

Federal COVID Legislation: Healthcare Related Funding

C1 Supplemental, P.L. 116-123 C2 Families First Act, P.L.116-127 C3 CARES Act, P.L. 116-136 C3.5 PPHCEA, P.L. 116-139



¹ Estimate based on the analysis from the Center on Budget and Policy Priorities

² States and localities (if they are eligible and elect) receive \$139 billion in payments, with allocations based on population. The District of Columbia and U.S. Territories collectively receive \$3 billion in payments. Tribal governments receive \$8 billion in payments. [Awarded beginning April 26.](#)

³ Tribal governments receive \$8 billion in payments

⁴ [Applications opened on April 13](#) and will be awarded on rolling basis

For more information contact Alice Lam, Managing Director at alam@manatt.com or 212.790.4583.

About Manatt Health

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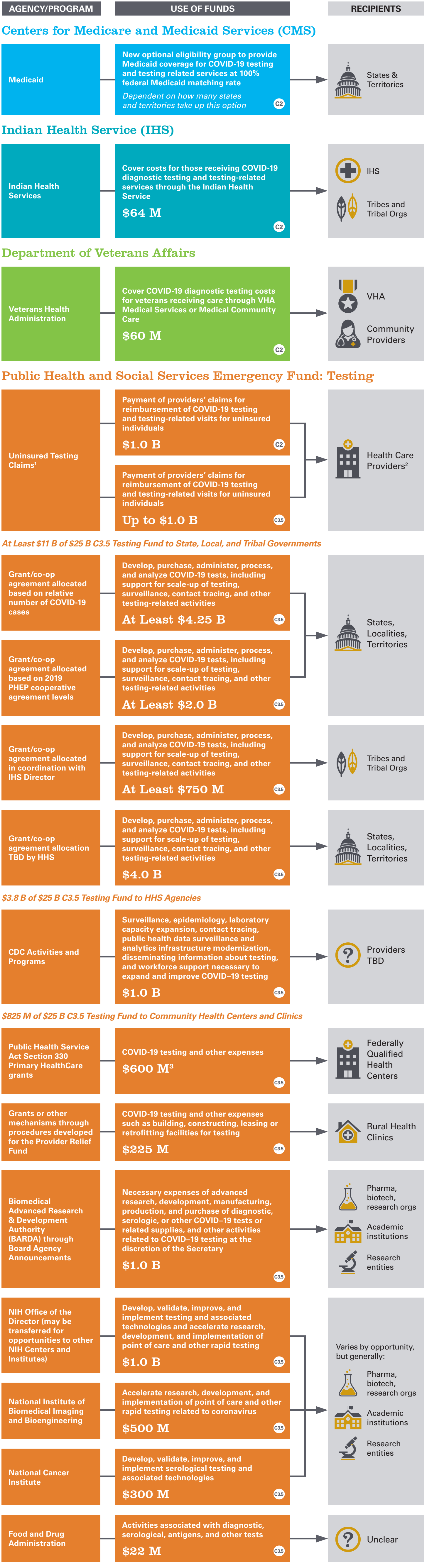
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C3.5 PPHCEA, P.L. 116-139



¹The legislation appropriated funds to the National Disaster Medical System (NDMS), however HHS has subsequently determined funding will be delivered through HRSA

²Health care providers who have conducted COVID-19 testing of uninsured individuals or provided treatment to uninsured individuals with a COVID-19 diagnosis on or after February 4. Further details at [HRSA Program Information](#) and [Provider Reimbursement Portal](#)

