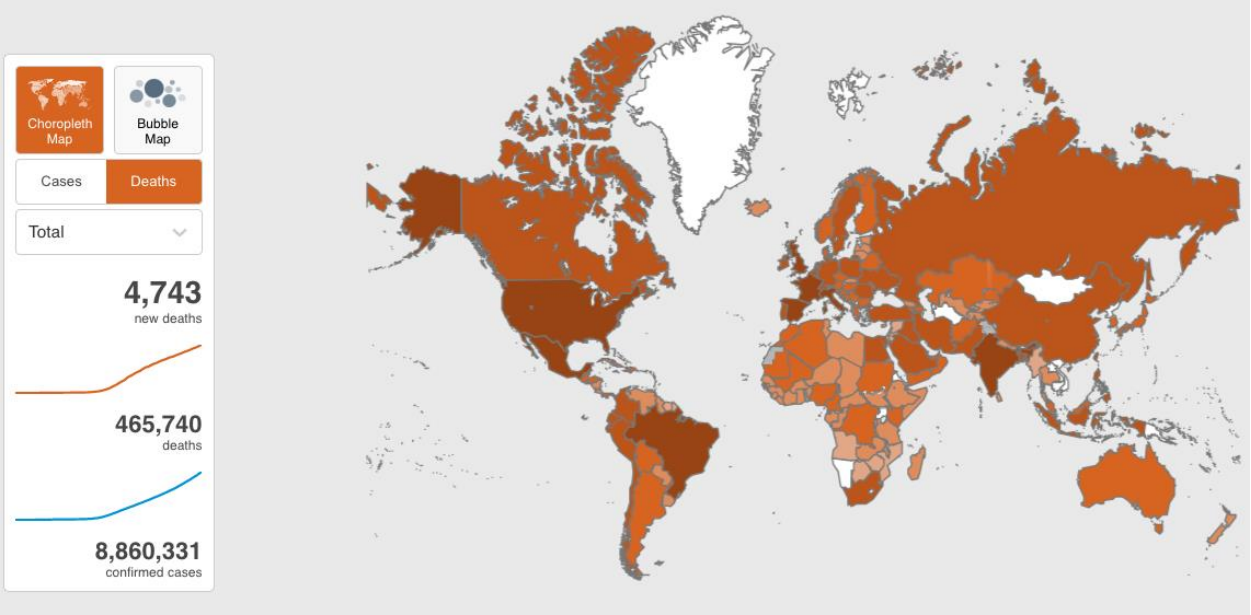

Choropleth Map
Bubble Map
Cases
Deaths
Total
183,020
new cases
8,860,331
confirmed cases
465,740
deaths

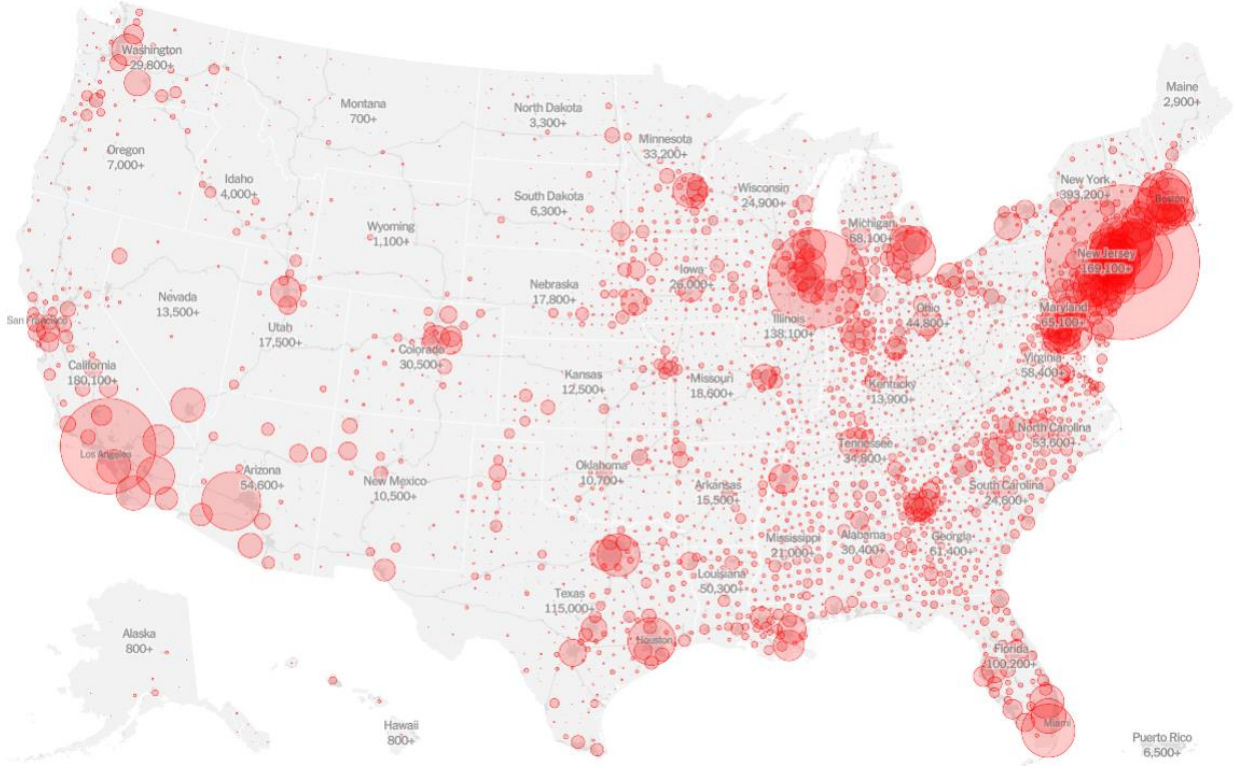

Choropleth Map
Bubble Map
Cases
Deaths
Total
4,743
new deaths
465,740
deaths
8,860,331
confirmed cases

Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 2.3 million+
Deaths: 120,128

Includes confirmed and probable cases where available.



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U.S. Centers for Medicare & Medicaid Services

Trump Administration Issues Call to Action Based on New Data Detailing COVID-19 Impacts on Medicare Beneficiaries. *Data Underscores Need for Payment Models that Produce Better Health Outcomes.* Today, the Centers for Medicare & Medicaid Services (CMS) is calling for a renewed national commitment to value-based care based on Medicare claims data that provides an early snapshot of the impact of the coronavirus disease 2019 (COVID-19) pandemic on the Medicare population. The data released today includes the total number of reported COVID-19 cases and hospitalizations among Medicare beneficiaries between January 1 and May 16, 2020. The snapshot breaks down COVID-19 cases and hospitalizations for Medicare beneficiaries by state, race/ethnicity, age, gender, dual eligibility for Medicare and Medicaid, and urban/rural locations.

- For more information on the Medicare COVID-19 data, visit this link.
- For an FAQ on this data release, visit this link.
- For a blog by CMS Administrator Seema Verma, visit this link.
- For a copy of the press release, visit this link.

Medicare Coverage of COVID-19 Testing for Nursing Home Residents and Patients. The Centers for Medicare & Medicaid Services (CMS) has instructed Medicare Administrative Contactors and notified Medicare Advantage plans to cover coronavirus disease 2019 (COVID-19) laboratory tests for nursing home residents and patients. This instruction follows the Centers for Disease Control and Prevention's (CDC) recent update of COVID-19 testing guidelines for nursing homes that provides recommendations for testing of nursing home residents and patients with symptoms consistent with COVID-19 as well as for asymptomatic residents and patients who have been exposed to COVID like in an outbreak. Original Medicare and Medicare Advantage plans will cover COVID-19 lab tests consistent with CDC guidance.

Medicare Advantage plans must continue not to charge cost sharing (including deductibles, copayments, and coinsurance) or apply prior authorization or other utilization management requirements for COVID-19 tests and testing-related services.

- Read the Medicare Learning Network article.
- Read the memo to Medicare Advantage plans.
- More information about Medicare coverage of COVID-19 tests.

U.S. Food and Drug Administration

The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- The FDA issued a guidance document, titled "Effects of the COVID-19 Public Health Emergency on Formal Meetings and User Fee Applications for Medical Devices - Questions and Answers," with answers to frequently asked questions. These include answers concerning certain aspects of sponsor requests for formal meetings with the FDA, user-fee application goals and timelines, and other regulatory and policy issues related to device development for the duration of the COVID-19 public health emergency.
- As part of the FDA's continuing effort to protect consumers, the agency issued a warning letter to one firm for selling fraudulent COVID-19 products. The seller, North Isle Wellness Center, offers Methylene Blue products for sale in the United States with misleading claims that the products can mitigate, prevent, treat, , or cure COVID-19 in people. The letter requests that the seller take immediate action to cease the sale of such unapproved and unauthorized products. There are currently no FDA-approved products to prevent or treat COVID-19. Consumers concerned about COVID-19 should consult with their health care provider.
- Testing updates:
    - To date, the FDA has authorized 145 tests under EUAs; these include 122 molecular tests, 22 antibody tests, and 1 antigen test.

U.S. Centers for Disease Control and Prevention

Weekly Surveillance Summary of U.S. COVID-19 Activity: Key Points

Key Updates for Week 24, ending June 13, 2020

- Overall, indicators used to monitor COVID-19 activity are low nationally; however, small increases were seen in the percentage of specimens testing positive for SARS-CoV-2 and the percentage of visits for ILI or CLI in multiple parts of the country.
- Nationally, using combined data from the three laboratory types, the percentages of laboratory specimens testing positive for SARS-CoV-2 with a molecular assay increased slightly from week 23 (6.1%) to week 24 (6.4%).
    - Increases were reported in five HHS surveillance regions: Region 2 (North East), Region 4 (South East), Region 6 (South Central), Region 7 (Central) and Region 10 (Pacific Northwest).
    - While the number of specimens from children <18 years of age tested is low (<5% of all specimens tested in public health and commercial laboratories),

the percentage testing positive for SARS-CoV-2 in this age group is higher than it is in the adult age groups.

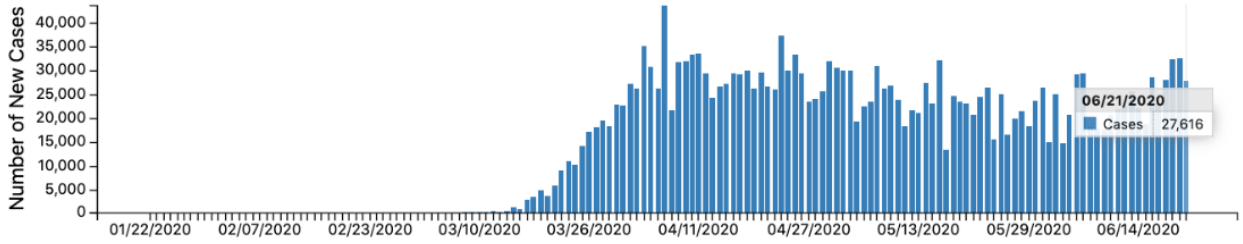
- The percentage of outpatient and emergency department visits for ILI are below baseline nationally and in all regions of the country. Most regions have remained stable, compared to last week; however, a few regions have noted slight increases in both ILI and CLI.
    - Systems monitoring ILI and CLI may be influenced by recent changes in health care seeking behavior, including increasing use of telemedicine, recommendations to limit emergency department (ED) visits to severe illnesses, and increased practice of social distancing.
- The overall cumulative COVID-19 associated hospitalization rate is 94.5 per 100,000, with the highest rates in people 65 years of age and older (286.9 per 100,000) followed by people 50-64 years (143.0 per 100,000). Hospitalization rates are cumulative and will increase as the COVID-19 pandemic continues.
    - Non-Hispanic American Indian or Alaska Native persons have a rate approximately 5.5 times that of non-Hispanic White persons, non-Hispanic Black persons have a rate approximately 4.5 times that of non-Hispanic White persons, and Hispanic or Latino persons have a rate approximately 4 times that of non-Hispanic White persons.
    - Cumulative hospitalization rates for COVID-19 in adults (18-64 years) at this time are higher than cumulative end-of-season hospitalization rates for influenza over each of the past 5 influenza seasons.
    - For people 65 years and older, current cumulative COVID-19 hospitalization rates are within ranges of cumulative influenza hospitalization rates observed at comparable time points* during recent influenza seasons.
    - For children (0-17 years), cumulative COVID-19 hospitalization rates are much lower than cumulative influenza hospitalization rates at comparable time points* during recent influenza seasons.
- Based on death certificate data, the percentage of deaths attributed to pneumonia, influenza or COVID-19 (PIC) decreased from 11.4% during week 23 to 7.1% during week 24. This is the eighth week during which a declining percentage of deaths due to PIC has been recorded; however, the percentage remains above the epidemic threshold. The percentage may change as additional death certificates for deaths during recent weeks are processed.

*Number of weeks since 10% of specimens tested positive for SARS-CoV-2 and influenza, respectively.

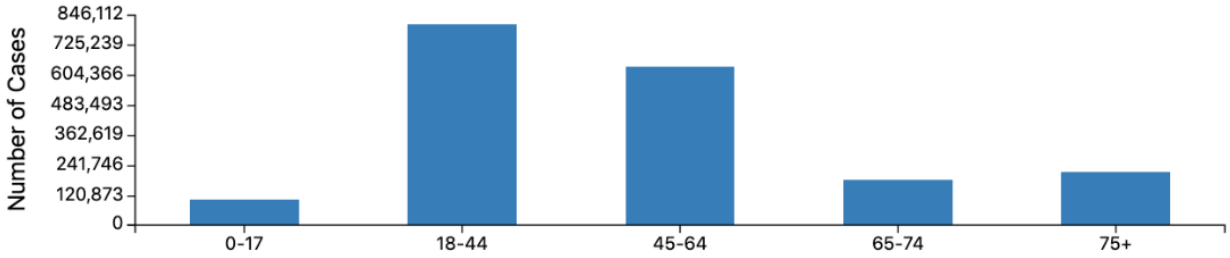
Learn more here.

Cases in the U.S.

New Cases by Day. The following chart shows the number of new COVID-19 cases reported each day in the U.S. since the beginning of the outbreak. Hover over the bars to see the number of new cases by day.

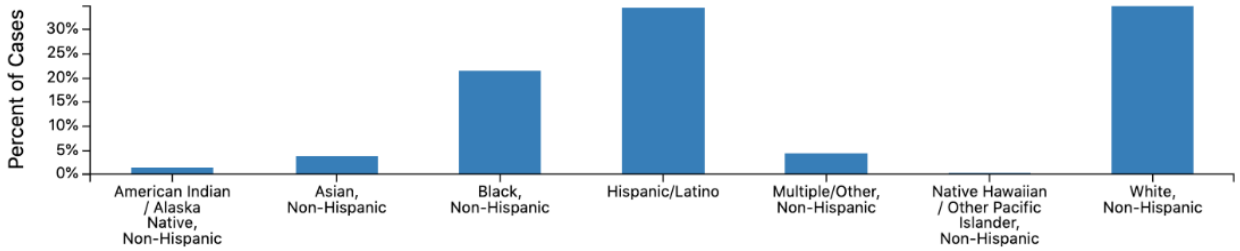


Cases by Age. The following chart shows the age of people with COVID-19. Data were collected from 1,952,347 people, **and age was available for 1,949,489 (99.9%) people.**



Cases by Race/Ethnicity. The following chart shows the race/ethnicity of people with COVID-19. Data were collected from 1,952,347 people, **but race/ethnicity was only available for 938,255 (48.1%) people.** CDC is working with states to provide more information on race/ethnicity for reported cases. The percent of reported cases that include race/ethnicity data is increasing.

*All Ages



These data only represent the geographic areas that contributed data on race/ethnicity. Every geographic area has a different racial and ethnic composition. These data are not generalizable to the entire U.S. population. If cases were distributed equally across racial and ethnic populations, one would expect to see more cases in those populations that are more highly represented in geographic areas that contributed data.

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Learn more here.

National Institutes of Health

NIH halts clinical trial of hydroxychloroquine - *Study shows treatment does no harm, but provides no benefit.* A clinical trial to evaluate the safety and effectiveness of hydroxychloroquine for the treatment of adults hospitalized with coronavirus disease 2019 (COVID-19) has been stopped by the National Institutes of Health. A data and safety monitoring board (DSMB) met late Friday and determined that while there was no harm, the study drug was very unlikely to be beneficial to hospitalized patients with COVID-19. After its fourth interim analysis the DSMB, which regularly monitors the trial, recommended to the National Heart, Lung, and Blood Institute (NHLBI), part of NIH, to stop the study. NHLBI halted the trial immediately.

The Outcomes Related to COVID-19 treated with hydroxychloroquine among In-patients with symptomatic Disease study, or ORCHID Study, was being conducted by the Prevention and Early Treatment of Acute Lung Injury (PETAL) Clinical Trials Network of NHLBI. The data from this study indicate that this drug provided no additional benefit compared to placebo control for the treatment of COVID-19 in hospitalized patients.

The first participants enrolled in the trial in April at Vanderbilt University Medical Center, Nashville, Tennessee, one of dozens of centers in the PETAL Network. The blinded, placebo-controlled randomized clinical trial aimed to enroll more than 500 adults who are currently hospitalized with COVID-19 or in an emergency department with anticipated hospitalization. More than 470 were enrolled at the time of study's closure.

All participants in the study received clinical care as indicated for their condition. Those randomized to the experimental intervention had also received hydroxychloroquine. Participants in the study will now continue to receive standard of care and follow up as indicated for their condition.

ORCHID participants had been randomly assigned to receive hydroxychloroquine 400 mg twice daily for two doses (day one), then 200 mg twice daily for the subsequent eight doses (days two to five) or a placebo twice daily for five days.

While COVID-19 usually presents as an acute respiratory infection, it can damage multiple organ systems, including heart, lung, and blood. Most adults with COVID-19 experience fever, cough, and fatigue and then recover within one to three weeks. However, some develop severe illness, typically manifesting as pneumonia and respiratory failure, with continued progression to acute respiratory distress syndrome and death.

Hydroxychloroquine is used to treat malaria and rheumatoid conditions such as arthritis. In various studies, the drug had demonstrated antiviral activity, an ability to modify the activity of the immune system, and it has an established safety profile at appropriate doses, leading to the hypothesis that it may have also been useful in the treatment of COVID-19.

Federal Emergency Management Agency

FEMA Cancels 2020 Integrated Public Alert & Warning System National Test Due to COVID-19 Response. Due to the ongoing coronavirus (COVID-19) public health emergency response, FEMA will not conduct a national test of the Integrated Public Alert and Warning System (IPAWS) this year.

FEMA is moving the next national test of the system to 2021 out of consideration for the unusual circumstances and working conditions for those in the broadcast and cable industry. Although systems remain in place for rapid automatic transmission of the test message by broadcast and cable operators, the follow-on reporting activities associated with a national test place additional burdens on technical staff that are already quite busy maintaining as close to normal operation as possible.

IPAWS is a national system for local alerting that provides authenticated emergency alert and information messaging to the public through cell phones and internet applications using Wireless Emergency Alerts (WEA), and to radio and television via the Emergency Alert System (EAS). Emergency officials across the country sent more than 360 important safety messages on the COVID-19 pandemic to their residents via WEA and EAS.

FEMA is required by law to test IPAWS at least every three years. The national WEA capability was most recently tested in conjunction with the EAS in 2018.

U.S. Federal Reserve Board

Federal Reserve Board announces it will be seeking public feedback on proposal to expand its Main Street Lending Program to provide access to credit for nonprofit organizations. The Federal Reserve Board on announced it will be seeking public feedback on a proposal to expand its Main Street Lending Program to provide access to credit for nonprofit organizations. As with the existing Main Street Lending Program, which targets small and medium-sized businesses, the proposed expansion would offer loans to small and medium-sized nonprofits that were in sound financial condition before the coronavirus

pandemic and could benefit from additional liquidity to manage through this challenging period.

Loan terms under the proposed Main Street nonprofit loans, including the interest rate, deferral of principal and interest payments, and five-year term, are the same as for Main Street business loans. The minimum loan size is $250,000 while the maximum loan size is $300 million. Principal payments would be fully deferred for the first two years of the loan, and interest payments would be deferred for one year. Two loan options would be offered under the proposal. Borrower eligibility requirements for the proposed nonprofit facilities would be modified from the for-profit facilities to reflect the operational and accounting practices of the nonprofit sector and include:

- Minimum of 50 and maximum of 15,000 employees;
- Financial thresholds based on operating performance, liquidity, and ability to repay debt;
- An operational history of at least five years; and
- A limit on endowments of no more than $3 billion.

Additionally, each organization must be a tax-exempt organization under section 501(c)(3) or 501(c)(19) of the Internal Revenue Code. The chart below has additional details on the proposed terms.

Because the circumstances, structure, and needs of nonprofit organizations vary widely, public feedback is being sought to help make the proposed program as efficient and effective as possible. Feedback may be submitted via email here until Monday, June 22. Feedback will be made available to the public, and comments should not include confidential information.

The Main Street Lending Program was established with the approval of the Treasury Secretary and with $75 billion in equity provided by the Treasury Department from the CARES Act.

Proposed Main Street Lending Program Nonprofit Loan Options	Nonprofit New Loans	Nonprofit Expanded Loans
Term	5 years	
Minimum Loan Size	$250,000	$10M
Endowment Cap	$3 billion	
Years in Operation	At least 5 years	
Employee Min/Max	Employees fewer than 15,000 and greater than 50	
Revenue cap and source requirement	2019 Revenues less than $5 billion, with less than 30% sourced from donations	
Maximum Loan Size	The lesser of $35M, or the borrower's average 2019 quarterly revenue	The lesser of $300M, or the borrower's average 2019 quarterly revenue
Risk Retention	5%	
Principal Repayment	Principal deferred for two years; years 3-5: 15%, 15%, 70%	
Interest Payments	Deferred for one year	
Rate	LIBOR + 3%	

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The State of Texas

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases	
June 22nd **Total Tests: 1,767,701** **Total Viral Tests: 1,549,009*** **Total Antibody Tests: 166,168*** **Cases Reported: 114,881** **Patients Recovered: 69,190** **Fatalities: 2,192** **Active Cases: 43,499** **Daily New Cases: 3,280** **As of June 21, 2020* **June 19th** **Total Tests: 1,622,851** **Total Viral Tests: 1,423,914*** **Total Antibody Tests: 153,011*** **Cases Reported: 103,305** **Patients Recovered: 65,329** **Fatalities: 2,140** **Active Cases: 35,836** **Daily New Cases: 3,454*** **As of June 18, 2020.* **June 18th Daily New Cases was 3,516 – a new record high.*	Harris County 21,053 Dallas County 16,845 Tarrant County 8,955 Bexar County 6,882 Travis County 6,210 El Paso County 4,553 Fort Bend County 3,069 Potter County 2,822 Collin County 2,223 Denton County 2,163	Walker County 1,912 Galveston County 1,867 Brazoria County 1,762 Hays County 1,711 Hidalgo County 1,689 Montgomery County 1,555 Cameron County 1,546 Jefferson County 1,393 Williamson County 1,337 Lubbock County 1,320

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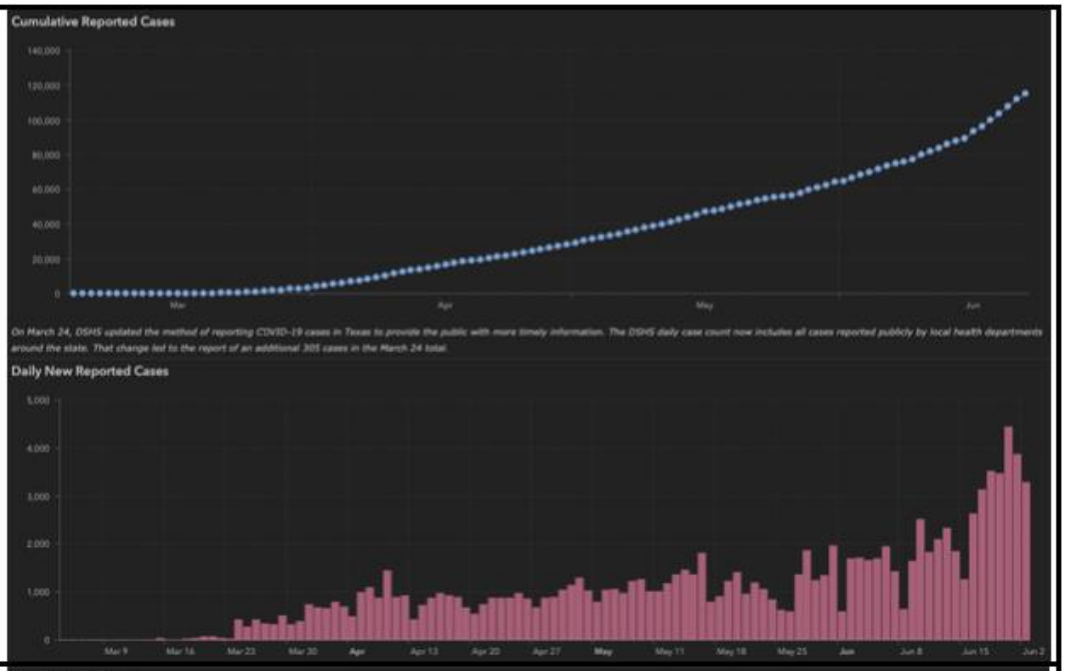
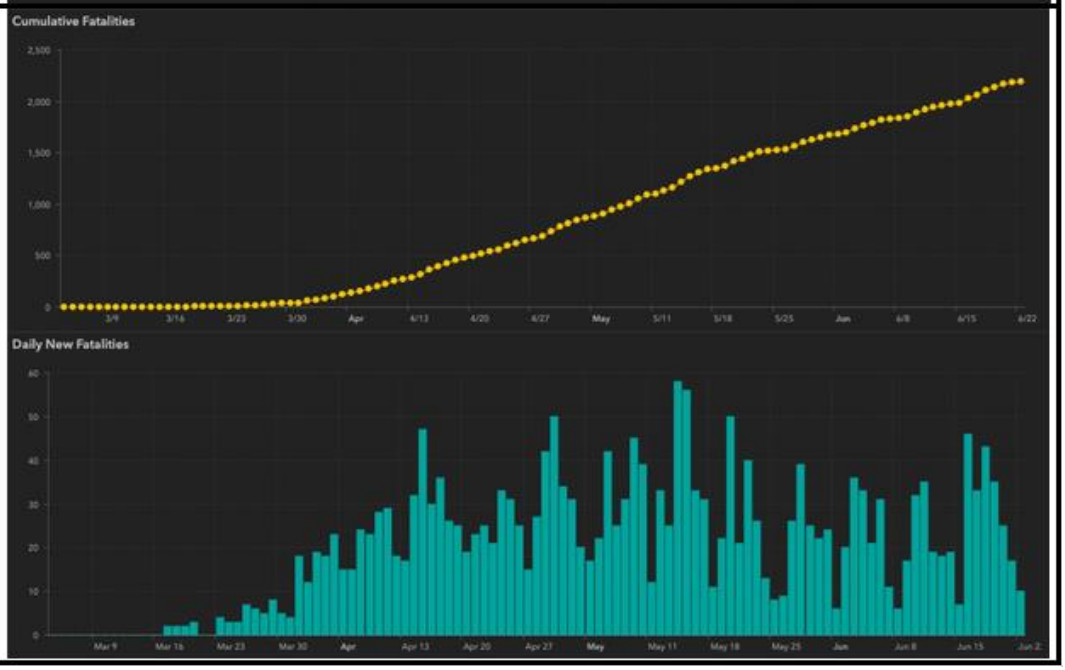
Texas Daily New Cases	
Texas Daily New Fatalities	

Texas Workforce Commission

TWC Funds to Provide Statewide Skills Enhancement for Unemployment Benefit Recipients

TWC expands program to ensure all UI claimants have access to skills enhancement services

The Texas Workforce Commission (TWC) has allocated funds to offer rapid skills enhancement opportunities to eligible workers in Texas. This new program includes all individuals receiving Unemployment Insurance (UI) benefits during COVID-19 and will provide access to virtual skills enhancement opportunities.

Texas has a historic number of UI beneficiaries as a result of COVID-19, which has resulted in an increased need for a range of services to support Texas businesses and workers, including the need to enhance the skills of unemployed Texans so they can prepare to reconnect to the workforce in valuable opportunities made available by Texas employers.

The Commission's latest action in support of the Texas workforce will be implemented through partnerships with two Massive Open Online Course providers at the state level to provide skills enhancement opportunities to hundreds of thousands of unemployed workers in Texas. Through this funding, TWC continues to demonstrate its commitment to addressing the needs of Texans during the COVID-19 pandemic.

If you are receiving unemployment insurance currently, have registered in WorkinTexas.com and interested in signing up for these online courses, send your name, phone number, and email address to: skillsenhancement@twc.texas.gov

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TWC Provides Acceptable Reasons for Work Refusal. On June 16, 2020, the Commission took action to provide guidance to unemployment claimants concerning their continued eligibility for unemployment insurance benefits (UI) should they refuse rehire. Each UI benefits case is currently evaluated on an individual basis. However, because of the COVID-19 emergency, the following are reasons benefits would be granted if the individual refused suitable work.

Reason for refusal:

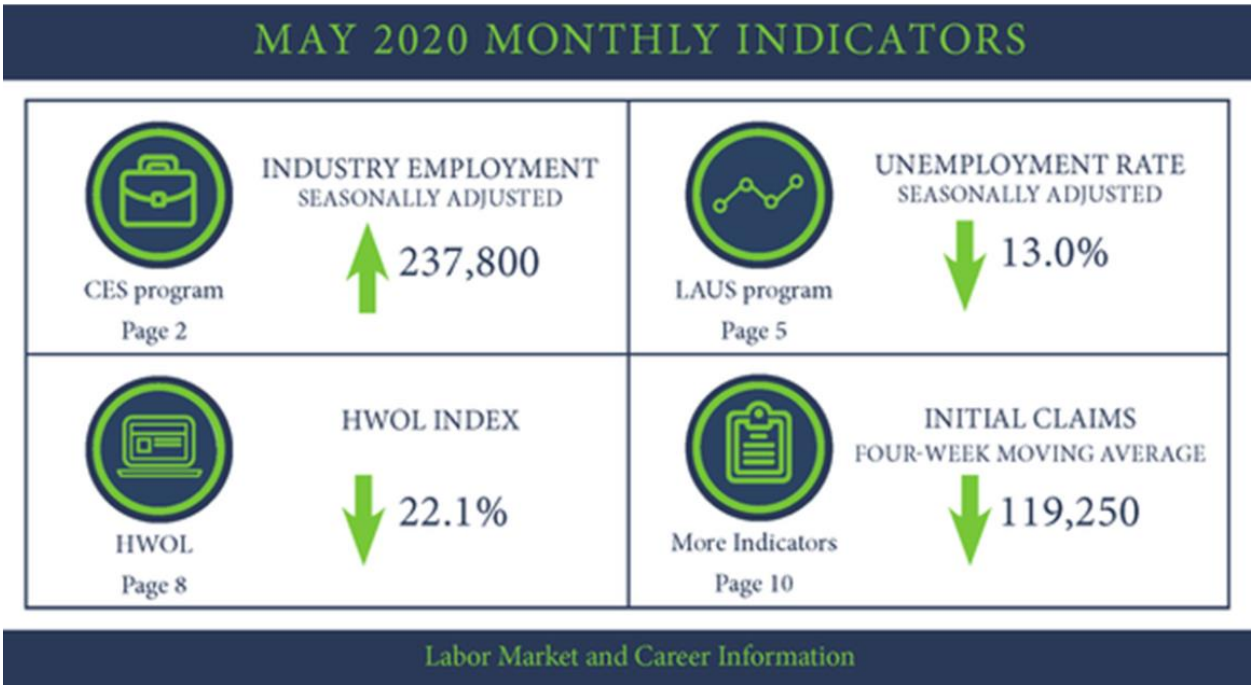
- People 65 years or older, and/or people with medical issues, like heart disease, diabetes, cancer, or a weakened immune system, or are at a higher risk for getting very sick from COVID-19. (Source: DSHS website)
- Household member at high risk – People 65 years or older or are at a higher risk of getting very sick from COVID-19 (source DSHS website).
- Diagnosed with COVID - the individual has tested positive for COVID-19 by a source authorized by the State of Texas and is not recovered.

- Family member with COVID - anybody in the household has tested positive for COVID-19 by a source authorized by the State of Texas and is not recovered and 14 days have not yet passed.
- Quarantined – individual is currently in 14-day quarantine due to close contact exposure to COVID-19.
- Child care – Child's school or daycare closed and no reasonable alternatives are available.

Any other situation will be subject to a case by case review by the Texas Workforce Commission based on individual circumstances.

Texas Labor Market Review: Release date – June 19, 2020

The Texas Labor Market Review brings you the most current labor market highlights and happenings across the state. Access the full report by visiting: https://texaslmi.com/downloads/tlmr_current_edition.pdf



Current Employment Statistics: Total Nonagricultural Wage and Salary Employment in Texas grew by 237,800 jobs in May, the highest over-the-month increase since the series began in 1990. The increase came after a combined decrease of over 1.4 million jobs in March and April as a result of economic shutdowns related to COVID-19. The May increase coincides with gradual steps to reopen economies across the state. Private Sector jobs increased by 291,000 in May, also a series high. Eight of 11 major industries added jobs over the month, including record monthly increases in five. Substantial year-over-year employment decreases

remain statewide for almost all industries. From May 2019 to May 2020 Texas shed 917,800 jobs including 853,600 private sector positions.

Highlights:

- Leisure and Hospitality added 176,400 jobs over the month in May. This marked the largest recorded monthly increase in any major industry since the series began in 1990, and accounted for nearly three-quarters of the Total Nonagricultural jobs increase statewide.
- Education and Health Services industry employment jumped by 51,900 positions in May, a series high. Health Care and Social Assistance provided most of the gains with 47,600 jobs added.
- Employment in Trade, Transportation, and Utilities grew by 20,700 jobs in May

Industry	May 2020	Monthly Change	Annual Change	Annual % Change
Total Nonagricultural	11,842,500	237,800	-917,800	-7.2
Private	9,941,400	291,000	-853,600	-7.9
Goods-Producing	1,810,300	4,100	-119,800	-6.2
Mining & Logging	198,600	-14,600	-55,700	-21.9
Construction	742,500	13,200	-27,200	-3.5
Manufacturing	869,200	5,500	-36,900	-4.1
Service-Providing	10,032,200	233,700	-798,000	-7.4
Trade, Transportation & Utilities	2,375,300	20,700	-129,600	-5.2
Information	193,400	-1,500	-15,400	-7.4
Financial Activities	799,500	1,200	700	0.1
Professional & Business Services	1,711,000	18,800	-75,300	-4.2
Education & Health Services	1,648,500	51,900	-86,200	-5.0
Leisure & Hospitality	1,013,800	176,400	-373,600	-26.9
Other Services	389,600	19,400	-54,400	-12.3
Government	1,901,100	-53,200	-64,200	-3.3

Current Metro Employment Statistics. Highlights:

- In May, 23 of 26 metro areas grew over the month for a combined increase of 224,700 jobs. Fourteen areas posted record high job increases since the series began in 1990,

including the state's largest metro areas. This follows record job loss in April for all 26 metro areas due to measures taken to slow the spread of COVID-19.

- The Houston-The Woodlands Sugar Land MSA posted a gain of 63,900 jobs.
- Employment in the Dallas-Plano Irving Metropolitan Division rose sharply in May with 46,400 jobs added after a revised April decrease of 253,100 jobs.
- The Fort Worth-Arlington Metropolitan Division added 28,800 jobs for a monthly growth rate of 2.9 percent.
- The San Antonio-New Braunfels MSA added 28,700 jobs over the month.
- The Austin-Round Rock MSA added 16,300 jobs. The area shed 87,000 jobs since May 2019 for an annual decline of 7.8 percent.

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Metro Areas	May 2020	Monthly Change	Annual Change	Annual % Change
Abilene MSA	68,200	1,900	-3,800	-5.3
Amarillo MSA	111,600	1,100	-9,200	-7.6
Austin-Round Rock MSA	1,023,500	16,300	-87,000	-7.8
Beaumont-Port Arthur MSA	148,200	3,400	-16,300	-9.9
Brownsville-Harlingen MSA	131,200	1,400	-13,100	-9.1
College Station-Bryan MSA	117,600	1,700	-5,000	-4.1
Corpus Christi MSA	171,500	3,100	-22,000	-11.4
Dallas-FW-Arlington MSA	3,531,600	75,400	-235,900	-6.3
Dallas-Plano-Irving MD	2,524,600	46,400	-157,000	-5.9
Fort Worth-Arlington MD	1,008,300	28,800	-76,800	-7.1
El Paso MSA	294,600	8,100	-27,800	-8.6
Houston MSA	2,919,300	63,900	-227,500	-7.2
Killeen-Temple MSA	136,300	1,600	-8,300	-5.7
Laredo MSA	97,400	700	-10,600	-9.8
Longview MSA	90,400	-100	-10,000	-10.0
Lubbock MSA	139,100	5,100	-11,200	-7.5
McAllen MSA	251,000	3,800	-18,800	-7.0
Midland MSA	101,100	-1,200	-13,600	-11.9
Odessa MSA	73,300	100	-10,800	-12.8
San Angelo MSA	44,400	800	-5,400	-10.8
San Antonio MSA	1,002,500	28,700	-71,100	-6.6
Sherman-Denison MSA	46,100	-200	-2,800	-5.7
Texarkana MSA	57,400	1,500	-3,300	-5.4
Tyler MSA	100,900	2,200	-5,100	-4.8
Victoria MSA	37,300	900	-4,400	-10.6
Waco MSA	114,100	1,500	-8,700	-7.1
Wichita Falls MSA	54,300	1,700	-5,200	-8.7

State and Federal Overview: June 19, 2020

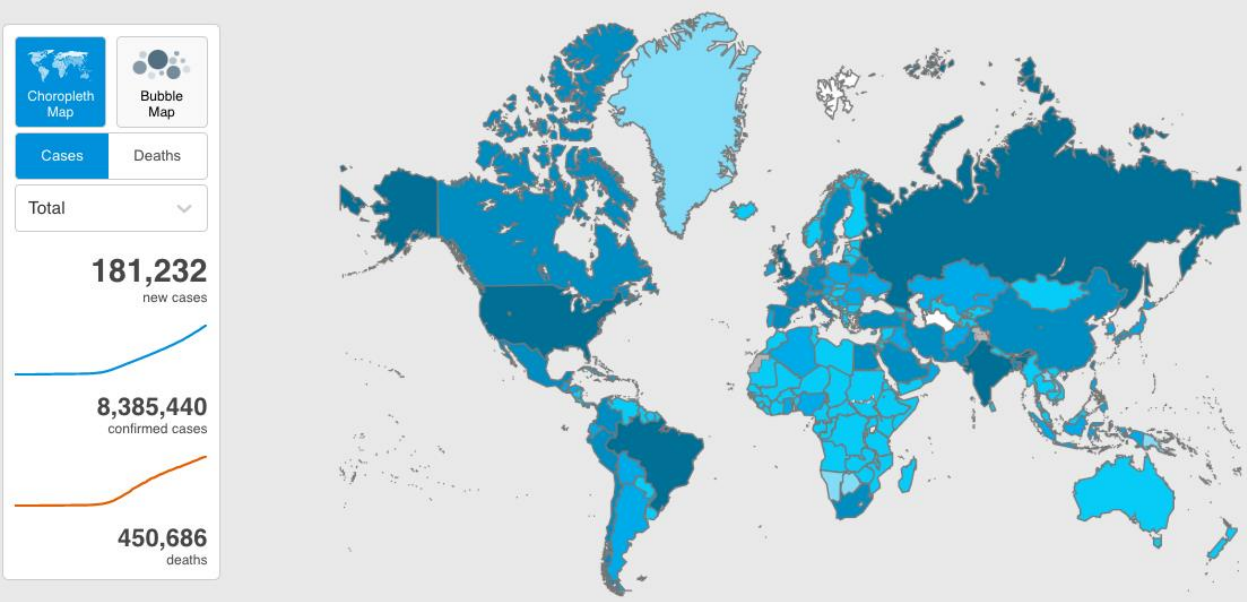
International

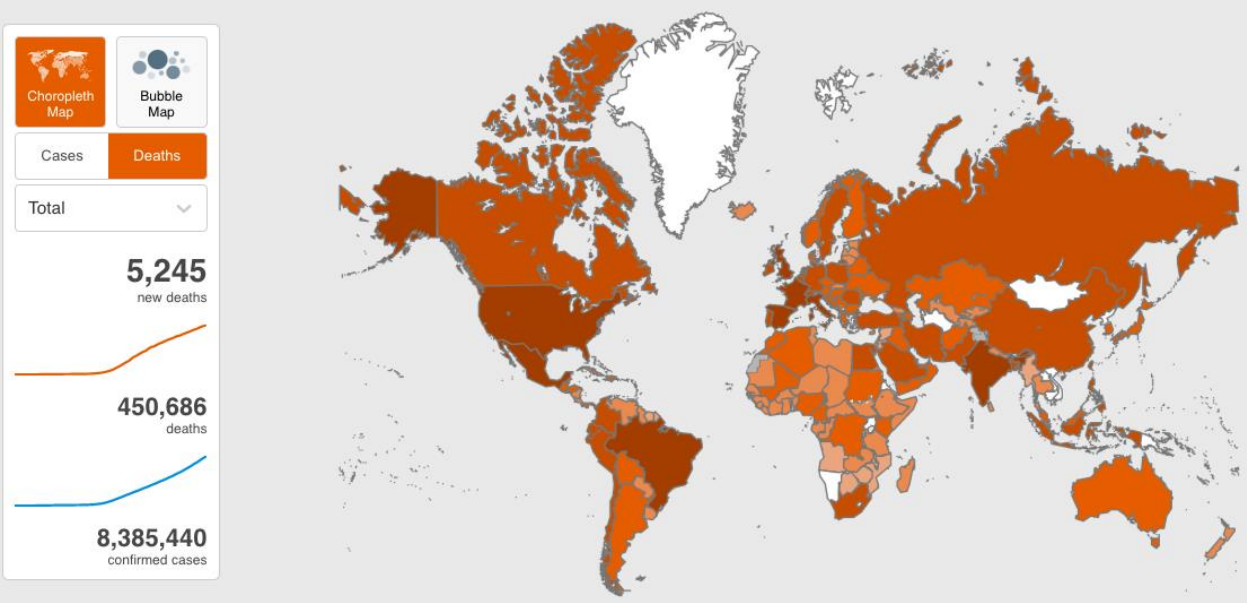
The hydroxychloroquine arm of the Solidarity Trial, which seeks to find an effective COVID19 treatment, is being stopped. The decision is based on evidence from the Solidarity Trial, the UK's Recovery trial and a Cochrane review of other evidence on hydroxychloroquine. Data shows that hydroxychloroquine does not result in the reduction of mortality of hospitalised COVID-19 patients, when compared with standard of care. Dr Tedros announced the roll out of the WHO Academy, a major new initiative as part of WHO's transformation. With the WHO Academy, WHO aims to build one of the world's largest and most innovative digital learning platforms to enhance the competencies of health professionals. So far, courses on the OpenWHO.org have received almost 3.5 million enrolments on 12 topics in 31 languages. Several countries affected by COVID-19 have seen increases in levels of violence occurring in the home, including violence against children, intimate partner violence and violence against older people. A new brief, addressing violence against children, women and older people during the COVID-19 pandemic, outlines key actions that the health sector can undertake to prevent or mitigate interpersonal violence. Today's 'Subject in Focus' provides a summary of virtual meetings held on COVID-19 preparedness and response at points of entry from the WHO Regional Office for Africa.

Read today's situation report.

Read yesterday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.


Choropleth Map
Bubble Map
Cases
Deaths
Total
181,232
new cases
8,385,440
confirmed cases
450,686
deaths

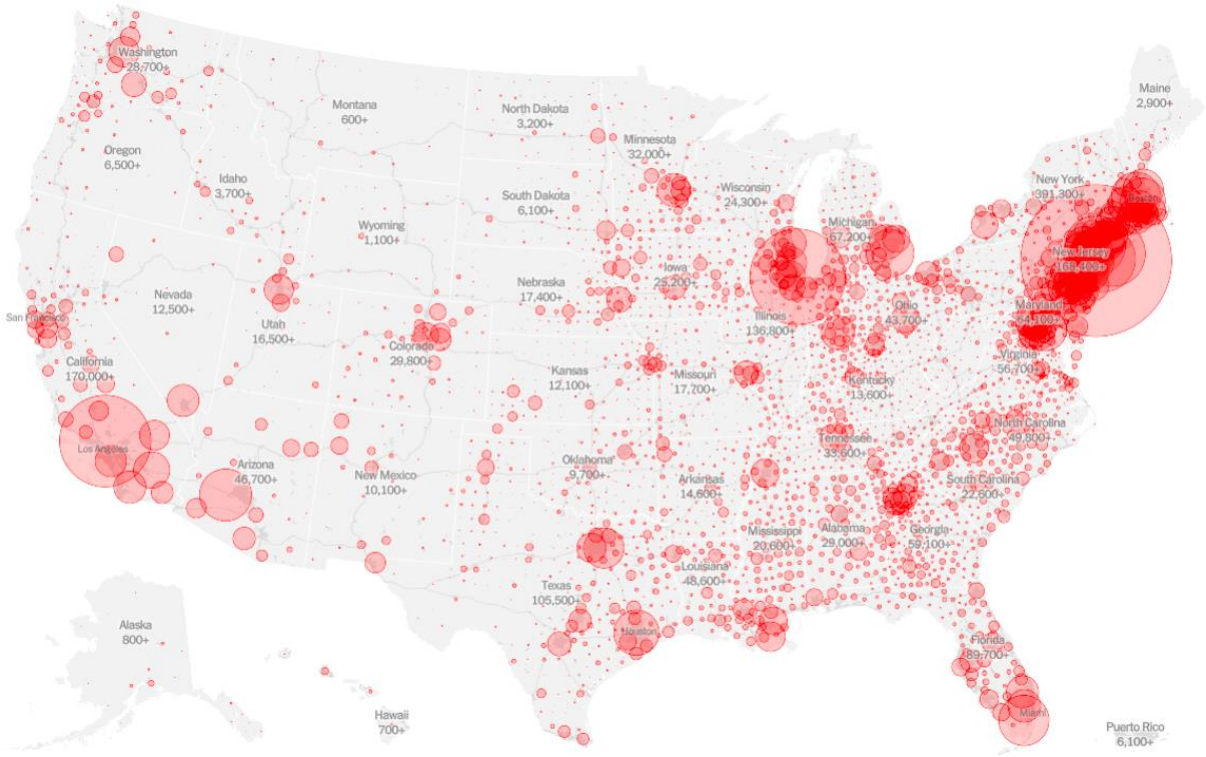

Choropleth Map
Bubble Map
Cases
Deaths
Total
5,245
new deaths
450,686
deaths
8,385,440
confirmed cases

Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 2.2 million+
Deaths: 119,100

Includes confirmed and probable cases where available.



U.S. Department of Health and Human Services

HHS Awards $107.2 Million to Grow and Train the Health Workforce. Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is announcing awards totaling $107.2 million to 310 recipients to increase the health workforce in rural and underserved communities. Recipients across 45 states and U.S. territories received funding to improve the quality, distribution and diversity of health professionals serving across the country.

These programs provide financial and professional support to physicians, faculty, dentists, nurses and students as they pursue careers in health care settings. Awardees will be able to develop and retain clinicians in high-need areas to meet the vital health needs of the most disadvantaged communities.

These awards support the following programs:

- Nurse Faculty Loan Program (NFLP) – ($26.7 million, 81 awards) The NFLP expands nursing faculty nationwide. Loans are provided to nursing students who receive up to 85% loan cancellation in exchange for full-time post-graduate employment as nurse faculty.
- Postdoctoral Training in General, Pediatric, and Public Health Dentistry – ($13 million, 27 awards) This program provides funding to enhance postdoctoral dental residency training programs in rural communities. The program will improve access to oral health care services for all individuals, especially low-income and underserved populations.
- Scholarships for Disadvantaged Students (SDS) – ($47.8 million, 86 awards) The SDS program increases the diversity of the health workforce. It funds eligible health professions schools and programs, which make scholarships available to students from disadvantaged backgrounds who have financial need.
- Nurse Anesthetist Traineeships (NAT) – ($2.5 million, 79 awards) The NAT program provides funding to eligible institutions to cover the costs of traineeships for individuals in nurse anesthesia programs. The funding will help increase the number of Certified Registered Nurse Anesthetists (CRNAs) to provide care to underserved populations.
- Primary Care Training and Enhancement: Residency Training in Primary Care (PCTE-RTPC) Program – ($8.8 million, 20 awards) The PCTE-RTPC program provides funding to enhance accredited residency training programs in rural and underserved communities. The funding will help address the nation's current physician shortage by increasing the number of residency graduates practicing in areas where there is a deficiency of primary care providers.
- Nurse Education, Practice, Quality and Retention (NEPQR) Interprofessional Collaborative Practice Program (IPCP): Behavioral Health Integration (BHI) – ($8.3

million, 17 awards) The NEPQR-BHI program trains and educates the future nursing workforce to provide integrated behavioral health services in rural communities.

View HRSA's funding opportunities.

Learn more about HRSA's health workforce programs.

Federal Emergency Management Agency

FEMA Cancels 2020 Integrated Public Alert & Warning System National Test Due to COVID-19 Response. Due to the ongoing coronavirus (COVID-19) public health emergency response, FEMA will not conduct a national test of the Integrated Public Alert and Warning System (IPAWS) this year.

FEMA is moving the next national test of the system to 2021 out of consideration for the unusual circumstances and working conditions for those in the broadcast and cable industry. Although systems remain in place for rapid automatic transmission of the test message by broadcast and cable operators, the follow-on reporting activities associated with a national test place additional burdens on technical staff that are already quite busy maintaining as close to normal operation as possible.

IPAWS is a national system for local alerting that provides authenticated emergency alert and information messaging to the public through cell phones and internet applications using Wireless Emergency Alerts (WEA), and to radio and television via the Emergency Alert System (EAS). Emergency officials across the country sent more than 360 important safety messages on the COVID-19 pandemic to their residents via WEA and EAS.

FEMA is required by law to test IPAWS at least every three years. The national WEA capability was most recently tested in conjunction with the EAS in 2018.

FEMA Phasing Out Project Airbridge. Project Airbridge was created to shorten the amount of time it takes for U.S. medical supply distributors to bring personal protective equipment (PPE) and other critical medical supplies into the U.S. during the COVID-19 pandemic response. This shipment method, the focus of the acceleration effort of FEMA's supply chain task force, was a temporary solution to expedite the transportation of commercially distributed PPE from international manufacturers to the United States.

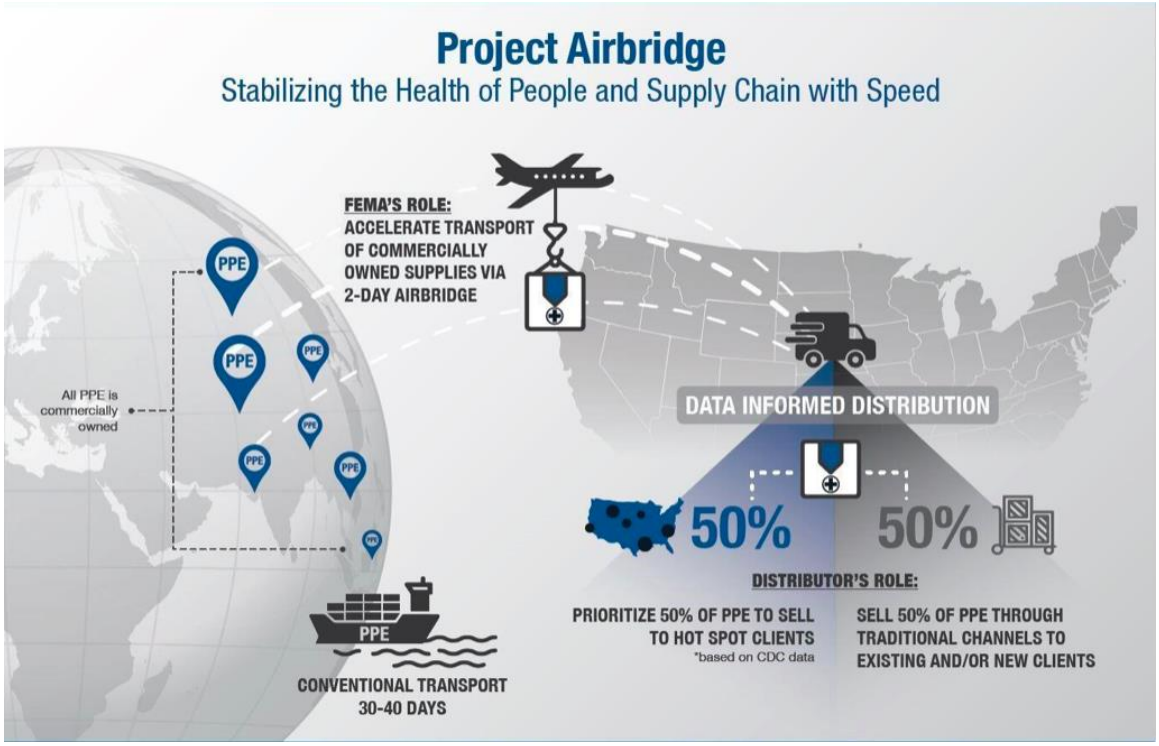
WHAT PROJECT AIRBRIDGE HAS ACHIEVED FROM MARCH 29 THROUGH JUNE 18

Nearly 1.5 million N-95 respirators	More than 2.5 million face shields
937 million gloves	More than 2.4 million thermometers
113.4 million surgical masks	1.4 million coveralls
50.9 million gowns	109,000 stethoscopes

Project Airbridge's shipments addressed the immediate shortfall in our nation's PPE needs by arriving up to nine times faster than cargo deliveries by sea - allowing prioritized distributors to deliver medical supplies to the point of greatest need across the nation during the height of the COVID-19 response.

Since the first airbridge flight landed at New York's John F. Kennedy International airport March 29, FEMA completed 227 flights with an additional 22 scheduled, or in transit, for a total of approximately 249 flights (as of June 18). The 100th flight arrived April 30 and the 200th flight arrived June 2.

Recognizing the PPE supply chain is stabilizing across the nation, the Unified Coordination Group approved phasing out of Project Airbridge and scaling back flights through mid-June, with the final flight landing in the United States on or about June 30. Project Airbridge will remain an option to expedite deliveries of medical items should the United States have a future emergent need for critical PPE due to the COVID-19 pandemic.



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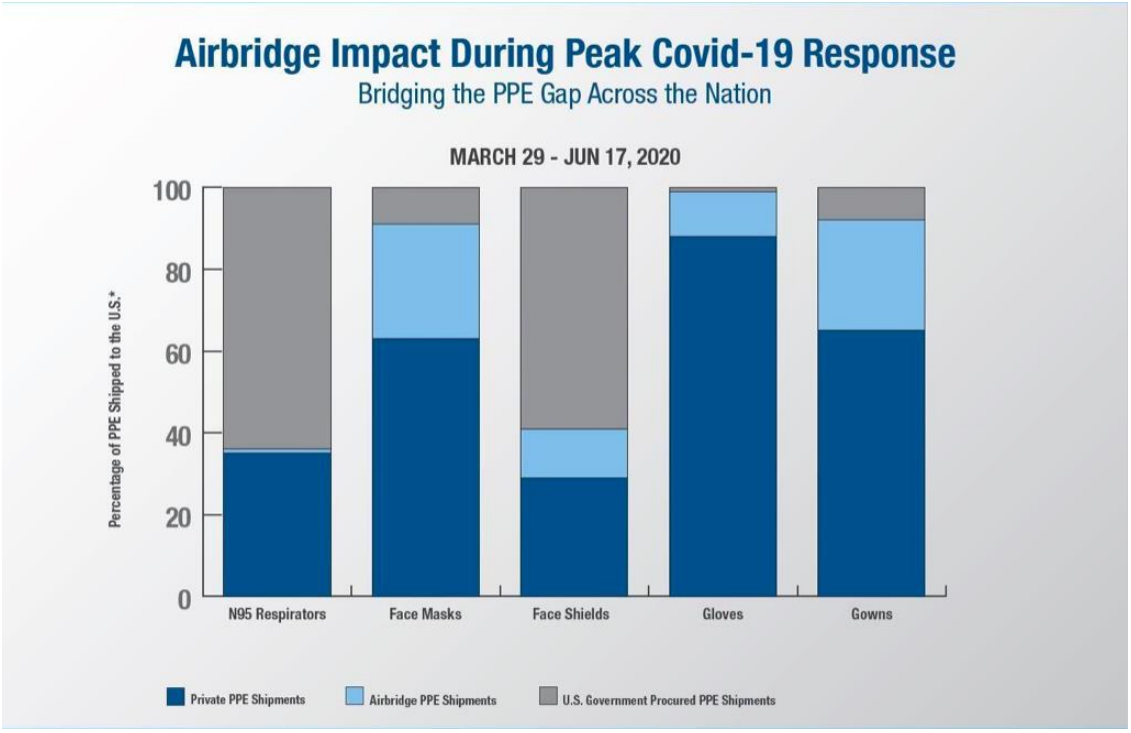
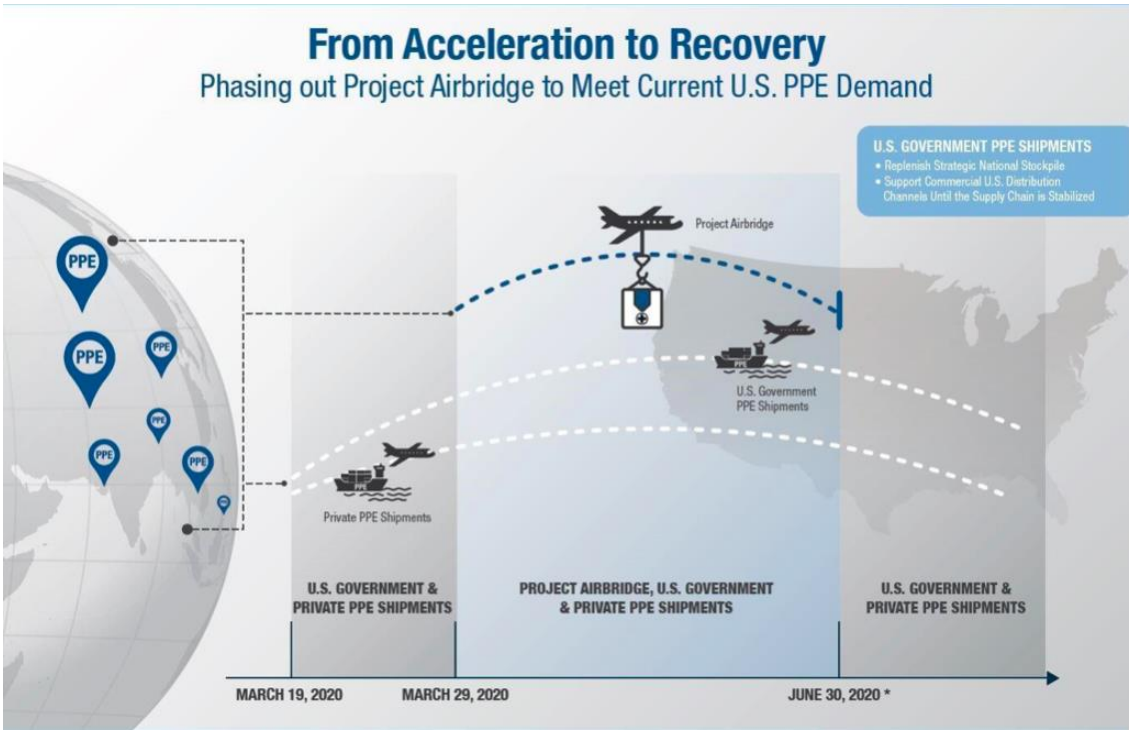

Airbridge Impact During Peak Covid-19 Response
Bridging the PPE Gap Across the Nation
MARCH 29 - JUN 17, 2020
Percentage of PPE Shipped to the U.S.*
100
80
60
40
20
0
N95 Respirators
Face Masks
Face Shields
Gloves
Gowns
Private PPE Shipments
Airbridge PPE Shipments
U.S. Government Procured PPE Shipments


From Acceleration to Recovery
Phasing out Project Airbridge to Meet Current U.S. PPE Demand
U.S. GOVERNMENT PPE SHIPMENTS
• Replenish Strategic National Stockpile
• Support Commercial U.S. Distribution Channels Until the Supply Chain is Stabilized
PPE
Project Airbridge
U.S. Government PPE Shipments
Private PPE Shipments
U.S. GOVERNMENT & PRIVATE PPE SHIPMENTS
PROJECT AIRBRIDGE, U.S. GOVERNMENT & PRIVATE PPE SHIPMENTS
U.S. GOVERNMENT & PRIVATE PPE SHIPMENTS
MARCH 19, 2020
MARCH 29, 2020
JUNE 30, 2020 *

U.S. Department of Agriculture

USDA Extends Farmers to Families Food Box Program Contracts for Some Vendors. U.S. Secretary of Agriculture Sonny Perdue today announced the U.S. Department of Agriculture (USDA) will extend the contracts of select vendors from the first round of the Farmers to Families Food Box Program.

Background:
USDA is exercising this option to extend contracts for current distributors for the next performance period, July 1- Aug. 30, for up to $1.16 billion of food. The decision to extend current contractors was determined based on their performance since May 15. Some vendors were extended without any adjustment to their delivery amounts, while others' amounts or locations were adjusted based on their demonstrated abilities to perform or at the vendor's request.

In line with our commitment to oversight, these extensions continue to require audits to ensure food safety plans are being followed, 100% U.S. grown and raised food is being procured and delivered, and food products meet all of USDA's high-quality standards. The government chose not to extend some vendors' contracts either in part because of concerns brought up during audits or for performance challenges. Additionally, some contracts were not extended at the vendors' request.

Between May 15 to June 17, distributors have delivered over 17 million food boxes to approximately 3,200 non-profit organizations across the United States including Guam and Puerto Rico.

USDA is continuously evaluating how to expand access to the program in areas that are underserved and is in the final stages of determining cities and states who have been affected by the economic impacts of COVID-19 and where additional food boxes are in demand. These underserved areas will be specifically targeted with distributors who will assist in filling the gaps.

In addition, USDA will begin new contracts with a few vendors whose offers were not previously accepted due to technical errors in their proposals. USDA has reviewed these proposals and found they demonstrate that these firms can meet the program's distribution and delivery requirements. These distributors will have an increased focus on Opportunity Zones in order to direct food to reach underserved areas, places where either no boxes have yet been delivered, or where boxes are being delivered but where there is additional need. We will also solicit additional contracts to ensure continued distribution of food boxes.

More information about the Farmers to Families Food Box Program is available at www.usda.gov/farmers-to-families.

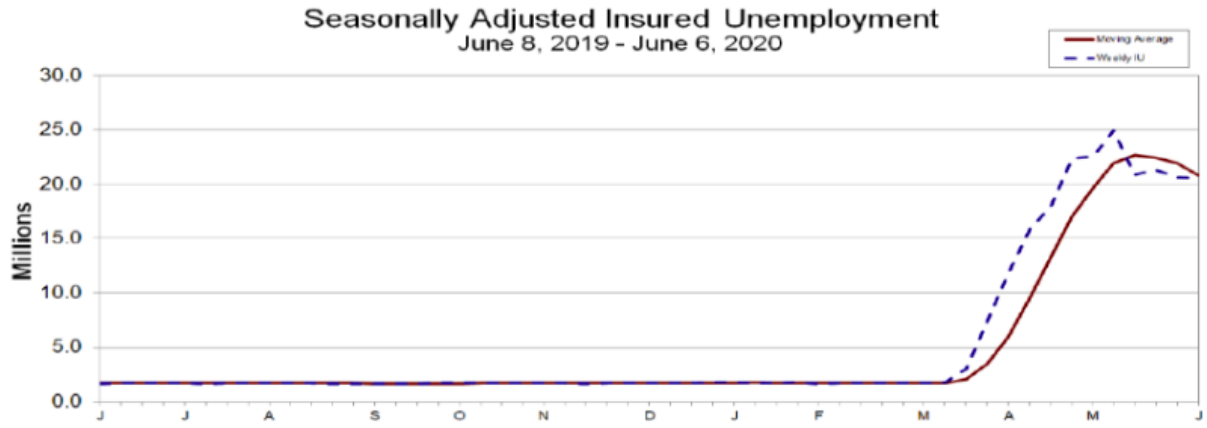
U.S. Bureau of Labor Statistics

State Employment and Unemployment — MAY 2020. Unemployment rates were lower in May in 38 states and the District of Columbia, higher in 3 states, and stable in 9 states, the U.S. Bureau of Labor Statistics reported today. All 50 states and the District had jobless rate increases from a year earlier. The national unemployment rate declined by 1.4 percentage points over the month to 13.3 percent but was 9.7 points higher than in May 2019. Nonfarm payroll employment increased in 46 states, decreased in Hawaii and the District of Columbia, and was unchanged in 3 states in May 2020. Over the year, nonfarm payroll employment decreased in all 50 states and the District. Read the full release here.

U.S. Department of Labor

This week the Department of Labor released new unemployment figures. In the week ending June 13, the advance figure for seasonally adjusted initial claims was 1,508,000, a decrease of 58,000 from the previous week's level. The 4-week moving average was 1,773,500, a decrease of 234,500 from the previous week's average.

The advance seasonally adjusted insured unemployment rate was 14.1 percent for the week ending June 6, unchanged from the previous week's revised rate. The advance number for seasonally adjusted insured unemployment during the week ending June 6 was 20,544,000, a decrease of 62,000 from the previous week's level. The 4-week moving average was 20,814,750, a decrease of 1,092,000 from the previous week's average.



U.S. Department of Labor Issues Proposed 2020 Self-Compliance Tool to Further Mental Health and Substance Use Disorder Parity Compliance. The U.S. Department of Labor's Employee Benefits Security Administration (EBSA) today released a proposed Self-Compliance Tool intended to help improve compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) and additional related requirements under the Employee Retirement Income Security Act of 1974 (ERISA).

The tool will enable group health plans, plan sponsors, plan administrators, health insurance issuers and other parties determine whether a group health plan or a health insurance issuer complies with the provisions in both laws.

EBSA is requesting public comments on the MHPAEA's Self-Compliance Tool proposed revisions by July 24, 2020. Submit comments to EBSA. After considering all feedback, the Department will issue a Final 2020 MHPAEA Self-Compliance Tool with any necessary

clarifications. The Department last issued the MHPAEA Self-Compliance Tool in 2018.

"This Self-Compliance tool will help give the user a basic understanding of the Mental Health Parity and Addition Equity Act to assist in evaluating compliance with its requirements," said Acting Assistant Secretary for the Employee Benefits Security Administration Jeanne Klinefelter Wilson. "The Employee Benefits Security Administration will continue to provide compliance assistance to group health plans, plan sponsors, plan administrators and health insurance issuers to help them meet their responsibilities under the law."

In general, MHPAEA requires that the financial requirements imposed by a group health plan or health insurance issuer on mental health and substance use disorder benefits are applied in parity with financial requirements and treatment limitations that apply to medical and surgical benefits. Financial requirements include cost-sharing requirements such as copays and treatment limitations include limits on the scope and duration of treatment, such as visit limits or prior authorization.

The 21st Century Cures Act directs the U.S. Departments of Labor, Health and Human Services and Treasury to make a compliance program guidance document publicly available to improve compliance with MHPAEA, and to update this guidance document every two years. Consistent with this directive, the proposed 2020 MHPAEA Self-Compliance Tool provides additional guidance on MHPAEA compliance and a number of examples to demonstrate how a plan or issuer may comply with the law.

EBSA's mission is to assure the security of the retirement, health and other workplace related benefits of America's workers and their families. EBSA accomplishes this by developing effective regulations; assisting and educating workers, plan sponsors, fiduciaries and service providers; and vigorously enforcing the law.

U.S. Department of Labor Issues OSHA Guidance as Non-Essential Businesses Reopen and Employees Return to Work. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has issued guidance to assist employers reopening non-essential businesses and their employees returning to work during the evolving coronavirus pandemic.

The guidance supplements the U.S. Department of Labor and U.S. Department of Health and Human Services' previously developed Guidance on Preparing Workplaces for COVID-19 and the White House's Guidelines for Opening up America Again. The guidelines provide general principles for updating restrictions originally put in place to slow the spread of the coronavirus. During each phase of the reopening process, employers should continue to focus on strategies

for basic hygiene, social distancing, identification and isolation of sick employees, workplace controls and flexibilities, and employee training.

Non-essential businesses should reopen as state and local governments lift stay-at-home or shelter-in-place orders and follow public health recommendations from the Centers for Disease Control and Prevention and other federal requirements or guidelines. Employers should continue to consider ways to use workplace flexibilities, such as remote work and alternative business operations, to provide goods and services to customers.

OSHA recommends that employers continually monitor federal, state, and local government guidelines for updated information about ongoing community transmission and mitigation measures, as well as for evolving guidance on disinfection and other best practices for worker protection.

Visit OSHA's coronavirus webpage frequently for updates. For further information about the coronavirus, please visit the Centers for Disease Control and Prevention.

