

# Emergency Supplemental Funding to State, Local, Territorial, and Tribal Governments

April 2021

In response to the 2019 novel coronavirus (COVID-19), former President Trump and President Biden signed a total of six separate emergency supplemental funding packages into law to support efforts to prevent, prepare for, and respond to COVID-19 domestically and internationally. This document highlights the total amount of supplemental appropriation funding from all bills directed and pertinent to state, local, territorial, and tribal governments. Furthermore, select legislative text and summaries for each bill are included to provide additional context.

Information on resources and bills with links to bill text and appropriate summaries can be found here:

- 1) [HHS Press Releases, Fact Sheets and Other Materials](#)
- 2) [CDC COVID-19 State, Tribal, Local, and Territorial Funding Update](#)
- 3) [Congressional Research Service Report: U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116<sup>th</sup> Congress](#)
- 4) *Coronavirus Preparedness and Response Supplemental Appropriations Act – Signed into Law March 6, 2020*
  - a. [ASTHO legislative alert](#)
  - b. [Bill text](#)
  - c. [Bill summary](#)
- 5) *Families First Coronavirus Response Act – Signed into law March 18, 2020*
  - a. [ASTHO legislative alert](#)
  - b. [Bill text](#)
  - c. [Bill factsheet](#)
  - d. [Section-by-section summary](#)
- 6) *Coronavirus Aid, Relief, and Economic Security (CARES) Act – Signed into law March 27, 2020*
  - a. [ASTHO legislative alert](#)
  - b. [Bill text](#)
  - c. [Bill summary](#)
  - d. [Section-by-section summary](#)
- 7) *Paycheck Protection Program and Health Care Enhancements Act – Signed into law April 24, 2020.* It is important to note this law has high level funding levels within the Public Health and Social Services Emergency Fund, which then get dispersed and carved out for specific programs. For this reason, ASTHO recommends also reading the specific [legislative alert](#) summarizing this law.
  - a. [ASTHO legislative alert](#)
  - b. [Bill text](#)
  - c. [Section-by-section summary](#)
  - d. [Summary of hospital and testing provisions](#)
- 8) *Consolidated Appropriations Act of 2021 (Division M -Coronavirus Response and Relief Supplemental Appropriations Act, 2021 – Signed into law December 27, 2020.* It is important to

note that the overall bill includes emergency supplemental funding for the ongoing COVID-19 response, as well as FY21 appropriations.

- a. [ASTHO legislative alert](#)
  - b. [Bill text](#)
  - c. [Section-by-section summary](#)
- 9) *American Rescue Plan Act of 2021 – Signed into law March 11, 2021.*
- a. [ASTHO legislative alert](#)
  - b. [Bill text](#)
  - c. [Section-by-section summary](#)

If you have any questions or concerns, please contact [Jeffrey Ekoma](#), ASTHO's director of government affairs.

**COVID-19 Emergency Supplemental Funding Packages**  
**Directed to Support to State, Local, Territorial, and Tribal Governments Response Activities**  
(\$ in millions)

	<i>Coronavirus Preparedness and Response Supplemental Appropriations Act</i>	<i>Families First Coronavirus Response Act</i>	<i>Coronavirus Aid, Relief, and Economic Security (CARES) Act</i>	<i>Paycheck Protection Program and Health Care Enhancement Act</i>	<i>Consolidated Appropriations Act, 2021</i>	<i>American Rescue Plan of 2021</i>	<b>TOTAL</b>
<b>Health and Human Services (HHS) (Total)</b>	--	--	--	--	--	61,610 <sup>IV, XII</sup>	<b>61,610</b>
Supply Chain for COVID-19 Vaccines, Therapeutics, and Medical Supplies	--	--	--	--	--	6,050 <sup>IV</sup>	<b>6,050</b>
Testing, Tracing, and Mitigation	--	--	--	--	--	47,800 <sup>IV, XII</sup>	<b>47,800</b>
Public Health Workforce	--	--	--	--	--	7,660 <sup>IV, XII</sup>	<b>7,660</b>
Medical Reserve Corps	--	--	--	--	--	100 <sup>IV</sup>	<b>100</b>
<b>Centers for Disease Control and Prevention (CDC) (Total)</b>	2,200 <sup>II</sup>	--	4,300 <sup>III</sup>	1,000 <sup>VII</sup>	8,750 <sup>III</sup>	11,500 <sup>III, XI</sup>	<b>27,750</b>
State, Local, Territorial Health Departments	950 <sup>II</sup>	--	1,500 <sup>III</sup>	--	4,500 <sup>III</sup>	--	<b>6,950</b>
Global Disease Detection and Emergency Response	300 <sup>II</sup>	--	500 <sup>III</sup>	--	--	750 <sup>IV</sup>	<b>1,550</b>
Public Health Data Surveillance	--	--	500 <sup>III</sup>	--	--	500 <sup>XI</sup>	<b>1,000</b>
Infectious Disease Rapid Response Fund	300 <sup>II</sup>	--	300 <sup>III</sup>	--	--	--	<b>600</b>
Vaccines and Therapeutics	--	--	--	--	--	7,500 <sup>IV</sup>	<b>7,500</b>
Vaccine Confidence	--	--	--	--	--	1,000 <sup>IV</sup>	<b>1,000</b>
Genomic Sequencing	--	--	--	--	--	1,750 <sup>III</sup>	<b>1,750</b>
<b>Coronavirus Relief Fund (Total)</b>	--	--	150,000	--	--	219,800 <sup>II, IVI</sup>	<b>369,800</b>
<b>Rural Providers Relief Fund (Total)</b>	--	--	--	--	--	8,500 <sup>IV</sup>	<b>8,500</b>
<b>Public Health and Social Services Emergency Fund (Total)</b>	3,100 <sup>III</sup>	1,000 <sup>IV</sup>	127,290 <sup>III, IV</sup>	100,000 <sup>IV</sup>	48,345 <sup>III, IV</sup>	--	<b>279,735</b>
Providers and Hospitals	--	--	100,000 <sup>IV</sup>	75,000	3,000	--	<b>178,000</b>
COVID-19 Testing	--	--	--	25,000	--	--	<b>25,000</b>
State, Local, Territorial Health Departments	--	--	--	11,000 <sup>X</sup>	22,400 <sup>II</sup>	--	<b>33,400</b>
Strategic National Stockpile	--	--	16,000 <sup>III</sup>	--	3,250	--	<b>19,250</b>
Hospital Preparedness Program	100	--	250 <sup>III</sup>	--	--	--	<b>350</b>
Biomedical Advanced Research and Development Authority (BARDA)	--	--	3,500 <sup>III</sup>	1,000 <sup>X</sup>	19,695	--	<b>24,195</b>
<b>Health Resources and Services Administration (HRSA) (Total) – Includes Transfers from the Public Health and Social Services Emergency Fund</b>	100 <sup>III</sup>	--	1,595 <sup>II</sup>	600 <sup>VII</sup>	--	9,200 <sup>IV, XIII</sup>	<b>11,495</b>
Primary Health Care (Community Health Centers)	100 <sup>III</sup>	--	1,320	600 <sup>VII</sup>	--	7,600 <sup>IV</sup>	<b>9,620</b>
Rural Health	--	--	180 <sup>II</sup>	--	--	--	<b>180</b>
Ryan White HIV/AIDS Program	--	--	90 <sup>II</sup>	--	--	--	<b>90</b>
Health Care Systems	--	--	5 <sup>II</sup>	--	--	--	<b>5</b>

