

116TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

To protect older adults and people with disabilities living in nursing homes, intermediate care facilities, and psychiatric hospitals from COVID-19.

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IN THE SENATE OF THE UNITED STATES

Mr. CASEY (for himself, Mr. WHITEHOUSE, Mr. SCHUMER, Mr. JONES, Ms. WARREN, Ms. BALDWIN, Mr. MARKEY, Mrs. SHAHEEN, Mr. MENENDEZ, Mr. REED, Mr. VAN HOLLEN, Mr. BLUMENTHAL, Ms. HIRONO, Ms. CORTEZ MASTO, Ms. ROSEN, and Mr. PETERS) introduced the following bill; which was read twice and referred to the Committee on

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**A BILL**

To protect older adults and people with disabilities living in nursing homes, intermediate care facilities, and psychiatric hospitals from COVID-19.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Nursing Home  
5 COVID-19 Protection and Prevention Act of 2020”.

6 **SEC. 2. COVID-19 NURSING HOME PROTECTIONS.**

7 (a) PROGRAM TO SUPPORT COVID-19 RESPONSE.—

1           (1) IN GENERAL.—Not later than 30 days after  
2 the date of enactment of this Act, the Secretary  
3 shall carry out a program under which payments are  
4 made to States and Indian Tribes in order to sup-  
5 port cohorting individuals in skilled nursing facili-  
6 ties, nursing facilities, intermediate care facilities,  
7 and psychiatric hospitals based on COVID–19 sta-  
8 tus.

9           (2) APPLICATION.—To be eligible to receive a  
10 payment under this subsection, a State or Indian  
11 Tribe shall submit to the Secretary an application.  
12 Such application shall include evidence that the  
13 State or Indian Tribe (and involved skilled nursing  
14 facilities, nursing facilities, intermediate care facili-  
15 ties, and psychiatric hospitals) are able to cohort in-  
16 dividuals in compliance with guidance issued by the  
17 Secretary during the emergency period. If feasible,  
18 the Secretary shall provide for an expedited applica-  
19 tion process.

20           (3) REQUIREMENTS.—To be eligible to receive  
21 a payment under this subsection, a State or Indian  
22 Tribe shall comply with the following:

23           (A) FOLLOWING GUIDANCE.—The State or  
24 Indian Tribe shall follow the guidance estab-  
25 lished by the Secretary under paragraph (5)

1 and all other guidance issued by the Secretary  
2 during the emergency period.

3 (B) REPORTING.—The State or Indian  
4 Tribe shall, as determined appropriate by the  
5 Secretary, periodically report to the Secretary  
6 on the following:

7 (i) The convening and recommenda-  
8 tions of the task force under subparagraph  
9 (C), cohorting strategies being used, the  
10 use of surge teams, and the technical as-  
11 sistance and resources provided under sub-  
12 paragraph (D).

13 (ii) The State or Indian Tribe's dis-  
14 tribution of the payments received under  
15 the program under this subsection and  
16 what facilities are using such payments for  
17 (as permitted under paragraph (4)(B)).

18 (iii) Other items determined appro-  
19 priate by the Secretary.

20 (C) TASK FORCE.—

21 (i) IN GENERAL.—The State or In-  
22 dian Tribe shall establish a task force to  
23 provide advice on the State's or Tribe's use  
24 and distribution of payments received  
25 under the program under this section, in-

1 cluding on cohorting strategies, the use of  
2 surge teams, resident rights (particularly  
3 involving discharges and transfers), and  
4 other topics as determined appropriate by  
5 the Secretary.

6 (ii) MEMBERSHIP.—A task force es-  
7 tablished under clause (i) shall include rep-  
8 resentation from the following:

9 (I) Consumers, including older  
10 adults age 65 and older, individuals  
11 with disabilities, family caregivers,  
12 and their advocates.

13 (II) Skilled nursing facilities,  
14 nursing facilities, intermediate care  
15 facilities, and psychiatric hospitals.

16 (III) Health care providers and  
17 other congregate settings (including  
18 hospitals and permanent or transi-  
19 tional housing facilities) that transfer  
20 residents to and from skilled nursing  
21 facilities, nursing facilities, inter-  
22 mediate care facilities, and psychiatric  
23 hospitals.