THBI
TEXAS HEALTHCARE & BIOSCIENCE INSTITUTE

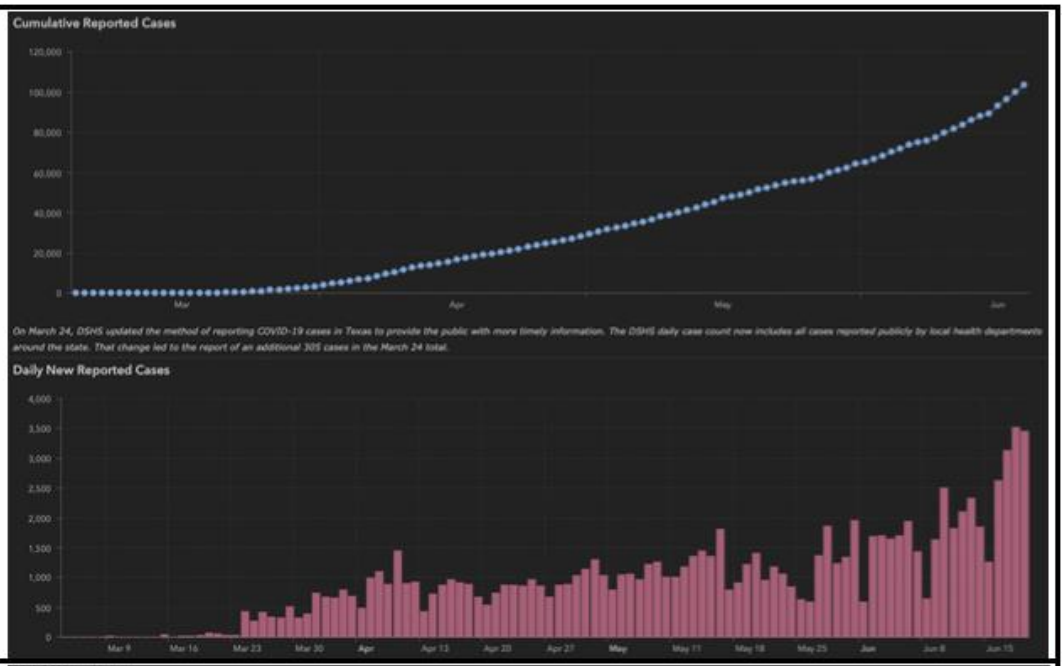
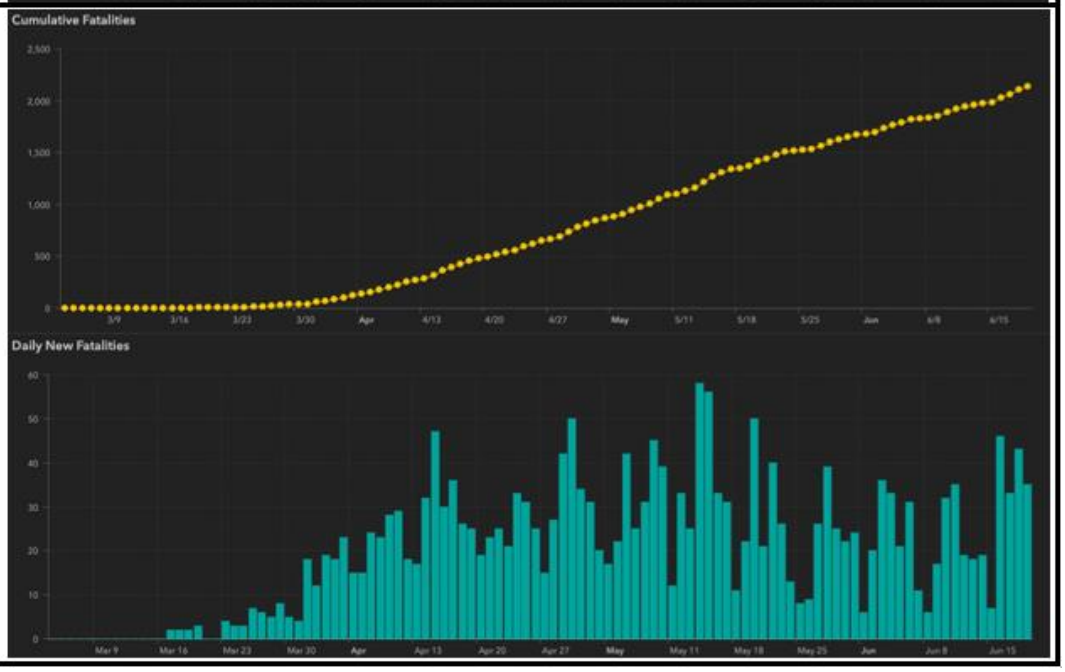
The State of Texas

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest	Number of Cases
June 19th **Total Tests: 1,622,851** **Total Viral Tests: 1,423,914*** **Total Antibody Tests: 153,011*** **Cases Reported: 103,305** **Patients Recovered: 65,329** **Fatalities: 2,140** **Active Cases: 35,836** **Daily New Cases: 3,454*** **As of June 18, 2020* **June 18th Daily New Cases was 3,516 – a new record high* **June 17th** **Total Tests: 1,560,537** **Total Viral Tests: 1,369,638*** **Total Antibody Tests: 152,796*** **Cases Reported: 96,335** **Patients Recovered: 62,368** **Fatalities: 2,062** **Active Cases: 31,905** **Daily New Cases: 3,129** **As of June 16, 2020*	Harris County 18,552 Dallas County 15,648 Tarrant County 8,099 Bexar County 5,550 Travis County 4,991 El Paso County 4,178 Potter County 2,819 Fort Bend County 2,726 Collin County 2,026 Denton County 1,980	Walker County 1,890 Brazoria County 1,609 Galveston County 1,535 Montgomery County 1,484 Hays County 1,448 Hidalgo County 1,447 Cameron County 1,371 Jefferson County 1,356 Lubbock County 1,136 Williamson County 1,114

Texas Daily New Cases	
Texas Daily New Fatalities	

DSHS: COVID Update
[Opening the State of Texas]

- Attestation for Rural Counties with Ten or Fewer Laboratory Confirmed Cases of COVID-19
    - UPDATED: See the list of counties that may operate at 75% capacity per the attestation process.

Businesses & Employers

- ADDED: CDC Testing Strategy for COVID-19 in High-Density Critical Infrastructure Workplaces
- ADDED: Clean & Disinfect Public Spaces (YouTube) video
- ADDED: Download the "How to Clean and Disinfect Public Spaces" text alternative (DOCX)

Communities & Other Specific Groups

- ADDED new section: Pets & Other Animals

ADDED: Information about animals and COVID-19, including guidance for veterinary clinics, can be found on the CDC website: Pets & Other Animals (CDC)

Health and Human Services Commission

HHSC: Long-term Care Residents' Right to Retain Federal Stimulus Checks. HHSC is aware of allegations that some long-term care providers are seizing, or retaining, a resident's economic impact payment (or "Stimulus Check") authorized under the CARES Act. This practice is prohibited and is a violation of state and federal regulations. The Centers for Medicare Services (CMS) and the Internal Revenue Service (IRS) have both issued clear guidance prohibiting the practice. Economic impact payments authorized under the CARES Act are not income, and do not affect a resident's Medicaid status if spent within 12 months. Providers that seize or withhold these payments from residents are subject to state and federal enforcement actions, including potential termination from participation in the Medicare and Medicaid programs. HHSC believes it is important for residents and families to know their rights, and for providers to understand their responsibilities and possible liabilities associated with this practice. CMS and HHSC will make referrals to the state's Office of the Attorney General, as appropriate, if they find a provider in violation of these regulations. Residents and families are also encouraged to contact the Office of the Attorney General, directly, for redress of their individual loss.

Texas Department of Housing and Community Affairs

The Compliance Division of the Texas Department of Housing and Community Affairs has posted updated guidance related to COVID-19. The biggest change is that on June 17, 2020, HUD's Office of Community Planning and Development clarified that the temporary

$600 per week federal enhancement to unemployment insurance provided by the CARES Act does not need to be included as annual income under the HOME program. Therefore, for the purposes of determining eligibility for all of the Department's multifamily programs, household stimulus payments and the temporary $600 per week federal enhancement to unemployment insurance are excluded when determining eligibility.

Please review the document for other updates. It is available on this page of the Department's website: https://www.tdhca.state.tx.us/pmcomp/manuals-rules-htc.htm.

If you have any questions, please contact Patricia Murphy, Director of Compliance at (512) 475-3140 or by email at patricia.murphy@tdhca.state.tx.us.

Texas Workforce Commission

Texas Workforce Commission: ***Texas Adds 237,800 Non-Farm Positions Over the Month***. The Texas economy added 291,000 private sector positions over the past month. In May, Texas saw a decrease in the state unemployment rate to 13.0 percent. This is the first decrease in the state unemployment rate since March 2020 when the Texas economy was impacted by the COVID-19 pandemic. Texas is below the national rate of 13.3 percent.

"The Texas Workforce Commission remains determined to help all Texans return to employment or find new careers through innovative skill enhancement programs that will benefit all our communities," said TWC Chairman Bryan Daniel. "The Texas economy is reopening and TWC will continue to connect job seekers with employers through upskilling and personalized services."

In May, the Leisure and Hospitality Industry added 176,400 jobs. Education and Health Services added 51,900 positions and Trade, Transportation, and Utilities added 20,700 positions over the month.

"Our workforce is made up of millions of skilled Texans ready to get to work," said TWC Commissioner Representing Labor Julian Alvarez. "If you have not already, register at WorkinTexas.com, reach out to your local board and explore the training opportunities available in your area."

The Amarillo Metropolitan Statistical Area (MSA) recorded May's lowest unemployment rate among Texas MSAs with a non-seasonally adjusted rate of 8.5 percent, followed by the College Station-Bryan MSA with the second lowest rate of 8.6 percent. The Abilene MSA recorded the third lowest rate of 8.9 percent.

"Texas businesses are opening their doors, taking precautions and working around the clock to serve all Texans," said TWC Commissioner Representing Employers Aaron Demerson. "TWC and our partners are as committed as ever to providing relevant and useful information to all employers across the state."

Employment estimates released by TWC are produced in cooperation with the U.S. Department of Labor's Bureau of Labor Statistics. All estimates are subject to revision. To access this and more employment data, visit TexasLMI.com.

The Texas Labor Market & Career Information Data for June is scheduled to be released on Friday, July 17, 2020 at 9:00 a.m. (CDT).

Read the full release here: https://www.twc.texas.gov/news/texas-unemployment-rate-130-percent

Civilian Labor Force Estimates for Texas Metropolitan Statistical Areas Not Seasonally Adjusted (In Thousands)

Areas include Texas, U.S. and Metropolitan Divisions	May 2020				April 2020				May 2019			
	C.L.F.	Emp.	Unemp.	Rate	C.L.F.	Emp.	Unemp.	Rate	C.L.F.	Emp.	Unemp.	Rate
United States	157,975.0	137,461.0	20,514.0	13.0	155,830.0	133,326.0	22,504.0	14.4	162,655.0	157,152.0	5,503.0	3.4
Texas	13,462.8	11,752.2	1,710.6	12.7	12,953.3	11,259.5	1,693.8	13.1	13,926.8	13,491.2	435.6	3.1
Abilene	73.8	67.2	6.6	8.9	70.8	64.4	6.4	9.0	78.1	76.1	2.1	2.7
Amarillo	122.3	111.9	10.4	8.5	118.9	108.4	10.5	8.8	132.1	129.1	2.9	2.2
Austin-Round Rock	1,169.7	1,036.9	132.8	11.4	1,136.2	997.4	138.8	12.2	1,226.0	1,197.0	29.0	2.4
Beaumont-Port Arthur	168.4	138.4	30.0	17.8	162.2	132.8	29.4	18.1	172.6	164.2	8.4	4.9
Brownsville-Harlingen	160.7	135.0	25.7	16.0	156.5	130.0	26.5	16.9	165.5	157.5	8.0	4.9
College Station-Bryan	129.7	118.5	11.2	8.6	125.6	114.7	10.9	8.7	134.7	131.3	3.3	2.5
Corpus Christi	193.6	165.1	28.5	14.7	187.8	158.3	29.5	15.7	205.9	198.0	7.9	3.8
Dallas-Fort Worth-Arlington	3,830.9	3,361.3	469.6	12.3	3,694.7	3,223.5	471.2	12.8	3,926.4	3,811.0	115.3	2.9
Dallas-Plano-Irving MD	2,584.1	2,271.1	312.9	12.1	2,500.3	2,185.3	315.1	12.6	2,644.0	2,565.8	78.2	3.0
Fort Worth-Arlington MD	1,246.8	1,090.2	156.7	12.6	1,194.4	1,038.3	156.1	13.1	1,282.4	1,245.2	37.2	2.9
El Paso	350.8	299.8	50.9	14.5	335.7	285.5	50.1	14.9	361.5	349.0	12.4	3.4

Houston-The Woodlands-Sugar Land	3,322.5	2,859.4	463.1	13.9	3,185.3	2,730.5	454.8	14.3	3,399.2	3,284.0	115.2	3.4
Killeen-Temple	168.4	150.4	18.0	10.7	164.0	145.7	18.3	11.2	175.9	169.9	6.0	3.4
Laredo	112.8	96.8	16.0	14.2	108.1	93.7	14.4	13.4	118.5	114.5	4.0	3.4
Longview	92.1	80.8	11.2	12.2	89.9	79.0	10.9	12.2	98.9	95.7	3.2	3.2
Lubbock	152.3	138.0	14.3	9.4	145.0	130.4	14.5	10.0	162.9	158.9	4.0	2.4
McAllen-Edinburg-Mission	350.1	288.2	61.9	17.7	337.5	276.3	61.2	18.1	349.2	330.3	18.9	5.4
Midland	102.3	89.6	12.7	12.4	98.1	88.2	9.9	10.1	109.7	107.8	1.9	1.8
Odessa	84.6	70.6	14.0	16.5	79.9	69.0	10.9	13.7	87.8	85.8	2.0	2.2
San Angelo	50.4	45.1	5.4	10.6	48.3	43.2	5.1	10.6	54.9	53.4	1.5	2.7
San Antonio-New Braunfels	1,166.8	1,018.3	148.5	12.7	1,115.4	966.9	148.5	13.3	1,192.5	1,159.7	32.8	2.8
Sherman-Denison	61.0	55.1	5.9	9.7	59.8	53.6	6.1	10.3	63.8	62.1	1.8	2.7
Texarkana	63.4	56.6	6.7	10.6	62.1	53.8	8.2	13.3	65.2	62.7	2.5	3.9
Tyler	103.9	92.2	11.8	11.3	99.8	87.8	12.0	12.0	106.8	103.7	3.2	3.0
Victoria	42.9	37.4	5.5	12.7	41.7	35.7	5.9	14.2	45.9	44.5	1.4	3.0
Waco	118.0	106.3	11.8	10.0	114.5	102.4	12.0	10.5	125.1	121.5	3.6	2.9
Wichita Falls	60.1	54.1	6.0	10.0	57.8	51.3	6.6	11.3	64.9	63.1	1.8	2.8

Texas Nonagricultural Wage and Salary Employment Seasonally Adjusted

INDUSTRY TITLE	May 2020*	April 2020	May 2019	Apr '20 to May '20		May '19 to May '20	
				Absolute Change	Percent Change	Absolute Change	Percent Change
Total Nonagricultural	11,842,500	11,604,700	12,760,300	237,800	2.0	-917,800	-7.2
Total Private	9,941,400	9,650,400	10,795,000	291,000	3.0	-853,600	-7.9
Goods Producing	1,810,300	1,806,200	1,930,100	4,100	0.2	-119,800	-6.2
Mining and Logging	198,600	213,200	254,300	-14,600	-6.8	-55,700	-21.9
Construction	742,500	729,300	769,700	13,200	1.8	-27,200	-3.5
Manufacturing	869,200	863,700	906,100	5,500	0.6	-36,900	-4.1
Service Providing	10,032,200	9,798,500	10,830,200	233,700	2.4	-798,000	-7.4
Trade, Transportation, and Utilities	2,375,300	2,354,600	2,504,900	20,700	0.9	-129,600	-5.2
Information	193,400	194,900	208,800	-1,500	-0.8	-15,400	-7.4
Financial Activities	799,500	798,300	798,800	1,200	0.2	700	0.1
Professional and Business Services	1,711,000	1,692,200	1,786,300	18,800	1.1	-75,300	-4.2
Education and Health Services	1,648,500	1,596,600	1,734,700	51,900	3.3	-86,200	-5.0
Leisure and Hospitality	1,013,800	837,400	1,387,400	176,400	21.1	-373,600	-26.9
Other Services	389,600	370,200	444,000	19,400	5.2	-54,400	-12.3
Government	1,901,100	1,954,300	1,965,300	-53,200	-2.7	-64,200	-3.3

WorkinTexas.com will be temporarily unavailable due to planned maintenance on Saturday, June 20th from 5:00 a.m.– 7:00 a.m. C.S.T.

State and Federal Overview: June 17, 2020

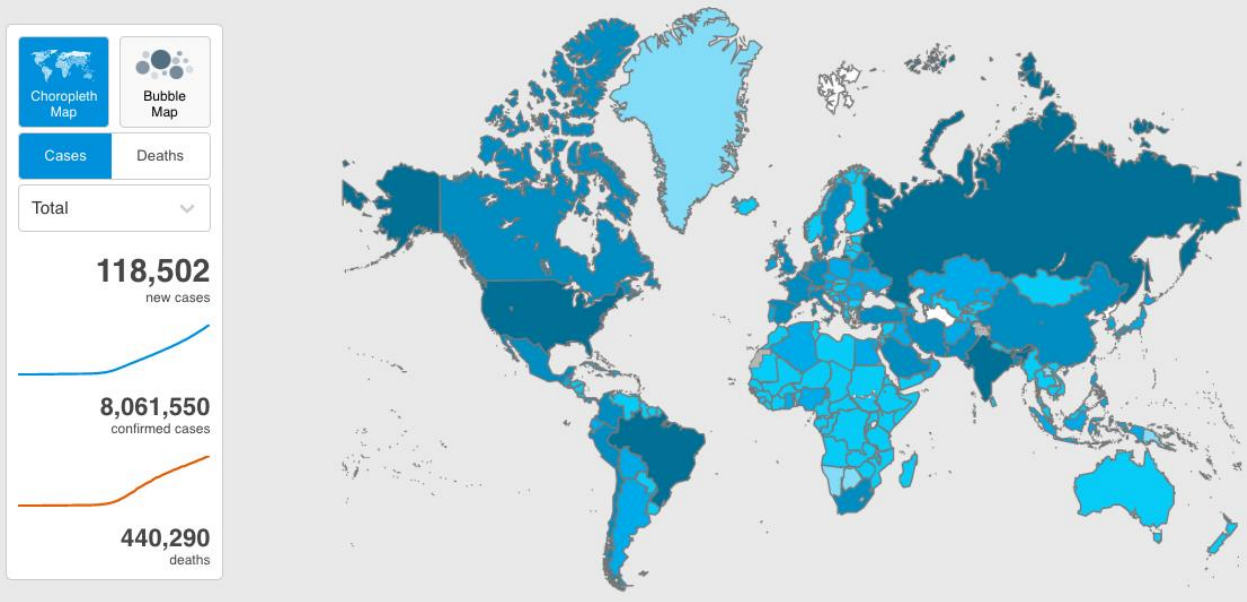
International

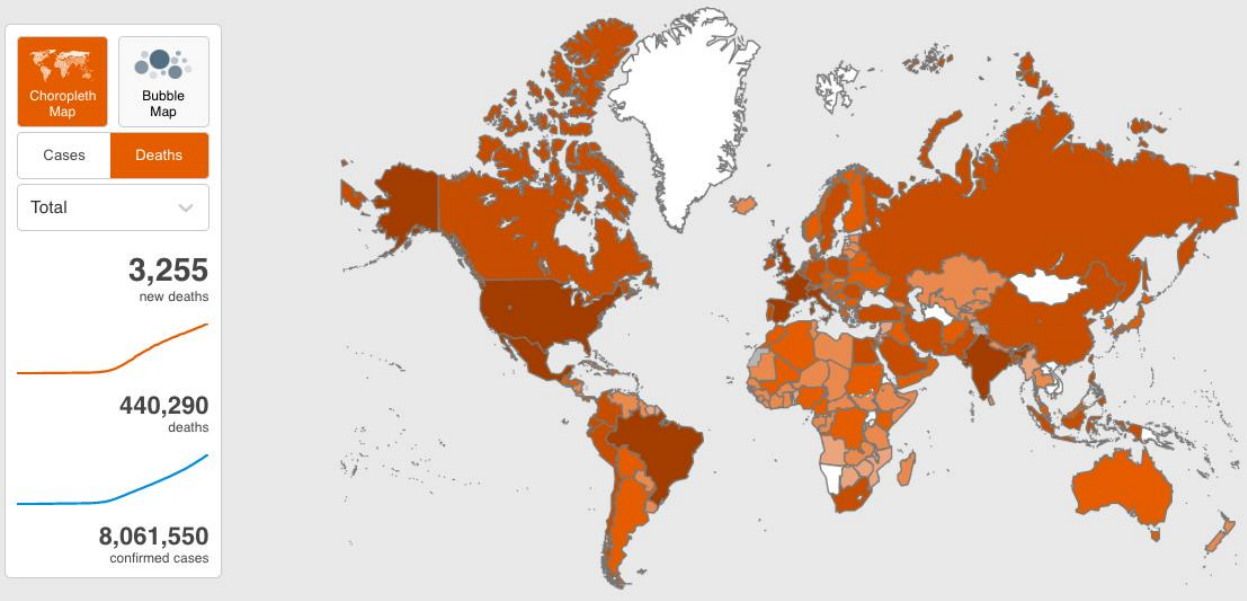
WHO welcomes initial clinical trial results from the United Kingdom that show dexamethasone, a corticosteroid, can be lifesaving for patients who are critically ill with COVID-19. According to preliminary findings shared with WHO, for patients on ventilators, the treatment was shown to reduce mortality by about one third, and for patients who only require oxygen, mortality was cut by about one fifth. Older people have been severely affected by the COVID-19 pandemic. Leaders from around the world have expressed their concern, and called for a response that addresses the needs and rights of older people. Dr. Carissa F. Etienne, Director of the WHO Regional Office for the Americas (PAHO), has called on countries to "work together to strengthen the health response within their territories and across frontiers," in order to contain the spread of COVID-19 among migrant and vulnerable populations in border areas. PAHO has extended its alliance with Twitter to provide factual, reliable information on the COVID-19 pandemic in the Americas. An agreement recently signed with the platform will enable it to continue training public health social media managers and provide advertising credits to PAHO for the dissemination of evidence-based information. In today's 'Subject in Focus,' we provide an update on operations support and logistics supplies.

Read today's situation report.

Read yesterday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.


Choropleth Map
Bubble Map
Cases
Deaths
Total
118,502
new cases
8,061,550
confirmed cases
440,290
deaths


Choropleth Map
Bubble Map
Cases
Deaths
Total
3,255
new deaths
440,290
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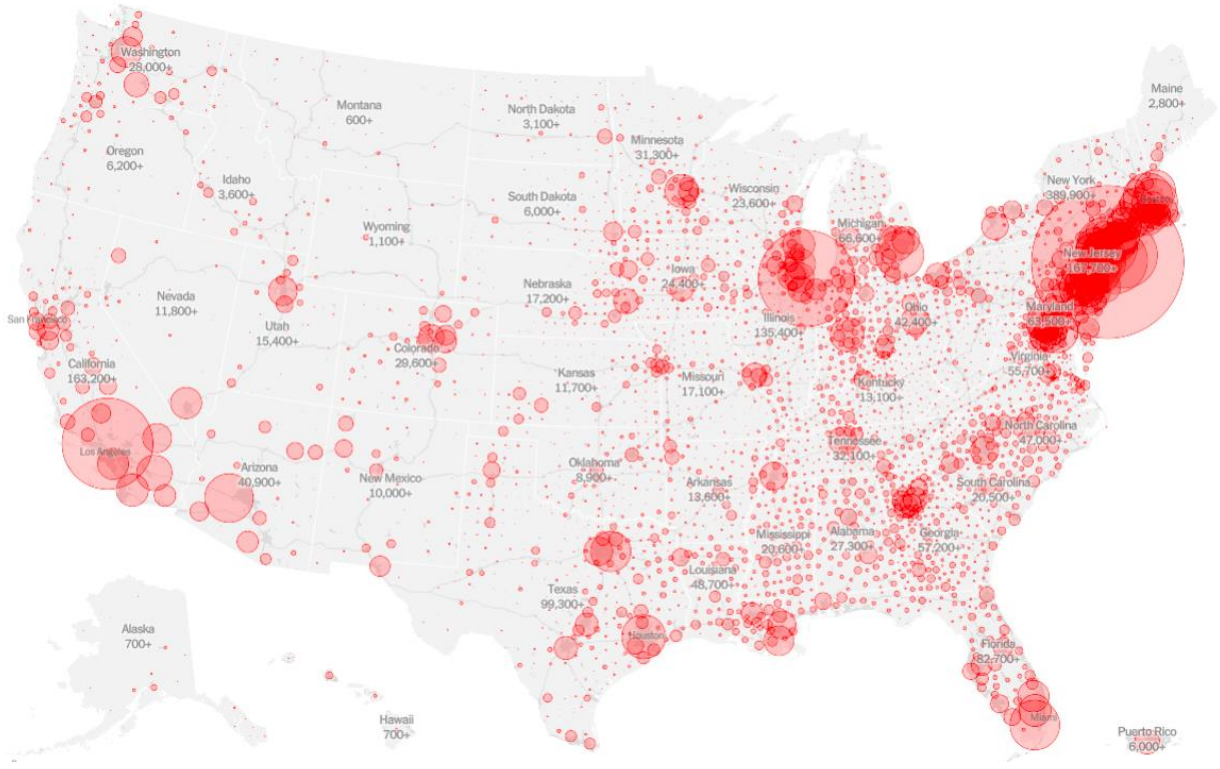
8,061,550
confirmed cases

Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 2.1 million+
Deaths: 117,738

Includes confirmed and probable cases where available.



Congressional Budget Office

The Budgetary Effects of Laws Enacted in Response to the 2020 Coronavirus Pandemic, March and April 2020. CBO examines four laws enacted in response to the 2020 coronavirus pandemic and summarizes their effects on federal spending, revenues, and the deficit. CBO also provides details about the laws' effects on discretionary spending, mandatory spending, revenues, and mandates.

In March and April, four laws were enacted in response to the 2020 coronavirus pandemic. In the table below, the Congressional Budget Office summarizes their estimated effects on federal spending, revenues, and the deficit. Subsequent tables provide more detail about the laws' effects on discretionary spending, mandatory spending, revenues, and mandates. The information is drawn from CBO's cost estimates for the four laws. Learn more here.

U.S. Department of Health and Human Services

Fact Sheet: Explaining Operation Warp Speed

What's the goal?
Operation Warp Speed (OWS) aims to deliver 300 million doses of a safe, effective vaccine for COVID-19 by January 2021, as part of a broader strategy to accelerate the development, manufacturing, and distribution of COVID-19 vaccines, therapeutics, and diagnostics (collectively known as countermeasures).

How will the goal be accomplished?
By investing in and coordinating countermeasure development, OWS will allow countermeasures such as a vaccine to be delivered to patients more rapidly while adhering to standards for safety and efficacy.

Who's working on it?
OWS is a partnership among components of the Department of Health and Human Services (HHS), including the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the National Institutes of Health (NIH), and the Biomedical Advanced Research and Development Authority (BARDA), and the Department of Defense (DoD). OWS engages with private firms and other federal agencies, including the Department of Agriculture, the Department of Energy, and the Department of Veterans Affairs. It will coordinate existing HHS-wide efforts, including the NIH's Accelerating COVID-19 Therapeutic

Interventions and Vaccines (ACTIV) partnership, NIH's Rapid Acceleration of Diagnostics (RADx) initiative, and work by BARDA.

What's the plan and what's happened so far?
Development: To accelerate development while maintaining standards for safety and efficacy, OWS has been selecting the most promising countermeasure candidates and providing coordinated government support.

Protocols for the demonstration of safety and efficacy are being aligned, which will allow the trials to proceed more quickly, and the protocols for the trials will be overseen by the federal government, as opposed to traditional public-private partnerships, in which pharmaceutical companies decide on their own protocols. Rather than eliminating steps from traditional development timelines, steps will proceed simultaneously, such as starting manufacturing of the vaccine at industrial scale well before the demonstration of vaccine efficacy and safety as happens normally. This increases the financial risk, but not the product risk.

Select actions to support OWS vaccine development so far include:

- March 30: HHS announced $456 million in funds for Johnson & Johnson's candidate vaccine, with Phase 1 clinical trials set to begin this summer.
- April 16: HHS made up to $483 million in support available for Moderna's candidate vaccine, which began Phase 1 trials on March 16 and received a fast-track designation from FDA.
- May 21: HHS announced up to $1.2 billion in support for AstraZeneca's candidate vaccine, developed in conjunction with the University of Oxford. The agreement is to make available at least 300 million doses of the vaccine for the United States, with the first doses delivered as early as October 2020 and Phase 3 clinical studies beginning this summer with approximately 30,000 volunteers in the United States.

As announced on May 15, the vaccine development plan is as follows, subject to change as work proceeds:

- Fourteen promising candidates have been chosen from the 100+ vaccine candidates currently in development—some of them already in clinical trials with U.S. government support.

The 14 vaccine candidates are being narrowed down to about seven candidates, representing the most promising candidates from a range of technology options, which will go through further testing in early-stage clinical trials.

- Large-scale randomized trials for the demonstration of safety and efficacy will proceed for the most promising candidates.

Manufacturing: The federal government is making investments in the necessary manufacturing capacity at its own risk, giving firms confidence that they can invest aggressively in development and allowing faster distribution of an eventual vaccine. Manufacturing capacity for selected candidates will be advanced while they are still in development, rather than scaled up after approval or authorization. Manufacturing capacity

developed will be used for whatever vaccine is eventually successful, if possible given the nature of the successful product, regardless of which firms have developed the capacity. Select actions to support OWS manufacturing efforts so far include:

- The May 21, April 16, and March 30 HHS agreements with AstraZeneca, Moderna, and Johnson & Johnson respectively include investments in manufacturing capabilities.
- June 1: HHS announced a task order with Emergent BioSolutions to advance domestic manufacturing capabilities and capacity for a potential COVID-19 vaccine as well as therapeutics, worth approximately $628 million.

Distribution: Before the countermeasures are approved or authorized, the program will build the necessary plans and infrastructure for distribution.

HHS plans for a tiered approach to vaccine distribution, which will build on allocation methodology developed as part of pandemic flu planning and be adjusted based on experience during the first wave of the COVID-19 response, data on the virus and its impact on populations and the performance of each vaccine, and the needs of the essential workforce. OWS will expand domestic manufacturing and supplies of specialized materials and resources, such as glass vials, that can be necessary for distribution. DoD's involvement will enable faster distribution and administration than would have otherwise been possible.

Select actions to support OWS distribution efforts include:

- May 12: DoD and HHS announced a $138 million contract with ApiJect for more than 100 million prefilled syringes for distribution across the United States by year-end 2020, as well as the development of manufacturing capacity for the ultimate production goal of over 500 million prefilled syringes in 2021.
- June 9: HHS and DoD announced a joint effort to increase domestic manufacturing capacity for vials that may be needed for vaccines and treatments:
    - $204 million to Corning to expand the domestic manufacturing capacity to produce an additional 164 million Valor Glass vials each year if needed.
    - $143 million to SiO2 Materials Science to ramp up capacity to produce the company's glass-coated plastic container, which can be used for drugs and vaccines.

Who's leading OWS?

HHS Secretary Alex Azar and Defense Secretary Mark Esper oversee OWS, with Dr. Moncef Slaoui designated as chief advisor and General Gustave F. Perna nominated to be chief operating officer. To allow these OWS leaders to focus on operational work, in the near future the program will be announcing separate points of contact, with deep expertise and involvement in the program, for communication with Congress and the public. What are you doing to make these products affordable for Americans?

As a commitment to making countermeasures affordable for the American people, and as a

condition of receiving support from OWS, companies will provide to the U.S. government an allocation of countermeasures developed.

How is this being funded?
Congress has directed almost $10 billion to this effort through supplemental funding, including the CARES Act. Congress has also appropriated other flexible funding. The almost $10 billion specifically directed includes more than $6.5 billion designated for countermeasure development through BARDA and $3 billion for NIH research.

Download a printable version - PDF.

Watch a direct message from Health and Human Services Secretary Azar.

Administration for Community Living— Here's what's new on our COVID-19 resource page:
New guidance for ACL grantees:

- Centers for Independent Living CARES Act Annual Program Report Instructions and Instrument
- FAQ: COVID-19 Response Program Reporting Guidance for OAA Title III Programs Older Americans Act – State Program Report (SPR)
- Survival Guide: Navigating ACL Guidance for Administering Title IIIC during the COVID-19 Pandemic

The latest from the CDC: We continue to add new and updated guidance released by the CDC. Recent additions include:

- Guidance for direct service professionals and group homes for people with disabilities
- Guidance for people with developmental and behavioral disorders and their families and caregivers.
- Guidance for caregivers of people living with dementia.

Tool to make hospital visits more person-centered: During the COVID-19 pandemic, people with communication, comprehension, and behavioral challenges may need to visit the hospital without the support of family or friends who would normally accompany them. ACL's National Center on Advancing Person-Centered Practices and Systems has developed a person-centered tool to assist people with disabilities, older adults, and others to communicate their needs and preferences with hospital and other health care staff. The two-page tool includes a sheet for vital health information and a person-centered profile to describe who the person is, what is most important to them, and how they can best be supported.

Free face coverings for the aging and disability networks: To help limit the spread of COVID-19, HHS and FEMA are offering cloth face coverings at no cost to community-based organizations.

"Huddles" explore nursing home transitions: The Institute for Healthcare Improvement, with support from the John A. Hartford Foundation, is continuing its daily 20 minute "huddles" weekdays at noon EDT to support nursing home leadership, staff, residents, families, and communities. Through a partnership with ACL and NCAPPS many of this week's huddles will focus on transitions from nursing homes. Upcoming topics include Centers for Independent Living (today), Georgia's Developmental Disabilities Network (Wednesday), and New York Mental Health Peer Supports (Thursday).

Last but not least:

- The National Assistive Technology Act Technical Assistance and Training (AT3) Center has hurricane preparedness tips for users of assistive technology.
- The National Indigenous Elder Justice Initiative has developed a resource for tribal communities with information on preventing the spread of COVID-19, protecting elders and loved ones, and spotting scams.
- The American Red Cross has established a Virtual Family Assistance Center to aid people in need during the COVID-19 emergency. Volunteers are available to help you navigate available resources.
- The National Center on Law and Elder Rights has developed a document with answers to common questions about stimulus payments and representative payees.

Learn more here.

COVID-19 Treatments

University of Oxford: Dexamethasone reduces death in hospitalized patients with severe respiratory complications of COVID-19. In March 2020, the RECOVERY (Randomised Evaluation of COVid-19 thERapY) trial was established as a randomized clinical trial to test a range of potential treatments for COVID-19, including low-dose dexamethasone (a steroid treatment). Over 11,500 patients have been enrolled from over 175 NHS hospitals in the UK.

On 8 June, recruitment to the dexamethasone arm was halted since, in the view of the trial Steering Committee, sufficient patients had been enrolled to establish whether or not the drug had a meaningful benefit.

A total of 2104 patients were randomized to receive dexamethasone 6 mg once per day (either by mouth or by intravenous injection) for ten days and were compared with 4321 patients randomized to usual care alone. Among the patients who received usual care alone, 28-day mortality was highest in those who required ventilation (41%), intermediate in those patients

who required oxygen only (25%), and lowest among those who did not require any respiratory intervention (13%).

Dexamethasone reduced deaths by one-third in ventilated patients (rate ratio 0.65 [95% confidence interval 0.48 to 0.88]; p=0.0003) and by one fifth in other patients receiving oxygen only (0.80 [0.67 to 0.96]; p=0.0021). There was no benefit among those patients who did not require respiratory support (1.22 [0.86 to 1.75; p=0.14).

Based on these results, 1 death would be prevented by treatment of around 8 ventilated patients or around 25 patients requiring oxygen alone.

Given the public health importance of these results, the researchers are now working to publish the full details as soon as possible.

Peter Horby, Professor of Emerging Infectious Diseases in the Nuffield Department of Medicine, University of Oxford, and one of the Chief Investigators for the trial, said, 'Dexamethasone is the first drug to be shown to improve survival in COVID-19. This is an extremely welcome result. The survival benefit is clear and large in those patients who are sick enough to require oxygen treatment, so dexamethasone should now become standard of care in these patients. Dexamethasone is inexpensive, on the shelf, and can be used immediately to save lives worldwide.'

Martin Landray, Professor of Medicine and Epidemiology at the Nuffield Department of Population Health, University of Oxford, one of the Chief Investigators, said, 'Since the appearance of COVID-19 six months ago, the search has been on for treatments that can improve survival, particularly in the sickest patients. These preliminary results from the RECOVERY trial are very clear – dexamethasone reduces the risk of death among patients with severe respiratory complications. COVID-19 is a global disease – it is fantastic that the first treatment demonstrated to reduce mortality is one that is instantly available and affordable worldwide.'

The UK Government's Chief Scientific Adviser, Sir Patrick Vallance, said, 'This is tremendous news today from the Recovery trial showing that dexamethasone is the first drug to reduce mortality from COVID-19. It is particularly exciting as this is an inexpensive widely available medicine. This is a ground-breaking development in our fight against the disease, and the speed at which researchers have progressed finding an effective treatment is truly remarkable. It shows the importance of doing high quality clinical trials and basing decisions on the results of those trials.'

National Institutes of Health

All of Us Research Program launches COVID-19 research initiatives
NIH effort expands data collection to shed light on pandemic's spread and impact.

The *All of Us* Research Program, part of the National Institutes of Health, today announced that it is leveraging its significant and diverse participant base to seek new insights into COVID-19—through antibody testing, a survey on the pandemic's impacts and collection of electronic health record information.

All of Us will make data gathered through these activities broadly accessible to approved researchers over time, in future releases of its data platform, the Researcher Workbench(link is external), now in beta testing. Analyses may help reveal the origins of entry, spread and impact of COVID-19 in the United States.

"With our nearly 350,000 participant partners across the country, *All of Us* will enable the research community to answer some of today's most critical questions and inform future preparedness efforts," said Josh Denny, M.D., *All of Us*'s chief executive officer.

Antibody Testing
All of Us will test blood samples from 10,000 or more participants who joined the program most recently, starting with samples from March 2020 and working backward until positive tests are no longer found. The tests will show the prevalence of novel coronavirus exposure among *All of Us* participants, and help researchers assess varying rates across regions and communities.

Study collaborators include the Frederick National Laboratory for Cancer Research, supported by the National Cancer Institute; the National Institute of Allergy and Infectious Diseases; the Centers for Disease Control and Prevention; and Quest Diagnostics.

Antibody testing, which uses blood samples, is different than the nasal swab tests health care providers commonly use to detect active infection. Antibody tests are generally done with people who do not currently have symptoms, to find out if they had the virus in the past.

The program will look for a certain kind of antibody produced in response to infection, IgG antibodies, using a test approved for emergency use by the Food and Drug Administration. Positive samples will potentially undergo further testing to determine if the positive finding is due to the new coronavirus specifically and to assess the level of the immune system's response.

COVID-19 Participant Experience (COPE) Survey
In addition to antibody testing, *All of Us* has deployed a new online survey to better understand the effects of the COVID-19 pandemic on participants' physical and mental health. This 20- to 30-minute survey is designed both for participants who have been ill with COVID-19 and those who have not, and includes questions on COVID-19 symptoms, stress, social distancing and economic impacts.

Participants are invited to take the survey each month until the pandemic ends, so researchers can study the effects of COVID-19 over time and better understand how and why COVID-19 affects people differently.

Electronic Health Records
To round out its COVID-19 research efforts, *All of Us* is rapidly collecting relevant information from participants' electronic health records. More than 200,000 participants have shared their electronic health records with the program so far, offering a rich dataset for analysis. A number of participants have either been diagnosed with COVID-19 or sought health care for related symptoms. The program is working to standardize EHR information to help researchers look for patterns and learn more about COVID-19 symptoms and associated health problems, as well as the effects of different medicines and treatments.

"Collectively, these efforts are an important step toward helping researchers learn more about COVID-19 and its impact on different communities across the United States," said Kelly Gebo, M.D., M.P.H., *All of Us*'s chief medical and scientific officer. "We are grateful to our participants for so generously sharing their information, which will allow us to support research on COVID-19 and other diseases."

All of Us, which launched national enrollment in 2018, is building a massive research resource with data and samples shared by participants for use in thousands of studies, spanning many different aspects of health and disease.

While the program has temporarily halted in-person biosample collection, new participants can still sign up at JoinAllofUs.org(link is external). Participants can complete most program activities online, including answering survey questions and agreeing to share electronic health records. The program removes personal identifiers from this information and stores it in a central platform, with safeguards in place to protect participant privacy. Over the course of the program, participants will receive information back about themselves and about studies that use *All of Us* data.

"For many, the importance of research has never been more clear," said Denny. "Our participants share a common hope and sense of purpose--to improve the health of their communities and future generations. None of this work would be possible without them."

To learn more about *All of Us* and to enroll, visit JoinAllofUs.org(link is external).

Small Business Administration

SBA and Treasury Announce New EZ and Revised Full Forgiveness Applications for the Paycheck Protection Program. Today, the U.S. Small Business Administration, in consultation with the Department of the Treasury, posted a revised, borrower-friendly Paycheck Protection Program (PPP) loan forgiveness application implementing the PPP Flexibility Act of 2020, signed into law by President Trump on June 5, 2020. In addition to revising the full forgiveness application, SBA also published a new EZ version of the forgiveness application that applies to borrowers that:

- Are self-employed and have no employees; OR
- Did not reduce the salaries or wages of their employees by more than 25%, and did not reduce the number or hours of their employees; OR
- Experienced reductions in business activity as a result of health directives related to COVID-19, and did not reduce the salaries or wages of their employees by more than 25%.

The EZ application requires fewer calculations and less documentation for eligible borrowers. Details regarding the applicability of these provisions are available in the instructions to the new EZ application form.

Both applications give borrowers the option of using the original 8-week covered period (if their loan was made before June 5, 2020) or an extended 24-week covered period. These changes will result in a more efficient process and make it easier for businesses to realize full forgiveness of their PPP loan.

Click here to view the EZ Forgiveness Application.
Click here to view the Full Forgiveness Application.

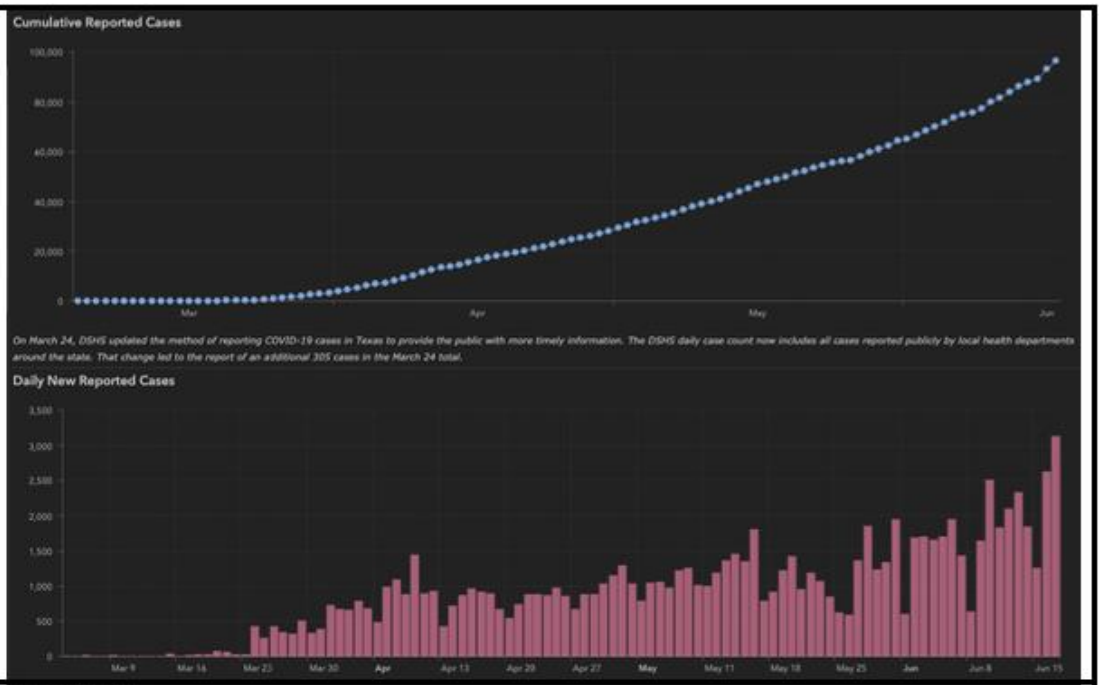
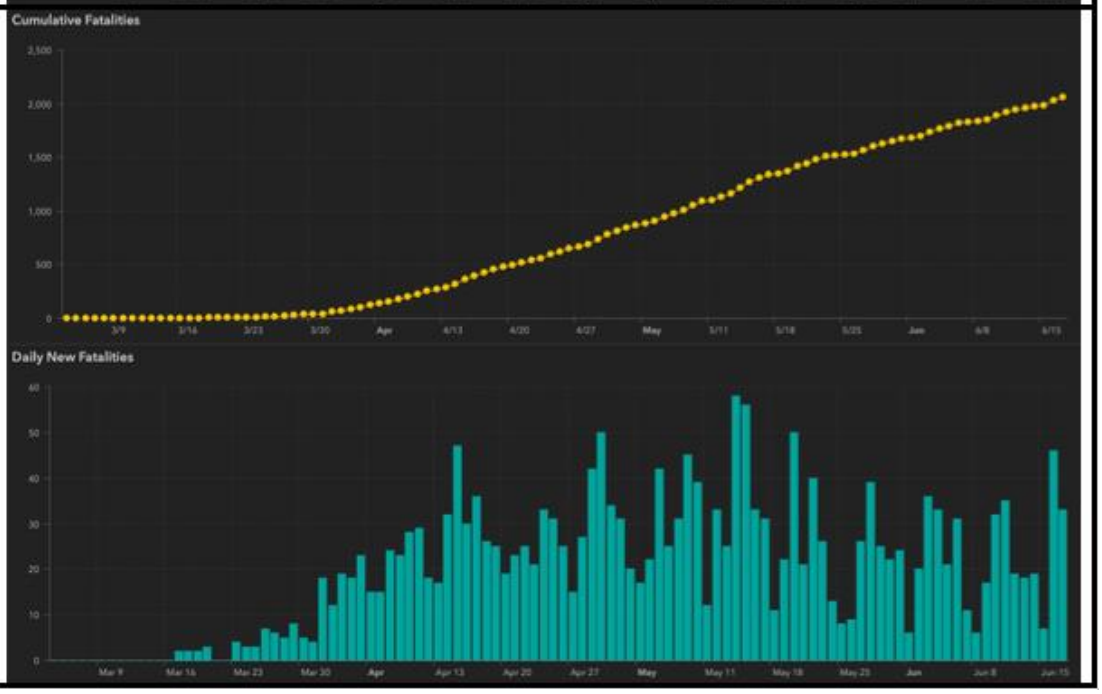
The State of Texas

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases	
June 17th **Total Tests: 1,560,537** **Total Viral Tests: 1,369,638*** **Total Antibody Tests: 152,796*** **Cases Reported: 96,335** **Patients Recovered: 62,368** **Fatalities: 2,062** **Active Cases: 31,905** **Daily New Cases: 3,129** **As of June 16, 2020* **June 15th** **Total Tests: 1,499,015** **Total Viral Tests: 1,314,761*** **Total Antibody Tests: 149,090*** **Cases Reported: 89,108** **Patients Recovered: 59,089** **Fatalities: 1,983** **Active Cases: 28,036** **Daily New Cases: 1,254** **As of June 14, 2020*	Harris County 17,707 Dallas County 14,843 Tarrant County 7,642 Bexar County 4,876 Travis County 4,771 El Paso County 3,999 Potter County 2,798 Fort Bend County 2,496 Walker County 1,879 Collin County 1,866	Denton County 1,812 Brazoria County 1,525 Galveston County 1,378 Montgomery County 1,359 Jefferson County 1,319 Hidalgo County 1,255 Cameron County 1,236 Hays County 1,093 Williamson County 1,021 Lubbock County 955

Texas Daily New Cases	
Texas Daily New Fatalities	

Health and Human Services Commission

Guidance for Facilities Who Receive COVID-19 Test Results from Tests Taken More Than 14 Days Ago

If they receive a positive test:

- Consider the resident as recovered if they meet either CDC testing or signs/symptoms criteria
    - The resident is considered infectious from 2 days before symptom onset until the time that they qualify to discontinue isolation (see discontinuation of isolation recommendations for healthcare and non-healthcare settings: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html; https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)
- If anyone at the facility had close contact with the resident during their infectious period, then they need to be quarantined for 14 days after their last contact that occurred during the infectious period
- If there are no additional positives through testing or signs and symptoms, return to routine operations.
- Consider re-testing based on environment and situation.

If the resident tested negative and has been asymptomatic, then the resident may be treated as without COVID-19.

Texas Department of Agriculture

PROTECTING AGRICULTURE & RURAL BUSINESS

Since the pandemic, Commissioner Miller has worked directly with USDA Secretary Sonny Perdue and Governor Greg Abbott to cut through red tape and get state and federal action for Texas agriculture producers, including listing Agriculture as an essential industry.

Despite the COVID-19 pandemic, the work of the Texas Department of Agriculture goes on and the mission continues. For more information, visit the TDA COVID-19 Response page.

Commissioner Miller signed and posted an official letter authorizing those engaged in the agriculture industry to travel as needed to continue business unimpeded. Commissioner Miller's letter has been requested across the state and has been vital to the continuation of agriculture production. The designation includes agricultural workers and/or food production workers, nursery and landscape workers, florists, and pesticide and herbicide applicators. The letter can be found on the TDA website.

Commissioner Miller joined President Donald Trump in asking for an investigation of possible price fixing in the U.S. meat packing industry. Following the Commissioner's letter to Attorney General William Barr, the Department of Justice launched an inquiry into the four major U.S. meat packers.

TDA launched the Direct From Texas online initiative to help those Texas businesses selling directly to consumers. A Direct From Texas web page and Facebook group avoids obstacles in packaging and distribution chains to help give Texas businesses an economic boost and ensure fresh meats, fruits and vegetables remain available to consumers. To join, visit the Direct from Texas group page.

Commissioner Miller helped ensure the powdered milk export market remained open. Almost 100 dairies faced a complete shutdown because of a delay of up to six weeks in obtaining a "Certificate of Free Sale." TDA worked cooperatively to fix the problem in 24 hours.

ENSURING SCHOOL MEALS CONTINUE

As the state agency responsible for the management and oversight of the federal school meal programs in Texas, TDA oversees the delivery of over 5 million meals each school day for Texas schoolchildren. When the pandemic struck, TDA responded quickly so that schools faced with long term closures could still provide these needed meals.

The TDA Food & Nutrition Division has remained in constant contact with federal agencies, state partners and Texas schools regarding implementation of the pandemic related changes to the National School Lunch and Breakfast Programs.

TDA requested 36 waivers of USDA regulations so that Texas schools and other providers could continue to serve meals to those who need them most while maintaining program compliance. Approved waivers allowed the following:

- Ability to feed students off school campus to promote social distancing
- Allowing parents to pick up meals without eligible children present
- Options for bulk meal feeding
- Freedom to allow for meal item substitutions based on availability
- Multiple meals in a single pick-up
- Reimbursement for meals provided on weekends
- Administrative procedural flexibilities

TDA has produced several resources to assist school nutrition teams as they plan for re-opening in the fall. The resources utilize information gathered from a TDA workgroup of child nutrition directors from around the state. All resources and additional information are available on a TDA web page dedicated to fall reopening information.

TDA has also collaborated with the Texas Education Agency to develop a website to help

Texans find school meals in their area. To learn more visit TxSchools.gov.

In partnership with the Baylor Collaborative on Hunger and Poverty, TDA is working to support meal delivery to nearly 1,000,000 students in primarily rural schools closed due to COVID-19. The "Meals-to-You" program provides shelf-stable, easily prepared, kid-friendly meals to students for up to four weeks or longer to eligible families at no cost. Visit the Meals-To-You website for more information.

In partnership with the Texas Workforce Commission and the Governor's Frontline Child Care Task Force, TDA is working to address food access needs for childcare centers across Texas. TDA hosted a meeting with Texas distributors and manufacturers to help support the meal purchasing needs at childcare centers.

TDA celebrated School Lunch Hero Day with a press release, social media messaging and downloadable resources Texans could use to recognize their hard-working school nutrition professionals during this pandemic.

For the most recent updates related to school nutrition during this emergency, visit the Square Meals website.

ASSISTING FOOD BANKS

TDA administers commodity food programs to ensure families can receive food assistance during a disaster. Programs are aimed at providing shelf-stable, USDA-purchased American foods to impacted Texans. Commissioner Miller approved opening more than 8,500 COVID-19 feeding sites across Texas. TDA Summer Meal Programs partners are operating almost 4,000 sites using Summer Food Service Program or Seamless Summer Option to serve meals to families. There are 1,790 Child and Adult Care Food Program centers and day care homes serving meals during COVID-19. TDA worked with USDA to expedite 51.7 million pounds of USDA food shipments to Texas Food Banks. TDA launched Disaster Household Distribution (DHD) to serve food packages for more than 600,000 households utilizing food in the Emergency Food Assistance Program. The USDA granted TDA an extension of the original operational dates and expanded the number of eligible counties from 41 to 52.

Through TDA's Emergency Food Assistance Program (TEFAP), Food Bank partners continue to distribute food packages to low income families. An estimated additional $76 million was allocated to Texas during COVID-19 as part of the federal CARES act. Of that, $17 million was allocated for food banks to handle administrative expenses.

In coordination with the Texas Health & Human Services Commission (HHSC), TDA is implementing "P-SNAP" (the Pandemic Supplemental Nutrition Assistance Program), a direct food benefit to more than 3.5 million eligible Texas children. The funding was authorized as

part of the federal CARES act. To date, more than 700,000 children have applied to receive the benefit.

USDA has awarded TDA $678,000 to be used by food banks participating in the Emergency Food Assistance Program (TEFAP) to pay for the harvest, processing and transportation of Texas grown foods that would not otherwise make it to market as part of the USDA Farm to Food Bank project. TDA supported the project with additional funds from the Texans Feeding Texans Surplus Agricultural Product Grant as a cost share.

TDA continues to provide schools guidance on how to donate leftover food to Food Banks and other charitable organizations.

FIGHTING FOR RURAL HOSPITALS

TDA manages the State Office of Rural Health (SORH), a division dedicated to supporting rural hospitals and clinics as well as the communities they serve. Commissioner Miller successfully secured $90,000 per hospital in initial emergency federal funding for over 130 Texas rural hospitals that applied the funding to help keep their doors open during this crisis.

Working with CBS News' 60 Minutes, Commissioner Miller put a national spotlight on the plight faced by rural hospitals in Texas. Because of Commissioner Miller's efforts following this national exposure, rural hospitals and community health clinics across Texas received an additional $634 million in federal dollars, with hospitals receiving a baseline of at least $1 million each.

TDA's SORH assisted the Texas Organization of Rural and Community Hospitals (TORCH) in consolidating the bulk purchase and delivery of over 700 gallons of hand sanitizer to rural hospitals. Commissioner Miller assigned TDA staff to assist rural communities and hospitals acquire much-needed medical supplies like masks, personal protective equipment (PPE) and hand sanitizer, including working with officials on a shipment from Canada that was held up in U.S. Customs.

SOCIAL DISTANCING & COVID-19 ADJUSTMENTS

Commissioner Miller ordered almost all 600 TDA employees to begin working work from home starting in mid-March. He temporarily closed five regional offices and two laboratories around the state as well and directed those employees to begin teleworking.

TDA worked to eliminate or suspend regulations that got in the way of ensuring consumer access to goods and services, including packaging regulations that delayed access to products like eggs and toilet paper. This allowed eggs meant for commercial or restaurant distribution to be sold directly to consumers; and Mexican toilet paper with Spanish-only labeling to be sold here in U.S.

TDA continues to coordinate with counties to provide assistance to Colonia residents impacted by COVID-19 through the CDBG Colonia Self Help Center program.

TDA extended grant deadlines for specialty crop producers and small businesses impacted by the pandemic and extended the application deadline for recognition in TDA's Family Land Heritage program.

TDA's Trade and Business Development Division created an online resource document with a vast array of COVID-19 related programs for business from state, federal and industry sources. This document has proven very helpful for businesses in this crisis.

Texas Workforce Commission

Work Search Requirement to be Reinstated for Unemployment Insurance on July 6
Benefits will continue, but recipients must search for new jobs
The Texas Workforce Commission (TWC) announced today that the work search requirements for Unemployment Insurance (UI) in Texas, which had been suspended due to the COVID-19 crisis, will be reinstated for all Texans receiving unemployment insurance benefits on July 6. Work search is a federal requirement to receive unemployment benefits. Individuals will continue to receive benefits, but must document their efforts to find new employment, with the first report due to TWC on July 19. Keep good records and save your work search documentation. Your work search efforts do not need to be sent in unless it is requested by the Commission.

Texas businesses are hiring right now. There are over 530,000 jobs available in Texas on WorkInTexas.com, the state's online jobs portal, in addition to jobs available elsewhere. As more and more businesses come back online, those numbers should increase.

"The COVID-19 crisis has been difficult for everyone, creating new challenges for workers, employers and their families," said TWC Executive Director Ed Serna. "Let me be clear: we are not over it. But we're seeing employment opportunities begin to bounce back in Texas as our economy restarts. There are opportunities out there, and getting Texans back to work and businesses up and running again will create even more."

Unemployment insurance benefits are not intended as a replacement for a job, but a temporary benefit to help workers until they can resume employment. The work search requirement does not mean workers must take the first job available. It means that they must show an active effort to obtain new employment to continue benefits. As long as they do this,

their benefits will continue for up to 39 weeks, in accordance with state law and the federal CARES Act.

Furloughed workers with a definite return to work date that is within 12 weeks of the layoff are exempt from work search requirements. Return to work dates beyond 12 weeks can result in the waiver of work search at the discretion of TWC. While Self-employed individuals do not need to register on WorkinTexas.com nor complete work search requirements, they do however need to continue taking steps to reopen their business. If they do not plan to reopen their business, they must complete a work registration and seek work.

Job seekers are encourage to visit WorkInTexas.com, the state's job portal, for access to hundreds of thousands of public and private sector jobs, as well as links to education and training opportunities, resume assistance and other resources. Guidelines for the work search process can be found here.

TWC Reinstates Attendance Requirements for Subsidized Child Care
The Texas Workforce Commission (TWC) announced today the reinstatement of subsidized child care attendance requirements. These requirements were temporarily suspended by waiver in mid-March, at a time when only children of essential workers were eligible to attend regulated child care facilities. On May 19, 2020, regulated child care was opened to all parents. As the Texas economy continues to reopen, and greater numbers of families begin using these facilities, reinstating the requirements is appropriate. Parents must begin recording their child's daily attendance, because effective July 20, 2020, TWC will again begin counting the number days children are absent from child care.

Children in subsidized child care programs are generally allowed 40 unexplained absences during a year. This requirement will be reinstated, but due to the disruption of COVID-19, all children's absences will be reset to zero, effective July 20, 2020. All parents will be required to once again record their children's attendance using the state's child care automated attendance system. Absences will begin to count again and child care services can end if the 40 unexplained absences limit is reached for a child within their 12 month eligibility period.

Any absences that are due to the child or the child's family being instructed to self-isolate or quarantine, based on instructions from a medical professional, the health department or another state or local entity, would not be counted towards the 40 unexplained absence limit.

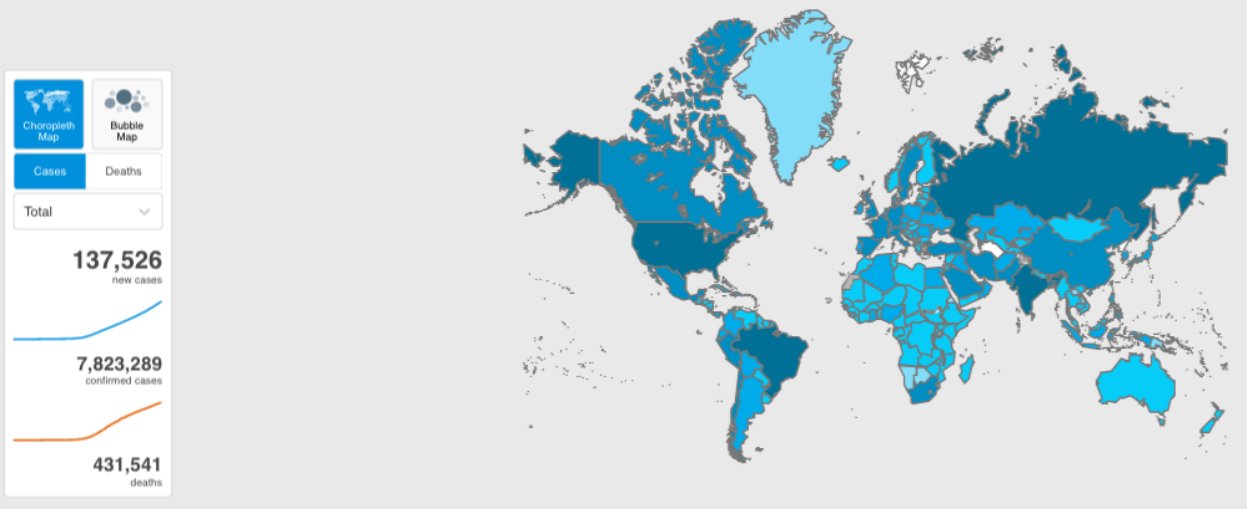
State and Federal Overview: June 15, 2020

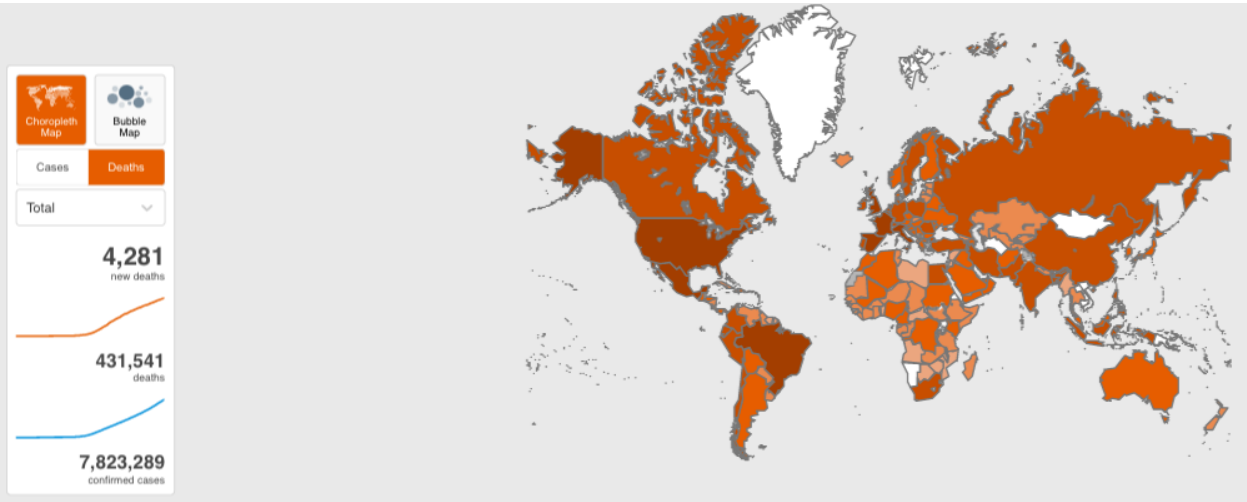
International

As the pandemic accelerates in low- and middle-income countries, WHO is especially concerned about its impact on people who already struggle to access health services – often women, children and adolescents. WHO has developed guidance on maintaining essential services. WHO has also carefully investigated the risks of women transmitting COVID-19 to their babies during breastfeeding. Based on the available evidence, WHO's advice is that the benefits of breastfeeding outweigh any potential risks of transmission of COVID-19. A Q and A on breastfeeding and COVID-19 is also available. WHO has recently released a photo story outlining ten actions you can take to protect and improve your sexual and reproductive health during the COVID-19 pandemic. At present, there is no evidence of sexual transmission of the virus responsible for COVID-19. The virus can be passed however, through direct contact with saliva, for instance, kissing. There are also many things people can do to take care of their own health, like staying active, eating a nutritious diet and limiting their alcohol intake. In today's Subject in Focus, we look at the Solidarity Trials, which are being used to accelerate research on a COVID-19 Vaccine.

- Read today's situation report.
- Read Sunday's situation report.
- Read Saturday's situation report.

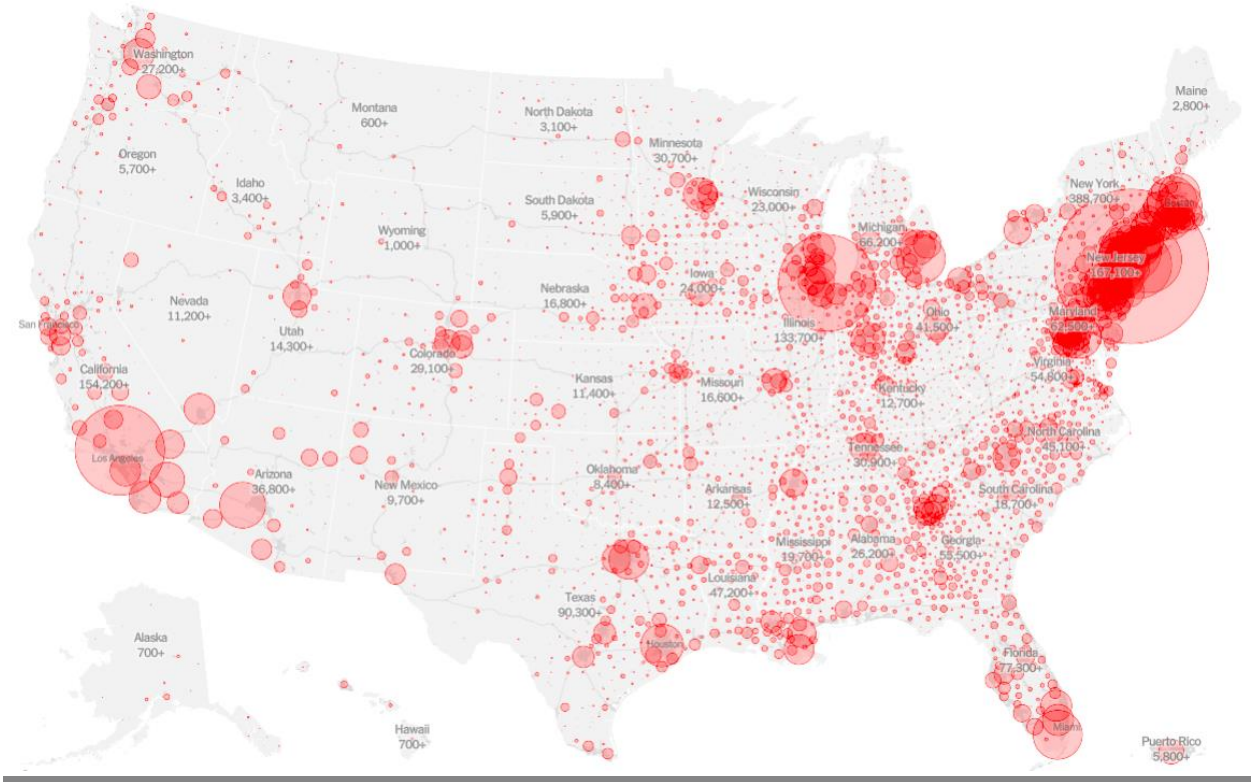
View the WHO's Situation Dashboard for COVID-19 here.





Total Cases: 2.1 million+
Deaths: 116,045

Includes confirmed and probable cases where available.



U.S. Congressional Budget Office

How CBO Analyzes Approaches to Improve Health Through Disease Prevention. Preventive medical care includes services that can prevent diseases from occurring (such as vaccinations) and services that can detect diseases before symptoms appear (such as screenings). When legislative proposals would affect such services, the Congressional Budget Office's primary role is to project the federal budgetary effects of the legislation. CBO's cost estimates typically cover a 10-year period because Congressional budget enforcement procedures generally apply to that period. This report describes how CBO analyzes such proposals. Key takeaways are the following.

- **Costs of Preventive Medical Services.** Delivering preventive medical services results in costs for each person using the service. Vaccinations may cause some of those people to avoid the targeted disease, and screenings may allow some people to receive treatment earlier.
- **Effects on Health.** People who avoid the targeted disease or receive treatment earlier generally benefit from preventive medical services, and their health care costs often decline.
- **Net Effects.** The net result of effects on costs of preventive medical services and effects on health can be decreases or increases in overall health care spending. In

many cases, the effects on the federal budget are smaller than the effects on health care spending because the federal government does not pay for all health care. Health improvements can also affect the federal budget if, for example, they increase longevity (which could boost federal outlays and deficits) or reduce disability rates (which could decrease federal outlays and deficits).

- **Historical Experience.** In the cases that have been studied, about 80 percent of preventive medical services have been found to lead to higher health care spending overall.
- **Effects of Future Proposals.** CBO analyzes federal legislative proposals on a case-by-case basis, considering the details of each proposal and drawing on relevant evidence. For example, proposals concerning a vaccine for the 2020 coronavirus could vary widely, as could their budgetary effects, depending on many factors.

Legislation related to a vaccine for the coronavirus differs from proposals involving most other preventive medical services in that it could have major macroeconomic effects, such as a faster rebound of economic activity and increases in tax revenues. By long-standing convention, such effects generally are not reflected in CBO's cost estimates. The size of such effects would depend on many factors, including how a proposal would affect whether and when a vaccine was approved and widely available, the scope of the pandemic when the vaccine became available, the characteristics of the vaccine, and the extent to which mitigation measures and social distancing influenced economic activity.

Read the full report here.

U.S. Department of Health and Human Services

Secretary Azar statement on World Blood Donor Day

Sunday, June 14, marks World Blood Donor Day, which highlights the importance of blood donation while thanking the millions of people around the world who give blood. HHS Secretary Alex Azar released the following statement in commemoration of the day:

"Each year, millions of blood donors around the world generously take a small amount of time to make a very big impact. The COVID-19 pandemic has caused a precipitous drop in the number of blood donors. If you're a healthy adult who is able to donate blood or plasma, you can join the battle against COVID-19 and help fellow Americans by scheduling an appointment in the coming days and weeks. Americans who have recently recovered from COVID-19 should consider scheduling an appointment to donate their plasma, which can be used to boost antibodies in others fighting the virus. Healthcare providers can play a role, too, by contacting their patients who have recovered from COVID-19 to see if they would be willing to donate their blood and plasma to help meet the significant need."

For more information on how and where to donate blood and plasma, you can visit the American Red Cross, America's Blood Centers, AABB, and the Plasma Protein Therapeutics Association.

HHS's Office for Civil Rights recently released guidance on how healthcare providers can contact former COVID-19 patients about blood and plasma donation opportunities.

U.S. Food and Drug Administration

FDA: Coronavirus (COVID-19) Update: FDA Warns of Newly Discovered Potential Drug Interaction That May Reduce Effectiveness of a COVID-19 Treatment Authorized for Emergency Use. Today, the U.S. Food and Drug Administration is warning health care providers about a newly discovered potential drug interaction related to the investigational antiviral drug remdesivir, which has received emergency use authorization for the treatment of hospitalized COVID-19 patients with severe disease.

Based on a recently completed non-clinical laboratory study, the FDA is revising the fact sheet for health care providers that accompanies the drug to state that co-administration of remdesivir and chloroquine phosphate or hydroxychloroquine sulfate is not recommended as it may result in reduced antiviral activity of remdesivir. The agency is not aware of instances of this reduced activity occurring in the clinical setting but is continuing to evaluate all data related to remdesivir.

