

FY2022 COVID-19 Supplemental Appropriations for the Department of Health and Human Services (HHS): In Brief

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Since March 2020, more than \$400 billion has been appropriated for domestic Coronavirus Disease 2019 (COVID-19) public health response to Department of Health and Human Services (HHS) agencies, mostly as emergency-designated supplemental discretionary appropriations.¹ Much of this funding is available for multiple years or until expended. HHS has allocated funding for vaccines, therapeutics, tests, and health care supports, among other activities.² Congress is currently considering additional FY2022 supplemental appropriations for HHS to support continued COVID-19 response activities. In addition, with the recent public health emergency declared for the monkeypox outbreak, more recent legislative proposals would provide supplemental appropriations for other emerging diseases in addition to COVID-19.³ This report summarizes the President's request for additional funding, selected congressional proposals in response to that request, and selected policy considerations.

President's Request and Selected Congressional Proposals

On March 2, 2022, the White House submitted an FY2022 supplemental appropriations request of \$22.5 billion for HHS and other agencies to support ongoing COVID-19 response efforts.⁴ The HHS portion of the request would provide \$18.3 billion, as summarized in **Table 1**. According to the request, much of the funding would support procurement of oral antivirals, monoclonal antibodies, booster and pediatric vaccines, and rapid and lab-based tests. The funding would also support preparedness for new variants, including research and development for "pan-COVID" next-generation vaccines and surveillance of new variants.⁵ In addition, the Centers for Disease Control and Prevention (CDC) would allocate \$750 million for global COVID-19 vaccine assistance (in addition to Department of State, Foreign Operations, and Related Programs appropriations for global assistance).

COVID-19 supplemental appropriations were included in an early version of the FY2022 omnibus appropriations package (see Rules Committee print in **Table 1**).⁶ However, these

¹ CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress*, coordinated by Kavya Sekar, and CRS Report R46834, *American Rescue Plan Act of 2021 (P.L. 117-2): Public Health, Medical Supply Chain, Health Services, and Related Provisions*, coordinated by Johnathan H. Duff and Kavya Sekar.

² See U.S. Government Accountability Office, *Appendix 4: COVID-19: Current and Future Federal Preparedness Requires Fixes to Improve Health Data and Address Improper Payments*, GAO-22-105397, April 27, 2022, at <https://files.gao.gov/reports/GAO-22-105397/index.html#appendix4>; CRS In Focus IF11951, *Domestic Funding for COVID-19 Vaccines: An Overview*, by Kavya Sekar; CRS In Focus IF12050, *Federal Support for Domestic COVID-19 Test Availability*, by Kavya Sekar, Taylor R. Wyatt, and Erica A. Lee; and CRS Report R46897, *The Provider Relief Fund: Frequently Asked Questions*, by Elayne J. Heisler.

³ See CRS In Focus IF12186, *U.S. Domestic Response to the 2022 Monkeypox Outbreak*, by Taylor R. Wyatt, Kavya Sekar, and Hassan Z. Sheikh.

⁴ Letter from Shalanda D. Young, Acting Director of OMB, to Nancy Pelosi, March 2, 2022, at <https://www.whitehouse.gov/wp-content/uploads/2022/03/COVID-and-Ukraine-Supplemental-Funding-Request-Pelosi.pdf>.

⁵ Pan-covid vaccines are vaccines designed to target multiple coronavirus types and variants. See, for example, National Institutes of Health, "NIAID Issues New Awards to Fund 'Pan-Coronavirus' Vaccines," press release, September 28, 2021, at <https://www.nih.gov/news-events/news-releases/niaid-issues-new-awards-fund-pan-coronavirus-vaccines>, and CRS In Focus IF11789, *COVID-19 Variants: Vaccines, Diagnostics, and Therapeutics*, by Amanda K. Sarata, Agata Bodie, and Kavya Sekar.

⁶ See Division M of U.S. Congress, House Committee on Rules, *Rules Committee Print 117-35: Consolidated Appropriations Act, 2022*, committee print, 117th Cong., March 8, 2022, at <https://rules.house.gov/sites/democrats.rules.house.gov/files/BILLS-117HR2471SA-RCP-117-35.pdf>.

appropriations were ultimately excluded from the enacted Consolidated Appropriations Act, 2022 (H.R. 2471; P.L. 117-103, March 15, 2022), reportedly after some Members objected to rescinding certain previously appropriated funding in the American Rescue Plan Act (P.L. 117-2) to offset the proposed supplemental COVID-19 appropriations.⁷

On April 4, 2022, a group of Senators announced a bipartisan agreement on COVID-19 supplemental funding.⁸ However, on April 5, 2022, the Senate voted not to invoke cloture on the motion to proceed to consider the proposal (using H.R. 4373 as the legislative vehicle).⁹ No subsequent action has occurred as of the date of this report. Several Senators reportedly voted against cloture because they sought an agreement on amendments that would be considered to the bill.

