

## DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) – \$100 billion

- \$75 billion for reimbursement to hospitals and healthcare providers to support the need for COVID-19 related expenses and lost revenue. Language remains the same as CARES Act. This funding is in addition to the \$100 billion provided in the CARES Act.
- \$25 billion for necessary expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests. Specific funding is provided for:
  - \$11 billion for states, localities, territories, and tribes to develop, purchase, administer, process, and analyze COVID-19 tests, scale-up laboratory capacity, trace contacts, and support employer testing. Funds are also made available to employers for testing.
    - \$2 billion provided to States consistent with the Public Health Emergency Preparedness grant formula, ensuring every state receives funding;
    - \$4.25 billion provided to areas based on relative number of COVID-19 cases;
    - \$750 million provided to tribes, tribal organizations, and urban Indian health organizations in coordination with Indian Health Service.
  - \$1 billion provided to Centers for Disease Control and Prevention for surveillance, epidemiology, laboratory capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization.
  - \$1.8 billion provided to the National Institutes of Health to develop, validate, improve, and implement testing and associated technologies; to accelerate research, development, and implementation of point-of-care and other rapid testing; and for partnerships with governmental and non-governmental entities to research, develop, and implement the activities.
  - \$1 billion for the Biomedical Advanced Research and Development Authority for advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests or related supplies.
  - \$22 million for the Food and Drug Administration to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities;
  - \$825 million for Community Health Centers and rural health clinics;
  - Up to \$1 billion may be used to cover costs of testing for the uninsured.
- Includes \$6 million for HHS Office of Inspector General for oversight activities.
- Requires plan from States, localities, territories, and tribes on how resources will be used for testing and easing COVID-19 community mitigation policies.
- Requires strategic plan related to providing assistance to States for testing and increasing testing capacity.