In addition, the FDA revised the fact sheet for health care providers to clarify dosing and administration recommendations and to provide additional safety data and supporting data from clinical trials conducted by both the National Institutes of Health and the drug sponsor, Gilead Sciences Inc. The fact sheet for patients and caregivers was also updated to include additional information about possible allergic reactions and to alert patients to tell their healthcare providers if they are taking chloroquine phosphate or hydroxychloroquine sulfate.

Following an evaluation of the emergency use authorization criteria and the scientific evidence available, the FDA issued an emergency use authorization (EUA) in May 2020 allowing for remdesivir to be distributed in the U.S. and to be administered intravenously by health care providers, as appropriate, to treat suspected or laboratory-confirmed COVID-19 in adults and pediatric patients hospitalized with severe disease. The safety and efficacy of remdesivir for the treatment of COVID-19 continue to be evaluated, and preliminary clinical trial results have shown that on average, patients treated with remdesivir had more rapid time to recovery.

The EUA requires that fact sheets about using remdesivir in treating COVID-19 be made available to health care providers and to patients and caregivers. These fact sheets include information on possible side effects such as: increased levels of liver enzymes, which may be a sign of inflammation or damage to cells in the liver; and allergic reactions, which may include low blood pressure, high heart rate, low heart rate, shortness of breath, wheezing, angioedema (for example, lip or tongue swelling), difficulty swallowing, rash, nausea, vomiting, sweating, shivering and respiratory distress.

Coronavirus (COVID-19) Update: FDA Revokes Emergency Use Authorization for Chloroquine and Hydroxychloroquine. Today, the U.S. Food and Drug Administration (FDA) revoked the emergency use authorization (EUA) that allowed for chloroquine phosphate and hydroxychloroquine sulfate donated to the Strategic National Stockpile to be used to treat certain hospitalized patients with COVID-19 when a clinical trial was unavailable, or participation in a clinical trial was not feasible. The agency determined that the legal criteria for issuing an EUA are no longer met. Based on its ongoing analysis of the EUA and emerging scientific data, the FDA determined that chloroquine and hydroxychloroquine are unlikely to be effective in treating COVID-19 for the authorized uses in the EUA. Additionally, in light of ongoing serious cardiac adverse events and other potential serious side effects, the known and potential benefits of chloroquine and hydroxychloroquine no longer outweigh the known and potential risks for the authorized use. This is the statutory standard for issuance of an EUA. The Biomedical Advanced Research and Development Authority (BARDA) within the U.S. Department of Health and Human Services originally requested the EUA covering chloroquine and hydroxychloroquine, and the FDA granted the EUA on March 28, 2020 based on the science and data available at the time. Today, in consultation with the FDA, BARDA sent a letter to the FDA requesting revocation of the EUA based on up to date science and data.

The FDA has a responsibility to regularly review the appropriateness of an EUA, and as such, the agency will review emerging information associated with the emergency uses for the authorized products. Recent results from a large randomized clinical trial in hospitalized patients, a population similar to the population for which chloroquine and hydroxychloroquine were authorized for emergency use, demonstrated that hydroxychloroquine showed no benefit on mortality or in speeding recovery. This outcome was consistent with other new data, including data showing that the suggested dosing regimens for chloroquine and hydroxychloroquine are unlikely to kill or inhibit the virus that causes COVID-19. The totality of scientific evidence currently available indicate a lack of benefit.

Chloroquine and hydroxychloroquine are both FDA-approved to treat or prevent malaria. Hydroxychloroquine is also approved to treat autoimmune conditions such as chronic discoid lupus erythematosus, systemic lupus erythematosus in adults, and rheumatoid arthritis. Both drugs have been prescribed for years to help patients with these debilitating, or even deadly,

diseases, and FDA has determined that these drugs are safe and effective when used for these diseases in accordance with their FDA-approved labeling. Of note, FDA approved products may be prescribed by physicians for off-label uses if they determine it is appropriate for treating their patients, including during COVID.

U.S. Centers for Disease Control and Prevention

CDC releases consolidated COVID-19 testing recommendations. The Centers for Disease Control and Prevention (CDC) has released consolidated recommendations for COVID-19 testing, including interim testing guidelines for nursing home residents and healthcare personnel, as well as testing strategy options for high-density critical infrastructure workplaces after a COVID-19 case is identified. These recommendations compile and update previous testing guidance.

The consolidated recommendations for testing, **Overview of Testing for SARS-CoV-2,** were developed based on what is currently known about COVID-19 and are subject to change as additional information becomes available. This document includes a summary of current CDC recommendations for testing people who

- have signs or symptoms of COVID-19;
- have no symptoms but recently had contact with someone known or suspected to have COVID-19;
- have no symptoms and no known contact with someone known or suspected to have COVID-19 but still may be tested for early identification in special settings;
- have had confirmed COVID-19 but no longer have symptoms; and
- may be tested by public health officials to track spread of the virus that causes COVID-19.

Testing Guidelines for Nursing Homes is an important addition to other infection prevention and control (IPC) recommendations aimed at keeping COVID-19 out of nursing homes (as well as other long-term care facilities), detecting cases quickly if they do occur, and stopping further transmission in these facilities. Nursing home residents are at high risk for infection, serious illness, and death from the disease. Updated recommendations include recommendation against testing the same individual more than once in a 24-hour period; consideration for testing residents with symptoms for other causes of respiratory illness, such as influenza; and coordination of repeat testing in response to outbreaks with local, territorial, and state health departments.

Outbreaks of illness among workers in food-producing facilities and surrounding communities have raised unique questions about testing for COVID-19. Critical infrastructure employers have an obligation to manage the continuation of work in a way that best protects the health

of their workers and the general public. Appropriate workplace protections, such as engineering and administrative controls, for those present in the workplace should remain in place. In addition, CDC's **Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified** presents different testing strategy options for exposed co-workers when public health organizations and employers determine testing is needed to help support existing disease control measures. Such strategies can aid in identifying infectious individuals with the goal of reducing transmission of SARS-CoV-2 in the workplace.

National Institutes of Health

NIH launches analytics platform to harness nationwide COVID-19 patient data to speed treatments. The National Institutes of Health has launched a centralized, secure enclave to store and study vast amounts of medical record data from people diagnosed with coronavirus disease across the country. It is part of an effort, called the National COVID Cohort Collaborative (N3C), to help scientists analyze these data to understand the disease and develop treatments. This effort aims to transform clinical information into knowledge urgently needed to study COVID-19, including health risk factors that indicate better or worse outcomes of the disease, and identify potentially effective treatments.

The N3C is funded by the National Center for Advancing Translational Sciences (NCATS), part of NIH. The initiative will create an analytics platform to systematically collect clinical, laboratory and diagnostic data from health care provider organizations nationwide. It will then harmonize the aggregated information into a standard format and make it available rapidly for researchers and health care providers to accelerate COVID-19 research and provide information that may improve clinical care. A demonstration of the platform can be viewed at ncats.nih.gov/n3c.

Data access will be open to all approved users, regardless of whether they contribute data. The data are being provided to NCATS as a Limited Data Set (LDS) that retains only two of 18 HIPAA(link is external)-defined elements: health care provider zip code and dates of service.

NCATS, which is serving as stewards of the data, is taking multiple security and privacy measures. For example, NCATS oversees the use of N3C through user registration, federated login, data use agreements with institutions and data use requests with users. The data reside and remain in NCATS' secure, cloud-based database certified through the Federal Risk and Authorization Management Program, or FedRAMP, which provides standardized assessment, authorization, and continuous monitoring for cloud products and services ensuring the validity of the data while protecting patient privacy. Approved users must analyze data within the

platform. In addition, the N3C data will be used only for COVID-19 research purposes, including clinical and translational research and public health surveillance.

The information available via the N3C enclave will be rich in scope and scale. There currently are 35 collaborating sites across the country and the platform contains diverse data from individuals tested for COVID-19. A key component is the harmonization of data, which translates the different ways that contributing hospitals store patient data into a single, common format to enable combined 'apples to apples' analyses. Contributing sites add demographics, symptoms, medications, lab test results, and outcomes data regularly over a five-year period, enabling both the immediate and long-term study of the impact of COVID-19 on health outcomes.

The platform is built to enable machine learning approaches and rigorous statistical analyses, identifying connections and patterns more quickly than can be done through traditional methodologies. These advanced analytics approaches require large, robust datasets to generate statistically valid results and can lead to the simultaneous exploration of multiple questions – and the revealing of likely answers – on a powerful scale.

The N3C harnesses the extensive resources of the NCATS-funded Clinical and Translational Sciences Awards (CTSA) Program and its Center for Data to Health (CD2H)(link is external). "By leveraging our collective data resources, unparalleled analytics expertise, and medical insights from expert clinicians, we can catalyze discoveries that address this pandemic that none of us could enable alone," said Melissa Haendel, Ph.D., director of CD2H at the Oregon Health & Science University School of Medicine and Director of Translational Data Science at Oregon State University.

To learn more about the N3C, including data transfer and access, visit covid.cd2h.org(link is external).

U.S. Small Business Administration

SBA and Treasury Announce New and Revised Guidance Regarding the Paycheck Protection Program. The U.S. Small Business Administration, in consultation with the U.S. Department of the Treasury, issued new and revised guidance for the Paycheck Protection Program (PPP). This guidance implements the Paycheck Protection Program Flexibility Act (PPPFA), signed into law by President Trump on June 5, 2020, and expands eligibility for businesses with owners who have past felony convictions.

To implement the PPPFA, SBA revised its first PPP interim final rule, which was posted on April

2, 2020. As described in detail in our announcement on June 8, 2020, the new rule updates provisions relating to loan maturity, deferral of loan payments, and forgiveness provisions.

In addition, as an exercise of SBA's policy discretion in furtherance of President Trump's leadership and bipartisan support on criminal justice reform, the eligibility threshold for those with felony criminal histories has been changed. The look-back period has been reduced from 5 years to 1 year to determine eligibility for applicants, or owners of applicants, who, for non-financial felonies, have (1) been convicted, (2) pleaded guilty, (3) pleaded nolo contendere, or (4) been placed on any form of parole or probation (including probation before judgment). The period remains 5 years for felonies involving fraud, bribery, embezzlement, or a false statement in a loan application or an application for federal financial assistance. The application also eliminates pretrial diversion status as a criterion affecting eligibility.

SBA issued revised PPP application forms to conform to these changes. The guidance and revised application forms are available on SBA's and Treasury's websites. SBA will issue additional guidance regarding loan forgiveness and a revised forgiveness application to implement the PPPFA in the near future.

- Click here to view the new Interim Final Rules.
- Click here to view the new Borrower Application.
- Click here to view the new Lender Application.

U.S. Department of Labor

As More Businesses Reopen, Worker Safety and Health Remains U.S. Department of Labor Priority. As more workplaces begin to reopen, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) is reminding employers that worker safety remains a priority amid both coronavirus and common workplace hazards.

In all phases of reopening, employers need to plan for potential hazards related to the coronavirus, as well as those stemming from routine workplace processes. Employers should be aware that the pandemic might increase employee stress, fatigue and distractions and should consider these factors in planning their employees' return to work to ensure operations resume in a safe and healthful manner. Employers should also carefully plan before attempting to increase production or tasks to make up for downtime to avoid exposing employees to additional safety and health hazards.

As part of their reopening plans, OSHA recommends employers provide workers with "refreshers" on safety and health training and address maintenance issues they may have deferred during a shutdown. Employers should also revisit and update standard operating procedures and remember that exposures to hazards may increase during shutdown and

start-up periods. It is important for employers to review and address process safety issues – including stagnant or expired chemicals – as part of their reopening effort. Employers also should remember that Section 11(c) of the Occupational Safety and Health Act, 29 U.S.C. 660(c), prohibits employers from retaliating against workers for raising concerns about safety and health conditions.

OSHA is providing coronavirus-related guidance to help employers develop policies and procedures that address the following issues:

- Workplace flexibilities;
- Engineering and administrative controls, safe work practices, and personal protective equipment;
- Training workers on the signs, symptoms and risk factors associated with the coronavirus;
- Basic hygiene and housekeeping practices;
- Social distancing practices;
- Identifying and isolating sick workers;
- Return to work after worker illness or exposure; and
- Anti-retaliation practices.

OSHA's guidance for employers also includes frequently asked questions related to coronavirus in the workplace such as worksite testing, temperature checks and health screenings, and the need for personal protective equipment.

This guidance is intended to accompany the U.S. Department of Labor and U.S. Department of Health and Human Services' previously developed Guidance on Preparing Workplaces for COVID-19 and the White House Guidelines for Opening up America Again. Existing OSHA standards that apply to protecting workers from infection remain in place as employers and workers return to work.

Visit OSHA's coronavirus webpage frequently for updates. For further information about the coronavirus, please visit the Centers for Disease Control and Prevention.

The State of Texas

From the Office of the Governor, Greg Abbott

Office of The Governor, Dallas Cowboys Linebacker Jaylon Smith Release New COVID-19 PSA: "Wear A Mask on And Off the Field". The Office of the Governor and Dallas Cowboys Linebacker Jaylon Smith today released a new public service announcement (PSA) entitled, "Wear A Mask on And Off the Field." In the PSA, Smith urges Texans to wear a mask to protect themselves and others and follow other important health and safety guidelines like washing your hands and practicing social distancing. The video is available for download at this link and can also be viewed on YouTube.

TRANSCRIPT:

"I wear a face mask every single day on the football field to protect myself. Now I'm switching it up to a different mask to protect myself and others around me. As we open up Texas, it's crucial that we all do our part in this fight against COVID-19. So when you leave the house, make sure you wash your hands, make sure you practice social distancing, and last but not least, wear a mask. You be safe. Go Cowboys."

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 3:50 PM can be found by accessing the DSHS COVID-19 Dashboard.

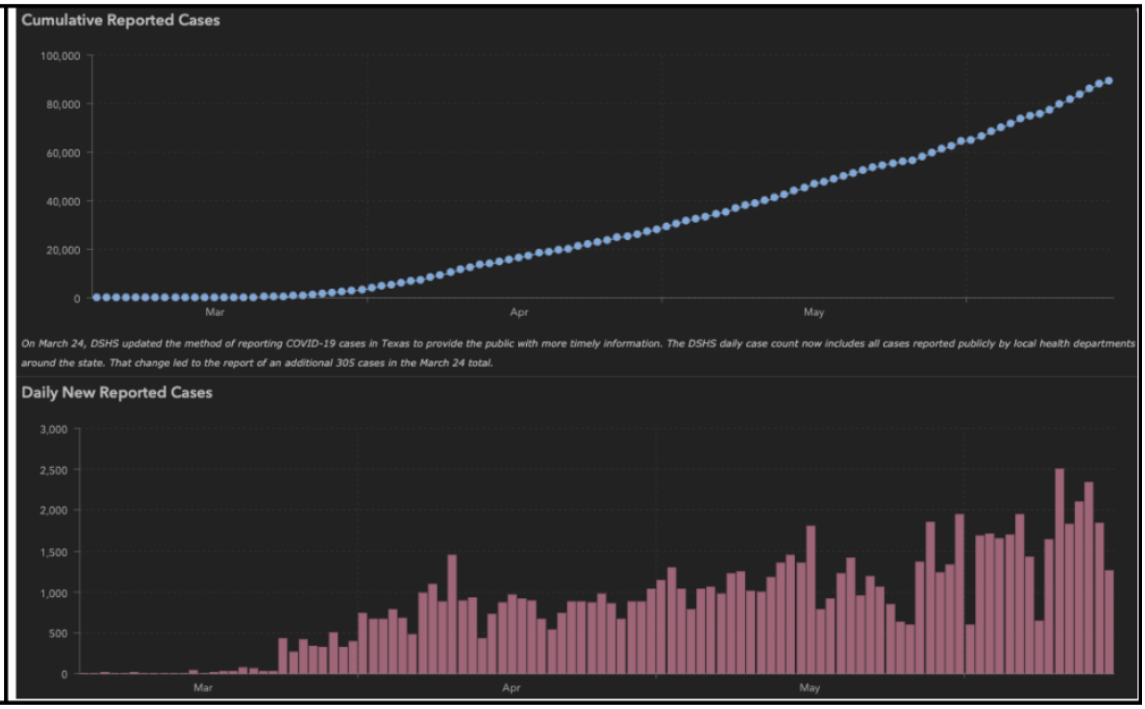
Texas at a Glance	20 Counties with Highest Number of Cases

June 15th
Total Tests: 1,499,015
Total Viral Tests: 1,314,761*
Total Antibody Tests: 149,090*
Cases Reported: 89,108
Patients Recovered: 59,089
Fatalities: 1,983
Active Cases: 28,036
Daily New Cases: 1,254
**As of June 14, 2020*

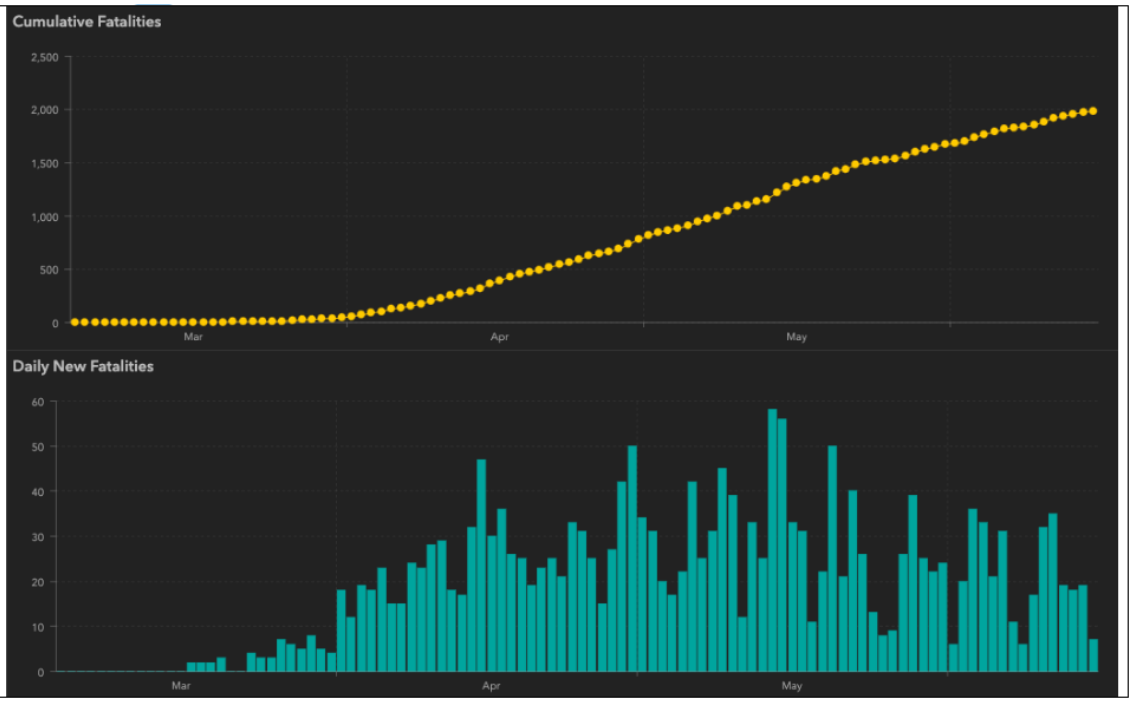
June 12th
Total Tests: 1,404,369
Total Viral Tests: 1,226,957*
Total Antibody Tests: 143,174*
Cases Reported: 83,680
Patients Recovered: 55,258
Fatalities: 1,939
Active Cases: 26,483
Daily New Cases: 2,097
**As of June 11, 2020*

Harris County	16,778
Dallas County	14,232
Tarrant County	7,334
Travis County	4,545
Bexar County	4,393
El Paso County	3,911
Potter County	2,785
Fort Bend County	2,385
Walker County	1,878
Denton County	1,736
Collin County	1,667
Montgomery County	1,258
Galveston County	1,255
Jefferson County	1,242
Cameron County	1,138
Hidalgo County	1,050
Williamson County	904
Moore County	873
Brazoria County	864
Lubbock County	857

Texas Daily New Cases



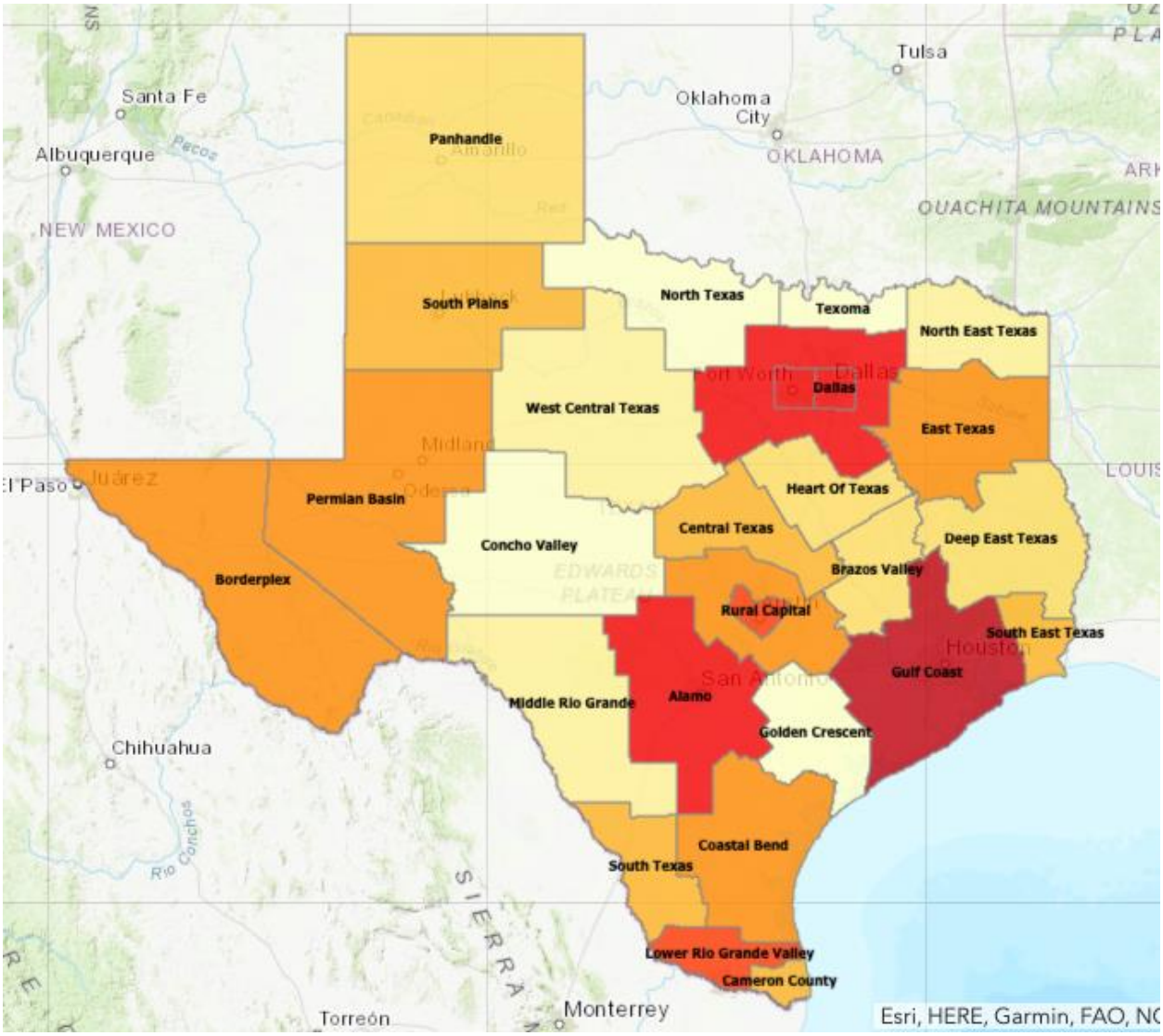
Texas Daily New Fatalities



Texas Workforce Commission

Unemployment at a Glance:

- Total benefits paid: $12.3 Billion
- FPUC benefits paid: $7.9 Billion
- PUA benefits paid: $621.4 Million
- PEUC benefits paid: $135.1 Million
- Payments Made this and last 10 Days: 1,671,216
- Claims Received Since 3/14: 3.2 million



Unemployment Trust Fund:
As of 6/6 the Trust Funds Balances: $31,784,222

UI Trust Fund Weekly Balance

UI Trust Fund Weekly Balance

Week Ending	Employer Remittances	Net Benefits Paid	Other Transfers and Adjustments	Depository Interest	TFBalances
4/25/2020	$ 49,546,749	$ 289,581,803	$ (16,373)	$ -	$ 981,087,772
5/2/2020	$ 1,122,874,431	$ 341,336,680	$ (13,044)	$ -	$ 1,762,612,479
5/9/2020	$ 34,730,679	$ 363,586,880	$ (424,988)	$ -	$ 1,433,331,290
5/16/2020	$ 91,815,411	$ 284,110,519	$ (1,091,852)	$ -	$ 1,239,944,330
5/23/2020	$ 19,914,991	$ 391,307,021	$ (1,921,828)	$ -	$ 866,630,472
5/30/20	$ 6,515,439	$ 446,023,686	$ (491,933)	$ -	$ 426,630,292
6/6/2020	$ 3,680,513	$ 393,019,243	$ (5,507,341)	$ -	$ 31,784,222

Unemployment Claims Filed

COVID-19 Unemployment Claims Filed

Week Ending	Total	Internet	Telephone	Other
2/22	7,053	***	***	***
2/29	7,393	***	***	***
3/7	6,368	***	***	***
3/14	16,176*	2,731	1,380	1,931
3/21	158,364*	141,632	13,678	3,054
3/28	276,185*	256,214	20,642	15,696
4/4	313,832*	321,000	20,000	20,000
4/11	273,567*	221,500	14,800	10,300
4/18	280,761*	283,900	21,600	19,600
4/25	254,084*	246,600	25,100	165,600
5/2	247,179*	237,400	28,300	20,200
5/9	141,672*	166,800	30,500	12,900
5/16	134,381*	145,400	29,400	21,700
5/23	128,105*	136,600	27,600	20,300
5/30	106,821*	114,000	23,200	25,700
6/6	106,677*	105,500	23,000	33,700
6/13	132,500	87,800	22,300	22,400
6/20	11,800	5,500	1,100	5,200

Unless indicated, numbers are estimates based on internal TWC data and are subject to revision.
* Official Department of Labor Data when available and TWC Estimates
*** Breakdown Data Unavailable

State and Federal Overview: June 12, 2020

International

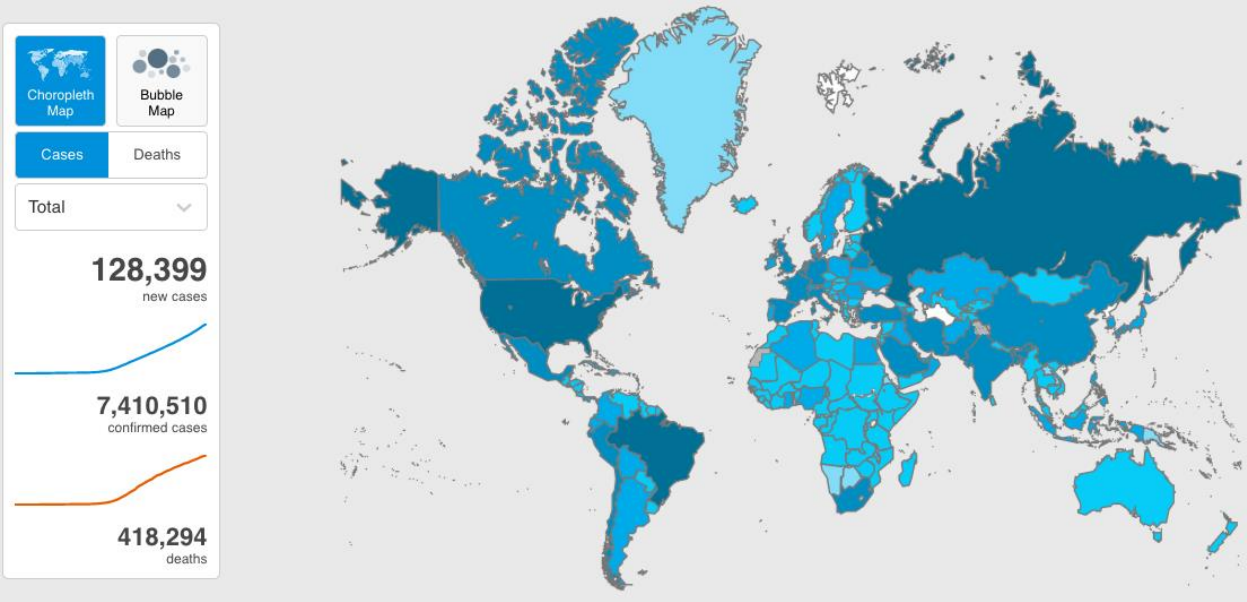
WHO has published a rapid advice guidance on the Use of chest imaging in COVID-19. The guide examines available evidence and makes recommendations for the use of radiography, computed tomography and ultrasound for acute care of adult patients with suspected, probable or confirmed COVID-19 at different levels of disease severity. The private sector plays a critical role in the preparedness and response activities for COVID-19 locally, nationally and globally. WHO has published 'Asks' to the private sector in the response to COVID-19, such as protecting stakeholders and businesses, making essential supplies available, and providing financial support. The Government of Canada has agreed to contribute over US $5 million to the WHO Regional Office for the Americas to support COVID-19 response activities, including increasing access to personal protective equipment and other critical supplies. The contribution will focus on supporting marginalized and vulnerable communities in 23 countries in the Americas. Doctors and nurses on the frontlines of the COVID-19 response in the Republic of the Congo have shared stories about their daily lives, personal sacrifices and inspirations.

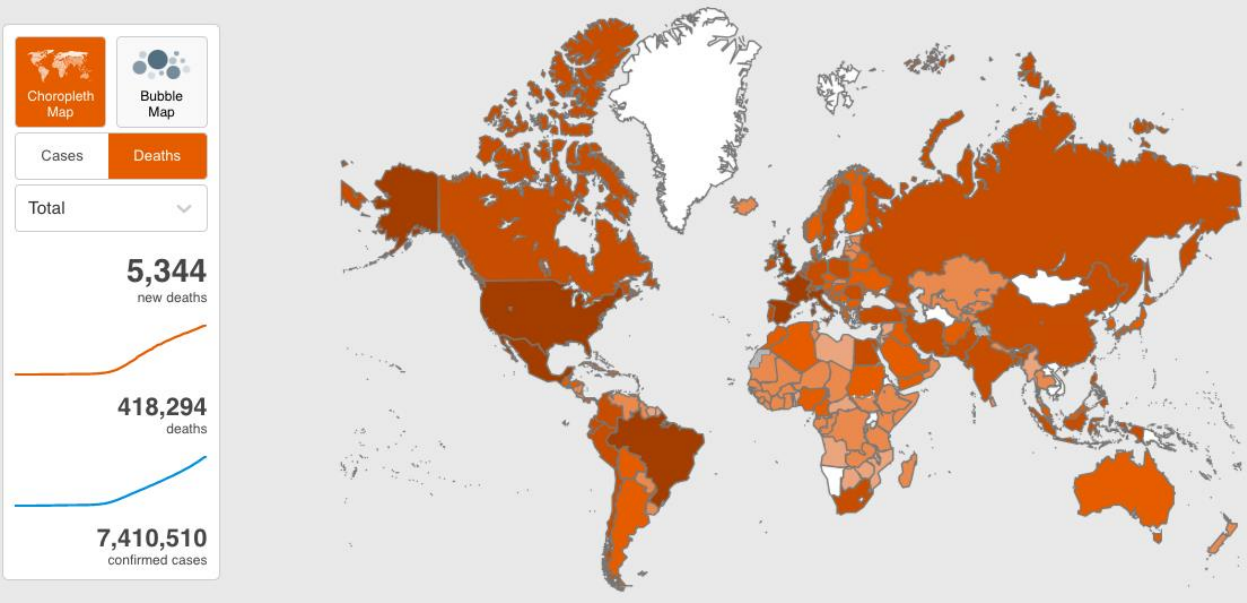
Read today's situation report.

The WHO Regional Director for the Eastern Mediterranean, Dr Ahmed Al-Mandhari, has released a statement on the status of the pandemic in the Region. He warns that cases in the region have increased during the past three weeks and there is the risk cases will continue to increase as many countries ease restrictions. He reiterated that every country's best defense against COVID-19 is to find, isolate, test and care for every case and to trace and quarantine every contact. Somalia is expanding its Early Warning, Alert and Response Network (EWARN) across the country to facilitate early detection of suspected cases of COVID-19. WHO will be supporting the roll out of the EWARN system to an additional 230 health centres beyond the current 533 reporting sites, with COVID-19 now being a reportable health condition in Somalia. In the 'Subject in Focus' below, we present interim guidance on the use of masks in the context of COVID-19.

Read yesterday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.


Choropleth Map
Bubble Map
Cases
Deaths
Total
128,399
new cases
7,410,510
confirmed cases
418,294
deaths

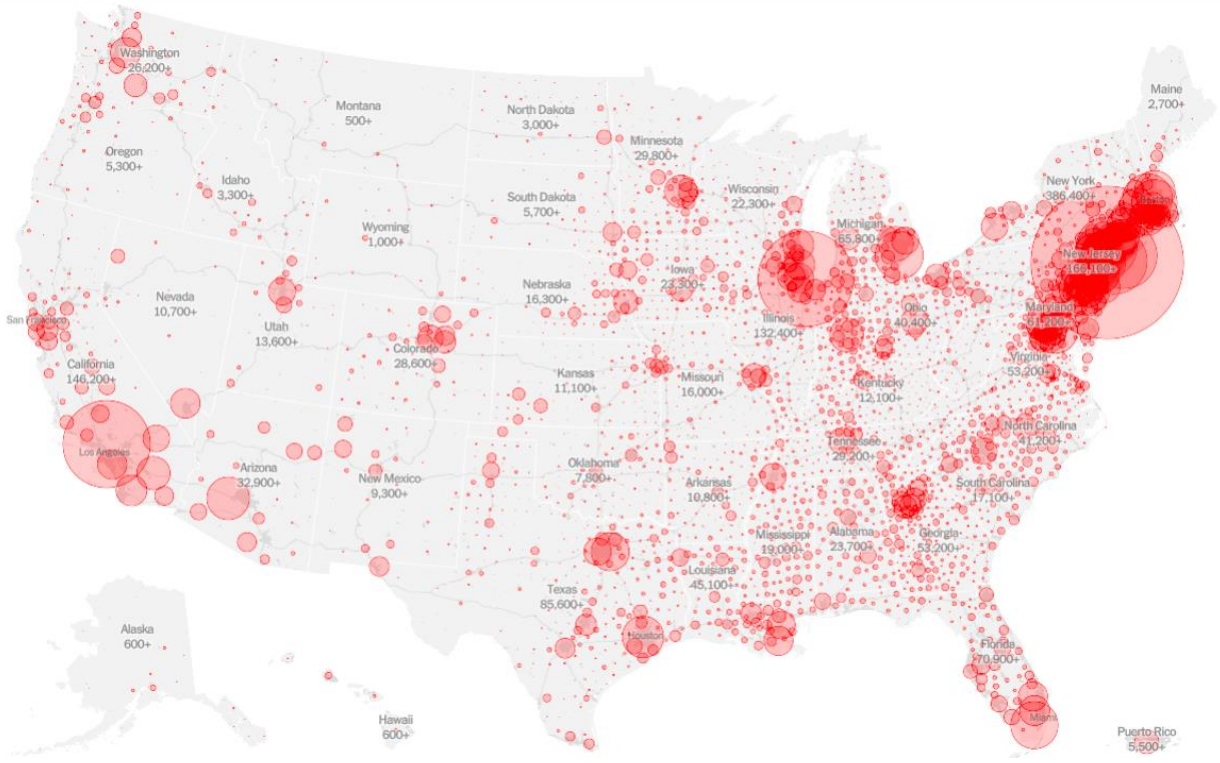

Choropleth Map
Bubble Map
Cases
Deaths
Total
5,344
new deaths
418,294
deaths
7,410,510
confirmed cases

Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 2.0 million+
Deaths: 114,662

Includes confirmed and probable cases where available.



U.S. Centers for Medicare & Medicaid Services

Nursing Home Residents' Right to retain Federal Economic Incentive Payments. The Centers for Medicare & Medicaid Services (CMS) is aware of allegations that some nursing homes are seizing residents' economic impact payments (or "Stimulus Checks") authorized under the CARES Act. This practice is prohibited, and nursing homes that seize these payments from residents could be subject to federal enforcement actions, including potential termination from participation in the Medicare and Medicaid programs.

While CMS has not received any specific complaints regarding this practice, we believe it is important for residents and families to know their rights, and for nursing homes to understand the liability associated with this practice.

Seizing residents' stimulus checks could be a violation of federal regulations at 42 CFR §483.12, Freedom from Abuse, Neglect and Exploitation. Specifically, this could be considered misappropriation of resident property, which is defined as "t*he deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent*." Further, nursing homes requiring residents to deposit their stimulus check with the nursing home could be in violation of 42 CFR §483.10 which gives residents have "*the right to manage his or her financial affairs*." Further, "*The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section*."

Residents or their family who were compelled to sign their stimulus check over to their nursing home, are encouraged to file a complaint with their state survey agency for investigation of the nursing home. State specific complaint contact information is available here: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Complaintcontacts.pdf

CMS and State investigators will make referrals to the States Attorneys General, as appropriate, if they find a nursing home in violation of these requirements.

Residents and families are also encouraged to contact their State Attorney General, directly, for redress of their individual loss. State Attorneys General **c**ontacts are available here: https://www.naag.org/naag/attorneys-general/whos-my-ag.php

U.S. Department of Health and Human Services

HHS awards $8 million to expand COVID-19 training and technical assistance for health centers. This week, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), awarded $8 million to 73 organizations that provide training and technical assistance (T/TA) to HRSA-funded health centers nationwide. These organizations will provide critical COVID-19 resources to health centers, including support and expertise to advance health centers' ability to prevent, prepare, and respond to the COVID-19 pandemic.

Primary Care Associations (PCAs) received nearly $6 million to conduct COVID-19 T/TA activities based on the needs of states and regions. National Training and Technical Assistance Partners (NTTAP) received $2.5 million to enhance their COVID-19 T/TA to health centers, including strengthening health center operations and capacity to ensure access to comprehensive primary care services.

This funding ensures that health centers continue to receive expanded T/TA, which is especially critical as additional support for health center workforce, emergency preparedness and emergency response is needed.

This week's targeted COVID-19 investment for the Health Center Program builds upon the nearly $2 billion HRSA has awarded to health centers to address COVID-19.

- For a list of PCA award recipients, visit: https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/associations.html
- For a list of NTTAP award recipients, visit: https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/ncapca/national-training

Read the full release here.

OCR Issues Guidance on How Health Care Providers Can Contact Former COVID-19 Patients About Blood and Plasma Donation Opportunities. Today, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) issued guidance on how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule permits covered health care providers to contact their patients who have recovered from

COVID-19 to inform them about how they can donate their blood and plasma containing antibodies to help other patients with COVID-19.

The guidance explains that HIPAA permits covered health care providers to identify and contact patients who have recovered from COVID-19 for population-based activities relating to improving health, case management, or care coordination. The guidance emphasizes that, without patients' authorization, the providers cannot receive any payment from or on behalf of a blood and plasma donation center in exchange for such communications with recovered patients.

The guidance may be found at: https://www.hhs.gov/sites/default/files/guidance-on-hipaa-and-contacting-former-covid-19-patients-about-blood-and-plasma-donation.pdf - PDF*

For more information related to HIPAA and COVID-19, please visit: https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html.

* People using assistive technology may not be able to fully access information in this file. For assistance, contact the HHS Office for Civil Rights at (800) 368-1019, TDD toll-free: (800) 537-7697, or by emailing OCRMail@hhs.gov.

Read the full release here.

U.S. Centers for Disease Control and Prevention

CDC: Public Attitudes, Behaviors, and Beliefs Related to COVID-19, Stay-at-Home Orders, Nonessential Business Closures, and Public Health Guidance — United States, New York City, and Los Angeles, May 5–12, 2020. During May 5–12, 2020, a survey among adults in New York City and Los Angeles and broadly across the United States found widespread support of stay-at-home orders and nonessential business closures and high degree of adherence to COVID-19 mitigation guidelines. Most respondents reported that they would feel unsafe if restrictions were lifted at the time of the survey. Routine assessment of public priorities can guide public health decisions requiring collective action. Current levels of public support for restrictions and adherence to mitigation strategies can inform decisions about reopening and balancing duration and intensity of restrictions.

Follow this link for the complete article

COVID-19 Forecasts: Cumulative Deaths.

Interpretation of Cumulative Death Forecasts

- This week CDC received 17 individual national forecasts.
- This week's national ensemble forecast suggests that there will likely be between 124,000 and 140,000 total reported COVID-19 deaths by July 4th.
- The state-level ensemble forecasts suggest that the number of new deaths over the next four weeks in Arizona, Arkansas, Hawaii, North Carolina, Utah, and Vermont will likely exceed the number reported over the last four weeks. For other states, the number of new deaths is expected to be similar or decrease slightly compared to the previous four weeks.
- These forecasts show cumulative reported COVID-19 deaths since February and forecasted deaths for the next four weeks in the United States.
- Models make various assumptions about the levels of social distancing and other interventions, which may not reflect recent changes in behavior. See model descriptions below for details.

Follow this link for the complete article

CDC: Updated Interim Infection Prevention and Control Guidance for Veterinary Clinics Treating Companion Animals During the COVID-19 Response. Summary of Recent Changes. Revisions were made on June 12, 2020 to reflect the following:

- Updates were made to refine recommendations for ending home isolation and PPE guidelines based on results from validated SARS-CoV-2 RT-PCR diagnostic assays.

Revisions were made on May 12, 2020 to reflect the following:

- A section on PPE extended use and reuse was added.

Follow this link for the complete guidance

COVID-19 Travel Recommendations by Country. Follow this link for an interactive map.

U.S. Food and Drug Administration

The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- FDA issued an FDA Voices, titled Rare Disease Therapy Development and Access Remain Top FDA Priorities During COVID-19, which explains that the FDA's work to advance treatments for rare diseases and help ensure continuity of care for patients

with those diseases continues to be a top priority during the COVID-19 public health emergency.

- As part of the FDA's mission to protect consumers, the agency issued a warning letter to one company for selling fraudulent COVID-19-related products. The FDA letter warned the seller, www.outoftheboxremedies.com, which offers iodine products for sale in the United States, citing misleading claims that the products can mitigate, prevent, treat, diagnose, or cure COVID-19 in people. There are currently no FDA-approved products to prevent or treat COVID-19. Consumers concerned about COVID-19 should consult with their health care provider.
- On June 10, 2020, the FDA posted FAQs to address questions related to the design, evaluation, labeling, and marketing of hospital beds, stretchers, and mattresses during the COVID-19 public health emergency.
- Testing updates:

To date, the FDA has authorized 135 tests under EUAs, which include 114 molecular tests, 20 antibody tests, and 1 antigen test.

National Institutes of Health

NIH researchers identify key genomic features that could differentiate SARS-CoV-2 from other coronaviruses that cause less severe disease. A team of researchers from the National Library of Medicine (NLM), part of the National Institutes of Health, identified genomic features of SARS-CoV-2, the virus that causes COVID-19, and other high-fatality coronaviruses that distinguish them from other members of the coronavirus family. This research could be a crucial step in helping scientists develop approaches to predict, by genome analysis alone, the severity of future coronavirus disease outbreaks and detect animal coronaviruses that have the potential to infect humans. The findings were published this week in the Proceedings of the National Academy of Sciences(link is external).

COVID-19, an unprecedented public health emergency, has now claimed more than 380,000 lives worldwide. This crisis prompts an urgent need to understand the evolutionary history and genomic features that contribute to the rampant spread of SARS-CoV-2.

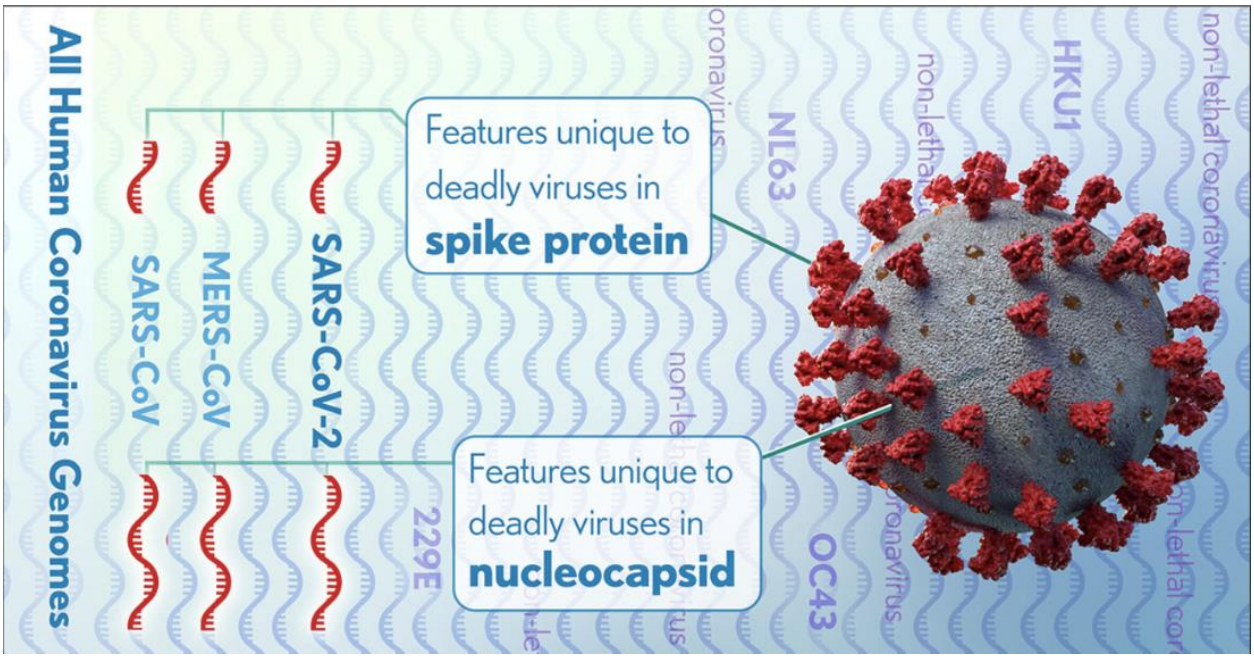
Using integrated comparative genomics and machine learning techniques, the researchers compared the genome of the SARS-CoV-2 virus against the genomes of other members of the coronavirus family and identified protein features that are unique to SARS-CoV-2 and two other coronavirus strains with high fatality rates, SARS-CoV and MERS-CoV. The identified features correspond with the high fatality rate of these coronaviruses, as well as their ability to move from animal to human hosts.

These features include insertions of specific stretches of amino acids into two virus proteins, the nucleocapsid and the spike. These features are found in all three high-fatality coronaviruses and their closest relatives that infect animals, such as bats, but not in four other human coronaviruses that cause non-fatal disease. In particular, the insertions in the spike protein are predicted, from protein structure analysis, to facilitate the recognition of the coronavirus receptors on human cells and the subsequent penetration of the virus into those cells. Finding these features in animal coronavirus isolates could predict the jump to humans and the severity of disease caused by such isolates.

This press release describes a basic research finding. Basic research increases our understanding of human behavior and biology, which is foundational to advancing new and better ways to prevent, diagnose, and treat disease. Science is an unpredictable and incremental process — each research advance builds on past discoveries, often in unexpected ways. Most clinical advances would not be possible without the knowledge of fundamental basic research.

NLM, part of the NIH, is a leader in research in biomedical informatics and data science, and the world's largest biomedical library. NLM conducts and supports research in methods for recording, storing, retrieving, preserving, and communicating health information. It creates resources and tools that are used billions of times each year by millions of people to access and analyze molecular biology, biotechnology, toxicology, environmental health, and health services information. Additional information is available at www.nlm.nih.gov.

Read the full release here.



Federal Emergency Management Agency

FEMA Releases Latest State-by-State Data on PPE
As FEMA, under the direction of the White House Task Force, has led the whole-of-America response to the COVID-19 pandemic for the past several weeks, billions of essential resources and protective equipment have been delivered throughout the nation.

As of June 10, FEMA, HHS, and Project Airbridge combined have coordinated the delivery of, or are currently shipping: 94.7 million N-95 respirators, 149.2 million surgical masks, 14.3 million face shields, 44.6 million surgical gowns and over 1 billion gloves. Additionally, as of June 10, FEMA has made 14,752 deliveries of medical supplies to nursing homes in 53 states and territories.

FEMA continues working to source and procure testing material – specifically, testing swabs and transport media. FEMA has procured and delivered 19.3 million swabs and 12 million units of media. The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized plans. As of June 10, CDC, state and local public health labs and other laboratories have tested more than 21.6 million samples.

Earlier this week, FEMA announced that the Emergency Food and Shelter Program's National Board will begin disbursing $320 million to assist organizations in communities across the country dedicated to providing food, shelter and supportive services to people with economic emergencies, including our nation's hungry and homeless populations.

These funds are for people with non-disaster related emergencies and can be used for a broad range of services, including: mass shelter, mass feeding, food pantries and food banks, payment of one-month's utility bills to prevent loss of services, payment of one-month's rent/mortgage to prevent evictions/foreclosures and transition assistance from shelters to stable living conditions.

FEMA also released guidance to assist state, tribal and territorial governments in planning mass care delivery.

Given the unique circumstances presented by a pandemic environment, planning is critical to ensure resources, facilities, and workers are in place to provide shelter services and maintain health and well-being of both survivors and workers. The "Mass Care/Emergency Assistance Pandemic Planning Considerations" guide provides information on sheltering, feeding, evacuation and the federal resource request process.

As of June 9, FEMA has obligated more than $7 billion to support COVID-19 response efforts. In the past week.

Resources listed below are deliveries made by FEMA Regions, and are separate from all supplies delivered through Project Airbridge distributions:

Texas
Critical supplies delivered: 1.3 million N-95 respirators, 2.2 million gloves, 390,647 face shields and 1.7 million surgical masks.

- As of June 9, FEMA has obligated $778.2 million in federal support to Texas.
- As of June 9, five Battelle N-95 decontamination units are located in the Austin, Corpus Christie, Dallas, El Paso and Houston areas.

Read the full release here.

U.S. Bureau of Labor Statistics

PRODUCER PRICE INDEXES – MAY 2020. The Producer Price Index for final demand rose 0.4 percent in May, seasonally adjusted, the U.S. Bureau of Labor Statistics reported today. This increase followed declines of 1.3 percent in April and 0.2 percent in March. On an unadjusted basis, the final demand index decreased 0.8 percent for the 12 months ended in May. In May, the advance in the final demand index is attributable to prices for final demand goods, which climbed 1.6 percent. In contrast, the index for final demand services fell 0.2 percent. Prices for final demand less foods, energy, and trade services edged up 0.1 percent in May, following three consecutive declines. For the 12 months ended in May, the index for final demand less foods, energy, and trade services moved down 0.4 percent, the largest 12-month decrease since the index began in August 2013.

Chart 1. One-month percent changes in selected PPI final demand price indexes, seasonally adjusted

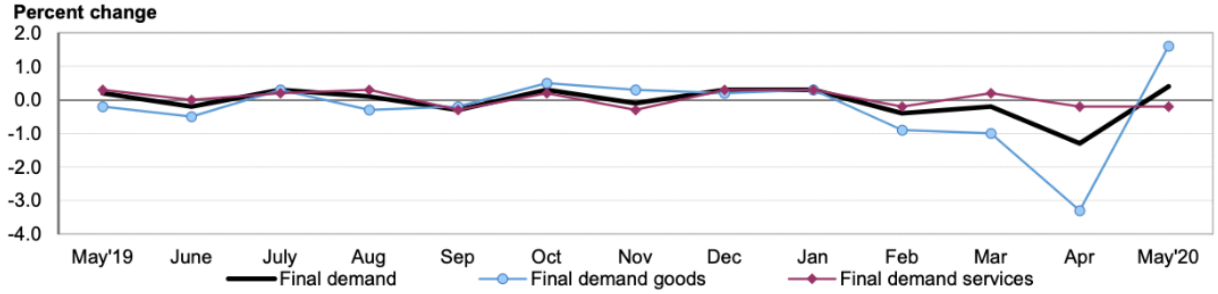
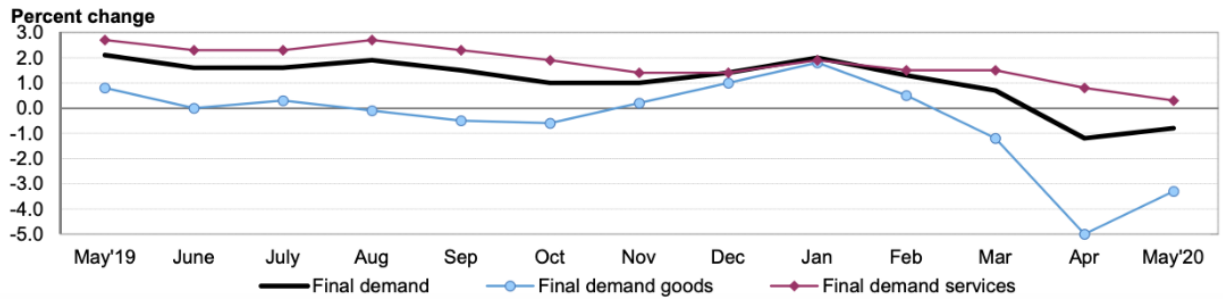


Chart 2. Twelve-month percent changes in selected PPI final demand price indexes, not seasonally adjusted



Read [the full release here](#).

U.S. Import and Export Price Indexes – MAY 2020 Prices for U.S. imports increased 1.0 percent in May, the U.S. Bureau of Labor Statistics reported today, after declining 2.6 percent in April and 2.4 percent in March. The May advance was led by higher fuel prices. The price index for U.S. exports rose 0.5 percent in May following a 3.3-percent drop the previous month.

Chart 1. One-month and 12-month percent changes in the Import Price Index: May 2019 – May 2020

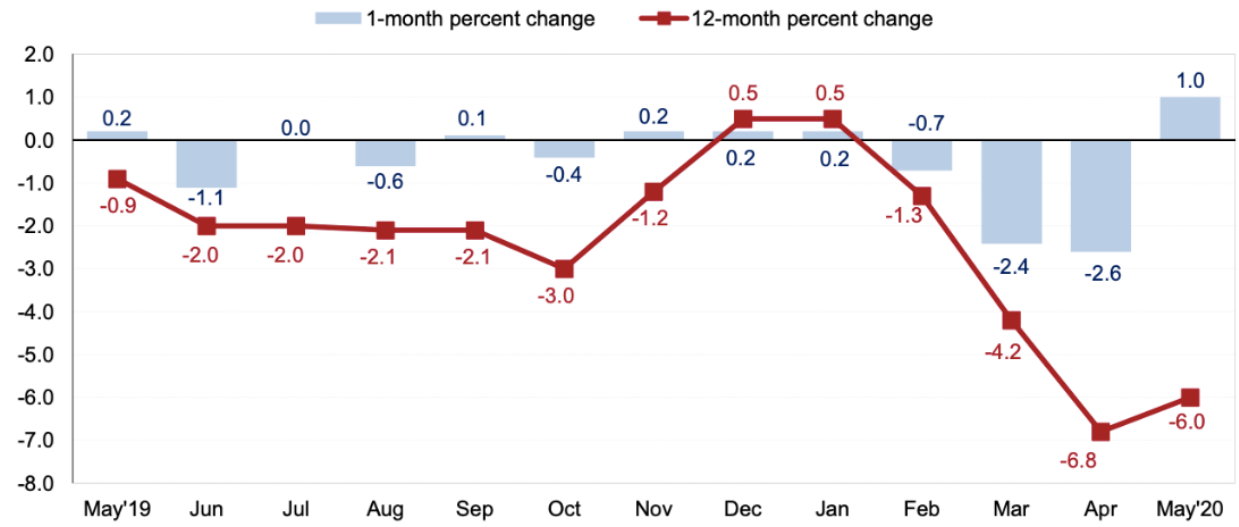
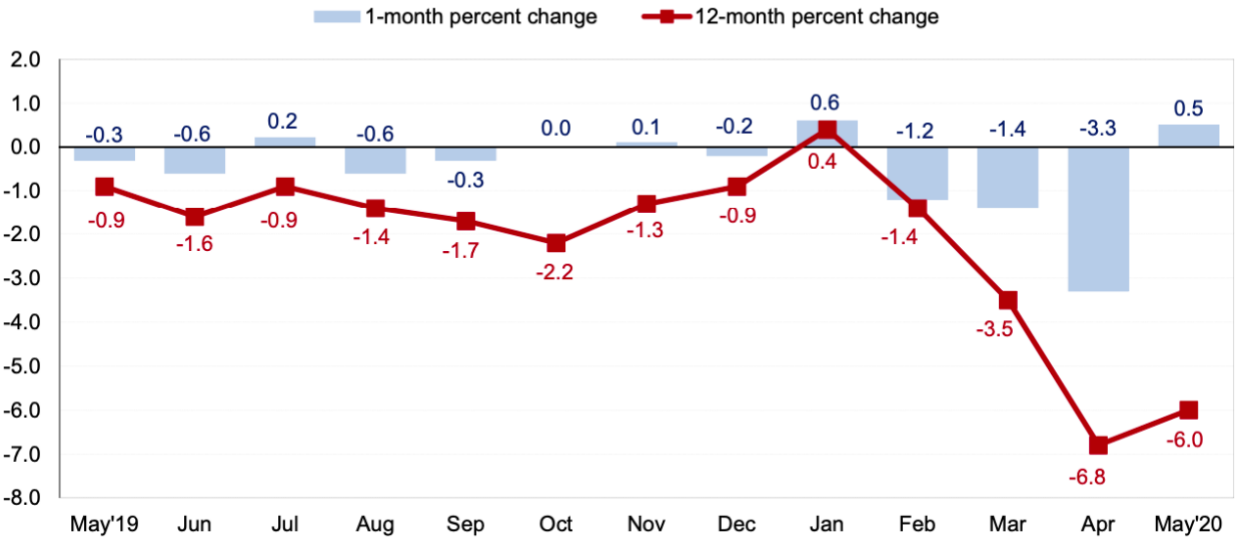


Chart 2. One-month and 12-month percent changes in the Export Price Index: May 2019 – May 2020



Read [the full release](#).

U.S. Department of Housing and Urban Development

HUD Provides Remaining $2.96 Billion In Cares Act Funding for Homeless Populations Amid Coronavirus Recovery

$4 Billion total in Emergency Solutions Grants (ESG) targeted toward communities with high homeless populations or individuals at risk of becoming homeless

U.S. Department of Housing and Urban Development (HUD) Secretary Ben Carson today announced the allocation of $2.96 billion in Emergency Solutions Grants (ESG) funding to support homeless Americans and individuals at risk of becoming homeless because of hardships such as job loss, wage reduction, or illness due to COVID-19. This funding is in addition to $1 billion of ESG grants announced within a week of President Trump signing the CARES Act. View state and territory funding allocations here.

Congress has provided $4 billion for HUD's ESG program for local governments to prevent, prepare for, and respond to coronavirus among individuals and families who are homeless, receiving homeless assistance, or are at risk of becoming homeless. In total, HUD has allocated $3.96 billion in ESG funding to impacted communities in every U.S. State and territory, and the remainder $40 million is being utilized to provide technical assistance to build capacity of grantees in those communities receiving ESG funding.

The $2.96 billion in funding allocated today can be used to:

- Make more emergency shelters available for homeless individuals and families.
- Operate emergency shelters by providing food, rent, security, maintenance, repair, fuel, equipment, insurance, utilities, furnishings, and supplies necessary for their operation.
- Provide Hotel/Motel Vouchers for homeless families and individuals.
- Provide essential services to people experiencing homelessness including childcare, education services, employment assistance, outpatient health services, legal services, mental health services, substance abuse treatment services, and transportation.
- Prevent individuals from becoming homeless and rapidly rehouse homeless individuals.

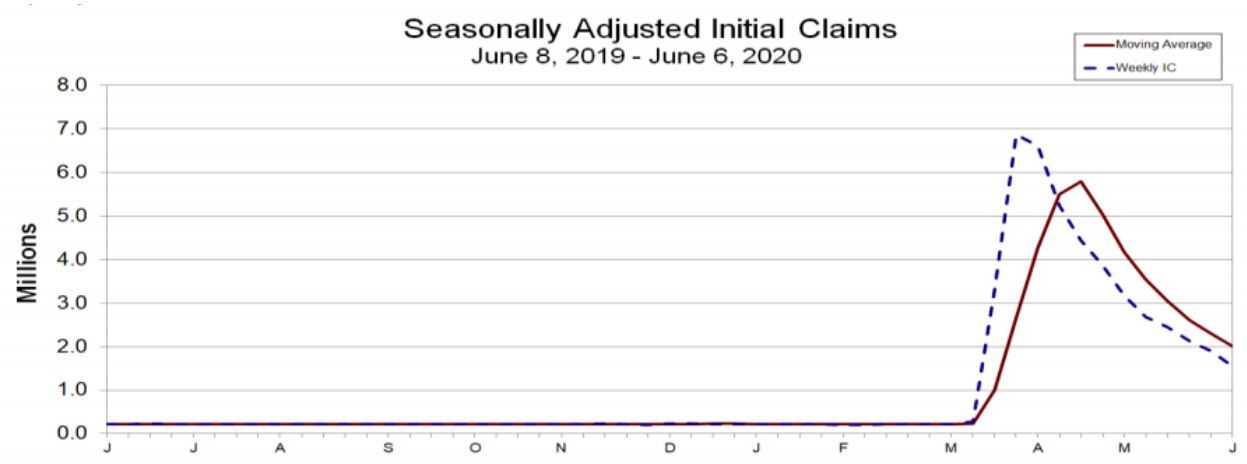
Read the full release.

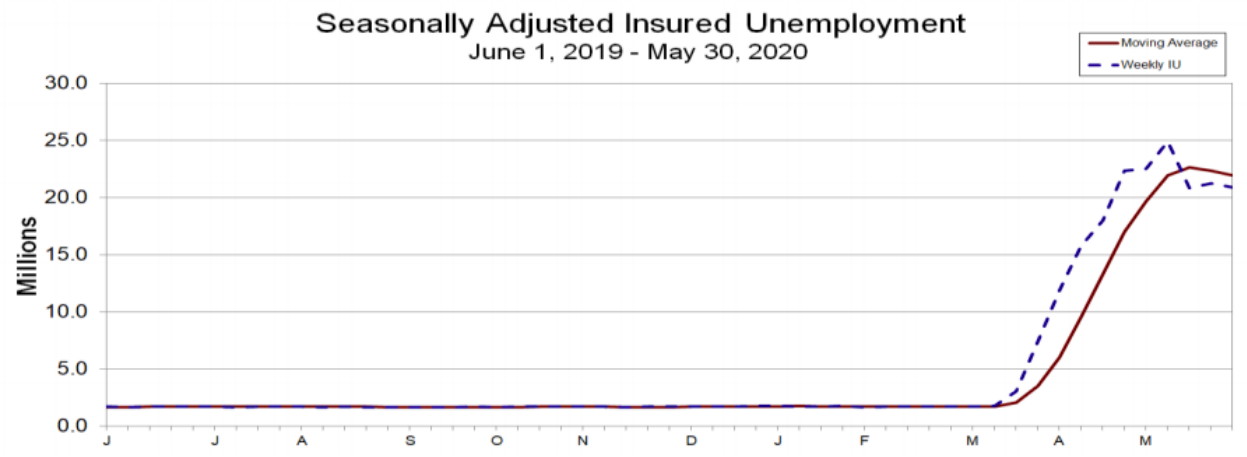
U.S. Department of Labor

Unemployment Insurance Weekly Claims - Seasonally Adjusted Data: In the week ending June 6, the advance figure for seasonally adjusted initial claims was 1,542,000, a decrease of 355,000 from the previous week's revised level. The previous week's level was revised up by 20,000 from 1,877,000 to 1,897,000. The 4-week moving average was 2,002,000, a decrease of 286,250 from the previous week's revised average. The previous week's average was revised up by 4,250 from 2,284,000 to 2,288,250. The advance seasonally adjusted insured unemployment rate was 14.4 percent for the week ending May 30, a decrease of 0.2 percentage point from the previous week's revised rate. The previous week's rate was revised down by 0.2 from 14.8 to 14.6 percent. The advance number for seasonally adjusted insured

unemployment during the week ending May 30 was 20,929,000, a decrease of 339,000 from the previous week's revised level. The previous week's level was revised down by 219,000 from 21,487,000 to 21,268,000. The 4-week moving average was 21,987,500, a decrease of 404,750 from the previous week's revised average. The previous week's average was revised down by 54,000 from 22,446,250 to 22,392,250.

Read the full release.





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Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 3:40 PM can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases	
June 12th **Total Tests: 1,404,369** **Total Viral Tests: 1,226,957*** **Total Antibody Tests: 143,174*** **Cases Reported: 83,680** **Patients Recovered: 55,258** **Fatalities: 1,939** **Active Cases: 26,483** **Daily New Cases: 2,097** **As of June 11, 2020* **June 10th** **Total Tests: 1,348,893** **Total Viral Tests: 1,161,087*** **Total Antibody Tests: 140,962*** **Cases Reported: 79,575** **Patients Recovered: 52,449** **Fatalities: 1,885** **Active Cases: 25,423** **Daily New Cases: 2,504** **As of June 9, 2020*	Harris County 15,864 Dallas County 13,257 Tarrant County 6,824 Travis County 4,238 Bexar County 3,840 El Paso County 3,695 Potter County 2,783 Fort Bend County 2,320 Walker County 1,868 Denton County 1,632	Collin County 1,560 Jefferson County 1,222 Montgomery County 1,197 Galveston County 1,114 Cameron County 1,031 Hidalgo County 912 Moore County 871 Brazoria County 813 Lubbock County 790 Williamson County 787

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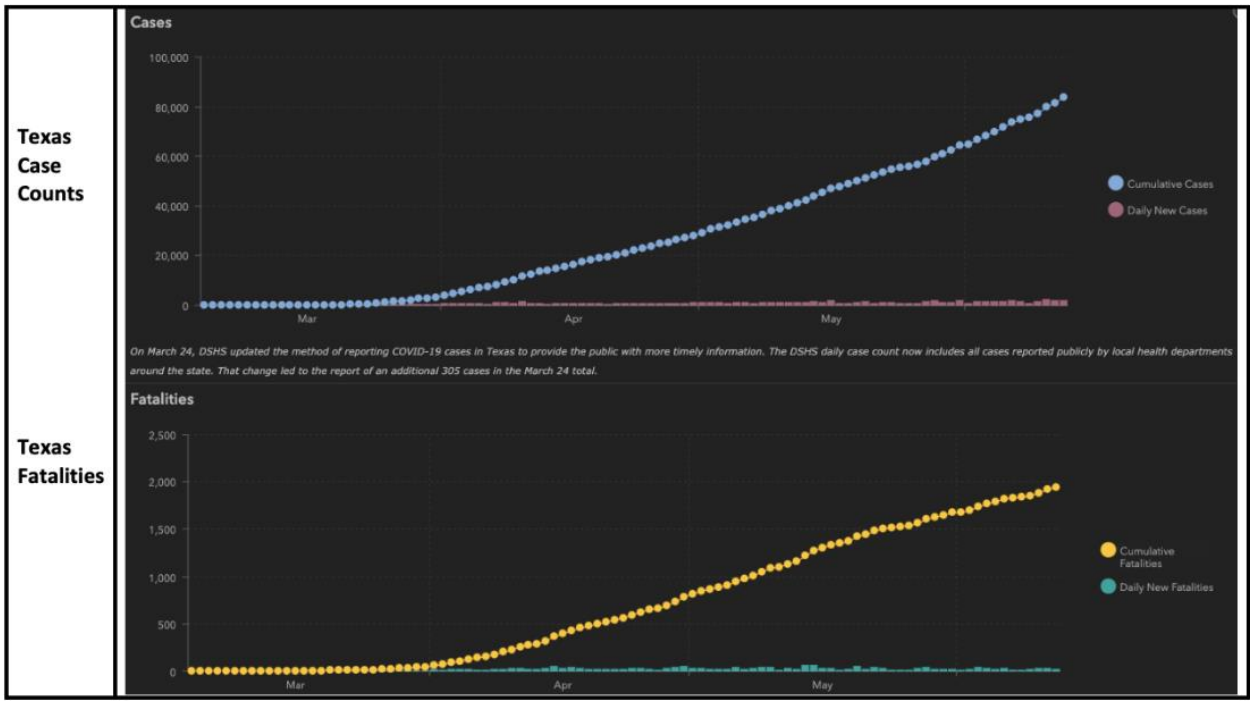


DSHS Updates:
ADDED new section: Day Habilitation Sites
Administrators and staff can review recommended protocols in the DSHS Checklist for Day Habilitation Sites (PDF, V.1.0, released 6/11/2020).

Persons Under Investigation (PUIs)
DSHS COVID-19 Case Report Form (PDF, V.3.1, updated 6/12/2020)
DSHS COVID-19 Contact Investigation Form (PDF, V.2.1, updated 6/09/2020)

Health and Human Services Commission

ALF Special Infection Control Assessments
Starting June 11, Special Infection Control Assessment teams will conduct on-site assessments at assisted living facilities. This will help:

- Identify infection control concerns.
- Provide immediate recommendations and guidance to facility leadership on infection control practices and mitigation strategies.

The SICA is a consultative visit to assist facilities in responding to COVID-19. It is not a long-term care regulation survey to determine compliance with state standards for licensure.

Since these assessments are nonregulatory in nature, the SICA teams will announce their visits before arrival. They will meet with administrative staff during these visits, which will take place Monday through Friday.

SICA teams consist of at least one person from:

- HHSC Long-term Care Regulation
- HHSC Quality Monitoring Program
- BCFS Emergency Management

ALF providers can contact the HHSC regional director for the region in which their facility is located with their SICA questions.

Submitting Contract Applications and Contract Information for LTC Programs and Services. Due to COVID-19 precautions, the Texas Health and Human Services Commission is taking protective measures for the public and HHSC staff. HHSC encourages contract applicants and current contractors for Long-term Care programs and services to submit contract applications and other contract information by email or fax as described below.

For Waiver and Community-based Programs enrolled by Medicaid and CHIP Services – Contract Administration and Provider Monitoring, submit contract applications and other contract information by email or fax to 512-206-3916.

