

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

Recipient(s)	Methodology
<p>States, Localities, and Tribal Organizations <i>(not less than \$11 billion)</i></p>	<p>Allocation: HHS to distribute through grant or other cooperative agreement, within 30 days of enactment:</p> <ul style="list-style-type: none"> • At least \$4.25 billion 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> • 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 <p>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.</p> <p>Conditions: 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"> ○ 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” <p>Federal Reporting: HHS is required to submit the methodology to the House and Senate Appropriations committees one day prior to awarding such funds.</p>
<p>Health Centers and Rural Health Clinics <i>(\$825 million)</i></p>	<p>The Health Resources and Services Administration to distribute:</p> <ul style="list-style-type: none"> • \$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” <i>(up to \$1 billion)</i></p>	<ul style="list-style-type: none"> • Up to \$1 billion 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

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