On June 8, 2022, the Administration reportedly repurposed \$10 billion in existing funding, originally allocated for testing and other purposes, to purchase vaccines and therapeutics.¹⁰

As the FY2023 appropriations cycle has progressed, congressional debate has continued over potential FY2022 COVID-19 funding. COVID-19 supplemental appropriations were not included in the bill reported on July 5, 2022, by the House Labor, HHS, Education and Related Agencies (LHHS) Appropriations Subcommittee.¹¹ The Senate Appropriations Committee Chair released draft FY2023 appropriations bills on July 28, 2022.¹² The LHHS draft bill includes a title with \$16 billion in HHS FY2022 emergency-designated supplemental appropriations for COVID-19 or “any disease with potential for creating a pandemic.”¹³ According to a press release from Senate Appropriations Committee leaders, proposed funding is for the “the next phase of the COVID-19 pandemic and to address other emerging diseases that pose a significant threat to public health.”¹⁴

Table 1 compares appropriations amounts across the proposals, and **Table 2** summarizes and compares key provisions.

⁷ Laura Weiss, David Lerman, Lindsey McPherson, and Paul M. Krawzak, “Pandemic Aid Bill Pulled as House Aims to Wrap Up Omnibus,” *Roll Call*, March 9, 2016, at <https://rollcall.com/2022/03/09/covid-19-aid-to-be-stripped-from-omnibus-package/>. See legislative history for H.Res. 972 and H.Res. 973.

⁸ Senate Democrats, “Schumer Statement on \$10 Billion COVID Preparedness Funding Agreement,” press release, April 4, 2022, at <https://www.democrats.senate.gov/newsroom/press-releases/schumer-statement-on-10-billion-covid-preparedness-funding-agreement>.

⁹ Lindsey McPherson, Laura W., and Caroline Simon, “Odds Dimming for Quick Passage of \$10B Virus Aid Package,” *Roll Call*, April 5, 2022, at <https://rollcall.com/2022/04/05/immigration-timing-issues-slow-pandemic-relief-bill-in-senate/>. See also H.Res. 972, H.Res. 973, and Senate Roll Call vote number 129 at https://www.senate.gov/legislative/LIS/roll_call_votes/vote1172/vote_117_2_00129.htm. For discussion of the cloture process, see CRS Report 98-425, *Invoking Cloture in the Senate*, by Christopher M. Davis.

¹⁰ Tony Rumm, “White House Shifts Pandemic Money to Vaccines, Cutting Other Programs,” *Washington Post*, June 8, 2022, at <https://www.washingtonpost.com/us-policy/2022/06/08/coronavirus-aid-white-house-vaccines/>.

¹¹ H.R. 8295.

¹² U.S. Senate Committee on Appropriations, “Chairman Leahy Releases Fiscal Year 2023 Senate Appropriations Bills,” press release, July 28, 2022, <https://www.appropriations.senate.gov/news/majority/breaking-chairman-leahy-releases-fiscal-year-2023-senate-appropriations-bills>.

¹³ U.S. Congress, Senate Committee on Appropriations, Subcommittee on Labor, Health and Human Services, and Education, and Related Agencies, *FY2023 LHHS Appropriations*, committee print, 117th Cong., 2nd sess., July 2022, <https://www.appropriations.senate.gov/imo/media/doc/LHHSFY2023.PDF>.

¹⁴ U.S. Senate Committee on Appropriations, press release, July 28, 2022, “Leahy, Murray, Coons Introduce \$21 Billion Emergency Supplemental To Address The Ongoing COVID Crisis And Other Emerging Diseases,” <https://www.appropriations.senate.gov/news/leahy-murray-coons-introduce-21-billion-emergency-supplemental-to-address-the-ongoing-covid-crisis-and-other-emerging-diseases>.