Click on the hyperlinks for each program or service type below to review the list of required forms that must be submitted for each contract application:

- Consumer Directed Services-CLASS (PDF)
- CDS-DBMD (PDF)
- CDS-HCS (PDF)
- CDS-PHC (PDF)
- CDS-TxHmL (PDF)
- CLASS-CFS (PDF)
- CLASS-CMA (PDF)
- CLASS-DSA (PDF)
- CLASS-SFS (PDF)
- DBMD (PDF)
- HCS (PDF)
- Hospice (PDF)
- TAS (PDF)
- TxHmL (PDF)

Important Note: People who sign the contract application or any other contract documents must be referenced on either the Form 2031, Designation of Authorized Individual(s) - Business Entity, or Form 2031-G, Designation of Authorized Individual(s) – Governmental Entity.

State and Federal Overview: June 10, 2020

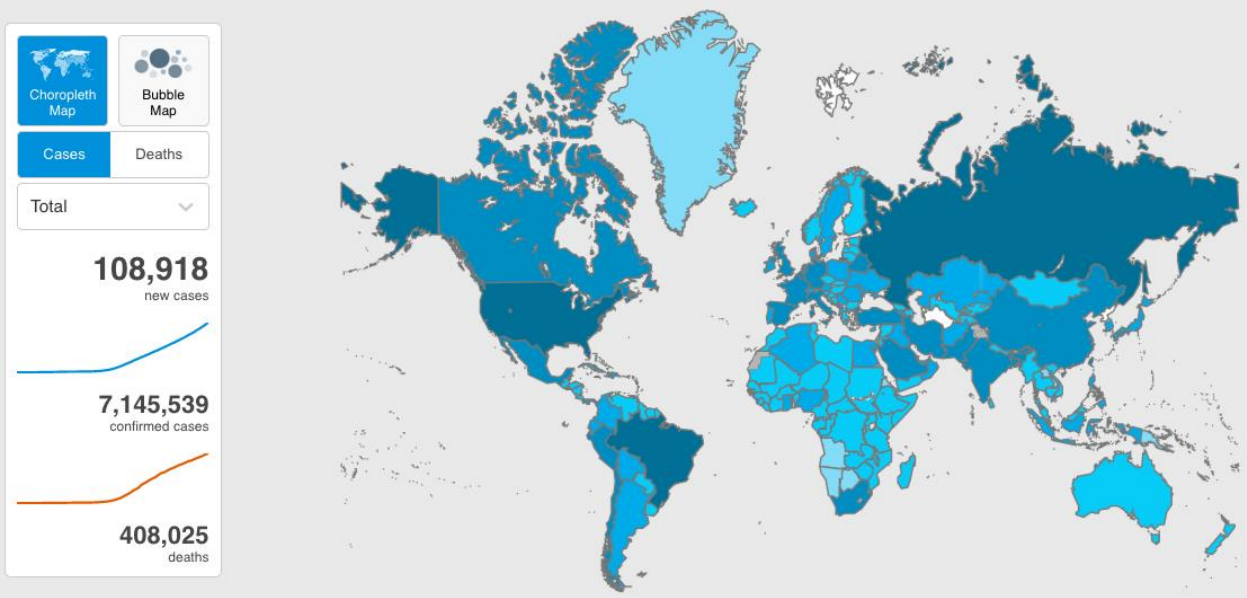
International

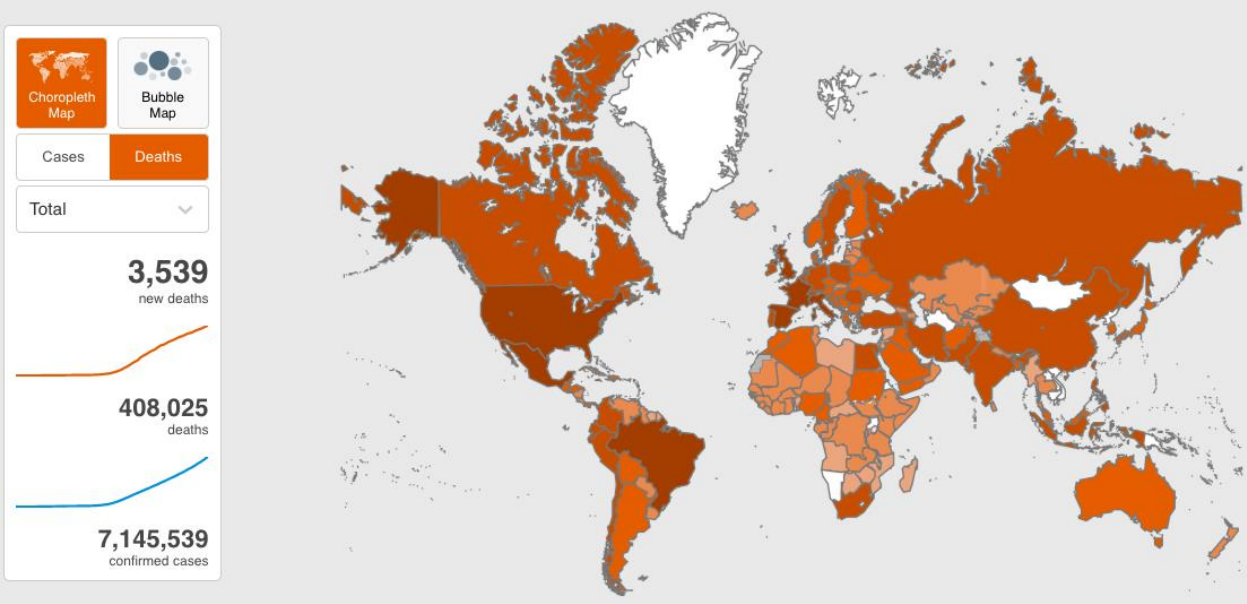
The WHO Regional Office for the Americas will support the Ministry of Health and the Advisory Team of the Venezuelan National Assembly to seek funds for COVID-19 Response. "COVID-19 has been a problem for most countries, but this pandemic also provides a good opportunity to pursue health as a bridge to peace", said Dr Carissa F. Etienne, the Regional Director for the Americas. Dr Carissa F. Etienne has also noted, "In South America, our response to the pandemic will be impacted by the arrival of winter, while hurricane season will complicate our efforts in North and Central America, and especially in the Caribbean". The region needs to prepare to combat the effects of winter and hurricanes on COVID-19 response. The WHO Regional Office for Europe is coordinating a large-scale COVID-19 response operation in Tajikistan, involving emergency medical teams (EMTs) and mobile laboratories. As part of the operation, WHO will mobilize medical and laboratory specialists from Germany, the Russian Federation and the United Kingdom, who will be deployed to Tajikistan during the coming weeks, upon request from the government. In today's 'Subject in Focus, we provide an update on operations support and logistics supplies.

Read today's situation report.

Read yesterday's situation report.

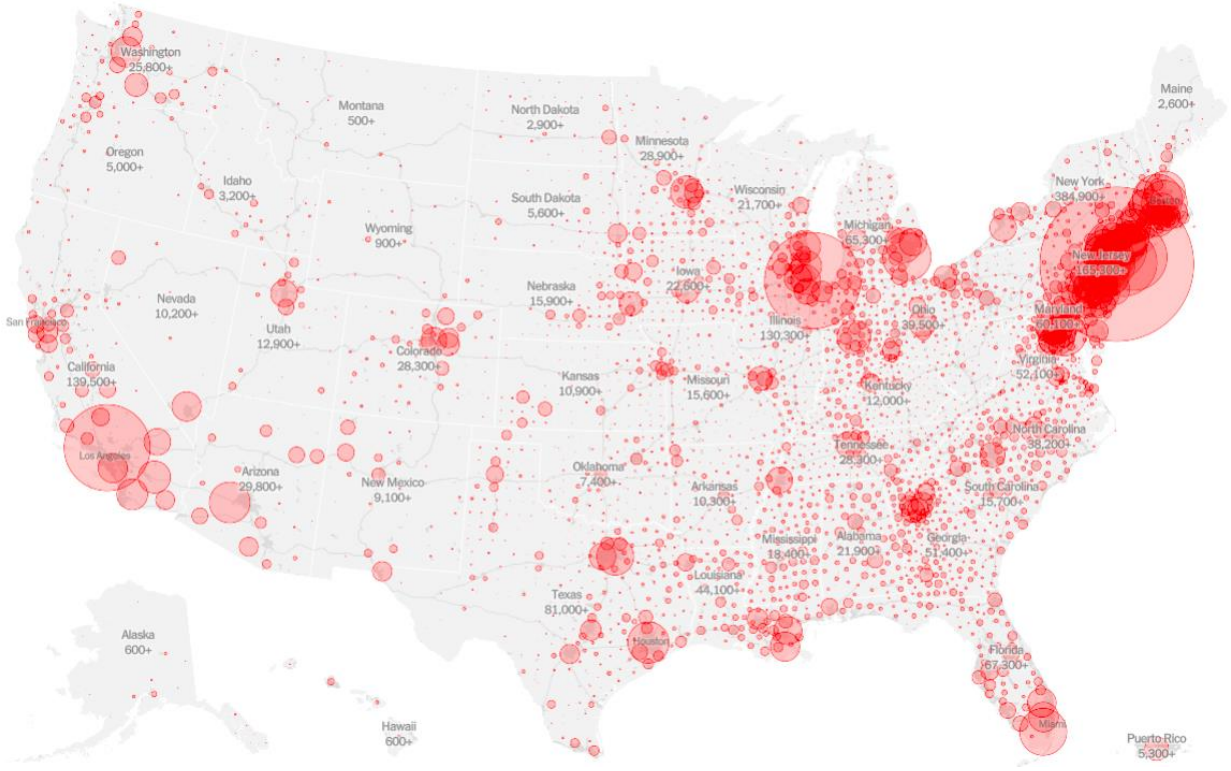
View the WHO's Situation Dashboard for COVID-19 here.





Total Cases: 2.0 million+
Deaths: 112,918

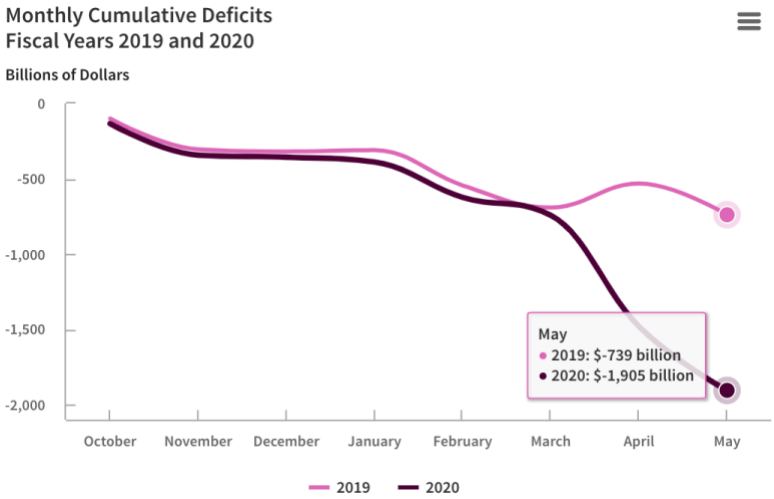
Includes confirmed and probable cases where available.



U.S. Congressional Budget Office

Monthly Budget Review for May 2020. The federal budget deficit was about $1.9 trillion in the first eight months of fiscal year 2020, CBO estimates, $1.2 trillion more than the deficit recorded during the same period last year.

Read the report here.



U.S. Department of Health and Human Services

HHS Announces Enhanced Provider Portal, Relief Fund Payments for Safety Net Hospitals, Medicaid & CHIP Providers. Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), is announcing additional distributions from the Provider Relief Fund to eligible Medicaid and Children's Health Insurance Program (CHIP) providers that participate in state Medicaid and CHIP programs. HHS expects to distribute approximately $15 billion to eligible providers that participate in state Medicaid and CHIP programs and have not received a payment from the Provider Relief Fund General Allocation. HHS is also announcing the distribution of $10 billion in Provider Relief Funds to safety net hospitals that serve our most vulnerable citizens. The safety net distribution will occur this week.

HHS is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan *CARES Act* and the *Paycheck Protection Program and Health Care Enhancement Act*, which allocated $175 billion in relief funds to hospitals and other healthcare providers, including those disproportionately impacted by this pandemic.

ENHANCED PROVIDER RELIEF FUND PORTAL

On Wednesday, HHS is launching an enhanced Provider Relief Fund Payment Portal that will allow eligible Medicaid and CHIP providers to report their annual patient revenue, which will be used as a factor in determining their Provider Relief Fund payment. The payment to each provider will be at least 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted, including information about the number of Medicaid patients providers serve.

The initial General Distribution provided payments to approximately 62 percent of all providers participating in state Medicaid and CHIP programs. The Medicaid and CHIP Targeted distribution will make the Provider Relief Fund available to the remaining 38 percent. HHS has already provided relief funding to over one million providers, and today's announcement is expected to reach several hundred thousand more providers, many of whom are safety net providers operating on thin margins.

Clinicians that participate in state Medicaid and CHIP programs and/or Medicaid and CHIP managed care organizations who have not yet received General Distribution funding may submit their annual patient revenue information to the enhanced Provider Relief Fund Portal to receive a distribution equal to at least 2 percent of reported gross revenues from patient care. This funding will supply relief to Medicaid and CHIP providers experiencing lost revenues or increased expenses due to COVID-19. Examples of providers, serving Medicaid/CHIP beneficiaries, possibly eligible for this funding include pediatricians, obstetrician-

gynecologists, dentists, opioid treatment and behavioral health providers, assisted living facilities and other home and community-based services providers.

To be eligible for this funding, health care providers must not have received payments from the $50 billion Provider Relief Fund General Distribution and either have directly billed their state Medicaid/CHIP programs or Medicaid managed care plans for healthcare-related services between January 1, 2018, to May 31, 2020. Close to one million health care providers may be eligible for this funding.

More information about eligibility and the application process is available at https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html

$10 BILLION ALLOCATION FOR SAFETY NET HOSPITALS

HHS is announcing the distribution of $10 billion in Provider Relief Funds to safety net hospitals that serve our most vulnerable citizens, recognizing the incredibly thin margins these hospitals operate on. This payment is being sent directly to these hospitals via direct deposit.

This payment is going to hospitals that serve a disproportionate number of Medicaid patients or provide large amounts of uncompensated care. Qualifying hospitals will have:

- A Medicare Disproportionate Payment Percentage (DPP) of 20.2 percent or greater;
- Average Uncompensated Care per bed of $25,000 or more. For example, a hospital with 100 beds would need to provide $2,500,000 in Uncompensated Care in a year to meet this requirement;
- Profitability of 3 percent or less, as reported to CMS in its most recently filed Cost Report.

Recipients will receive a minimum distribution of $5 million and a maximum distribution of $50 million.

ADDITIONAL PROVIDER RELIEF FUND UPDATES

- On Monday, June 8, 2020, HHS sent communications to all hospitals asking them to update information on their COVID-19 positive-inpatient admissions for the period January 1, 2020, through June 10, 2020. This information will be used to determine a second round of funding to hospitals in COVID-19 hotspots to ensure they are equitably supported in the battle against this pandemic. To determine their eligibility for funding under this $10 billion distribution, hospitals must submit their information by June 15, 2020 at 9:00 PM ET.
- HHS is working on an additional allocation to distribute relief broadly to dentists.

For updated information and data on the Provider Relief Fund, visit hhs.gov/providerrelief

National Institutes of Health

NIH-funded study to evaluate drugs prescribed to children with COVID-19. *Researchers will assess dosage, metabolism and other properties not yet determined in children.*

Researchers funded by the National Institutes of Health have launched an effort to evaluate drugs prescribed to treat COVID-19 in infants, children and adolescents across the country. The study leverages an existing clinical trial that examines drugs that are prescribed off-label to children for a variety of medical conditions. Because many drugs have not been tested specifically for use in children, physicians will often prescribe drugs off-label to children because they lack an alternative, approved treatment.

Researchers will investigate several drugs currently given to children diagnosed with COVID-19, including antiviral and anti-inflammatory drugs. Products will be added or removed from the list as researchers learn more about the treatment needs of patients with COVID-19. The study is not a clinical trial with a control group. Rather, healthcare providers who are already treating patients with drugs on the list may enroll patients whose parents or guardians have given their consent. The study is called Pharmacokinetics of Understudied Drugs Administered to Children Per Standard of Care.

Researchers will analyze blood samples collected from routine medical procedures to understand how drugs move through the bodies of children, from newborns to adolescents under 21 years of age. They will also collect information on potential side effects and patient outcomes, such as the duration and type of respiratory support that may be needed and length of hospital stay. The study is designed to gather information to refine dosing and improve safety for infants, children and adolescents; it is not designed to evaluate which drug is the best treatment for COVID-19.

The study is being conducted in approximately 40 sites of the NICHD-funded Pediatric Trials Network(link is external). Importantly, many study sites are located near diverse communities, given reports that COVID-19 disproportionately affects(link is external) racial and ethnic minorities across all ages(link is external). The study also aims to analyze drug dosage and safety for special populations, including premature infants, critically ill children, children with Down syndrome and obese children.

The study is part of NICHD's Best Pharmaceuticals for Children Act (BPCA) research program, which investigates drugs and therapies commonly prescribed to infants and children but not

sufficiently tested in them. Data from BPCA studies are available to researchers through NICHD's Data and Specimen Hub (DASH).

Read the full release here.

Federal Emergency Management Agency

FEMA Releases Guidance for Providing Mass Care During a Pandemic. Given the unique circumstances presented by a pandemic environment, planning ahead to ensure the resources, facilities and workers needed to provide shelter services and maintain the health and well-being of survivors and workers is critical. To support an effective state-managed, locally executed and federally supported response to disasters occurring during the COVID-19 pandemic, FEMA developed guidance to assist state, tribal and territorial governments in planning mass care delivery.

The Mass Care/Emergency Assistance Pandemic Planning Considerations guide provides information on sheltering, feeding, evacuation and the federal resource request process. This guidance was developed using health and safety planning information and requirements outlined by the Department of Health and Human Services and the Centers for Disease Control and Prevention.

During disasters, state and territory governors, tribal chief executives and voluntary organizations are responsible for the coordination of shelter and feeding programs through their mass care and emergency management offices. The safe and successful delivery of mass care services during a pandemic requires complex planning and coordination between state, local and voluntary agencies. Facilities that previously served as congregate shelters may need to be modified and non-congregate facilities will need to be identified. The ability of local voluntary organization staff and volunteers to support mass care functions may also be strained due to pandemic impacts.

The guide is one of several resources that FEMA, other federal agencies and the American Red Cross are providing to support state, local, tribal and territory governments to ensure they are able to respond to any disaster during the continued whole-of-America coronavirus response efforts.

If you have any questions, please contact FEMA Office of External Affairs, Congressional and Intergovernmental Affairs Division:

- Congressional Affairs at (202) 646-4500 or at FEMA-Congressional-Affairs@fema.dhs.gov
- Intergovernmental Affairs at (202) 646-3444 or at FEMA-IGA@fema.dhs.gov

- Tribal Affairs (202) 646-3444 or at FEMA-Tribal@fema.dhs.gov
- Private Sector Engagement at (202) 646-3444 or at nbeoc@max.gov

Related Links:
Mass Care/Emergency Assistance Pandemic Planning Considerations Guide

U.S. Department of Agriculture

USDA Ensures All Kids Can Get Free Meals This Summer as Nation Reopens
Department Extends Additional Flexibility for Feeding Children

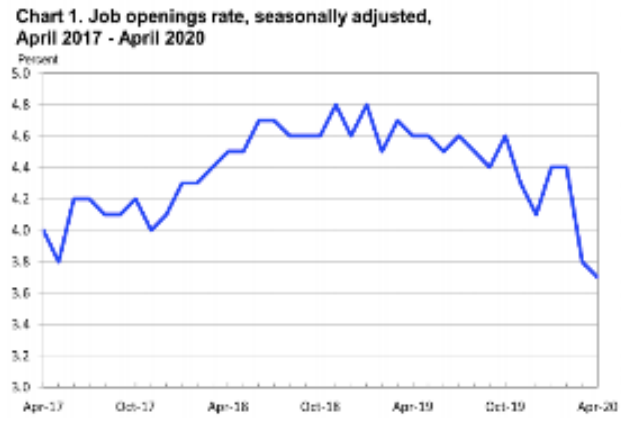
U.S. Secretary of Agriculture Sonny Perdue today announced a nationwide extension of another key flexibility for USDA's child nutrition programs. This waiver allows local partners, who have been working overtime serving meals to kids during the health crisis, the ability to continue serving free meals to all children – regardless of where they live – for the remainder of the summer. This action is part of USDA's ongoing commitment to making it as easy as possible for local program operators to get food to children impacted by the COVID-19 pandemic.

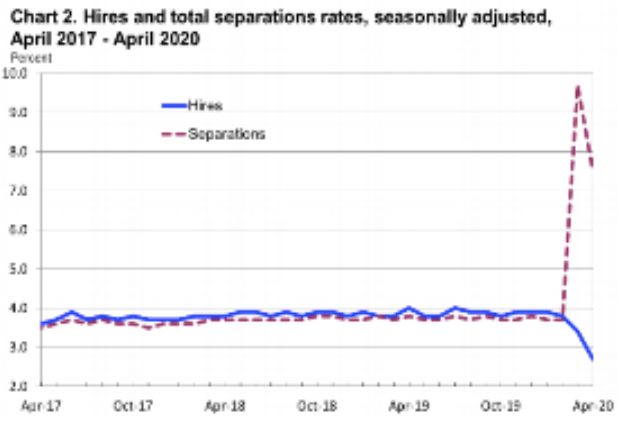
Since the start of the national public health crisis, FNS has used a whole of America approach to ensure those in need have access to one or more of the 15 nutrition assistance programs under USDA's Food and Nutrition Service's (FNS) umbrella. To date, FNS has approved over 2,800 flexibilities and will continue to work with states and other partners as the nation turns its focus to reopening in a safe way.

Read the full release here.

U.S. Bureau of Labor Statistics

Job Openings and Labor Turnover – April 2020. The number of total separations decreased by 4.8 million to 9.9 million in April, the U.S. Bureau of Labor Statistics reported today. Despite the over the month decline, the total separations level is the second highest in series history. Within separations, the quits rate fell to 1.4 percent and the layoffs and discharges rate decreased to 5.9 percent. Job openings decreased to 5.0 million on the last business day of April. Over the month, hires declined to 3.5 million, a series low. The changes in these measures reflect the effects of the coronavirus (COVID-19) pandemic and efforts to contain it. This release includes estimates of the number and rate of job openings, hires, and separations for the total nonfarm sector, by industry, and by four geographic regions.

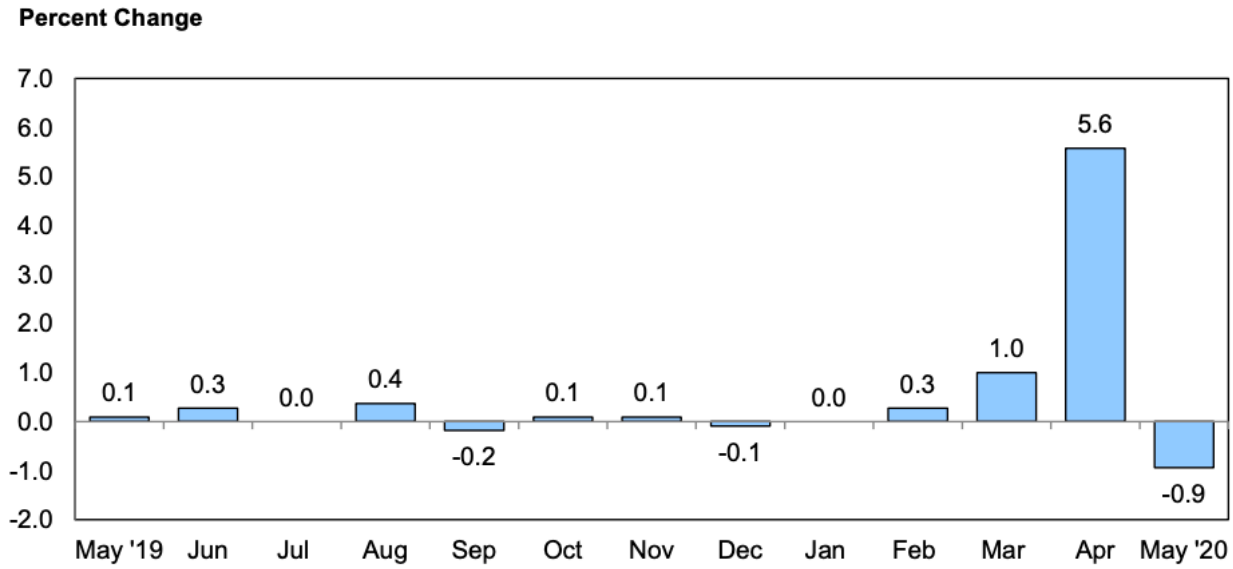




Read [the full release here](#).

Real Earnings – May 2020. All employees Real average hourly earnings for all employees decreased 0.9 percent from April to May, seasonally adjusted, the U.S. Bureau of Labor Statistics reported today. This result stems from a decrease of 1.0 percent in average hourly earnings combined with a decrease of 0.1 percent in the Consumer Price Index for All Urban Consumers (CPI-U). Real average weekly earnings increased 0.5 percent over the month due to the change in real average hourly earnings combined with a 1.5-percent increase in the average workweek.

Chart 1: Over-the-month percent change in real average hourly earnings for all employees, seasonally adjusted, May 2019–May 2020



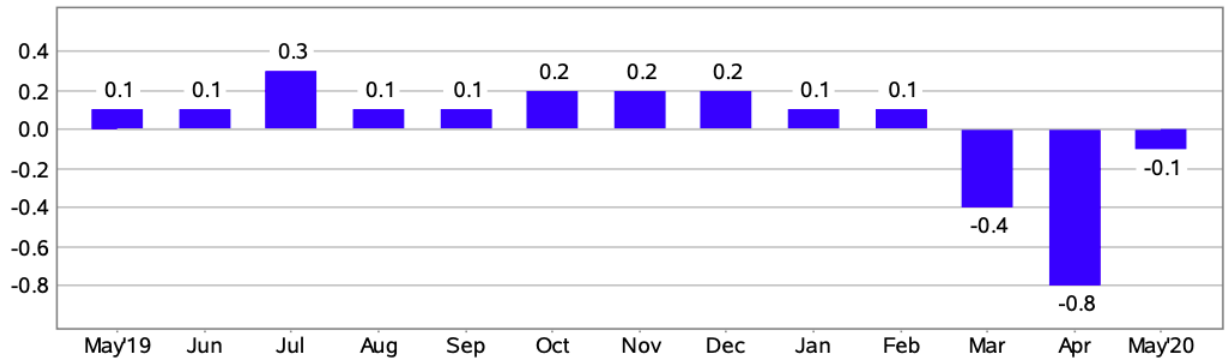
Real average hourly earnings increased 6.5 percent, seasonally adjusted, from May 2019 to May 2020. The change in real average hourly earnings combined with an increase of 0.9 percent in the average workweek resulted in 7.4-percent increase in real average weekly earnings over this period.

Read the full release here.

Consumer Price Index – May 2020. The Consumer Price Index for All Urban Consumers (CPI-U) declined 0.1 percent in May on a seasonally adjusted basis after falling 0.8 percent in April, the U.S. Bureau of Labor Statistics reported today. Over the last 12 months, the all items index increased 0.1 percent before seasonal adjustment. Declines in the indexes for motor vehicle insurance, energy, and apparel more than offset increases in food and shelter indexes to result in the monthly decrease in the seasonally adjusted all items index. The gasoline index declined 3.5 percent in May, leading to a 1.8-percent decline in the energy index. The food index, in contrast, increased 0.7 percent in May as the index for food at home rose 1.0 percent. The index for all items less food and energy fell 0.1 percent in May, its third consecutive monthly decline. This is the first time this index has ever declined in three consecutive months. Along with motor vehicle insurance and apparel, the indexes for airline fares and used cars and trucks declined in May. The indexes for shelter, recreation, medical care, household furnishings and operations, and new vehicles all increased. The all items index increased 0.1 percent for the 12 months ending May. The index for all items less food and energy increased 1.2 percent over the last 12 months; this compares to a 2.4-percent increase a few months ago (the period ending February). The energy index fell 18.9 percent over the last year. The food index increased 4.0 percent over the last 12 months, with the index for food at home rising 4.8 percent.

Read the full release here.

Chart 1. One-month percent change in CPI for All Urban Consumers (CPI-U), seasonally adjusted, May 2019 - May 2020
Percent change



U.S. Department of Labor

U.S. Department of Labor Issues Frequently Asked Questions and Answers About Face Coverings, Surgical Masks and Respirators in The Workplace. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has published a series of frequently asked questions and answers regarding the use of masks in the workplace.

The new guidance outlines the differences between cloth face coverings, surgical masks and respirators. It further reminds employers not to use surgical masks or cloth face coverings when respirators are needed. In addition, the guidance notes the need for social distancing measures, even when workers are wearing cloth face coverings, and recommends following the Centers for Disease Control and Prevention's guidance on washing face coverings.

These frequently asked questions and answers mark the latest guidance from OSHA addressing protective measures for workplaces during the coronavirus pandemic. Previously, OSHA published numerous guidance documents for workers and employers, available at https://www.osha.gov/SLTC/covid-19/, including five guidance documents aimed at expanding the availability of respirators.

For further information and resources about the coronavirus disease, please visit OSHA's coronavirus webpage.

Under the Occupational Safety and Health Act of 1970, employers are responsible for providing safe and healthful workplaces for their employees. OSHA's role is to help ensure these conditions for America's working men and women by setting and enforcing standards, and providing training, education and assistance. For more information, visit www.osha.gov.

The mission of the Department of Labor is to foster, promote and develop the welfare of the wage earners, job seekers and retirees of the United States; improve working conditions; advance opportunities for profitable employment; and assure work-related benefits and rights.

Read the full release here.

The State of Texas

From the Office of the Governor, Greg Abbott

Governor Abbott, DSHS Distribute Additional Round of Antiviral Drug Remdesivir Across Texas. Governor Greg Abbott today announced that the Texas Department of State Health Services (DSHS) is distributing additional cases of the antiviral drug remdesivir to 85 hospitals across 34 counties in Texas. These cases have been provided to DSHS through the U.S. Department of Health and Human Services. DSHS will allocate 125 total cases of the liquid-form of remdesivir across the state, enough to treat approximately 500 patients. This is the fourth round of distribution total from the federal government, and will bring the total number of cases distributed by DSHS to Texas hospitals to 609.

Remdesivir has shown promise in early trials in speeding up the recovery time among hospitalized COVID-19 patients. The medication is being distributed by DSHS according to COVID-19 hospitalizations data to better target areas of need, which also includes state owned hospitals. Using a five-day average of hospitalization data from May 25th through May 29th, DSHS used county weighting of the number of COVID positive patients in hospitals to determine the number of Remdesivir cases per county. The number of Remdesivir cases each hospital will receive is allocated based on the hospitalized COVID positive patients in their hospital and county allocation.

DSHS confirmed that military and VA hospitals will receive remdesivir directly and are therefore excluded from this distribution methodology. Additionally, because use of a limited supply is prioritized towards severely ill patients in facilities with ICUs, hospitals without ICU beds were excluded from the distribution. The liquid-form of remdesivir cannot be used for children, which also excludes children's hospitals from this distribution.

Medical staff at each hospital will determine how the drug will be used, though it must be prescribed in accordance with the Food and Drug Administration's Emergency Use Authorization, allowing for the treatment of suspected or confirmed COVID-19 in adults and children hospitalized with severe disease, such as those in intensive care. Preliminary results from a clinical trial showed the average recovery time among patients who received

remdesivir was 11 days versus 15 days with a placebo. The supply is part of a donation from drug maker Gilead.

Read the full release here.

Office of The Governor, Nolan Ryan Release New COVID-19 PSA: "Don't Be A Knucklehead." The Office of the Governor and Baseball Hall-Of-Famer, Nolan Ryan today released a new public service announcement (PSA) entitled, "Don't Be A Knucklehead." In the PSA, Ryan encourages all Texans to follow effective health and safety protocols like washing their hands, social distancing, and wearing a mask.

The video is available for download at this link and can also be viewed on YouTube.

TRANSCRIPT:
Hey everyone, Nolan Ryan here. As we open Texas for business, we all need to work together in the fight against COVID-19. As Texans, we need to be responsible. We need to be smart. So when you leave the house, don't be a knucklehead. Wash your hands, socially distance yourself from others, and wear a mask. Do the right thing. Look out for your fellow Texans and together we'll make it through this.

From the Office of the Comptroller, Glenn Hegar

Comptroller Glenn Hegar Distributes $690 Million in Monthly Sales Tax Revenue to Local Governments. Texas Comptroller Glenn Hegar announced today he will send cities, counties, transit systems and special purpose taxing districts $690.4 million in local sales tax allocations for June, 11.7 percent less than in June 2019. These allocations are based on sales made in April by businesses that report tax monthly.

Local Sales Tax Allocations (June 2020)			
Recipient	**June 2020 Allocations**	**Change from June 2019**	**Year-to-Date Change**
Cities	$443.6M	↓ 11.1%	↑ 0.4%
Transit Systems	$143.0M	↓ 17.4%	↓ 0.2%
Counties	$46.2M	↓ 7.2%	↑ 0.3%
Special Purpose Taxing Districts	$57.6M	↓ 4.4%	↑ 7.0%
Total	**$690.4M**	**↓ 11.7%**	**↑ 0.7%**

Because of the COVID-19 pandemic, widespread social distancing requirements were in place across much of the state in April, leading to the steepest year-over-year decline in allocations since September 2009.

For details on June sales tax allocations to individual cities, counties, transit systems and special purpose districts, visit the Comptroller's Monthly Sales Tax Allocation Comparison Summary Reports.

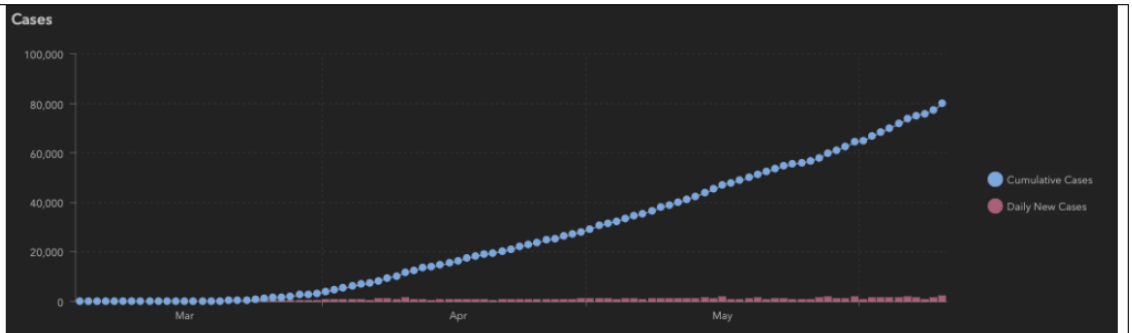
Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 3:45 PM can be found by accessing the DSHS COVID-19 Dashboard.

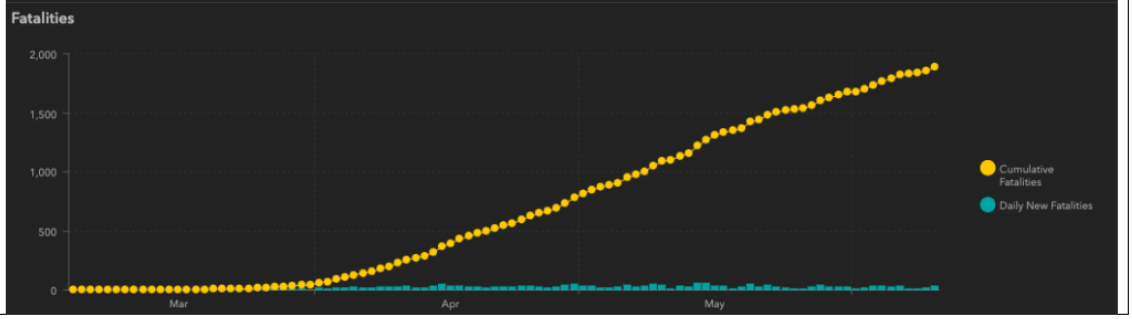
Texas at a Glance	20 Counties with Highest Number of Cases
June 10th **Total Tests: 1,348,893** **Total Viral Tests: 1,161,087*** **Total Antibody Tests: 140,962*** **Cases Reported: 79,757** **Patients Recovered: 52,449** **Fatalities: 1,885** **Active Cases: 25,423** **Daily New Cases: 2,504*** **As of June 9, 2020.* **Daily New Cases: record high.* **June 8th** **Total Tests: 1,286,139** **Total Viral Tests: 1,120,316*** **Total Antibody Tests: 135,583*** **Cases Reported: 75,616** **Patients Recovered: 50,439** **Fatalities: 1,836** **Active Cases: 23,341** **Daily New Cases: 638** **As of June 7, 2020.*	Harris County 15,238 Dallas County 12,645 Tarrant County 6,433 Travis County 3,976 El Paso County 3,582 Bexar County 3,513 Potter County 2,766 Fort Bend County 2,225 Walker County 1,842 Denton County 1,559 Collin County 1,546 Jefferson County 1,184 Montgomery County 1,122 Galveston County 1,051 Cameron County 951 Moore County 864 Hidalgo County 804 Brazoria County 770 Lubbock County 759 Williamson County 745

Texas Case Counts



On March 24, DSHS updated the method of reporting COVID-19 cases in Texas to provide the public with more timely information. The DSHS daily case count now includes all cases reported publicly by local health departments around the state. That change led to the report of an additional 305 cases in the March 24 total.

Texas Fatalities



Health and Human Services Commission

QIPP Performance and Reporting Requirement Adjustments Due to COVID-19. The U.S. Centers for Medicaid and Medicare Services waived certain reporting requirements for nursing facilities effective March 1, 2020, including timeframe requirements for Minimum Data Set assessments and transmission. This is because of the effects of COVID-19. Without NF-submitted MDS data, HHSC can't calculate NF performance on four of the quality measures included in the Quality Incentive Payment Program. Details are in the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (PDF).

To account for the lack of sufficient MDS data, HHSC is waiving the following performance requirements connected to all MDS quality measures for QIPP, effective March 1, and for the rest of SFY2020:

- All quality measures related to Component Three. Funds dedicated to this component will now be disbursed in monthly payments to all enrolled NFs to support responses to COVID-19, such as workforce recruitment and retention and infection control.
- Percent of Residents with Urinary Tract Infection (CMS ID: N024.02). Component Four will continue on a quarterly schedule with two remaining quality measures.

A focus on quality is especially critical during this public health emergency. NFs must continue to focus on quality improvement in their responses to COVID-19, especially infection control.

To help relieve the administrative burden on facilities during this time of critical functioning, HHSC is waiving the following reporting requirement for the program, effective beginning March 1 and for the rest of SFY2020:

- Submission of monthly Quality Assurance and Performance Improvement Validation reports.

Non-state government-owned NFs must continue holding monthly QAPI meetings according to the performance requirements set forth in TAC §353.1304(d)(1). Only the reporting requirement is suspended. Additionally, if a facility is randomly selected for a quality assurance review, supporting documentation from all monthly meetings will still be required.

The change to the Component Three payment schedule will be in the May 2020 scorecard. This will include retroactive Component Three payments for March and April 2020. Email QIPP with questions.

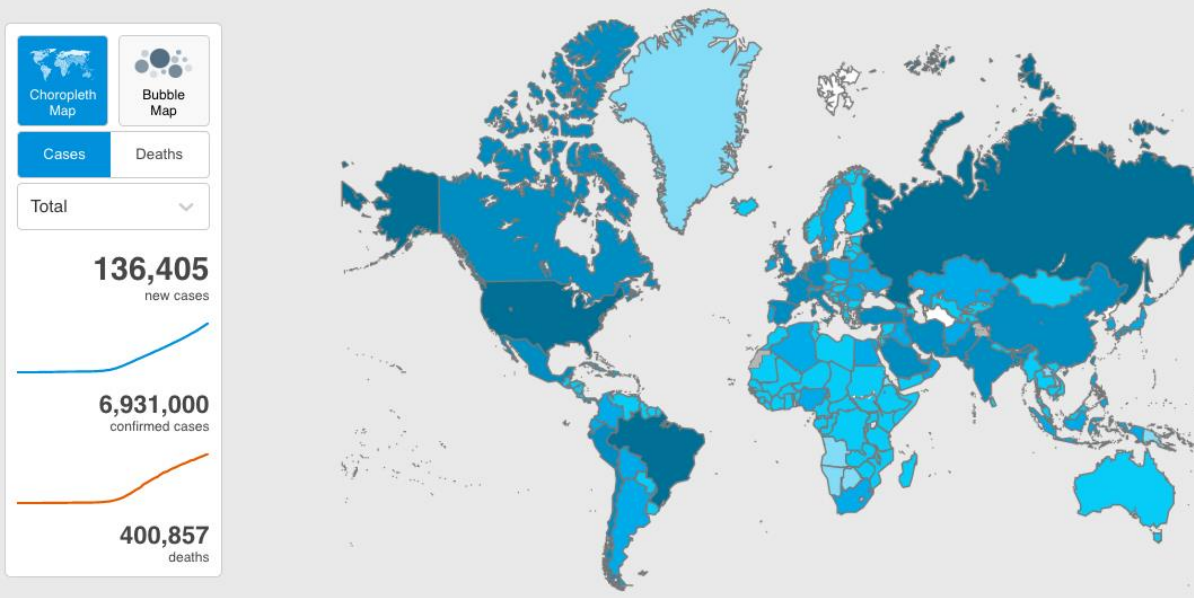
State and Federal Overview: June 8, 2020

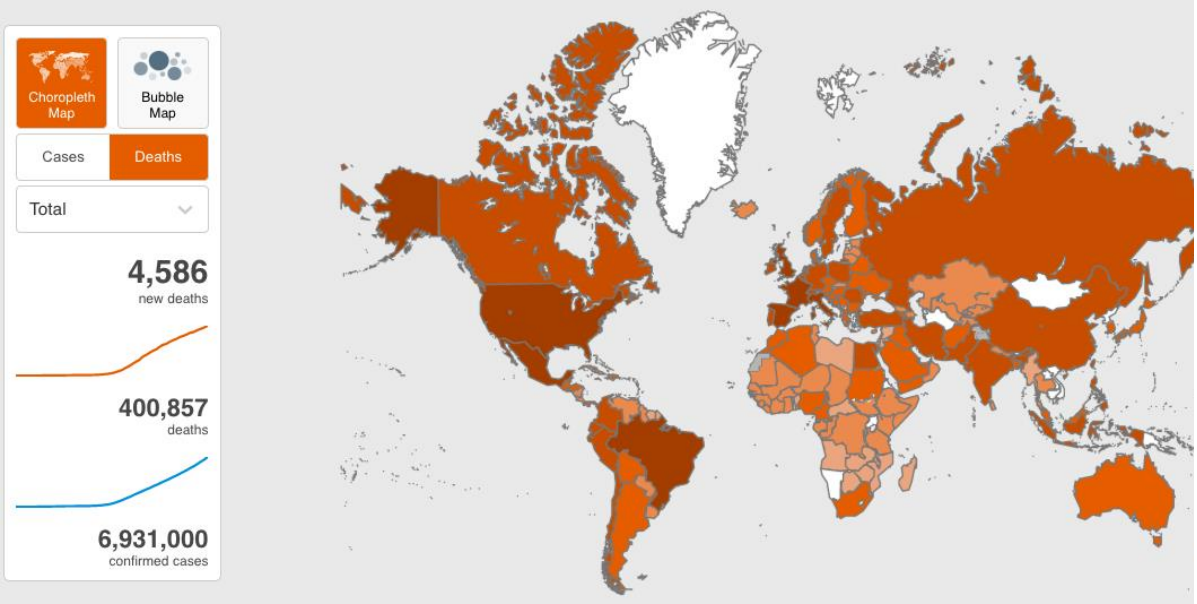
International

A new technical note, Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19, has been released that describes medical certification and classification of deaths related to COVID-19. The primary goal is to identify all deaths due to this disease in all countries. WHO welcomes crucial new funding for vaccines which was pledged at the Global Vaccine Summit. The new pledges will enable Gavi, the Vaccine Alliance, to protect the next generation and reduce disease inequality by reaching an additional 300 million children with vaccines by 2025. The Summit also highlighted how important a safe, effective and equitably accessible vaccine will be in controlling COVID-19. In today's 'Subject in Focus,' we provide an update on partner coordination activities. This includes the work of the Global Health Cluster, the Global Outbreak Alert and Response Network, risk communications and community engagement, and the Emergency Medical Teams network.

Read today's situation report.
Read yesterday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.



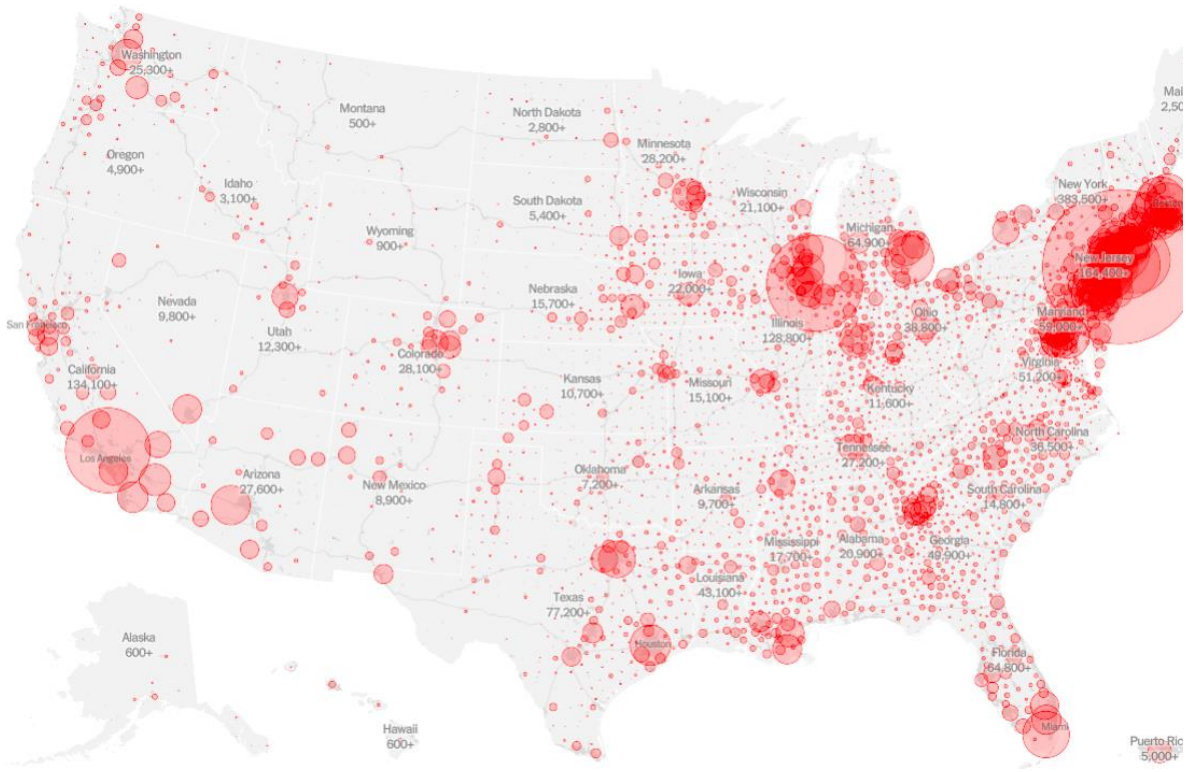


Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 1.9 million+
Deaths: 110,951

Includes confirmed and probable cases where available.



U.S. Food and Drug Administration

The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- On June 6, 2020, in response to public health and safety concerns about the appropriateness of decontaminating certain respirators, the FDA issued certain Emergency Use Authorizations (EUAs) to revise which respirators the decontamination systems are authorized to decontaminate. The FDA also reissued two EUAs covering imported respirators by tightening other criteria in the Non-NIOSH-Approved Disposable Filtering Facepiece Respirators Manufactured in China as well as in the Imported, Non-NIOSH-Approved Disposable Filtering Facepiece Respirators.
- The FDA issued a guidance, titled "Temporary Policy on Prescription Drug Marketing Act Requirements for Distribution of Drug Samples During the COVID-19 Public Health Emergency." The guidance addresses questions FDA has received concerning prescription drug sample distribution under the Prescription Drug Marketing Act of 1987 (PDMA) during the COVID-19 public health emergency. The guidance explains that, on a temporary basis, the FDA does not intend to object to the delivery of prescription drug samples to patients' homes if requested by their licensed health care professional, and the guidance describes the agency's current policy regarding the signature required at time of delivery of drug samples, to promote public health.
- On June 8, 2020, the FDA added the BioMedInnovations SuppleVent Ventilator to the list of ventilators authorized under the March 24, 2020, EUA for certain ventilators, ventilator tubing connectors, and ventilator accessories. This ventilator provides continuous ventilatory support for adult patients who require mechanical ventilation. The ventilator is intended for institutional use by qualified, trained personnel under the direction of a doctor. Institutional use includes use in an intensive care unit or other hospital environments such as during intra-hospital transport and in temporary hospital facilities. Lawrence Livermore National Laboratory collaborated in the design of the ventilator.
- FDA published two new web pages to help the public access information: (1) Innovation to Respond to COVID-19 provides an overview of FDA's innovative approaches to respond to COVID-19 as quickly and safely as possible and (2) Educational Resources provides links to FDA-produced COVID-19-related resources that help explain FDA's work.
- Testing updates:
    - To date, the FDA has authorized 125 tests under EUAs, which include 107 molecular tests, 17 antibody tests, and 1 antigen test.

U.S. Centers for Disease Control and Prevention

CDC is using a multi-pronged approach to help enhance and complement the efforts of state, tribal, local, and territorial staff. This initiative will help health departments with the staffing resources they need for their programs to get and keep America open.

- Federal Resources for COVID-19 Contact Tracing Staffing: This fact sheet describes several ways health departments can access additional staffing for COVID-19 contact tracing, including through State Service Commissions and AmeriCorps Programs, CDC, and FEMA.
- COVID-19 Staffing Guidance: CDC COVID-19 staffing guidance for state, tribal, local, and territorial health departments.
- CDC's COVID-19 Response Corps. The COVID Response Corps is a part of CDC'S multi-pronged approach to help enhance and complement the efforts of state, tribal, local, and territorial staff through innovative hiring mechanisms. This initiative will help provide access to a variety of mechanisms to complement local efforts to increase workforce capacity.
- CDC Foundation: COVID-19 Corps Jobs. In support of CDC'S COVID-19 Response Corps, the CDC Foundation is urgently recruiting candidates for critical positions nationwide. Interested parties should go to the CDC Foundation website and apply directly for positions.
- COVID-19 Training Resources. CDC's COVID-19 trainings are available on TRAIN, a national learning network that provides training opportunities to professionals who protect and improve the public's health.

CDC: Running Essential Errands (Grocery Shopping, Take-Out, Banking, and Getting Gas)

What you need to know

- Stay home if sick.
- Use online services when available.
- Wear a cloth face covering when running errands.
- Use social distancing (stay at least 6 feet away from others).
- Use hand sanitizer after leaving stores.
- Wash your hands with soap and water for at least 20 seconds when you get home.

Grocery Shopping. Tips for grocery shopping.

Stay home if sick

- Avoid shopping if you are sick or have symptoms of COVID-19, which include a fever, cough, or shortness of breath.

Order online or use curbside pickup

- Order food and other items online for home delivery or curbside pickup (if possible).

- Only visit the grocery store, or other stores selling household essentials, in person when you absolutely need to. This will limit your potential exposure to others and the virus that causes COVID-19.

Protect yourself while shopping

- Stay at least 6 feet away from others while shopping and in lines.
- Cover your mouth and nose with a cloth face covering when you have to go out in public.
- When you do have to visit in person, go during hours when fewer people will be there (for example, early morning or late night).
- If you are at higher risk for severe illness, find out if the store has special hours for people at higher risk. If they do, try to shop during those hours. People at higher risk for severe illness include adults 65 or older and people of any age who have serious underlying medical conditions.
- Disinfect the shopping cart, use disinfecting wipes if available.
- Do not touch your eyes, nose, or mouth.
- If possible, use touchless payment (pay without touching money, a card, or a keypad). If you must handle money, a card, or use a keypad, use hand sanitizer right after paying.

Use hand sanitizer

- After leaving the store, use hand sanitizer.

Wash hands at home

- When you get home, wash your hands with soap and water for at least 20 seconds.
- Follow food safety guidelines: clean, separate, cook, chill. There is no evidence that food or food packaging play a significant role in spreading the virus in the United States.

Deliveries & Takeout. Use delivery services when possible.

Limit in-person contact if possible.

- Pay online or on the phone when you order (if possible).
- Accept deliveries without in-person contact whenever possible. Ask for deliveries to be left in a safe spot outside your house (such as your front porch or lobby), with no person-to-person interaction. Otherwise, stay at least 6 feet away from the delivery person.

Wash your hands or use hand sanitizer after accepting deliveries or collecting mail

- After receiving your delivery or bringing home your takeout food, wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- After collecting mail from a post office or home mailbox, wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol.

Banking. Bank online whenever possible

- Ask about options for telephone or virtual meetings to use banking services.
- Use drive-thru banking services, automated teller machines (ATM), or mobile banking apps for routine transactions that do not require face-to-face assistance as much as possible.
- Look for any extra prevention practices being implemented by the bank, such as plexiglass barriers for tellers or bankers, staff wearing cloth face coverings, or physical distancing signs in the lobby.
- Wear a cloth face covering when doing any in-person exchanges and unable to stay at least 6 feet apart from other people – and make sure that bank employees and other people inside the bank are also wearing cloth face coverings.
- Try not to use pens or other items from a public counter if possible.
- Use hand sanitizer containing at least 60% alcohol after any deposit, withdrawal, exchange, drive-thru visit, or use of an ATM.
- Wash your hands thoroughly when you arrive home or to your destination where a restroom is available.
- FDIC: Receiving IRS Economic Impact Paymentsexternal icon

Getting Gas. Use disinfecting wipes on handles or buttons

- Use disinfecting wipes on handles and buttons before you touch them (if available).
- After fueling, use a hand sanitizer with at least 60% alcohol. Wash your hands for at least 20 seconds when you get home or somewhere with soap and water.

Federal Emergency Management Agency

FEMA Disburses Emergency Food and Shelter Program Funding
This week, FEMA announced that the Emergency Food and Shelter Program (EFSP) National Board will begin disbursing $320 million to assist organizations in communities across the country dedicated to providing food, shelter and supportive services to people with economic emergencies, including our nation's hungry and homeless populations.

Congress appropriated $200 million of this funding as supplemental humanitarian funding in the Coronavirus Aid, Relief and Economic Security (CARES) Act. Congress also appropriated $120 million in Fiscal Year 2019 annual funding to the EFSP. The funding, totaling $320 million, will be awarded by jurisdictions (counties or cities) to human service organizations assisting those in need throughout the country.

These funds are for people with non-disaster related emergencies and can be used for a broad range of services, including: mass shelter, mass feeding, food pantries and food

banks, payment of one-month's utility bills to prevent loss of services, payment of one-month's rent/mortgage to prevent evictions/foreclosures and transition assistance from shelters to stable living conditions.

With this $320 million funding, the EFSP will have disbursed more than $4.8 billion to communities in the United States and its territories in its 38-year history. An estimated 3.1 billion meals, 293.4 million nights of shelter, 7.2 million utility payments and 5.3 million rent/mortgage payments to help families stay in their homes will have been provided.

EFSP grants have been disbursed to over 14,000 local providers in more than 2,500 counties and cities. Program oversight by the National Board, FEMA, and independent auditors ensures that there is strong accountability in the stewardship of the program. Independently audited on an annual basis (A-133 audits), the program has received clean audits since its inception.

The National Board is chaired by FEMA with representatives from American Red Cross, Catholic Charities USA, The Jewish Federations of North America, National Council of the Churches of Christ in the USA, The Salvation Army and United Way Worldwide. The National Board governs the EFSP and has selected United Way Worldwide to serve as its secretariat and fiscal agent.

EFSP funding is allocated to qualifying local jurisdictions based on an allocation formula using the most recent national population, unemployment, and poverty statistics. Grants are then awarded to nonprofit community and government organizations chosen by local boards in the qualifying jurisdictions.

A state-by-state list of the qualifying jurisdictions and award amounts is available at www.efsp.unitedway.org.

Texas - Jurisdiction	Guadalupe County	$49,422
Abilene/Jones,Taylor Cos.	Hale County	$11,431
Amarillo/Potter,Randall Cos	Hardin County	$24,408
Anderson County	Hays County	$68,084
Angelina County	Henderson County	$27,041
Aransas County	Hidalgo County	$476,043
Atascosa County	Hill County	$11,410
Austin/Travis,Williamson Cos	Hockley County	$7,126
Bandera County	Hopkins County	$11,180
Bee County	Houston County	$7,001
Bell County	Houston/Fort Bend,Harris Cos.	$2,150,511
Bexar County	Howard County	$9,341
Bowie County	Hunt County	$32,182
Brazoria County	Hutchinson County	$8,296
Brazos County	Jasper County	$16,906
Brown County	Jefferson County	$132,490
Caldwell County	Jim Wells County	$17,491
Calhoun County	Johnson County	$55,253
Cameron County	Kleberg County	$12,497
Cass County	Lamar County	$16,760
Chambers County	Lampasas County	$6,290
Cherokee County	Liberty County	$35,985
Coryell County	Limestone County	$7,042
Dallas/Collin, Dallas, Denton Cos.	Longview/Gregg,Harrison Cos.	$71,594
El Paso County	Lubbock County	$92,534
Ellis County	Matagorda County	$20,396
Erath County	Maverick County	$39,224
Freestone County	Mc Lennan County	$82,942
Galveston County	Medina County	$14,440
Gray County	Milam County	$9,487
Grayson County	Montgomery County	$202,371
Grimes County	Nacogdoches County	$22,381
	Navarro County	$16,425

Newton County
Nueces County
Orange County
Palo Pinto County
Panola County
Polk County
Rockwall County
Rusk County
San Jacinto County
San Patricio County
Shelby County
Smith County
Starr County
State Set-Aside Committee, TX
Tarrant County
Titus County
Tom Green County
Tyler County
Upshur County
Uvalde County
Val Verde County
Van Zandt County
Victoria County
Walker County
Waller County
Webb County
Wharton County
Wichita County
Willacy County
Wood County

U.S. Small Business Administration

Joint Statement by SBA Administrator Jovita Carranza and U.S. Treasury Secretary Steven T. Mnuchin Regarding Enactment of the Paycheck Protection Program Flexibility Act. SBA Administrator Jovita Carranza and U.S. Treasury Secretary Steven T. Mnuchin issued the following statement today following the enactment of the Paycheck Protection Program (PPP) Flexibility Act:

"We want to thank President Trump for his leadership and commend Leader McConnell, Leader Schumer, Speaker Pelosi, and Leader McCarthy for working on a bipartisan basis to pass this legislation for small businesses participating in the Paycheck Protection Program.

"We also want to express our gratitude to Chairman Rubio, Ranking Member Cardin, Senator Collins, Congressman Roy, Congressman Phillips, and other members of Congress who have helped to create and guide our implementation of this critical program that has provided over 4.5 million small business loans totaling more than $500 billion to ensure that approximately 50 million hardworking Americans stay connected to their jobs.

"This bill will provide businesses with more time and flexibility to keep their employees on the payroll and ensure their continued operations as we safely reopen our country.

"We look forward to getting the American people back to work as quickly as possible."

Upcoming Procedures

SBA, in consultation with Treasury, will promptly issue rules and guidance, a modified borrower application form, and a modified loan forgiveness application implementing these legislative amendments to the PPP. These modifications will implement the following important changes:

Extend the covered period for loan forgiveness from eight weeks after the date of loan disbursement to 24 weeks after the date of loan disbursement, providing substantially greater flexibility for borrowers to qualify for loan forgiveness. Borrowers who have already received PPP loans retain the option to use an eight-week covered period.

- Lower the requirements that 75 percent of a borrower's loan proceeds must be used for payroll costs and that 75 percent of the loan forgiveness amount must have been spent on payroll costs during the 24-week loan forgiveness covered period to 60 percent for each of these requirements. If a borrower uses less than 60 percent of the loan amount for payroll costs during the forgiveness covered period, the borrower will continue to be eligible for partial loan forgiveness, subject to at least 60 percent of the loan forgiveness amount having been used for payroll costs.
- Provide a safe harbor from reductions in loan forgiveness based on reductions in full-time equivalent employees for borrowers that are unable to return to the same level of business activity the business was operating at before February 15, 2020, due to compliance with requirements or guidance issued between March 1, 2020 and December 31, 2020 by the Secretary of Health and Human Services, the Director **of the Centers for**

Disease Control and Prevention, or the Occupational Safety and Health Administration, related to worker or customer safety requirements related to COVID–19.

- Provide a safe harbor from reductions in loan forgiveness based on reductions in full-time equivalent employees, to provide protections for borrowers that are both unable to rehire individuals who were employees of the borrower on February 15, 2020, and unable to hire similarly qualified employees for unfilled positions by December 31, 2020.
- Increase to five years the maturity of PPP loans that are approved by SBA (based on the date SBA assigns a loan number) on or after June 5, 2020.
- Extend the deferral period for borrower payments of principal, interest, and fees on PPP loans to the date that SBA remits the borrower's loan forgiveness amount to the lender (or, if the borrower does not apply for loan forgiveness, 10 months after the end of the borrower's loan forgiveness covered period).
- In addition, the new rules will confirm that June 30, 2020, remains the last date on which a PPP loan application can be approved.

U.S. Department of Labor

U.S. Department of Labor Awards Nearly $239 Million in Dislocated Worker Grants in Response to Coronavirus Public Health Emergency. The U.S. Department of Labor today announced the award of three Dislocated Worker Grants (DWGs) totaling $16,836,480 to help address the workforce-related impacts of the coronavirus public health emergency. These awards are funded under the Coronavirus Aid, Relief and Economic Security (CARES) Act, which provided $345 million for DWGs to prevent, prepare for and respond to the coronavirus. This latest award follows five previous waves of funding, bringing the total amount awarded to states and territories to $238,881,438.

"As states continue to reopen, we hope they see the value in using these funds to assist with the reemployment of displaced workers, and helping to restart their local economies," said Assistant Secretary for Employment and Training John Pallasch. "With millions of businesses once again open and serving customers, these grants can help facilitate getting Americans back to work."

The U.S. Department of Health and Human Services declared the coronavirus a nationwide public health emergency on Jan. 31, 2020. The Federal Emergency Management Agency also issued coronavirus emergency declarations for states, outlying

areas and Indian tribal governments on March 13, 2020. These federal declarations enable the Secretary of Labor to award Disaster Recovery DWGs to help address the workforce-related impacts of this public health emergency.

Disaster Recovery DWGs may provide eligible participants disaster-relief employment to address coronavirus impacts within their communities, as well as employment and training activities. Employment Recovery DWGs provide reemployment services to eligible individuals affected by mass layoffs, such as those resulting from the coronavirus pandemic.

Three states, Indiana, Iowa and Ohio, will receive award funding in this wave.

Supported by the Workforce Innovation and Opportunity Act of 2014, Dislocated Worker Grants temporarily expand the service capacity of dislocated worker training and employment programs at the state and local levels by providing funding assistance in response to large, unexpected economic events that cause significant job losses.

Last week, the U.S. Department of Labor took a range of actions to aid American workers and employers as our nation combats the coronavirus pandemic.
Reopening America's Economy:

- Statement by U.S. Secretary of Labor Scalia on the May Jobs Report – "[The Employment Situation Summary] report shows much higher job creation and lower unemployment than expected, reflecting that the re-opening of the economy in May was earlier, and more robust, than projected. Millions of Americans are still out of work, and the Department remains focused on bringing Americans safely back to work and helping States deliver unemployment benefits to those who need them. However, it appears the worst of the coronavirus's impact on the nation's job markets is behind us."
- U.S. Secretary of Labor Scalia Highlights Economic Reopening During Visit to North Carolina – "It was great to visit North Carolina [Monday] to hear from those who have been working through this pandemic as well as those who are excited to get back to work," said U.S. Secretary of Labor Eugene Scalia. "I'm encouraged by the careful steps being taken by so many businesses to protect workers and customers as the economy begins to reopen."

Keeping America's Workplaces Safe and Healthy:

- U.S. Department of Labor's OSHA and CDC Issue Guidance to Help Agriculture Workers during the Coronavirus Pandemic – OSHA issued guidance that includes recommended actions to protect agriculture workers from exposure to the coronavirus. Prevention and control of coronavirus at agricultural worksites, and

in shared worker housing and shared transport vehicles, can present unique challenges. Applying specific disease management and prevention measures can help reduce the risk of transmitting the virus among workers on farms, ranches, and other production worksites.

- U.S. Department of Labor Issues Alert to Keep Stockroom And Loading Dock Workers Safe During Coronavirus Pandemic – OSHA has issued an alert listing safety tips employers can follow to protect stockroom and loading dock workers in the retail industry from exposure to the coronavirus.

The State of Texas

From the Office of the Governor, Greg Abbott

Governor Abbott, TDEM Announce Expanded Testing in Underserved Communities Disproportionately Impacted By COVID-19. Governor Greg Abbott today announced that the Texas Division of Emergency Management (TDEM) is coordinating with local officials, public health officials, and emergency management offices in cities across the state to identify and rapidly expand COVID-19 testing in underserved and minority communities that have been disproportionately impacted by the virus. This mission is part of TDEM's ongoing partnership with the Texas Military Department (TMD), the Texas Emergency Medical Task Force (EMTF), and the Texas Department of State Health Services (DSHS) to mitigate the spread of COVID-19 and increase testing where needed.

TDEM is already working with local officials in the cities of Dallas, San Antonio, Houston, El Paso, Abilene, the Rio Grande Valley, the Coastal Bend, Laredo, and Midland-Odessa to identify and establish walk-up and drive-thru testing sites that will meet the needs of each community, and is in the process of working with other cities to bring more sites online in the coming days. TDEM is also working with local leaders to expand walk-up and drive-thru testing in urban areas where large-scale protests have taken place.

As these sites continue to come online across the state, Texans can visit covidtest.tdem.texas.gov to find the test collection location nearest them.

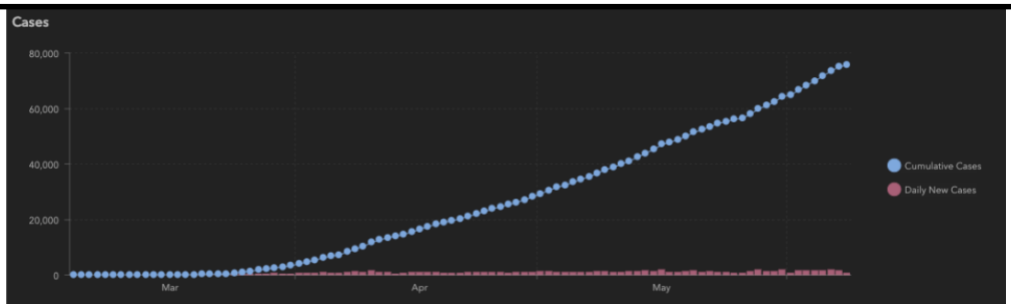
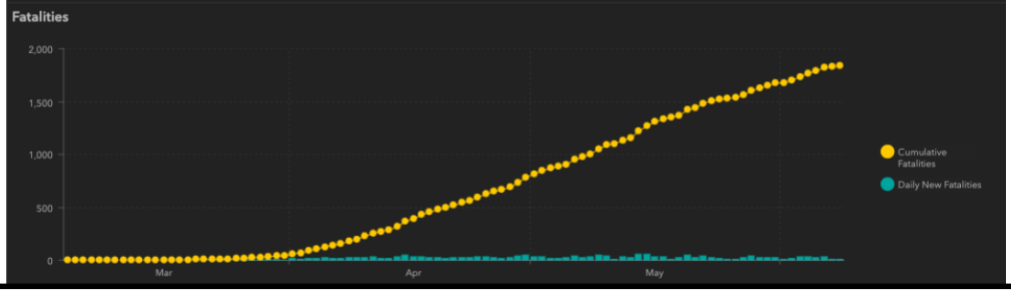
TMD currently has 1,535 National Guardsmen supporting the state's mission to expand testing across the Lone Star State. To date these teams have conducted 116,394 specimen collections, and have fielded over 195,000 phone calls for test collection appointments with an average wait time of 55 seconds. Read the full release here.

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 7:40 PM can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases	
Today June 8th **Total Tests: 1,286,139** **Total Viral Tests: 1,120,316*** **Total Antibody Tests: 135,583*** **Cases Reported: 75,616** **Patients Recovered: 50,439** **Fatalities: 1,836** **Active Cases: 23,341** **Daily New Cases: 638** **As of June 7, 2020* **Friday, June 5th** **Total Tests: 1,209,187** **Total Viral Tests: 1,061,576*** **Total Antibody Tests: 113,372*** **Cases Reported: 71,613** **Patients Recovered: 47,865** **Fatalities: 1,788** **Active Cases: 21,960** **Daily New Cases: 1,693** **As of June 4, 2020*	Harris County 14,586 Dallas County 12,093 Tarrant County 6,150 Travis County 3,697 El Paso County 3,376 Bexar County 3,311 Potter County 2,756 Fort Bend County 2,117 Walker County 1,851 Denton County 1,500	Collin County 1,447 Montgomery County 1,064 Galveston County 994 Brazoria County 990 Cameron County 892 Moore County 852 Lubbock County 747 Randall County 728 Hidalgo County 701 Williamson County 691

Texas Case Counts	
Texas Fatalities	

State and Federal Overview: June 5, 2020

International

At the media briefing on COVID-19, today, WHO Director-General Dr Tedros announced updated guidance on the use of masks for the control of COVID-19. This guidance is based on evolving evidence, and provides updated advice on who should wear a mask, when it should be worn and of what it should be made. There is further guidance for the public available here. Digital tools offer opportunities to strengthen contact tracing for COVID-19. WHO has published interim guidance on considerations, opportunities and challenges of integrating digital tools into contact tracing methods. WHO has published interim guidance for the poliomyelitis (polio) surveillance network in the context of COVID-19. One of its aims is to highlight the decision-making framework to guide the level of polio surveillance activities at country level in the context of the ongoing pandemic. A nurse who was infected with, and recovered from, COVID-19 in Austria shares his experience and how he uses this experience to lift the spirits of his patients, colleagues, and friends who have been affected by COVID19. Since the beginning of the COVID-19 pandemic, air passenger and cargo services have been severely disrupted. To address the impact of the pandemic, the International Civil Aviation Organization has published 'Take-off: Guidance for Air Travel through the COVID-19 Public Health Crisis'. For more information, see 'Subject in Focus.'