National Health Service Corps	--	--	--	--	--	800 <sup>IV</sup>	<b>800</b>
Nurse Corps	--	--	--	--	--	200 <sup>IV</sup>	
Teaching Health Centers	--	--	--	--	--	330 <sup>XIII</sup>	
Behavioral Health Workforce Education and Training	--	--	--	--	--	100 <sup>IV</sup>	<b>100</b>
Pediatric Mental Health Care Access Program	--	--	--	--	--	80 <sup>IV</sup>	<b>80</b>
Grants to Healthcare Providers to Promote Mental and Behavioral Health	--	--	--	--	--	80 <sup>IV</sup>	<b>40</b>
Family Planning	--	--	--	--	--	50 <sup>IV</sup>	<b>50</b>
<b>Substance Abuse and Mental Health Services Administration (SAMHSA) (Total)</b>	--	--	425 <sup>I</sup>	--	4,250	3,580 <sup>IV</sup>	<b>4,675</b>
Certified Community Behavioral Health Clinic Expansion Grant Program	--	--	250	--	600	420	<b>1,270</b>
Suicide Prevention Programs	--	--	50	--	50	20	<b>120</b>
Project AWARE	--	--	--	--	50	30	<b>80</b>
Block Grants for Community Mental Health Services	--	--	--	--	1,650	1,500 <sup>IV</sup>	<b>3,150</b>
Block Grants for Prevention and Treatment of Substance Abuse	--	--	--	--	1,650	1,500 <sup>IV</sup>	<b>3,150</b>
Community Based Funding for Local Behavioral Health Needs	--	--	--	--	--	50 <sup>IV</sup>	<b>50</b>
National Child Traumatic Stress Network	--	--	--	--	10	10 <sup>IV</sup>	<b>20</b>
Expansion Grants for Certified Community Behavioral Health Clinics	--	--	--	--	--	20 <sup>IV</sup>	<b>20</b>
Community Based Funded for Local Substance Use Disorder Funding	--	--	--	--	--	30 <sup>IV</sup>	<b>30</b>
Emergency Substance Abuse or Mental Health Needs	--	--	100	--	240	--	<b>340</b>
<b>Food and Nutrition Services (Total)</b>	--	1,000 <sup>I</sup>	25,360 <sup>I</sup>	--	614 <sup>I</sup>	2,540 <sup>II, XIII, XIV</sup>	<b>26,974</b>
Child Nutrition Programs	--	--	8,800 <sup>I</sup>	--	--	--	<b>8,800</b>
Supplemental Nutrition Assistance Program	--	--	15,810 <sup>I</sup>	--	--	1,150 <sup>XIII</sup>	<b>16,960</b>
Special Supplemental Nutrition Program for Women, Infants, and Children	--	500 <sup>I</sup>	--	--	--	390 <sup>II</sup>	<b>890</b>
Administration for Community Living Aging and Disability Services Programs	--	250 <sup>I</sup>	--	--	--	--	<b>250</b>
Emergency Food Assistance Program	--	400 <sup>I</sup>	450 <sup>I</sup>	--	--	--	<b>850</b>
Nutrition Assistance to Territories <sup>V</sup>	--	100 <sup>I</sup>	200 <sup>I</sup>	--	614 <sup>I</sup>	1,000 <sup>XIV</sup>	<b>1,914</b>
Food Distribution on Indian Reservations	--	--	100	--	--	--	<b>100</b>

<b>Agency for Toxic Substances and Disease Registry (ATSDR) (Total)</b>			12.5 <sup>I</sup>			--	<b>12.5</b>
Geospatial Research, Analysis and Service Program			7.5 <sup>I</sup>	--	--	--	<b>7.5</b>
Awards to Pediatric Environmental Health Specialty Units & State Health Departments			5 <sup>I</sup>	--	--	--	<b>5</b>
<b>Interior Office of Insular Affairs (Total)</b>	--	--	55 <sup>I</sup>	--	--	--	<b>55</b>
<b>Federal Emergency Management Agency (FEMA) (Total)</b>	--	--	45,000 <sup>IV</sup>	--	--	--	<b>45,000</b>
<b>Department of Defense (Total)</b>	--	--	4,806 <sup>I, IV</sup>	--	--	10,100 <sup>XV</sup>	<b>14,906</b>
<b>Defense Production Act Purchases/Supplies</b>	--	--	1,000 <sup>IV</sup>	--	--	10,000 <sup>XV</sup>	<b>11,000</b>
<b>Supply Chain Modernization</b>	--	--	--	--	--	100 <sup>II</sup>	<b>100</b>
<b>Defense Health Program</b>			3,806 <sup>I</sup>				
<b>TOTAL<sup>6</sup></b>	<b>5,400</b>	<b>2,000</b>	<b>358,843.5</b>	<b>101,600</b>	<b>61,959</b>	<b>326,830</b>	

<sup>I</sup> Funds available until September 30, 2021

<sup>II</sup> Funds available until September 30, 2022

<sup>III</sup> Funds available until September 30, 2024

<sup>IV</sup> Funds available until expended

<sup>V</sup> Commonwealth of Northern Marian Islands, Puerto Rico, and American Samoa

<sup>VI</sup> Does not include total from HRSA, as it was transferred from the Public Health and Social Services Emergency Fund

<sup>VII</sup> Although not included in legislative text, funding was allocated by HHS on March 24, 2020

<sup>VIII</sup> Transfer from the Public Health and Social Services Emergency Fund

<sup>IX</sup> Represents a breakdown of the \$25 billion provided for COVID-19 testing under the Public Health and Social Services Emergency Fund

<sup>X</sup> Represents a breakdown of the \$11 billion provided to state and territorial health departments under the Public Health and Social Services Emergency Fund

