2020 Congressional COVID Stimulus

Legislative Overview

Stimulus Phase 1: H.R. 6074 passed on March 6 as The Coronavirus Preparedness and Response Supplemental Appropriations Act, $8.3 billion

Stimulus Phase 2: HR 6201 passed on March 18 as The Families First Coronavirus Response Act, $3.5 billion

Stimulus Phase 3: H.R. 748 passed on March 27 as The Coronavirus Aid, Relief, and Economic Security (CARES) Act, $2 trillion

Stimulus Phase 3.5 H.R. 266 passed on April 24 as The Paycheck Protection Program and Health Care Enhancement Act, $484 billion

R&D and Related Programmatic Funding Summaries

STIMULUS PHASE 1: **H.R. 6074**, the “Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020” at a funding level of $8.3 billion

The first bill passed in response to the global pandemic crisis was H.R.6074 became Public Law No 116-123 on 03/06/2020. **H.R. 6074**, the “Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020,” provides $8.3 billion in emergency funding for federal agencies to respond to the coronavirus outbreak. Of the $8.3 billion, $6.7 billion (81%) is designated for the domestic response and $1.6 billion (19%) for the international response.

<table>
<thead>
<tr>
<th>Department of Health and Human Services (HHS)</th>
<th>$6,197,000,000</th>
<th>–</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the Secretary Public Health and Social Services Emergency Fund</td>
<td>$3,400,000,000</td>
<td>“to remain available until September 30, 2024”</td>
<td>“to prevent, prepare for, and respond to coronavirus, 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”</td>
</tr>
<tr>
<td>of which Public Health and Social Services Emergency Fund</td>
<td>$300,000,000</td>
<td>“to remain available until September 30, 2024”</td>
<td>“for products purchased ... including the purchase of vaccines, therapeutics, and diagnostics”</td>
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<tr>
<td>Agency</td>
<td>Amount</td>
<td>Notes</td>
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<tr>
<td>Health Resources and Services Administration (HRSA)</td>
<td>$100,000,000</td>
<td>“to prevent, prepare for, and respond to coronavirus” for grants under the Health Centers Program</td>
<td></td>
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<tr>
<td>Centers for Disease Control and Prevention*</td>
<td>$1,900,000,000</td>
<td>“to remain available until September 30, 2022”</td>
<td>CDC-Wide activities and program support: “to prevent, prepare for, and respond to coronavirus, domestically or internationally”</td>
</tr>
<tr>
<td>of which Health Resources and Services Administration (HRSA)</td>
<td>$100,000,000</td>
<td>–</td>
<td></td>
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<tr>
<td>Centers for Disease Control and Prevention*</td>
<td>$950,000,000</td>
<td>–</td>
<td>“Not less than this amount shall be provided for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities”</td>
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<tr>
<td>of which Infectious Diseases Rapid Response Reserve Fund (Reserve Fund)</td>
<td>$300,000,000</td>
<td>–</td>
<td>“to replenish the Infectious Diseases Rapid Response Reserve Fund, which supports immediate response activities during outbreaks”</td>
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<tr>
<td>of which</td>
<td>$40,000,000</td>
<td>–</td>
<td>“Not less than $40,000,000 of such funds shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes”</td>
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<tr>
<td>National Institutes of Health (NIH) – National Institute of Allergy and Infectious Diseases (NIAID)*</td>
<td>$836,000,000</td>
<td>“remain available until September 30, 2024”</td>
<td>“to prevent, prepare for, and respond to coronavirus, domestically or internationally”</td>
</tr>
<tr>
<td>of which National Institute of Environmental Health Sciences (NIEHS)</td>
<td>$10,000,000</td>
<td>–</td>
<td>“for worker-based training to prevent and reduce exposure of hospital employees, emergency first responders, and other workers who are at risk of exposure to coronavirus through their work duties”</td>
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<tr>
<td>Food and Drug Administration*</td>
<td>$61,000,000</td>
<td>“to remain available until expended”</td>
<td>“to prevent, prepare for, and respond to coronavirus, domestically or international, including the development of necessary medical countermeasures and vaccines, advanced manufacturing for medical products, the monitoring of medical product supply chains, and related administrative activities.”</td>
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<tr>
<td>Small Business Administration</td>
<td>$20,000,000</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Disaster Loans Program Account</td>
<td>$20,000,000</td>
<td>“to remain available until expended”</td>
<td>“to make economic injury disaster loans ... in response to the coronavirus”</td>
</tr>
<tr>
<td>Program</td>
<td>Amount</td>
<td>Dates</td>
<td>Purpose</td>
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<tr>