1 (IV) Health professionals, such  
2 as direct care professionals, physi-  
3 cians, nurses, and pharmacists.

4 (V) Experts in public health and  
5 infectious diseases.

6 (VI) Experts in geriatrics and  
7 long-term care medicine.

8 (VII) The State Long-Term Care  
9 Ombudsman program (as described in  
10 section 712(a)(1) of the Older Ameri-  
11 cans Act of 1965 (42 U.S.C.  
12 3058g(a)(1))).

13 (VIII) The protection and advo-  
14 cacy system (as established under  
15 subtitle C of title I of the Develop-  
16 mental Disabilities Assistance and Bill  
17 of Rights Act (42 U.S.C. 15041 et  
18 seq.).

19 (IX) State agencies, including the  
20 State surveying agency and the agen-  
21 cy that administers the State plan  
22 under the Medicaid program under  
23 title XIX of the Social Security Act.

24 (X) Other representatives as the  
25 Secretary determines appropriate.

1           (D) PROTOCOL TO EVALUATE.—The State  
2 or Indian Tribe shall establish an expedited  
3 protocol to evaluate a facility’s ability (including  
4 a facility retrofitted under paragraph (4)(B)(i))  
5 to cohort individuals who test positive for  
6 COVID–19, individuals who test negative for  
7 COVID–19, or individuals with unknown status  
8 or who are under observation. Such protocol  
9 shall include an infection control self-assess-  
10 ment and an abbreviated survey and may in-  
11 clude a standard survey.

12           (E) TECHNICAL ASSISTANCE AND RE-  
13 SOURCES.—

14           (i) IN GENERAL.—The State or In-  
15 dian Tribe shall ensure that skilled nursing  
16 facilities, nursing facilities, intermediate  
17 care facilities, and psychiatric hospitals re-  
18 ceive technical assistance and the nec-  
19 essary resources to—

20                   (I) implement proper infection  
21 control protocols and practices;

22                   (II) minimize unnecessary trans-  
23 fers;

24                   (III) ensure adequate staffing,  
25 including the use of surge teams;

1 (IV) effectively use and provide  
2 access to testing and personal protec-  
3 tive equipment, including guidance on  
4 how to effectively use personal protec-  
5 tive equipment when access is limited;

6 (V) safely transition residents to  
7 home and community-based settings;  
8 and

9 (VI) other topics, as determined  
10 appropriate by the Secretary.

11 (ii) REQUIREMENT FOR TECHNICAL  
12 ASSISTANCE.—The technical assistance re-  
13 quired under clause (i) shall be provided  
14 by—

15 (I) quality improvement organi-  
16 zations under part B of title XI of the  
17 Social Security Act; or

18 (II) other independent organiza-  
19 tions of a similar type that do not  
20 have conflicts of interest and are  
21 deemed appropriate by the Secretary.

22 (4) USE OF FUNDS.—

23 (A) IN GENERAL.—A State or Indian  
24 Tribe that receives a payment under the pro-  
25 gram under this subsection shall use funds to

1 support skilled nursing facilities, nursing facili-  
2 ties, intermediate care facilities, and psychiatric  
3 hospitals that cohort, and provide services to,  
4 individuals who test positive for COVID–19, in-  
5 dividuals who test negative for COVID–19, and  
6 individuals with unknown status or who are  
7 under observation. Such cohorting shall be in  
8 compliance with all guidance issued by the Sec-  
9 retary during the emergency period.

10 (B) PERMISSIBLE USES AND AUTHORIZED  
11 COSTS.—States and Indian Tribes shall use the  
12 payments received under the program under  
13 this subsection for the following purposes:

14 (i) To retrofit non-traditional facility-  
15 based settings, such as hotels, dormitories,  
16 schools, churches, and other temporary or  
17 permanent shelters, for temporary use as  
18 skilled nursing facilities, nursing facilities,  
19 intermediate care facilities, and psychiatric  
20 hospitals.

21 (ii) To support skilled nursing facili-  
22 ties, nursing facilities, intermediate care  
23 facilities, and psychiatric hospitals with the  
24 establishment of specialized units within  
25 such facilities.

1 (iii) To provide testing kits or other  
2 supplies needed for rapid turnaround to  
3 test staff members and residents of skilled  
4 nursing facilities, nursing facilities, inter-  
5 mediate care facilities, and psychiatric hos-  
6 pitals for COVID-19.

