



## **Congress Responds to Coronavirus:**

### **H.R. 266, Paycheck Protection Program and Health Care Enhancement Act**

**Written by:** Anne Ekedahl DeBiasi at  
Well-being and Equity (WE) in the World

This bill responds to the COVID-19 outbreak by providing additional funding for small business loans, health care providers, and COVID-19 testing. The bill includes:

- **Small Business Programs (SBA)**
  - \$321 billion for the Paycheck Protection Program's forgivable loans to cover payroll and other fixed costs for small businesses. Of that figure, \$60 billion is reserved for smaller lenders.
  - \$50 billion to backstop some \$350 billion in additional emergency disaster loans for small businesses, another oversubscribed program that's out of money, along with \$10 billion for grants of up to \$10,000 each that disaster loan recipients can obtain. Expands eligibility for such disaster loans and advances to include agricultural enterprises.
- **Health Care Emergency Spending (HHS), \$100B in FY2020 for the Public Health and Social Services Emergency Fund**
  - \$75 billion for hospitals and other health care providers for health care related expenses or lost revenues that are attributable to the coronavirus outbreak. These funds are available for: building or construction of temporary structures, leasing of properties, medical supplies and equipment including personal protective equipment and testing supplies, increased workforce and trainings, emergency operation centers, retrofitting facilities, and surge capacity.
  - \$25 billion for expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests to effectively monitor and suppress COVID-19.<sup>1</sup> Specified portions of the \$25 billion for COVID-19 testing are allocated to:

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<sup>1</sup> These funds may be used for grants for the rent, lease, purchase, acquisition, construction, alteration, renovation, or equipping of non-federally owned facilities to improve preparedness and response capability at the State and local level for diagnostic, serologic, or other COVID-19 tests, or related supplies. These funds may be used for purchase of medical supplies and equipment, including personal protective equipment and testing supplies to be used for administering tests, increased workforce and trainings, emergency operation centers, and surge

- \$11B for COVID-19 expenses of states, localities, territories, and tribes (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). From this \$11B:
  - \$2B must be allocated according to States, localities, and territories according to the formula that applied to the Public Health Emergency Preparedness cooperative agreement in FY 2019 and \$4.25B for States, localities, and territories according to a formula methodology that is based on relative number of cases of COVID-19.
  - \$750M for tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes
- \$1B for the Centers for Diseases Control and Prevention or 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.
- NIH:
  - \$306M to National Cancer Institute to develop, validate, improve, and implement serological testing and associated technologies.
  - \$500M to National Institute of Biomedical Imaging and Bioengineering" to accelerate research, development, and implementation of point of care and other rapid testing related to coronavirus.
  - \$1B to 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 governmental and non-governmental entities to research, develop, and implement these activities.
- \$1B for the Biomedical Advanced Research and Development Authority for advanced research, development, manufacturing, production, and purchase of diagnostic, serologic, or other COVID-19 tests or related supplies, and other activities related to COVID-19 testing.

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capacity for diagnostic, serologic, or other COVID-19 tests, or related supplies: Products purchased with these funds may, at the discretion of the Secretary, be deposited in the Strategic National Stockpile.

- \$22M for the Food and Drug Administration to support activities salaries and expenses associated with diagnostic, serological, antigen, and other tests, and related administrative activities.
- \$600M to HRSA for grants to community health centers.
- \$225M for grants to rural health clinics for COVID-19 testing and related expenses.
- \$1B for testing for the uninsured.
- Establishes reporting requirements for HHS, including requirements to submit to Congress details regarding COVID-19 cases, hospitalizations and deaths, including demographics (race, ethnicity, age, sex, geographic region and other relevant factors) and a strategic testing plan.