<td>----------------------------------------------</td>
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<td>--------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Telehealth Services</td>
<td>$500,000,000</td>
<td>Not specified</td>
<td>“to waive certain Medicare telehealth restrictions during the coronavirus public health emergency. These waivers would allow Medicare providers to furnish telehealth services to Medicare beneficiaries regardless of whether the beneficiary is in a rural community”</td>
</tr>
<tr>
<td><strong>Total Domestic Response</strong></td>
<td>$6,717,000,000</td>
<td>–</td>
<td>–</td>
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<tr>
<td>USAID</td>
<td>$986,000,000</td>
<td>–</td>
<td>–</td>
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<tr>
<td><strong>Office of Inspector General</strong></td>
<td>$1,000,000</td>
<td>“to remain available until September 30, 2022”</td>
<td>Oversight activities</td>
</tr>
<tr>
<td><strong>Global Health Programs</strong></td>
<td>$435,000,000</td>
<td>“to remain available until September 30, 2022”</td>
<td>“to prevent, prepare for, and respond to coronavirus”</td>
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<tr>
<td><strong>of which Emergency Reserve Fund</strong></td>
<td>$200,000,000</td>
<td>“to remain available until September 30, 2022”</td>
<td>–</td>
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<tr>
<td><strong>International Disaster Assistance</strong></td>
<td>$300,000,000</td>
<td>“to remain available until expended”</td>
<td>“to prevent, prepare for, and respond to coronavirus”</td>
</tr>
<tr>
<td><strong>Economic Support Fund</strong></td>
<td>$250,000,000</td>
<td>“to remain available until September 30, 2022”</td>
<td>“to prevent, prepare for, and respond to coronavirus, including to address related economic, security, and stabilization requirements”</td>
</tr>
<tr>
<td><strong>Department of State</strong></td>
<td>$264,000,000</td>
<td>–</td>
<td>–</td>
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<tr>
<td><strong>Diplomatic &amp; Consular Programs</strong></td>
<td>$264,000,000</td>
<td>“to remain available until September 30, 2022”</td>
<td>“to prevent, prepare for, and respond to coronavirus, including for maintaining consular operations, reimbursement of evacuation expenses, and emergency preparedness”</td>
</tr>
<tr>
<td>Department of Defense</td>
<td>To carry out detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 and testing related visits.</td>
<td>Defense Health Program (TRICARE)</td>
<td>$82,000,000</td>
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<tr>
<td>Department of Health and Human Services</td>
<td>For “Aging and Disability Services Programs” for nutrition services. Of which, $160,000,000 is for Home-Delivered Nutrition Services, $80,000,000 is for Congregate Nutrition Services, and $10,000,000 is for Nutrition Services for Native Americans.</td>
<td>Administration for Community Living</td>
<td>$250,000,000</td>
</tr>
<tr>
<td></td>
<td>To carry out detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 and testing related visits.</td>
<td>Indian Health Service</td>
<td>$64,000,000</td>
</tr>
<tr>
<td></td>
<td>For the “Public Health and Social Services Emergency Fund,” which supports the National Disaster Medical System, to pay the claims of providers for the detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 and testing related visits for the uninsured.</td>
<td>Office of the Secretary</td>
<td>$1,000,000,000</td>
</tr>
<tr>
<td>Department of the Treasury</td>
<td>For “Taxpayer Services” (amounts may be transferred and merged with Operations Support) for the purposes of carrying out this Act.</td>
<td>Internal Revenue Service</td>
<td>$15,000,000</td>
</tr>
<tr>
<td>Department of Veterans Affairs (VA)</td>
<td>To carry out detection of SARS–CoV–2 or the diagnosis of the virus that causes COVID–19 and testing related visits. Of which, $30,000,000 is for “Medical Services” and $30,000,000 is for “Medical Community Care.”</td>
<td>Veterans Health Administration</td>
<td>$60,000,000</td>
</tr>
</tbody>
</table>


**STIMULUS PHASE 2: H.R. 6201**, the “Families First Coronavirus Response Act” at a funding level of $3.5 billion

On March 18, 2020, H.R. 6201 became Public Law No: 116-127. The *Families First Coronavirus Response Act* was the second major legislative initiative to address COVID-19. In addition to addressing paid sick leave, the *Families First Act* included insurance coverage of coronavirus testing, nutrition assistance, Tricare support, and unemployment benefits. Of the $3.5 billion, the bill also included a portion of additional research and related major research agency funds outlined below.
Heads of Each Executive Agency Receiving Funding in This Act: Not later than 30 days after the date of enactment (3/18/20), each shall provide a report detailing the anticipated uses of all such funding to the House and Senate Committees on Appropriations, and that plan shall be updated and submitted to such Committees every 60 days until all funds are expended or expire.