Table 1. HHS FY2022 Emergency Supplemental Appropriations for COVID-19 Response

Dollars in Millions

HHS Appropriations Account	March 2 Request	Rules Committee Print 117-35 (Division M)	April 4 Senate Draft	July 28 Senate Approp. Cmte. Maj. Draft
HRSA Program Management-Uninsured Fund	1,500	—	—	—
CDC Wide Activities and Program Support	1,050	—	—	—
PHSSEF: R&D, manufacturing, purchase, distribution of vaccines, therapeutics, diagnostics, and other medical supplies.	15,700	10,600	10,000	16,000
NMT for BARDA	(13,700)	(9,850)	(9,250)	(9,000)
NLT for therapeutics	—	(5,000)	(5,000)	—
NLT for vaccines for emerging variants and vaccine manufacturing	—	(750)	(750)	(750)
NMT for testing	(2,000)	—	—	—
Total	\$18,250	\$10,600	\$10,000	\$16,000

Source: The amounts for March 2 request are from Letter from Shalanda D. Young, Acting Director of OMB, to Nancy Pelosi, March 2, 2022 at <https://www.whitehouse.gov/wp-content/uploads/2022/03/COVID-and-Ukraine-Supplemental-Funding-Request-Pelosi.pdf>; the amounts for Rules Committee Print 117-35 are from U.S. Congress, House Committee on Rules, *Rules Committee Print 117-35, Consolidated Appropriations Act 2022*, committee print, 117th Cong., 2nd sess., March 8, 2022; the amounts for April 4 Senate draft are from Senate Democrats, “Schumer Statement On \$10 Billion COVID Preparedness Funding Agreement,” press release, April 4, 2022, at <https://www.democrats.senate.gov/newsroom/press-releases/schumer-statement-on-10-billion-covid-preparedness-funding-agreement>; and the amounts for July 28 Senate Appropriations Committee majority draft are from the draft FY2023 LHHS text linked at <https://www.appropriations.senate.gov/news/majority/breaking-chairman-leahy-releases-fiscal-year-2023-senate-appropriations-bills>.

Notes: Non-adds shown in italics and parentheses. **Abbreviations:** HRSA: Health Resources and Services Administration; CDC: Centers for Disease Control and Prevention; PHSSEF: Public Health and Social Services Emergency Fund Account; R&D: Research and Development; BARDA: Biomedical Advanced Research and Development Authority; NMT: not more than; NLT: not less than; LHHS: Departments of Labor, Health and Human Services, Education, and Related Agencies.

Table 2. HHS FY2022 Emergency Supplemental Appropriations for COVID-19 Response: Summary and Comparison of Provisions

Provision	March 2 Request	Rules Committee Print 117-35 (Division M)	April 4 Senate Draft	July 28 Senate Approp. Cmte. Maj. Draft
Provisions tied to PHSSEF appropriation				
Products purchased with funds may be deposited in the SNS.	√	√	√	√

Provision	March 2 Request	Rules Committee Print 117-35 (Division M)	April 4 Senate Draft	July 28 Senate Approp. Cmte. Maj. Draft
Funds may be used for construction, alteration, or renovation of nonfederally owned facilities for vaccine, therapeutic, and diagnostic production.	√	√	√	√
Funds may be transferred to and merged with the Covered Countermeasure Process Fund. ^a	√	√	√	√
HHS Secretary may reallocate or transfer funds to other HHS appropriations for the purposes specified.	√	—	—	—
Secretary must notify ACs of any obligation in excess of \$50,000,000 at least two days in advance.	—	√	√	√
Report to ACs every 30 days detailing obligations in excess of \$20,000,000 and current inventory and distribution of COVID-19 vaccines, therapeutics, and diagnostics.	—	√	√	√
Other provisions: transfer and reporting				
Funds may be transferred between PHSSEF, CDC, HRSA, and NIH for specified purposes with prior notification to ACs.	√	—	—	—
Funds may restore obligations incurred prior to enactment.	√	—	—	—
Funds may be transferred between PHSSEF and NIH for specified purposes with prior notification to ACs.	—	√	√	√
HHS Secretary must provide a detailed spend plan, which must be updated and submitted to the ACs every 60 days.	—	√	√	√
HHS Secretary must provide biweekly obligation reports to the ACs not later than 60 days after enactment.	—	√	√	√

Provision	March 2 Request	Rules Committee Print 117-35 (Division M)	April 4 Senate Draft	July 28 Senate Approp. Cmte. Maj. Draft
HHS Secretary must provide monthly reports on obligations for research, advanced development, procurement, and administration activities, and supply needs projections to designated committees.	—	√	√	√