- Read today's situation report.
- Read yesterday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.


Choropleth Map
Bubble Map
Cases
Deaths
Total
129,281
new cases
6,535,354
confirmed cases
387,155
deaths

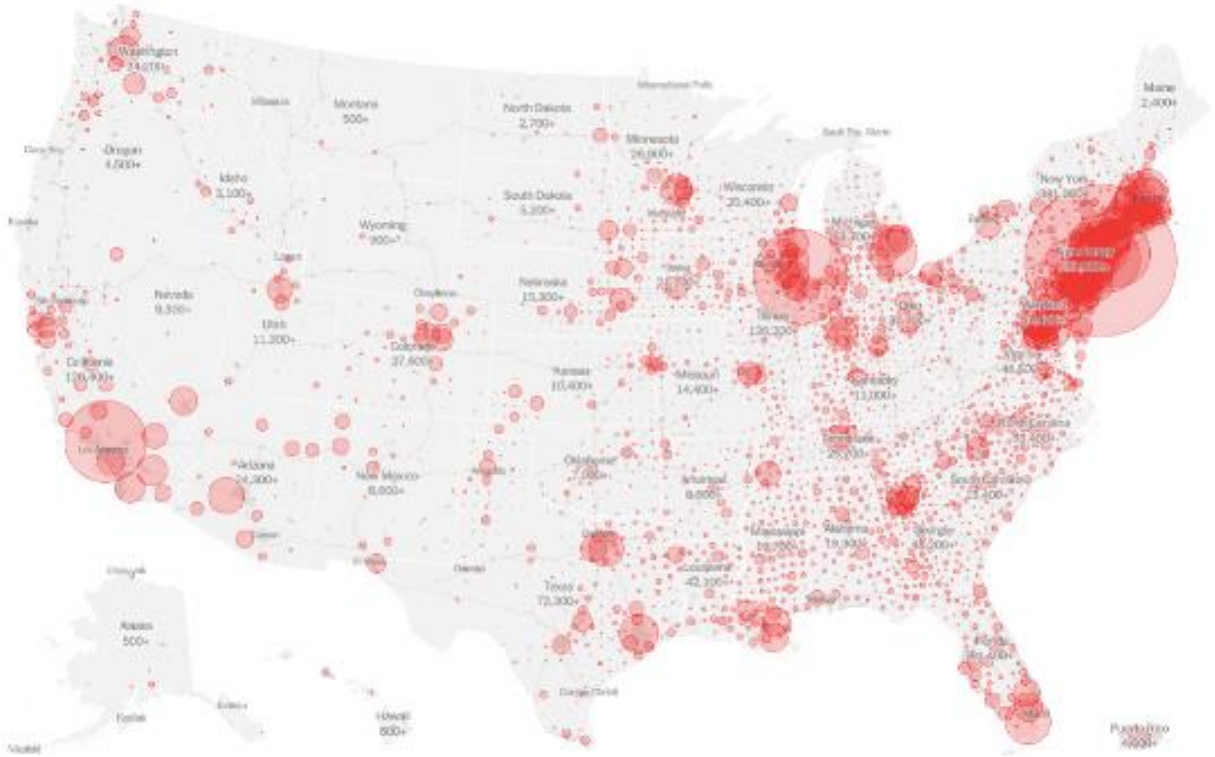

Choropleth Map
Bubble Map
Cases
Deaths
Total
4,842
new deaths
387,155
deaths
6,535,354
confirmed cases

Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 1.9 million+
Deaths: 109,299

Includes confirmed and probable cases where available. Updated June 5, 2020, 9:03 P.M. E.T.



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U.S. Congressional Budget Office

Budgetary Effects of the 2020 Coronavirus Pandemic: in response to a request by Senator Rick Scott.

Projected Federal Deficits for 2020 and 2021 You also asked how large CBO anticipates the federal deficit will be in fiscal year 2020. In late April, CBO provided preliminary projections of federal deficits in fiscal years 2020 and 2021, which took into account recent events and the enactment of pandemic-related legislation.2 According to those projections, if laws currently in place governing spending and revenues generally remained unchanged and no significant additional emergency funding was provided, the federal deficit would be roughly $3.7 trillion in fiscal year 2020 and $2.1 trillion next year. (In CBO's March baseline projections, deficits were just over $1 trillion in each of those years.)

Those projected deficits are significantly larger than the budget shortfall in 2019 because of sharply lower revenues and substantially higher noninterest spending. Even though federal borrowing grows in those projections, declines in interest rates mean that net interest outlays are lower in both years than in 2019.

CBO will scrutinize its projections of federal revenues and spending over the next several months, and the budget outlook in the updated baseline projections that the agency plans to release in early September of this year may be significantly different from the estimates described here.

Budgetary Effects of Pandemic-Related Legislation Finally, you asked what provisions enacted into law to respond to the pandemic were having the largest effects on the federal deficit. CBO has provided cost estimates for each of the four pandemic-related bills that were enacted through the end of May. The budgetary effects of those bills over the 2020–2030 period are as follows.

- The Coronavirus Preparedness and Response Supplemental Appropriations Act (Public Law 116-123, enacted March 6, 2020) is estimated to increase deficits by $8 billion.
- The Families First Coronavirus Response Act (P.L. 116-127, enacted March 18, 2020) is estimated to increase deficits by $192 billion.
- The CARES Act (P.L. 116-136, enacted March 27, 2020) is estimated to increase deficits by $1.721 trillion.
- The Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139, enacted April 24, 2020) is estimated to increase deficits by $483 billion.

Those laws would have the biggest impact on the budget in fiscal year 2020. The policies in those laws with the largest projected effects on deficits over the 2020–2030 period are as follows.

- The Paycheck Protection Program (PPP) provides funding to guarantee loans, which may be forgiven, to small businesses and other eligible entities to cover payroll and other eligible costs over eight weeks. The CARES Act provided a direct appropriation of $349 billion for the subsidy cost of guaranteeing and delivering PPP loans in 2020, and the Paycheck Protection Program and Health Care Enhancement Act increased the subsidy appropriation for PPP by $321 billion in 2020, increasing deficits in that year by a total of $670 billion.
- Recovery Rebates for Individuals, which were provided by the CARES Act, consist of a refundable tax credit of $1,200 per person (or $2,400 for joint filers) plus $500 per dependent child under the age of 17. The credit phases out for taxpayers whose adjusted gross income is over $75,000 (or $150,000 for joint filers, or $112,000 for taxpayers filing as heads of households). JCT estimates that the credits will increase deficits by $292 billion over the 2020–2021 period.7
- Changes to unemployment insurance, which were included in the CARES Act, expand eligibility for unemployment compensation benefits and increase the weekly benefit amount and the number of weeks when beneficiaries can claim benefits. Major changes include creating the Pandemic Unemployment Assistance program to provide weekly benefits to unemployed people affected by the pandemic who would otherwise be ineligible for unemployment compensation benefits; temporarily adding $600 to the weekly benefit amount in unemployment programs; providing an additional 13 weeks of unemployment compensation benefits through the Pandemic Emergency Unemployment Compensation program to people who have exhausted regular benefits; and federally funding various other unemployment compensation benefits, as well as states' administrative expenses. Overall, CBO estimates that the changes to unemployment insurance will increase deficits by a total of $267 billion in 2020 and 2021.

Read the full letter here.

Congressional Budget Office: Economic Effects of Additional Unemployment Benefits of $600 per Week. At the request of Senator Grassley, the Congressional Budget Office has examined the economic effects of extending the temporary increase of $600 per week in the benefit amount provided by unemployment programs. Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, that increase in unemployment benefits is in place through July 31, 2020.1 CBO estimates that extending that increase for six months through January 31, 2021, would have the following effects:

- Roughly five of every six recipients would receive benefits that exceeded the weekly amounts they could expect to earn from work during those six months.
- The amount, on average, that recipients spent on food, housing, and other goods and services would be closer to what they spent when employed than it would be if the increase in unemployment benefits was not extended.
- The nation's economic output would probably be greater in the second half of 2020 than it would be without the extension of the increase; in calendar year 2021, however, output would be lower than it would be without the extension.
- Employment would probably be lower in the second half of 2020 than it would be if the increase in unemployment benefits was not extended; in calendar year 2021, employment would be lower than it would be without the extension.

The estimated effects on output and employment are the net results of two opposing factors. An extension of the additional benefits would boost the overall demand for goods and services, which would tend to increase output and employment. That extension would also weaken incentives to work as people compared the benefits available during unemployment to their potential earnings, and those weakened incentives would in turn tend to decrease output and employment.

In the second half of 2020, CBO estimates, the signs of the effects would probably be opposite: Output would be greater and employment lower— because workers employed as a result of the boost in demand would have higher average earnings (and contribute more to output) than the people who were not employed (because of the extension's effect on work incentives) would have had if they were employed. The following simplified illustration shows how output could increase while employment fell: As a result of the extension of the additional benefits, a group of workers with average earnings became employed, and a group twice as large whose earnings would have been less than half the average amount were not employed.

In calendar year 2021, both output and employment would be lower than they would be if the increase in unemployment benefits was not extended. That would occur mainly because the effect of the reduced labor supply would, in CBO's assessment, last longer than the effect of increased overall demand.

To respond rapidly to your questions, in this letter CBO discusses the direction of the effects of additional unemployment benefits but not the magnitude of those effects. The agency is continuing to develop its capacity to quantify the effects of changes in different types of unemployment benefits.

Read the full release here.

U.S. Centers for Medicare & Medicaid Services

Hospice Quality Reporting Program (HQRP) Forum Spring 2020 Recording Released. The Centers for Medicare & Medicaid Services (CMS) canceled the April HQRP Forum in light of the ongoing public health emergency. This decision made it possible for hospices to remain focused on their patients and response to COVID-19. Now, hospices can hear from CMS about developments with the Hospice Outcomes & Patient Evaluation (HOPE) with this newly released recording of the April HQRP Forum presentation. To download this recording, please navigate to the Downloads section of the HOPE page at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/HOPE.

U.S. Department of Health and Human Services

HHS Announces New Laboratory Data Reporting Guidance for COVID-19 Testing. Today, the U.S. Department of Health and Human Services (HHS) announced new Guidance that specifies what additional data must be reported to HHS by laboratories along with Coronavirus Disease 2019 (COVID-19) test results. The Guidance standardizes reporting to ensure that public health officials have access to comprehensive and nearly real-time data to inform decision making in their response to COVID-19. As the country begins to reopen, access to clear and accurate data is essential to communities and leadership for making decisions critical to a phased reopening.

The new reporting requirements will provide information needed to better monitor disease incidence and trends by initiating epidemiologic case investigations, assisting with contact tracing, assessing availability and use of testing resources, and anticipating potential supply chain issues.

Laboratory data serves not only as important information to support decision-making related to the public health emergency, but also as a critical piece to better understanding the impact on socially vulnerable populations. Laboratory testing data, in conjunction with case reports and other data, also provide vital guidance for mitigation and control activities.

In addition, Health Information Exchanges can have a valuable role in this process and when possible, all information should be collected using health information technology certified to the Office of the National Coordinator (ONC) 2015 Edition certification criteria, and all information should be structured in accordance with the US Core Data for Interoperability (USCDI) when available or when possible. All data transmission should occur electronically

using HL7 electronic laboratory reporting (ELR) implementation guides when possible but a predefined flat file format may also be acceptable.

Read the laboratory data reporting guidance. - PDF
Read the laboratory data reporting FAQs. - PDF

Read the full release here.

U.S. National Institutes of Health

Study identifies potential approach to treat severe respiratory distress in patients with COVID-19. Early data from a clinical study suggest that blocking the Bruton tyrosine kinase (BTK) protein provided clinical benefit to a small group of patients with severe COVID-19. Researchers observed that the off-label use of the cancer drug acalabrutinib, a BTK inhibitor that is approved to treat several blood cancers, was associated with reduced respiratory distress and a reduction in the overactive immune response in most of the treated patients.

The findings were published June 5, 2020, in *Science Immunology*. The study was led by researchers in the Center for Cancer Research at the National Cancer Institute (NCI), in collaboration with researchers from the National Institute of Allergy and Infectious Diseases (NIAID), both part of the National Institutes of Health, as well as the U.S. Department of Defense's Walter Reed National Military Medical Center, and four other hospitals nationally.

These findings should not be considered clinical advice but are being shared to assist the public health response to COVID-19.

Follow this link for the complete article.

Read the full NIH release here.

Federal Emergency Management Agency (FEMA)

FEMA Releases Latest State-by-State Data on PPE. As FEMA, under the direction of the White House Task Force, has led the whole-of-America response to the COVID-19 pandemic for the past several weeks, billions of essential resources and protective equipment have been delivered throughout the nation.

The federal government continues to meet demands for personal protective equipment through new acquisition, federal interagency allocation, private industry donations and the Strategic National Stockpile.

As of June 4, FEMA, HHS, and Project Airbridge combined have coordinated the delivery of, or are currently shipping: 93 million N-95 respirators, 148.9 million surgical masks, 13.9 million face shields, 37.6 million surgical gowns and over 1 billion gloves. Additionally, as of June 3, FEMA has made 9,262 deliveries of medical supplies to nursing homes in 53 states and territories.

FEMA is working to source and procure testing material – specifically, testing swabs and transport media. FEMA has procured and delivered 19.8 million swabs and 10.6 million units of media. The FEMA-sourced material will be provided to states, territories and tribes for a limited duration to help increase testing capacity in support of their individualized plans. As of June 4, CDC, state and local public health labs and other laboratories have tested more than 19.3 million samples.

FEMA has obligated more than $6.5 billion to support COVID-19 response efforts.

TEXAS SNAPSHOT

- $239,000

Critical supplies delivered: 1.3 million N-95 respirators, 2.2 million gloves, 390,647 face shields and 1.7 million surgical masks.

- As of June 4, FEMA has obligated $517.6 million in federal support to Texas.
- As of June 4, five Battelle N-95 decontamination units are located in the Austin, Corpus Christi, Dallas, El Paso and Houston areas.
- A phased reopening is underway.

Read the full release here.

U.S. Department of Agriculture

USDA Issues First Coronavirus Food Assistance Program Payments. U.S. Secretary of Agriculture Sonny Perdue today announced the USDA Farm Service Agency (FSA) has already approved more than $545 million in payments to producers who have applied for the Coronavirus Food Assistance Program. FSA began taking applications May 26, and the agency has received over 86,000 applications for this important relief program.

In the first six days of the application period, FSA has already made payments to more than

35,000 producers. Out of the gate, the top five states for CFAP payments are Illinois, Kansas, Wisconsin, Nebraska, and South Dakota. USDA has released data on application progress and program payments and will release further updates each Monday at 2:00pm ET. The report can be viewed at farmers.gov/cfap.

FSA will accept applications through August 28, 2020. Through CFAP, USDA is making available $16 billion in financial assistance to producers of agricultural commodities who have suffered a five-percent-or-greater price decline due to COVID-19 and face additional significant marketing costs as a result of lower demand, surplus production, and disruptions to shipping patterns and the orderly marketing of commodities.

In order to do this, producers will receive 80 percent of their maximum total payment upon approval of the application. The remaining portion of the payment, not to exceed the payment limit, will be paid at a later date nationwide, as funds remain available.

Getting Help from FSA

New customers seeking one-on-one support with the CFAP application process can call 877-508-8364 to speak directly with a USDA employee ready to offer general assistance. This is a recommended first step before a producer engages the team at the FSA county office at their local USDA Service Center.

Producers can download the CFAP application and other eligibility forms from farmers.gov/cfap. Also, on that webpage, producers can find a payment calculator to help producers identify sales and inventory records needed to apply and calculate potential payments. Producers self-certify their records when applying for CFAP and that documentation is not submitted with the application. However, producers may be asked for their documentation to support the certification of eligible commodities, so producers should retain the information used to complete their application.

Those who use the online calculator tool will be able to print a pre-filled CFAP application, sign it, and submit it to your local FSA office either electronically or via hand delivery through an office drop box. Please contact your local office to determine the preferred delivery method for your local office. Team members at FSA county offices will be able to answer detailed questions and help producers apply quickly and efficiently through phone and online tools. Find contact information for your local office at farmers.gov/cfap.

Policy Clarifications

FSA has been working with stakeholder groups to provide further clarification to producers on the CFAP program. For example, the agency has published a matrix of common marketing contracts that impact eligibility for non-specialty crops and has provided a table that crosswalks common livestock terms to CFAP cattle categories. Updated information can be found in the frequently asked questions section of the CFAP website.

More Information
To find the latest information on CFAP, visit farmers.gov/cfap or call 877-508-8364.

USDA Service Centers are open for business by phone appointment only, and field work will continue with appropriate social distancing. While program delivery staff will continue to come into the office, they will be working with producers by phone and using online tools whenever possible. All Service Center visitors wishing to conduct business with the FSA, Natural Resources Conservation Service, or any other Service Center agency are required to call their Service Center to schedule a phone appointment.

More information can be found at farmers.gov/coronavirus.

Learn more here.

USDA Farmers to Families Food Box Program Reaches 5 Million Boxes Distributed. U.S. Secretary of Agriculture Sonny Perdue announced today that the U.S. Department of Agriculture's (USDA) Farmers to Families Food Box Program has distributed more than five million food boxes in support of American farmers and families affected by the COVID-19 pandemic.

"The Farmers to Families Food Box Program was designed to put American farmers and distributors of all sizes back to work while supporting over-burdened food banks, community and faith-based organizations, and other non-profits serving Americans in need, and the program is doing just that," said Secretary Perdue. "It's encouraging to see the passion with which farmers, distributors and non-profits have gone above and beyond to make this program work in support of the American people. Although a momentous milestone, this is only the beginning for the program, and with continued support we expect up to 40 million boxes will be delivered throughout the country by June 30th."

"Since our launch of the Farmers to Families Food Box, 5 million boxes have been successfully delivered to Americans most in need all across the country. Through this innovative program small and regional distributors are bringing back their workforce to procure food directly from our American farmers and ranchers. Fresh food is getting to those in need, even in the hardest to reach places, through partnerships with food banks, non-profits and faith-based communities," said Advisor to the President, Ivanka Trump.

You may play the USDA Farmers Feed Families Food Box Program video to watch a highlight video of USDA's Farmers to Families Food Box Program in action across the United States:

Learn more here.

U.S. Bureau of Labor Statistics

Productivity Decreases 0.9% In Q1 2020; Unit Labor Costs Rise 5.1% (Annual Rates). First Quarter 2020, Revised Nonfarm business sector labor productivity decreased 0.9 percent in the first quarter of 2020, the U.S. Bureau of Labor Statistics reported today, as output decreased 6.5 percent and hours worked decreased 5.6 percent. (All quarterly percent changes in this release are seasonally adjusted annual rates.) From the first quarter of 2019 to the first quarter of 2020, productivity increased 0.7 percent, reflecting no change in output and a 0.7-percent decrease in hours worked.

Chart 1. Labor productivity, nonfarm business, 2016Q1 – 2020Q1

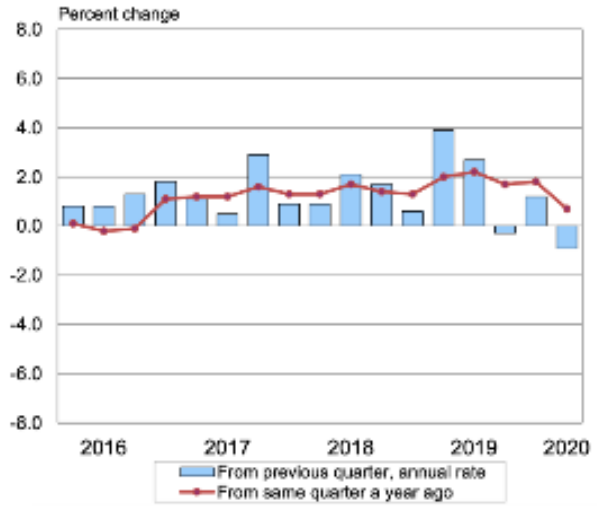
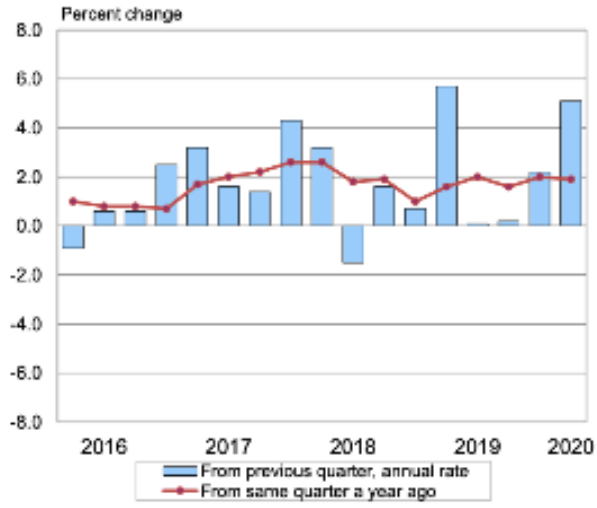


Chart 2. Unit labor costs, nonfarm business, 2016Q1 – 2020Q1



Read the full release here.

Nonfarm Payroll Employment Rises by 2.5 Million in May; Unemployment Rate Falls to 13.3%. Total nonfarm payroll employment rose by 2.5 million in May, and the unemployment rate declined to 13.3 percent, the U.S. Bureau of Labor Statistics reported today. These improvements in the labor market reflected a limited resumption of economic activity that had been curtailed in March and April due to the coronavirus (COVID-19) pandemic and efforts to contain it. In May, employment rose sharply in leisure and hospitality, construction, education and health services, and retail trade. By contrast, employment in government continued to decline sharply.

Chart 1. Unemployment rate, seasonally adjusted, May 2018 – May 2020

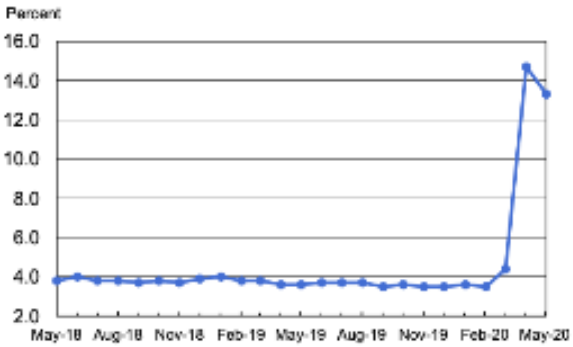
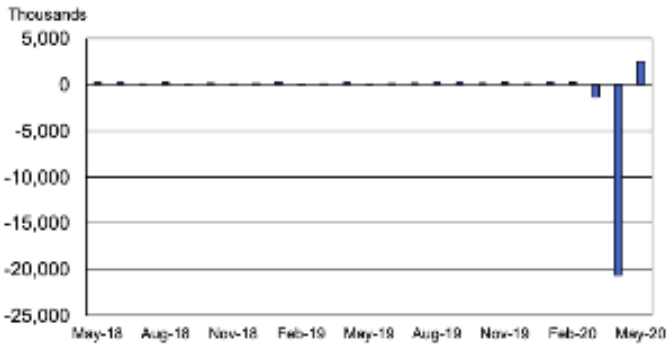


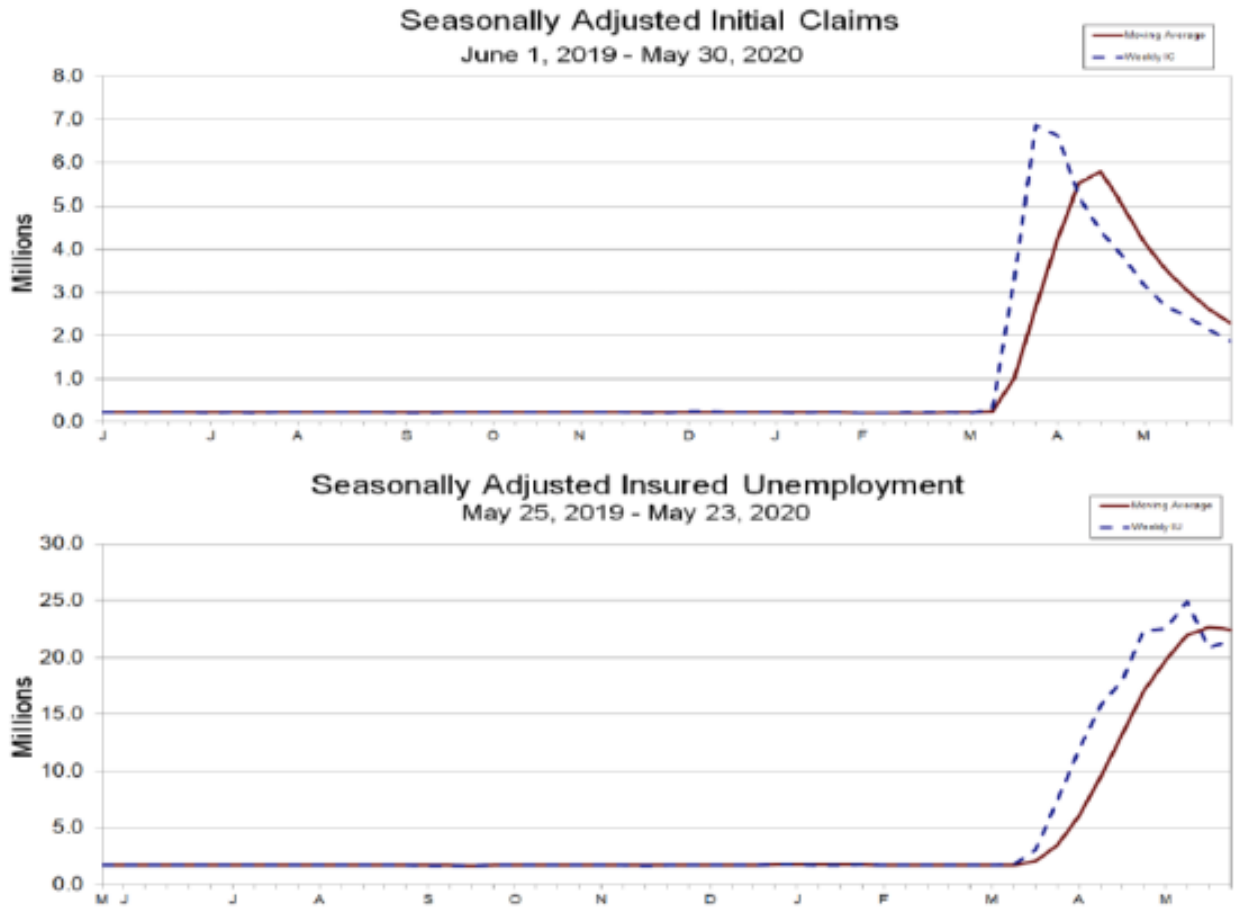
Chart 2. Nonfarm payroll employment over-the-month change, seasonally adjusted, May 2018 – May 2020



Read the full release here.

U.S. Department of Labor

On Thursday, the Department of Labor released weekly unemployment claims numbers. For the week ending May 30, the seasonally adjusted initial claims was 1,877,000, a decrease of 249,000 from the previous week's level. The 4-week moving average was 2,284,000, a decrease of 324,750 from the previous week's average. The seasonally adjusted insured unemployment rate was 14.8 percent for the week ending May 23, an increase of 0.5 percentage point from the previous week's rate. The number for seasonally adjusted insured unemployment during the week ending May 23 was 21,487,000, an increase of 649,000 from the previous week. The 4-week moving average was 22,446,250, a decrease of 222,500 from the previous week's revised average.



Read the entire release here: https://www.dol.gov/newsroom/releases/eta/eta20200604

U.S. Secretary of Labor Eugene Scalia issued a statement on the May 2020 Employment Situation report:

"Today's report shows much higher job creation and lower unemployment than expected, reflecting that the re-opening of the economy in May was earlier, and more robust, than projected. Millions of Americans are still out of work, and the Department remains focused on bringing Americans safely back to work and helping States deliver unemployment benefits to those who need them. However, it appears the worst of the coronavirus's impact on the nation's job markets is behind us."

The State of Texas

From the Office of the Governor, Greg Abbott

Governor Abbott, HHSC Announce Extension of Emergency SNAP Benefits During COVID-19 Pandemic. Governor Greg Abbott today announced that the Texas Health and Human Services Commission (HHSC) will provide approximately $177 million in emergency Supplemental Nutrition Assistance Program (SNAP) food benefits for the month of June in response to the COVID-19 pandemic. HHSC received federal approval from the U.S. Department of Agriculture to extend the maximum, allowable amount of SNAP benefits to recipients based on family size.

More than 900,000 SNAP households will see the additional amount on their Lone Star Card by June 12. The emergency June allotments are in addition to the $414.7 million in benefits previously provided to Texans in April and May.

Administered by HHSC, SNAP is a federal program that provides food assistance to approximately 1.4 million eligible low-income families and individuals in Texas.

Texans in need can apply for benefits, including SNAP and Medicaid, at YourTexasBenefits.com or use the Your Texas Benefits mobile app to manage their benefits.

Read the full release.

Health and Human Services

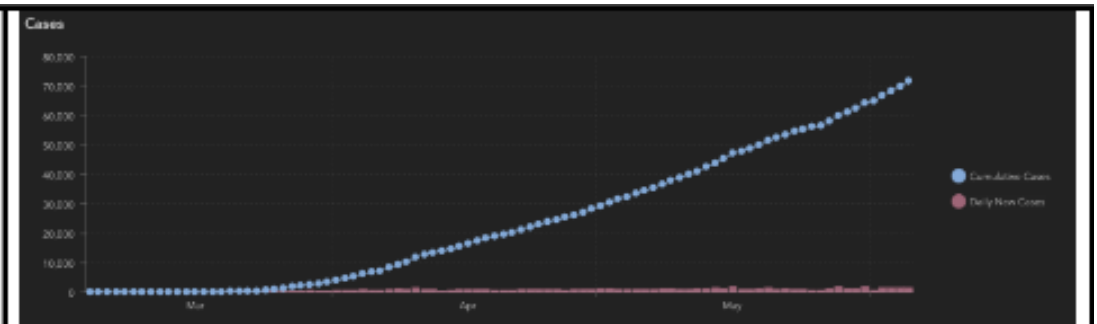
Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new

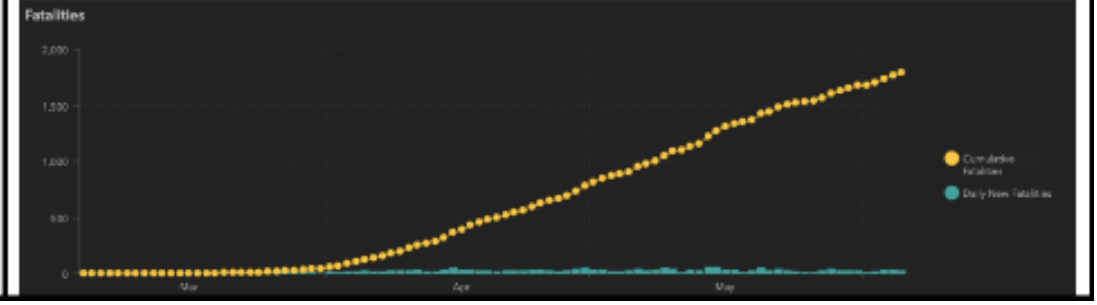
coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 4:00 PM can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases	
Today **Total Tests: 1,209,187** **Total Viral Tests: 1,061,576*** **Total Antibody Tests: 113,372*** **Cases Reported: 71,613** **Patients Recovered: 47,865** **Fatalities: 1,788** **Active Cases: 21,960** **Daily New Cases: 1,693** **As of June 4, 2020* **June 3rd** **Total Tests: 1,150,868** **Total Viral Tests: 1,006,768*** **Total Antibody Tests: 110,506*** **Cases Reported: 68,271** **Patients Recovered: 45,858** **Fatalities: 1,734** **Active Cases: 20,679** **Daily New Cases: 1,703** **As of June 2, 2020*	Harris County 13,603 Dallas County 11,243 Tarrant County 5,863 Travis County 3,562 El Paso County 3,213 Bexar County 3,018 Potter County 2,504 Fort Bend County 2,032 Walker County 1,843 Denton County 1,454	Collin County 1,430 Montgomery County 1,053 Brazoria County 967 Galveston County 906 Moore County 851 Cameron County 841 Randall County 724 Lubbock County 720 Hidalgo County 679 Williamson County 660

Texas Case Counts



Texas Fatalities



Health and Human Services Commission

QIPP NSGO Active Partnership COVID-19 Response. Texas HHSC encourages coordination between nursing facilities and their non-state governmental ownership entities that take part in the Quality Incentive Payment Program. Active partnerships between these groups improve quality and innovation when providing services to Medicaid recipients.

For example, the Parkland Health and Hospital System has developed a COVID-19 Action Plan. It communicates expectations and responsibilities for coordination with its NFs.
The hospital system has also committed to providing the following support to its NFs:

- Seek and receive federal authorization to use excess COVID-19 tests to test NF residents and select numbers of NF staff each day.
- Conduct weekly WebEx meetings with all NFs to provide updates on policies, infection prevention practices, and federal, state and local guidelines.
- Parkland infection prevention and facilities teams providing guidance and site visits.
- Sharing personal protective equipment and other resources that have been distributed to the hospital or hospital district.

Additionally, HHSC Regulatory has published the COVID-19 Response Plan for Nursing Facilities (PDF). Best practices discussed in the Plan include:

- Appropriate hand hygiene and effective PPE use for staff and residents
- Source control
- Cleaning and disinfection procedures
- Employee and essential visitor screening
- Isolation and quarantine measures
- Testing for all staff and residents when there is a confirmed case in the facility

Non-state governmental ownership entities must maintain active partnerships. They must provide meaningful support to their NFs throughout these critical months.

Texas Workforce Commission

The Texas Workforce Commission has produced a video, published on the agency's You Tube channel for the Common Questions for employers and reopening:

Common Questions from Employers on Reopening Texas

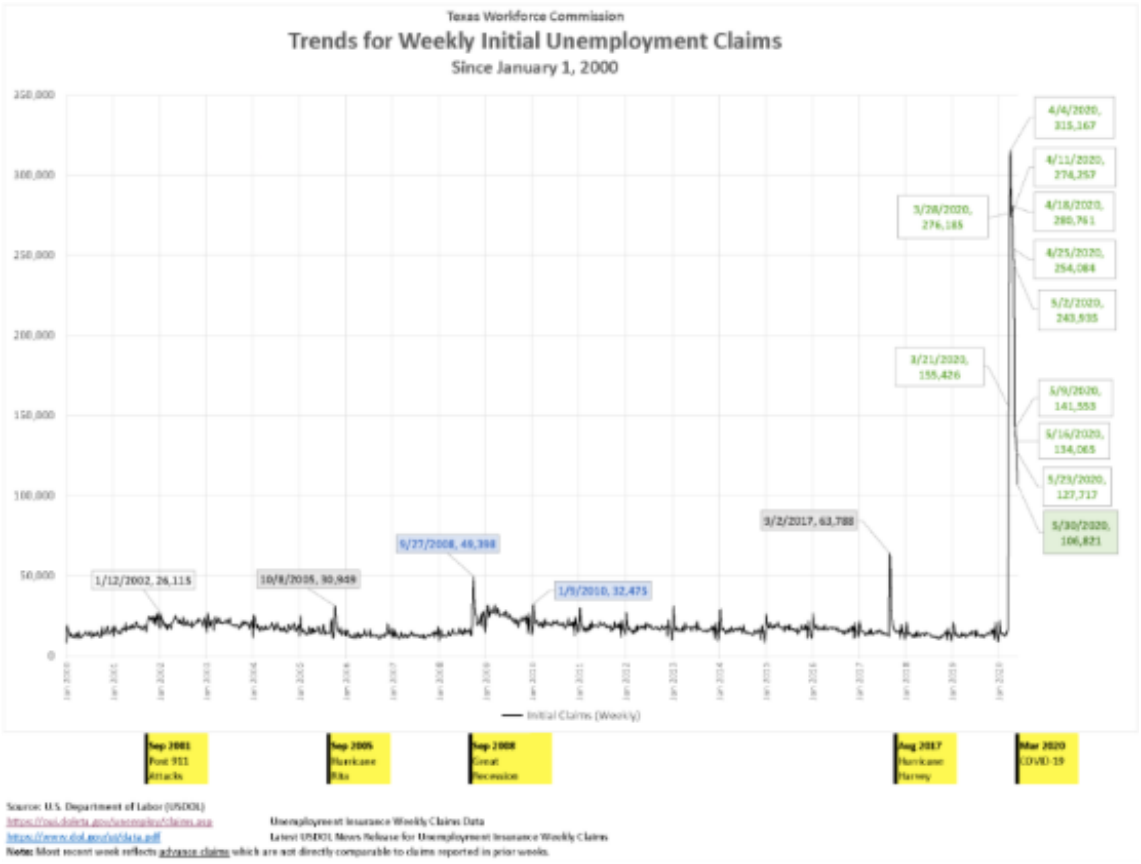
TWC's Unemployment Claims Numbers

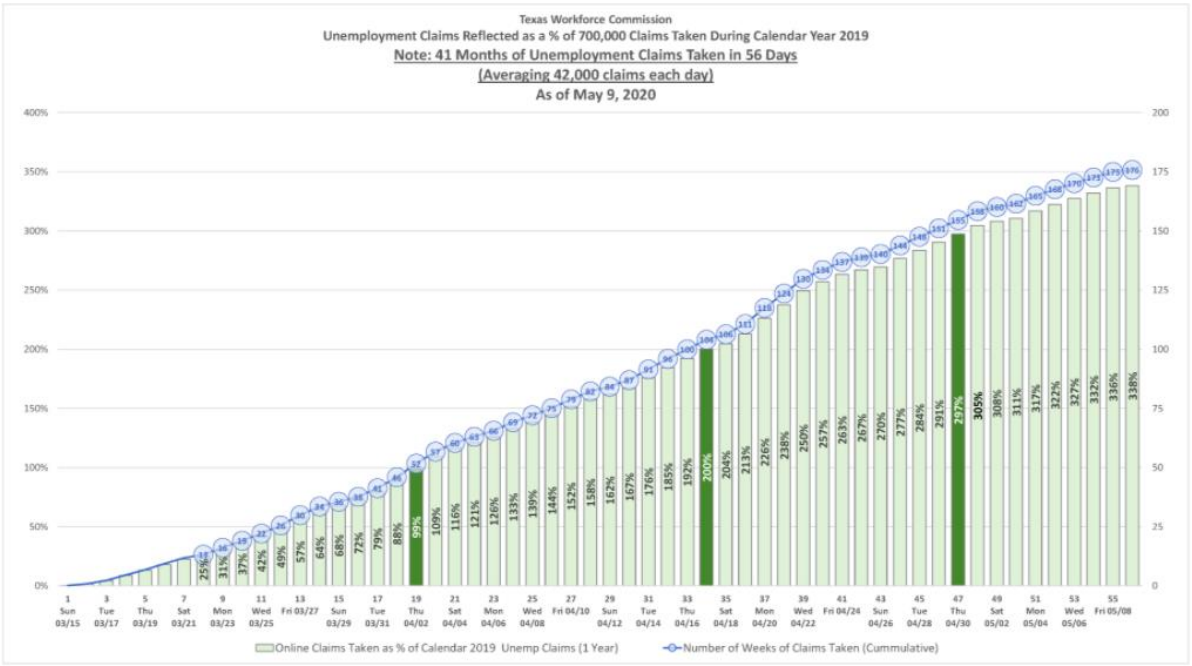
Unemployment Claims Filed

COVID-19 Unemployment Claims Filed

Week Ending	Total	Internet	Telephone	Other
2/22	7,053	***	***	***
2/29	7,393	***	***	***
3/7	6,368	***	***	***
3/14	16,176*	2,731	1,380	1,931
3/21	158,364*	141,632	13,678	3,054
3/28	276,185*	256,214	20,642	15,696
4/4	313,832*	321,000	20,000	20,000
4/11	273,567*	221,500	14,800	10,300
4/18	280,761*	283,900	21,600	19,600
4/25	254,084*	246,600	25,100	165,600
5/2	247,179*	237,400	28,300	20,200
5/9	141,672*	166,800	30,500	12,900
5/16	134,381*	145,400	29,400	21,700
5/23	128,105*	136,600	27,600	20,300
5/30	106,821*	114,000	23,200	25,700
6/6	106,200	63,400	14,200	28,600

Unless indicated, numbers are estimates based on internal TWC data and are subject to revision.
* Official Department of Labor Data when available and TWC Estimates
*** Breakdown Data Unavailable


Texas Workforce Commission
Trends for Weekly Initial Unemployment Claims
Since January 1, 2000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0
1/12/2002, 26,115
10/8/2005, 30,949
9/27/2008, 46,398
1/9/2010, 32,475
3/2/2017, 62,788
3/28/2020, 276,185
4/4/2020, 315,167
4/11/2020, 274,357
4/18/2020, 280,761
4/25/2020, 254,084
5/2/2020, 243,535
3/21/2020, 155,426
5/9/2020, 141,553
5/16/2020, 134,065
5/23/2020, 127,717
5/30/2020, 106,821
Initial Claims (Weekly)
Sep 2001 Post 911 Attacks
Sep 2005 Hurricane Rita
Sep 2008 Great Recession
Aug 2017 Hurricane Harvey
Mar 2020 COVID-19
Source: U.S. Department of Labor (USDOL)
Unemployment Insurance Weekly Claims Data
Latest USDOL News Release for Unemployment Insurance Weekly Claims
Note: Most recent week reflects advance claims which are not directly comparable to claims reported in prior weeks.


Texas Workforce Commission
Unemployment Claims Reflected as a % of 700,000 Claims Taken During Calendar Year 2019
Note: 41 Months of Unemployment Claims Taken in 56 Days
(Averaging 42,000 claims each day)
As of May 9, 2020
400%
350%
300%
250%
200%
150%
100%
50%
0%
200
175
150
125
100
75
50
25
0
Online Claims Taken as % of Calendar 2019 Unemp Claims (1 Year)
Number of Weeks of Claims Taken (Cummulative)

UPDATED TWC *Frequently Asked Questions*

TWC has also updated ***Frequently Asked Questions***, now posting the most recent questions posed first:

Most Recent Questions

Some people are about to start getting paid by their employer because the business got a PPP loan. In that case, does the worker qualify for unemployment?

If an employee returns to work full time, they would not be eligible for UI benefits and should stop requesting payment once they begin working. If an employee returns to part time work, they may be eligible to receive benefits because of reduced hours. They are required to submit wages when they request payment. The amount of wages they received would determine if they are eligible or not eligible to receive benefits.

When businesses start to reopen, if an employee doesn't feel safe going back, and therefore remains unemployed, can they still draw unemployment benefits?

Each UI benefits case is currently evaluated on an individual basis. However, because of the COVID-19 emergency, the following are reasons benefits would be granted if the individual refused suitable work.

Reason for refusal:

- People 65 years or older, and/or people with medical issues, like heart disease, diabetes, cancer, or a weakened immune system, are at a higher risk for getting very sick from COVID 19. (Source: DSHS website)
- Household member at high risk – People 65 years or older are at a higher risk of getting very sick from COVID-19 (source DSHS website).
- Diagnosed with COVID - the individual has tested positive for COVID-19 by a source authorized by the State of Texas and is not recovered.
- Family member with COVID - anybody in the household has tested positive for COVID-19 by a source authorized by the State of Texas and is not recovered and 14 days have not yet passed.
- Quarantined – individual is currently in 14-day quarantine due to close contact exposure to COVID-19.
- Child care – Child's school or daycare closed and no alternatives are available.
- Any other situation will be subject to a case by case review by the Texas Workforce Commission based on individual circumstances.

If a business chooses not to reopen even though they are allowed by the governor, does that business have to pay more for their employees' unemployment benefits?

The law provides for chargeback protection for an employer if its workers file UI claims based on COVID-19-related circumstances.

Where does the trust fund stand as of now?
Based on the level unemployment benefit payments for the past week, TWC anticipates Title XII advances could be necessary near the end of May. Required unemployment benefit payments will occur without interruption or delay regardless of when Title XII advances are needed. The amount which is borrowed will be dependent on the amount needed daily. Title XII advances are interest free until December 2020.Texas has always been able to meet the unemployment needs of unemployed Texans. In fact, we have always been able to provide a payment to an eligible individual.

UI Trust Fund Weekly Balance

UI Trust Fund Weekly Balance

Week Ending	Employer Remittances	Net Benefits Paid	Other Transfers and Adjustments	Depository Interest	TFBalances
4/25/2020	$ 49,546,749	$ 289,581,803	$ (16,373)	$ -	$ 981,087,772
5/2/2020	$ 1,122,874,431	$ 341,336,680	$ (13,044)	$ -	$ 1,762,612,479
5/9/2020	$ 34,730,679	$ 363,586,880	$ (424,988)	$ -	$ 1,433,331,290
5/16/2020	$ 91,815,411	$ 284,110,519	$ (1,091,852)	$ -	$ 1,239,944,330

Note: Other Transfers and Adjustments includes net revenue & reimbursments from other states and federal reimbursement of the waiting week.

In addition, the agency has also posted **Media Related Questions:**

How is TWC addressing with website and phone backlogs?
The outbreak of COVID-19 has caused unprecedented changes to the lives of individuals all across Texas and across the globe.

In 2019, the Texas Workforce commission helped over 700,000 Texans file unemployment claims. Since March 14, the Texas Workforce Commission has helped more Texans file for unemployment benefits than all of 2019.

First and foremost, to those who have been laid off, are unsure about your employment situation or are worried for your business: we see you, we hear you and we are working around the clock to provide the resources and help that you need.

Prior to COVID-19, the average number of calls into the Texas Workforce Commission would be around 13,000 and the record number of calls in a day was 60,000. Last week, over 1.7 million calls were made to our 800 numbers in a 24-hour period. That number does not reflect

the number of people applying for unemployment benefits, but the number of times people are calling.

We are expanding both our technological and staff capabilities to meet our current needs. We have extended our hours of operation and are open Saturdays. We are hiring new staff. We are committed to helping every single Texan in need.

What specific upgrades and improvements has TWC made?

The Texas Workforce Commission has over 1,000 staff helping support unemployment insurance services and has upgraded and expanded telephone infrastructure and website capacity. The Texas Workforce Commission is actively hiring emergency hires and receiving volunteers from other TWC departments and external partners. Hardware upgrades have been made to TWC's Benefits System, and TWC is working to add two third-party call centers to help take claims. Artificial intelligence-enabled chatbot has been added to the TWC homepage to provide answers to UI questions and 24/7.

- 100 emergency staff hired to work call centers. We are also working to hire more staff to take unemployment claims in each of its unemployment benefits call centers.
- 200 staff transferred from other departments to help take claims.
- 250 additional staff being transferred over this week.
- 2 additional call centers being added this week to help take claims.
- 3rd additional call center being added soon.
- Adding additional volunteers from other state agencies.
- Artificial intelligence chat bot added to TWC website (already helped 43,817 folks and has answered 98,065 messages)

What is the Chat Bot and how does it work?

Larry the Chat Bot Bot has already helped 55,561 folks and has answered 117,515 messages.

The artificial intelligence-enabled chatbot is available on the TWC homepage 24/7. Larry was designed to help you get answers to most common questions and help alleviate pressure on TWC UI staff and Website during Covid-19.

Have an unemployment insurance question? Ask Larry

State and Federal Overview: June 3, 2020

International

Basic psychosocial support skills are at the core of any mental health and psychosocial support intervention. To assist all those involved in the COVID-19 response, WHO has published guidance on basic psychosocial skills. At the Yemen High-level Pledging Conference, Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme emphasized that COVID-19 was placing a major burden on the health system, already on the verge of collapse , and that despite the considerable efforts of WHO and partners in Yemen, 'we need a massive scale-up of our COVID and non-COVID health operations to assist some of the most vulnerable populations in the world'. On 29 May 2020, WHO and the International Labour Organization (ILO) hosted a webinar on returning to work in the context of COVID-19. For more information see the 'Subject in Focus.'. A record number of countries have contributed data revealing disturbing rates of antimicrobial resistance. WHO is concerned that the trend will further be fueled by the inappropriate use of antibiotics during the COVID-19 pandemic.

Read today's situation report.

During the 1 June media briefing, WHO Director-General Dr Tedros highlighted that the COVID-19 pandemic has led to disruptions in services for treatment of non-communicable diseases in many countries. The COVID-19 response must be inclusive of the healthcare needs of people living with these diseases. WHO has published a new operational guidance on maintaining essential health services, which provides recommendations for practical actions that countries can take at national, subregional and local levels to reorganize and safely maintain access to high-quality, essential health services during the pandemic. Transporting COVID-19 medical supplies to those in need requires timely decision-making and trouble-shooting skills. The Regional Office for the Eastern Mediterranean document a week in the life of logistics expert coordinating massive shipments of medical supplies to Yemen. WHO's support to countries in securing medical products for COVID-19 treatment is highlighted in the 'Subject in Focus.'

Read yesterday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.

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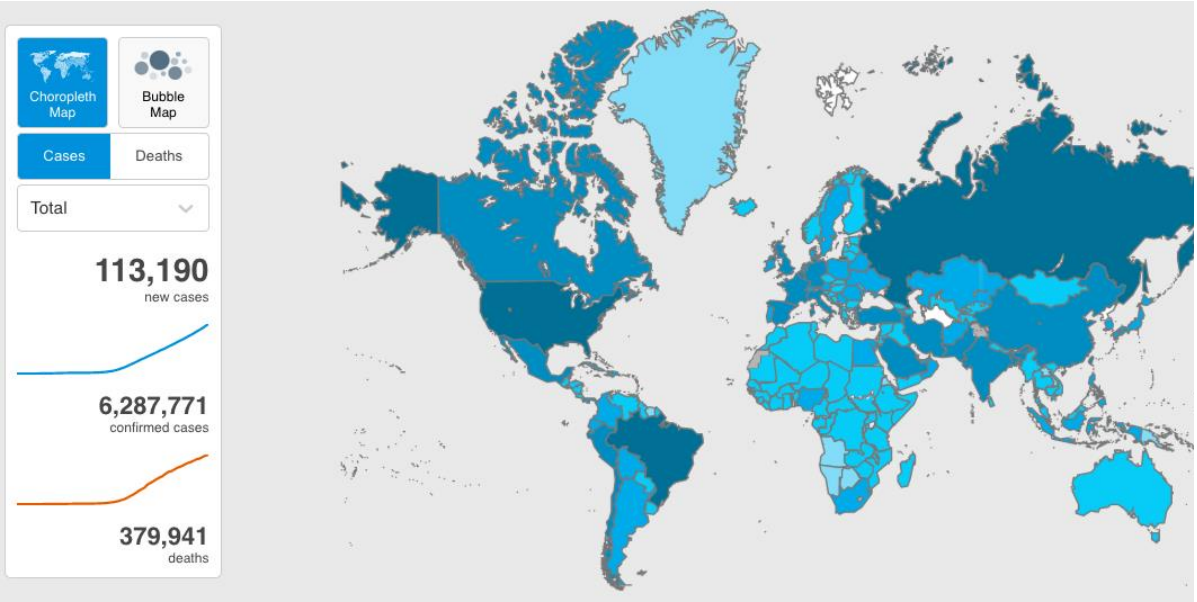
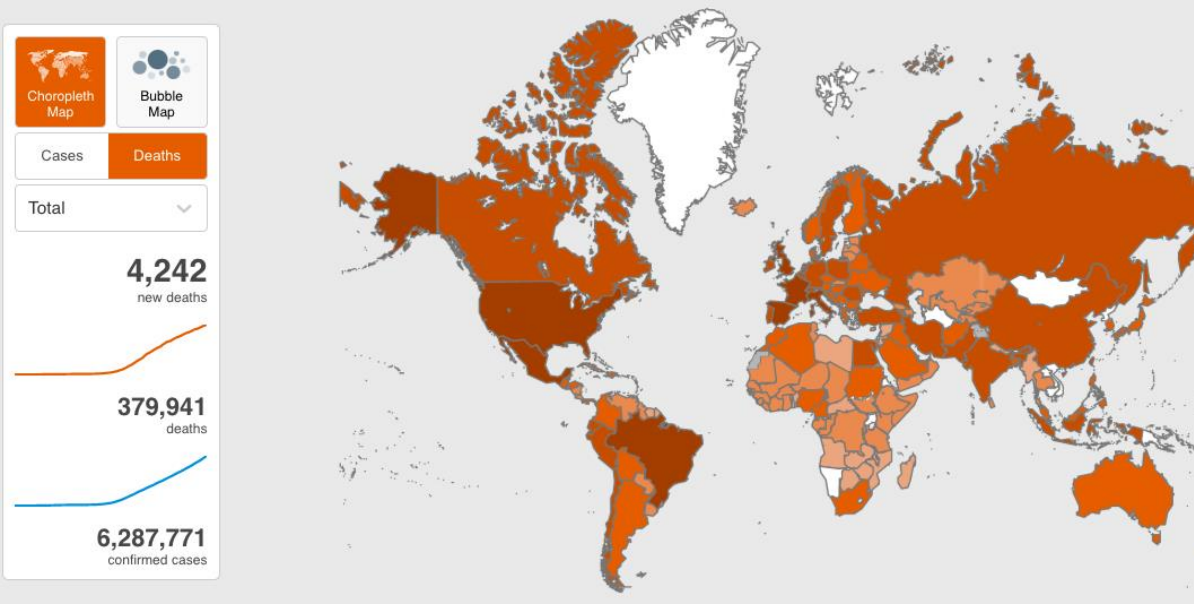

Choropleth Map
Bubble Map
Cases
Deaths
Total
113,190
new cases
6,287,771
confirmed cases
379,941
deaths

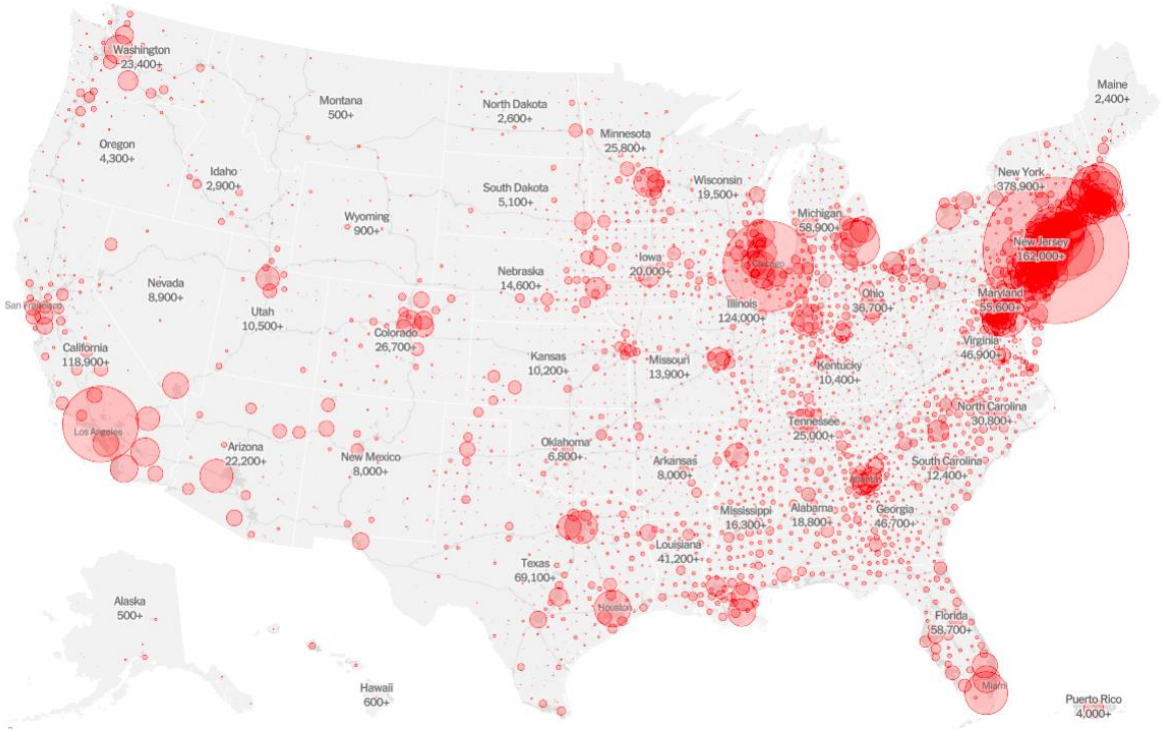

Choropleth Map
Bubble Map
Cases
Deaths
Total
4,242
new deaths
379,941
deaths
6,287,771
confirmed cases

Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 1.8 million+
Deaths: 107,045

Includes confirmed and probable cases where available. Updated June 3, 2020, 8:37 P.M. E.T.



U.S. Centers for Medicare & Medicaid Services

CMS Blog: Center for Medicare and Medicaid Innovation Payment Model Flexibilities in Response to COVID-19. The coronavirus has taken a devastating toll on Americans across the country, in lives lost and economic impacts. The health care system is no different. Providers have been greatly affected as they strive to do the right thing by delaying elective surgeries; they have faced disruption in critical revenue streams, and simultaneously experienced increased costs for Personal Protective Equipment. That's why legislation was passed providing $175 billion for the health care system, in addition to $100 billion in advance and in accelerated payments to Medicare providers.

But we still need to do more to ensure that our health care system is resilient and prepared to address any crises. Under the Trump Administration, the Centers for Medicare and Medicaid Services (CMS) has been doing just that by advancing innovative payment and service delivery models to help move our health care system from one that pays for volume to one that rewards providers for keeping patients healthy, improving health outcomes, and lowering costs. The need for this transformation is even greater as our country confronts not just the coronavirus but the possibility of future pandemics.

In response to the coronavirus pandemic, CMMI has initiated numerous flexibilities in its commitment to value-based care. Learn more about these flexibilities through a CMS leadership blog post and the CMS Innovation Center COVID-19 flexibilities web page.

U.S. Department of Health and Human Services

HHS Provides an Additional $250 Million to Help U.S. Health Care Systems Respond to COVID-19. The U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (HHS ASPR) is providing an additional $250 million to aid U.S. health care systems treating patients and responding to the COVID-19 pandemic. As authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, HHS has now provided a total of $350 million to health care systems for pandemic response, including $100 million released in April 2020.

The funds will support hospitals and other health care entities to train workforces, expand telemedicine and the use of virtual healthcare, procure supplies and equipment, and coordinate effectively across regional, state and jurisdictional, and local health care facilities to respond to COVID-19. In addition to directly supporting health care capacity

for COVID-19 patient surge, this funding will advance the mission of the National Special Pathogen System to enhance national capacity and capability to respond to highly infectious diseases now and in the future.

The National Special Pathogen System uses a systems-based, national approach to the treatment of infectious diseases and includes the National Emerging Special Pathogens Training and Education Center (NETEC); 10 regional Ebola and other special pathogen treatment centers; 62 HHS Hospital Preparedness Program (HPP) cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers; and hospital associations. Specific funding for these awardees can be found on phe.gov/hpp.

Read the full release.

The funding table below lists the total amount of emergency supplemental funding (through both the Coronavirus Preparedness and Response Supplemental Appropriations Act and the CARES Act) as of June 2, 2020. [Note: the funds provided to NETEC are not included in the table below]. For a more detailed table that breaks out the funding by source, see the full table.

COVID-19 Supplemental Funding: Total $350M Summary (Texas award information)

Recipient	Hospital Associations	RESPTC	HPP CoAg Award	Total (All sources for both rounds of funding)
Texas	11,470,238	650,000	8,686,359	20,806,597

HHS Awards $20.3 Million to Expand the Addiction Workforce in Underserved Communities. Today, the U.S. Department of Health and Human Services (HHS), through the Health Resources and Services Administration (HRSA), awarded $20.3 million to 44 recipients to increase the number of fellows at accredited addiction medicine and addiction psychiatry fellowship programs. The awardees will train addiction specialists at facilities in high need communities that integrate behavioral and primary care services. "This new funding will increase the number of support specialists available to treat Americans with addiction, addressing a serious need that could be exacerbated by the COVID-19 pandemic," said HHS Secretary Alex Azar.

HRSA's Addiction Medicine Fellowship (AMF) program builds upon the agency's efforts

to combat the opioid crisis. The new AMF program will increase the number of fellows these programs can train. Addiction specialists have the knowledge and skills to provide comprehensive healthcare to people suffering from opioid use, substance use, and mental health disorders.

These awards demonstrate the Trump Administration's commitment to help Americans suffering from opioid use disorder and other substance use disorders. Awardees will invest in clinical training of addiction medicine and addiction psychiatry subspecialists to combat the opioid crisis. These grants will help them:

- Increase the number of board-certified addiction medicine specialists and addiction psychiatry sub-specialists;
- Collaborate and establish formal relationships with community treatment sites in underserved areas to provide training of program fellows; and
- Develop or enhance training for faculty on opioid and substance use disorder prevention and treatment.

For a list of today's award recipients.
For more information on HHS's commitment to combat the opioid crisis.
To learn about HRSA-supported resources, visit HRSA's Opioid Crisis page.

Read the full release here.

Addiction Medicine Fellowship FY 2020 Awards: Texas Awards

Grantee Name	City	State	Funding Amount
University of Texas at Austin	Austin	TX	$399,493
Baylor College of Medicine	Houston	TX	$160,000

COVID-19 Resources Update

After several months of COVID-19 response experience, promising practices and lessons learned abound. As you continue working tirelessly to protect your communities, we will keep sharing helpful information. We encourage you to check our Novel Coronavirus Resources Page and CDC's Coronavirus (COVID-19) webpage often and reach out if you need technical assistance (TA). This issue of The Express highlights the following new, updated, or upcoming resources.

ASPR TRACIE, in collaboration with the HHS/FEMA COVID-19 Healthcare **R**esilience Task Force, hosted the Ensuring Healthcare Safety Throughout the COVID-19 Pandemic webinar where speakers shared recent experiences and lessons learned while adjusting their healthcare systems in order to maintain safety within their organizations.

- Alternate Care Site Resources: Webinar Q and A: Due to limited time, speakers were not able to respond to all questions asked at the end of the webinar Funding Sources for the Establishment and Operationalization of Alternate Care Sites. Check out the webinar Q & A document which includes responses to all questions received, and download the ACS Funding Summary Tip Sheet for more information.
- Coming Soon: ACS Toolkit, Third Edition, which provides augmented guidance based on feedback and experience with the national ACS mission.

Rural Health and COVID19. This document discusses strategies for managing some of the challenges faced by rural areas specific to COVID-19. The challenges are grouped into two main categories: those specific to healthcare facilities, and those related to at-risk populations who reside in rural areas.

COVID-19 Clinical Rounds Peer-to-Peer Virtual Communities of Practice. are a collaborative effort between ASPR, the National Emerging Special Pathogens Training and Education Center (NETEC), and Project ECHO. These interactive virtual learning sessions aim to create a peer-to-peer learning network where clinicians from the U.S. and abroad who have experience treating patients with COVID-19 share their challenges and successes; a generous amount of time for participant Q & A is also provided. Three webinar topics are covered every week:

- EMS: Patient Care and Operations (Mondays, 12:00-1:00 PM ET)
- Critical Care: Lifesaving Treatment and Clinical Operations (Tuesdays, 12:00-1:00 PM ET)
- Emergency Department: Patient Care and Clinical Operations (Thursdays, 12:00-1:00 PM ET)

Access previous webinars and sign up today to receive information on upcoming webinars!

U.S. National Institutes of Health

Early Results Show Benefit of Remdesivir for COVID-19

- Early results showed that remdesivir benefited hospitalized patients with severe COVID-19 who required supplemental oxygen.

- While the findings support remdesivir as a standard therapy for such patients, they suggest more research is needed to improve outcomes for people with COVID-19.

To test whether remdesivir could help treat patients with COVID-19, a team of researchers carried out a randomized, controlled clinical trial called the Adaptive COVID-19 Treatment Trial (ACTT). The study enrolled 1,063 hospitalized adults with moderate to severe COVID-19 disease from across 10 countries over 58 days. The trial was funded by NIH's National Institute of Allergy and Infectious Diseases (NIAID).

Patients were randomly assigned to receive a 10-day course of either remdesivir or an inactive placebo intravenously along with standard care. The trial was double-blind, meaning neither investigators nor participants knew who was receiving remdesivir or placebo. Although the study is still ongoing, an independent data and safety monitoring board overseeing the trial reviewed the data and shared their preliminary analysis with NIAID. Due to the public health implications, NIAID made these primary results public, and they were published on May 22, 2020, in the *New England Journal of Medicine*.

The analysis found that remdesivir shortened the time to recovery, which was defined as being medically stable enough to be discharged from the hospital. The median time to recovery was 11 days for patients treated with the drug compared with 15 days for those who received the placebo.

The results also suggest that the drug may have some benefit for surviving COVID-19. After 14 days, 7.1% of those in the group receiving remdesivir died versus 11.9% of those in placebo group. However, this difference was not large enough to prove that it wasn't due to chance.

The researchers will continue to analyze the results after all the participants have completed 28 days of follow-up. That may provide additional insights into the treatment. NIAID has also begun a clinical trial (known as ACTT 2) to evaluate remdesivir in combination with the anti-inflammatory drug baricitinib.

Read the full release here.

U.S. Bureau of Labor Statistics

Metropolitan area Employment and Unemployment — April 2020
Unemployment rates were higher in April than a year earlier in all 389 metropolitan

areas, the U.S. Bureau of Labor Statistics reported today. A total of 52 areas had jobless rates of less than 10.0 percent and 12 areas had rates of at least 25.0 percent. Nonfarm payroll employment decreased over the year in 377 metropolitan areas and was essentially unchanged in 12 areas. The national unemployment rate in April was 14.4 percent, not seasonally adjusted, up from 3.3 percent a year earlier.

Read the full release here.

U.S. Department of Housing and Urban Development

HUD and Census Bureau Release Findings of Rental Housing Finance Survey
Survey Finds Nearly Half of Rental Units are in Rental Properties with Four or Fewer Units

Of the 48.2 million rental housing units, nearly 49 percent are located in rental properties of one to four units, according to the latest *Rental Housing Finance Survey* (RHFS) data released today by the U.S. Department of Housing and Urban Development (HUD) and the U.S. Census Bureau. For these small rental properties, nearly 73 percent (14.1 million) are owned by individual investors and more than one-third (7.9 million) have a mortgage or similar debt. "Since 2012, the Rental Housing Finance Survey has been America's premier source of data on rental housing finance and financial health," said Seth Appleton, HUD's Assistant Secretary for Policy Development and Research. "The new 2018 Rental Housing Finance Survey data will help the administration better understand the potential impacts of COVID-19 on the financial health of America's rental property owners."

The Rental Housing Finance Survey is funded by HUD and data is collected every three years by the Census Bureau. RHFS is the most comprehensive survey of rental housing properties in the United States, covering topics such as property configuration, ownership and management, rental income and expenses, financing, and capital improvements and expenses. Today's release includes summary tables for areas across the nation.

Below are highlights from the national level findings among the 20 million rental properties, which contain 48.3 million rental units.

Rental Property Configuration

- About 86 percent of all rental properties contain only one rental unit and 97 percent of all rental properties have only one building.

- About 36 percent of all rental units are in properties with one rental unit, while about 30 percent of rental units are in properties with 150 or more rental units.

Ownership and Management

- About 72 percent of rental properties, representing 41 percent of all rental units, are owned by individual investors and 16 percent of rental properties with 37 percent of units are owned by limited liability corporations or partnerships. For properties with 150 or more units, 63 percent are owned by limited liability corporations or partnerships.
- About 22 percent of small rental properties (1-4 units) are managed professionally while 94 percent of properties with 150 or more units are managed professionally.

Rental Income and Expenses

- The median monthly rental receipt per rental unit is $750.
- The median monthly operating expense (not including debt service) is $325 per rental unit.

Property Purchase, Value, and Financing

- The median estimated market value per rental unit is $110,800.
- The median purchase price per rental unit is $75,000 (not adjusted for inflation).
- About 42 percent of all rental properties have a mortgage or similar debt. For properties with a mortgage, the median debt per rental unit is $119,000 at mortgage origination (not adjusted for inflation).

Capital Expenses and Improvements

- About 78 percent of property owners reported making some type of capital improvement to their rental unit(s) in 2017.
- Owners annually spend a median of $500 per rental unit on capital improvements.

Read the full release.

U.S. Department of Labor

The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has issued an alert listing safety tips employers can follow to protect stockroom and loading dock workers in the retail industry from exposure to the coronavirus.

Safety measures employers can implement include:

- Stock displays (e.g., shelves and freezers) during slow periods or shifts during which stores are closed to minimize contact with the public;
- If stocking occurs while stores are open, use barriers or markers to physically separate shelf stockers from customers;

- Maintain at least 6 feet between co-workers and customers, where possible;
- Limit customer capacity in stores;
- Coordinate with vendors and delivery companies to minimize the need for stockroom and loading dock worker contact with delivery drivers;
- Allow workers to wear masks over their nose and mouth to prevent spread of the virus; and
- Encourage workers to report any safety and health concerns.

The new alert is available for download in English and Spanish.

U.S. Department of Labor's OSHA and CDC Issue Guidance to Help Agriculture Workers during the Coronavirus Pandemic. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) today issued guidance that includes recommended actions to protect agriculture workers from exposure to the coronavirus.

Prevention and control of coronavirus at agricultural worksites, and in shared worker housing and shared transport vehicles, can present unique challenges. Applying specific disease management and prevention measures can help reduce the risk of transmitting the virus among workers on farms, ranches, and other production worksites.

The guidance recommends that owners and operators:

- Screen agricultural workers for coronavirus symptoms, manage workers who have symptoms upon arrival at work or who become sick during the day, and address return to work after worker exposure;
- Use touch-free clocks and automatic doors, install plastic barriers when distances of six feet between individuals are not possible, and rearrange chairs and tables in break areas;
- Implement cleaning, disinfection, and sanitation protocols;
- Train workers in a language they understand on the signs and symptoms of coronavirus, proper infection control and social distancing practices, and what to do if they or a coworker experience symptoms;
- Encourage workers to use cloth face coverings in certain circumstances (e.g., when utilizing shared methods of transportation); and
- Provide and train workers on proper use of personal protective equipment through videos or in-person visual demonstrations.

The guidance also explains what employers should do to prevent transmission of the virus among workers who share housing and transportation to and from the agricultural worksite.

U.S. Department of Labor Issues Information Letter on Private Equity Investments. The U.S. Department of Labor today issued an Information Letter under the Employee Retirement Income Security Act (ERISA) concerning private equity investments as a component of a professionally managed asset allocation fund offered as an investment option for participants in defined contribution plans.

On May 19, 2020, President Trump issued Regulatory Relief to Support Economic Recovery Executive Order 13924. President Trump directed agencies "to remove barriers to the greatest engine of economic prosperity the world has ever known: the innovation, initiative, and drive of the American people" in order that we may "overcome the effects the virus has had on our economy."