³ Awarded on May 7 by formula allocation to existing grantees

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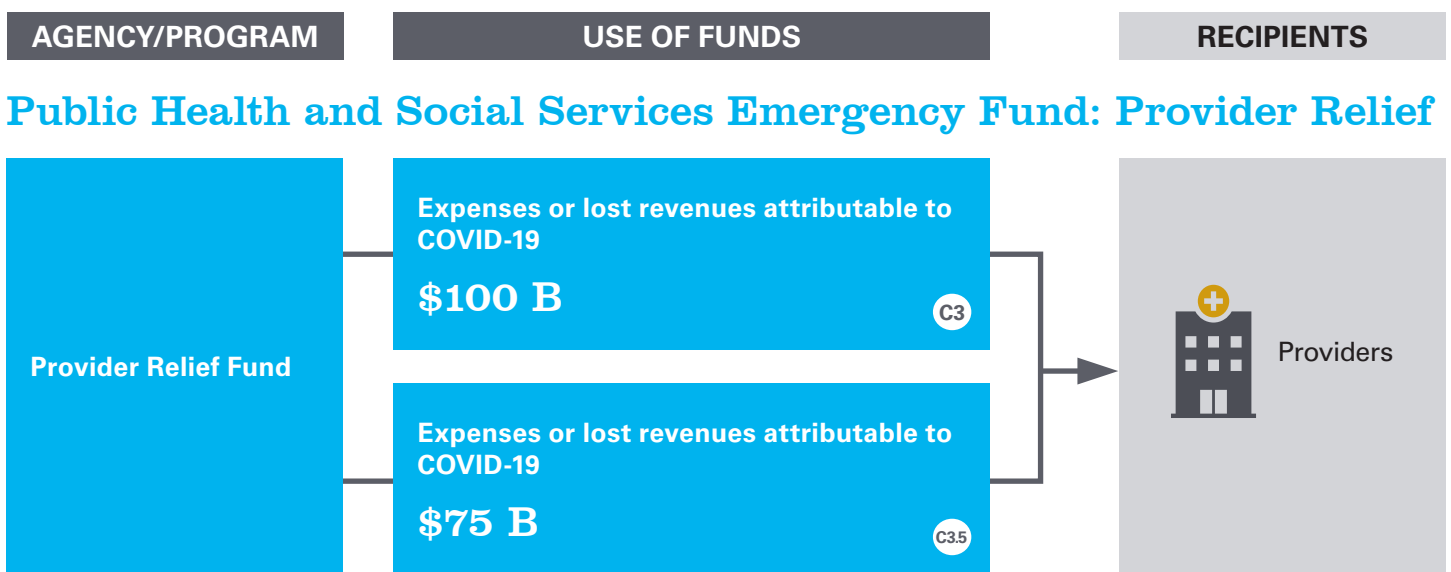
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	<p>\$30 billion to Medicare providers based on their share of total 2019 Medicare fee-for-service expenditures</p> <p>Distributed April 10 and April 17</p>
General Fund \$50 Billion	<p>HHS intends to distribute the remaining \$20 billion in such a way that the \$50 billion is, in total, based on 2018 net patient revenue (i.e., providers with high Medicare FFS revenue will receive less of the \$20 billion than providers with low Medicare FFS revenue, compared to total patient revenue, in light of the previous distribution), but the mechanics of balancing overall funding remain unclear.</p> <p>\$20 billion to Medicare providers based on 2018 net patient revenue from all payers</p> <p>Distributed on a rolling basis with payments beginning the week of April 24.</p>
Hot Spot Hospitals \$12 Billion	<p>\$12 billion to the 395 hospitals that provided inpatient care to 100+ COVID-19 patients through April 10</p> <ul style="list-style-type: none"> \$10 billion based on a "fixed amount" per COVID-19 admission \$2 billion "taking into account their Medicare and Medicaid disproportionate share and uncompensated care payments" <p>Distributed on or around May 1</p>
Rural Providers \$10 Billion	<p>\$10 billion to rural acute care general hospitals, Critical Access Hospitals, Rural Health Clinics, and Community Health Centers located in rural areas</p> <ul style="list-style-type: none"> Each eligible provider receives no less than \$100,000, with additional payment "based on operating expenses" <p>Distributed on or around May 1</p>
Skilled Nursing Facilities \$4.9 Billion	<p>\$4.9 billion to skilled nursing facilities (SNF) with six or more certified beds for critical needs such as labor, scaling up testing capacity, acquiring personal protective equipment and a range of other expenses directly linked to COVID-19</p> <ul style="list-style-type: none"> Each SNF receives a fixed distribution of \$50,000, plus a distribution of \$2,500 per bed <p>Distributed on May 22</p>
Uninsured Claims Unspecified	<p>Unspecified amount to providers of COVID-19 testing and treatment for uninsured patients</p> <ul style="list-style-type: none"> Based on claims submitted to HRSA by providers for testing or treating uninsured COVID-19 patients on or after February 4 (reimbursed at Medicare rates) <p>Providers were able to begin submitting claims on May 6; the first payments were expected on May 18</p>
Indian Health Services \$500 Million	<p>\$500 million to Indian Health Services facilities, distributed based on operating expenses</p> <ul style="list-style-type: none"> IHS and tribal hospitals receive a \$2.81 million base payment plus percent of their total operating expenses IHS and tribal clinics and programs receive a \$187,000 base payment plus five percent of the estimated service population multiplied by the average cost per user IHS urban programs, delivered through Urban Indian Organizations (UIOs), receive a \$181,000 base payment plus six percent of the estimated service population multiplied by the average cost per user <p>Distributed on May 22</p>
TBD	<p>"Additional allocations" to dentists and providers that solely take Medicaid</p>