<sup>XI</sup> Includes funding for data modernization and a data forecasting center

<sup>XII</sup> Awards grants to state, local, and territorial public health departments

<sup>XIII</sup> Funds available until September 30, 2023

<sup>XIV</sup> Funds available until September 30, 2027

<sup>XV</sup> Funds available until September 30, 2025

Select legislative text and summaries are below. Please note that references to total funding represent funding across the six supplemental funding bills:

## HHS

- The *American Rescue Plan Act of 2021* provides **\$73.59 billion** to HHS. Specifically:
  - **\$47.8 billion** is made available, until expended, to detect, diagnose, trace, and monitor COVID-19 infections. Specifically:
    - Implement a national strategy for testing, contact tracing, surveillance, and mitigation of COVID-19.
    - Provide technical assistance, guidance, support, and award grants or cooperative agreements to state, local, and territorial public health departments for COVID-19 related activities to mitigate the spread of COVID-19.
    - Support activities related to COVID-19 tests, including supplies necessary for administering tests such as personal protective equipment (PPE).
    - Establish and expand federal, state, local, and territorial testing and contact tracing capabilities including:
      - Through investments in laboratory capacity such as academic and research laboratories, or other laboratories that could be used for processing COVID-19 testing
      - Community-based testing sites and community-based organizations
      - Mobile health units, particularly in medically underserved areas
    - Enhance information technology, data modernization, and reporting.
    - Award grants to state, local, and territorial public health departments to establish, expand, and sustain a public health workforce.
      - On March 17, 2021, HHS announced its intent to invest **\$10 billion**, through the CDC, to ramp up screening testing to help schools reopen and **\$2.25 billion** to scale up testing in underserved populations<sup>1</sup>.
  - **\$7.66 billion** is made available, until expended, to carry out activities related to establishing, expanding, and sustaining a public health workforce, including by making awards to state, local, and territorial public health departments. Funds can be used for:
    - Costs, including wages and benefits, related to the recruiting, hiring, and training of individuals:
      - To serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticians, communication and policy experts, and any other positions that are required to prevent, prepare for, and respond to COVID-19.
      - Employed by state, territorial, or local public health departments involved, or a nonprofit provide or public organization with demonstrated expertise in implementing public health programs and established relationships with such state, territorial, or local public health departments, particularly in medically underserved areas.
    - Personal protective equipment, data management, and other technology, or other necessary supplies.

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<sup>1</sup> <https://www.hhs.gov/about/news/2021/03/17/biden-administration-invest-more-than-12-billion-expand-covid-19-testing.html>

- Administrative costs and activities necessary for awardees to implement activities funded under this section.
- Subawards from receipts of awards under this section to local health departments.
- **\$100 million** is made available, until expended, for the medical reserve corps.

## CDC

- The *Coronavirus Preparedness and Response Supplemental Appropriations Act* provides **\$2.2 billion** for CDC-wide activities and program support to remain available until September 30, 2022. Specifically:
  - **\$950 million** is made available for grants or cooperative agreements with states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or tribal health service providers to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. **\$475 million** of the funds must be allocated by April 6, 2020. Every grantee that received a Public Health Emergency Preparedness grant for fiscal year 2019 shall receive not less than 90 percent of that grant level from funds and no less than **\$40 million** of funds should be allocated to tribes, tribal organizations, urban Indian health organizations, or tribal health services providers. Grantees are required to submit a spend plan to CDC no later than April 21, 2020;
    - On March 11, 2020, CDC awarded over **\$569 million** to states, localities, territories and tribes through its Public Health Crisis Cooperative Agreement, satisfying the requirement to allocate at least **\$475 million** of funds by April 6, 2020.<sup>2</sup>
    - On March 20, 2020, CDC announced its intent to award **\$80 million** in funding to tribes, tribal organizations, and Urban Indian Organizations for resources in support of their response to COVID-19.<sup>3</sup>
    - On April 6, 2020, CDC awarded **\$186 million** in additional funding to supplement an existing cooperative agreement (listed above) with state and local jurisdictions identified as having the highest number of reported COVID-19 cases and jurisdictions with accelerating or rapidly accelerating COVID-19 cases. The award will support activities such as lab equipment, supplies, staffing, shipping, infection control, surge staffing, monitoring of individuals, and data management. In addition, the funding will supplement an existing cooperative agreement to state jurisdictions through the Emerging Infections Program to enhance surveillance capabilities and assess and evaluate exposed/infected healthcare personnel through clinical interviews to better identify risk factors and protective factors for COVID-19 infection.<sup>4</sup>

<sup>2</sup> <https://www.hhs.gov/about/news/2020/03/11/cdc-to-award-over-560-million-to-state-local-jurisdictions-in-support-of-covid-19-response.html>

<sup>3</sup> <https://www.hhs.gov/about/news/2020/03/20/hhs-announces-upcoming-action-to-provide-funding-to-tribes-for-covid-19-response.html>

<sup>4</sup> <https://www.hhs.gov/about/news/2020/04/06/hhs-announces-upcoming-funding-action-provide-186-million-covid19-response.html>

- No less than **\$300 million** is allocated for the Infectious Disease Rapid Response Reserve;
  - No less than **\$300 million** is allocated for global disease detection and emergency response; and
  - Funds under this section may be used for grants for the construction, alteration, or renovation of non-Federally owned facilities to improve preparedness and response capability at the state and local level.
- The *CARES Act* provides an additional **\$4.3 billion** for CDC-wide activities and program support, to remain available until September 30, 2024. Specifically:
    - **\$1.5 billion** is made available for grants to or cooperative agreements with states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or tribal health service providers, including to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. Every grantee that received a Public Health Emergency Preparedness grant for fiscal year 2019 shall receive not less than 100 percent of that grant level from funds provided under this heading and no less than **\$125 million** should be made available to tribes, tribal organizations, urban Indian health organizations, or tribal health service providers;
      - On April 23, 2020, CDC awarded **\$631 million** to 64 jurisdictions through the Epidemiology and Laboratory Capacity for Prevention and Control for Emerging Infectious Diseases (ELC) cooperative agreement<sup>5</sup>.
    - No less than **\$500 million** is allocated for global disease detection and emergency response;
    - No less than **\$500 million** is allocated for public health data surveillance and analytics infrastructure modernization;
    - **\$300 million** is allocated for the Infectious Diseases Rapid Response Fund; and
    - Funds under this heading may be used for grants for the rent, lease, purchase, acquisition, construction, alteration, or renovation of non-federally owned facilities to improve preparedness and response capability at the state and local level.
  - The *Paycheck Protection Program and Health Care Enhancement Act* provides **\$1 billion** to CDC-wide activities and program support for surveillance, epidemiology, laboratory 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, through a transfer (additional details below) from the Public Health and Social Services Emergency Fund.
  - The *Consolidated Appropriations Act, 2021* provides **\$8.75 billion** to CDC-wide activities and program support to remain available until September 30, 2024. Specifically:
    - \$4.5 billion is made available for grants (Public Health Emergency Preparedness cooperative agreement in FY20) to states, localities, territories, tribes, tribal

