

SUMMARY OF HEALTH PROVISIONS IN CORONA 3.5

The health provisions in the bill provide \$100 billion in new health care funding, in addition to new requirements for a national testing strategy.

Health System Relief Fund: \$75 Billion

\$75 billion is provided for the purpose of reimbursing hospitals and health care providers for additional expenses related to COVID-19 care, treatment and prevention, as well as foregone revenue due to the pandemic. This is in addition to the \$100 billion provided for the same purposes in the CARES Act, for a total of \$175 billion in appropriations between the two bills.

Testing Funding and Strategy: \$25 billion

- \$25 billion is provided for COVID-19 testing, including for development, manufacturing, purchase, and administration of tests and related equipment and supplies (including personal protective equipment), laboratory capacity, personnel, contract tracing and surveillance, and other purposes.
- The \$25 billion is divided as follows:
 - \$11 billion for states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for necessary expenses to develop, purchase, administer, process, and analyze COVID-19 tests. Of this total:
 - \$4.25 billion is allocated to states based on the prevalence of COVID-19 cases.
 - \$2 billion is allocated to states based on the formula applicable to the Public Health Emergency Preparedness cooperative agreement.
 - \$750 million is allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.
- \$1 billion for the Centers for Disease Control and Prevention
- \$1.8 billion for the National Institutes of Health, which includes \$306 million to the National Cancer Institute, \$500 million to the National Institute of Biomedical Imaging and Bioengineering and \$1 billion to the Office of the Director
- \$1 billion for the Biomedical Advanced Research and Development Authority
- \$22 million for the Food and Drug Administration
- \$600 million to HRSA for Community Health Centers
- \$225 million for rural health clinics
- \$1 billion to cover testing for the uninsured, which adds to the NDMS funding provided for such purposes in the CARES Act
- More than \$8 billion remains undesignated, and HHS has discretion to spend it on various Covid-19 testing needs.

The language also requires reports and strategy plans on testing:

- Requires a national strategic testing plan that details how the Administration will increase domestic testing capacity, address disparities, and provide assistance and resources to states, localities, territories, and tribes.
- Requires regular reporting of demographic data, including on race, ethnicity, age, sex, geographic region, and other factors for COVID-19 cases, hospitalizations, and deaths, and epidemiological analysis of such data.
- Requires states, localities, territories, and tribes to submit to the Secretary information on tests needed, laboratory and testing capacity, and how it will use provided resources.