7 (iv) To provide personal protective  
8 equipment to staff members of skilled  
9 nursing facilities, nursing facilities, inter-  
10 mediate care facilities, psychiatric hospitals  
11 and, where appropriate, to residents of  
12 such facilities.

13 (v) To safely facilitate necessary  
14 transfers to and from skilled nursing facili-  
15 ties, nursing facilities, intermediate care  
16 facilities, and psychiatric hospitals.

17 (vi) To safely facilitate voluntary dis-  
18 charges to home and community-based set-  
19 tings from skilled nursing facilities, nurs-  
20 ing facilities, intermediate care facilities,  
21 and psychiatric hospitals.

22 (vii) To provide additional staffing  
23 (including the use of surge teams) associ-  
24 ated with the COVID-19 pandemic for  
25 skilled nursing facilities, nursing facilities,

1 intermediate care facilities, and psychiatric  
2 hospitals, which may include providing pre-  
3 mium or hazard pay, overtime pay, en-  
4 hanced payment rates, paid sick and fam-  
5 ily medical leave, childcare, temporary  
6 housing, transportation, and other sup-  
7 portive services for staff members.

8 (viii) To provide support for individ-  
9 uals who have no other mechanism to pay  
10 for their care at skilled nursing facilities,  
11 nursing facilities, intermediate care facili-  
12 ties, and psychiatric hospitals and are un-  
13 able to pay.

14 (ix) Other purposes relating to the  
15 cohorting described in subparagraph (A).

16 (5) ADDITIONAL GUIDANCE.—For purposes of  
17 the program under this subsection, not later than 30  
18 days after the date of enactment of this Act (and  
19 prior to making any payments to States or Indian  
20 Tribes under the program) the Secretary shall estab-  
21 lish guidance on the following:

22 (A) Which skilled nursing facilities, nurs-  
23 ing facilities, intermediate care facilities, and  
24 psychiatric hospitals are permitted to cohort in-  
25 dividuals who test positive for COVID–19, indi-

1 individuals who test negative for COVID–19, and  
2 individuals with unknown status or who are  
3 under observation. Such guidance shall account  
4 for—

5 (i) the facility’s history of compliance  
6 with the requirements of participation  
7 under titles XVIII and XIX of the Social  
8 Security Act, including requirements relat-  
9 ing to infection control and emergency pre-  
10 paredness;

11 (ii) the facility’s current or past affili-  
12 ation (as either a candidate or participant)  
13 with the special focus facility program  
14 under section 1819(f)(8) of such Act (42  
15 U.S.C. 1395i–3(f)(8)) and section  
16 1919(f)(10) of such Act (42 U.S.C.  
17 1396r(f)(10)); and

18 (iii) the facility’s ability to treat high-  
19 severity residents, as applicable.

20 (B) Consumer protections for residents of  
21 skilled nursing facilities, nursing facilities, in-  
22 termediate care facilities, and psychiatric hos-  
23 pitals affected by COVID–19 cohorting policies,  
24 including by—

1 (i) prohibiting facilities from dis-  
2 charging residents for failure to pay for  
3 services; and

4 (ii) requiring written notification to be  
5 provided to residents and their family and  
6 legal representatives at least 72 hours  
7 prior to discharge or transfers, with such  
8 notice containing—

9 (I) information on the rights of  
10 the resident;

11 (II) contact information for the  
12 State Long-Term Care Ombudsman  
13 program (as described in section  
14 712(a)(1) of the Older Americans Act  
15 of 1965 (42 U.S.C. 3058g(a)(1)));  
16 and

17 (III) contact information for the  
18 protection and advocacy system (as  
19 established under subtitle C of title I  
20 of the Developmental Disabilities As-  
21 sistance and Bill of Rights Act (42  
22 U.S.C. 15041 et seq.).

