**Figure 1. Key Components of $25B COVID-19 Testing Fund**

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<th>Recipient(s)</th>
<th>Methodology</th>
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| **States, Localities, and Tribal Organizations (not less than $11 billion)** | **Allocation:** HHS to distribute through grant or other cooperative agreement, within 30 days of enactment:  
  - **At least $4.25 billion** using a “formula methodology that is based on relative number of cases of COVID-19”  
    *The bill defers development of the details of this methodology to HHS; an important factor will be the timing of the assessment (i.e., relative number of cases as of what date?).*  
  - **At least $2 billion** allocated according to the formula that applied to the FY 2019 [Public Health Emergency Preparedness](#) cooperative agreement  
  - **At least $750 million** allocated in coordination with the Director of the Indian Health Service to tribes, tribal organizations, urban Indian Health Organizations, or health service providers  
  
  The bill leaves approximately **$4 billion** to HHS discretion for distribution among states and local governments; HHS could allocate additional funds in any or all of the categories described above or use an additional methodology for these remaining funds.  
  
  **Conditions:** No later than 30 days following enactment of the PPPHCEA, recipients must submit to HHS their plans for COVID-19 testing, including:  
  - The number of diagnostic and serological tests that will be needed monthly  
  - Monthly estimates of laboratory and testing capacity (including workforce, equipment and supplies, and available tests)  
  - Their plans for use of the funds, including as it relates to easing any “COVID-19 community mitigation policies”  
  
  **Federal Reporting:** HHS is required to submit the methodology to the House and Senate Appropriations committees one day prior to awarding such funds. |
| Health Centers and Rural Health Clinics ($825 million) | The Health Resources and Services Administration to distribute:  
  - **$600 million** in grants to Health Centers (as defined in Section 330 of the Public Health Service Act) and to Federally Qualified Health Centers  
  - **$225 million** through grants or other mechanisms to rural health clinics for testing and related expenses |
<p>| “Testing for Uninsured” (up to $1 billion) | <strong>Up to $1 billion</strong> for testing for the uninsured, defined (with reference to the Families First Coronavirus Response Act, P.L. 116-127) as individuals who are not enrolled in a federal healthcare program or a group health plan or health insurance coverage offered by a health insurance issuer in the group or individual market |</p>
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<td><strong>Department/ Agency Appropriations</strong> <em>(not less than $3.822 billion)</em></td>
<td>• <strong>Not less than $1.8 billion to NIH:</strong>  &lt;br&gt;   o $1 billion to the Office of the Director  &lt;br&gt;   o $500 million to the National Institute of Biomedical Imaging and Bioengineering  &lt;br&gt;   o $306 million to the National Cancer Institute  &lt;br&gt; • <strong>Not less than $1 billion to the CDC</strong>  &lt;br&gt; • <strong>Not less than $1 billion to the Biomedical Advanced Research and Development Authority</strong>  &lt;br&gt; • <strong>$22 million to the FDA</strong></td>
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