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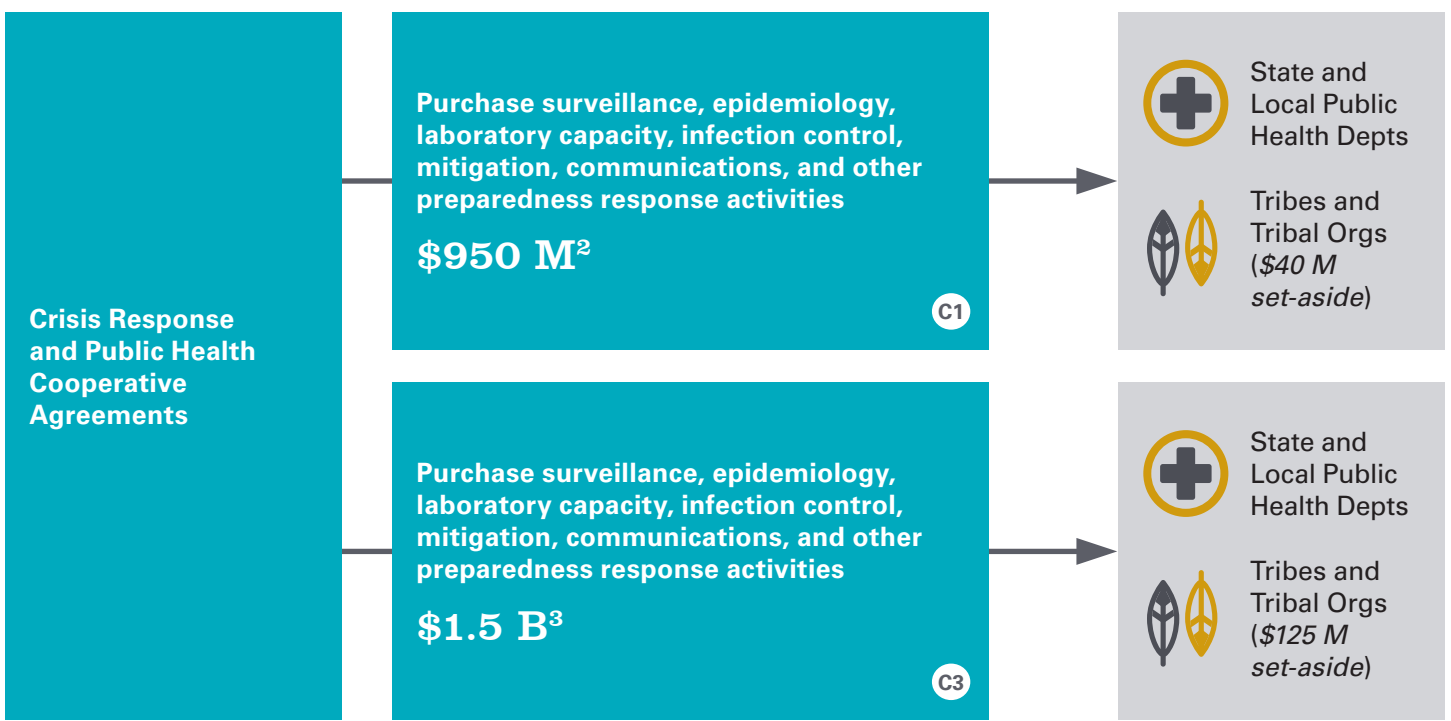
C35 PPHCEA, P.L. 116-139