23 (C) Strategies to effectively cohort resi-  
24 dents of skilled nursing facilities, nursing facili-  
25 ties, intermediate care facilities, and psychiatric

1 hospitals based on COVID–19 status, includ-  
2 ing—

3 (i) the temporary utilization of non-  
4 traditional facility-based settings, such as  
5 hotels, dormitories, schools, churches, and  
6 other temporary or permanent shelters, as  
7 skilled nursing facilities, nursing facilities,  
8 intermediate care facilities, and psychiatric  
9 hospitals;

10 (ii) how to safely and effectively move,  
11 shelter in place, and cohort within facili-  
12 ties;

13 (iii) how to establish separate facilities  
14 for individuals who test positive for  
15 COVID–19;

16 (iv) how to establish separate facilities  
17 for individuals who test negative for  
18 COVID–19;

19 (v) proper procedures for conducting  
20 COVID–19 testing, sending tests to be  
21 analyzed, and effective use of COVID–19  
22 testing;

23 (vi) adequate staffing, with contin-  
24 gency plans during shortages, including the  
25 use of—

1 (I) separate staffing according to  
2 COVID–19 status; and

3 (II) surge teams;

4 (vii) effective use of personal protec-  
5 tive equipment, including in cases where  
6 access to an adequate supply of personal  
7 protective equipment is limited;

8 (viii) how to minimize resident trans-  
9 fers to and from the facilities;

10 (ix) how to safely effectuate resident  
11 transfers to home and community-based  
12 settings from the facilities; and

13 (x) how to uphold resident rights in  
14 accordance with titles XVIII and XIX of  
15 the Social Security Act.

16 (6) REPORT.—Not later than 2 years after the  
17 date of the enactment of this section, the Secretary  
18 shall submit to the appropriate Committees of Con-  
19 gress a report on the program under this section, to-  
20 gether with recommendations for such legislation  
21 and administrative action as the Secretary deter-  
22 mines appropriate.

23 (7) FUNDING.—Out of any monies in the  
24 Treasury of the United States not otherwise appro-  
25 priated, there are appropriated to the Secretary

1       \$20,000,000,000 for fiscal year 2020 for making  
2       payments to States and Indian Tribes under this  
3       subsection. Amounts appropriated under the pre-  
4       ceding sentence shall remain available until ex-  
5       pended.

6       (b) COVID–19 DATA COLLECTION AND DISCLO-  
7       SURE.—

8               (1) DATA COLLECTION AND PUBLICATION BY  
9       THE SECRETARY.—

10               (A) IN GENERAL.—Beginning after the  
11       date of enactment of this Act and continuing  
12       through the end of the emergency period, or  
13       through a later date determined appropriate by  
14       the Secretary, the Secretary shall make publicly  
15       available on the Nursing Home Compare  
16       websites described in sections 1819(i) and  
17       1919(i) of the Social Security Act (42 U.S.C.  
18       1395i–3(i); 42 U.S.C. 1396r(i)) and on the  
19       internet website of the Centers for Medicare &  
20       Medicaid Services information, within each  
21       State, Indian Tribe, and each skilled nursing  
22       facility, nursing facility, intermediate care facil-  
23       ity, and psychiatric hospitals, on the following:

24               (i) The number of suspected and con-  
25       firmed COVID–19 cases among residents

1 in skilled nursing facilities, nursing facili-  
2 ties, intermediate care facilities, and psy-  
3 chiatric hospitals.

4 (ii) The number of suspected and con-  
5 firmed COVID–19 cases among staff per-  
6 sons in skilled nursing facilities, nursing  
7 facilities, intermediate care facilities, and  
8 psychiatric hospitals.

9 (iii) The number of total deaths and  
10 COVID–19 deaths (among both residents  
11 and staff persons, including by age, gen-  
12 der, race, and ethnicity) in skilled nursing  
13 facilities, nursing facilities, intermediate  
14 care facilities, and psychiatric hospitals.

15 (iv) Personal protective equipment  
16 and hand hygiene supplies in skilled nurs-  
17 ing facilities, nursing facilities, inter-  
18 mediate care facilities, and psychiatric hos-  
19 pitals.

20 (v) Ventilator capacity and supplies  
21 available in skilled nursing facilities, nurs-  
22 ing facilities, intermediate care facilities,  
23 and psychiatric hospitals, and psychiatric  
24 hospitals.

1 (vi) Resident beds and census in  
2 skilled nursing facilities, nursing facilities,  
3 intermediate care facilities, and psychiatric  
4 hospitals.

5 (vii) Access to testing in skilled nurs-  
6 ing facilities, nursing facilities, inter-  
7 mediate care facilities, and psychiatric hos-  
8 pitals.

