

Wins for AZ-01 within Budget Reconciliation Legislation

Funding provisions approved during Energy and Commerce full committee markup:

Vaccines:

Total: \$14.8 Billion

- \$7.5 billion for the CDC to prepare, promote, distribute, administer, monitor, and track COVID-19 vaccines.
 - This includes distribution and administration support for state, local, tribal, and territorial public health departments, community vaccination centers
- \$600 million to the Indian Health Service (IHS) for vaccine-related activities
- \$5.2 billion to the Biomedical Advanced Research and Development Authority (BARDA) to support advanced research, development, manufacturing, production, and purchase of vaccines, therapeutics, and ancillary medical products for COVID-19
- \$1 billion to the CDC to undertake a vaccine awareness and engagement campaign
- \$500 million to the FDA to support the review, facilitate the development of, and post-marketing surveillance of COVID-19 vaccines and therapeutics and address drug shortages

Testing:

Total: \$49.75 Billion

- \$46 billion to implement a national testing, contact tracing, and mitigation strategy. The funds will be used for purchasing testing kits and materials, improving lab capacity, purchasing PPE and supplies necessary for testing administration, grants to states to help improve their testing operations, establish community-based testing sites, and mobile testing units
- \$1.5 billion for IHS testing, tracing, and mitigation needs
- \$1.75 billion to the CDC for genomic sequencing and surveillance of the circulating strains of COVID-19. This will allow the United States to track and mitigate the variants of COVID-19 which are more contagious and potentially more deadly.
- \$500 million to allow the CDC to establish, expand, and maintain data surveillance and analytics, including to modernize the United States' disease warning system to forecast and track COVID-19 hotspots

Public Health Workforce:

Total: \$7.84 Billion

- \$7.6 billion in funding for public health departments to hire 100,000 full time employees into the public health workforce. This includes contact tracers, social support specialists, community health workers, public health nurses, epidemiologists, lab personnel, and communications.
- \$240 million for IHS public health workforce needs

Mental Health:

Total: \$4.3 Billion

- \$3.5 billion for the Substance Abuse and Mental Health Services Agency (SAMHSA) to be split between the Substance Abuse Prevention and Treatment and Community Mental Health block grant programs.
- \$420 million will be made available to IHS for mental and behavioral health prevention and treatment services

- \$100 million to the Behavioral Health Workforce Education and Training Program within the Health Resources and Services Administration (HRSA) to expand access to behavioral health services by focusing on training behavioral health para-professionals, such as peer support specialists
- \$140 million to develop a program for mental and behavioral health and to prevent burnout among health care providers and public safety officers, including training and outreach
- \$80 million to provide support for mental health and substance use disorder services at community-based entities and behavioral health organizations
- \$10 million to support the National Childhood Traumatic Stress Network
- \$50 million to Suicide Prevention and Project Aware programs at SAMHSA, which support youth mental health services and suicide prevention efforts

Addressing Health Disparities and Protecting Vulnerable Populations:

Total: \$14.081 Billion

- \$250 million for nursing home strike teams to help facilities manage COVID-19 outbreaks when they occur
- \$7.6 billion in funding to support COVID-19 response at Community Health Centers
- \$1.8 billion to support the purchase, procurement, or distribution of COVID-19 test and testing supplies, PPE, and vaccines for staff and individuals in congregate settings.
- \$3.3 billion to IHS in funding to support lost third-party revenue, information technology infrastructure for telehealth and electronic health records.
- \$800 million to the National Health Service Corps to support primary health care clinicians in high-need areas
- \$331 million for Teaching Health Centers to expand the number of sites nationally and increase resident allocations.

Tribal Public Health:

Total: \$6.094 Billion

- \$2 billion for lost 3rd party billing revenue for tribal healthcare providers
- \$500 million for Purchased and Referred Care
- \$140 million for telehealth, IT, and to update the IHS records system
- \$84 million for Urban Indian Health Organizations, including two years of 100% Federal Medical Assistance Percentages (FMAP)
- \$600 million for Vaccines
- \$1.5 billion for COVID testing, tracing, and mitigation
- \$240 million for workforce
- \$420 for mental and behavioral health
- \$600 million for health infrastructure
- \$10 million for potable water

Broadband:

Total: \$7.6 Billion

- \$7.6 billion for the FCC's E-Rate program to provide increased connectivity and access to connected devices necessary for students in their homes to successfully distance learn

Energy/Environment:

Total: \$5.1 Billion

- \$4.5 billion for the Low Income Home Energy Assistance Program to assist eligible households in affording heating and cooling services
- \$500 million for the Household Drinking Water and Wastewater Emergency Assistance Program
- \$50 million for grants to assist environmental justice communities respond to pollution and the COVID-19 pandemic
- \$50 million in grants for air monitoring activities authorized under Section 103 of the Clean Air Act

Tribal funding within the legislative package approved by other House Committees during markups:

- \$20 Billion for Tribal Governments through the Coronavirus Relief Fund (CRF);
- \$850 Million for the Bureau of Indian Education; and
- additional USDA support for Tribal Colleges and Universities.