AGENCY/PROGRAM USE OF FUNDS RECIPIENTS

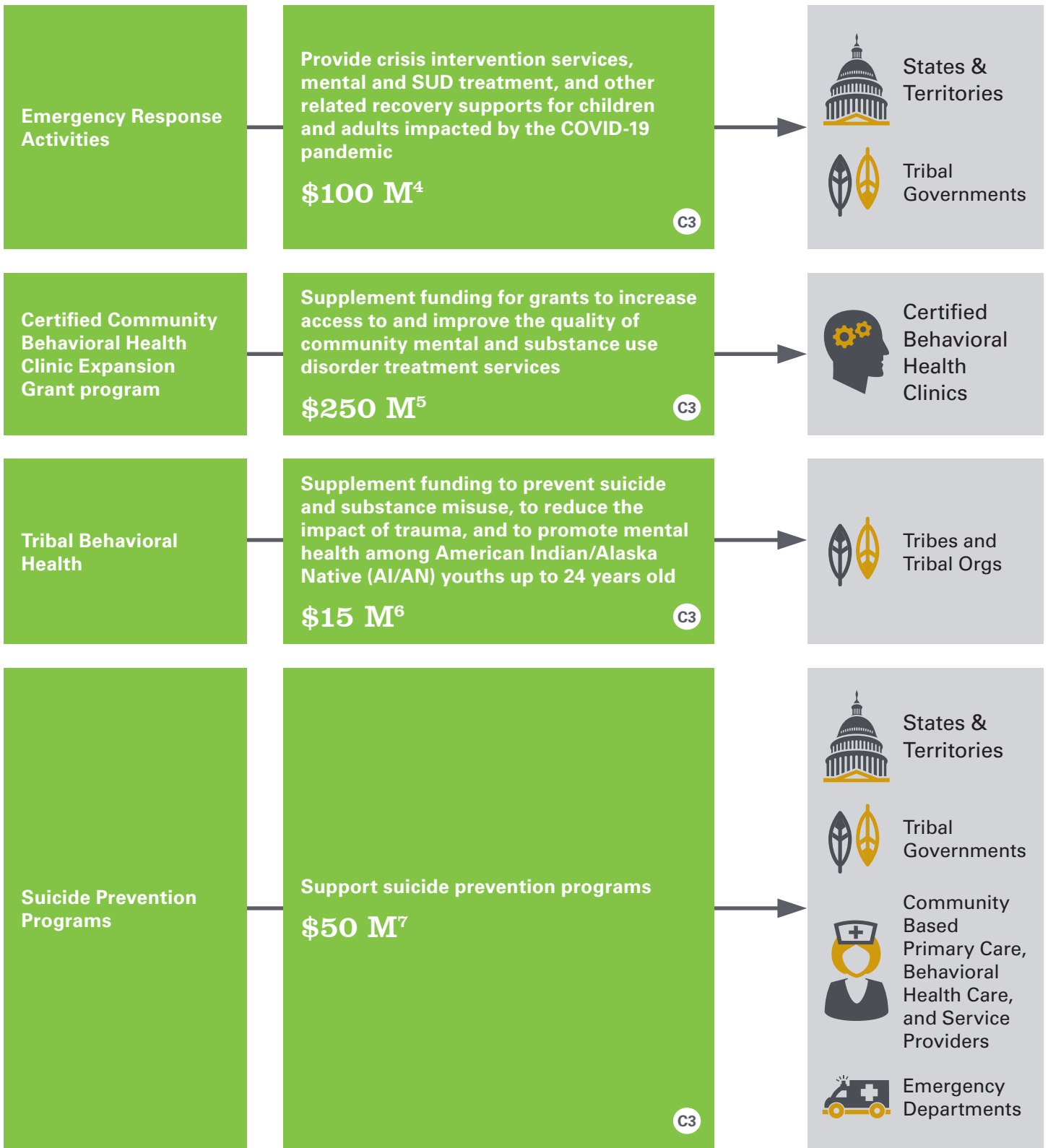
Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response



Centers for Disease Control and Prevention (CDC)



Substance Abuse and Mental Health Services Administration (SAMHSA)



Health Resources and Services Administration (HRSA)



¹ Awarded on March 24

² Awarded on March 16 and April 6 to current state, local, and tribal grantees of Crisis cooperative agreements, Epidemiology and Laboratory Capacity cooperative agreements, and Emerging Infections Program cooperative agreements