States and Local Governments Receiving Funds or Assistance Pursuant to This Division: Shall ensure the respective State Emergency Operations Center receives regular and real-time reporting on aggregated data on testing and results from state and local public health departments, as determined by the Director of the Centers for Disease Control and Prevention (CDC), and that such data is transmitted to CDC.


STIMULUS PHASE 3: H.R. 748 the “Coronavirus Aid, Relief, and Economic Security Act” or the “CARES Act” at a funding level of $2 trillion.

On March 27, H.R. 748 became Public Law No: 116-136. The Coronavirus Aid, Relief, and Economic Security (CARES) Act was the third major legislative initiative to address COVID-19. The CARES Act contained a number of provisions focused on the outbreak in the United States, including paid sick leave, insurance coverage of coronavirus testing, nutrition assistance, and other efforts to support small businesses and severely stressed sectors of the U.S. economy. A major component of this bill was the Paycheck Protection Program, a loan process to incentivize businesses, supposedly small, to maintain payroll during the worst of the pandemic. The funding is listed below since the table would be too unwieldy in this context. Appropriations are included in Division B of the legislation and include at least $200 billion for HHS and additional (smaller) funds at major research agencies.

- $1 billion for Defense Production Act purchases of personal protective equipment and medical equipment, such as ventilators.
- $4.9 billion for the Department of Defense’s Defense Health Program, including $415 million for research and development efforts related to vaccines and antiviral pharmaceuticals and for procurement of diagnostic tests.
- $80 million for a Pandemic Response Accountability Committee to promote transparency and conduct and support oversight of funds.
- $45 billion for the Disaster Relief Fund, which is used by the Federal Emergency Management Agency (FEMA) to fund federal disaster response and assist nonfederal levels of government that have had their capacity to deal with major disasters and emergencies overwhelmed.
- More than $1 billion for the Indian Health Service to prevent, prepare for, and respond to coronavirus.
- $4.3 billion for the Centers for Disease Control and Prevention (CDC) for coronavirus activities.
- Almost $1 billion for the National Institutes of Health (NIH) to support research, including research on coronavirus and developing countermeasures to prevent and treat COVID-19 disease.

- $425 million to the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health needs.

- $200 million to the Centers for Medicare and Medicaid Services (CMS) for its coronavirus efforts, of which not less than half must be spent on nursing home inspections with priority given to those in localities with community transmission of COVID-19.

- More than $127 billion for the Public Health and Social Services Emergency Fund at the Department of Health and Human Services (HHS), including, among other things, $100 billion to reimburse hospitals and other health care entities responding to coronavirus for health care-related expenses or lost revenues attributable to coronavirus. It also includes $275 million for Health Resources and Services Administration (HRSA) coronavirus-related activities through certain programs, including $90 million for the Ryan White HIV/AIDS Program.

- More than $17 billion for the Veterans Health Administration to support medical care and related services and facilities during the coronavirus response.

- $678 million to the Department of State, including $350 million to address the needs of vulnerable refugee populations abroad.

- $363 million to the U.S. Agency for International Development (USAID) to address needs in countries that are underequipped to respond to the pandemic.


**STIMULUS PHASE 3.5: H.R.266, the “Paycheck Protection Program and Health Care Enhancement Act” at a funding level of $484 billion, with $100 billion allocated to HHS.**

On April 24, 2020, H.R.266, became Public Law 116-139. The “Paycheck Protection Program and Health Care Enhancement Act” was the fourth stimulus bill passed in response to the global pandemic crisis. HR266 has a number of health provisions to address the domestic outbreak. These are outlined below. Much of the funding in this bill included additional funding provided for the paycheck protection program under the Small Business Administration.
Revenues: For an additional amount for “Public Health and Social Services Emergency Fund” to prevent, prepare for, and respond to coronavirus, domestically or internationally, for necessary expenses to reimburse, through grants or other mechanisms, hospitals and other eligible health care providers for health care related expenses or lost revenues that are attributable to coronavirus (this pool of funding is known now as the “CARES Act Provider Relief Fund”).