9 (viii) Staffing shortages in skilled  
10 nursing facilities, nursing facilities, inter-  
11 mediate care facilities, and psychiatric hos-  
12 pitals.

13 (ix) Other items determined appro-  
14 priate by the Secretary.

15 (B) UPDATE.—The data described in sub-  
16 paragraph (A) shall be updated not less fre-  
17 quently than on a daily basis.

18 (C) DATA SHARING AND TRANSFER.—The  
19 Secretary shall share the data described in sub-  
20 paragraph (A) with—

21 (i) the Department of Veterans Af-  
22 fairs;

23 (ii) the Federal Emergency Manage-  
24 ment Agency;

25 (iii) States;

1 (iv) Indian Tribes; and

2 (v) other entities determined appro-  
3 priate by the Secretary.

4 (D) PRIVACY.—The Secretary shall take  
5 all necessary steps to protect the privacy of in-  
6 dividual residents and staff persons associated  
7 with the affected skilled nursing facility, nurs-  
8 ing facility, intermediate care facility, or psy-  
9 chiatric hospital.

10 (2) DISCLOSURE BY FACILITIES.—

11 (A) IN GENERAL.—Beginning after the  
12 date of enactment of this Act and continuing  
13 through the end of the emergency period, or  
14 through a later date determined appropriate by  
15 the Secretary, the Secretary shall ensure that  
16 skilled nursing facilities, nursing facilities, in-  
17 termediate care facilities, and psychiatric hos-  
18 pitals provide notification when a case of  
19 COVID–19 is confirmed among a resident or  
20 staff person or when 3 or more residents or  
21 staff exhibit the new-onset of respiratory symp-  
22 toms occurring within 72 hours of each other to  
23 the following:

24 (i) Residents of such facility and resi-  
25 dents' family or legal representative.

1 (ii) State Long-Term Care Ombuds-  
2 man programs (as described in section  
3 712(a)(1) of the Older Americans Act of  
4 1965 (42 U.S.C. 3058g(a)(1))).

5 (iii) The protection and advocacy sys-  
6 tem (as established under subtitle C of  
7 title I of the Developmental Disabilities  
8 Assistance and Bill of Rights Act (42  
9 U.S.C. 15041 et seq.).

10 (B) TIMING.—The notification required  
11 under subparagraph (A) shall be provided—

12 (i) within 12 hours of the confirma-  
13 tion of a COVID–19 case or the confirma-  
14 tion of 3 or more residents or staff persons  
15 exhibiting new-onset respiratory symptoms  
16 with 72 hours of each other; and

17 (ii) in the most expedient manner  
18 available, to be followed-up with written  
19 notification to residents of the facility and  
20 residents’ family or legal representative.

21 (3) HHS STUDY AND REPORT ON COVID–19  
22 OUTBREAKS.—

23 (A) STUDY.—

24 (i) IN GENERAL.—The Secretary shall  
25 conduct a study on COVID–19 outbreaks

1 in skilled nursing facilities, nursing facili-  
2 ties, intermediate care facilities, and psy-  
3 chiatric hospitals. Such study shall include  
4 an analysis of—

5 (I) the characteristics of skilled  
6 nursing facilities, nursing facilities, in-  
7 termediate care facilities, and psy-  
8 chiatric hospitals that experienced  
9 COVID–19 outbreaks;

10 (II) the size of the outbreaks;

11 (III) the number of deaths of  
12 residents and staff persons from  
13 COVID–19; and

14 (IV) the total number of deaths  
15 of residents.

16 (ii) CHARACTERISTICS.—The charac-  
17 teristics described in clause (i) shall in-  
18 clude—

19 (I) the facility’s history of com-  
20 pliance with the requirements of par-  
21 ticipation under titles XVIII and XIX  
22 of the Social Security Act, including  
23 requirements relating to infection con-  
24 trol and emergency preparedness;

1 (II) the facility's current or past  
2 affiliation (as either a candidate or  
3 participant) with the special focus fa-  
4 cility program under section  
5 1819(f)(8) of such Act (42 U.S.C.  
6 1395i-3(f)(8)) and section  
7 1919(f)(10) of such Act (42 U.S.C.  
8 1396r(f)(10));

9 (III) the facility's resident size,  
10 including the number of occupied  
11 beds;

12 (IV) the facility's geographic lo-  
13 cation; and

14 (V) the facility's for-profit or  
15 non-profit status.