"This Information Letter will help Americans saving for retirement gain access to alternative investments that often provide strong returns," U.S. Secretary of Labor Eugene Scalia said. "The Letter helps level the playing field for ordinary investors and is another step by the Department to ensure that ordinary people investing for retirement have the opportunities they need for a secure retirement."

Chairman of the U.S. Securities and Exchange Commission Jay Clayton commended the Department's efforts to improve investor choice and investor protection, saying the Information Letter, "will provide our long-term Main Street investors with a choice of professionally managed funds that more closely match the diversified public and private market asset allocation strategies pursued by many well-managed pension funds as well as the benefit of selection and monitoring by ERISA fiduciaries."

Private equity investments have long been part of the investment portfolios used by defined benefit plans to fund retirement benefits for many American workers, but they generally have not been incorporated into investment funds used by defined contribution plans, such as 401(k) plans. Rather, 401(k) plans generally use mutual funds, bank collective investment trusts, and insurance company pooled accounts with portfolios focused on publicly traded stocks and bonds. The Information Letter addresses private equity investments offered as part of a professionally managed multi-asset class vehicle structured as a target date, target risk, or balanced fund. Adding private equity investments to such professionally managed investment funds would increase the range of investment opportunities available to 401(k)-type plan options. The Information Letter, however, does not authorize making private equity investments available for direct investment on a standalone basis.

The Information Letter was developed by the Department of Labor's Employee Benefits Security Administration (EBSA). EBSA's mission is to ensure the security of the retirement, health, and other workplace-related benefits of American workers and their

families.

The Information Letter will support ERISA plan fiduciaries' prudent consideration of innovative retirement plan investment opportunities to help defined contribution plan participants achieve successful retirement outcomes through appropriately diversified investment options that provide strong investment returns. "This letter should assure defined contribution plan fiduciaries that private equity may be part of a prudent investment mix and a way to enhance retirement savings and investment security for American workers," said EBSA Acting Assistant Secretary Jeanne Klinefelter Wilson. The Information Letter is available at https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/information-letters/06-03-2020.

The State of Texas

From the Office of the Governor, Greg Abbott

Governor Abbott Announces Phase III to Open Texas
Governor Greg Abbott today announced the third phase of the State of Texas' plan to safely open the economy while containing the spread of COVID-19. Under Phase III, effective immediately, all businesses in Texas will be able to operate at up to 50% capacity, with very limited exceptions. Business that previously have been able to operate at 100% capacity may continue to do so, and most outdoor areas are not subject to capacity limits. All businesses and customers should continue to follow minimum standard health protocols laid out by the Texas Department of State Health Services (DSHS).

As with previous phases, the Phase III plan is based on the advice and support of the four doctors on the Strike Force to Open Texas medical team. Via Executive Order, Phase III begins immediately. A breakdown of Phase III can be found below.

Between May 26th and June 2nd, over 45% of new cases came from jails or prisons, meat packing plants and nursing homes. There are currently 1,487 Texans hospitalized

due to COVID-19. There are 20,679 active cases in the state and 45,858 Texans are estimated to have recovered.

Effective June 3:
All businesses currently operating at 25% capacity can expand their occupancy to 50% with certain exceptions.

Bars and similar establishments may increase their capacity to 50% as long as patrons are seated.

Amusement parks and carnivals in counties with less than 1,000 confirmed positive cases may open at 50% capacity.

Restaurants may expand their maximum table size from 6 to 10 persons.

Effective June 12:
Restaurants may expand their occupancy levels to 75%.

Counties with 10 or less active COVID-19 cases may expand their occupancy limits to 75%.

Counties that fit this category but have not previously filed an attestation with DSHS will need to do so.

Effective June 19:
Amusement parks and carnivals in counties with more than 1,000 confirmed positive cases of COVID-19 may open at 50% capacity.

Additional Openings:
Special provisions have been made for outdoor gatherings, such as Fourth of July celebrations, but it is imperative that local officials and public health officials collaborate on safe standards. These provisions are included in the Governor's Executive Order and are also available on the Open Texas webpage.

Further Protocols:
All businesses should continue to follow the minimum standard health protocols from DSHS. For details and a full list of guidelines, openings, and relevant dates, visit http://open.texas.gov.

Reminders for those going out:

- Individuals are encouraged to wear appropriate face coverings.

- People should not be in groups greater than ten when possible.
- People over the age of 65 are encouraged to stay at home as much as possible.
- People are still asked to avoid nursing homes, state-supported living centers, assisted living facilities, or long-term care facilities.

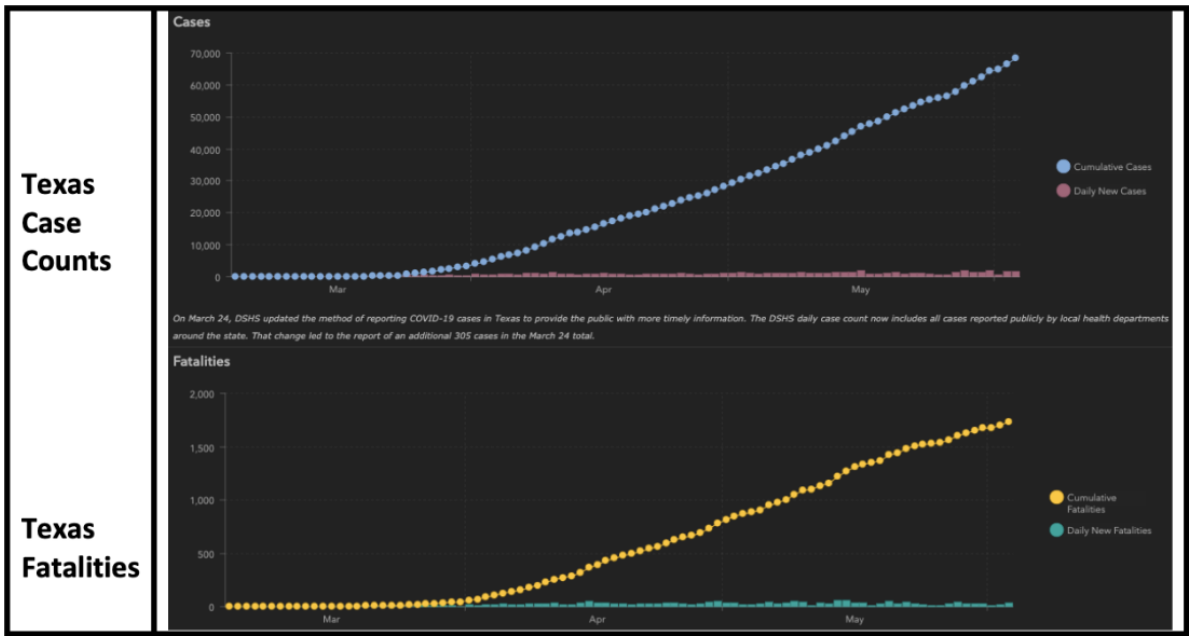
View the Governor's Executive Order.

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 3:25 PM can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases	
Today **Total Tests: 1,150,868** **Total Viral Tests: 1,006,768*** **Total Antibody Tests: 110,506*** **Cases Reported: 68,271** **Patients Recovered: 45,858** **Fatalities: 1,734** **Active Cases: 20,679** **Daily New Cases: 1,703** **As of June 2, 2020* **Monday** **Total Tests: 1,093,676** **Total Viral Tests: 970,031*** **Total Antibody Tests: 103,460*** **Cases Reported: 64,880** **Patients Recovered: 43,338** **Fatalities: 1,678** **Active Cases: 19,864** **Daily New Cases: 593** **As of May 31, 2020*	Harris County 13,027 Dallas County 10,719 Tarrant County 5,623 Travis County 3,433 Bexar County 2,882 El Paso County 2,872 Potter County 2,432 Fort Bend County 1,916 Walker County 1,730 Denton County 1,416	Collin County 1,346 Montgomery County 1,010 Brazoria County 941 Galveston County 857 Moore County 840 Cameron County 799 Randall County 711 Lubbock County 706 Jones County 637 Williamson County 636



Health and Human Services Commission

HHSC Releases an Updated Timeline for Cures Act EVV Expansion. The updated timeline for expanding the Cures Act EVV requirement to all Medicaid personal care services is now available on the HHS Cures Act EVV website. The timeline includes new information and resources about the EVV Practice Period beginning July 1, completing training requirements, and more. This information is for Cures Act program providers and FMSAs (PDF) required to use Electronic Visit Verification by Jan. 1, 2021. For questions, contact EVV.

HHSC: June 3 is the Final Day to Submit Revenue Information to Receive Additional Provider Relief Fund Payment. The Texas Health and Human Services Commission is reminding all providers who may have received funding from the U.S. Department of Health and Human Services that today, June 3, 2020, is the final day to accept the Terms and Conditions and submit their revenue information to support receiving an additional payment from the HHS Provider Relief Fund.

The U.S. Department of Health and Human Services has announced that all providers who automatically received an additional General Distribution payment prior to 5 p.m.,

Friday, April 24, must provide the department with an accounting of their annual revenues by submitting tax forms or financial statements. These providers must also agree to the program Terms and Conditions if they wish to keep the funds. Providers who have cases pending before the department for adjudication with regard to eligibility for general distribution funding will not be impacted by this closure. All cases needing individual adjudication will need to be received by the department no later than June 3, 2020.

Providers can sign their attestation on the US HHS website.

Texas Workforce Commission

Texas Triggers Additional 13-Week Benefit Extension. Monday, June 1, the Department of Labor notified the Texas Workforce Commission (TWC) that the state triggered State Extended Benefits (EB). This program provides federal reimbursement to the state for up to an additional 13 weeks of unemployment benefits. The extension takes effect on May 31, 2020. Pandemic Emergency Unemployment Compensation (PEUC), passed as part of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), previously extended unemployment benefits for 13 weeks starting March 29, 2020. As a result, the first week Texans may be eligible for the additional EB is the week ending in July 4, 2020.

Statutes for EB date back to 1971 and are triggered during different periods of high unemployment. EB are available to workers who have exhausted regular unemployment insurance benefits during periods of high unemployment and are calculated per state. Texas' unemployment rate is currently 12.8 percent, exceeding the five percent threshold to trigger the extension. Determination of "on" and "off" indicators can be found in TUCA 209.022.

Under traditional unemployment insurance, claimants can receive up to 26 weeks of benefits. The CARES Act provides PEUC benefits up to 13 weeks and provides an additional $600 per week to claimants until July 25, 2020. The CARES Act also expands the pool of claimants eligible to receive unemployment benefits to include self-employed, contract/gig workers, and those that were previously ineligible.

Since the week ending in March 13, 2020 TWC has taken 3 million initial claims and paid out $9.7 billion in unemployment benefits. For more information about unemployment benefits paid or to view an interactive map of claims, visit TWC's UI by the Numbers page.

To apply for unemployment benefits or to request payment visit ui.texasworkforce.org. All claimants should keep their mailing and email addresses current in the unemployment benefits services system to prevent delays in communication. No action is required by the customer, if qualified TWC will automatically enroll the customer in EB. The customer should simply continue filing their payment request timely if they are still unemployed.

Unemployment News:

Treasury Offset Program Collection
In October 2016, TWC began issuing letters to former unemployment benefit claimants who have debts that are subject to collection through the Treasury Offset Program (TOP). TOP is a federal program that collects past due debts owed to federal and state agencies by capturing Internal Revenue Service tax refunds to offset these debts. Claimants with an overpayment caused by incorrectly reported earnings, fraud and fraud penalties are subject to TOP. For more information, go to Overpayment of Unemployment Benefits.

U.S. Bank Debit Card
If you are paid benefits by debit card, you will automatically receive a U.S. Bank ReliaCard® in the mail. For more information, go to Receiving Benefits by Debit Card.

Electronic Unemployment Benefits Correspondence
Would you like to go paperless? Sign up for Electronic Correspondence to access to your unemployment benefits correspondence online, using a secure, personal inbox.

- Claimants: sign up using Unemployment Benefits Services
- Employers: sign up using Employer Benefits Services

Employee Refused Return-to-Work Offer? Let TWC Know!
If you offered any of your employees a chance to return to work and they refused, TWC needs to know. Please report each individual who refused to return to work on our online Employer Work Refusal Documentation form.

If Your Employment Has Been Affected by the Coronavirus (COVID-19)
If your employment has been affected by the coronavirus (COVID-19), apply for benefits either online at any time using Unemployment Benefits Services or by calling TWC's Tele-Center at 800-939-6631 from 7 a.m.-7 p.m. Central Time, seven days a week.

TWC is experiencing an increase in call volumes and hold times on our Tele-Center phone

lines. You are encouraged to use our online claim portal, Unemployment Benefits Services (UBS), to handle your claim needs quickly. UBS is available 24 hours a day, seven days a week. We also encourage you to sign up for Electronic Correspondence so you can receive your TWC communications online as soon as possible.

TWC will investigate why you lost your job and mail a decision explaining whether you are eligible for unemployment benefits.

CARES Act

Under the Coronavirus Aid, Relief, and Economic Security (CARES) Act dated March 27, 2020, individuals who are self-employed, seeking part-time employment, or who otherwise would not qualify for regular Unemployment Compensation (UC) or Extended Benefits (EB) under state or federal law or Pandemic Emergency Unemployment Compensation (PEUC) under section 2107 may be eligible for assistance under Pandemic Unemployment Assistance (PUA). Coverage may also include individuals who have exhausted their benefits under regular UC or EB claims under state or federal law, or PEUC.

If you have already applied for unemployment benefits, DO NOT APPLY AGAIN, even if you have been denied. TWC will determine which pandemic unemployment benefits program you are eligible for and notify you by mail or electronic correspondence. Make sure to request benefit payment on the date listed on the filing instructions we provided you when you applied, and every two weeks after that on your filing day. For more information, see COVID-19 Resources Job Seekers.

Featured Topics

- You can appeal a TWC unemployment benefits decision using on online appeal form.
    - Claimants: go to How to Appeal a Decision
    - Employers: go to How to Appeal a Decision- For Employers
- Make sure you meet your work search requirements by logging your efforts on TWC's work search log
- If you were previously disqualified, you can find information on how to end your disqualification.
- If your If your last work was temporary employment, find out how temporary work affects your benefits

Learn More About: Income Taxes & Your Unemployment Benefits

You must report all unemployment benefits you received to the Internal Revenue Service (IRS) on your federal tax return. We mail IRS Form 1099-G in January, which provides all the information you need to report your benefits.

Beginning in mid-January, you can find the amount of benefits we paid you and any federal taxes withheld on Unemployment Benefits Services (View IRS 1099-G Information) or by calling Tele-Serv at 800-558-8321 (select option 2). TWC staff does not have that information before mid-January. Find information on reporting your unemployment benefits to the IRS.

Making Home Affordable

- Get information about federal refinancing and loan modification programs from the Departments of the Treasury & Housing and Urban Development

Learn to Manage the Financial Impact of a Job Loss

- Job Dislocation: Making Smart Financial Choices after a Job Loss

State and Federal Overview: June 1, 2020

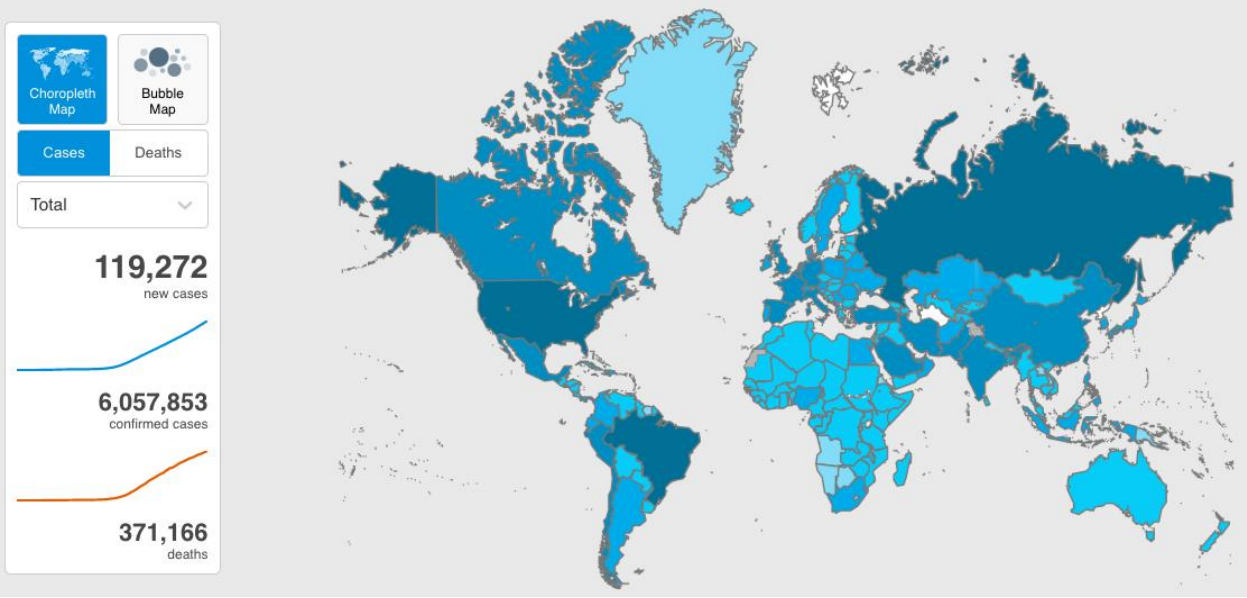
International

WHO has published a case report form for suspected cases of multisystem inflammatory syndrome (MIS) in children and adolescents temporally related to COVID-19. During the last two weeks, WHO has delivered over 55 tons of health supplies by road to northeast Syria. These shipments contained equipment and medical supplies to treat many diseases, including COVID-19. "Clean hands save lives" and "Applaud healthcare workers" campaigns celebrated in North Macedonia. Midwives and nurses were honored with applause, as over 500 healthcare professionals were awarded the "Clean hands" certificate of recognition by WHO. Since the start of the pandemic, there has been an urgent need to accelerate the research and development of COVID-19 candidate vaccines. WHO has been supporting this effort. Currently over 120 candidate vaccines have been mapped and sites in 40 countries have expressed an interest to join the Vaccine Solidarity Trial. For more on this, see the 'Subject in Focus'.

Read today's situation report.

- Read Sunday's situation report.
- Read Saturday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.



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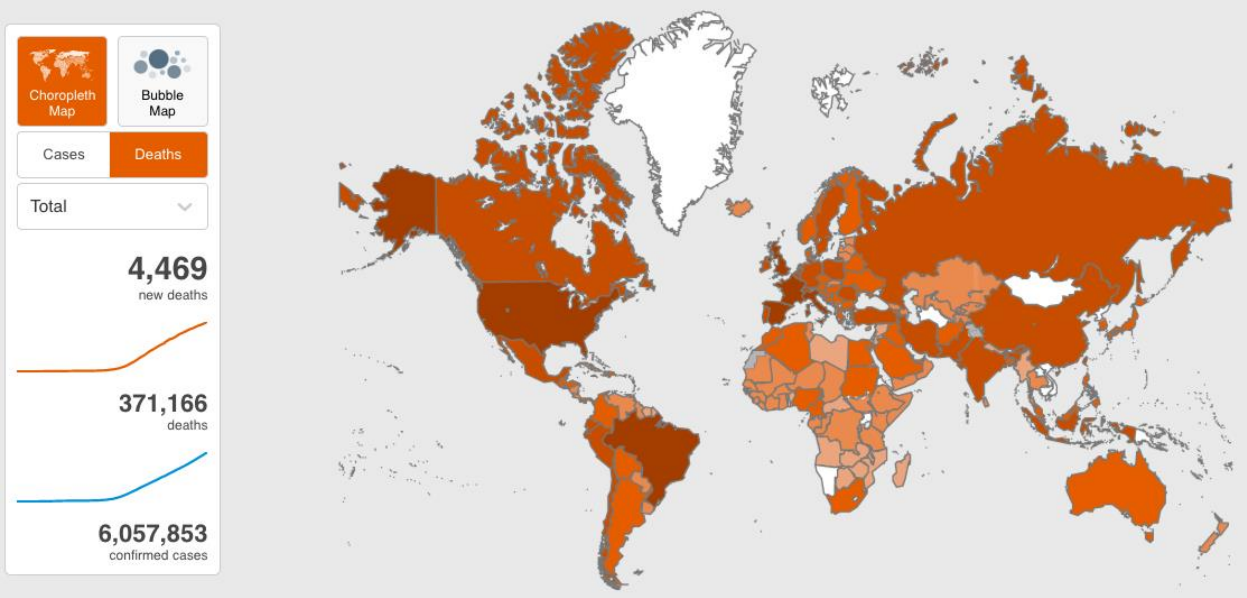
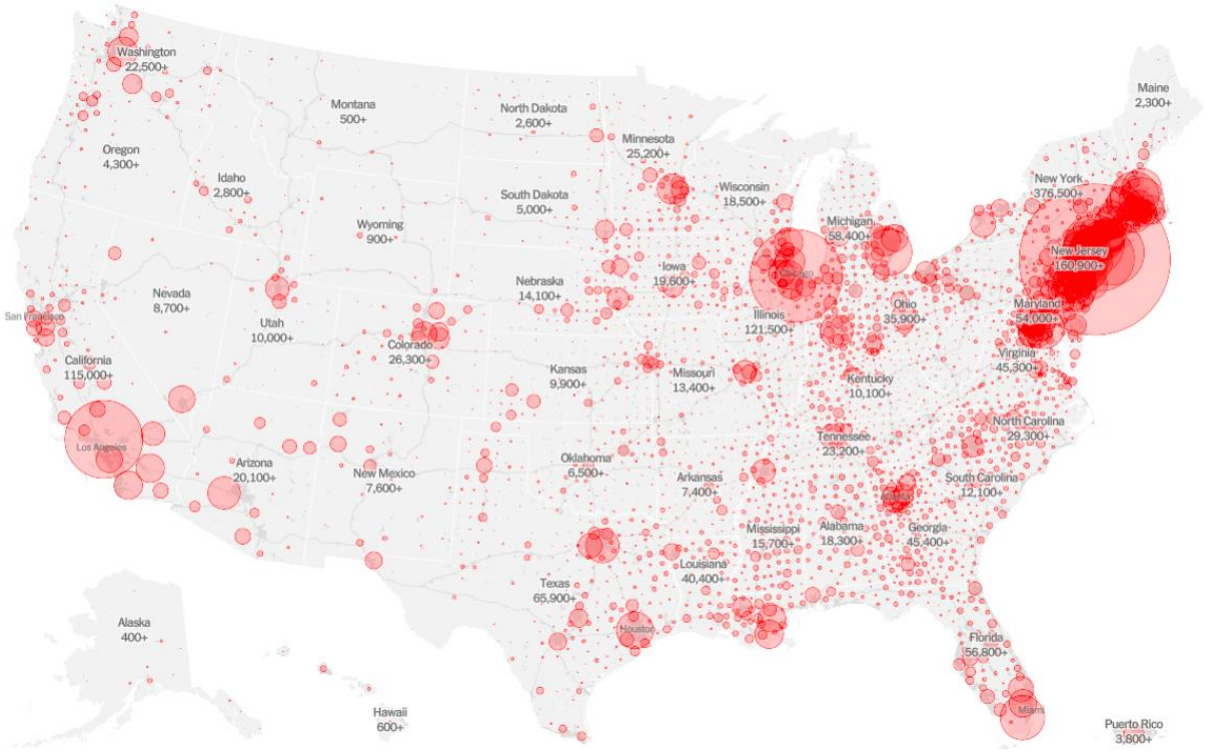


Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 1.8 million+
Deaths: 104,833

Includes confirmed and probable cases where available.



U.S. Congressional Budget Office

The Congressional Budget Office published a revised estimate for H.R. 6800, the Heroes Act, as Passed by the House of Representatives on May 15, 2020.

Among other things, H.R. 6800

- provides FY2020 emergency supplemental appropriations to federal agencies;
- provides payments and other assistance to state, local, tribal, and territorial governments;
- provides additional direct payments of up to $1,200 per individual;
- expands paid sick days, family and medical leave, unemployment compensation, nutrition and food assistance programs, housing assistance, and payments to farmers;
- modifies and expands the Paycheck Protection Program, which provides loans and grants to small businesses and nonprofit organizations;
- establishes a fund to award grants for employers to provide pandemic premium pay for essential workers;
- expands several tax credits and deductions;
- provides funding and establishes requirements for COVID-19 testing and contact tracing;

- eliminates cost-sharing for COVID-19 treatments;
- extends and expands the moratorium on certain evictions and foreclosures; and
- requires employers to develop and implement infectious disease exposure control plans.

The bill also modifies or expands a wide range of other programs and policies, including those regarding

- Medicare and Medicaid,
- health insurance,
- broadband service,
- medical product supplies,
- immigration,
- student loans and financial aid,
- the federal workforce,
- prisons,
- veterans benefits,
- consumer protection requirements,
- the U.S. Postal Service,
- federal elections,
- aviation and railroad workers, and
- pension and retirement plans.

Read the CBO estimate here.

U.S. Centers for Medicare & Medicaid Services

CMS Unveils Enhanced Enforcement Actions Based on Nursing Home COVID-19 Data and Inspection Results. Today the Centers for Medicare & Medicaid Services (CMS) unveiled enhanced enforcement for nursing homes with violations of longstanding infection control practices. This announcement builds on the previous actions CMS has taken to ensure the safety and security of America's nursing homes as the nation battles coronavirus disease 2019 (COVID-19), and is a key step in the Trump Administration's Guidelines for Opening Up America Again.

The enhanced and targeted accountability measures are based on early trends in the most recent data regarding incidence of COVID-19 in nursing homes, as well as data regarding the results of the agency's targeted infection control inspections. CMS is increasing enforcement (e.g., civil money penalties (CMPs)) for facilities with persistent infection control violations, and imposing enforcement actions on lower level infection control deficiencies to ensure they are addressed with increased gravity.

Utilizing the CARES Act funding, states will be required to perform on-site surveys of nursing homes with previous COVID-19 outbreaks and will be required to perform on-site surveys (within three to five days of identification) of any nursing home with new COVID-19 suspected and confirmed cases.

To help nursing homes implement infection control best practices, CMS will provide technical assistance through Quality Improvement Organizations (QIOs). CMS and the Centers for Disease Control and Prevention (CDC) will continue to monitor the data it receives through the new nursing home COVID-19 surveillance system to identify nursing homes with outbreaks and work with Governor's offices and states to keep nursing home residents safe.

Read the full release here.

U.S. Department of Health and Human Services

HHS Adds $628 Million to Contract with Emergent BioSolutions to Secure CDMO Manufacturing Capacity for Operation Warp Speed. As part of the Trump Administration's Operation Warp Speed, on Monday, the U.S. Department of Health and Human Services announced a task order with Emergent BioSolutions to advance manufacturing capabilities and capacity for a potential COVID-19 vaccine as well as therapeutics. The task order is worth approximately $628 million and falls under an existing contract with the Biomedical Advanced Research and Development Authority (BARDA), part of HHS's Office of the Assistant Secretary for Preparedness and Response.

Under the task order, Emergent will commit contract development and manufacturing organization (CDMO) drug substance and drug product manufacturing capacity valued at approximately $542.75 million for production of COVID-19 vaccine candidates through 2021, in addition to an investment of approximately $85.5 million for the rapid expansion of Emergent's viral and non-viral CDMO fill / finish capacity for vaccine and therapeutic manufacturing.

Before this task order announcement, Emergent had begun collaborating on development and manufacturing with Johnson & Johnson, Novavax, and Vaxart on their COVID-19 vaccine candidates. Johnson & Johnson's candidate has received BARDA support. BARDA has invested since 2012 to expand domestic manufacturing capabilities in the United States, including creating three Centers for Innovation in Advanced Development and Manufacturing; one of the centers is managed by Emergent and becomes the first to be deployed for the Operation Warp Speed effort.

For more background on Operation Warp Speed, follow this link.

Read the full release here.

Federal Emergency Management Agency

FEMA Administrator June 1, 2020, Letter to the Nation's Emergency Managers
… For those emergency managers affected by Atlantic and Central Pacific hurricanes, the official season begins today. For those impacted by Eastern Pacific hurricanes/typhoons your season started two weeks ago on May 15, 2020. Moreover, for many of us, we are always at risk for wildfires, flooding, and earthquakes. According to the National Interagency Fire Center, due to the overall warm and dry weather, prolonged drought patterns, and the buildup of hazardous dry vegetation, western states should be monitored for increased fire potential as we move through the summer months.

On May 21, 2020 the NOAA Climate Prediction Center released the forecast for an above-normal 2020 Atlantic hurricane season. The outlook predicts a 60% chance of an above-normal season, with 13-19 named storms, 6-10 hurricanes, and 3-6 major hurricanes. With this forecast and the ongoing response to the COVID-19 pandemic, it's critical that we all take prudent and timely actions to be as ready and prepared as possible. Watch the video here.

In order to ensure extraordinary readiness, on May 20, 2020, we released the COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season to help emergency managers and public health officials best prepare for the upcoming hurricane season. This guidance is actionable as it helps public officials to prepare for response and recovery operations during ongoing pandemic response.

While the document focuses on the 2020 hurricane season, most planning considerations can be applied to any disaster operation during the COVID-19 environment, including no-notice incidents such as flooding, wildfires, and more.

Today, we also released an All-Hazards Preparedness in a Pandemic Exercise Starter Kit to help our partners prepare for hurricane season as well as other hazards in this COVID-19 pandemic environment. This Exercise Starter Kit along with the recently released Exercise Starter Kit for Reconstituting Operations helps facilitate discussions, validate planning, and identify and address gaps.

I ask all of you to review your planning, to include emergency operations, mass care,

evacuation, continuity, resource management, mutual aid, logistics, public information, and recovery considerations against our ongoing COVID-19 response…

As a reminder, **Fiscal Year (FY) 2020 Emergency Management Performance Grant Program (EMPG) funds may be used** to ensure adequate funding and planning for preparedness and response efforts in a COVID-19 environment, including some of the suggestions provided in the COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season. In addition, **EMPG COVID-19 Supplemental funds** should be used to:

- Review, modify, and/or execute logistics and enable contracts to increase capability to stockpile and provide necessary resources needed to stabilize lifelines;
- Modify plans to account for limited travel options and increased time needed for the evacuation of healthcare facilities in a COVID-19 environment;
- Identify mass care and shelter options that meet CDC guidance and mitigate risks to your communities and most vulnerable citizens; and,
- Emphasize collection, analysis, and sharing of data in accordance with applicable legal protections and processes to strengthen decision-support capabilities.

Read the full letter here.

FEMA Releases Latest State-by-State COVID-19 Data
On Tuesday, FEMA announced that the federal government will distribute non-contact infrared thermometers to support phased reopening of the nation's workplaces and restarting of the American economy. FEMA is coordinating e initial distribution and delivery of more than 438,000 thermometers to state, territorial and tribal locations.

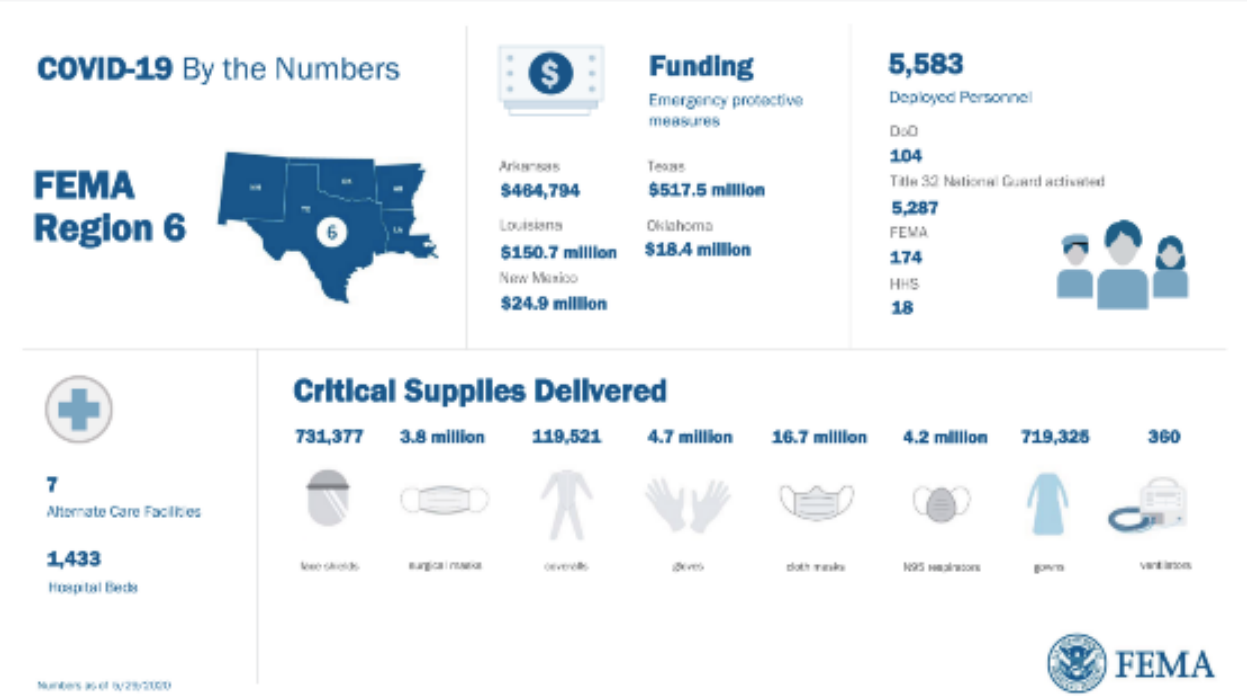
The federal government continues to meet demands for personal protective equipment through new acquisition, federal interagency allocation, private industry donations and the Strategic National Stockpile.

Resources listed below are deliveries made by FEMA Regions, and are separate from all supplies delivered through Project Airbridge distributions: *See a graphical by-the-numbers breakdown by FEMA Region*.

Texas
Critical supplies delivered: 1.3 million N95 respirators, 2.0 million gloves, 390,647 face shields and

- 1.7 million surgical masks.
- As of May 28, FEMA has obligated $517.5 million in federal support to Texas.
- As of May 28, five Battelle N95 decontamination units are located in the Austin, Corpus Christie, Dallas, El Paso and Houston areas.
- A phased reopening is underway.

Read [the full release here](#).



U.S. Department of Agriculture

USDA Launches 2020 Feds Feed Families Nationwide Food Drive. The U.S. Department of Agriculture (USDA) today kicked off the 11th annual government-wide Feds Feed Families (FFF) campaign, which encourages employees from all federal departments and agencies to give in-kind contributions -- food, services, and time -- to food banks and pantries. This year's campaign highlights a summer of giving in June and July, along with seasonal reminders to donate throughout the year.

The 2020 campaign focuses on online donations and virtual food drives, while also providing

guidance for in-person donations and events as appropriate. Federal employees can go to the new website, the FFF Hub, to find out how and where to donate online or in-person at food banks and food pantries, how to organize virtual food drives, how to find field or warehouse gleaning opportunities, and how to share donation success stories. Since FFF in-kind donations are measured in pounds rather than dollars, the new website makes it easier than ever to record contributions.

There are many ways to participate:

- Become an FFF Champion at your department or agency to motivate your colleagues to participate.
- Donate online: Purchase food at an online grocer and have it delivered directly to a food bank or pantry. Or make a monetary donation to a food pantry or food bank. Record your donation in either pounds or dollars on the FFF Hub.
- Combined Federal Campaign (CFC): Donate money to a food pantry or food bank through the CFC special solicitation through June 30 and also during the regular CFC giving season from September through January. Record your donation on the FFF Hub.
- Attend a virtual food drive event: Join your colleagues online to learn about food insecurity in your community and how to donate pounds to participating local organizations.
- Drop off donations at your local food bank or pantry: Record your donation in pounds on the FFF Hub.
- Plant-a-row: Plant an extra row of produce in your garden and give the extra harvest to local feeding programs.
- Gleaning: Visit the FFF Hub to learn about field- and warehouse-gleaning opportunities.

The 2020 Food Drive focuses on healthy, nutritious foods. Participants may collect nonperishable foods and fresh foods (as appropriate for each food bank). Items most wanted by food pantries include high protein foods such as canned or dry beans, peanut butter, canned tuna, and salmon. Also in demand: grains (such as brown and white rice, pasta, and macaroni and cheese), hot and cold cereal, canned vegetables, canned fruit, dried fruits, 100 percent juice drinks, granola bars, and soups.

Since Feds Feed Families launched in 2009, this campaign has collected more than 92 million pounds of food for donation. In 2019 alone, federal employees donated more than 2.8 million pounds. USDA is the designated lead agency for the National Feds Feeds Families campaign for the U.S. government nationwide.

Read the full release.

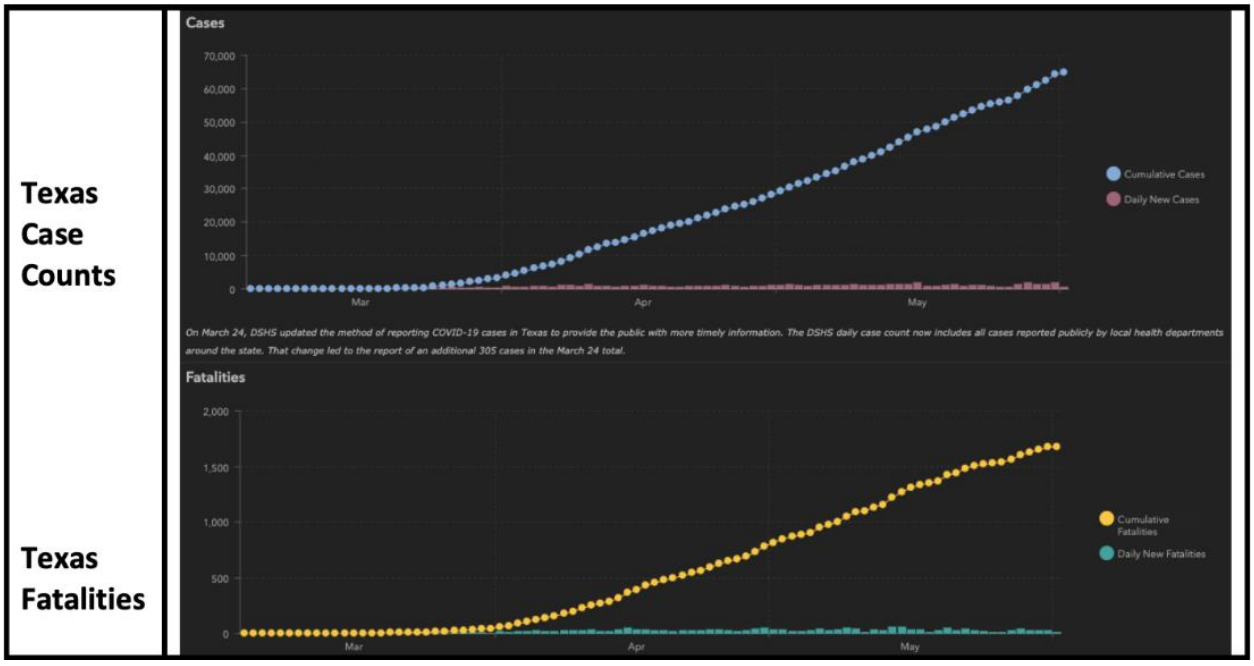
The State of Texas

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 4:00 PM can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with the Highest Number of Cases	
Today **Total Tests: 1,093,676** **Total Viral Tests: 970,031*** **Total Antibody Tests: 103,460*** **Cases Reported: 64,880** **Patients Recovered: 43,338** **Fatalities: 1,678** **Active Cases: 19,864** **Daily New Cases: 593** **As of May 31, 2020* **Yesterday** **Total Tests: 1,027,449** **Total Viral Tests: 893,275*** **Total Antibody Tests: 96,719*** **Cases Reported: 61,006** **Patients Recovered: 40,068** **Fatalities: 1,626** **Active Cases: 19,312** **Daily New Cases: 1,230** **As of May 28, 2020*	Harris County 12,276 Dallas County 10,234 Tarrant County 5,513 Travis County 3,272 Bexar County 2,830 El Paso County 2,794 Potter County 2,321 Fort Bend County 1,881 Walker County 1,456 Denton County 1,373	Collin County 1,312 Montgomery County 954 Brazoria County 917 Galveston County 817 Cameron County 764 Lubbock County 692 Moore County 689 Randall County 674 Williamson County 621 Hidalgo County 575



Health and Human Services Commission

HHSC: COVID-19 Updates and Q&A with LTC Regulation and DSHS. Nursing Facilities are encouraged to apply for Up to $3000 in CMP Funds for Communication Devices Used During COVID-19. All nursing facilities are encouraged to apply for up to $3000 in federal civil money penalty funds per facility. These funds are to purchase communication devices to aid in connecting residents with their loved ones during the COVID-19 pandemic. Use awarded funds to buy items such as tablets, webcams, headphones and certain accessories. The Centers for Medicare & Medicaid Services imposes CMPs against Medicare or Medicaid-certified NFs found out of compliance with federal requirements. CMP funds can be used for projects and activities that benefit NF residents by improving their quality of care or quality of life. Visit the CMP webpage and read the Special Application Period for Communicative Devices in Nursing Facilities section for complete details and an application.

Questions should be directed to: CmpApplication@hhsc.state.tx.us

The complete guidance COVID-19 RESPONSE FOR LONG-TERM CARE FACILITIES.

Updates:
1. Updates regarding Bathing and Showering (more detail on upcoming slides).
2. Updates regarding resident and staff testing.

- Residents who refuse testing for COVID-19 must be isolated for 14 days and monitored for signs and symptoms of respiratory illness. Staff should wear appropriate PPE when caring for residents who refuse testing. Residents who refuse testing must not be cohorted with other residents who have tested positive for COVID-19 or other residents who have tested negative for COVID-19.
- Staff who refuse testing for COVID-19 must stop working, self-quarantine at home, and self-monitor for 14 days unless they provide proof of a negative PCR test.

3. Updates to section titled "PPE Use When Caring for Residents with COVID-19" regarding cloth gowns (more detail on upcoming slides).
4. Purpose under Attachment 3 updated. "This document provides guidance to NFs, including nursing homes and SNFs"
5. Updated/additional CDC resource links:

- Performing Facility-wide SARS-CoV-2 Testing in Nursing Homes
- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes – updated 05/19/2020
- Strategies for Optimizing the Supply of Isolation Gowns
- Testing for Coronavirus (COVID-19) in Nursing Homes - updated 05/19/2020

6. Attachments have been reordered

Bathing & Showering New section related to bathing and showering was added. It includes guidance about bathing and showering of residents:

- in NFs experiencing a COVID-19 outbreak
- with active signs and symptoms of respiratory illness
- without active signs and symptoms of respiratory illness
- in facilities both with and without dedicated bathing area for residents with COVID-19

Also includes guidance related to:

- staff use of PPE during bathing
- cleaning and sanitizing

PPE Use When Caring for Residents with COVID-19: Cloth Gowns New section related to the use of cloth gowns as PPE. Includes guidance regarding:

- when to use a cloth gown or disposable gown
- cleaning and laundering, including the number of times the gown can be laundered and reworn.
- alternatives to disposable gowns
- staff training
- optimizing use of PPE gowns

Not being able to fit test N95 respirators New section related to N95 respirator use and fit testing, including:

- what to do when NFs cannot fit-test HCW for N95 respirators
- NIOSH guidance for respirator use and fit testing in a serious outbreak when critical supply shortages exist

- when fit-testing should always occur

COVID-19 Q and A

Question: Do visitors in compassionate care end-of-life situations have to wear an N95 mask?

Response: No, the CDC guidance does not recommend visitors permitted to enter the facility for compassionate care or end-of-life situations wear an N95 facemask. Visitors in this situation should wear a cloth face covering or surgical facemask while in the building. Visitors should be screened prior to entry, restrict their visit to the resident's room or other location designated by the facility and frequently perform hand hygiene. If the visitor has signs or symptoms of respiratory illness, they should not be permitted to enter the facility, even for compassionate care or end-of-life situations.

Question: What guidance is there for testing new hires after the current testing initiative? Do they have to be tested before they start working at the nursing facility?

Response: If the new hire is able to be tested with the rest of the facility staff and residents, it is fine to have them tested – make sure to update your form to include the new employee's information. Otherwise, new hires are not required to be tested as a condition of employment.

Question: I just received a box of 500 "face coverings" from DSHS. They look like cloth face masks. Are we allowed to use these in the facility as a preventative measure?

Response: If they are face coverings that look like cloth facemasks, they can be worn by residents who are not ill when the residents leave their bedrooms. They should not be used by residents who are ill or staff.

Question: Are all HHSC surveyors required to participate in these webinars and review the FAQs?

Response: These webinars are open to everyone, including surveyors, but it is not a requirement.

Question: If lab results come back positive for a staff member, but more than 14 days have passed since the test was administered, does the staff member still have to self-quarantine?

Response: A positive COVID-19 result, even if it comes late, still reflects possible transmission of the virus within the facility and should still prompt repeat testing at the facility. In addition, the person who tested positive, whether it is a staff member or resident, will not require isolation, but the facility will need to make sure that the person has met the criteria

to discontinue isolation. That can be symptom-based (i.e., 10 days since symptom onset AND at least 72 hours of no fever/improving symptoms) or test-based (i.e., at least 2 subsequent negative PCR tests). There is no preference of one strategy over the other by CDC. If the person was asymptomatic for the entire duration, they can use a time-based strategy (i.e., 10 days from the time of the positive test) to end their isolation period. Other people in the facility who had close contact with the COVID-19 positive person must be isolated and monitored for 14 days. The infectious period is 48 hours prior to symptom onset though the time that isolation could be discontinued.

Health and Human Services Commission. Revised: IL 20-11 Temporary Guidance Extended Through June 30. To ensure people do not experience a gap in services due to the temporary suspension of face to face service coordination visits for COVID-19, the Texas Health and Human Services Commission will extend Intellectual Disability/Related Condition assessments and individual plans of care expiring at the end of June 2020. This is for people enrolled in the Home and Community- based Services Program or the Texas Home Living Program.

HHS revised IL20-11, Extensions of Eligibility and Individual Plan of Care Revisions for Individuals in HCS and TxHmL Due to COVID-19 (PDF). It was previously issued on March 26 and extends the temporary guidance through June 30, 2020.

Call the IDD Program Enrollment Support message line at 512-438-2484 for ID/RC assessment questions.

Call the IDD Utilization Review message line at 512-438-5055 for IPC extension or revision.

From the Office of the Comptroller, Glenn Hegar

Texas Comptroller Glenn Hegar today said state sales tax revenue totaled $2.61 billion in May, 13.2 percent less than in May 2019 and the steepest year-over-year decline since January 2010.

The majority of May sales tax revenue is based on sales made in April and remitted to the agency in May. Widespread social distancing requirements were in place across much of the state throughout April.

"Significant declines in sales tax receipts were evident in all major economic sectors, with the exception of telecommunications services," Hegar said. "The steepest decline was in collections from oil and gas mining, as energy companies cut well drilling and completion spending following the crash in oil prices.

"The business closures and restrictions and stay-at-home orders due to the COVID-19 pandemic spurred deep drops in collections from restaurants, amusement and recreation services, and physical retail stores. These declines were offset in part by increases from big box retailers and grocery stores that remained open as essential businesses, online retailers and restaurants that could readily pivot to takeout and delivery service.

"With the easing of state and local government social distancing orders beginning in May, business activity in the sectors most affected by measures to curb the pandemic should begin to slowly recover, but operations resuming at reduced capacity will result in continued reductions in employment, income and activity subject to sales tax for months to come."

Sales tax is the largest source of state funding for the state budget, accounting for 57 percent of all tax collections, but the effects of the economic slowdown and low oil prices were evident in other sources of revenue in May 2020. Texas collected the following revenue from other major taxes:

- **motor vehicle sales and rental taxes** — $265 million, down 38 percent from May 2019 and a modest improvement over April's results;
- **motor fuel taxes** — $221 million, down 30 percent from May 2019 and the steepest drop since 1989;
- **natural gas production tax** — $31 million, down 76 percent from May 2019;
- **oil production tax** — $90 million, the lowest monthly amount since July 2010, down 75 percent from May 2019 and the steepest drop since a 77 percent drop in March 1988;
- **hotel occupancy tax** — $8 million, down 86 percent from May 2019 and the steepest drop on record in data going back to 1982; and
- **alcoholic beverage taxes** — $28 million, down 76 percent from May 2019 and the steepest drop on record in data going back to 1980.

The Comptroller extended the due date for franchise tax payments this year from May 15 to July 15, meaning that comparisons to May 2019 collections are uninformative. The Comptroller's office detailed other COVID-19 impacts to the Texas economy, including the skyrocketing claims for unemployment benefits, in the most recent edition of *Fiscal Notes*.

For details on all monthly collections, visit the Comptroller's Monthly State Revenue Watch.

For an extensive history of tax policy developments and fees since 1972, visit our updated Sources of Revenue publication.

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State and Federal Overview: May 29, 2020

International

WHO has published a surveillance protocol for SARS-CoV-2 infection among health workers. This is a technical tool that countries can use to better understand the characteristics and exposure risks of health workers infected with COVID-19. WHO Director-General Dr Tedros, in his regular media briefing, stated the Solidarity Response Fund will continue to receive donations to support WHO's activities related to COVID-19, while the WHO Foundation will help to fund all elements of WHO's work and be fully aligned with the Organization's priorities. Members of the Polio Eradication Initiative at WHO Regional Office for the Eastern Mediterranean are supporting the training of health workers to respond to COVID-19 in Sudan. WHO is using the experience of health professionals, police staff and prisoners in Italy to inform guidance on preparedness, prevention and control of COVID-19 in prisons and other places of detention. Community pharmacists are key players in the COVID-19 response and should be aware of what steps to take if they suspect or see signs of COVID-19. The WHO Regional Office for Europe has published technical guidelines on practical ways in which health systems can better respond to COVID-19.

Read today's situation report.

View the WHO's Situation Dashboard for COVID-19 here.

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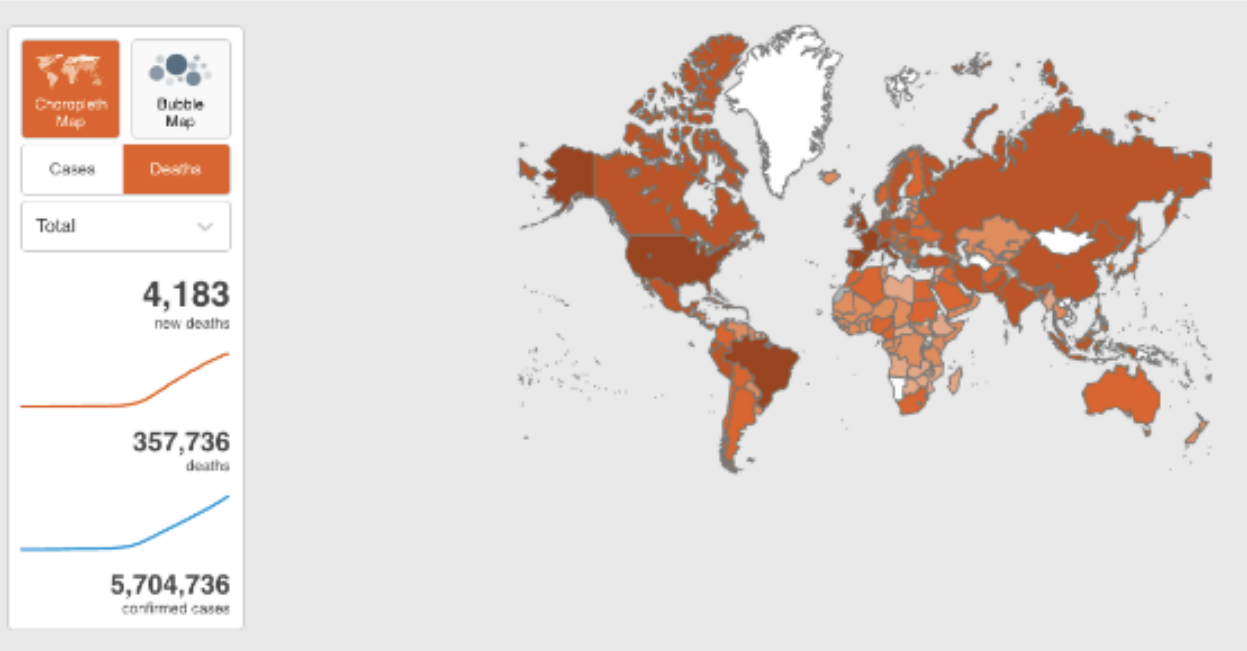
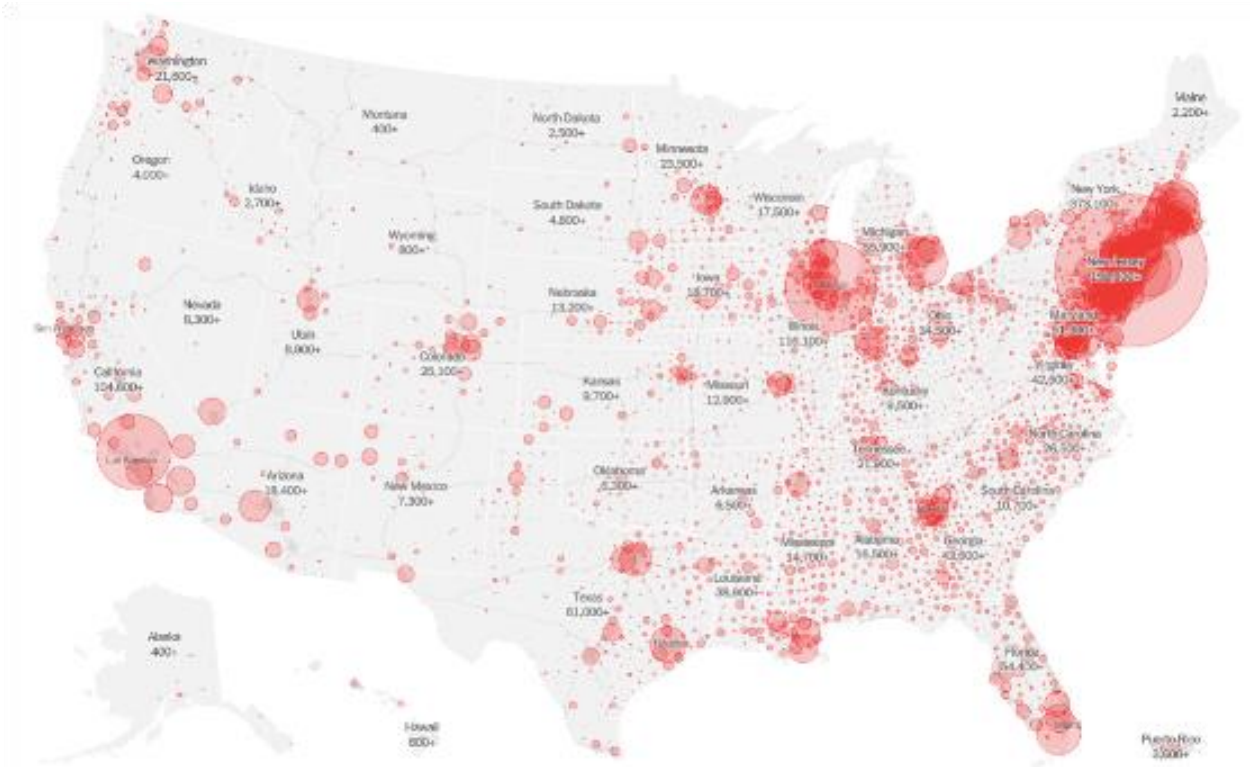


Total Cases: 1.7 million+
Deaths: 102,761

Includes confirmed and probable cases where available.



U.S. Centers for Medicare & Medicaid Services

New COVID-19 FAQs on Medicare Fee-for-Service Billing. CMS released additional Frequently Asked Questions (FAQs) on recent COVID-19-related waivers to help providers, including physicians, hospitals, and rural health clinics. Find more answers to questions on:

- Outpatient therapy
- Telehealth and appropriate coding
- Federally qualified health centers

U.S. Centers for Disease Control and Prevention

Key Updates for Week 21, ending May 23, 2020 (Key Points)

- Nationally, the percentages of laboratory specimens testing positive for SARS-CoV-2 with a molecular assay decreased compared to last week; however, there are two developments in particular worth noting:
    - The percent positivity increased slightly in two HHS surveillance regions (Regions 4 [the southeast] and 10 [the Pacific northwest]).
    - While the number of specimens from children <18 years of age tested is low (<5% of all specimens tested in public health and commercial laboratories),

the percentage testing positive for SARS-CoV-2 in this age group has either trended upward or remained relatively stable in recent weeks. Other age groups have seen declines in percent positivity during the same time period.

- Nationally, visits to outpatient providers and emergency departments (EDs) for illnesses with symptoms consistent with COVID-19 continued to decline or remain stable at low levels. Outpatient ILI visits are below baseline nationally and in all regions of the country.
    - The decrease in the percentage of people presenting for care with ILI and CLI may be due to a decline in COVID-19 illness, which could be in part a result of widespread adoption of social distancing, in addition to decreases in healthcare seeking behavior.
    - There has been very little influenza virus activity in recent weeks.
- The overall cumulative COVID-19 associated hospitalization rate is 73.3 per 100,000, with the highest rates in people 65 years of age and older (229.7 per 100,000) followed by people 50-64 years (113.4 per 100,000). Hospitalization rates are cumulative and will increase as the COVID-19 pandemic continues.
    - This week's report presents additional information on racial and ethnic disparities among reported COVID-19 hospitalizations. Non-Hispanic Black and non-Hispanic American Indian/Alaska Native populations have rates approximately 4.5 times that of non-Hispanic Whites, while Hispanic/Latinos have a rate approximately 3.5 times that of non-Hispanic Whites.
    - Cumulative hospitalization rates for COVID-19 in adults (18-64 years) at this time are higher than cumulative end-of-season hospitalization rates for influenza over each of the past 5 influenza seasons.
    - For people 65 years and older, current cumulative COVID-19 hospitalization rates are within ranges of cumulative influenza hospitalization rates observed at comparable time points* during recent influenza seasons.
    - For children (0-17 years), cumulative COVID-19 hospitalization rates are much lower than cumulative influenza hospitalization rates at comparable time points* during recent influenza seasons.
- Based on death certificate data, the percentage of deaths attributed to pneumonia, influenza or COVID-19 (PIC) decreased from 15.9% during week 20 to 9.8% during week 21 but remained above baseline. This is the fifth week during which a declining percentage of deaths due to PIC has been recorded. The percentage remains above the epidemic threshold, and is now similar to what has been observed at the peak of some influenza seasons. The percentage may change as additional death certificates for deaths during recent weeks are processed.

For more detail on this past week's activities please follow this link.

U.S. Food and Drug Administration

Food and Drug Administration: FDA Takes Steps to Streamline Development of Tests with At-Home Sample Collection. Today the U.S. Food and Drug Administration took steps to further support the development of COVID-19 tests for at-home self-collection by including a voluntary EUA template for at-home sample collection kits to its website. As explained in FDA's guidance, Policy for COVID-19 Tests During the Public Health Emergency (Revised), this template reflects FDA's current thinking on the data and information that developers should submit to facilitate the EUA process. In particular, this template includes recommendations for use by laboratories and commercial manufacturers who may use it to facilitate the preparation and submission of an EUA request. Currently, developers can offer a COVID-19 test for at-home self-collection under emergency use authorization (EUA), and COVID-19 tests for at-home self-collection may also be used as part of an Institutional Review Board (IRB)-approved study.

For COVID-19 diagnostic tests that use at-home specimen collection kits and are intended for use in clinical decision making, developers are generally required to submit a request for an EUA prior to distribution and use of such test. In cases where the developer has not obtained an EUA, these tests may be used as part of a research study that complies with FDA's regulatory requirements for device investigations, including applicable requirements for IRB review.

The FDA has authorized several COVID-19 tests for use with at-home collection of samples – such as from the nose or saliva – that can then be sent to a lab for processing and test reporting, and the agency is also aware of developers who are conducting IRB-approved studies of COVID-19 tests that use at-home collection of test samples. However, there are not currently any tests that are authorized to be used completely at-home. All tests that have received an EUA, including any authorizations for home collection of a specimen, can be found on the FDA's Emergency Use Authorizations page.

Read the full release here.

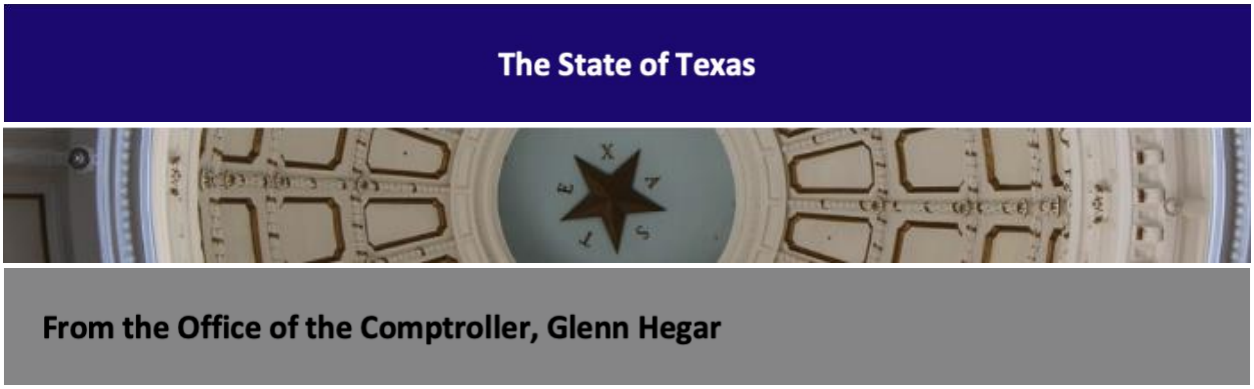
The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- The FDA issued an Emergency Use Authorization for the Stryker Sustainability Solutions (SSS) VHP N95 Respirator Decontamination System (RDS). This product uses vapor hydrogen peroxide (VHP) to decontaminate compatible N95 respirators that

are, or potentially are, contaminated with SARS-CoV-2 or other pathogenic microorganisms for multiple-user reuse by healthcare personnel to prevent exposure to pathogenic biological airborne particulates when there are insufficient supplies of face-filtering respirators (FFRs) resulting from the Coronavirus Disease 2019 (COVID-19) pandemic. N95 respirators containing cellulose-based materials are incompatible with the SSS VHP N95 RDS. This system is operated by employees of Stryker Sustainability Solutions, whose facilities are designed to allow adequate space for receiving respirators for decontamination, visually inspecting respirators for gross contamination or damage, exposing respirators to VHP, and packaging or labeling them for return to the sender so as to minimize contamination and ensure orderly handling procedures. With respirators limited to a maximum of three decontaminations, each is permanently marked to indicate the number of decontamination cycles it has undergone.

- Yesterday, the FDA further supported its effort to evaluate diagnostic tests of COVID-19 by providing a SARS-CoV-2 reference panel. This panel is an independent performance validation step for diagnostic tests of SARS-CoV-2 infection that are being used for clinical, not research, purposes. The FDA panel is available to commercial and laboratory developers who are interacting with the FDA through the pre-emergency use authorization (EUA) process or whose tests have been issued an EUA. The FDA will provide the reference panel to developers at the appropriate stage in the process. There is no need for these test developers to take additional action in order to receive the reference panel.
- Testing updates:
    - During the COVID-19 pandemic, the FDA has worked with more than 400 test developers who have already submitted, or said they will be submitting, EUA requests to the FDA for tests that detect the virus or antibodies to the virus.
    - To date, the FDA has authorized 113 tests under EUAs, which include 100 molecular tests, 12 antibody tests, and 1 antigen test.

Learn more here.



Help is Available - Updated May 28, 2020

This page offers tools for taxpayers, local governments and those who do business with our agency. We will update these pages regularly as the emergency situation continues to evolve. Please check back often, and remember that we're here to help businesses and taxpayers through these difficult times.

Resources for taxpayers and small business assistance includes information on tax filing relief and postponements of tax payment plans.

Local government stimulus assistance contains the latest information on stimulus funding to be made available to local governments under the recent federal CARES Act.

The *agency response and changes to business operations* button below contains news on how we have adapted and altered various agency functions during the COVID-19 crisis, including audit, treasury operations, warrant distribution, property tax assistance and more.

To find Texas COVID-19 test collection sites, use the online mapping tool.

A Note on Taxes

The Comptroller's office understands the tremendous strain the pandemic and its related closures have placed on businesses throughout our state. We're grateful that virtually all of our taxpayers are doing their best to remain in compliance with Texas tax requirements, and we want to ease this burden whenever possible.

To aid Texas *franchise taxpayers*, we are automatically extending the due date to file and pay 2020 Texas franchise tax reports to July 15, 2020.

We are also providing an extension of up to 90 days past the original due date to pay the *motor vehicle tax* due on purchases.

For businesses struggling to pay the full amount of *sales taxes* they collect from customers, we're offering short-term payment agreements and, in most instances, waivers of penalties and interest.

For more information on these accommodations, please see *Resources for taxpayers and small business assistance* below.

Agency Response and Changes to Business Operations	Resources for Taxpayers and Small Business Assistance	Local Government Stimulus Assistance
• Office Closures (Audit and Taxpayer Services)	• Sales Tax Help	• Local Government Finance Programs

• Educational Opportunities and Investments • Fiscal Management • Property Tax • Statewide Procurement • Unclaimed Property	• Franchise Tax Extended Due Date • Extension for Independently Procured Insurance Tax • Motor Vehicle Tax Extension • Existing Payment Plans • COVID-19 Assistance for Small Businesses	• Local Government Grant Programs

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***Fiscal Notes*: Pandemic Drives Record Unemployment**

Businesses across Texas and the nation have been forced to curtail or cease operations in the face of the coronavirus pandemic, throwing millions out of work and prompting a record increase in unemployment claims that is straining the safety net for workers. Nearly 2 million people in Texas filed for unemployment insurance benefits from March 14 through May 9, triple the number of claims filed in all of 2019.

In this issue of *Fiscal Notes*, we take an early look at the economic pressures now gripping the state. We also examine early impacts on employment and several other measures that can shed some light on current conditions.

"It's far too early to say how long these conditions will last — and how deep the trough will go," Texas Comptroller Glenn Hegar said. "Many economic measures are only beginning to reflect the crisis. It will be months before we can chart its full dimensions. Fortunately, our state's fiscal position is strong enough to support vital programs for the remainder of this year, and our state's "Rainy Day Fund" remains healthy. But the legislative session that begins in January 2021 will face significant and perhaps unprecedented challenges."

Getting Texans back to work will no doubt be one of the bigger challenges. A record 315,167 Texans filed initial jobless claims during the week ending April 4; a comparable week in 2019 saw about 13,000 claims. The spiraling unemployment rate has forced the Texas Workforce Commission to ramp up its web-based and telephone systems, boost staffing and extend operating hours to ensure claimants get the benefits due them.

The May issue of *Fiscal Notes* also considers the history of previous recessions and their effect on tax revenues. The current situation is unprecedented in the speed with which it took effect, but the past does provide some important clues for our future.

For questions about how our tax functions are continuing during the outbreak, visit our COVID-19 News page or our Virtual Field Office. *Fiscal Notes* is available online and can be received by subscribing via the Comptroller's website.

Fiscal Notes furthers the Comptroller's constitutional responsibility to monitor the state's economy and estimate state government revenues. It has been published since 1975, featuring in-depth analysis concerning state finances and original research by subject-matter experts in the Comptroller's office.

Read the full release here.

Texas Comptroller's Office Releases Updated Transparency Tool

Texas Comptroller Glenn Hegar today announced the release of an updated state revenue and expenditure tool on the agency's website.

"It's never been more crucial to provide Texans with the tools they need to see how their tax dollars are spent and to provide lawmakers with the information they need to provide adequate oversight," Hegar said. "My office has always been committed to giving taxpayers a user-friendly view into how government is treating their hard-earned tax dollars, and this newly refined tool is a continuation of that commitment."

This powerful new visualization tool gives users a daily look into state government finance and allows them to download state financial data for further analysis. Tabular data, charts and graphs can help taxpayers, researchers and policymakers search and explore vast amounts of government information with new perspectives, and easily compare various state agencies' expenditures.

The tool provides viewing options like these:

- **Revenues** – Explore 25 state revenue categories, and see how funds are allocated by object code, agency and appropriation.
- **Expenditures** – Select and compare 18 different state spending categories to see how the state allocates money to serve its citizens.
- **Payments to payees** – Review individual payments, transaction dates, Comptroller object codes and more.
- **Travel payments** – Break down payments by agency, individual payee, type of travel expense and more.
- **Economic development** – Look at statewide economic development spending by fund, expenditure category and recipient.

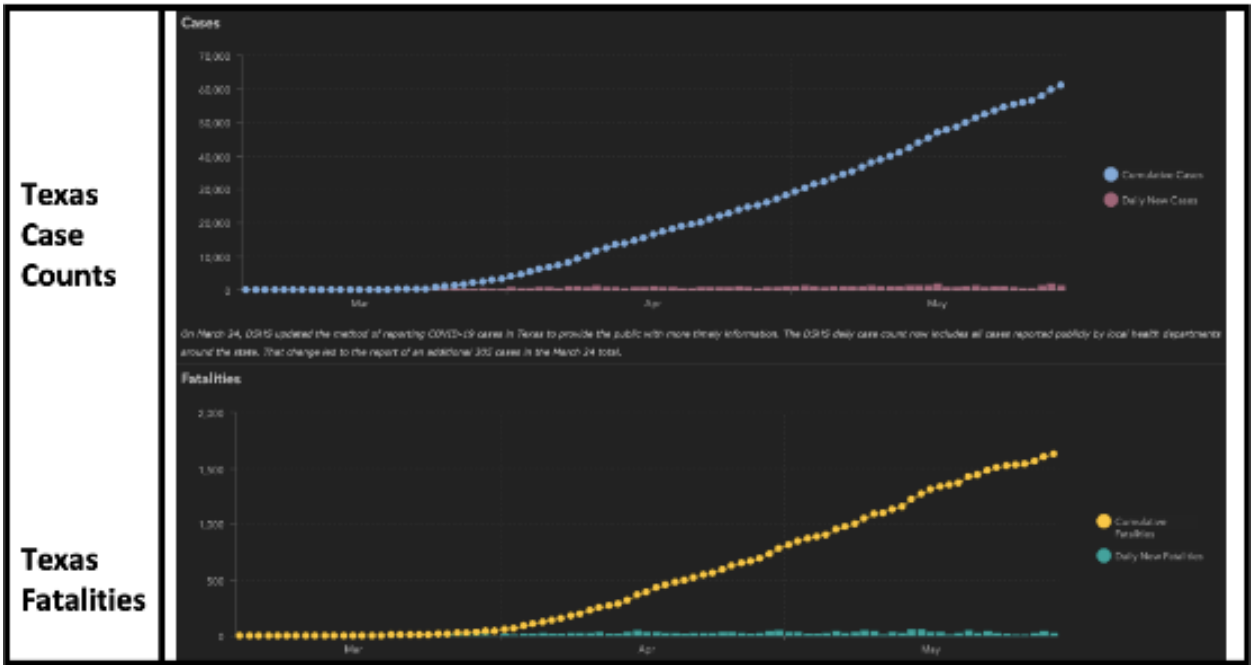
The new tool consolidates and replaces two others: *Where the Money Comes From* and *Where the Money Goes*.