³ \$681 M awarded on April 23

⁴ \$110 M awarded on April 20

⁵ Awarded on April 27

⁶ Awarded on May 1

⁷ Applications closed on May 22 for \$40 million in grants

⁸ Awarded on April 23

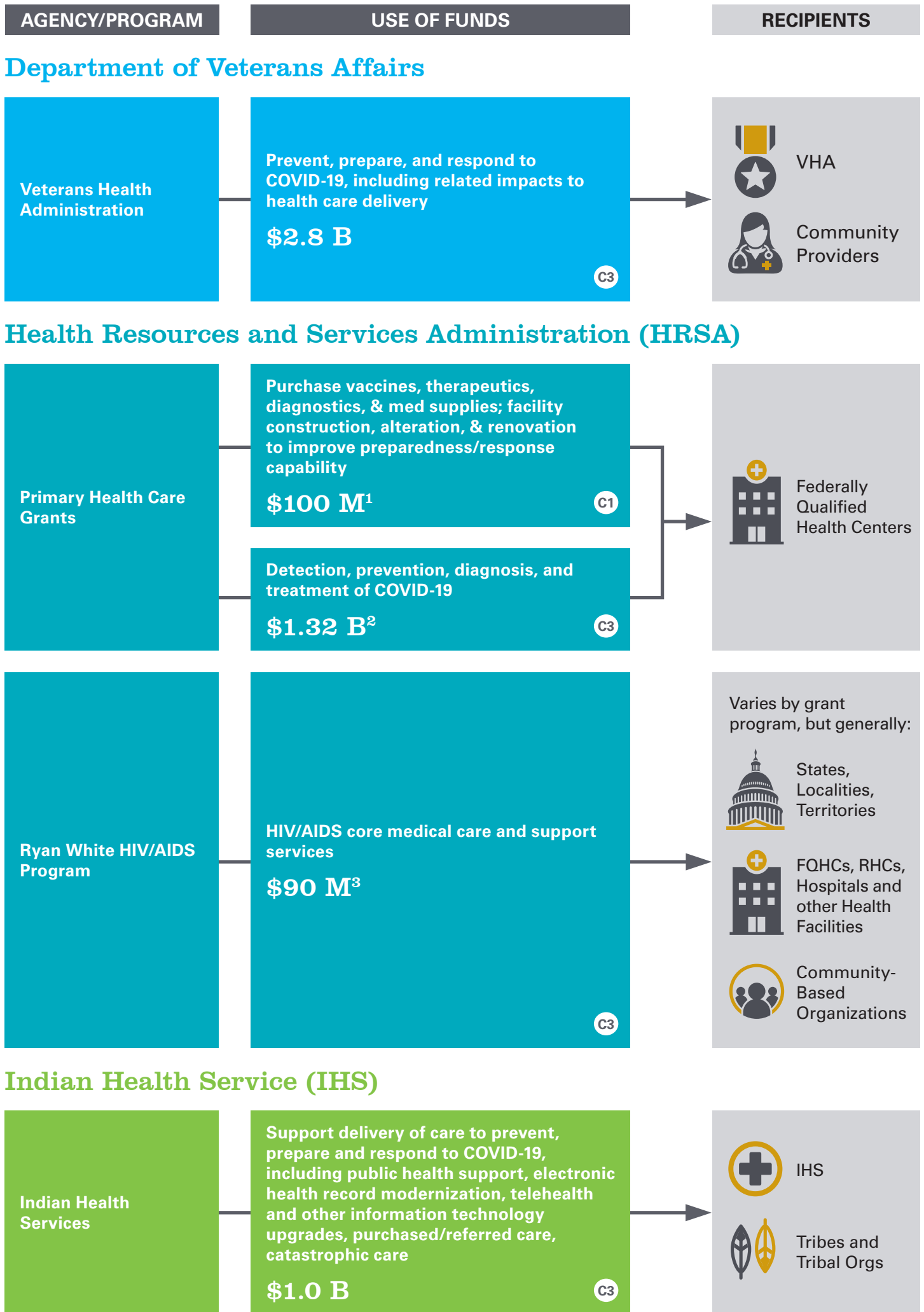
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¹ Awarded on March 24 to current health center grantees