16 (B) REPORT.—Not later than 6 months  
17 after the end of the emergency period, and  
18 every 6 months thereafter through the end of  
19 the 2-year period that begins at the end of the  
20 emergency period, the Secretary shall submit to  
21 the appropriate Committees of Congress a re-  
22 port containing the results of the study con-  
23 ducted under paragraph (1), together with rec-  
24 ommendations for such legislation and adminis-

1           trative action as the Secretary determines ap-  
2           propriate.

3           (c) MONTHLY BRIEFINGS ON THE COVID-19 RE-  
4           SPONSE.—

5           (1) MONTHLY BRIEFINGS.— Not later than 15  
6           days after the date of enactment of this Act, and at  
7           least once every 30 days thereafter through the end  
8           of the emergency period, the Secretary shall brief  
9           the appropriate Committees of Congress (including  
10          all members of such Committees) on the COVID-19  
11          outbreak in skilled nursing facilities, nursing facili-  
12          ties, intermediate care facilities, and psychiatric hos-  
13          pitals and the response by the Secretary to such out-  
14          break.

15          (2) REPORT.—Not later than 1 year after the  
16          date of enactment of this Act, the Inspector General  
17          of the Department of Health and Human Services  
18          shall submit to Congress a report that evaluates the  
19          response of the Secretary to the COVID-19 out-  
20          break in skilled nursing facilities, nursing facilities,  
21          intermediate care facilities, and psychiatric hospitals  
22          such as guidance, rules, or waivers established by  
23          the Secretary.

24          (d) RULE OF CONSTRUCTION.—Nothing in this sec-  
25          tion shall be construed to affect the requirements or condi-

1 tions of participation under titles XVIII and XIX of the  
2 Social Security Act with respect to skilled nursing facili-  
3 ties, nursing facilities, intermediate care facilities, and  
4 psychiatric hospitals.

5 (e) DEFINITIONS.—In this section:

6 (1) APPROPRIATE COMMITTEES OF CON-  
7 GRESS.—The term “appropriate Committee of Con-  
8 gress” means—

9 (A) the Committee on Finance of the Sen-  
10 ate;

11 (B) the Committee on Health, Education,  
12 Labor, and Pensions of the Senate;

13 (C) the Special Committee on Aging of the  
14 Senate;

15 (D) the Committee on Ways and Means of  
16 the House of Representatives; and

17 (E) the Committee on Energy and Com-  
18 merce of the House of Representatives.

19 (2) EMERGENCY PERIOD.—The term “Emer-  
20 gency period” means the emergency period described  
21 in section 1135(g)(1)(B) of the Social Security Act  
22 (42 U.S.C. 1395b–5(g)(1)(B)).

23 (3) INDIAN TRIBE.—The term “Indian Tribe”  
24 has the meaning given that term in section 4 of the

1 Indian Self-Determination and Education Assistance  
2 Act (25 U.S.C. 5304)).

3 (4) INTERMEDIATE CARE FACILITY.—The term  
4 “intermediate care facility” means an intermediate  
5 care facility described in section 1905(d) of the So-  
6 cial Security Act (42 U.S.C. 1396d(d)).

7 (5) NURSING FACILITY.—The term “nursing  
8 facility” has the meaning given that term in section  
9 1919(a) of the Social Security Act (42 U.S.C.  
10 1396r(a)).

11 (6) PSYCHIATRIC HOSPITAL.—The term “psy-  
12 chiatric hospital” has the meaning given that term  
13 in section 1861(f) of the Social Security Act (42  
14 U.S.C. 1395x(f)).

15 (7) SECRETARY.—The term “Secretary” means  
16 the Secretary of Health and Human Services.

17 (8) SKILLED NURSING FACILITY.—The term  
18 “skilled nursing facility” has the meaning given that  
19 term in section 1819(a) of the Social Security Act  
20 (42 U.S.C. 1395i–3(a)).

21 (9) STATE.—The term “State” means the 50  
22 States, the District of Columbia, the Commonwealth  
23 of Puerto Rico, the United States Virgin Islands,  
24 Guam, the Commonwealth of the Northern Mariana  
25 Islands, and American Samoa.

- 1           (10) SURGE TEAM.—The term “surge team”  
2           means a short-term staffing team.