

Congress Passed a Coronavirus Funding Bill for \$8.3-Billion

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The biggest pot of money, \$3.1 billion, goes to the Office of the Secretary of Health and Human Services for treatments, a vaccine, and supplies. A grant of \$950-million is allocated for state and local public health response. Another \$300 million is marked to keep drugs and vaccines affordable. In addition, \$1.25 billion is intended to subsidize low- and middle-income countries that might not have the resources to contain outbreaks on their own. More than 70 million Americans do not have insurance and it is unclear how hospitals treating uninsured patients will be paid. [It appears that the major portion of this money will eventually end up with pharmaceutical companies that are now rushing to develop vaccines.]

The [coronavirus funding bill](#) signed into law by the president Friday puts much more money toward treating and preventing the spread of COVID-19 than his administration requested from Congress last week.

The Trump administration's initial request – in the form of [a two-page letter](#) to Congress on Feb. 24 – was for \$1.25 billion in new funds, with additional money moved from other parts of the federal budget to get to a total of \$2.5 billion. The amount authorized Friday is more than three times that.

"It's a significant amount of money," says [Jen Kates](#) of the Kaiser Family Foundation. In comparison, Congress put \$5.4 billion toward the Ebola response in 2014 and nearly \$7 billion for H1N1 in 2009 – though, of course, each epidemic is different and requires a different response.

"It appears to me to be an appropriate number to definitely begin the fight – and likely handle the fight, assuming nothing goes sideways," says Chris Meekins, a health care policy analyst at Raymond James who, until January 2019, who worked on preparedness and response at the Department of Health and Human Services.

So what do taxpayers get for that \$8.3 billion? Here are some highlights:

\$3.1 billion for the health secretary's dispersal

The biggest pot of money goes to the Office of the Secretary of HHS, and that funding is available until 2024.

"I thought the flexibility they gave within the Office of the Secretary's public health emergency account was good," Meekins says. "It allows us to not just put money toward therapeutic development – also vaccine development – but also purchase additional supplies that are needed, like masks and personal protective equipment, which for years had been underfunded by Congress and administrations."

Of that money, \$100 million is directed to community health centers for underserved groups. "I think that a focus on underserved populations is going to continue to be very important as we see more cases in more states," says [Beth Cameron](#) who works on global biological policy for the Nuclear Threat Initiative. During the Obama administration, she served as senior director for global health, security and biodefense on the White House's National Security Council, a [position that was eliminated](#) by the Trump administration in 2018.

\$950 million for state and local health departments

Of all of the \$950 million for state and local public health response that's to be dispersed via the Centers for Disease Control and Prevention, half must be allocated within 30 days.

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