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<sup>5</sup> <https://www.hhs.gov/about/news/2020/04/23/hhs-announces-cares-act-funding-distribution-to-states-and-localities-in-support-of-covid-19-response.html>



organizations, urban Indian health organizations, or health service providers to tribes. No less than \$1 billion is required to be made available within 21 days of the bill's enactment and no less than **\$300 million** shall be allocated for high-risk and underserved populations, including racial and ethnic minority populations and rural communities. Additionally, grantees may request reimbursements for obligations incurred for COVID-19 vaccine promotion, preparedness, tracking, and distribution before the bill's enactment. **\$210 million** is transferred to the Indian Health Service.

- On January 6, 2021, HHS announced the intent of the CDC to provide more than \$22 billion -- **\$19.11 billion** to support testing, contact tracing, surveillance, containment, and mitigation & **\$3 billion** to support vaccine preparedness activities -- in funding to states, localities, and territories in support of the nation's response to the COVID-19 pandemic<sup>6</sup>.
- The *American Rescue Plan Act of 2021* provides **\$11.5 billion** for CDC-wide activities and program support to remain available until expended. Specifically:
  - **\$7.5 billion** is made available for COVID-19 vaccine related activities including awarding grants to state, local, tribal, and territorial (SLTT) public health departments for COVID-19 vaccine distribution and administration capabilities including staffing, standing up community vaccination centers, support for sharing data related to vaccine distribution, and vaccination systems. The secretary for HHS is required, 21 days after enactment of the legislation, to provide supplemental funding to any state, locality, and territory for vaccination grants from the December COVID-19 relief package based on entities receiving the higher of two distribution formulas.
    - The CDC provided over **\$3.15 billion** to state, local, and territorial public health departments for vaccine preparedness. This includes **\$1.29 billion** from the Consolidated Appropriations Act, 2021 and **\$1.86 billion** from the American Rescue Plan Act of 2021.
  - **\$1 billion** is made available, until expended, to strengthen vaccine confidence and provide information on EUA approved vaccines.
  - **\$6.05 billion** is made available, until expended, for necessary expenses with respect to research, development, manufacturing, and purchase of vaccines, therapeutics and ancillary medical products and supplies.
  - **\$500 million** is made available, until expended, to the FDA for the evaluation of emerging COVID-19 variants, vaccines, therapeutics, and diagnostics authorized to treat COVID-19; and oversight of supply chain and mitigation of shortages of vaccines.
  - **\$1.75 billion** is made available, until expended, to strengthen and expand activities and workforce related genomic sequencing, analytics, and disease surveillance. Specifically, funds can be used to:
    - Conduct, expand, and improve activities to sequence genomes, identify mutations, and survey the circulation and transmission of viruses and other organisms.

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<sup>6</sup> <https://www.hhs.gov/about/news/2021/01/06/hhs-announces-22-billion-in-funding-to-support-expanded-testing-vaccination-distribution.html>

- Award grants to state, local, tribal, or territorial public health departments or public health laboratories to:
      - Increase their capacity to sequence genomes of circulating strains or viruses and other organisms
      - Identify mutations in viruses and other organisms
      - Use genomic sequencing to identify outbreaks and clusters of disease or infections, including COVID-19
      - Develop effective disease response strategies on genomic sequencing and surveillance data
    - Enhance and expand the informatics capabilities of the public health workforce
    - Award grants for the construction, alteration, or renovation of facilities to improve genomic sequencing and surveillance capabilities at the state and local level.
  - **\$750 million** is made available, until expended, to combat COVID-19 and other emerging infectious disease threats globally, including efforts related to global health security, global disease detection, and response, global health protection, global immunization, and global coordination on public health.
  - **\$500 million** is made available, until expended, to support public health data surveillance and analytics infrastructure modernization activities at the CDC, and establish, expand, and maintain efforts to modernize the United States disease warning system to forecast and track hotspots for COVID-19, its variants, and emerging biological threats, including academic and workforce support for analytics and informatics infrastructure and data collection systems.

### **Coronavirus Relief Fund**

- The *CARES Act* provides **\$150 billion** to states, tribal governments, and units of local government for fiscal year 2020<sup>7</sup>. Of this amount, **\$3 billion** is made available to the District of Columbia (D.C.), Puerto Rico, the United States Virgin Islands, Guam, the Commonwealth of Northern Mariana Islands, and American Samoa. In addition, **\$8 billion** is made available to Tribal governments. Each state is expected to receive no less than **\$1.25 billion** for fiscal year 2020. Funds provided to D.C. and the territories are determined by the product of **\$3 billion** (referenced above) and a share of the combined total population of D.C. and all territories. Funds provided to tribal governments are determined by the Secretary of HHS, in consultation with the Secretary of the Interior and Indian tribes and is based on increased expenditures of each tribal government (or a tribally owned entity of a tribal government) relative to aggregate expenditures in fiscal year 2019. States, D.C., territories, tribal governments, and units of local government are able to use these funds to cover costs that:
  - Are necessary expenditures incurred due to the public health emergency with respect to COVID-19 (On April 22, 2020, the Department of Treasury issued guidance that further defines expenses that qualify as necessary expenditures” and provides examples of ineligible expenses<sup>8</sup>);

<sup>7</sup> <https://home.treasury.gov/policy-issues/cares/state-and-local-governments>

<sup>8</sup> <https://home.treasury.gov/system/files/136/Coronavirus-Relief-Fund-Guidance-for-State-Territorial-Local-and-Tribal-Governments.pdf>

- Were not accounted for in the budget most recently approved as of March 27, 2020; and
- Were incurred between March 1, 2020 and December 30, 2020.

