The Paycheck Protection Program and Health Care Enhancement Act
Summary of Health Care Provisions

H.R. 266, the Paycheck Protection Program and Health Care Enhancement Act, invests $100 billion into the nation's coronavirus response, providing relief for hospitals and health care providers and assistance to States, localities, territories and tribes to expand testing efforts.

Specially, the Paycheck Protection Program and Health Care Enhancement Act:

- Provides an additional **$75 billion** for the Public Health and Social Services Emergency Fund to reimburse health care providers for expenses or lost revenue that are attributable to the coronavirus. This funding is in addition to $100 billion that was provided for this same purpose in the CARES Act.

- Provides **$25 billion** for necessary expenses related to COVID-19 testing. This includes expenses related to research, development, validation, manufacturing, purchasing, administering, or expanding capacity for COVID-19 tests to effectively monitor and suppress coronavirus. Of this $25 billion, the funding is further allocated 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, including support for workforce, epidemiology, use by employers, to scale up testing, conduct surveillance, contact tracing, and other related testing activities.

      Under this provision, not later than 30 days after enactment, the Governor or designee of each state, locality, territory, tribe, or tribal organization receiving funding shall submit to the Secretary its plan for testing, including the number of tests needed, month-by-month estimates of capacity, and a description of how the state, locality, territory, tribe or tribal organization will use its resources for testing. Of this $11 billion, the funding is further allocated as follows:

        - $2 billion for states, localities, and territories according to the formula that applied to the Public Health Emergency Preparedness cooperative agreement for Fiscal Year (FY) 2019;

        - $4.25 billion for states, localities, and territories according to a formula methodology that is based on the relative number of cases of COVID-19 in that state, locality, or territory; and

        - $750 million for tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes in coordination with the Indian Health Service.

- $1 billion is transferred to the Centers for Disease Control and Prevention (CDC) for surveillance, epidemiology, lab capacity expansion, contact tracing, public health data surveillance and analytics infrastructure modernization, disseminating information about testing, and workforce support necessary to expand and improve COVID-19 testing.

- $306 million is transferred to the National Institutes of Health (NIH) – National Cancer Institute to develop, validate, improve, and implement serological testing and associated technologies.

- $500 million is transferred to the NIH – National Institute of Biomedical Imaging and Bioengineering to accelerate research, development, and implementation of point of care and other rapid testing related to coronavirus.

- $1 billion is transferred to the NIH – Office of the Director 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 government and non-governmental entities to research, develop, and implement testing related to COVID-19.

- $1 billion to the Biomedical Advanced Research and Development Authority (BARDA) for necessary expenses of advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests or related supplies.

- $22 million is transferred to the Food and Drug Administration (FDA) to support activities associated with diagnostic, serological, antigen, and other tests and related administrative activities.

- $600 million is transferred to the Health Resources and Services Administration (HRSA) for grants for Community Health Centers and federally qualified health centers.

- $225 million in additional funding for COVID-19 testing and related expenses, through grants or other mechanisms that go to rural health clinics. These funds shall be distributed using the procedures developed for the Provider Relief Fund authorized under the CARES Act.

- $1 billion for the purpose of covering the cost of testing for the uninsured.

- Provides $6 million to the Office of the Inspector General of HHS for oversight of activities supported with funds appropriated to HHS to prevent, prepare for, and respond to coronavirus.

- Requires increased reporting regarding demographic characteristics related to COVID-19 cases, hospitalizations and deaths. Including:

- a report from the Secretary of HHS, no later than 21 days after the date of enactment, on COVID-19 testing that will include data on demographic characteristics, including in a de-identified and disaggregated manner, race, ethnicity, age, sex, geographic region, and other relevant factors of individuals tested for or diagnosed with COVID-19. The report shall also include information on the number and rates of cases, hospitalizations, and deaths as a result of COVID-19. This report shall be updated and resubmitted every 30 days following until the end of the COVID-19 public health emergency.

- a report from the Secretary of HHS, no later than 180 days after the date of enactment, on the number of positive diagnoses, hospitalizations, and deaths as a result of COVID-19, disaggregated nationally by race, ethnicity, age, sex, geographic region, and other relevant factors, which must also include an epidemiological analysis of such data.

- Requires a COVID-19 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. Specifically:

  - the Secretary of HHS, no later than 30 days after the date of enactment, must report to the Committees on Appropriations of the House and Senate, the Committee on Energy and Commerce and the Committee on Health, Education, Labor and Pensions on a COVID-19 strategic testing plan. Such plan shall assist states, localities, territories, tribes, tribal organizations, and urban Indian health organizations in understanding COVID-19 testing for both active infection and prior exposure. The plan is also required to include estimates of testing production and guidelines for testing, as well as an outline of Federal resources that will be needed to support the testing plans of states, localities, territories, tribes, and tribal organizations. The plan must be updated every 90 days until funds are expended.