Oversight Provisions in H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act

March 12, 2020

President Donald Trump signed H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act, on March 6, 2020. It provides a total of $8.3 billion in supplemental funding to support the response of the United States to Coronavirus Disease 2019 (COVID-19).

Prior to the passage of H.R. 6074, Congress had already begun to oversee the federal government’s response to COVID-19 with committee hearings in both the House and the Senate. Other committees are planning additional hearings in the coming weeks, and the Trump Administration has also been providing regular briefings.

This voluntary flow of information among Congress, senior Administration leaders, and frontline experts will facilitate Congress’s response to COVID-19. If lines of communication remain open, voluntary information sharing may prove to be sufficient to meet Congress’s needs and expectations for oversight. However, H.R. 6074 makes explicit a number of requirements regarding both the type and frequency of information Congress will receive.

H.R. 6074 appropriates significant funding for specific responses to COVID-19 and sets explicit requirements regarding how funds may be spent. The specificity of these conditions, as well as ongoing development of the outbreak, make it particularly important that Congress receive information in a timely manner. Even relatively short delays may prevent Congress from ensuring that the executive branch is following its instructions. The reporting requirements in H.R. 6074 are designed to improve the executive branch’s ability to provide timely information to Congress.

This Insight details the oversight provisions included in H.R. 6074. CRS has produced several other written products related to COVID-19, some of which are linked at the bottom of this Insight. All CRS materials on the subject are available on CRS.gov.
Consultation and Reporting Requirements in H.R. 6074

H.R. 6074 creates the following reporting requirements for entities receiving supplemental appropriations:

- Title III appropriates $300 million to be transferred into the Infectious Disease Rapid Response Reserve Fund. If the Secretary of the Department of Health and Human Services (HHS) declares an infectious disease emergency and seeks to use the fund (as authorized by the third proviso of Section 231 of Division B of P.L. 115-245), the Secretary must, in consultation with the director of the Centers for Disease Control and Prevention, report to the Appropriations Committees every 14 days for one year from the date of the declaration “as long as such report[s] would detail obligations in excess of $5,000,000” or upon the request of either committee.

- Title III also appropriates $300 million to the HHS Public Health and Social Services Emergency Fund for the purchase of “vaccines, therapeutics, and diagnostics” to respond to COVID-19. In order to access these funds, the HHS Secretary must certify to the Appropriations Committees that the funds are necessary in addition to other funds appropriated in the bill.

- Section 302 authorizes the HHS Secretary to enter into personal services contracts to respond to COVID-19 following notification to the Appropriations Committees.

- Section 305 requires that the HHS Secretary provide to the Appropriations Committees a detailed spend plan for the funds appropriated to HHS no later than 30 days after enactment of the act (i.e., April 6). HHS is required to update the plan every 60 days until September 30, 2024. Each spend plan submission must also include a listing of all new contract obligations in excess of $5 million and the amount of each of those obligations.

- Section 401 establishes that funds appropriated under Title IV of the act to the Department of State and United States Agency for International Development (USAID) are subject to the “regular notification procedures” of the Appropriations Committees. This requirement does not apply to $300 million appropriated for International Disaster Assistance.

- Section 404 allows funds appropriated in the act for Global Health Programs and the Economic Support Fund to be contributed to international organizations following consultation with the Appropriations Committees.

- Section 406(a) requires the Secretary of State and the USAID administrator to submit a strategy to “prevent, prepare for, and respond to coronavirus abroad” to the Appropriations Committees within 15 days of the enactment of the act (i.e., March 21).

- Section 406(b) requires the Secretary of State and the USAID administrator to provide the Appropriations Committees a report on the proposed uses of appropriated funds by country and project no later than 30 days after enactment (i.e., April 6). It also requires updates every 60 days until September 30, 2022, and then every 180 days until all funds have been expended.

- Section 505 requires the comptroller general of United States to consult with the Appropriations Committees on the “oversight of activities supported with funds appropriated by this Act.”

- H.R. 6074 also includes several provisions amending existing transfer authorities and authorizing the transfer of funds between specified accounts, subject to notification of the Appropriations Committees.
Supplemental Funding for Select Inspectors General

A portion of the supplemental funding appropriated in H.R. 6074 is directed to the Offices of the Inspectors General for HHS and USAID. Section 306 provides for the transfer of up to $2 million from the Public Health and Social Services Emergency Fund to the Office of the Inspector General for HHS. The inspector general is required to consult with the Appropriations Committees prior to the obligation of funds regarding how such funds will be used.

H.R. 6074 also appropriates $1 million to the Office of the Inspector General for USAID for the oversight of USAID activities funded by the act.

For More Information


CRS In Focus IF11421, *COVID-19: Global Implications and Responses*, by Sara M. Tharakan et al.


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