### **Public Health and Social Services Emergency Fund**

- The *Coronavirus Preparedness and Response Supplemental Appropriations Act* provides **\$3.1 billion** for the Public Health and Social Services Emergency Fund to remain available until September 30, 2024, to prevent, prepare for, and respond to COVID-19, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, and the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, medical surge capacity, and related administrative activities. Funds provided under this section may also be used for grants for the construction, alternation, or renovation of non-federally owned facilities to improve preparedness and response capability at the state and local level. Specifically:
  - Although not included in legislative text, the Secretary of HHS Office of the Assistant Secretary of Preparedness and Response provided **\$100 million** to assist U.S. healthcare systems by directly supporting the National Special Pathogens Treatment System on March 24, 2020<sup>9</sup>. The National Special Pathogens Treatment System includes the National Emerging Special Pathogens Training and Education Center, 10 regional Ebola and other special pathogen treatment centers, 62 Hospital Preparedness Program cooperative agreement recipients and their state or jurisdiction special pathogen treatment centers, and hospital associations;
  - **\$100 million** is transferred to HRSA’s bureau of Primary Health Care for grants under the health centers program, to prepare for and respond to COVID-19; and
  - Funds should be used to provide grants or cooperative agreements with states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or tribal health service providers to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities to prevent, prepare for, and respond to COVID-19, as well as reimburse costs for these expenses incurred between January 20, 2020, and March 6, 2020.
- The *Families First Coronavirus Response Act* provides **\$1 billion**, to remain available until expended, for activities that include the payment of claims of providers for reimbursement related to COVID-19 health services.
- The *CARES Act* provides more than **\$27 billion**, to remain available until September 30, 2024, to prevent, prepare for, and respond to COVID-19, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, as well as medical surge capacity, addressing blood supply chain, workforce modernization, telehealth access and infrastructure, initial advanced

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<sup>9</sup> <https://www.hhs.gov/about/news/2020/03/24/hhs-provides-100-million-to-help-us-healthcare-systems-prepare-for-covid-19-patients.html>

manufacturing, novel dispensing, enhancements to the U.S. Commissioned Corps, and other preparedness and response activities. Specifically:

- **\$16 billion** is made available to replenish the Strategic National Stockpile, including pharmaceuticals, personal protective equipment (PPE), and other medical supplies to be distributed to state and local health agencies, hospitals, and other healthcare entities;
  - At least **\$3.5 billion** is made available to the Biomedical Advanced Research and Development Authority (BARDA) for necessary expenses of manufacturing, production, and purchase, at the discretion of the Secretary, of vaccines, therapeutics, diagnostics, and small molecule active pharmaceutical ingredients, including the development, translation, and demonstration at scale of innovations in manufacturing platforms;
  - At least **\$250 million** is made available for grants to or cooperative agreements with entities that are either grantees or sub-grantees of the Hospital Preparedness Program;
  - **\$180 million** is transferred to HRSA's Office of Rural Health Policy to remain available until September 30, 2022 to carry out telehealth and rural activities to prevent, prepare for, and respond to COVID-19, domestically or internationally;
  - **\$90 million** is transferred to the HRSA's Ryan White HIV/AIDS program to remain available until September 30, 2022 for modifications to existing contracts, and supplements to existing grants and cooperative agreements to response to COVID-19, domestically or internationally;
  - **\$5 million** is transferred to the HRSA's Health Care Systems bureau to remain available until September 30, 2022 to improve the capacity of poison control centers to respond to increased calls;
  - No less than **\$15 million** is allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes; and
  - Funds provided under this section may be used for grants for the construction, alteration, or renovation of non-federally owned facilities to improve preparedness and response capability at the State and local level.
- The *CARES Act* provides an additional **\$100 billion**, to remain available until expended, to prevent, prepare for, and respond to coronavirus—domestically or internationally—for necessary expenses to reimburse, through grants or other mechanisms, eligible hospitals and health care providers for health care-related expenses or lost revenues that are attributable to coronavirus. On April 10, 2020, HHS began distribution of these funds by providing an initial **\$30 billion** to hospitals and providers that are enrolled in Medicare<sup>10</sup>. On April 22, 2020, HHS distributed an additional **\$60 billion**, of which **\$10 billion** will be allocated to hospitals in areas that have been particularly impacted by COVID-19, **\$10 billion** will be allocated to rural health clinics and hospitals, and **\$400 million** will be allocated for Indian Health Service facilities<sup>11</sup>, **\$20 billion** to reconcile inequities from the initial **\$30 billion** (as listed above) allocated to providers who receive non-fee-for-service payments, and **\$10 billion** to cover the cost of providing treatment for the uninsured. On May 1, 2020, HHS distributed an additional **\$12 billion** to

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<sup>10</sup> <https://www.hhs.gov/about/news/2020/04/10/hhs-to-begin-immediate-delivery-of-initial-30-billion-of-cares-act-provider-relief-funding.html>

<sup>11</sup> <https://www.hhs.gov/about/news/2020/04/22/hhs-announces-additional-allocations-of-cares-act-provider-relief-fund.html>

facilities admitting large numbers of COVID-19 patients and **\$10 billion** to providers in rural areas<sup>12</sup>. Specifically:

- These funds may not be used to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse;
  - Recipients for this funding include public entities, Medicare- or Medicaid-enrolled suppliers and providers, and such for-profit entities and not-for-profit entities; and
  - Funds are made available for building or construction of temporary structures, leasing of properties, medical supplies, and equipment. This includes personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity.
- The *Paycheck Protection Program and Health Care Enhancement Act* provides **\$100 billion** for the Public Health and Social Services Emergency Fund to remain available until expended to prevent, prepare for, and respond to COVID-19 domestically or internationally. Specifically:
    - **\$75 billion** is made available to eligible health care providers to cover health care-related expenses or lost revenues that are attributable to COVID-19. The funds may not be used to reimburse for expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse and recipients of the payments are required to submit reports and maintain documentation needed to ensure compliance with conditions listed above.
    - **\$25 billion** is made available for the following:
      - Necessary expenses to research, develop, manufacture, purchase, administer, and expand capacity for COVID-19 tests, including tests for both active infection and prior exposure, including molecular antigen, and serological tests;
      - Manufacturing, acquiring, and distributing PPE and supplies needed to administer tests;
      - Development of rapid point-of-care tests;
      - Support for workforce and epidemiology to enable academic, commercial, public health, and hospital laboratories to conduct surveillance and contact tracing;
      - Support for the development of COVID-19 testing plans;
      - Of the total amount of **\$25 billion**, **\$11 billion** is specifically provided to states, localities, territories, tribes, tribal organizations, or health service providers to tribes for necessary COVID-19 testing expenses, including support for:
        - Workforce, epidemiology, use by employers or in other settings;
        - Scale up of testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, health care facilities, and other entities engaged in COVID-19 testing;
        - Conduct surveillance, trace contacts, and other related activities related to COVID-19 testing. It is important to note that the legislative text does

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<sup>12</sup> <https://www.hhs.gov/about/news/2020/05/01/hhs-begins-distribution-of-payments-to-hospitals-with-high-covid-19-admissions-rural-providers.html>

not specify exact amounts available for each of the activities listed above.