Of the funds provided:

- 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 of payments shall submit reports and maintain documentation as the HHS Secretary determines are needed to ensure compliance with conditions that are imposed for such payments.

- Here “eligible health care providers” means public entities, Medicare or Medicaid enrolled suppliers and providers, and such for-profit entities and not-for-profit entities as the HHS Secretary may specify, within the United States (including territories), that provide diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.

- The HHS Secretary shall, on a rolling basis, review Emergency Fund (including transfer of funds).
applications and make payments.

- That funds shall be 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.

- Here the term “payment” means a pre-payment, prospective payment, or retrospective payment, as determined appropriate by the HHS Secretary.

- Payments shall be made in consideration of the most efficient payment systems practicable to provide emergency payment.

- To be eligible for a payment, an eligible health care provider shall submit to the HHS Secretary an application that includes a statement justifying the need of the provider for the payment and the eligible health care provider shall have a valid tax identification number.

- Not later than 3 years after final payments are made, the Office of HHS Inspector General shall transmit a final report on audit findings with respect to this program to the Committees on Appropriations of the House of Representatives and the Senate.
• Not later than 60 days after the date of enactment of this Act, the HHS Secretary shall provide a report to the Committees on Appropriations of the House of Representatives and the Senate on obligation of funds, including obligations to such eligible health care providers summarized by State of the payment receipt. Such reports shall be updated and submitted to such Committees every 60 days until funds are expended.

Office of the Secretary  COVID-19 Testing: For an additional amount for “Public Health and Social Services Emergency Fund” to prevent, prepare for, and respond to coronavirus, domestically or internationally, for necessary expenses to research, develop, validate, manufacture, purchase, administer, and expand capacity for COVID-19 tests to effectively monitor and suppress COVID-19, including tests for both active infection and prior exposure, including molecular, antigen, and serological tests, the manufacturing, procurement and distribution of tests, testing equipment and testing supplies, including personal protective equipment needed for administering tests, the development and validation of rapid, molecular point-of-care tests, and other tests, support for workforce, epidemiology, to scale up academic, commercial, public health, and hospital laboratories, to conduct surveillance and contact tracing, support development of COVID-19 testing plans, and

Public Health and Social Services Emergency Fund (including transfer of funds)  $25,000,000,000  To remain available until expended
other related activities related to COVID-19 testing.
Of the funds provided:

- **States, Localities, Territories, and Certain Others: Not less than $11,000,000,000** shall be for States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes for necessary expenses to develop, purchase, administer, process, and analyze COVID-19 tests, including 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.

- **Of this:**
  
  not less than $2,000,000,000 shall be allocated to States, localities, and territories according to the formula that applied to the Public Health Emergency Preparedness cooperative agreement in fiscal year 2019,

  not less than $4,250,000,000 shall be allocated to States, localities, and territories according to a formula methodology that is based on relative number of cases of COVID-19, and

  not less than $750,000,000 shall be allocated in coordination with the Director
of the Indian Health Service, to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.

The HHS Secretary shall submit such formula methodology to the Committees on Appropriations of the House of Representatives and the Senate one day prior to awarding such funds.

The HHS Secretary may satisfy these funding thresholds by making awards through other grant or cooperative agreement mechanisms.

Not later than 30 days after the date of enactment of this Act, the Governor or designee of each State, locality, territory, tribe, or tribal organization receiving funds pursuant to this Act shall submit to the HHS Secretary its plan for COVID-19 testing, including goals for the remainder of calendar year 2020, to include:

(1) the number of tests needed, month-by-month, to include diagnostic, serological, and other tests, as appropriate;

(2) month-by-month estimates of laboratory and testing capacity, including related to workforce, equipment and supplies, and available tests; and

(3) a description of how the State, locality, territory, tribe, or tribal organization will use its resources for testing, including as it relates to easing any COVID-19 community mitigation policies.
Funds shall be allocated within 30 days of the date of enactment of this Act.

- **CDC**: Not less than $1,000,000,000 shall be transferred to the “Centers for Disease Control and Prevention — CDC-Wide Activities and Program Support” for 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 testing.