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 3:45 PM can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases	
Today **Total Tests: 1,027,449** **Total Viral Tests: 893,275*** **Total Antibody Tests: 96,719*** **Cases Reported: 61,006** **Patients Recovered: 40,068** **Fatalities: 1,626** **Active Cases: 19,312** **Daily New Cases: 1,230** *As of May 28, 2020* **Yesterday** **Total Tests: 989,994** **Total Viral Tests: 873,218*** **Total Antibody Tests: 88,643*** **Cases Reported: 59,776** **Patients Recovered: 38,905** **Fatalities: 1,601** **Active Cases: 19,270** **Daily New Cases: 1,855** **As of May 27, 2020*	Harris County 11,770 Dallas County 9,587 Tarrant County 5,294 Travis County 3,124 El Paso County 2,623 Bexar County 2,583 Potter County 2,276 Fort Bend County 1,783 Denton County 1,318 Collin County 1,236	Montgomery County 940 Brazoria County 882 Walker County 869 Galveston County 788 Cameron County 743 Lubbock County 680 Randall County 658 Moore County 602 Williamson County 596 Hidalgo County 537



Health and Human Services Commission

HHSC Urges Long-Term Care Facilities to Update Emergency Preparedness Plans Amid Hurricane Season, Pandemic. Texas Health and Human Services is working with long-term care providers to prepare for natural disasters ahead of a busy hurricane season forecasted by the National Oceanic and Atmospheric Administration. Texas HHS is reminding providers across the state to review their emergency preparedness and response plans and make updates if necessary.

Long-term care providers include nursing and assisted living facilities, hospices, intermediate care facilities and group homes. These facilities regularly prepare for natural disasters, including hurricanes, flooding and tornadoes, and that preparation is even more crucial as they also deal with the uncertainties of an on-going health disaster.

In addition to long-term care facilities, Texas HHS also requires hospitals, dialysis centers, and state-regulated child care operations to maintain an updated emergency plan and ensure staff are fully trained on how to execute it.

This year's emergency preparedness plans should factor in COVID-19 contingencies, including securing supplies of personal protective equipment and maintaining infection control measures and isolation protocols during evacuations. This is especially important for facilities that have suspected or confirmed cases of COVID-19.

A complete emergency preparedness and response plan includes up-to-date information about the responsibility of each staff member, evacuation destinations, the continuation of care and treatments, transportation plans and communication procedures. Texas HHS provides guidance to providers about updating their plans.

Another resource for facilities can be found at https://texasready.gov. The website includes sample plans, disaster supply checklists, and more information on preparing for hurricanes and other emergencies.

The Atlantic hurricane season, which affects the Gulf Coast of Texas, begins June 1 and ends on November 30.

Read the full release here.

More information about Disaster Assistance can be found here.

Revised: IL 2020-08 Suspension of Face-to-Face CDS Orientations Extended Through June 30. HHS revised IL 2020-08, COVID-19 Guidance for FMSAs and CDS Employers (PDF). This revised letter extends the suspension of face-to-face CDS orientations through June 30, 2020.

Revised: COVID-19 Update to Temporary Change in HCS, TxHmL Policy for Service Providers of Respite, CFC PAS/HAB. HCS and TxHmL Billing Guidelines Section 4660(1) and CFC Billing Guidelines Section 3710(a)(1) prohibit a person from receiving respite or Community First Choice Personal Attendant Services/Habilitation from someone who lives in the same home as the person.

HHSC is lifting the prohibition on service providers of respite and CFC PAS/HAB from living in the same home as the person receiving Home and Community-based Services and Texas Home Living program services. This is to provide access to needed services for people living in their own home or family's home. A person's spouse or a minor child's parent is still prohibited from being a paid service provider of these services. This **temporary** policy change is effective **March 27 through June 30, 2020**.

Program providers must complete the required background checks for all service providers. They must comply with the Texas Administrative Code, Title 40, Part 1, Subchapter D and N,

HCS and TxHmL Rules, §9.177 (n) and (o), §9.579 (r) and (s), and HCS and TxHmL Billing Guidelines Section 3400 regarding service provider qualifications.

Contact the HCS or TxHmL program policy at HCSPolicy@hhsc.state.tx.us or TxHmLPolicy@hhsc.state.tx.us with your questions.

IL20-19 – COVID-19 In-Home Day Habilitation Information for Program Providers (Revised). In response to COVID-19 and to provide access to needed day habilitation services, the Texas Health and Human Services Commission is temporarily waiving requirements in Sections 4320 and 3710 of the HCS Billing Guidelines and the TxHmL Billing Guidelines.

HHS published a revision to this in IL20-19 In-Home Day Habilitation Information for Program Providers (PDF) . This information letter was previously issued on April 30. It extends the temporary guidance through June 30, 2020 due to COVID-19.

The revised IL applies to the following program providers:

- Home and Community-based Services
- Texas Home Living
- Local Intellectual and Developmental Disability Authorities
- Financial Management Services Agencies

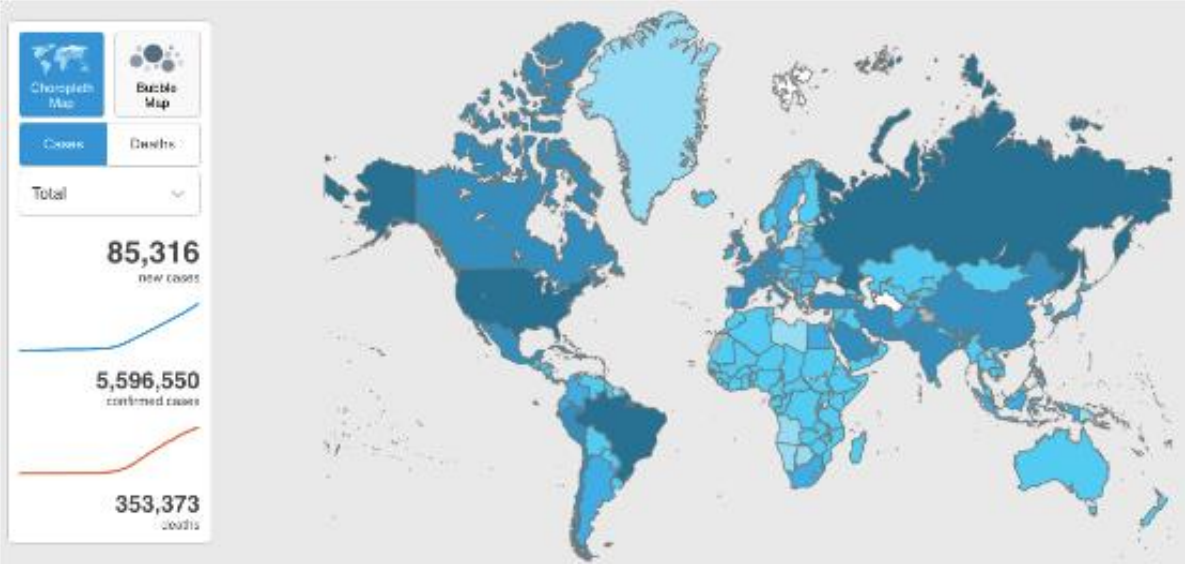
State and Federal Overview: May 28, 2020

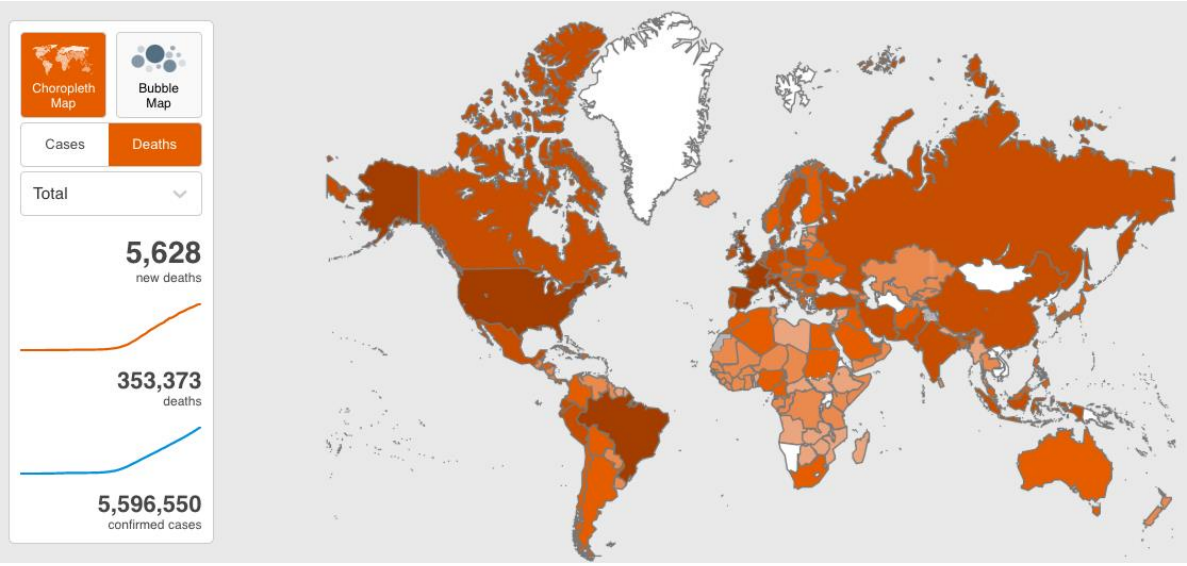
International

WHO has published an interim guidance on the clinical management of COVID-19. This guidance document is intended for clinicians caring for COVID-19 patients during all phases of their disease. WHO has published an interim guidance on ethical considerations to guide the use of digital proximity tracking technologies for COVID-19 contact tracing. This document provides guidance to policy-makers and other stakeholders about the ethical and appropriate use of digital proximity tracking technologies for COVID-19. WHO Regional Director for the Americas, Dr Carissa F. Etienne said the response to the COVID-19 pandemic in the Region of the Americas must include chronic disease care, as 1 in 4 people are at increased risk of poor outcomes from COVID-19 due to underlying noncommunicable diseases. In the 'Subject in Focus,' key changes in the Clinical Management Guidance for COVID19 are explored.

Read today's situation report.

View the WHO's Situation Dashboard for COVID-19 here.



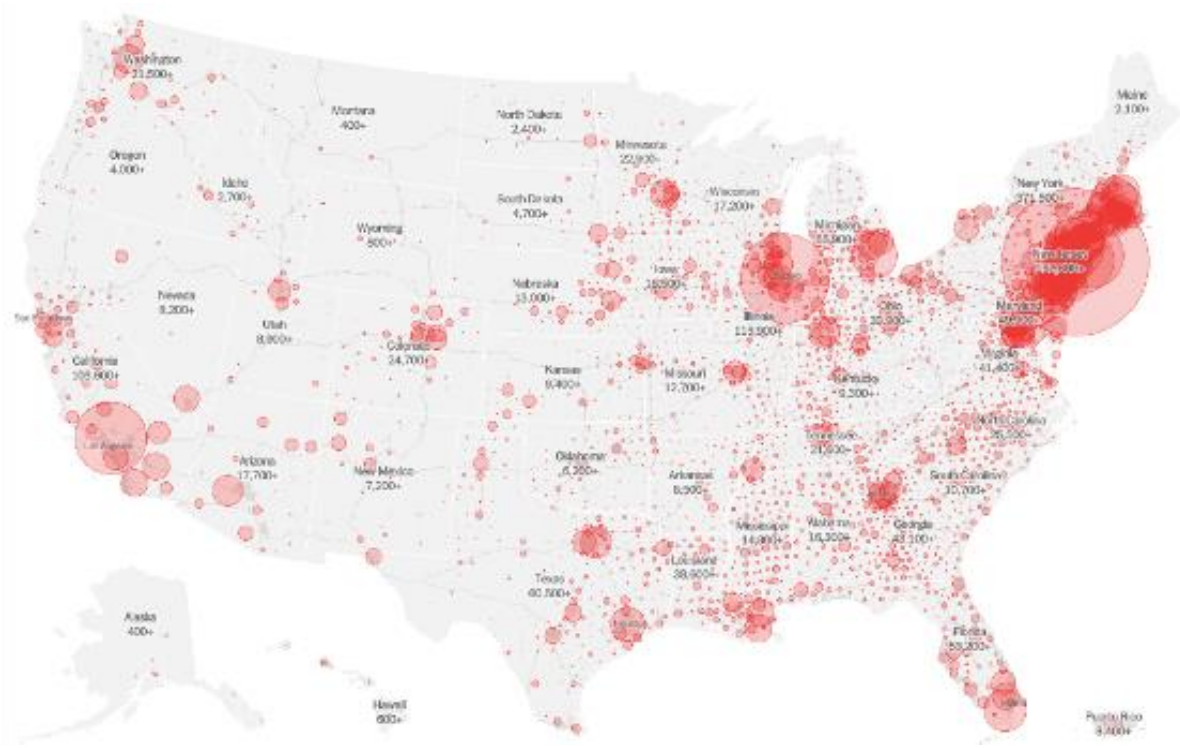


Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 1.7 million+
Deaths: 101,611

Includes confirmed and probable cases where available.



U.S. Centers for Medicare & Medicaid Services

New from Coverage to Care Resources on COVID-19
From Coverage to Care (C2C) has released two new resources focused on coronavirus and health coverage.

Click here to see the new resources: go.cms.gov/c2ccovid19.

C2C's *Coronavirus and Your Health Coverage: Get the Basics* talks about how to protect yourself and your family along with an overview on updates from Medicare, the Marketplace, and other information for consumers looking for information on health coverage and staying healthy during the COVID-19 pandemic.

Next, C2C has *Stay Safe: Getting the Care You Need, at Home* which focuses on how people can stay healthy within their home. This resource gives an overview of telehealth, managing ongoing health conditions, prescriptions, and other tips.

Want to receive updates on From Coverage to Care? Subscribe to the C2C listserv. To

learn more or download C2C resources, please visit go.cms.gov/c2c or email CoverageToCare@cms.hhs.gov.

Medicare Learning Network—COVID-19: Adjusting Operations to Manage Patient Surge. The Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) collaborated with the COVID-19 Healthcare Resilience Task Force on resources:

- Medical Operations Coordination Cells (MOCCs) Toolkit, First Edition: Learn to establish MOCCs to ensure load-balancing across health care facilities and systems
- Establishing MOCCs for COVID-19 Webinar Recording: Features jurisdictions with COVID-19-related experience using the MOCC concept
- Alternate Care Sites (ACS) Funding Summary: Establishment and Operationalization Tip Sheet: Funding options for establishing ACS, including operation, ongoing administration, and direct patient costs
- COVID-19: Healthcare System Operations Strategies and Experiences Webinar Recording: Some of the hardest-hit hospitals share their experiences with adjusting operations and logistics to manage patient surge.

Follow this link for the Department of Health and Human Services complete COVID-19 Healthcare Planning Resources.

U.S. Centers for Disease Control and Prevention

Centers for Disease Control and Occupational Safety and Health Administration: Information for Sanitation and Wastewater Workers on COVID-19. Recently, the virus that causes COVID-19 has been found in untreated wastewater. While data are limited, there is no information to date that anyone has become sick with COVID-19 because of exposure to wastewater.

Standard practices associated with wastewater treatment plant operations should be sufficient to protect wastewater workers from the virus that causes COVID-19. These standard practices can include engineering and administrative controls, hygiene precautions, specific safe work practices, and personal protective equipment (PPE) normally required when handling untreated wastewater. No additional COVID-19–specific protections are recommended for workers involved in wastewater management, including those at wastewater treatment facilities.

See the following links for additional information:

- CDC: Guidance for reducing health risks to workers handling human waste or sewage
- CDC: Water and COVID FAQs
- CDC: Sanitation and Wastewater
- CDC: Waste Management
- Occupational Safety and Health Administration: COVID-19 Control and Prevention: Solid waste and wastewater management workers and employers

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Centers for Disease Control: Travelers Prohibited from Entry to the United States. Several Presidential proclamations established restrictions on the entry of certain travelers into the United States in an effort to help slow the spread of coronavirus disease 2019 (COVID-19). As further provided in each proclamation, citizens and lawful permanent residents of the United States, certain family members, and other individuals who meet specified exceptions, who have been in one of the countries listed above in the past 14 days will be allowed to enter the United States through one of 15 airports. After arriving to the United States from one of these countries, CDC recommends that travelers stay home and monitor their health for 14 days. More information about what to do after arriving to the United States is available on CDC's Returning from International Travel webpage.

With specific exceptions, foreign nationals who have been in any of the following countries during the past 14 days may not enter the United States. For a full list of exceptions, please refer to the relevant proclamations in the links below.

- **China**
- **Iran**
- **European Schengen area** (Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City)
- **United Kingdom** (England, Scotland, Wales, Northern Ireland)
- **Republic of Ireland**
- **Brazil**

U.S. Food and Drug Administration

The U.S. Food and Drug Administration today continued to take action in the ongoing response effort to the COVID-19 pandemic:

- The FDA issued a guidance entitled "Reporting a Temporary Closure or Significantly Reduced Production by a Human Food Establishment and Requesting FDA Assistance During the COVID-19 Public Health Emergency." The guidance provides a mechanism for FDA-regulated establishments (human food facilities and farms) to voluntarily notify the agency of temporary closures and significant reductions in operations and to request assistance from FDA on issues that might affect continuity of their operations during the pandemic.
- The FDA issued a guidance document entitled "Effects of the COVID-19 Public Health Emergency on Formal Meetings and User Fee Applications" to provide answers to frequently asked questions. The agency is providing answers concerning certain aspects of sponsor requests for formal meetings with industry, user fee applications goals and timelines, and prioritization of drug and biological application reviews during the public health emergency.
- The FDA and Federal Trade Commission (FTC) issued warning letters to four companies for promoting and participating in the sale of fraudulent COVID-19 products, as part of the agency's effort to protect consumers. There are currently no FDA-approved products to prevent or treat COVID-19. Consumers concerned about COVID-19 should consult with their health care provider.
    - The first company warned, CBD Gaze, participates in the Amazon Associates program. As an Amazon associate, the company earns commissions by promoting the sale of CBD products with misleading claims that the products can mitigate, prevent, treat, diagnose or cure COVID-19 in people.
    - The second company warned, Alternavita, participates in the Amazon Associates program. As an Amazon associate, the company earns commissions by promoting the sale of grapefruit seed extract, colostrum, and cod liver oil products with misleading claims that the products can mitigate, prevent, treat, diagnose or cure COVID-19 in people.
    - The third company warned, Musthavemom.com, participates in the Amazon Associates program. As an Amazon associate, the company earns commissions by promoting the sale of products including colloidal silver, vitamins, minerals, herb oils and a homeopathic drug product with misleading claims that the products can mitigate, prevent, treat, diagnose or cure COVID-19 in people.

  - The fourth company warned, Careful Cents, LLC, participates in the Amazon Associates program. As an Amazon associate, the company earns commissions by promoting the sale of essential oil products with misleading claims that the products can mitigate, prevent, treat, diagnose or cure COVID-19 in people.

- Today, a judge in the U.S. District Court for the Eastern District of Oklahoma entered a preliminary injunction against Xephyr LLC, doing business as N-Ergetics, and individual defendants Brad Brand, Derill J. Fussell and Linda Fussell. The injunction requires Xephyr and the associated individuals to, among other things, immediately stop distributing colloidal silver products. It was issued on the same basis as a temporary restraining order entered by the court on May 14, 2020. As noted then, defendants offered their colloidal silver products for sale to treat coronavirus, which includes COVID-19 and many other diseases, and, which FDA alleges violates the Federal Food, Drug, and Cosmetic Act (FD&C) because the products are unapproved new drugs and misbranded drugs. The preliminary injunction governs throughout the course of the legal proceeding, thereby disrupting the supply chain for defendants' fraudulent colloidal silver products until the court rules on permanent relief. The complaint was filed by the U.S. Department of Justice at FDA's request. The claims made in the complaint are allegations that, if the case were to proceed to trial, the government must prove to receive a permanent injunction.
- The FDA issued a letter to health care providers to remind reprocessing staff in health care facilities to use the correct sterilization cycle associated with certain models of the Advanced Sterilization Products (ASP) STERRAD Sterilization Systems and to only decontaminate compatible N95 or N95-equivalent respirators for reuse during the COVID-19 pandemic. These sterilization systems help increase the availability of respirators by allowing decontaminated compatible respirators to be reused so health care workers on the front lines can be better protected when providing care to patients with COVID-19.
- Yesterday, the FDA issued two guidance documents (one new guidance and one revised guidance) for industry to help address potential shortages of face masks, surgical masks, respirators, and face shields for use during the COVID-19 public health emergency: Recommendations for Sponsors Requesting EUAs for Decontamination and Bioburden Reduction Systems for Face Masks and Respirators During the Coronavirus Disease 2019 (COVID-19) Public Health Emergency and Enforcement Policy for Face Masks and Respirators During the Coronavirus Disease (COVID-19) Public Health Emergency (Revised). These guidances help to address potential shortages by facilitating the safe reuse and conservation of surgical masks and respirators for medical purposes through the use of decontamination and bioburden reduction systems and providing

recommendations of alternatives and updated options for when FDA-cleared or NIOSH-approved N95 respirators are not available.

- Yesterday, the FDA issued an Emergency Use Authorization (EUA) for emergency use of the CLEWICU System of CLEW Medical Ltd for use by healthcare providers in the intensive care unit (ICU) as a diagnostic aid to assist with the early identification of adult patients who are likely to be diagnosed with respiratory failure or hemodynamic instability which are common complications associated with COVID-19. The CLEWICU system utilizes the full range of available patient data to provide continuous predictions based on data driven algorithms and machine learning models. The CLEWICU system delivers workflow improvements and dynamic worklist prioritization, enabling healthcare providers to spend less time on administration and more time on patient treatment. In this way, CLEWICU may reduce the contact between ICU personnel and patients by providing the ICU clinician the ability to view the patient risk status from a remote location.
- Testing updates:
    - During the COVID-19 pandemic, the FDA has worked with more than 400 test developers who have already submitted or said they will be submitting EUA requests to the FDA for tests that detect the virus or antibodies to the virus.
    - To date, the FDA has authorized 113 tests under EUAs, which include 100 molecular tests, 12 antibody tests, and 1 antigen test.

FDA Provides New Tool to Aid Development and Evaluation of Diagnostic Tests That Detect SARS-CoV-2 Infection. The U.S. Food and Drug Administration took a new step to support the agency's evaluation of diagnostic tests for COVID-19, by providing a SARS-CoV-2 reference panel. Reference panels are an additional step to ensure the quality of the tests, validation of new assays, test calibration, and monitoring of assay performance. Nucleic acid tests identify infection by confirming the presence of a virus' genetic material (RNA) and the FDA-supplied reference panel provides developers access to this material. The FDA's reference panel is an independent performance validation step for diagnostic tests of SARS-CoV-2 infection that are being used for clinical, not research, purposes. The FDA panel is available to commercial and laboratory developers who are interacting with the FDA through the pre-emergency use authorization (EUA) process**.**

These types of reference panels have proven to be an invaluable resource in the development of accurate, reliable, and validated diagnostic tests for detecting infectious diseases. The FDA has provided similar tools to assist industry in developing tests for

other infectious diseases. For example, since the Zika outbreak in 2015, through the collaborative work between CDRH and the Center for Biologics Evaluation and Research (CBER), the FDA has responded to the need to directly compare the performance of different diagnostic assays by developing and producing reference panels. This work resulted in the FDA making available first a Zika reference panel for molecular-based diagnostic tests, and then a panel of human plasma samples to support the regulatory evaluation of serological tests to detect recent Zika virus infection.

By providing this new tool to aid in the evaluation of diagnostic tests for SARS-CoV-2, the FDA continues its public health mandate in combatting this pandemic.

U.S. Small Business Administration

SBA and Treasury Department Announce $10 Billion for CDFIs to Participate in the Paycheck Protection Program. Today, the U.S. Small Business Administration, in consultation with the U.S. Treasury Department, announced that it is setting aside $10 billion of Round 2 funding for the Paycheck Protection Program (PPP) to be lent exclusively by Community Development Financial Institutions (CDFIs). CDFIs work to expand economic opportunity in low-income communities by providing access to financial products and services for local residents and businesses. These dedicated funds will further ensure that the PPP reaches all communities in need of relief during the COVID-19 pandemic – a key priority for President Trump.

As of May 23, 2020, CDFIs have approved more than $7 billion ($3.2 billion in Round 2) in PPP loans. The additional $6.8 billion will ensure that entrepreneurs and small business owners in all communities have easy access to the financial system, and that they receive much-needed capital to maintain their workforces.

The Paycheck Protection Program was created by the Coronavirus, Aid, Relief, and Economic Security Act (CARES Act) and provides forgivable loans to small businesses affected by the COVID-19 pandemic to keep their employees on the payroll. To date, more than 4.4 million loans have been approved for over $510 billion for small businesses across America.

The SBA and the Treasury Department remain committed to ensuring eligible small businesses have the resources they need to get through this time.

Read the full release here.

U.S. Bureau of Labor Statistics

State Employment and Unemployment
APRIL 2020—Unemployment rates were higher in April in all 50 states and the District of Columbia, the U.S. Bureau of Labor Statistics reported today. Similarly, all 50 states and the District had jobless rate increases from a year earlier. The national unemployment rate rose by 10.3 percentage points over the month to 14.7 percent and was 11.1 points higher than in April 2019.

Nonfarm payroll employment decreased in all 50 states and the District of Columbia in April 2020. Over the year, nonfarm payroll employment decreased in all 50 states and the District.

This news release presents statistics from two monthly programs. The civilian labor force and unemployment data are modeled based largely on a survey of households. These data pertain to individuals by where they reside. The employment data are from an establishment survey that measures nonfarm employment, hours, and earnings by industry. These data pertain to jobs on payrolls defined by where the establishments are located. For more information about the concepts and statistical methodologies used by these two programs, see the Technical Note.

Read the full release here.

U.S. Department of Labor

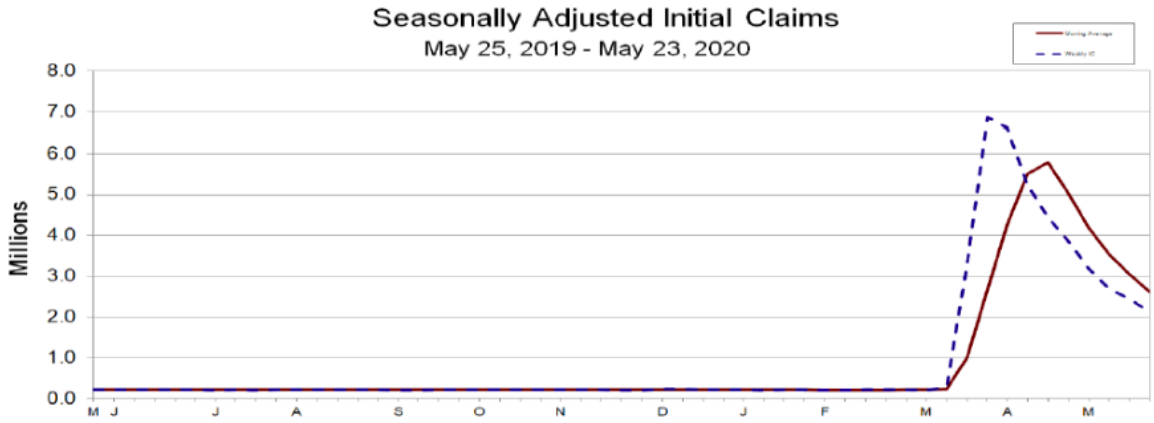
The Department of Labor released weekly unemployment claims data. For the week ending May 23, the seasonally adjusted initial claims was 2,123,000, a decrease of 323,000 from the previous week's revised level. The previous week's level was revised up by 8,000 from 2,438,000 to 2,446,000.

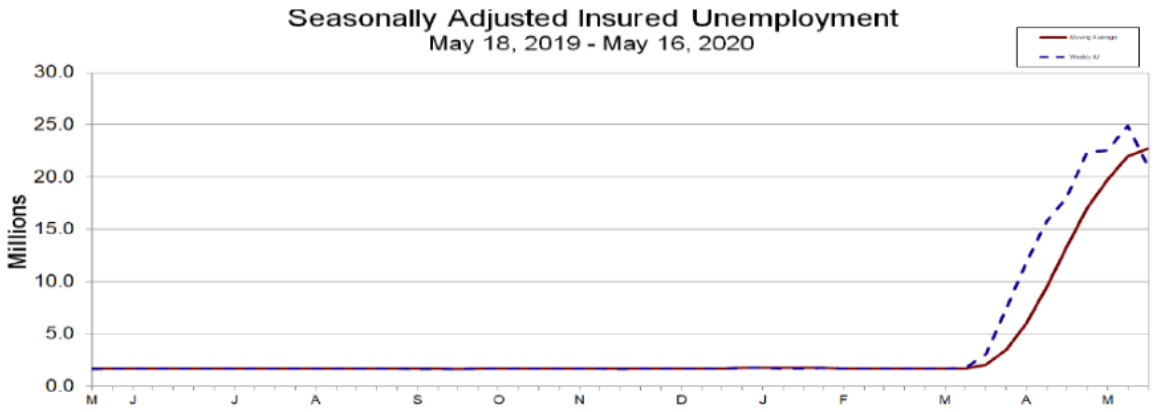
The 4-week moving average was 2,608,000, a decrease of 436,000 from the previous week's revised average. The previous week's average was revised up by 2,000 from 3,042,000 to 3,044,000.

The advance seasonally adjusted insured unemployment rate was 14.5 percent for the week ending May 16, a decrease of 2.6 percentage points from the previous week's revised rate.

The seasonally adjusted insured unemployment during the week ending May 16 was 21,052,000, a decrease of 3,860,000 from the previous week's revised level. The previous week's level was revised down by 161,000 from 25,073,000 to 24,912,000.

The 4-week moving average was 22,722,250, an increase of 760,250 from the previous week's revised average. The previous week's average was revised down by 40,250 from 22,002,250 to 21,962,000.





The entire release is found here.

U.S. Department of Labor Awards Nearly $24 Million in Grants for Job Corps Scholars Program for At-Risk Youth. The U.S. Department of Labor today announced the awarding of 20 grants totaling nearly $24 million as part of the Job Corps Scholars

Program, a new national demonstration project aimed at providing at-risk youth with job skills instruction, educational opportunities and individualized employment counseling.

The grantees include accredited, two-year, public community colleges; accredited, public two- and four-year historically black colleges and universities (HBCU); and accredited tribally controlled colleges and universities (TCCU) that will serve Job Corps-eligible youth and young adults from 16 to 24 years of age.

"As we look towards defeating coronavirus and reopening our economy, the Job Corps Scholars Program provides an innovative way to prepare at-risk youth for participation in the job market," U.S. Secretary of Labor Eugene Scalia said. "Combining job training, classroom education, and employment counseling will give participating young adults an opportunity to excel."

"The Department of Labor is constantly searching for new and innovative ways to deliver our programs more effectively," said Assistant Secretary for Employment and Training John Pallasch. "The Scholars program will engage our community college, HBCU, and TCCU partners to provide more opportunities to young adults to access the training and instruction they need to be successful in today's job market."

Supported by the Workforce Innovation and Opportunity Act of 2014 (Sec. 156(a) (29 U.S.C. 3193 (a)) and Sec. 189(c) (29 U.S.C._3249(c)), the Department expects grantees beginning in the fall semester of 2020 to provide the services throughout each student's participation in the 12-month career technical training component. Up to 12 months of employment counseling services will follow upon separation from the Job Corps Scholars Program.

Through this project and its other partnerships with accredited post-secondary educational institutions, Job Corps strengthens the connection between workforce development and education. This demonstration project will also provide the Department with insight into ways to improve the effectiveness of the Job Corps program. Additional details about the Job Corps Scholars Program, including how grantee performance outcomes are measured, are included in the funding opportunity announcement.

U.S. Department of Labor Issues Alert on Social Distancing to Keep Employees Safe at Work During the Coronavirus Pandemic. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has issued an alert listing steps

employers can follow to implement social distancing in the workplace and to help protect workers from exposure to the coronavirus.

Safety measures employers can implement include:

- Isolate any worker who begins to exhibit symptoms until they can either go home or leave to seek medical care;
- Establish flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), if feasible;
- Stagger breaks and re-arrange seating in common break areas to maintain physical distance between workers;
- In workplaces where customers are present, mark six-foot distances with floor tape in areas where lines form, use drive-through windows or curbside pickup, and limit the number of customers allowed at one time;
- Move or reposition workstations to create more distance, and install plexiglass partitions; and
- Encourage workers to bring any safety and health concerns to the employer's attention.

The new alert is available for download in English and Spanish.

U.S. Department of Labor's Occupational Safety and Health Administration Actions to Protect America's Workers During the Coronavirus Pandemic. As the nation faces the coronavirus pandemic, the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) is dedicated to keeping the American workforce safe and healthy. Today, Principal Deputy Assistant Secretary for Occupational Safety and Health Loren Sweatt testified before the House Education and Labor Committee's Workforce Protections Subcommittee about the agency's role during the crisis.

"Throughout the ongoing pandemic, OSHA's work is continuing uninterrupted," said Principal Deputy Assistant Secretary Loren Sweatt. "From conducting thousands of investigations to issuing critical guidance aimed at protecting workers in high-risk industries, OSHA is on the job protecting America's workers against the coronavirus."

Sweatt's written testimony is posted at: https://www.osha.gov/news/testimonies/05282020.

The Department is highlighting OSHA's continued work to keep American workers safe during these unprecedented times. OSHA has released many public statements related to the coronavirus pandemic including:

Respirator Guidance:

- U.S. Department of Labor Expands Temporary Guidance for Respirator Fit-Testing to All Industries During COVID-19 Pandemic – OSHA has expanded temporary guidance provided in a March 14, 2020, memorandum regarding supply shortages of N95s or other filtering facepiece respirators (FFRs) due to the COVID-19 pandemic. This expanded guidance applies to all workplaces covered by OSHA where there is required respirator use.
- U.S. Department of Labor Issues Temporary Enforcement Guidance for Respirator Fit-Testing in Healthcare during COVID-19 Outbreak – Following President Donald J. Trump's memorandum on the availability of respirators during the COVID-19 outbreak, OSHA has issued new temporary guidance regarding the enforcement of its s Respiratory Protection standard.
- U.S. Department of Labor Issues Additional Respirator Guidance for Healthcare During The Coronavirus Pandemic – OSHA issued its fifth guidance document aimed at expanding availability of respirators as front line workers respond to the coronavirus pandemic. The latest interim guidance document outlines acceptable methods for decontaminating and reusing disposable N95 FFRs.
- U.S. Department of Labor Issues Guidance for Respirators Certified under Other Countries' Standards During COVID-19 Pandemic – OSHA has issued interim enforcement guidance regarding disposable N95 FFRs that are either certified under certain standards of other countries or jurisdictions or certified under other countries' or jurisdictions' standards but are expired.
- U.S. Department of Labor Issues Guidance for Respiratory Protection During N95 Shortage Due to COVID-19 Pandemic – OSHA has issued interim enforcement guidance to help combat supply shortages of disposable N95 FFRs. The action marks the department's latest step to ensure the availability of respirators and follows President Donald J. Trump's Memorandum on Making General Use Respirators Available.

Protecting Workers in High-Risk Industries

- U.S. Department of Labor Issues Alert to Keep Nursing Home and Long-Term Care Facility Workers Safe During Coronavirus Pandemic – OSHA issued an alert listing safety tips employers can follow to help protect nursing home and long-term care facility workers from exposure to the coronavirus.
- U.S. Department of Labor Issues Alert to Help Keep Retail Pharmacy Workers Safe During the Coronavirus Pandemic – OSHA has issued an alert listing safety tips employers can follow to help protect retail pharmacy workers from exposure to the coronavirus.
- U.S. Department of Labor Issues Alert for Rideshare, Taxi And Car Service Safety During Coronavirus Pandemic – OSHA has issued an alert listing safety tips to help reduce the risk of exposure to the coronavirus in the car service industry.

- U.S. Department of Labor Publishes New OSHA Poster Aimed At Reducing Workplace Exposure to the Coronavirus – OSHA issued a new poster listing steps all workplaces can take to reduce the risk of exposure to coronavirus.
- U.S. Department of Labor Issues Alert to Keep Package Delivery Workers Safe during COVID-19 Pandemic – OSHA issued an alert listing safety tips employers can follow to help protect package delivery workers from exposure to coronavirus.
- U.S. Department of Labor Issues Alert to Keep Retail Workers Safe During Coronavirus Pandemic – OSHA issued an alert listing safety tips employers can follow to help protect retail workers from exposure to coronavirus.
- U.S. Department of Labor Issues Alert to Help Keep Manufacturing Workers Safe During Coronavirus Pandemic – OSHA issued an alert identifying workplace safety practices to help protect manufacturing workers from exposure to coronavirus.
- U.S. Department of Labor Issues Alert to Help Keep Construction Workers Safe During The Coronavirus Pandemic – OSHA issued an alert identifying workplace safety practices to help protect construction workers from exposure to coronavirus.
- OSHA Issue Safety Alert for Restaurant, Food and Beverage Businesses Providing Curbside Pickup and Takeout Service – OSHA released guidance to help restaurant, food and beverage businesses to keep employees safe while utilizing curbside pickup and takeout service delivery methods. The guidance includes practical recommendations like avoiding direct hand-off when possible and practicing social distancing.

Enforcing Safety in the Workplace

- U.S. Department of Labor Adopts Revised Enforcement Policies For Coronavirus – OSHA has adopted revised policies for enforcing its requirements with respect to coronavirus as economies reopen in states throughout the country.
- U.S. Department of Labor Announces OSHA Interim Enforcement Response Plan to Protect Workers During The Coronavirus Pandemic – OSHA announced an interim enforcement response plan for the coronavirus pandemic that provides instructions and guidance to OSHA Area Offices and compliance safety and health officers for handling coronavirus-related complaints, referrals and severe illness reports. The plan concentrates enforcement on coronavirus exposures of health workers, emergency responders and others.
- U.S. Department of Labor Reminds Employers That They Cannot Retaliate Against Workers Reporting Unsafe Conditions During Coronavirus Pandemic – OSHA is reminding employers that it is illegal to retaliate against workers because they report unsafe and unhealthful working conditions during the coronavirus pandemic. Acts of retaliation can include terminations, demotions, denials of overtime or promotion, or reductions in pay or hours.

- OSHA and CDC Issue Interim Guidance to Protect Workers in Meatpacking and Processing Industries – OSHA and the Centers for Disease Control and Prevention released joint interim guidance for meatpacking and meat processing workers and employers—including those involved in beef, pork, and poultry operations. The guidance includes recommended actions employers can take to reduce the risk of exposure to the coronavirus.
- Statement of Enforcement Policy by Solicitor of Labor Kate O'Scannlain and Principal Deputy Assistant Secretary for OSHA Loren Sweatt regarding Meat and Poultry Processing Facilities – Responding to President Trump's Executive Order, Solicitor of Labor Kate O'Scannlain and OSHA Principal Deputy Assistant Secretary Loren Sweatt released a statement of enforcement policy. The statement, which addresses guidance and enforcement actions regarding worker safety at meat, pork and poultry processing facilities, provides clarity for businesses whose continued operation will be critical to America's food supply.

Offering Clear Direction for Employers:

- U.S. Department of Labor Issues Enforcement Guidance For Recording Cases of COVID-19 – OSHA issued interim guidance for enforcing its recordkeeping requirements (29 CFR Part 1904) as it relates to recording cases of COVID-19.
- U.S. Department of Labor Considers Employer's Good Faith Efforts When Enforcing Compliance During COVID-19 Pandemic – OSHA issued interim guidance that advises compliance safety and health officers to evaluate an employer's good faith efforts to comply with safety and health standards during the coronavirus pandemic. Employers are also expected to take corrective action as soon as possible once normal activities resume.

The State of Texas

From the Office of the Governor, Greg Abbott

Office of The Governor, George Strait Release COVID-19 PSA: "Write This Down, Take A Little Note". The Office of the Governor and the King of Country, George Strait, today released a new public service announcement (PSA), "Write This Down, Take A Little Note." In the PSA, the King of Country encourages all Texans to

practice good hygiene, wear a face mask, and stay six feet apart from others in public.

The video is available for download at this link and can also be viewed on YouTube.

TRANSCRIPT:
Hi, I'm George Strait. We all know that being Texan means being friendly. And as we open Texas back up, it's important that we stay extra friendly by thinking about all our fellow Texans. So go on, write this down, take a little note, to remind you of these friendly things you can do to help defeat COVID-19. Wash your hands regularly, wear a face mask, and stay six feet apart from others in public. Let's show the world what it means to be Texan by staying safe and staying friendly.

Health and Human Services

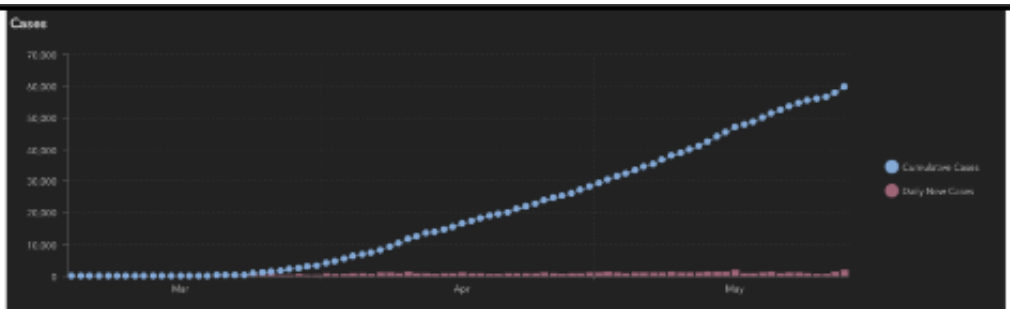
Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 3:30 PM can be found by accessing the DSHS COVID-19 Dashboard.

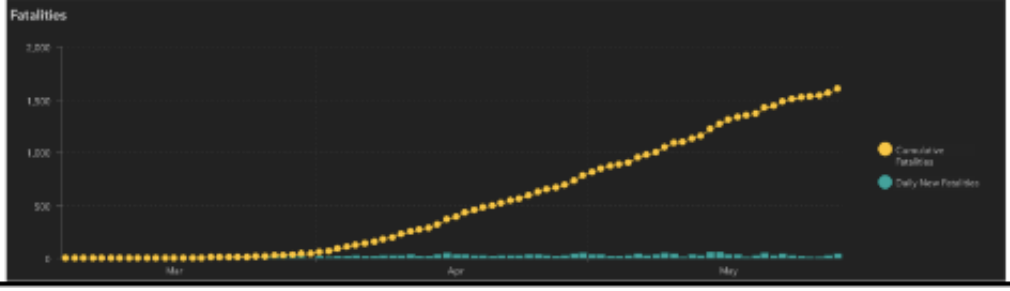
Texas at a Glance	20 Counties with Highest Number of Cases	
Today **Total Tests: 989,994** **Total Viral Tests: 873,218*** **Total Antibody Tests: 88,643*** **Cases Reported: 59,776** **Patients Recovered: 38,905** **Fatalities: 1,601** **Active Cases: 19,270** **Daily New Cases: 1,855** **As of May 27, 2020* **Yesterday** **Total Tests: 961,861** **Total Viral Tests: 855,674*** **Total Antibody Tests: 87,565*** **Cases Reported: 57,921** **Patients Recovered: 37,626** **Fatalities: 1,562** **Active Cases: 22,055** **Daily New Cases: 1,361** **As of May 26, 2020*	Harris County 11,542 Dallas County 9,385 Tarrant County 5,190 Travis County 3,057 El Paso County 2,569 Bexar County 2,525 Potter County 2,266 Fort Bend County 1,766 Denton County 1,285 Collin County 1,217	Montgomery County 926 Walker County 869 Brazoria County 861 Galveston County 779 Cameron County 731 Lubbock County 677 Randall County 655 Williamson County 588 Moore County 565 Hidalgo County 537

Please note: daily new cases have risen 27%.

Texas Case Counts



Texas Fatalities



Health and Human Services Commission

Health and Human Services Commission: COVID-19 Stakeholder Update.

Medicaid Update:
Flexibilities Extended through June

- HHSC has extended several flexibilities granted in light of COVID-19 through June.
- For specific information on what has been extended please see the following webpages:
- TMHP Coronavirus (COVID-19) Information.
- HHS Provider (PL) and Information (IL) letters.
- HHS Coronavirus (COVID-19).

Managed care outreach to pregnant women

- Managed care organizations (MCO) will be reaching out to members who are pregnant in relation to COVID-19.
- Outreach efforts will include education and, when appropriate, updates to service plans.
- MCOs will prioritize outreach to women with high-risk pregnancies or women at higher risk for COVID-19.

NFs - Apply for Up to $3000 in CMP Funds for Communication Devices Used During COVID-19. All nursing facilities are encouraged to apply for up to $3000 in federal civil money penalty funds per facility. These funds are to purchase communication devices to aid in connecting residents with their loved ones during the COVID-19 pandemic. Use awarded funds to buy items such as tablets, webcams, headphones and certain accessories.

The Centers for Medicare & Medicaid Services imposes CMPs against Medicare or Medicaid-certified NFs found out of compliance with federal requirements. CMP funds can be used for projects and activities that benefit NF residents by improving their quality of care or quality of life.

Visit the CMP webpage and read the Special Application Period for Communicative Devices in Nursing Facilities section for complete details and an application.

COVID-19 Update to Telehealth Guidance on CLASS Professional and Specialized Therapies. The following CLASS professional and specialized therapy services may be provided by telehealth due to COVID-19. This is effective March 15 through June 30, 2020.

- Physical therapy
- Occupational therapy
- Speech and language pathology
- Recreational therapy
- Music therapy
- Behavior support
- Dietary services
- Cognitive rehabilitation therapy

Acceptable telehealth formats are synchronous audiovisual interaction or asynchronous store and forward technology. Use these with synchronous audio interaction between the client and the distant site provider.

The Office of Civil Rights has relaxed HIPAA requirements to allow using video to deliver services by telehealth. Texas Medicaid recognizes OCR's HIPAA enforcement discretion as it relates to telehealth platform requirements.

Therapies must have a treatment plan. The goals and outcomes must support being provided through telehealth. Revision of therapy hours may be added to an IPC and authorized by HHSC per the process outlined in IL 20-12 (PDF).

Therapies not eligible for delivery by telehealth are:

- Massage therapy
- Hippotherapy
- Therapeutic horseback riding
- Aquatic therapy

Contact your program policy mailbox with questions about this alert.

Update to COVID-19 Guidance for FFS Service Coordinators and Case Managers

Fee-for-service Medicaid 1915(c) waiver case managers and service coordinators may continue to suspend face-to-face service coordination visits. This temporary policy change is extended through June 30, 2020 and applies to:

- Community Living Assistance and Support Services
- Texas Home Living
- Deaf-Blind with Multiple Disabilities

- Home and Community-based Services
- General Revenue Service Coordinators
- Community First Choice Service Coordinators
- Pre-admission Screening and Resident Review Habilitation Coordinators

Due to COVID-19, HHSC encourages case managers, service coordinators, and habilitation coordinators to complete visits due through June 30, 2020 by phone, telehealth or telemedicine, if possible.

HHSC will release more guidance as information becomes available.

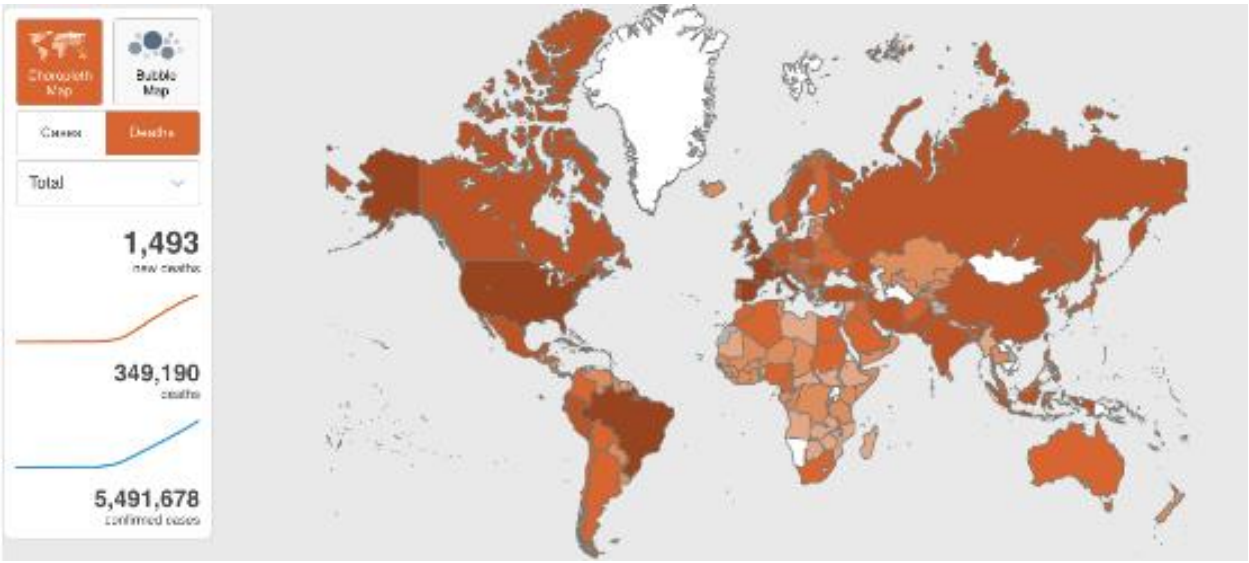
State and Federal Overview: May 27, 2020

International

WHO has published a case-control protocol for the **assessment of risk factors for coronavirus disease 2019 (COVID-19) in health workers**. The primary objective of this study is to characterize and assess the risk factors for SARS-CoV-2 infection in health workers exposed to COVID-19 patients. A scientific brief has been published by WHO investigating any **association between smoking and an increased risk for COVID-19**. At the time of this review, the available evidence suggests that in hospitalized COVID-19 patients, smoking is associated with increased severity of disease and death. WHO has published a **population-based age-stratified seroepidemiological investigation protocol for COVID-19 virus infection**. This protocol was designed to investigate the extent of infection, as determined by positive blood tests in the general population, in any country in which COVID19 virus infection has been reported. Elements of the **COVID-19 Strategic Response and Preparedness Plan (SPRP)** have been updated and are reviewed on a regular basis by WHO in consultation of all six regional offices. These elements are laid out in the **COVID-19 WHO Appeal**. In today's '**Subject in Focus**,' the WHO Infodemics management pillar explores how WHO is listening to social media to get ahead of the infodemic.

Read **today's situation report**.

View the WHO's **Situation Dashboard for COVID-19 here**.

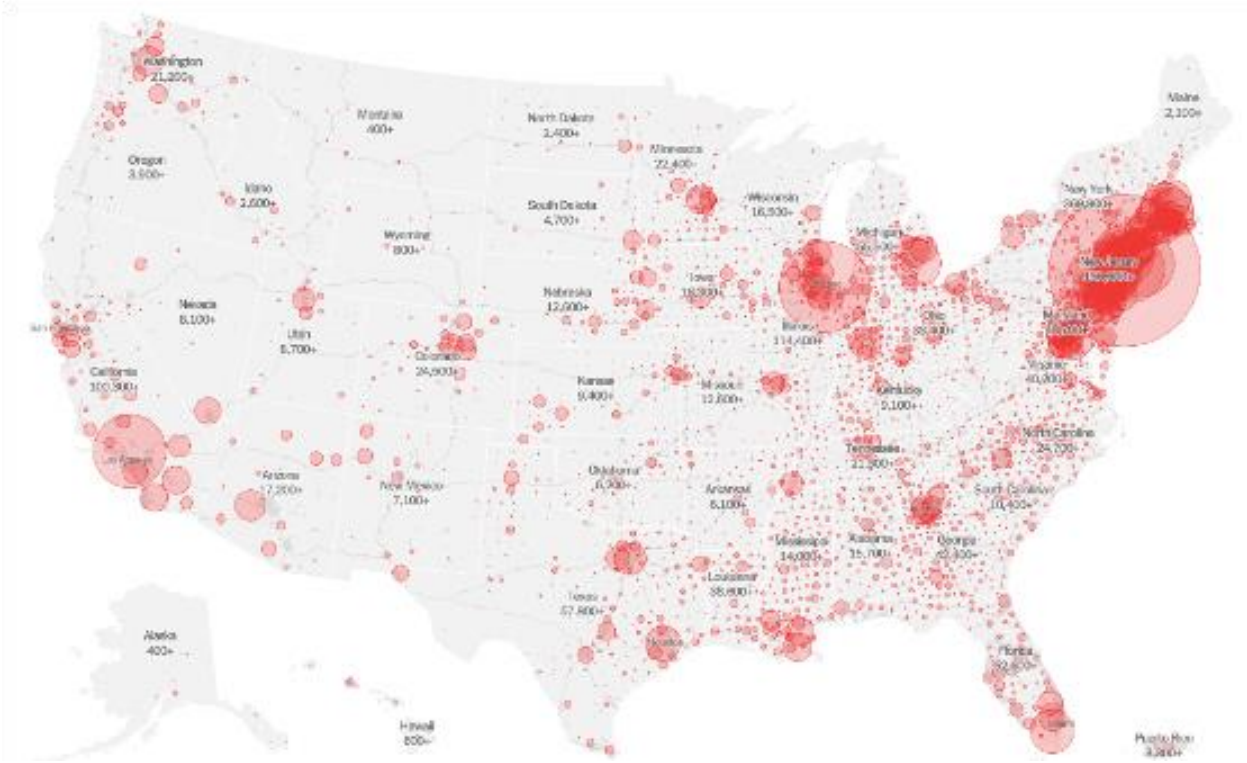


Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 1.7 million+
Deaths: 100,243

Includes confirmed and probable cases where available.



U.S. Centers for Medicare & Medicaid Services

CMS: Fact Sheet for State and Local Governments - CMS Programs & Payment for Care in Hospital Alternate Care Sites. In response to the COVID-19 public health emergency (PHE), state and local governments, hospitals, and others are developing alternate care sites to expand capacity and provide needed care to patients. The term alternate care site (ACS) is a broad term for any building or structure that is temporarily converted or newly erected for healthcare use. 1 The Federal Healthcare Resiliency Task Force issued a toolkit to help state and local governments develop an ACS. This document provides state and local governments developing alternate care sites with information on how to seek payments through CMS programs – Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) – for acute inpatient and outpatient care furnished at the site.

The easiest path to obtaining payments through CMS programs for covered health care services furnished at the ACS is for an already-enrolled hospital or health system to treat the ACS as a temporary expansion of their existing 'brick-and-mortar' location. In these circumstances the local hospitals and health systems operate, staff, and bill for care furnished at the ACS. State and local governments2 that want to establish (meaning to develop or

build) a hospital ACS, and be paid by CMS for furnishing covered hospital inpatient and outpatient services to enrolled beneficiaries, have three options:

1. hand over operation and billing for care delivered in the ACS to an enrolled hospital or health system;
2. enroll the ACS as a new hospital in CMS programs; or
3. if options (1) and (2) are not available, CMS would not make facility payments, but qualified and enrolled physicians or other non-physician practitioners could bill for covered (professional3) services that they furnish at the ACS.

Because some state and local governments may not be as familiar with the process to enroll in CMS programs as hospitals, they should contact their applicable CMS Regional Office) to discuss this process. Additional information regarding new hospital enrollment and the flexibilities that existing hospitals and other providers have to expand capacity at ACSs during the PHE is below.

Follow this link for the complete fact sheet.

U.S. Centers for Disease Control and Prevention

CDC: Households Living in Close Quarters: How to Protect Those That Are Most Vulnerable. **Older adults (65 and older) and people of any age who have serious underlying medical conditions** are at higher risk for severe illness from coronavirus disease 2019 (COVID-19). The following information is aimed to help you protect those who are most vulnerable in your household. If your household includes one or more vulnerable individuals then **all family members should act as if they, themselves, are at higher risk. More information on steps and actions to take if at higher risk**.

Follow this link for the full guidance.

U.S. Food and Drug Administration

The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- The FDA issued an **Emergency Use Authorization (EUA)** in response to concerns relating to insufficient supply and availability of gowns and other apparel, such as operating-room shoe covers, for use by health care personnel as personal protective equipment (PPE) for use in health care settings in accordance with Centers for Disease Control and Prevention recommendations to protect both health care personnel and

patients from the transfer of SARS-CoV-2, the virus that causes COVID-19, in low or minimal risk level situations to prevent the spread of COVID-19.

- The FDA provided **flexibility to farms regarding eligibility for the qualified exemption under the Produce Safety Rule** during the COVID-19 public health emergency. Farms that are currently eligible for the qualified exemption and associated modified requirements will still be considered eligible, even if they shift sales away from qualified end-users, so long as they continue to meet the requirement that their average food sales during the previous three years total less than $500,000 (adjusted for inflation).
- The FDA approved an abbreviated new drug application (ANDA) for **succinylcholine chloride injection USP 200 mg/10 mL**, which is indicated in addition to general anesthesia, to facilitate tracheal intubation and to provide skeletal muscle relaxation during surgery or mechanical ventilation. Side effects of succinylcholine chloride injection include anaphylaxis, hyperkalemia, and malignant hyperthermia. The FDA recognizes the increased demand for certain products during the COVID-19 public health emergency, and we remain deeply committed to facilitating access to medical products to help address critical needs of the American public.
- Testing updates:
    - During the COVID-19 pandemic, the FDA has worked with more than 400 test developers who have already submitted or said they will be submitting EUA requests to the FDA for tests that detect the virus or antibodies to the virus.
    - To date, the FDA has authorized 113 tests under EUAs, which include 100 molecular tests, 12 antibody tests, and 1 antigen test.

Learn **more here**.

U.S. Department of Labor

U.S. Department of Labor's OSHA Issues Guidance to Help Construction Workers During the Coronavirus Pandemic. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has launched a **webpage** with coronavirus-related guidance for construction employers and workers. The guidance includes recommended actions to reduce the risk of exposure to the coronavirus.

Employers of workers engaged in construction (such as carpentry, ironworking, plumbing, electrical, heating/air conditioning/ventilation, utility construction work, and earth-moving activities) should remain alert to changing outbreak conditions, including as they relate to community spread of the virus and testing availability. In response to changing conditions, employers should implement coronavirus infection prevention measures accordingly.
The webpage includes information regarding:

- Using physical barriers, such as walls, closed doors, or plastic sheeting, to separate workers from individuals experiencing signs or symptoms consistent with the coronavirus;
- Keeping in-person meetings (including toolbox talks and safety meetings) as short as possible, limiting the number of workers in attendance, and using social distancing practices;
- Screening calls when scheduling indoor construction work to assess potential exposures and circumstances in the work environment before worker entry;
- Requesting that shared spaces in home environments where construction activities are being performed, or other construction areas in occupied buildings, have good air flow; and
- Staggering work schedules, such as alternating workdays or extra shifts, to reduce the total number of employees on a job site at any given time and to ensure physical distancing.

Visit OSHA's **coronavirus webpage** frequently for updates. For further information about the coronavirus, please visit the **Centers for Disease Control and Prevention**.

COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers. OSHA is committed to protecting the health and safety of America's workers and workplaces during these unprecedented times. The agency will be issuing a series of alerts designed to keep workers safe.

In a nursing home or long-term care facility, the following tips can help reduce the risk of exposure to the coronavirus:

- Encourage workers to stay home if they are sick.
- Screen workers and residents regularly for signs and symptoms consistent with COVID-19. Send sick workers home or to seek medical care.
- Closely monitor and take additional precautions regarding employees and residents who may have been exposed to an individual with COVID-19.
- Follow CDC guidance on updating existing resident visitation policies.
- Ask visitors to inform the facility if they develop a fever or symptoms consistent with COVID-19 within 14 days of their visit.
- Maintain at least six feet between workers, residents, and visitors, to the extent possible, including while workers perform their duties and during breaks.
- Stagger break periods to avoid crowding in breakrooms.
- Consider alternatives to in-person large group gatherings (e.g., staff meetings, resident activities).
- Always follow good infection prevention and control practices. Consult OSHA's COVID-19 guidance for healthcare workers and employers.
- Provide handwashing facilities and alcohol-based hand sanitizer with at least 60 percent alcohol throughout facilities.

- Regularly clean and disinfect shared equipment and frequently touched surfaces in resident rooms, staff work stations, and common areas.
- Use hospital-grade cleaning chemicals approved by the Environmental Protection Agency (EPA) from List N or EPA-approved, hospital grade cleaning chemicals that have label claims against the coronavirus.
- Ensure workers have and use any personal protective equipment (PPE) they need to perform their jobs safely.
- Continually monitor PPE stocks, burn rate, and supply chains. Develop a process for decontamination and reuse of PPE, such as face shields and goggles, as appropriate. Follow CDC recommendations for optimization of PPE supplies.
- Train workers about how to protect themselves and residents during the pandemic.
- Encourage workers to report any safety and health concerns.

COVID-19 Guidance for Retail Pharmacies

OSHA is committed to protecting the health and safety of America's workers and workplaces during these unprecedented times. The agency will be issuing a series of industry-specific alerts designed to help employers keep workers safe.

In a retail pharmacy, the following tips can help reduce the risk of exposure to the coronavirus:

- Encourage workers who are sick to stay at home.
- Install clear plastic barriers between workers and customers at order/pickup counters.
- Use signage and floor markers to keep waiting customers at least six feet from the counter, other customers, and pharmacy staff.
- Encourage drive-through or curbside pickup and home delivery, where feasible.
- Encourage customers to submit prescriptions online or by phone. Allow customers to provide their insurance information verbally or virtually (e.g., through mobile apps or the pharmacy's website).
- Specify hours dedicated to vulnerable populations (the elderly, people with underlying health conditions, etc.).
- Increase the use of self-serve checkout to minimize worker interaction with customers.
- Limit the number of customers allowed inside the facility at any point.
- Frequently clean and disinfect checkout and customer service counters.
- Provide a place to wash hands and alcohol-based hand rubs containing at least 60 percent alcohol.
- Allow workers to wear cloth face coverings or surgical masks over their nose and mouth to prevent them from spreading the virus.
- Provide gloves and eye and face protection, as necessary, for workers in the pharmacy.
- Pharmacists providing clinical services to patients, such as immunizations, might need additional protections. Consult OSHA's healthcare worker and employer guidance.
- Encourage workers to report any safety and health concerns.

COVID-19 Guidance for Rideshare, Taxi, and Car Service Workers

OSHA is committed to protecting the health and safety of America's workers and workplaces during these unprecedented times. The agency will be issuing a series of industry-specific alerts designed to help keep workers safe.

If you are in the car service industry (rideshare, taxi, and other car services), the following tips can help reduce the risk of exposure to the coronavirus.

- Encourage drivers to stay home if they are sick.
- Ensure vehicle door handles and inside surfaces are routinely cleaned and disinfected with Environmental Protection Agency-approved cleaning chemicals from List N or that have label claims against the coronavirus.
- Advise drivers to lower vehicle windows to increase airflow.
- Allow drivers to wear masks over their nose and mouth to prevent spread of the virus, and ask customers to do the same.
- Provide alcohol-based hand rubs containing at least 60 percent alcohol for both drivers and customers.
- Provide drivers with disposable towels and Environmental Protection Agency-approved cleaning chemicals from List N or that have label claims against the coronavirus for disinfecting surfaces.
- Provide drivers and customers with tissues and trash receptacles.
- Limit the number of passengers drivers can transport at a single time, and install plexiglass partitions between driver and passenger compartments where possible.
- Encourage drivers to report any safety and health concerns.
- For more information, visit www.osha.gov/coronavirus or call 1-800-321-OSHA (6742). OSHA issues

For more OSHA Alerts: https://www.osha.gov/pls/publications/publication.searchresults?pSearch=COVID-19+Alert

The State of Texas

The Governor's Press Conference

Governor Greg Abbott today held **a press conference** to provide an update on the COVID-19 surge response efforts in Amarillo. The Governor discussed the state's ongoing collaboration with local and federal leaders to address COVID-19 hot spots within the Amarillo area, and **outlined the data** on hospitalizations, testing, fatalities, and positivity rates that demonstrate the success of the surge response teams in containing and mitigating further spread of this virus. The Governor noted that there is ongoing testing in meat processing plants in the Amarillo area that could result in a spike in cases, and that the surge response teams will respond with the same proven strategies.

Governor Abbott a**nnounced the formation of surge response teams on May 5th**. These teams serve nursing homes, packing plants, jails and prisons, and other facilities that experience flare ups of COVID-19 by providing personal protective equipment, testing supplies, onsite staffing, and assessment assistance.

The Governor was joined by Amarillo Mayor Ginger Nelson, Texas Division of Emergency Management (TDEM) Chief Nim Kidd, Amarillo Public Health Director Casie Stoughton, as well as State Senator Kel Seliger and State Representatives Four Price, John Smithee, and Ken King.

Amarillo has experienced flare-ups in nursing homes, meat packing plants, and jails and prisons. There was an increase in both cases and deaths; however, the rate has slowed. Federal assistance was given to respond to the situation in Amarillo.

	MAY 13TH	MAY 14TH	MAY 15TH	MAY 16TH	MAY 17TH	MAY 18TH	MAY 19TH	MAY 20TH	MAY 21ST	MAY 22ND	MAY 23RD	MAY 24TH	MAY 25TH
TOTAL NUMBER TESTED	5,674	5,860	5,942	6,027	6,065	7,006	7,880	8,020	8,631	8,987	8,987	9,210	9,318
NEW POSITIVE CASES	182	125	74	734	58	0	25	53	12	10	43	12	0
DAILY FATALITIES	0	5	2	0	0	0	1	1	0	2	1	0	0
HOSPITALIZATIONS	-	-	-	-	24	22	20	25	21	20	20	21	23

Hospitalizations have stayed relatively flat since May 17th. The health and economy of the area have been challenged. We continue to test more than 20,000 people a day; the rate of COVID-19 positive cases remains at 5.25%. In April, it was 13%. A 5% positive rate is acceptable by medical expert standards to reopen an area. The hospitalization numbers are also very low.

There is a precautionary note. Because of the massive increase in testing, we will see one last spike in the positivity rate. After that, you should see an ongoing downward trend.

Mayor Ginger Nelson, Amarillo, thanked the Governor for his support. She stated that clearly, they need more internet coverage in the pan handle. There are challenges they will continue to face.

Nim Kidd expressed gratitude for the support they received to address the issues in Amarillo. There are more than 600 testing sites now throughout Texas.

Questions

In response to a question about spikes, the Governor stated that they are preparing for second and third flare-ups, which could occur in the fall. The supply chain team is managing the PPE allocation and we have Texas based manufacturers now. We will be adding testing and medicines. The key to the strategy is ensuring we have enough hospital beds. To that end, we are monitoring hospital capacity.

In response to a question about the supply chain, the Governor stated that we have a VP for supply chain heading up the effort. We now have an adequate supply chain in the US. We had offshored the production of PPE, Medicines, and equipment, and now we will be reshoring the manufacture of those supplies.

In response to a question about testing and nursing homes. The Governor stated that we are testing 100% of our nursing homes, and addressing those who are ill separately from those who are well. Because of the additional testing, we will see an increase in the number of people testing positive, but we expect an immediate increase and then a decline in the positivity testing rate.

In response to a question about testing at group homes, the Governor stated that it depends on how you define a group home. In many of them we are going in and testing (SSLCs).

In response to a question about the Hispanic population, the Governor stated that we are addressing all vulnerable populations and providing resources to address the Hispanic population. We are targeting the positivity rate in the Hispanic community.

In response to a question about nursing homes, Chief Kidd stated that if there is a new spike, the strike force will go back into that facility.

From the Office of the Governor, Greg Abbott

Governor Abbott, HHSC Announce $3.6 Million To Connect Nursing Facility Residents and Families. Governor Greg Abbott and the Texas Health and Human Services Commission (HHSC) today announced $3.6 million in funding for nursing facilities to purchase tablets, webcams, and headphones to connect residents with their loved ones during the COVID-19 pandemic. Texas is encouraging nursing facility providers to submit applications to HHSC to receive up to $3,000 in federal funding per facility for purchasing communication technology devices.

HHSC is allocating Civil Money Penalty (CMP) funds for this project. The Centers for Medicare & Medicaid Services (CMS) imposes CMPs against Medicare- or Medicaid-certified nursing facilities found out of compliance with federal requirements. CMP funds can be used for

projects and activities that benefit nursing facility residents by improving their quality of care or quality of life.

Any Texas nursing facility can apply for this funding. Purchased devices must be cleaned and disinfected between every use by a resident. CMS has established guidelines for facilities on proper use and requirements: **https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities/civil-money-penalty-funds-nf-projects**

HHSC also has encouraged facilities to implement a communication plan to help families, residents, and others stay informed and connected, noting they are legally obligated to maintain privacy and HIPAA protections.

HHSC continues to work closely with long-term care providers statewide and has issued multiple guidance letters, emergency rules and alerts, and rule waivers to give them the flexibility and information they need to protect Texans from COVID-19. Guidance provided by HHSC is posted **here**, and HHSC also regularly updates its FAQs for **nursing facilities**. Texas residents can dial 2-1-1 to learn about programs and services.

From the Office of the Governor, Greg Abbott

Governor Abbott Requests U.S. Small Business Administration Declare Polk County A Disaster Area, Provide Disaster Loans. Governor Greg Abbott today requested a disaster designation from the Small Business Administration (SBA) in order to access the disaster loan program for Polk County. If granted, the SBA would provide long-term, low-interest physical disaster home and business loans and economic injury disaster loans for qualifying citizens and businesses in Polk County affected by **major tornado damage sustained in April 2020.**

All small businesses or home owners who believe they may be eligible for an SBA disaster loan can apply at **https://disasterloanassistance.sba.gov/s/**.

View the Governor's letter.

Read the **full release here**.

Health and Human Services

Department of State Health Services

COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 3:40 PM can be found by accessing the **DSHS COVID-19Dashboard**.