² Awarded on April 8 to current health center grantees

³ Awarded on April 15 to existing grantees

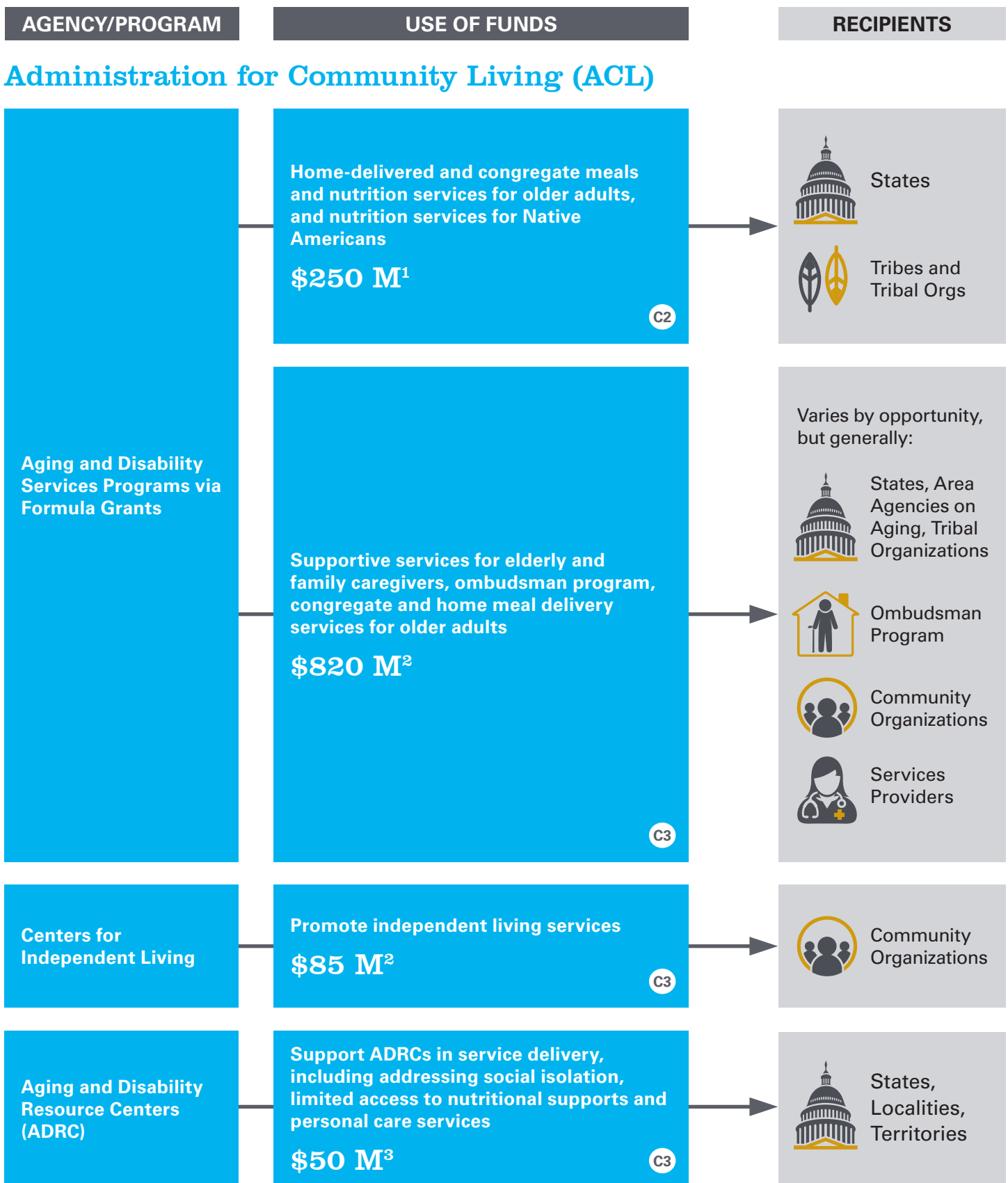
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¹ Funding Allocated on March 18 and Native American allocations on March 24