- **NIH/NCI**: Not less than $306,000,000 shall be transferred to the “National Institutes of Health — National Cancer Institute” to develop, validate, improve, and implement serological testing and associated technologies for the purposes specified under this paragraph in this Act.

- **NIH/NIBIB**: Not less than $500,000,000 shall be transferred to the “National Institutes of Health — National Institute of Biomedical Imaging and Bioengineering” to accelerate research, development, and implementation of point of care and other rapid testing related to coronavirus.

- **NIH/Office of the Director**: Not less than $1,000,000,000 shall be transferred to the “National Institutes of
Health — 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 the activities outlined in this proviso. These funds may be transferred to the accounts of the Institutes and Centers of the NIH for these purposes; this transfer authority is in addition to all other transfer authority available to the NIH.

- **BARDA:** Not less than $1,000,000,000 shall be available to the Biomedical Advanced Research and Development Authority for necessary expenses of 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 at the discretion of the Secretary.

- **FDA:** $22,000,000 shall be transferred to the “Department of Health and Human Services — Food and Drug Administration—Salaries and Expenses” to support activities associated with diagnostic, serological, antigen, and other tests, and related administrative activities.

- 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.

construction, alteration, renovation, or equipping of non-federally owned facilities for the production of diagnostic, serologic, or other COVID-19 tests, or related supplies, where the HHS Secretary determines that such a contract is necessary to secure, or for the production of, sufficient amounts of such tests or related supplies.

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 capacity for diagnostic, serologic, or other COVID-19 tests, or related supplies.

- Products purchased with these funds may, at the discretion of the HHS Secretary, be deposited in the Strategic National Stockpile.
- **HRSA: $600,000,000** shall be transferred to “Health Resources and Services Administration—Primary Health Care” for grants under the Health Centers program and for grants to federally qualified health centers.

Certain requirements regarding consideration of applications providing care to those medically underserved
in rural vs. urban areas and distribution of grants under the Public Health Service Act shall not apply to these funds.

- **Rural Health Clinics:** $225,000,000 shall be used to provide additional funding for COVID-19 testing and related expenses, through grants or other mechanisms, to rural health clinics as defined in section 1861(aa)(2) of the Social Security Act, with such funds also available to such entities for building or construction of temporary structures, leasing of properties, and retrofitting facilities as necessary to support COVID-19 testing.

Such funds shall be distributed using the procedures developed for the CARES Act Provider Relief Fund; may be distributed using contracts or agreements established for such program; and shall be subject to the process requirements applicable to such program.

The HHS Secretary may specify a minimum amount for each eligible entity accepting such assistance.

- **Up to $1,000,000,000** may be used to cover the cost of testing for the uninsured, using the definitions applicable to funds provided under this heading in Public Law 116-127.

- Not later than 21 days after the date of enactment of this Act, the HHS Secretary, in coordination with other appropriate departments and agencies, shall issue a
report on COVID-19 testing. Such report shall:

include data on demographic characteristics, including, in a de-identified and disaggregated manner, race, ethnicity, age, sex, geographic region and other relevant factors of individuals tested for or diagnosed with COVID-19, to the extent such information is available.

include information on the number and rates of cases, hospitalizations, and deaths as a result of COVID-19.

be submitted to the Committees on Appropriations of the House and Senate, and the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, and updated and resubmitted to such Committees, as necessary, every 30 days until the end of the COVID-19 public health emergency first declared by the HHS Secretary on January 31, 2020.

Not later than 180 days after the date of enactment of this Act, the HHS Secretary shall issue a report on the number of positive diagnoses, hospitalizations, and deaths as a result of COVID-19, disaggregated nationally by race, ethnicity, age, sex, geographic region, and other relevant factors. Such report shall include epidemiological analysis of such data.

- Not later than 30 days after the date of the enactment of this Act, the HHS Secretary, in coordination with other departments and agencies, as appropriate, shall report to the
Committees on Appropriations of the House and Senate, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate on a **COVID-19 strategic testing plan**. Such plan shall:

- assist States, localities, territories, tribes, tribal organizations, and urban Indian health organizations, in understanding COVID-19 testing for both active infection and prior exposure, including hospital-based testing, high-complexity laboratory testing, point-of-care testing, mobile-testing units, testing for employers and other settings, and other tests as necessary.

- include estimates of testing production that account for new and emerging technologies, as well as guidelines for testing.