- Of the **\$11 billion** stated above, no less than **\$2 billion** is made available to states, localities, and territories according to the formula applied to the Public Health Emergency Preparedness cooperative agreement in FY19. In addition, no less than **\$4.25 billion** is made available to states, localities, and territories according to a formula based on the relative number of COVID-19 cases, and no less than **\$750 million** is made available to tribes, tribal organizations, urban Indian health organizations or health service providers to tribes; and
  - These funds are required to be distributed by May 24, 2020.
- On May 18, 2020, the CDC provided **\$10.25 billion** to states, territories, and local jurisdictions through CDC's existing Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) cooperative agreement. The Indian Health Service (IHS) will provide **\$750 million** to HIS, tribal, and urban Indian Health programs to expand testing capacity and testing-related activities<sup>13</sup>.
  - **\$1 billion** is transferred to the CDC for surveillance, epidemiology, laboratory 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;
  - **\$600 million** is transferred to HRSA's bureau of Primary Health Care for grants under the health centers program;
  - No less than **\$1 billion** is made available to BARDA for necessary expenses to develop and administer COVID-19 tests or related supplies;
  - **\$225 million** is made available to rural health clinics for building or construction of temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing; and
  - No more than **\$1 billion** is made available to cover the cost of testing for the uninsured.
- No later than May 24, 2020, the Governor or designee of each jurisdiction receiving funds from this legislation are required to submit a COVID-19 testing plan including goals for the 2020 calendar year to the HHS Secretary. Testing plans must address:
  - The number of tests needed, month-by-month, including diagnostic, serological, and other testing needs;
  - Month-by-month estimates of laboratory and testing capacity, including workforce and equipment capacity; and
  - A description of how the state, local, territorial, or tribal organization will use its resources for testing, including any connected plans for easing COVID-19 community mitigation policies.

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<sup>13</sup> <https://www.hhs.gov/about/news/2020/05/18/hhs-delivers-funding-to-expand-testing-capacity-for-states-territories-tribes.html>



- No later than May 15, 2020, the Secretary of HHS shall produce a report that includes 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 will also include information on the number and rates of cases, hospitalizations, and deaths as a result of COVID–19, and will be updated every 30 days.
- No later than October 21, 2020, the Secretary of HHS shall issue a report on the number of positive diagnoses, hospitalizations, and deaths as a result of COVID–19, and will include epidemiological analysis of the data.
- No later than May 24, 2020, the Secretary of HHS is required to submit a strategic testing plan, which must:
  - Provide information to help states, localities, territories, tribes, tribal organizations, and urban Indian health organizations understand COVID-19 testing needs for both active infection and prior exposure, including hospital-based testing, high-complexity laboratory testing, point-of-care testing, mobile testing units, testing for employers and other settings, and other tests as necessary;
  - Include estimates of testing production that account for new and emerging technologies, as well as guidelines for testing;
  - Address how the Secretary will increase domestic testing capacity, including testing supplies; and address disparities in all communities; and
  - Outline federal resources that are available to support the testing plans of each state, locality, territory, tribe, tribal organization, and urban Indian health organization and that such plan shall be updated every 90 days until funds are expended.
- *Consolidated Appropriations Act, 2021* provides **\$48.35 billion** for the Public Health and Social Services Emergency fund. Specifically:
  - **\$22.4 billion** is made available for grants (Public Health Emergency Preparedness cooperative agreement in FY20) to states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for activities related to testing, contact tracing, surveillance, containment, and mitigation (which may include interstate compacts or other mutual aid agreements). Funds are required to be disbursed within 21 days of the bill’s enactment.
    - No less than **\$2.5 billion** is made available for strategies to improve testing capabilities and other purposes in high-risk and underserved populations, including racial and ethnic minority populations and rural communities, as well as to identify best practices for state and public health officials to use for contact tracing in high-risk and underserved populations.
    - **\$790 million** is made available to the Indian Health Service.
    - Governors or a designee of each state, locality, territory, tribe, or tribal organizations receiving funds under this section are required to update their testing and contact tracing plans and submit updates no later than 60 days after funds have been appropriated. Additionally, governors or a designee of each

state, locality, territory, tribe, or tribal organization receiving funds shall report to the secretary of HHS on the use of funding, detailing current commitments about obligations, separated by each COVID-19 supplemental appropriations act that provided the source of funding, every 60 days of the bill's enactment and every quarter thereafter until funds are expended. Once received by the secretary and summarized for Congress, the secretary is required to make submitted plans publicly available.

- **\$3 billion** is made available, to remain available until expended, to prevent, prepare for, and respond to coronavirus—domestically or internationally—for necessary expenses to reimburse, through grants or other mechanisms, eligible hospitals and health care providers for health care-related expenses or lost revenues that are attributable to coronavirus.
- **\$22.945 billion** is made available until Sept. 30, 2024, to prevent, prepare for, and respond to COVID-19 domestically or internationally, including the development of countermeasures and vaccines, the purchase of vaccines, therapeutics, diagnostics, medical supplies, and other preparedness and response activities. Specifically:
  - **\$3.25 billion** is allocated for the Strategic National Stockpile.
  - **\$19.695 billion** is allocated to the Biomedical Advanced Research and Development Authority for necessary expenses of manufacturing, production, and purchase of vaccines, therapeutics, and ancillary supplies necessary for the administration of vaccines and therapeutics.

#### **HRSA (Transfers from the Public Health and Social Services Emergency Fund)**

- The *Coronavirus Preparedness and Response Supplemental Appropriations Act* provides **\$100 million** for HRSA's Bureau of Primary Health Care through the Public Health and Social Services Emergency Fund (as listed above), for health services through community health centers.
  - On March 24, 2020, HRSA awarded **\$100 million** to 1,381 health centers across the country. The HRSA funded health centers are able to use the awards to address screening and testing needs, acquire medical supplies and boost telehealth capacity in response to COVID-19<sup>14</sup>.
- The *CARES Act* provides an additional **\$275 million**, through a transfer from the Public Health and Social Services Emergency Fund (as listed above). Specifically:
  - **\$180 million** is made available to HRSA's Office of Rural Health policy to remain available until September 30, 2022 to carry out telehealth and rural activities to prevent, prepare for, and respond to COVID-19, domestically or internationally. On April 22, 2020, HHS awarded nearly **\$165 million** to rural hospitals and provides an additional funding to 14 HRSA-funded Telehealth Resources Centers<sup>15</sup>;
  - **\$90 million** is made available to HRSA's Ryan White HIV/AIDS program to remain available until September 30, 2022 for modifications to existing contracts, and