² Funding allocated on April 21

³ Applications closed, awards estimated April 30

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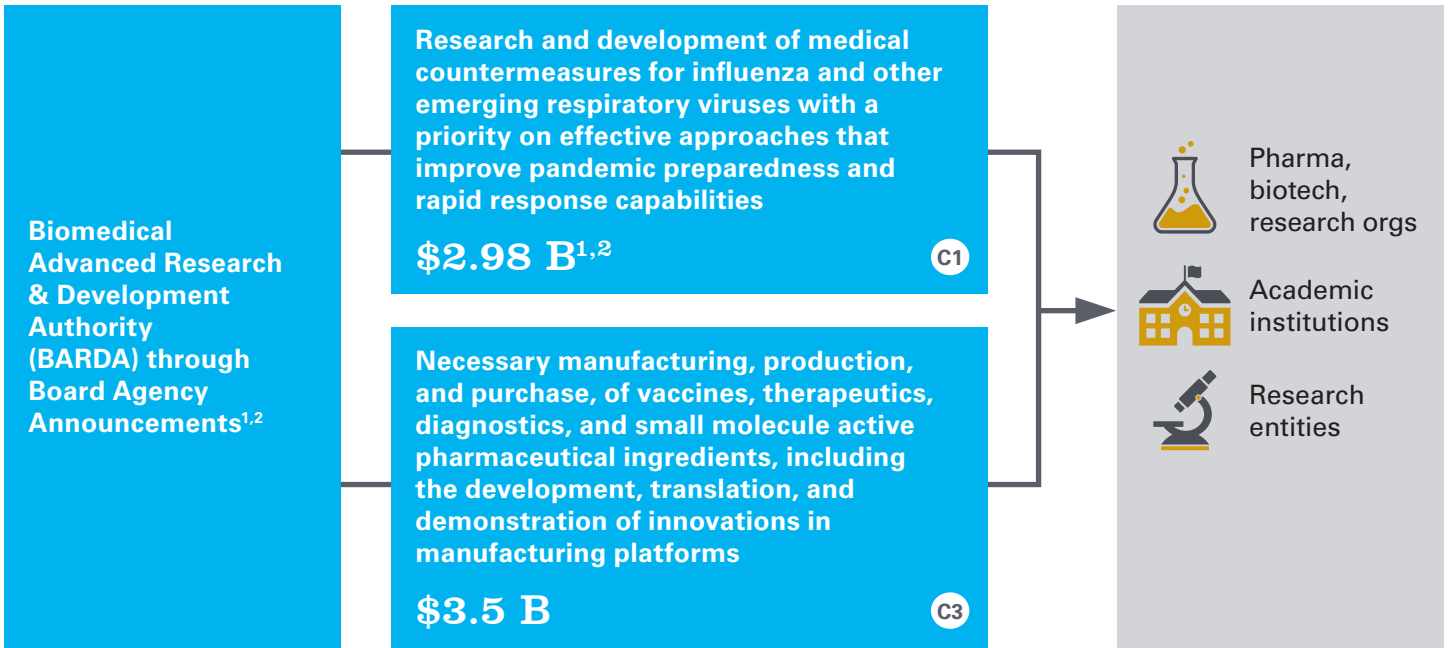
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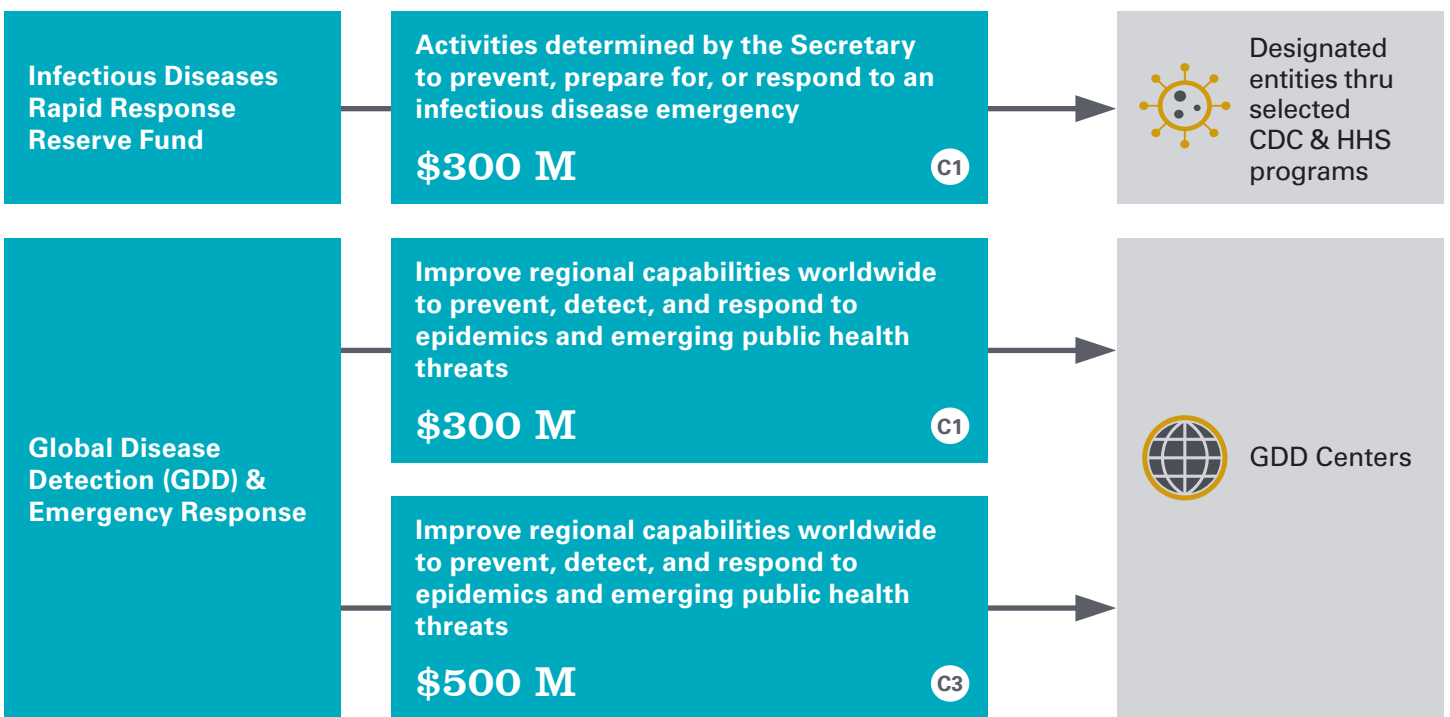
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AGENCY/PROGRAM	USE OF FUNDS	RECIPIENTS
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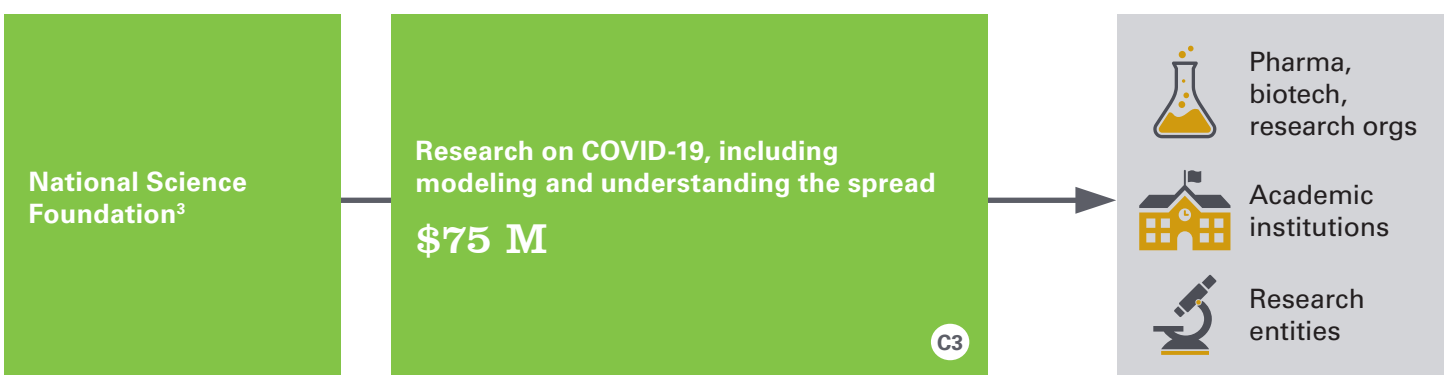
Public Health and Social Services Emergency Fund: Research



