

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

Recipient(s)	Methodology
<p><b>States, Localities, and Tribal Organizations</b> <i>(not less than \$11 billion)</i></p>	<p><b>Allocation:</b> HHS to distribute through grant or other cooperative agreement, within 30 days of enactment:</p> <ul style="list-style-type: none"> <li>• <b>At least \$4.25 billion</b> using a “formula methodology that is based on relative number of cases of COVID-19” <i>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?).</i></li> <li>• <b>At least \$2 billion</b> allocated according to the formula that applied to the FY 2019 <a href="#">Public Health Emergency Preparedness</a> cooperative agreement</li> <li>• <b>At least \$750 million</b> allocated in coordination with the Director of the Indian Health Service to tribes, tribal organizations, urban Indian Health Organizations, or health service providers</li> </ul> <p>The bill leaves approximately <b>\$4 billion</b> 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.</p> <p><b>Conditions:</b> No later than 30 days following enactment of the PPPHCEA, recipients must submit to HHS their plans for COVID-19 testing, including:</p> <ul style="list-style-type: none"> <li>○ The number of diagnostic and serological tests that will be needed monthly</li> <li>○ Monthly estimates of laboratory and testing capacity (including workforce, equipment and supplies, and available tests)</li> <li>○ Their plans for use of the funds, including as it relates to easing any “COVID-19 community mitigation policies”</li> </ul> <p><b>Federal Reporting:</b> HHS is required to submit the methodology to the House and Senate Appropriations committees one day prior to awarding such funds.</p>
<p><b>Health Centers and Rural Health Clinics</b> <i>(\$825 million)</i></p>	<p>The Health Resources and Services Administration to distribute:</p> <ul style="list-style-type: none"> <li>• <b>\$600 million</b> in grants to Health Centers (as defined in Section 330 of the Public Health Service Act) and to Federally Qualified Health Centers</li> <li>• <b>\$225 million</b> through grants or other mechanisms to rural health clinics for testing and related expenses</li> </ul>
<p><b>“Testing for Uninsured”</b> <i>(up to \$1 billion)</i></p>	<ul style="list-style-type: none"> <li>• <b>Up to \$1 billion</b> for testing for the uninsured, defined (with reference to the Families First Coronavirus Response Act, <a href="#">P.L. 116-127</a>) 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</li> </ul>

Recipient(s)	Methodology
<b>Department/ Agency Appropriations</b> <i>(not less than \$3.822 billion)</i>	<ul style="list-style-type: none"><li>• <b><i>Not less than \$1.8 billion to NIH:</i></b><ul style="list-style-type: none"><li>○ \$1 billion to the Office of the Director</li><li>○ \$500 million to the National Institute of Biomedical Imaging and Bioengineering</li><li>○ \$306 million to the National Cancer Institute</li></ul></li> <li>• <b><i>Not less than \$1 billion to the CDC</i></b></li> <li>• <b><i>Not less than \$1 billion to the Biomedical Advanced Research and Development Authority</i></b></li> <li>• <b><i>\$22 million to the FDA</i></b></li></ul>