



FY 2021 Federal Funding & Coronavirus Relief Bill Summary

COVID-19 Relief Provisions

Investments in Public Health

- \$22.4 billion for testing, contact tracing, surveillance, containment and mitigation, with at least \$2.5 billion directed to testing and contact tracing in communities of color and rural areas, and \$790 million for the Indian Health Service;
- \$19 billion for COVID-19 vaccines and therapeutics, including the manufacture, production and purchase of vaccines, therapeutics and ancillary supplies;
- \$8.75 billion for vaccine distribution, administration, planning, preparation, promotion, monitoring and tracking, with \$4.5 billion for state, local, territorial and tribal health departments, a targeted investment of \$300 million for high-risk and underserved populations, including for communities of color and rural areas, and \$210 million for the Indian Health Service to distribute vaccines directly to tribes;
- \$19.695 billion for the Biomedical Advanced Research and Development Authority for vaccine and therapeutic manufacturing and procurement and \$3.25 billion for the Strategic National Stockpile;
- Expands, enhances and improves public health data systems at the Centers for Disease Control and Prevention and authorizes grants to state, local, tribal or territorial public health departments for the modernization of public health data systems.

Provider Relief and Compensation

- \$3 billion in new resources for the Provider Relief Fund to reimburse hospital and healthcare providers for lost revenue and expenses related to the public health emergency;
- Delays for three months (through March 31, 2021) the Medicare sequester payment reductions;
- Provides for a one-time, one-year increase in the Medicare physician fee schedule of 3.75% to help mitigate cuts in physician compensation due to budget neutrality rules;
- Allows a three-year delay before implementation of a new outpatient code intended to provide increased reimbursement for highly complex care.

National Institutes of Health

- \$1.25 billion to support research on the long-term effects of COVID-19 and support the Rapid Acceleration of Diagnostics for COVID-19.

Support for Safety-Net Programs

- \$4.25 billion in investments for additional mental health and substance use disorder services and support through the Substance Abuse and Mental Health Services Administration;
- Extends the Community Health Centers and the National Health Service Corps programs for three years.

Economic Hardship

- Funding to address food insecurity, emergency rental assistance and extending the rental eviction moratorium through Jan. 31;
- \$3.2 million emergency funding for low-income families to access broadband Internet, \$1 billion for a tribal broadband fund and \$250 million in funding for the COVID-19 Telehealth Program.

Global Health

- \$4 billion for Gavi, the Vaccine Alliance, for COVID-19 vaccine procurement and delivery;
- No additional funding for any other global health programs.

FY 2021 Federal Funding for ID and HIV Federal Programs

ID Priorities: The bill provides the following funding for ID-related programs for FY 2021. Increases noted are over the funding level for FY 2020.

Centers for Disease Control and Prevention (CDC)

- \$6.963 billion in discretionary funding, a \$125 million increase.

National Institutes of Health (NIH)

- \$42.9 billion, a \$1.2 billion increase, to provide an increase of at least 1.5% to each institute and center with a \$14 million increase for AIDS Research at NIH and a \$20 million increase for universal influenza vaccine research.

CDC National Center for Immunizations and Respiratory Diseases (NCIRD)

- \$821 million, which includes \$613 million for the Section 317 Immunizations Program and \$201 million for influenza planning and response.

National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

- \$648.2 million, including:
 - \$172 million for the Antibiotic Resistance Solutions Initiative, a \$2 million increase;
 - \$42.6 million for vector-borne diseases, a \$4 million increase;
 - \$16 million for Lyme disease;
 - \$193 million for emerging infectious diseases;
 - \$21 million for the National Healthcare Safety Network;
 - \$42.8 million for quarantine support;
 - \$30 million for Advanced Molecular Detection;
 - \$40 million for epidemiology and laboratory capacity.

Public Health Preparedness and Response

- \$842.2 million.

Public Health Scientific Services

- \$592 million, including:
 - \$360.6 million for surveillance, epidemiology and informatics (which includes \$50 million for public health data modernization);
 - \$56 million for public health workforce.

Global Health Funding

- A \$9 million increase for the USAID global tuberculosis program, or a roughly 3% increase;
- A \$90 million increase for USAID global health security, a 90% increase;
- A \$22 million increase for the CDC Center for Global Health, including:
 - \$20 million for Global Public Health Protection, a 54.7% increase;
 - \$2 million for global TB, a 28% increase;
- PEPFAR and the Global Fund are level funded despite the urgent need for new resources to address impacts of the pandemic on HIV, tuberculosis and malaria service delivery.

HIV Priorities: The bill provides the following funding for HIV-related programs for FY 2021. Increases noted are over the funding level for FY 2020.

Ending the HIV Epidemic (EHE) Initiative Funding

- \$175 million, a \$35 million increase for HIV prevention at CDC for the EHE jurisdictions;
- \$105 million, a \$35 million increase for the Ryan White HIV/AIDS Program to provide primary healthcare, medications and support services for individuals with HIV in the EHE jurisdictions;
- \$102.3 million, a \$52.3 million increase for Community Health Centers to increase outreach, testing, care coordination and HIV prevention services, including the use of PrEP in the EHE jurisdictions;
- \$5 million for the Indian Health Service to implement the EHE, a \$5 million increase.

CDC's HIV/AIDS, Viral Hepatitis, STI and TB Prevention Programs

- \$755.6 million for HIV prevention (level funding);
- \$161.8 million for STI prevention, a \$1 million increase;
- \$39.5 million for viral hepatitis, a \$500,000 increase;
- \$13 million for opioid-related infectious diseases, a \$3 million increase. Explicitly allows funding to be used to address viral, bacterial and fungal pathogens;
- \$135 million for the TB elimination program (level funding).

HRSA's Ryan White HIV/AIDS and Community Health Center Programs Excluding EHE Funding

- \$2.319 billion for the Ryan White Program (level funding for all parts);
- \$5.64 million for the Community Health Center Program, a \$5 million increase.

NIH

- \$42.9 billion, an increase of \$1.2 billion for NIH, to provide an increase of at least 1.5% to each institute and center with a \$14 million increase for AIDS Research at NIH.

Housing Opportunities for Persons with AIDS

- \$430 million, an increase of \$20 million.

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