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<sup>14</sup> <https://www.hhs.gov/about/news/2020/03/24/hhs-awards-100-million-to-health-centers-for-covid-19-response.html>

<sup>15</sup> <https://www.hhs.gov/about/news/2020/04/22/hhs-awards-nearly-165-million-to-combat-covid19-pandemic-in-rural-communities.html>



supplements to existing grants and cooperative agreements to response to COVID-19, domestically or internationally; and

- On April 15, 2020, HRSA awarded **\$90 million** to 581 Ryan White HIV/AIDS Program recipients across the country, including city/county health departments, health clinics, community-based organizations, state health departments, and AIDS Education and Training Centers, to minimize the impact of the pandemic on people with HIV.<sup>16</sup>
- **\$5 million** is made available for HRSA's Health Care Systems bureau to remain available until September 30, 2022 to improve the capacity of poison control centers to respond to increased calls.
- The *CARES Act* provides an additional **\$1.32 billion** to community health centers in fiscal year 2020 for supplemental awards related to the detection, prevention, diagnosis, and treatment of COVID-19.
  - On April 8, 2020, HRSA awarded more than **\$1.3 billion** to 1,387 health centers and HRSA-funded health centers may use awards to help communities across the country detect coronavirus; prevent, diagnose, and treat COVID-19; and maintain or increase health capacity and staffing levels.<sup>17</sup>
- The *Paycheck Protection Program and Health Care Enhancement Act* provides **\$600 million** for HRSA's Bureau of Primary Health Care through the Public Health and Social Services Emergency Fund (as listed above), for health services through community health centers.
- The *American Rescue Plan Act of 2021* provides **\$9.2 billion** for HRSA specific activities. Specifically:
  - **\$7.6 billion** is made available, until expended, for awarding grants and cooperative agreements to community health centers for vaccine related activities, COVID-19 mitigation activities, establishing and sustaining the necessary workforce to perform COVID-19 related activities, and conducting community outreach and education related activities.
  - **\$800 million** is made available, until expended, for the National Health Service Corps.
  - **\$200 million** is made available, until expended, for the Nurse Corps
  - **\$330 million** is made available, until September 30, 2023, for the program of payments to teaching health centers that operate graduate medication education.
  - **\$80 million** is made available, until expended, for the Pediatric Mental Care Access program.
  - **\$40 million** is made available, until expended, for grants to healthcare providers to promote mental and behavioral health among their health professional workforce-based funding for local substance use disorder services.
  - **\$100 million** is made available, until expended, for behavioral health workforce education and training.

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<sup>16</sup> <https://www.hhs.gov/about/news/2020/04/15/hhs-awardsee-90-million-ryan-white-hiv-aids-program-recipients-for-covid-19-response.html>

<sup>17</sup> <https://www.hhs.gov/about/news/2020/04/08/hhs-awards-billion-to-health-centers-in-historic-covid19-response.html>

- **\$80 million** is made available, until expended, for mental and behavioral health training for healthcare professionals, paraprofessionals, and public safety officers. The Secretary, acting through the Administrator of HRSA, is required to take into consideration the needs of rural and medically underserved communities. Funding can be used to:
  - Award grants or contracts to health professions schools, academic health centers, state or local governments, Indian tribes and tribal organization or other appropriate public or private nonprofit entities to plan, develop, operate, or participate in health professions and nursing training activities for health care students, residents, professionals, paraprofessionals, trainees, and public safety officers and employers of such individuals, in evidence-informed strategies for reducing and addressing suicide, burnout, mental health conditions, and substance use disorders among health care professionals.

### **SAMHSA**

- The *CARES Act* provides **\$425 million**, to remain available through September 30, 2021, to prevent, prepare for, and respond to COVID-19, domestically or internationally. On April 20, 2020, SAMHSA awarded **\$110 million**, through the Fiscal Year 2020 Emergency Grants to Address Mental and Substance Use Disorders During COVID-19, which provides up to **\$2 million** to successful state applicants and up to **\$500,000** to successful territory and tribal applicants<sup>18</sup>. On April 27, 2020, SAMHSA awarded \$250 million in grants, expanding community based behavioral health services<sup>19</sup>. No less than **\$15 million** should be made available to tribes, tribal organizations, urban Indian health organizations, or health or behavioral health service providers to tribes. On May 1, 2020, SAMHSA announced its intent to provide supplemental funding to 154 current Tribal Behavioral Health grant recipients (\$97,402 to each recipient)<sup>20</sup>. Specifically:
  - **\$250 million** is made available for the Certified Community Behavioral Health Clinic Expansion Grant program; and
  - **\$50 million** is made available for suicide prevention programs.
- The *Consolidated Appropriations Act, 2021* provides \$4.25 billion for addiction and mental health related activities. Specifically:
  - **\$1.65 billion** is made available for the Substance Abuse Prevention and Treatment Block Grant. Of this amount, \$600 million is allocated for grants to communities and community organizations in the Certified Community Behavioral Health Centers Program.
  - **\$1.65 billion** is made available for the Community Health Services Block Grant.
  - **\$50 million** is made available for suicide prevention-related activities.
  - **\$50 million** is made available for the Project Advancing Wellness and Resiliency in Education program to support school-based mental health for children.
  - **\$10 million** is made available for the National Child Traumatic Stress Network.

<sup>18</sup> <https://www.samhsa.gov/newsroom/press-announcements/202004200430>

<sup>19</sup> <https://www.samhsa.gov/newsroom/press-announcements/202004271200>

<sup>20</sup> <https://www.samhsa.gov/newsroom/press-announcements/202005011645>

- **\$240 million** is made available for noncompetitive grants, contracts, or cooperative agreements to public entities to address substance abuse or mental health needs in local communities.
- No less than **\$125 million** is made available to tribes, tribal organizations, urban Indian health organizations, and health or behavioral health service providers to tribes.
- The *American Rescue Plan Act of 2021* provides **\$3.58 billion** for SAMHSA specific activities. Specifically:
  - **\$420 million** is made available, until expended, for grants to communities and community organizations that meet the criteria for Certified Community Behavioral Health Clinics.
  - **\$20 million** is made available, until expended, for an education and awareness campaign encouraging health work conditions and the use of mental and behavioral health services by healthcare professionals. The Secretary, acting through the Director of the CDC and in consultation with the medical professional community, is required to use funds to:
    - Carry out a national evidence-based education and awareness campaign directed at health care professionals and first responders, and employers of such professionals and first responders. Such awareness campaigns should:
      - Encourage primary prevention of mental health conditions and substance use disorders and secondary and tertiary prevention by encouraging health care professionals to seek support and treatment for their own mental health and substance use concerns
      - Help such professionals to identify risk factors in themselves and others and respond to such risks.
  - **\$30 million** is made available, until expended, for community-based funding for local substance use disorder services.
  - **\$50 million** is made available, until expended, for community-based funding for local health behavioral health needs.
  - **\$10 million** is made available, until expended, for the national child traumatic stress network.
  - **\$30 million** is made available, until expended, for Project Aware.
  - **\$20 million** is made available, until expended, for youth suicide prevention.
  - **\$1.5 billion** is made available, until expended, for block grants for community mental health services. Any amount awarded to a state shall be expended by the State by September 30, 2025.
  - **\$1.5 billion** is made available, until expended, for block grants for prevention and treatment of substance abuse. Any amount awarded to a state shall be expended by the state by September 30, 2025.