- address how the HHS Secretary will increase domestic testing capacity, including testing supplies; and address disparities in all communities.

- outline Federal resources that are available to support the testing plans of each State, locality, territory, tribe, tribal organization, and urban Indian health organization.

- be updated every 90 days until funds are expended.


**Federal agency and industry efforts worth monitoring include:**
• **NIH mobilizes national innovation initiative for COVID-19 diagnostics**  NIH has announced a new initiative aimed at speeding innovation, development and commercialization of COVID-19 testing technologies, a pivotal component needed to return to normal during this unprecedented global pandemic. With a $1.5 billion investment from federal stimulus funding, the newly launched Rapid Acceleration of Diagnostics (RADx) initiative will infuse funding into early innovative technologies to speed development of rapid and widely accessible COVID-19 testing. Read more: NIH
  o Relevant congressional hearing: [https://www.help senate.gov/hearings/shark-tank-new-tests-for-covid-19](https://www.help.senate.gov/hearings/shark-tank-new-tests-for-covid-19)

• **DARPA races to find "temporary fix" to COVID-19**  DARPA is hunting for the three most potent antibodies to combat COVID-19 after setting an ambitious goal three years ago to stop a disease outbreak in just 60 days. Catherine Herridge goes inside the innovative agency as they ready for clinical trials. Watch: [CBS News](https://www.cbsnews.com)

• **Q&A: DOE’s Chris Fall, on a virtual national lab to counter coronavirus**  On April 16th, DOE announced the formation of the [National Virtual Biotechnology Laboratory](https://www.energy.gov). The NVBL is designed to be a clearinghouse for coronavirus-related access to DOE experts and user facilities, which include light and neutron sources, nanoscale science centers, sequencing and bio-characterization facilities, and high-performance computing assets. The virtual lab’s computing, diagnostics, epidemiology, and other teams are tied into a national task force run by the Federal Emergency Management Agency and the Department of Health and Human Services (HHS). Chris Fall, Director of the Office of Science, sat down with Physics Today to discuss the NVBL. Read more: [Physics Today](https://www.physicstoday.org)

• **National labs join in collaboration to fight COVID with computing power**  As part of the unified response to fight the COVID-19 pandemic, DOE’s Fermilab in March began contributing its computing power to the Open Science Grid — a network of organizations that provides computing services for a wide range of science research — who at the time were contributing tens of thousands of core-hours to COVID-19 projects. As of April 27, Fermilab has contributed 1.8 million core hours as its scientists and engineers worked to reconfigure sets of connected computers as COVID-19 research machines. Brookhaven National Laboratory, another DOE national lab and OSG member, has contributed 2.9 million core hours. Learn more: [Fermilab & BNL](https://www.fnal.gov)

• **NSF issues Dear Colleague Letter for CISE supplemental funding**  NSF has issued a Dear Colleague reiterating its interest in funding supplements to active Computer and Information Science and Engineering awards to increase the number of participating students who may have had their internships cancelled and undergraduate employment and education opportunities disrupted by the COVID-19 pandemic. Read more: [NSF](https://www.nsf.gov)

• **NIFA invests in rapid response research on COVID-19 impacts on agriculture**  The U.S. Department of Agriculture’s National Institute of Food and Agriculture is investing in research on the impact of COVID-19 on American agriculture. Last week, NIFA opened its request for applications on research or extension activities that focus on developing and deploying rapid, reliable, and readily adoptable COVID-19 agricultural strategies across the food and agriculture enterprise. Through the Agriculture and Food Research Initiative program, NIFA will invest up to
$9 million for research in the following areas: health and security of livestock; food and food processing; well-being of farm workforce, food service providers, and rural Americans; and economic security. Applications are due June 4. Read more: [HPJ](#)

**Related Industry Engagements**

- **Virgin Galactic & NASA join forces to fight COVID-19** Travel may not be popular and space tourism may still be a ways off, but space tourism company Virgin Galactic is hard at work anyway. In signing the Space Act Agreement with NASA, Virgin Galactic will pivot to creating medical equipment to help in the fight against COVID-19, CEO George Whitesides announced on the company blog earlier this week. The Space Act Agreement follows on a recent announcement of Virgin Galactic’s efforts to support COVID-19 care in New Mexico, and creates a formal arrangement between Virgin Galactic and NASA to hit key milestones in the development of a new medical products specifically designed for patients with COVID-19. Read more: [Forbes](#)