Texas at a Glance	20 Counties with Highest	Number of Cases
Today **Total Tests: 961,861** **Total Viral Tests: 855,674*** **Total Antibody Tests: 87,565*** **Cases Reported: 57,921** **Patients Recovered: 37,626** **Fatalities: 1,562** **Active Cases: 22,055** **Daily New Cases: 1,361** **As of May 26, 2020.* **Yesterday** **Total Tests: 943,239*** **Cases Reported: 56,560** **Patients Recovered: 36,375** **Fatalities: 1,536** **Active Cases: 22,446** **Daily New Cases: 589** **Includes viral tests and antibody tests.*	Harris County 11,281 Dallas County 9,188 Tarrant County 5,039 Travis County 2,984 Bexar County 2,480 El Paso County 2,461 Potter County 2,251 Fort Bend County 1,732 Denton County 1,255 Collin County 1,189	Montgomery County 913 Brazoria County 853 Galveston County 763 Walker County 716 Cameron County 711 Lubbock County 674 Randall County 652 Williamson County 584 Webb County 521 Moore County 518

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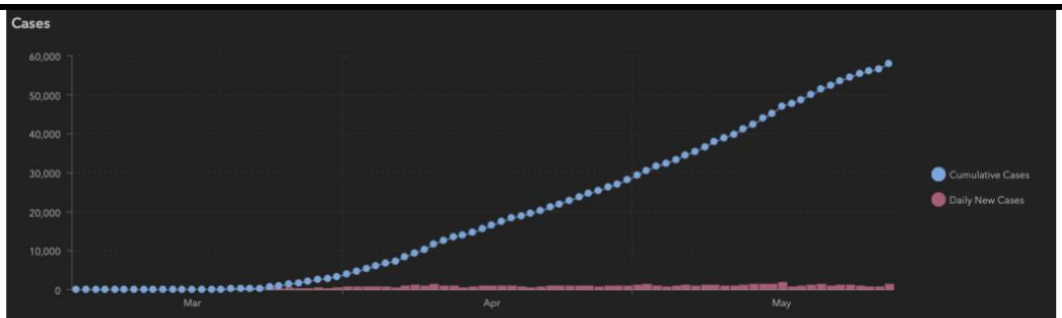
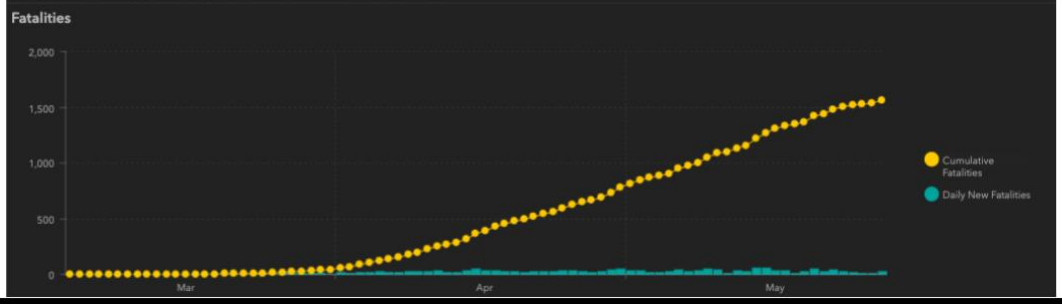
Texas Case Counts	
Texas Fatalities	

State and Federal Overview: May 26, 2020

International

WHO Director-General Dr Tedros, in his regular media briefing, mentioned that "over 400 hospitals in 35 countries are actively recruiting patients and nearly 3500 patients have been enrolled from 17 countries" as part of the Solidarity Trial which was established to evaluate the safety and efficacy of four drugs and drug combinations against COVID-19. The WHO Regional Office for Europe along with the European Centre for Disease Prevention and Control (ECDC), said that they will continue to repurpose their influenza surveillance systems to also detect the COVID-19 virus. Facing an unprecedented global demand for essential COVID-19 medical supplies, WHO is working with partners to help secure supplies to assist the most vulnerable countries. This is explored in today's 'Subject in Focus'.

Read today's situation report.

- Read Monday's situation report.
- Read Sunday's situation report.
- Read Saturday's situation report.

View the WHO's Situation Dashboard for COVID-19 here.

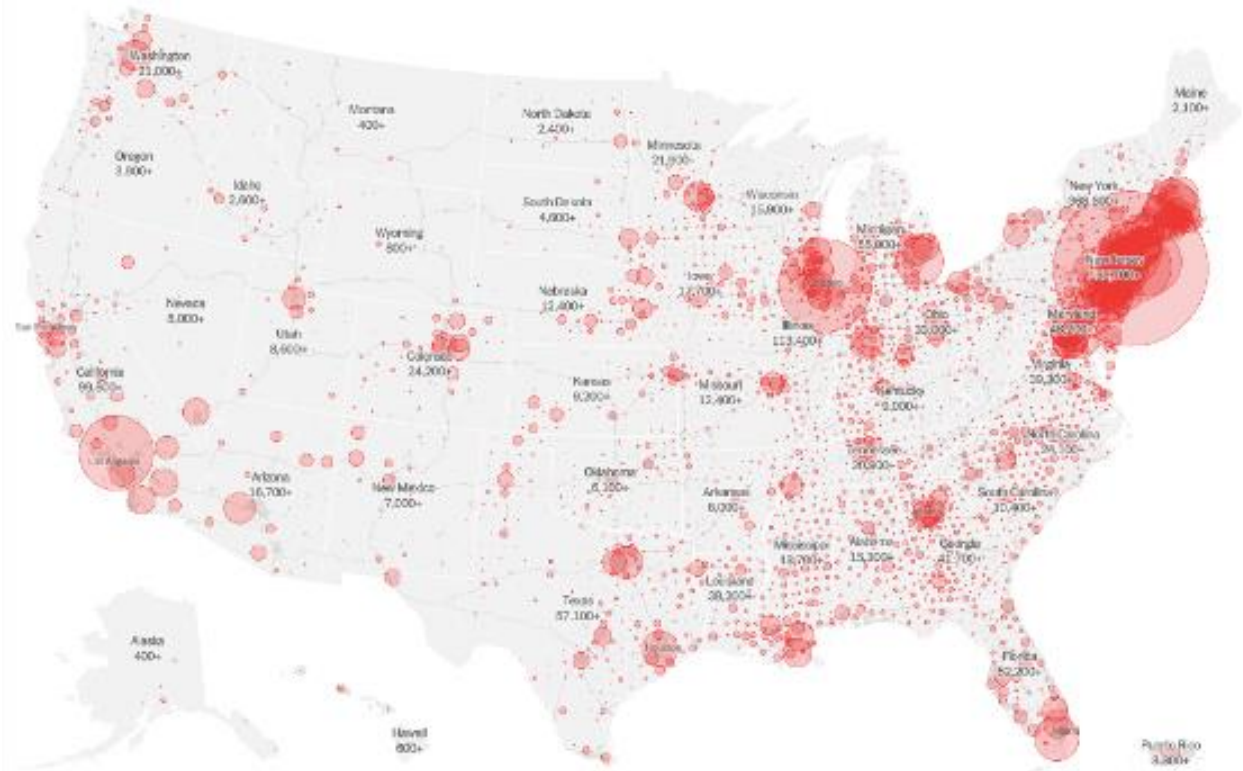
Globally, as of 6:45pm CEST, 26 May 2020, there have been 5,406,282 confirmed cases of COVID-19, including 343,562 deaths, reported to WHO.

Federal Government

U.S. Cases - Provided by the New York Times

Total cases: 1.6 million+
Deaths: 98,826

Includes confirmed and probable cases where available.



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U.S. Centers for Medicare & Medicaid Services

President Trump Announces Lower Out of Pocket Insulin Costs for Medicare's Seniors. To respond to the coronavirus disease 2019 (COVID-19) public health emergency, CMS has taken additional actions to ensure that beneficiaries with diabetes have access to treatment and care by:

- Implementing statutory requirements for Medicare Part D prescription drug sponsors and MA plans with a prescription drug benefit to allow enrollees to obtain prescription fills or refills of covered Part D drugs—including insulin—for up to a three-month supply in most instances.
- Providing additional flexibility to Part D sponsors to give beneficiaries more options for delivery of their medications – including their diabetes supplies -- such as mail or home delivery through retail pharmacies.
- Expanding telehealth so that people with diabetes, nationwide, can still maintain access to their doctor.
- Expanding access to therapeutic continuous glucose monitors for patients with diabetes as determined medically appropriate by practitioners. Previously, patients were required to meet certain clinical criteria to qualify for coverage of a therapeutic continuous glucose monitor under Medicare. During the COVID-19 public health emergency, CMS will not enforce the clinical indications in Local Coverage Determinations for therapeutic continuous glucose monitors in an effort to give practitioners the flexibility to allow more of their diabetic patients to better monitor their glucose and adjust insulin doses from home.

More information on the Part D Senior Savings Model can be viewed here.

To read a New England Journal of Medicine perspective on Medicare Part D and insulin affordability, please follow this link.

Read the full release.

U.S. Department of Health and Human Services

HHS Announces 45-Day Compliance Deadline Extension for Providers. Today, the U.S. Department of Health and Human Services (HHS) is announcing a 45-day deadline extension for providers who are receiving payments from the Provider Relief Fund to accept the Terms and Conditions for Provider Relief Fund payments. This announcement means providers have now been granted 90 days from the date they received a payment to accept HHS Terms and Conditions or return the funds.

HHS, alongside other federal agencies, has been working day and night to support local communities and has taken action to help our healthcare system respond quickly and effectively to this pandemic. The department has kept an open line of communication with our heroic frontline providers and is being responsive to their request for additional time to review and agree to Provider Relief Fund Terms and Conditions. All providers who have received Provider Relief Fund payments must agree to the program Terms and Conditions if they wish to keep the funds.

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan *CARES Act* and the *Paycheck Protection Program and Health Care Enhancement Act*, which provide $175 billion in relief funds to hospitals and other healthcare providers, including those on the front lines of the coronavirus response. This funding supports healthcare-related expenses or lost revenue attributable to COVID-19 and ensures uninsured Americans can get treatment for COVID-19.

HHS previously announced that $50 billion of the Provider Relief Fund was allocated for general distribution to facilities and providers that bill Medicare and were impacted by COVID-19, based on eligible providers' net patient revenue. To expedite providers getting money as quickly as possible, HHS distributed $30 billion immediately, proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. Then, beginning on April 24, HHS began distributing an additional $20 billion to providers based on their share of net patient revenue, and began accepting submissions from eligible providers of their financial data. With the extension announced today, providers will now have 90 days from the date they received a payment to accept the Terms and Conditions or return the funds. Providers that do not accept the Terms and Conditions after 90 days of receipt will be deemed to have accepted the Terms and Conditions.

Other allocations have included $12 billion for hospitals in COVID-19 high-impact areas, $10 billion for rural providers, $500 million for tribal healthcare providers and $4.9 billion for skilled nursing facilities. Some providers may receive further, separate funding, including dentists, and providers that solely take Medicaid. A portion of the Provider Relief Fund is being used to reimburse healthcare providers, generally at Medicare rates, for COVID-related treatment of the uninsured.

Visit hhs.gov/providerrelief for more information.

Administration for Community Living. COVID-19 Resources: What's New

Protecting nursing home residents: HHS is working to stop the spread of COVID-19 in

nursing homes and other long-term care facilities. Today, HHS began distributing nearly $5 billion to help nursing homes combat COVID-19 and this week CMS released new guidance for states and local officials to ensure safe reopening of nursing homes across the country. The guidance details critical steps nursing homes and communities should take prior to relaxing restrictions.

Navigating ACL's Nutrition Program Guidance: With the number of FAQs and resources we've published to address this rapidly evolving situation, we know it can be difficult to determine which resource you should check to answer a particular question. So we've created a "survival guide" to help you find the resources that best address your questions. The guide is most relevant for OAA III-C programs, but also includes information to help OAA Title III-B and III-E grantees navigate nutrition-related matters.

Watch on demand: We've added two archived webinars that you can watch any time:

- **National Trends in Disability Employment (nTIDE) Special Report -** Implications of COVID-19: This special nTIDE Lunch & Learn covers the effect of the coronavirus pandemic, its implications on disability employment, emerging bills and policies, and resources for the days ahead nTIDE is a NIDILRR-funded program of the Institute on Disability/UCED at the University of New Hampshire.
- **Tools to Provide Counseling Remotely During COVID-19**: This webinar covers tools and technology that may be used to provide counseling remotely, including both low-tech and high-tech solutions. The webinar was hosted by the SMP National Resource Center, the SHIP National Technical Assistance Center, the Center for Benefits Access, and ACL

Learn more here.

National Institutes of Health

A Study on Infectivity of Asymptomatic SARS-CoV-2 Carriers. Background: An ongoing outbreak of coronavirus disease 2019 (COVID-19) has spread around the world. It is debatable whether asymptomatic COVID-19 virus carriers are contagious. We report here a case of the asymptomatic patient and present clinical characteristics of 455 contacts, which aims to study the infectivity of asymptomatic carriers.

Material and methods: 455 contacts who were exposed to the asymptomatic COVID-19 virus carrier became the subjects of our research. They were divided into three groups: 35 patients, 196 family members and 224 hospital staffs. We extracted their epidemiological information, clinical records, auxiliary examination results and therapeutic schedules.

Results: The median contact time for patients was four days and that for family members was five days. Cardiovascular disease accounted for 25% among original diseases of patients. Apart from hospital staffs, both patients and family members were isolated medically. During the quarantine, seven patients plus one family member appeared new respiratory symptoms, where fever was the most common one. The blood counts in most contacts were within a normal range. All CT images showed no sign of COVID-19 infection. No severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections was detected in 455 contacts by nucleic acid test.

Conclusion: In summary, all the 455 contacts were excluded from SARS-CoV-2 infection and we conclude that the infectivity of some asymptomatic SARS-CoV-2 carriers might be weak.

Follow this link for access to the full report.

Federal Emergency Management Agency (FEMA)

Distribution of Infrared Thermometers

Under the Guidelines for Opening Up America Again, all employers should implement policies to ensure the safety of their employees and customers, in accordance with federal, state, tribal, and local regulations and guidance throughout all phases of reopening. This includes consulting industry best practices to reduce the risk of occurrence of Coronavirus (COVID-19) cases. Temperature checks are one important part of an assessment symptom screening process that includes checking for fever. Fever is one of many symptoms to reduce social exposure to individuals who may be exhibiting elevated temperature.

To support the Nation's safe reopening, the federal government is provisioning an initial supply of non-contact infrared thermometers (NCIT) for businesses and other essential workplaces. NCIT should be used in accordance with CDC guidance for businesses and employers and OSHA guidance for preparing workplaces for identifying potentially ill individuals including employees, customers, vendors or other visitors. NCIT have many benefits but must be used properly to get accurate readings – refer to FDA recommendations on proper use of non-contact infrared thermometers. To help reduce the risk of reemergence, NCIT are intended for businesses with a high degree of person-to-person interaction, which are potential areas of concern for community transmission of the virus. Temperature checks are not effective as a stand-alone because a person with COVID-19 may not have a fever; other measures to reduce potential exposure are also important.

State, local, tribal and territorial (SLTT) governments play a critical role in involving the whole community in preparing for the resumption of governmental and private sector functions and

recovering from a health and economic crisis. NCIT are being provided to SLTT governments for further distribution to local authorities and businesses based on current conditions and their individual reopening plans and priorities. NCIT have been acquired using HHS supplemental funding, and are being distributed via the Strategic National Stockpile; therefore, their purchase and distribution are not subject to typical Stafford Act prohibitions that would prevent provision to private business entities. SLTT governments have significant flexibility in how to allocate NCIT but must distribute these supplies without discrimination on the basis of race, color, national origin (including limited English proficiency), age, sex, disability, or the exercise of religion or conscience, as required by federal civil rights laws. For more information about civil rights and the COVID-19 emergency, visit HHS.gov.

The quantities of NCIT allocated for each state, territory and the District of Columbia differ. These total over 430,000. Additionally, 8,000 NCIT have been initially allocated for tribal nations.

The federal government determined allocation amounts based on the estimated number of private business workplaces in each state with 50 or more employees. This was based on analysis of the Quarterly Census of Employment and Wages (QCEW) data published by the Bureau of Labor Statistics. SLTT governments should apply their own analysis to support distribution.

- **Texas:** 38,259

Read the full release here.

U.S. Department of Agriculture

USDA to Provide $1 Billion in Loan Guarantees for Rural Businesses and Ag Producers. U.S. Secretary of Agriculture Sonny Perdue today announced that the Department is making available up to $1 billion in loan guarantees to help rural businesses meet their working capital needs during the coronavirus pandemic. Additionally, agricultural producers that are not eligible for USDA Farm Service Agency loans may receive funding under USDA Business & Industry (B&I) CARES Act Program provisions included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

In addition to expanding eligibility to certain agricultural producers, the changes Secretary Perdue announced today allow USDA to:

- Provide 90 percent guarantees on B&I CARES Act Program loans;
- Set the application and guarantee fee at two percent of the loan;
- Accept appraisals completed within two years of the loan application date;
- Not require discounting of collateral for working capital loans, and

- Extend the maximum term for working capital loans to 10 years.

B&I CARES Act Program loans must be used as working capital to prevent, prepare for or respond to the effects of the coronavirus pandemic. The loans may be used only to support rural businesses, including agricultural producers, that were in operation on Feb. 15, 2020.

USDA intends to consider applications in the order they are received. However, the Department may assign priority points to projects if the demand for funds exceeds availability.

USDA announced the expanded B&I authorities in a notice published on page 31035 of the May 22 Federal Register (PDF, 315 KB). The Department will begin accepting applications for B&I loan guarantees on May 22, 2020. Applications must be received no later than midnight Eastern Daylight Time on June 22, 2020, or until funds are expended. Program funding expires Sept. 30, 2021.

Eligible applicants may contact their local USDA Rural Development State Office in the state where the project is located.

USDA is developing application guides for lenders and borrowers on the B&I CARES Act Program. The Agency also will host two webinars to provide an overview of program requirements.

- To register for the webinar on Wednesday, May 27 at 3:30 p.m. Eastern Time, visit globalmeet.webcasts.com/starthere.jsp?ei=1322642&tp_key=7a700acddd.
- To register for the webinar on Wednesday, June 3 at 2:00 p.m. Eastern Time, visit globalmeetwebinar.webcasts.com/starthere.jsp?ei=1324161&tp_key=6067315417.

Read the full release here.

U.S. Department of Labor

Last week, the U.S. Department of Labor took a range of actions to aid American workers and employers as our nation combats the coronavirus pandemic.

Reopening America's Economy:

- Roundtable with Restaurant Industry Leaders at the White House – Secretary Scalia joined President Trump and Vice President Pence for a roundtable at the White House with restaurant owners. They discussed the challenges faced by the industry and ways the Administration has helped businesses large and small outlast the virus and position for reopening.

- Vice President Pence and Secretary Scalia Visit Florida and Georgia – This week U.S. Secretary of Labor Eugene Scalia joined Vice President Mike Pence in Florida and Georgia to discuss reopening the economy in the hospitality and restaurant industries.
- Secretary Scalia was named to the Coronavirus Task Force, led by Vice President Pence, to continue the Administration's efforts to reopen the economy safely.

Keeping America's Workplaces Safe and Healthy:

- U.S. Department of Labor Adopts Revised Enforcement Policies For Coronavirus – Throughout the course of the pandemic, understanding about the transmission and prevention of infection has improved. The government and the private sector have taken rapid and evolving measures to slow the virus's spread, protect employees, and adapt to new ways of doing business. Now, as states begin reopening their economies, OSHA has issued two revised enforcement policies to ensure employers are taking action to protect their employees.
- U.S. Department of Labor Releases Quotes from Written Testimony from Postponed OSHA Hearing – Principal Deputy Assistant Secretary Loren Sweatt of the Occupational Safety and Health Administration was scheduled and prepared to testify before the House of Representatives Education and Labor Workforce Protections Subcommittee hearing this week. Sweatt will inform the committee of the important work the men and women of OSHA have been doing to keep workers safe and healthy in this critical time during the rescheduled hearing this week.

Helping Unemployed Americans:

- U.S. Department of Labor Offers Fraud Prevention Resources To Enhance Integrity of Unemployment Insurance Programs – As states begin entering phased reopenings, the Department reiterated the obligations of employers, employees, and all workforce partners to protect the integrity of the unemployment insurance system.

Defending Workers' Rights to Paid Leave

- Arizona School District Pays Back Wages After Denying Paid Sick Leave To Worker Caring for Children at Home While Coronavirus Closes School – An investigation by the Wage and Hour Division has led a school district to pay $1,000 in back wages to an employee who needed to spend five weeks at home caring for her children whose school closed due to the coronavirus.
- U.S. Postal Service in San Jose to Pay Back Wages to Employee Denied Paid Sick Leave to Care for Child Whose School Closed Due To Coronavirus – In San Jose, California, an employee will receive $3,680 after the Wage and Hour Division found the employer repeatedly failed to provide paid sick leave benefits for time the employee spent home caring for her child whose school closed due to coronavirus.

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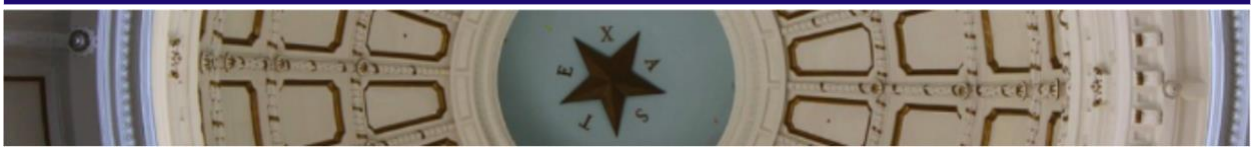

From the Office of the Governor, Greg Abbott

Governor Abbott Announces Additional Services and Activities That Can Open Under Phase II. Governor Greg Abbott today issued a proclamation expanding additional services and activities that can open under Phase II of the state's plan to safely and strategically open. With this proclamation, water parks, recreational sport programs for adults, driver education programs, and food-court dining areas within shopping malls can begin operations with limited occupancy or regulations to protect the health and safety of Texans.

Beginning Friday, May 29th, water parks can open but must limit their occupancy to 25% of normal operating limits. Components of these water parks that have video arcades must remain closed. Starting Sunday, May 31st, recreational sports programs for adults can resume, but games and similar competitions may not begin until June 15th. Driver education programs can resume operations immediately.

Food-court dining areas within shopping malls can also immediately resume operations, but malls are encouraged to designate one or more individuals who are responsible for ensuring health and safety practices are followed, including: limiting tables to six individuals; maintaining a six-feet distance between individuals sitting at different tables; cleaning and disinfecting tables between uses; and ensuring no condiments or other items are left on tables between customer uses.

Minimum standard health protocols outlined by the Texas Department of State Health Services (DSHS) are recommended and located on the Open Texas webpage.

View the Governor's proclamation.

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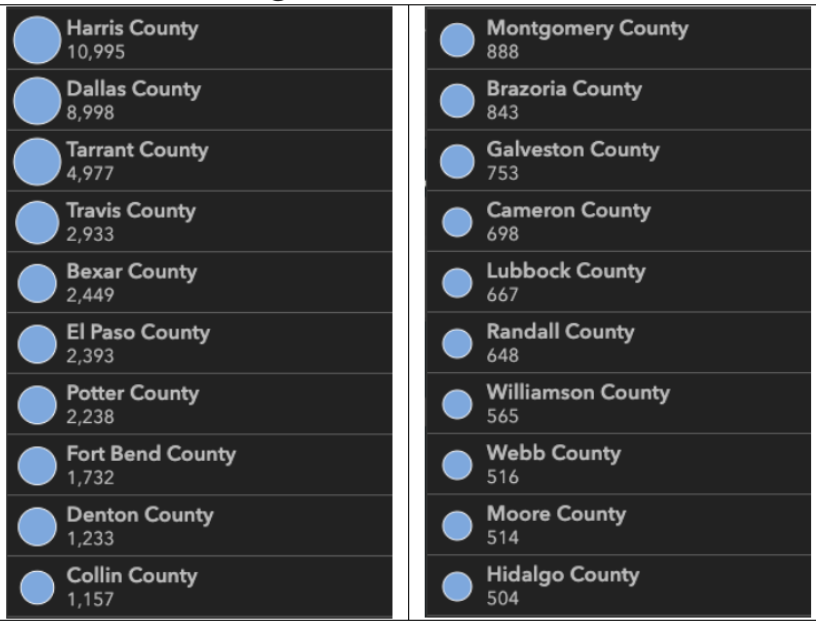
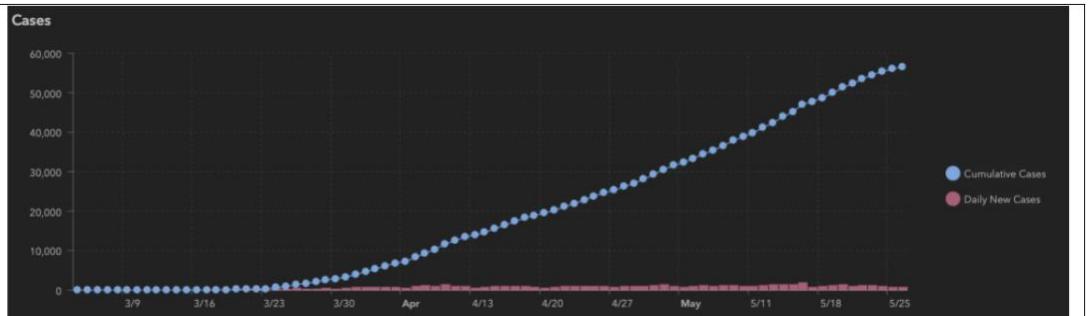
Health and Human Services

Department of State Health Services

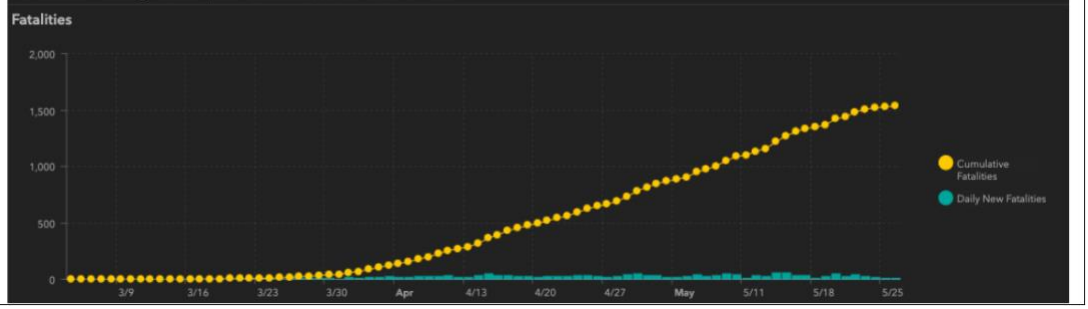
COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 4:00 PM can be found by accessing the DSHS COVID-19 Dashboard.

Texas at a Glance	20 Counties with Highest Number of Cases
Today **Total Tests: 943,239** **Cases Reported: 56,560** **Patients Recovered: 36,375** **Fatalities: 1,536** **Active Cases: 22,446** **Daily New Cases: 589** **Friday** **Total Tests: 834,437** **Cases Reported: 53,449** **Patients Recovered: 32,277** **Fatalities: 1,480** **Active Cases: 22,068**	

Texas Case Counts



Texas Fatalities



Existing EVV Users: Temporary Policies for COVID-19 Extended to June 30, 2020. HHSC is extending the temporary EVV policies in response to COVID-19 (PDF). The temporary policies are now effective through June 30, 2020. HHSC will provide further guidance, as needed. This information is for program providers currently required to use Electronic Visit Verification. For more information, visit the EVV website or email EVV.

Health and Human Services Commission

ALFs Must Only Allow Entry to People Providing Critical Assistance. Assisted living facilities must only allow people providing critical assistance into their facility. People providing critical assistance include providers of essential services, a person with legal authority to enter, and family members or friends of residents who are at the end of life. An ALF must prohibit all other visitors.

An ALF is licensed under Health and Safety Code, Chapter 247 and 26 Texas Administrative Code Chapter 553. They must follow all Texas Health and Human Services Commission requirements. An independent living facility is not regulated by HHSC. It does not fall under the license requirements or the visitor restrictions of an ALF. Read the emergency rule for Assisted Living Facility Response to COVID-19 (PDF).

State and Federal Overview: May 22, 2020

International

WHO and United Nations High Commissioner for Refugees (UNHCR) joined forces to improve health services for refugees, displaced and stateless people. WHO and UNHCR signed a new agreement to strengthen and advance public health services for the millions of displaced people around the world. A key aim this year will be to support ongoing efforts to protect some 70 million displaced people due to COVID-19. **WHO has supported the Smithsonian Science Education Center and InterAcademy Partnership to launch a new COVID-19 rapid-response guide** for young people aged 8–17 years, titled "**COVID19! How can I protect myself and others?**". The guide, which is based on the 2030 Sustainable Development Goals, aims to help young people understand the science and social science of COVID-19 as well as help them take action to keep themselves, their families and communities safe. **WHO has launched a new search feature for questions on COVID-19**. **WHO's COVID-19 webpage** now features an enhanced natural language processing search bar, which understands questions posed in everyday language and more accurately delivers answers to those queries. **WHO and partners have produced guidance on laboratory biosafety related to the testing of clinical specimens** and **guidance on the repatriation of COVID-19 human remains by air**, both of which are explored in today's '**Subject in Focus**'.

Read **today's situation report here**.

View the WHO's **Situation Dashboard for COVID-19 here**.

Globally, as of 6:50pm CEST, 22 May 2020, there have been 4,995,996 confirmed cases of COVID-19, including 327,821 deaths, reported to WHO.

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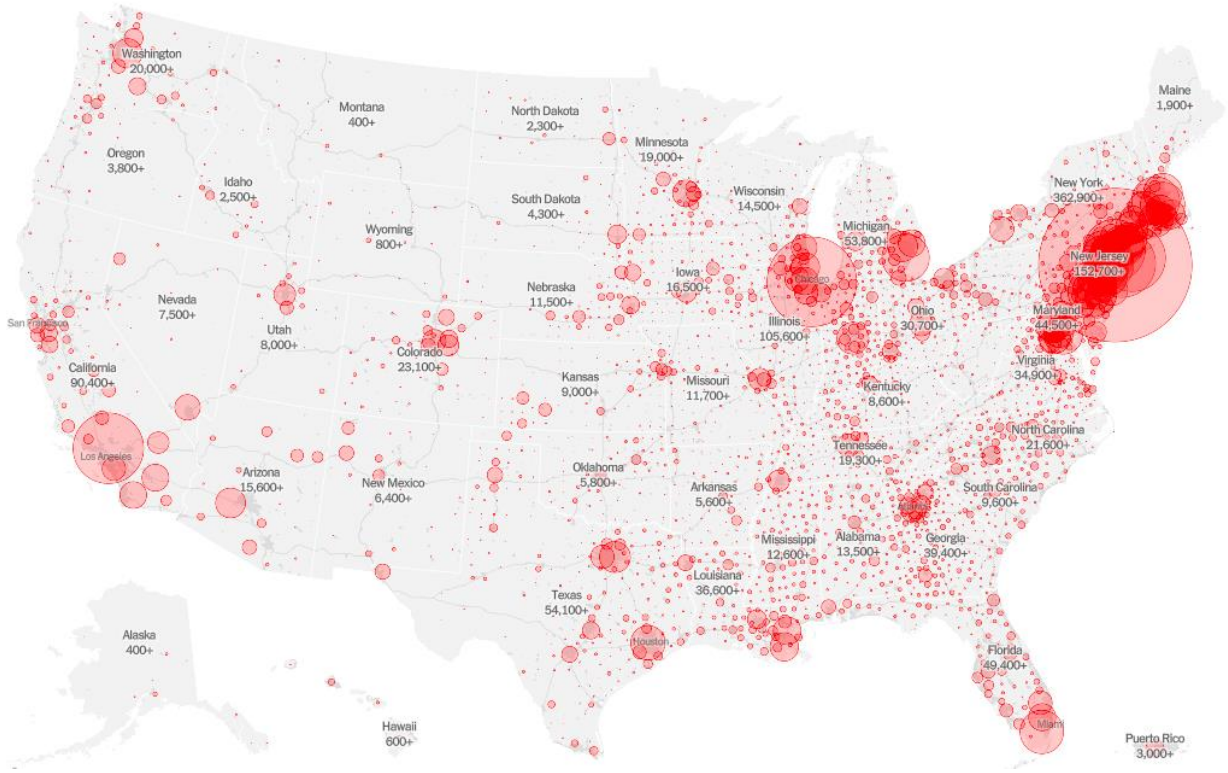
Federal Government

U.S. Cases - Provided by the New York Times

Total Cases: 1.6 million+
Deaths: 95,883
Includes confirmed and probable cases where available.



U.S. Centers for Disease Control and Prevention

Trump Administration Announces Changes to Medicare Advantage and Part D to Provide Better Coverage and Increase Access for Medicare Beneficiaries

Final Rule continues to strengthen the popular private Medicare health and drug plans

The Centers for Medicare & Medicaid Services today finalized requirements that will increase access to telehealth for seniors in Medicare Advantage (MA) plans, expand the types of supplemental benefits available for beneficiaries with an MA plan who have chronic diseases, provide support for more MA options for beneficiaries in rural communities, and expand access to MA for patients with End Stage Renal Disease (ESRD). Together, the changes advance President Trump's Executive Orders on Protecting and Improving Medicare for Our Nation's Seniors and Advancing American Kidney Health as well as several of the CMS strategic initiatives.

Due to the upcoming June 1, 2020, MA and Part D bid deadlines for the 2021 plan year, CMS is finalizing a subset of the proposed policies before the MA and Part D plans' bids are due. CMS plans to address the remaining proposals for plans later in 2020 for the 2022 plan year. We understand that the entire healthcare sector is focused on caring for patients and providing coverage related to coronavirus disease 2019 (COVID-19), and we believe this approach provides plans with adequate time and information to design the best coverage for Medicare beneficiaries.

Building on actions that the Trump Administration has taken to expand access to telehealth so beneficiaries can get care at home instead of traveling to a healthcare facility, today's rule encourages MA plans to increase their telehealth benefits and increase plan options for beneficiaries living in rural areas. CMS is giving MA plans more flexibility to count telehealth providers in certain specialty areas (such as Dermatology, Psychiatry, Cardiology, Ophthalmology, Nephrology, Primary Care, Gynecology, Endocrinology, and Infectious Diseases) towards meeting CMS network adequacy standards. This flexibility will encourage plans to enhance their benefits to give beneficiaries access to the latest telehealth technologies and increase plan choices for beneficiaries residing in rural areas.

Today's rule gives beneficiaries with ESRD more coverage choices in the Medicare program. Previously, beneficiaries with ESRD were only allowed to enroll in MA plans in limited circumstances. The rule implements the changes made by the 21st Century Cures Act to give all beneficiaries with ESRD the option to enroll in an MA plan starting in 2021. This will give beneficiaries with ESRD access to more affordable Medicare coverage options that may include extra benefits such as health and wellness programs, transportation, or home-delivered meals that are not available in Medicare Fee-For-Service.

CMS is also finalizing proposals to enhance the MA and Part D Star Ratings system to further increase the impact that patient experience and access measures have on a plan's overall Star Rating. The Star Ratings system helps people with Medicare, their families, and their caregivers compare the quality of health and drug plans being offered. One of the best indicators of a plan's quality is how its enrollees feel about their coverage experience. This decision reflects CMS's commitment to put patients first and improves incentives for plans to focus on what patients value and feel is important. Additionally, CMS adopted a series of changes in the March 31, 2020, Interim Final Rule with Comment Period (CMS-1744-IFC) for the 2021 and 2022 Star Ratings to accommodate challenges arising from the COVID-19 public health emergency.

For a fact sheet on the Contract Year 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1), please **follow this link**.

The final rule can be downloaded from **the Federal Register here**.

U.S. Centers for Disease Control and Prevention

CDC Provides: Interim Guidance for Communities of Faith. CDC offers the following general considerations to help communities of faith discern how best to practice their beliefs while keeping their staff and congregations safe. Millions of Americans embrace worship as an essential part of life. For many faith traditions, gathering together for worship is at the heart of what it means to be a community of faith. But as Americans are now aware, gatherings present a risk for increasing the spread of COVID-19 during this public health emergency. CDC offers these suggestions for faith communities to consider, consistent with their own faith traditions, in the course of preparing to reconvene for in-person gatherings while still working to prevent the spread of COVID-19. Implementation should be guided by what is feasible, practical, and acceptable, and tailored to the needs and traditions of each community of faith. The information offered is non-binding public health guidance for consideration only; it is not meant to regulate or prescribe standards for interactions of faith communities in houses of worship. Any decision to modify specific religious rites, rituals, and services should be made by religious leaders. Specific preventive actions are provided as examples only.

Scaling Up Operations

- Establish and maintain communication with local and State authorities to determine current mitigation levels in your community.
- Provide protections for staff and congregants at **higher risk for severe illness** from COVID-19. Offer options for staff at **higher risk for severe illness** (including older adults and people of all ages with certain underlying medical conditions) that limit their

exposure risk. Offer options for congregants at **higher risk of severe illness** that limit their exposure risk (e.g., remote participation in services).

- Consistent with applicable federal and state laws and regulations, put in place policies that protect the privacy and confidentiality of people at **higher risk for severe illness** regarding underlying medical conditions.
- Continue to provide congregants with spiritual and emotional care and counseling on a flexible or virtual basis or refer them to other sourcesfor counseling and support if necessary.
- Encourage any organizations that share or use the facilities to also follow these considerations if feasible.
- If your community provides social services in the facility as part of its mission, consult CDC's information for **schools** and **businesses and workplaces**, as relevant, for helpful information.

Follow This Link for the Complete Article

CDC Provides Guidance Coronavirus in the United States and Considerations for Travelers. COVID-19 cases and deaths have been reported in all 50 states, and the situation is constantly changing. Because travel increases your chances of getting infected and spreading COVID-19, **staying home is the best way to protect yourself and others from getting sick.**

If you are thinking about traveling away from your local community, ask:

- **Is COVID-19 spreading where you're going?** *You can get infected while traveling.*
- **Is COVID-19 spreading in your community?** *Even if you don't have symptoms, you can spread COVID-19 to others while traveling.*
- **Will you or those you are traveling with be within 6 feet of others during or after your trip?** *Being within 6 feet of others increases your chances of getting infected and infecting others.*
- **Are you or those you are traveling with more likely to get very ill from COVID-19?** *Older adults and people of any age who have a serious underlying medical condition are at higher risk for severe illness from COVID-19.*
- **Do you live with someone who is more likely to get very ill from COVID-19?** *If you get infected while traveling you can spread COVID-19 to loved ones when you return, even if you don't have symptoms.*
- **Does the state or local government where you live or at your destination require you to stay home for 14 days after traveling?** *Some state and local governments may require people who have recently traveled to stay home for 14 days.*
- **If you get sick with COVID-19, will you have to miss work or school?** *People with COVID-19 disease need to stay home until they are **no longer considered infectious**.*

U.S. Food and Drug Administration

The U.S. Food and Drug Administration announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- Today, FDA and the U.S. Department of Agriculture released **recommendations** to help address shortages of personal protective equipment (PPE), cloth face coverings, disinfectants, and sanitation supplies in the food and agriculture industry during the COVID-19 pandemic.
- The FDA issued an updated **FDA COVID-19 Response At-A-Glance Summary** that provides a quick look at facts, figures and highlights of the agency's response efforts.
- The FDA issued a guidance document **to provide additional temporary flexibility** in food labeling requirements to manufacturers and vending machine operators. The agency is providing flexibility for manufacturers to make minor formulation changes in certain circumstances without making conforming label changes. Also, the FDA is providing temporary flexibility to the vending machine industry and will not object if covered operators do not meet vending machine labeling requirements to provide calorie information for foods sold in the vending machines at this time.
- In a new video, **Donate Blood and Plasma to Make a Difference**, the FDA explains one way you can make a difference is to donate blood or plasma if you are eligible to donate.
- The FDA issued the guidance "**Supplements for Approved Premarket Approval (PMA) or Humanitarian Device Exemption (HDE) Submissions During the Coronavirus Disease 2019 (COVID-19) Public Health Emergency**" to help foster the continued availability of medical devices during the COVID-19 public health emergency. As described in the guidance, the FDA does not intend to object to limited modifications to the design and manufacturing of devices approved through either a PMA or HDE without prior submission of a PMA or HDE supplement or 30-day notice for the duration of the public health emergency. The policy set forth in the guidance does not apply to design or manufacturing changes made for reasons other than addressing manufacturing limitations or supply chain issues resulting from the COVID-19 public health emergency or to any proposed changes described in a regulatory submission already received by FDA.
- The FDA approved two abbreviated new drug applications:
    - **Dexmedetomidine hydrochloride** in 0.9% sodium chloride injection, is indicated for sedation of initially intubated and mechanically ventilated patients during treatment in an intensive care setting and sedation of non-intubated patients prior to and/or during surgical and other procedures. The most common side effects of dexmedetomidine hydrochloride injection are

hypotension, bradycardia, and dry mouth. This drug is listed in the FDA Drug Shortage Database.
    - **Succinylcholine chloride injection** USP 200 mg/10 mL, is indicated in addition to general anesthesia, to facilitate tracheal intubation and to provide skeletal muscle relaxation during surgery or mechanical ventilation. Side effects of succinylcholine chloride injection include anaphylaxis, hyperkalemia, and malignant hyperthermia.
    - The FDA recognizes the increased demand for certain products during the COVID-19 public health emergency, and we remain deeply committed to facilitating access to medical products to help address critical needs of the American public.
- Due to the COVID-19 pandemic and its impacts, earlier this month the U.S. District Court for the Eastern District of Texas granted a joint motion in the case of R.J. Reynolds Tobacco Co. et al. v. U.S. Food and Drug Administration et al. to govern proceedings in that case and postpone the effective date of the "**Required Warnings for Cigarette Packages and Advertisements**" **final rule** by 120 days. The new effective date of the final rule is Oct. 16, 2021. The FDA intends to update its relevant guidances related to the rule's effective date and the timing for submission of cigarette plans.
- The FDA and the Federal Trade Commission issued a warning letter to two companies for selling fraudulent COVID-19 products, as part of the agency's effort to protect consumers. There are currently no FDA-approved products to prevent or treat COVID-19. Consumers concerned about COVID-19 should consult with their health care provider.
    - The first seller warned, **Apollo Holding LLC**, offers "NoronaPak" products, including cannabidiol (CBD) and other supplement products for sale in the U.S. with claims that misleadingly represent the products as safe and/or effective for the prevention and treatment of COVID-19.
    - The second seller warned, **North Coast Biologics LLC**, has offered the unapproved "nCoV19 spike protein vaccine" for sale in the U.S. with misleading claims that the product is safe and/or effective for the prevention of COVID-19.
- The FDA updated the **FAQs on Testing for SARS-CoV-2** to clarify information about at-home self-collection and what tests should no longer be distributed for COVID-19.
    - Test developers can offer their COVID-19 **tests for at-home self-collection** of a specimen if at-home self-collection of a specimen is specifically authorized under the Emergency Use Authorization (EUA) for the test. In addition, COVID-19 tests for at-home self-collection may be used as part of an Institutional Review Board-approved study. The FDA is supportive of at-home self-collection and has authorized several COVID-19 tests for home collection of specimens to be sent to a laboratory for processing and test reporting.
    - The FDA added a new section to the FAQs to clarify **what tests should no longer be distributed for COVID-19**. Yesterday, the FDA posted a list of

commercial manufacturers' antibody tests that have been removed from the "notification list" of tests being offered under the Policy for Coronavirus Disease-2019 Tests During the Public Health Emergency. Antibody tests on this new removal list include those voluntarily withdrawn from the notification list by the test's commercial manufacturer and those for which there is not a pending EUA request or issued EUA. FDA expects that the tests on the removal list will not be distributed.

- Testing updates:
  - During the COVID-19 pandemic, the FDA has worked with more than 400 test developers who have already submitted or said they will be submitting EUA requests to the FDA for tests that detect the virus or antibodies to the virus.
  - To date, the FDA has authorized 109 tests under EUAs, which include 96 molecular tests, 12 antibody tests, and 1 antigen test.

FDA Provides Promised Transparency for Antibody Tests. The U.S. Food and Drug Administration posted a **list of antibody tests** that are being removed from the "notification list" of tests being offered under the **Policy for Coronavirus Disease-2019 Tests During the Public Health Emergency**. Antibody tests on this new removal list include those voluntarily withdrawn from the notification list by the test's commercial manufacturer and those for which there is not a pending Emergency Use Authorization (EUA) request or issued EUA. FDA expects that the tests on the removal list will not be marketed or distributed. Antibody tests offered by commercial manufacturers as outlined under the policy, which was issued on March 16 and updated on May 4, continue to be located on the notification list pending review of their EUA request.

On May 4, 2020, the FDA **announced a revised guidance** recommending that commercial manufacturers of antibody tests submit an EUA request within 10 business days from the date they notified FDA of their test validation or the date of publication of the revised policy, whichever was later. In keeping with the FDA's commitment to transparency, today the agency is providing a list of antibody tests from commercial manufacturers that have been removed from the antibody test notification list. It is expected that this removal list will continue to be updated.

With this action today, the FDA continues to carry out its mission to protect the public health and safety of consumers. FDA is committed to providing timely information to the American public as part of the agency's effort to combat this pandemic.

U.S. Department of Health and Human Services

HHS Announces Nearly $4.9 Billion Distribution to Nursing Facilities Impacted by COVID-19. Today, the U.S. Department of Health and Human Services (HHS) is announcing it has begun distributing billions in additional relief funds to skilled nursing facilities (SNFs) to help them combat the devastating effects of this pandemic. Nursing homes play a pivotal role in providing skilled care to our nation's vulnerable seniors. During this pandemic, nursing homes have faced unique challenges as their population of high-risk seniors are more vulnerable to respiratory pathogens like COVID-19. This funding, which supplements previously **announced provider relief funds**, will be used to support nursing homes suffering from significant expenses or lost revenue attributable to COVID-19.

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan CARES Act and the Paycheck Protection Program and Health Care Enhancement Act that provide $175 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. In allocating these funds, the Administration is working, among other things, to address the economic impact of COVID-19 on providers and doing so as quickly and transparently as possible.

The COVID-19 pandemic has impacted the viability of SNFs in a variety of ways. Since the beginning of 2020, SNFs have experienced up to a 6 percent decline in their patient population as current and potential residents choose other care settings, or as current residents pass away. In addition to nursing home residents, many SNF employees have also been diagnosed with COVID-19. These additional funds may help nursing homes address critical needs such as labor, scaling up their testing capacity, acquiring personal protective equipment and a range of other expenses directly linked to this pandemic.

Distribution Methodology
HHS will make relief fund distributions to SNFs based on both a fixed basis and variable basis. Each SNF will receive a fixed distribution of $50,000, plus a distribution of $2,500 per bed. All certified SNFs with six or more certified beds are eligible for this targeted distribution.
Nursing home recipients must attest that they will only use Provider Relief Fund payments for permissible purposes, as set forth in the Terms and Conditions, and agree to comply with future government audit and reporting requirements.

Visit **hhs.gov/providerrelief** for additional information.

HHS Announces $500 Million Distribution to Tribal Hospitals, Clinics, and Urban Health Centers. Today, the Department of Health and Human Services (HHS) announced $500 million in payments from the Provider Relief Fund to the Indian Health Service (IHS) and tribal hospitals, clinics, and urban health centers to support the tribal response to COVID-19.

The pandemic has disproportionately impacted IHS providers and programs. Many such providers have experienced significantly increased need for personal protective equipment (PPE) as well as increased labor costs due to employees that have been exposed to COVID-19. At least 233 facilities across the Indian health system serve as the only health care provider for both IHS and non-IHS beneficiaries, making them critical to stopping the spread of COVID-19 and reopening America. This funding provides vital support to these healthcare facilities, which in some cases may be the only healthcare facility within a day's traveling distance for those served. Combined with previous funding, this distribution brings the total amount of new resources to the Indian health system to $2.4 billion dollars.

Distribution Methodology

- IHS and tribal hospitals will receive a $2.81 million base payment plus three percent of their total operating expenses
- IHS and tribal clinics and programs will receive a $187,000 base payments plus five percent of the estimated service population multiplied by the average cost per user
- IHS urban programs will receive a $181,000 base payment plus six percent of the estimated service population multiplied by the average cost per user

HHS has allocated approximately 4% of available funding for Urban Indian Health Programs, consistent with the percent of patients served by Urban Indian Organizations (UIOs) in relation to the total IHS active user population, as well as prior allocations of IHS COVID-19 funding. The remaining funding will be divided equally between hospitals and clinics.

How did HHS determine operating costs for IHS clinics and UIOs?

HHS identified the service population for most service units, and estimated an operating cost of $3,943 per person per year based on actual IHS spending per user from a 2019 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita report.

President Trump is providing support to healthcare providers fighting the COVID-19 pandemic through the bipartisan CARES Act and the Paycheck Protection Program and Health Care Enhancement Act that provide $175 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response. The allocation of these funds is part of the Trump Administration's whole-of-America approach to addressing the economic impact of COVID-19 on providers and doing so as quickly and transparently as possible.

Visit **hhs.gov/providerrelief** for additional information on the Provider Relief Fund.

Visit **https://www.ihs.gov/coronavirus/** for the latest information on the COVID-19 response from HIS

Federal Emergency Management Agency (FEMA)

Community Mitigation Decision Support Tool

The Community Mitigation decision support tool puts the data for each metric in the President's **Guidelines for Opening Up America Again** in one easy-to-access place – the **Gate Indicators** tab and sub-tabs. Officials can easily view their influenza- and coronavirus-like illnesses, case and death data, as well as a range of information on hospital capacity to determine whether community mitigation should be adjusted. The tool also has a large variety of other data available outlined in greater detail below. An account is required for access, and government officials can get one by **applying here**. Please email **HHS** with questions.

Full Description

Following are the 19 different categories of information for each tab:

- **Cases and Deaths**: total and new cases and deaths, including cases and deaths over time and can be filtered to specific jurisdictions. There are eight sub-tabs of data at the national, state, and county levels as available.
- **Gate Indicators:** daily emergency department visits for both influenza-like and coronavirus-like illnesses at the state level (chosen at the top right). There are seven sub-tabs that display data on symptoms, cases, and hospitals.
- **Deployed Resources:** the number of Alternative Care Sites and their total bed capacity, along with the number and location of deployed resources and personnel.
- **Testing Results:** data by county on total tests, total positive tests, and the percent positive of the total. Information is also available by lab type.
- **Federally Qualified Health Center (FQHC) Testing Capacity:** testing capacity by state, county or region. Data can also be sorted by whether facilities offer drive-up testing and/or telehealth services.
- **Hotspot Percent Change:** County Epidemic Curve Status, as well as new cases in the past two weeks and new cases per 100k population by county.
- **Bed/ICU/Vent. Availability:** total and available resources by state and territory, including hospital beds, Intensive Care Unit (ICU) beds, and ventilators. There are also multiple sub-tabs that show reopening data (where reported), National Healthcare Safety Network data (NHSN) and county tele-tracking data. The NHSN and tele-tracking systems work together to track infections nationally.
- **Baseline Bed Information:** potential impact to hospitals, including the number of cases and deaths, the number of ICU and acute care bed, and the number of operating rooms. It also shows the average occupancy rate, and hospitals with greater than 95 percent , 75 percent, and 50 percent occupancy.
- **Early Indicators:** includes five sub-tabs for change in cases and deaths: change in cases and deaths total; change in cases and deaths per 100k population; cases and

deaths in the last seven days; cases and deaths per 100k population in the last seven days: and the length of time it takes the number of cases to double. Users can also filter by region.

- **Economic Indicators:** shows total impacted employees and establishments. The information can be filtered by sector, region and other jurisdictional levels.
- **Community Based Testing Sites (CBTS):** the number of CBTS locations and their status (e.g. live, launching, moved, etc.).
- **PHR & International Reagent Resource (IRR) Product Inventory:** shows orders delivered and pending to state health departments. There are three sub-tabs – data by lab location; product inventory status (including pending and delivered orders); and state testing totals**.**
- **PPE Distribution:** total number of resources (e.g. gloves, masks, gowns, etc.) distributed; can easily be filtered to the desired jurisdiction.
- **Definitive Healthcare:** projections by county, including days to ventilator capacity failure, percent ventilator capacity remaining, average weekly number of patients on ventilators and staffed beds in county. There is also a second sub-tab showing additional healthcare capacity indicators easily filterable to the county level.
- **Risk Comparison:** the risk rating (0-10) of different jurisdictions based on specific factors, such as average cases per 10k population, projected cases in four days and projected cases in seven days.
- **Trend Analysis:** a pdf document which includes graphs of the COVID-19 virus over time, such as total tests versus percent positive/negative or COVID-19 cases and deaths over time.
- **World Cases:** the number of cases and deaths by country, as well as a graph of cases over time.
- **Resources:** a pdf document of the data and related sources and resources for each tab described previously.
- Depending on screen size, some tabs may be truncated and available via a drop-down at the top right.

Access and Support

An account is required for access, and government officials can get one by **applying here**. Data sources are described in the resources tab. Please email **geohealth@hhs.gov** with any questions.

FEMA Releases Latest State-by-State COVID-19 Data

As FEMA, under the direction of the White House Task Force, has led the whole-of-America response to the COVID-19 pandemic for the past several weeks, billions of essential resources and protective equipment have been delivered throughout the nation.

On Wednesday, the agency released the "**COVID-19 Pandemic Operational Guidance for the 2020 Hurricane Season**" to help emergency managers and public health officials best prepare for disasters while continuing to respond to and recover from COVID-19. The guidance can also be used by private sector and non-governmental organizations to gain an understanding of the government's posture, planning and readiness efforts."

The federal government continues to meet demands for personal protective equipment through new acquisition, federal interagency allocation, private industry donations and the Strategic National Stockpile.

Resources listed below are deliveries made by FEMA Regions, and are separate from all supplies delivered through Project Airbridge distributions: ***See a graphical by-the-numbers breakdown by FEMA Region***

Texas
Critical supplies delivered: 1.3 million N95 respirators, 2.0 million gloves, 390,647 face shields and 1.7 million surgical masks.

- As of May 21, FEMA has obligated $515.7 million in federal support to Texas.
- As of May 21, five Battelle N95 decontamination units are located in the Austin, Corpus Christie, Dallas, El Paso and Houston areas.
- A phased reopening is underway.

Read the **full release here**.

National Institutes of Health

Peer-reviewed data shows remdesivir for COVID-19 improves time to recovery. The investigational antiviral remdesivir is superior to the standard of care for the treatment of COVID-19, according to a report published today in the *New England Journal of Medicine.* The preliminary analysis is based on data from the **Adaptive COVID-19 Treatment Trial** (ACTT), sponsored by the **National Institute of Allergy and Infectious Diseases (NIAID)**, part of the National Institutes of Health. The randomized, controlled trial enrolled hospitalized adults with COVID-19 with evidence of lower respiratory tract involvement (generally moderate to severe disease). Investigators found that remdesivir was most beneficial for hospitalized patients with severe disease who required supplemental oxygen. Findings about benefits in other patient subgroups were less conclusive in this preliminary analysis.

The study began on Feb. 21, 2020 and enrolled 1,063 participants in 10 countries in 58 days. Patients provided informed consent to participate in the trial and were randomly assigned to

receive local standard care and a 10-day course of the antiviral remdesivir intravenously, developed by Gilead Sciences, Inc., or local standard care and a placebo. The trial was double-blind, meaning neither investigators nor participants knew who was receiving remdesivir or placebo.

The trial closed to enrollment on April 19, 2020. On April 27, 2020 (while participant follow-up was still ongoing), an independent data and safety monitoring board overseeing the trial reviewed data and shared their preliminary analysis with NIAID. **NIAID quickly made the primary results of the study public** due to the implications for both patients currently in the study and for public health. The report published today in the *New England Journal of Medicine* describes the preliminary results of the trial.

The report notes that patients who received remdesivir had a shorter time to recovery than those who received placebo. The study defined recovery as being discharged from the hospital or being medically stable enough to be discharged from the hospital. The median time to recovery was 11 days for patients treated with remdesivir compared with 15 days for those who received placebo. The findings are statistically significant and are based on an analysis of 1059 participants (538 who received remdesivir and 521 who received placebo). Clinicians tracked patients' clinical status daily using an eight-point ordinal scale ranging from fully recovered to death. Investigators also compared clinical status between the study arms on day 15 and found that the odds of improvement in the ordinal scale were higher in the remdesivir arm than in the placebo arm. Trial results also suggested a survival benefit, with a 14-day mortality rate of 7.1% for the group receiving remdesivir versus 11.9% for the placebo group; however, the difference in mortality was not statistically significant.

Ultimately, the findings support remdesivir as the standard therapy for patients hospitalized with COVID-19 and requiring supplemental oxygen therapy, according to the authors. However, they note that the mortality rate of 7.1% at 14 days in the remdesivir arm indicates the need to evaluate antivirals with other therapeutic agents to continue to improve clinical outcomes for patients with COVID-19. On May 8, 2020, NIAID began **a clinical trial (known as ACTT 2)** evaluating remdesivir in combination with the anti-inflammatory drug baricitinib compared with remdesivir alone.

Learn **more here**.

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The State of Texas

From the Office of the Governor, Greg Abbott

Governor Abbott Announces Extensions to Payment Deadlines for Certain Employers. Governor Greg Abbott today announced that the Texas Workforce Commission (TWC) has extended payment deadlines for designated reimbursing employers that are required to pay a share of unemployment benefits. Designated reimbursing employers include non-profits, local governments, school districts and other qualifying employers who reimburse TWC for the full amount of unemployment benefits to be paid to eligible former employees. TWC's action delays the due date for the June 1 payment to December 31, 2020. This action also waives interest and penalty charges during the same time period, and does not reduce or eliminate this payment for reimbursing employers. Instead, it provides more time for these employers to secure resources to meet these and other liabilities as they deal with the implications of COVID-19. This extension also does not delay or prevent Texans who qualify for unemployment benefits from receiving these resources.

Read the **full release here**.

Governor Abbott Issues Executive Order Suspending In-Person Visitations in County and Municipal Jails. Governor Greg Abbott today issued an Executive Order suspending in-person visitations in all county and municipal jails in the state of Texas. This restriction does not apply to visitation by an attorney meeting with a client or a religious leader or member of the clergy. The Governor previously directed state prisons, jails, and juvenile justice facilities to restrict visitation **upon issuing his COVID-19 disaster declaration**. This executive order adds another layer of defense to contain COVID-19 hot spots, prevent community spread, and protect staff and inmates. **View the Governor's Executive Order**.

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Governor Abbott Releases PSA: "Be A Good Neighbor. Be A Texan." Governor Greg Abbott today released a **public service announcement (PSA) entitled "Be A Good Neighbor. Be a Texan**." As the Lone Star State begins to open up, the Governor encourages all Texans to do their part to protect themselves and others from COVID-19 by following best practices like social distancing in public, wearing a face covering, and washing hands regularly.

Transcript:
Texans always get the job done, especially when we work together. As we safely open up our state, we need to unite as one Texas to contain COVID-19 and to get Texans back to work. If you go out in public, stay six feet apart from others, wear a face covering, and wash your hands regularly. Be a good neighbor. Be a Texan. Together, we're going to make our way through this.

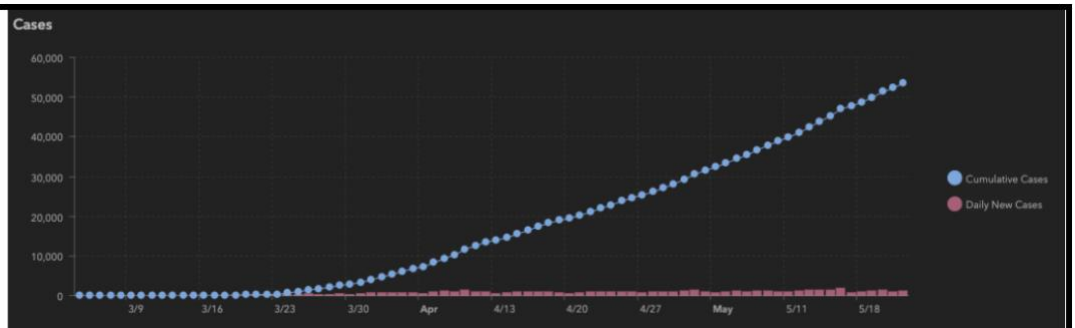
Health and Human Services

Department of State Health Services

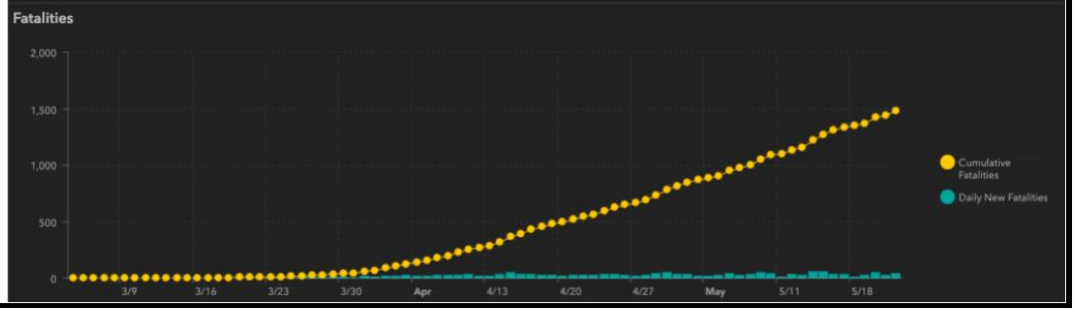
COVID-19 Case Count. The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in responding to the new coronavirus disease 2019 (COVID-19) that is causing an outbreak of respiratory illness worldwide. State case counts, current as of 4:00 PM can be found by accessing the **DSHS COVID-19 Dashboard**.

Texas at a Glance	20 Counties with Highest Number of Cases	
Today **Total Tests: 834,437** **Cases Reported: 53,449** **Patients Recovered: 32,277** **Fatalities: 1,480** **Active Cases: 22,068** **Yesterday** **Total Tests: 800,433** **Cases Reported: 52,268** **Patients Recovered: 30,341** **Fatalities: 1,440** **Active Cases: 19,664**	Harris County 10,283 Dallas County 8,273 Tarrant County 4,803 Travis County 2,712 Bexar County 2,371 Potter County 2,202 El Paso County 2,160 Fort Bend County 1,652 Denton County 1,188 Collin County 1,118	Montgomery County 881 Brazoria County 816 Galveston County 732 Cameron County 664 Lubbock County 650 Randall County 629 Williamson County 520 Moore County 508 Webb County 500 Jefferson County 476

Texas Case Counts



Texas Fatalities



Health and Human Services Commission

HHSC Updated the NF COVID-19 Response Plan. HHSC Long-term Care Regulatory has

updated the Nursing Facility COVID-19 response plan. The document provides guidance to NFs on response actions in the event of a COVID-19 exposure. **Read the full document here**.

HHSC Provides Updated COVID-19 FAQs for HCCSAs (Except Inpatient Hospice Units). HHSC has updated the Home and Community Support Services Agencies **Frequently Asked Questions about COVID-19.** The document can be found on the **HCSSA provider portal**.

HHSC Updated COVID-19 Frequently Asked Questions for ALF Providers. HHSC has updated the **Frequently Asked Questions about COVID-19** for ALF providers. The document can be found on the **ALF provider portal**.

Texas Workforce Commission

Texas Workforce Commission Committed to Help Texans Find Work, Training and Resources. Texas saw an increase in the state unemployment rate in April 2020, due to the impact of the COVID-19 pandemic. Over the past month, the Texas economy lost 1,298,900 nonfarm positions. Texas' seasonally adjusted unemployment rate rose to 12.8 percent, below the national average of 14.7 percent.

In April, all major industries in Texas experienced job loss over the month.
The Amarillo Metropolitan Statistical Area (MSA) recorded April's lowest unemployment rate among Texas MSAs with a non-seasonally adjusted rate of 8.8 percent, followed by the Abilene and the College Station-Bryan MSA which both recorded at 8.9 percent for the second lowest rate. The Lubbock MSA recorded the third lowest rate of 9.9 percent.

Employment estimates released by TWC are produced in cooperation with the U.S. Department of Labor's Bureau of Labor Statistics. All estimates are subject to revision. To access this and more employment data, visit **TexasLMI.com**.

The Texas Labor Market & Career Information Data for May is scheduled to be released on Friday, June 19, 2020 at 9:00 a.m. (CDT).

Civilian Labor Force Estimates for Texas Metropolitan Statistical Areas Not Seasonally Adjusted (In Thousands)

	April 2020				March 2020				April 2019			
	C.L.F.	Emp.	Unemp.	Rate	C.L.F.	Emp.	Unemp.	Rate	C.L.F.	Emp.	Unemp.	Rate
United States	155,830.0	133,326.0	22,504.0	14.4	162,537.0	155,167.0	7,370.0	4.5	162,097.0	156,710.0	5,387.0	3.3
Texas	12,931.3	11,244.1	1,687.2	13.0	14,031.1	13,312.3	718.7	5.1	13,922.6	13,505.0	417.6	3.0
Abilene	70.9	64.7	6.3	8.9	78.1	74.7	3.4	4.3	78.2	76.2	2.0	2.5
Amarillo	119.0	108.6	10.4	8.8	131.7	126.9	4.8	3.6	131.8	129.0	2.8	2.1
Austin-Round Rock	1,132.9	994.8	138.1	12.2	1,236.0	1,188.6	47.4	3.8	1,227.3	1,199.3	28.0	2.3
Beaumont-Port Arthur	162.7	133.2	29.5	18.1	173.2	159.0	14.2	8.2	172.8	164.9	7.9	4.6
Brownsville-Harlingen	155.3	128.7	26.6	17.1	168.8	155.3	13.5	8.0	165.5	157.7	7.8	4.7
College Station-Bryan	123.0	112.1	10.9	8.9	137.3	131.9	5.4	3.9	135.2	132.1	3.0	2.2
Corpus Christi	186.1	156.6	29.5	15.9	205.2	192.5	12.7	6.2	206.2	198.8	7.4	3.6
Dallas-Fort Worth-Arlington	3,686.0	3,215.9	470.1	12.8	3,962.0	3,778.1	183.9	4.6	3,923.0	3,811.4	111.6	2.8
Dallas-Plano-Irving MD	2,496.1	2,181.8	314.3	12.6	2,674.5	2,551.6	122.9	4.6	2,642.5	2,566.7	75.7	2.9
Fort Worth-Arlington MD	1,189.9	1,034.1	155.8	13.1	1,287.5	1,226.4	61.1	4.7	1,280.5	1,244.6	35.9	2.8
El Paso	335.2	285.6	49.5	14.8	365.7	346.1	19.6	5.4	362.0	350.1	11.9	3.3
Houston-The Woodlands-Sugar Land	3,195.4	2,743.1	452.3	14.2	3,434.1	3,243.8	190.4	5.5	3,397.4	3,286.9	110.6	3.3
Killeen-Temple	162.7	144.3	18.4	11.3	177.5	168.1	9.4	5.3	176.1	170.4	5.7	3.2
Laredo	104.3	90.0	14.2	13.6	118.5	111.9	6.6	5.6	117.8	114.0	3.8	3.2
Longview	89.3	78.4	11.0	12.3	97.1	91.5	5.5	5.7	99.2	96.1	3.1	3.1
Lubbock	145.2	130.8	14.4	9.9	161.5	155.1	6.3	3.9	163.1	159.3	3.8	2.3
McAllen-Edinburg-Mission	338.5	276.8	61.7	18.2	359.3	325.7	33.7	9.4	349.3	331.6	17.6	5.0
Midland	95.4	85.7	9.7	10.2	108.2	104.6	3.7	3.4	110.1	108.3	1.8	1.7
Odessa	79.1	68.4	10.7	13.5	86.6	82.5	4.1	4.7	88.2	86.4	1.8	2.0
San Angelo	48.4	43.3	5.1	10.6	54.5	52.1	2.3	4.3	55.3	53.9	1.4	2.5
San Antonio-New Braunfels	1,115.3	968.5	146.8	13.2	1,198.5	1,144.4	54.1	4.5	1,193.4	1,162.1	31.3	2.6
Sherman-Denison	58.7	52.5	6.2	10.6	64.0	61.1	3.0	4.6	63.8	62.2	1.6	2.6
Texarkana	60.4	52.1	8.3	13.8	65.4	61.6	3.8	5.7	64.9	62.4	2.4	3.7
Tyler	98.9	86.9	12.0	12.2	105.5	100.3	5.2	4.9	107.1	104.1	3.1	2.8
Victoria	41.3	35.4	5.9	14.2	45.2	42.8	2.5	5.5	45.7	44.4	1.3	2.9
Waco	113.4	101.4	12.0	10.6	125.5	119.4	6.1	4.9	125.2	121.8	3.4	2.8
Wichita Falls	57.7	51.2	6.5	11.3	64.1	61.2	2.9	4.5	65.0	63.3	1.7	2.7

Texas Nonagricultural Wage and Salary Employment Seasonally Adjusted

INDUSTRY TITLE	Apr 2020*	Mar 2020	Apr 2019	Mar '20 to Apr '20		Apr '19 to Apr '20	
				Absolute Change	Percent Change	Absolute Change	Percent Change
Total Nonagricultural	11,628,000	12,926,900	12,738,600	-1,298,900	-10.0	-1,110,600	-8.7
Total Private	9,673,200	10,933,300	10,776,000	-1,260,100	-11.5	-1,102,800	-10.2
Goods Producing	1,800,700	1,931,800	1,927,800	-131,100	-6.8	-127,100	-6.6
Mining and Logging	209,800	234,100	255,500	-24,300	-10.4	-45,700	-17.9
Construction	729,000	791,500	767,500	-62,500	-7.9	-38,500	-5.0
Manufacturing	861,900	906,200	904,800	-44,300	-4.9	-42,900	-4.7
Service Providing	9,827,300	10,995,100	10,810,800	-1,167,800	-10.6	-983,500	-9.1
Trade, Transportation, and Utilities	2,367,700	2,541,600	2,503,000	-173,900	-6.8	-135,300	-5.4
Information	198,500	210,200	208,600	-11,700	-5.6	-10,100	-4.8
Financial Activities	800,300	816,200	796,400	-15,900	-1.9	3,900	0.5
Professional and Business Services	1,687,200	1,835,800	1,781,000	-148,600	-8.1	-93,800	-5.3
Education and Health Services	1,605,400	1,768,200	1,731,400	-162,800	-9.2	-126,000	-7.3
Leisure and Hospitality	840,500	1,370,700	1,384,500	-530,200	-38.7	-544,000	-39.3
Other Services	372,900	458,800	443,300	-85,900	-18.7	-70,400	-15.9
Government	1,954,800	1,993,600	1,962,600	-38,800	-1.9	-7,800	-0.4

Read the **full release here**.

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