



Paycheck Protection Program Increase Act of 2020

Section 101. Amendments to the Paycheck Protection Program, Economic Injury Disaster Loans, and Emergency Grants

- Increases the authorization level for the Paycheck Protection Program from \$349 billion to \$659 billion.
- Increases the appropriation level for the Paycheck Protection Program from \$349 billion to \$670.335 billion.
- Increases the authorization level for the Emergency Economic Injury Disaster (EIDL) Grants from \$10 billion to \$20 billion.
- Allows agricultural enterprises as defined by section 18(b) of the Small Business Act (15 U.S.C. 647(b)) with not more than 500 employees to receive EIDL grants and loans.
- Creates a set-aside for Insured Depository Institutions, Credit Unions, and Community Financial Institutions for the Paycheck Protection Program.
- Defines Community Financial Institutions as minority depository institutions, certified development companies, microloan intermediaries, and State or Federal Credit Unions. This section sets aside the following amounts for the Paycheck Protection Program to be made by the following institutions:
 - \$30 billion for loans made by Insured Depository Institutions and Credit Unions that have assets between \$10 billion and \$50 billion; and
 - \$30 billion for loans made by Community Financial Institutions, Small Insured Depository Institutions, and Credit Unions with assets less than \$10 billion.

Section 102. Emergency Designation

Designates the amounts provided under Division as emergency spending for budgetary purposes.

Title II. Independent Agencies

Small Business Administration

- Appropriates an additional \$2.1 billion for the Salaries and Expenses account to remain available until September 30, 2021.
- Appropriates an additional \$50 billion for the Disaster Loans Program Account to remain available until expended.
- Appropriates an additional \$10 billion for Emergency EIDL Grants to remain available until expended.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) – \$100 billion

- \$75 billion for reimbursement to hospitals and healthcare providers to support the need for COVID-19 related expenses and lost revenue. Language remains the same as CARES Act. This funding is in addition to the \$100 billion provided in the CARES Act.
- \$25 billion for necessary expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests. Specific funding is provided for:
 - \$11 billion for states, localities, territories, and tribes to develop, purchase, administer, process, and analyze COVID-19 tests, scale-up laboratory capacity, trace contacts, and support employer testing. Funds are also made available to employers for testing.
 - \$2 billion provided to States consistent with the Public Health Emergency Preparedness grant formula, ensuring every state receives funding;
 - \$4.25 billion provided to areas based on relative number of COVID-19 cases;
 - \$750 million provided to tribes, tribal organizations, and urban Indian health organizations in coordination with Indian Health Service.
 - \$1 billion provided to Centers for Disease Control and Prevention for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization.
 - \$1.8 billion provided to the National Institutes of Health to develop, validate, improve, and implement testing and associated technologies; to accelerate research, development, and implementation of point-of-care and other rapid testing; and for partnerships with governmental and non-governmental entities to research, develop, and implement the activities.
 - \$1 billion for the Biomedical Advanced Research and Development Authority for advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests or related supplies.
 - \$22 million for the Food and Drug Administration to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities;
 - \$825 million for Community Health Centers and rural health clinics;
 - Up to \$1 billion may be used to cover costs of testing for the uninsured.