

# Congressional Oversight Provisions in the Paycheck Protection Program and Health Care Enhancement Act

April 27, 2020

President Donald Trump signed the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) on April 24, 2020. The [act provides](#) supplemental appropriations for the [Paycheck Protection Program](#), the Public Health and Social Services Emergency Fund to support health care providers and expand testing for COVID-19, and [Small Business Administration disaster loans and grants](#).

This legislation is the fourth relief act addressing the COVID-19 pandemic. As was the case for the [Coronavirus Preparedness and Response Supplemental Appropriations Act](#) (P.L. 116-123), the [Families First Coronavirus Response Act](#) (P.L. 116-127), and the [Coronavirus Aid, Relief, and Economic Security Act](#) (P.L. 116-136), it includes oversight provisions designed to support Congress's ability to monitor and evaluate the executive branch's implementation. All identified congressional oversight provisions in the Paycheck Protection Program and Health Care Enhancement Act relate to the Department of Health and Human Services (HHS).

This Insight details identified congressional oversight provisions included in the act. All of CRS's materials on the COVID-19 pandemic, its impact, and the federal government's response are available [here](#).

## Congressional Reporting Requirements

- The Secretary of HHS is required to report to the House and Senate Appropriations Committees within 60 days of enactment (i.e., June 23, 2020) on the obligation of funds from the \$75 billion appropriated in the act to support eligible health care providers. The Secretary is also required to submit updated reports every 60 days until all funds have been expended.
- Within 21 days of enactment (i.e., May 15, 2020), the HHS Secretary is required to submit a report on COVID-19 testing to the House and Senate Appropriations Committees; the House Committee on Energy and Commerce; and the Senate Committee on Health, Education, Labor, and Pensions. The Secretary is also directed to submit

**Congressional Research Service**

<https://crsreports.congress.gov>

IN11363

updated reports every 30 days until the end of the declared COVID-19 public health emergency. These reports must include specified demographic and geographic data about individuals who are tested as well as positive diagnosis, hospitalization, and death rates.

- Of the \$25 billion appropriated for COVID-19 testing, the act directs \$11 billion to “States, localities, territories, tribes, tribal organizations, urban Indian health organizations or health service providers to tribes for necessary expenses to develop, purchase, administer, process, and analyze COVID-19 tests.” Prior to awarding those funds, the HHS Secretary is required to submit to the House and Senate Appropriations Committees the formula that will be used to allocate funds.
- The HHS Secretary is required to issue a report within 180 days of enactment (i.e., October 21, 2020) that includes data and an epidemiological analysis on COVID-19 cases, hospitalization, and deaths disaggregated based on specified demographic and geographic factors.
- Within 30 days of enactment (i.e., May 24, 2020), the HHS Secretary is required to submit a strategic testing plan for COVID-19 to the House and Senate Appropriations Committees; the House Committee on Energy and Commerce; and the Senate Committee on Health, Education, Labor, and Pensions.
- Section 102 of Division B of the act provides specified transfer authorities for funds appropriated to HHS in the act and requires that the House and Senate Appropriations Committees be notified 10 days in advance of any transfer.

## Provisions Relating to the HHS Inspector General

Section 103 of Division B of the act provides that, of the appropriation to the Public Health and Social Services Emergency Fund, \$6 million is required to be transferred to the HHS Office of the Inspector General (OIG) for the oversight of HHS’s coronavirus response. The HHS OIG is required to consult with the House and Senate Appropriations Committees prior to obligating these funds. In addition, the HHS OIG is required to submit a report to the House and Senate Appropriations Committees on audit findings regarding the \$75 billion appropriated in the act to support eligible health care providers. This report is due three years after the final payments for this purpose are made.

## Author Information

Ben Wilhelm  
Analyst in Government Organization and Management

---

## Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of

---

information that has been provided by CRS to Members of Congress in connection with CRS's institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.