

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

In response to the 2019 novel coronavirus (COVID-19), President Trump signed three separate emergency supplemental funding packages into law to support efforts to prevent, prepare for, and respond to COVID-19 domestically and internationally. This brief highlights the total amount of supplemental funding from all three bills directed to state, local, territorial, and tribal governments.

Additional information with links to bill text and appropriate summaries can be found here:

- 1) *Coronavirus Preparedness and Response Supplemental Appropriations Act*
 - a. [Bill text](#)
 - b. [Bill summary](#)
- 2) *Families First Coronavirus Response Act*
 - a. [Bill text](#)
 - b. [Bill factsheet](#)
 - c. [Section-by-section summary](#)
- 3) *Coronavirus Aid, Relief, and Economic Security (CARES) Act*
 - a. [Bill text](#)
 - b. [Bill summary](#)
 - 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
Funding Directed to State, Local, Territorial, and Tribal Governments
 (\$ 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>	TOTAL
Centers for Disease Control and Prevention (CDC) (Total)	2,200 ⁱⁱ	--	4,300 ⁱⁱⁱ	6,500
State, Local, Territorial Health departments	950 ⁱⁱ	--	1,500	2,450
Global Disease Detection and Emergency Response	300 ⁱⁱ	--	500	800
Public Health Data Surveillance	--	--	500	500
Infectious Disease Rapid Response Fund	300 ⁱⁱ	--	300	600
Coronavirus Relief Fund	--	--	150,000	150,000
Public Health and Social Services Emergency Fund (Total)	3,100 ⁱⁱⁱ	1,000 ^{iv}	27,015 ⁱⁱⁱ	31,115

Strategic National Stockpile	--	--	16,000	16,000
Hospital Preparedness Program	100 ^{vii}	--	250	350
Biomedical Advanced Research and Development Authority (BARDA)	--	--	3,500	3,500
Health Resources and Services Administration (HRSA) (Total) – Transfers from the Public Health and Social Services Emergency Fund	100	--	1,595	1,695
Primary Health Care (Community Health Centers)	100	--	1,320	1,420
Rural Health	--	--	180 ⁱⁱ	180
Ryan White HIV/AIDS Program	--	--	90 ⁱⁱ	90
Health Care Systems	--	--	5 ⁱⁱ	5
Substance Abuse and Mental Health Services Administration (SAMHSA) (Total)	--	--	425 ⁱ	425
Certified Community Behavioral Health Clinic Expansion Grant Program	--	--	250	250
Suicide Prevention Programs	--	--	50	50
Food and Nutrition Services (Total)	--	1,000	25,360 ⁱ	26,360
Child Nutrition Programs	--	--	8,800 ⁱ	8,800
Supplemental Nutrition Assistance Program	--	--	15,810 ⁱ	15,810
Special Supplemental Nutrition Program for Women, Infants, and Children	--	500 ⁱ	--	500
Administration for Community Living Aging and Disability Services Programs	--	250 ⁱ	--	250
Emergency Food Assistance Program	--	400 ⁱ	450 ⁱ	850
Nutrition Assistance to Territories ⁵	--	100 ⁱ	200 ⁱ	300
Food Distribution on Indian Reservations	--	--	100	100
Interior Office of Insular Affairs	--	--	55 ⁱ	55
Federal Emergency Management Agency (FEMA)	--	--	45,000 ^{iv}	45,000
TOTAL⁶	5,300	2,000	252,155	

ⁱ Funds available until September 30, 2021

ⁱⁱ Funds available until September 30, 2022

ⁱⁱⁱ Funds available until September 30, 2024

^{iv} Funds available until expended

^v Commonwealth of Northern Marian Islands, Puerto Rico, and American Samoa

^{vi} Does not include total from HRSA, as it was transferred from the Public Health and Social Services Emergency Fund

^{vii} Although not included in legislative text, funding was allocated by HHS on March 24, 2020

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

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;
 - 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;
 - 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.

Coronavirus Relief Fund

- The *CARES Act* provides **\$150 billion** to states, tribal governments, and units of local government for fiscal year 2020. 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;
 - 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, 2020¹. 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;

¹ <https://www.hhs.gov/about/news/2020/03/24/hhs-provides-100-million-to-help-us-healthcare-systems-prepare-for-covid-19-patients.html>

- **\$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 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 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.
- **\$100 billion** 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. 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.

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.
- 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;
 - **\$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 supplements to existing grants and cooperative agreements to response to COVID-19, domestically or internationally; and
 - **\$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* also 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.

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. 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. 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.

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.

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.

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.