Centers for Disease Control and Prevention (CDC)



National Science Foundation



¹ An additional \$300 M may be available if the HHS Secretary certifies that the initial funds will be obligated imminently & additional funds are needed

² Solicitation open

³ Notice posted on April 3 inviting researchers to respond through existing funding opportunities and to submit proposals through Rapid Response Research funding mechanism

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AGENCY/PROGRAM	USE OF FUNDS	RECIPIENTS
National Institutes of Health (NIH)		
National Institute of Allergy & Infectious Diseases (NIAID) through contracts & grants	Basic and applied research that prevents, prepares for, & responds to coronavirus, domestically or internationally \$826 M C1	<ul style="list-style-type: none"> Pharma, biotech, research orgs Academic institutions Research entities
	Prevent, prepare for, and respond to COVID-19, including study, construction, demolition, renovation, and acquisition of vaccine and infectious disease research facilities \$706 M C3	Unclear
National Health, Lung, and Blood Institute through grants ¹	Prevent, prepare for, and respond to COVID-19 \$103 M C3	Varies by opportunity, but generally: <ul style="list-style-type: none"> Pharma, biotech, research orgs Academic institutions Research entities
National Institute of Biomedical Imaging and Bioengineering	Prevent, prepare for, and respond to COVID-19 \$60 M C3	
National Library of Medicine	Prevent, prepare for, and respond to COVID-19 \$10 M C3	
National Center for Advancing Translational Science ²	Research on COVID-19 with a focus on using of informatics solutions to diagnose cases and resources and advancing the translation of research findings into diagnostics, therapeutics, and vaccines \$36 M C3	
National Institute of Environmental Health Sciences through grants	Worker training to prevent and reduce exposure of hospital employees, emergency first responders, and other workers at risk of exposure \$10 M C1	
Office of the Director	Prevent, prepare for, and respond to COVID-19 \$30 M C3	Unclear

¹ Notice issued on March 17 requesting supplements and revisions to active NHLBI grants to support COVID-19 research

² Notice issued on March 24 calling for new applications as well as supplements to existing grants

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