COVID-19: The Way Forward

Introduction
The Coronavirus Disease 2019 (COVID-19) pandemic is in its third year. The number of new cases from the Omicron variant appears to be ebbing, but the daily death toll remains high. Domestically, a weary public hopes for a full return to economic and civic life. Many low- and middle-income countries have limited access to COVID-19 vaccines, therapeutics, personal protective equipment (PPE), and other countermeasures. Some of these countries have correspondingly low vaccination rates, when compared to high-income countries. At this stage of the pandemic, it remains unclear when the crisis period, including factors such as level of strain on health systems, health workers and daily death tolls, will end. Questions remain about whether new variants will emerge and whether they will be more or less lethal than the currently dominant Omicron variant.

This In Focus accompanies the CRS Issues and Policy Seminar “COVID-19: The Way Forward,” in which CRS analysts and attorneys present on various aspects of U.S. government domestic and global pandemic responses and congressional actions and options.

The U.S. COVID-19 Pandemic: A Quick Recap
The COVID-19 pandemic has unfolded in three waves, fueled by three dominant viral variants—Beta, Delta, and Omicron—each with its own transmission and virulence characteristics. At this time, the official U.S. death toll from the COVID-19 pandemic has surpassed 900,000.

As the Omicron wave ebbs, policymakers are considering what the future holds, and how they can best ensure national readiness. Despite the desire of many to resume economic and social activities, there is no biological bright line to signal when normal activities might resume without levels of COVID-19 transmission that place a high burden on health systems and impede societal functioning. Some policy choices would seem straightforward: maintain surveillance of the virus and its variants, and remain flexible in developing countermeasures such as vaccines and treatments. Other policy choices are less clear in the face of uncertainty. These include public health control measures (including masking and physical distancing), ongoing funding, the use of emergency authorities and assistance, stabilization of the health care and public health workforces, and the transition of emergency-use federally purchased countermeasures to typical commercial products and payment systems.

Congress’s Domestic Public Health Response to the Pandemic: A Brief Overview
Since March 2020, Congress has appropriated over $400 billion for domestic COVID-19 public health response to Department of Health and Human Services (HHS) agencies, mostly as emergency supplemental appropriations. Much of this funding is available for multiple years and has been allocated for vaccines, treatment, tests, health care services and supports, among other activities. As the pandemic continues, Congress may consider whether remaining balances are adequate, and whether and how to finance some long-term public health activities through nonemergency means.

Select Executive Branch Actions to Address the Pandemic and Related Litigation
The executive branch has undertaken numerous measures to address the pandemic. Some of these actions—based on certain general legal authorities Congress granted to executive officials and agencies within specific statutory schemes—have been the subject of legal challenges. One example is reliance on Section 361 of the Public Health Service Act, which authorizes the Centers for Disease Control and Prevention (CDC) to issue regulations necessary to prevent the interstate spread of communicable disease. The CDC issued (1) an eviction moratorium in September 2020 halting most residential evictions for nonpayment of rent, and (2) a transportation mask mandate, effective since February 1, 2021. Relying on various statutes, executive agencies and officials have also imposed several employment-based vaccination mandates. While the Supreme Court blocked enforcement of some of these measures (including the eviction moratorium and a vaccination-and-testing requirement for large employers) as exceeding the relevant agency’s statutory authority, the Court permitted other measures to move forward (i.e., a vaccination requirement for Medicare- and Medicaid-certified providers and suppliers). As litigation concerning most of these measures continues, courts may provide further clarification regarding the scope of relevant agencies’ and officials’ statutory authority under applicable laws.

Select Issues for Domestic Preparedness and Response Reform
As hospitalizations from COVID-19 begin decreasing again, stakeholders are increasingly considering whether the nation’s public health emergency management system needs reform. A number of nongovernmental organizations, public health emergency management experts, governmental agencies, and other entities have suggested reforms to broad areas of public health emergency management. These reforms include clarifying leadership roles and authorities in a public health response, strengthening the supply-chain, promoting the development of medical countermeasures, and expanding upon domestic and international public health data systems to enhance real-time situational awareness, including through a “One

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Health” approach. According to the CDC, a “One Health” approach recognizes that the health of people is closely connected to health of animals and shared environments.

**Congress’s Global Public Health Response to the Pandemic: A Brief Overview**

Globally, the official COVID-19 death toll is roughly 6 million; experts believe the true figure is several times higher. Countries began the pandemic in differing situations, with disparities in health systems strength and capacity, and economic position, among many other issues. Many countries are struggling to balance public health and containment measures with societal and economic needs. In the majority of low-income countries, access to affordable vaccines, therapeutics, and other COVID-19 mitigation tools remain out of reach.

Since March 2020, Congress has appropriated roughly $17 billion for global COVID-19 response to the United States Agency for International Development (USAID) and CDC. Emergency response funds build on existing U.S. global health investments in pandemic preparedness and through the Global Health Security Agenda (GHSA). Funds from emergency supplemental appropriations include $4 billion for Gavi, the Vaccine Alliance for U.S. membership in the Global COVID-19 Vaccines Access Facility (COVAX). Fund have also been allocated for bilateral response activities including to procure PPE, COVID-19 therapeutics and medical countermeasures (such as medical oxygen), strengthen supply chains and data collection, and research COVID-19. Funds are also being used to assist with development of national vaccination strategies, so that countries may successfully carry out COVID-19 immunization campaigns and get shots into arms. As the pandemic continues, Congress may consider the balance between domestic and global responses to the pandemic, as well as how to overcome challenges to U.S. foreign assistance priorities exacerbated by COVID-19, among other issues.

**Selected CRS Products**

- CRS In Focus IF11789, *COVID-19 Variants: Vaccines, Diagnostics, and Therapeutics*
- CRS In Focus IF11951, *Domestic Funding for COVID-19 Vaccines: An Overview*
- CRS In Focus IF12050, *Federal Support for Domestic COVID-19 Test Availability*
- CRS Report R46745, *State and Federal Authority to Mandate COVID-19 Vaccination*
- CRS Report R46861, *Health Equity and Disparities During the COVID-19 Pandemic: Brief Overview of the Federal Role*
- CRS In Focus IF11905, *Liability Issues Related to COVID-19 Vaccine Manufacturing and Global Distribution*

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