### **Food and Nutrition Service**

- The *Families First Coronavirus Response Act* provides **\$1 billion** for food and nutrition services, to remain available through September 30, 2021. Specifically:
  - **\$500 million** is made available for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
  - **\$400 million** is made available for the Emergency Food Assistance Program, of which **\$100 million** is allocated for the distribution of commodities;

- **\$100 million** is made available for the Secretary of Agriculture to provide grants to the Commonwealth of Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance in response to COVID-19; and
  - **\$250 million** is made available for the Aging and Disability Services Program, to remain available until September 30, 2021, of which **\$160 million** is allocated for Home-Delivered Nutrition Services, **\$80 million** for Nutrition Services for Congregate Nutrition Services, and **\$10 million** for Nutrition Services for Native Americans.
- The *CARES Act* provides an additional **\$25.06 billion** for food and nutrition services, to remain available until September 30, 2021, to prevent, prepare for, and respond to COVID-19, domestically or internationally. Specifically:
    - **\$8.8 billion** is made available for child nutrition programs;
    - **\$15.81 billion** is made available for the Supplemental Nutrition Assistance Program (SNAP), of which **\$15.51 billion** is placed in a contingency reserve to be allocated by the Secretary of Agriculture on the basis to support participation, should costs or participation exceed budget estimates related to COVID-19;
    - **\$100 million** is made available for the food distribution program on Indian reservations;
    - **\$200 million** is made available for grants to the Commonwealth of the Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance programs;
    - **\$450 million** is made available for the Emergency Food Assistance Program, of which **\$150 million** is to be used for the distribution of commodities.
  - The *Consolidated Appropriations Act, 2021* provides **\$614 million**, to remain available until Sept. 30, 2021, for direct grants to the Commonwealth of Puerto Rico, American Samoa, and the Commonwealth of the Northern Mariana Islands for nutrition assistance. Of this amount, **\$14 million** is allocated for the Commonwealth of the Northern Mariana Island.
  - The *Consolidated Appropriations Act, 2021* provides a temporary increase in individual monthly Supplemental Nutrition Assistance Program benefits by 15% until June 30, 2021.
  - The *American Rescue Plan Act of 2021* provides **\$390 million**, to remain available until September 30, 2024, to carry out outreach, innovation, and program modernization efforts, including appropriate waivers and flexibility, to increase participation in and redemption of benefits under programs established under section 17 of the Children Nutrition Act of 1966.
  - The *American Rescue Plan Act of 2021* provides **\$1.15 billion**, to remain available until September 30, 2023, with amounts to be obligated for each of fiscal years 2021, 2022, and 2023, for the costs of state administrative expenses associated with the supplemental nutrition assistance program. Specifically:
    - **\$15 million** is made available for necessary expenses of the Secretary of Agriculture for management and oversight of the program; and
    - **\$1.14 billion** is made available for the Secretary of Agriculture to make grants to each state agency for each of fiscal years through 2023:
      - 75 percent of the amounts available is made available to states based on the share of each state of households that participate in the supplemental nutrition assistance program as reported to the Department of Agriculture for the most

recent 12-month period for which data are available, adjusted by the Secretary for participation in disaster programs.

- 25 percent of the amounts available is made available to states based on the increase in the number of households that participate in the supplemental nutrition assistance program as reported to the Department of Agriculture over the most recent 12-month period for which data are available, adjusted by the Secretary for participation in disaster programs.
- The *American Rescue Plan Act of 2021* provides **\$1 billion**, to remain available until September 30, 2027, for the Secretary of Agriculture to provide grants to the Commonwealth of Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance, of which **\$30 million** shall be available to provide grants to the Commonwealth of Northern Mariana Islands for such assistance.

#### **Agency for Toxic Substances and Disease Registry (ATSDR)**

- The *CARES Act* provides **\$12.5 million**, to remain available until September 30, 2021, to prevent, prepare for, and respond to the coronavirus domestically or internationally. Specifically:
  - **\$7.5 million** is made available for expenses of the Geospatial Research, Analysis, and Services Program to support spatial analysis and Geographic Information System mapping out infectious disease hot spots, including cruise ships.
  - **\$5 million** is made available for necessary expenses for awards to Pediatric Environmental Health Specialty Units and state health departments to provide guidance and outreach on safe practices for disinfection for home, school, and daycare facilities.

#### **Insular Affairs**

- The *CARES Act* provides **\$55 million** for assistance to territories, to remain available until September 30, 2021, to assist with needs related to the prevention and mitigation of COVID-19, including the purchase of medical supplies and equipment, as well as healthcare services and facilities.
- The *Consolidated Appropriations Act, 2021* provides **\$19 million** for a public health laboratory in Guam.

#### **Federal Emergency Management Agency (FEMA)**

- The *CARES Act* provides **\$45 billion** for FEMA, to remain available until September 30, 2021, to support immediate needs of state, local, tribal, and territorial governments. Reimbursable activities include medical response, PPE, National Guard deployment, and other critical services.

#### **Department of Defense**

- The *CARES Act* provides **\$1 billion**, to remain available until expended, to prevent, prepare for, and respond to the coronavirus domestically or internationally for purchases relating from the Defense Production Act.
- The *CARES Act* provides **\$3.81 billion**, of which \$3.4 billion is made available for operation and maintenance, and **\$415 million** is made available for research, development, test, and

evaluation, to remain available until September 30, 2021, to prevent, prepare for, and respond to the coronavirus domestically or internationally for the Defense Health Program.

- The *American Rescue Plan Act of 2021* provides **\$10 billion**, to remain available until September 30, 2025 to expand domestic production of personal protective equipment (PPE), vaccines, and other medical supplies.