Source: The amounts for March 2 request are from Letter from Shalanda D. Young, Acting Director of OMB, to Nancy Pelosi, March 2, 2022, at <https://www.whitehouse.gov/wp-content/uploads/2022/03/COVID-and-Ukraine-Supplemental-Funding-Request-Pelosi.pdf>; the amounts for Rules Committee Print 117-35 are from U.S. Congress, House Committee on Rules, *Rules Committee Print 117-35, Consolidated Appropriations Act 2022*, committee print, 117th Cong., 2nd sess., March 8, 2022; the amounts for April 4 Senate draft are linked at Senate Democrats, “Schumer Statement On \$10 Billion COVID Preparedness Funding Agreement,” press release, April 4, 2022, <https://www.democrats.senate.gov/newsroom/press-releases/schumer-statement-on-10-billion-covid-preparedness-funding-agreement>; and the amounts for July 28 Senate Appropriations Committee majority draft are from the draft FY2023 LHHS text linked at <https://www.appropriations.senate.gov/news/majority/breaking-chairman-leahy-releases-fiscal-year-2023-senate-appropriations-bills>.

Notes: Acronyms (in addition to those noted in **Table I**): SNS = Strategic National Stockpile; HHS = Health and Human Services; NIH = National Institutes of Health; ACs = Appropriations Committees; LHHS: Departments of Labor, Health and Human Services, Education, and Related Agencies.

- a. The Covered Countermeasures Process Fund is the account that funds claims under the Countermeasures Injury Compensation Program (CICP).

Selected Considerations

Public Availability of Data on COVID-19 Public Health Spending

Throughout the pandemic, real-time publicly available information on COVID-19 public health spending by appropriated purpose has been limited—due in part to how Congress and the President appropriated the funding. A large portion of COVID-19 relief funding was appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) account, including funding for the Provider Relief Fund, testing, vaccines, and therapeutics, among other purposes.¹⁵ The laws that provided COVID-19 relief funding also included transfer authorities that allow HHS to shift funds between accounts.¹⁶ Providing emergency appropriations to the PHSSEF account under the Office of the Secretary, in addition to transfer authorities, has allowed HHS some flexibility to allocate funds to meet emerging needs. At the same time, this practice has diminished public transparency regarding how much funding has been spent for what purpose. Official federal spending trackers such as USASpending.gov track spending by agency and account. When several different appropriations are provided to an account, or when funds are

¹⁵ See section on PHSSEF account in CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress*, and table on American Rescue Plan Act appropriations assigned to the PHSSEF account at *HHS Budget in Brief: FY2022*, p. 22, at <https://www.hhs.gov/sites/default/files/fy-2022-budget-in-brief.pdf>.

¹⁶ See “Understanding PHS COVID-19 Supplemental Appropriations” in CRS Report R46711, *U.S. Public Health Service: COVID-19 Supplemental Appropriations in the 116th Congress*, coordinated by Kavya Sekar.

shifted between accounts, it is challenging for observers to assess what amount of the appropriations have been spent for specific purposes as appropriated.

The Government Accountability Office has separately published detailed tables on HHS COVID-19 funding by agency and activity (e.g., vaccines, testing) in its quarterly CARES Act reports, but these tables are not current—they reflect data from several months earlier.¹⁷ Though not official, media organizations have published what are reportedly more detailed White House documents on COVID-19 spending transmitted to Congress.¹⁸

It is unclear whether current congressional proposals would improve publicly available information. Such proposals would continue the practice of providing all of the supplemental appropriations to the PHSSEF account. Although the proposals would require regular reports to congressional committees, it is unclear if the reports would be made publicly available. Congress could also propose long-term solutions to better track HHS public health emergency spending and require that spending data be made publicly available in useful categories and formats for analysis.

Policy Considerations

In determining whether and how much funding to appropriate toward public health, Congress may consider the following issues:

- **Supply availability and demand:** Data regarding ordered and administered COVID-19 therapeutics and vaccines do not indicate a supply shortage relative to demand, but this situation may not continue.¹⁹ Earlier Biden Administration projections and some other analyses indicated that already purchased supplies may not meet projected needs in the fall and winter.²⁰ The Biden Administration has since announced additional purchases of updated vaccines for early fall, and supplies of the recently authorized Novavax vaccine have become available.²¹ A fall booster campaign with the updated vaccines is expected to begin in

¹⁷ See Coronavirus Oversight Reports at <https://www.gao.gov/coronavirus>.

¹⁸ Rachel Cohrs, “White House Documents Detail a Looming Squeeze on Covid-19 Boosters,” *STAT*, May 6, 2022, at <https://www.statnews.com/2022/05/06/white-house-documents-detail-a-looming-squeeze-on-covid-19-boosters/>.

¹⁹ For data on therapeutics, see Administration for Strategic Preparedness and Response (ASPR), *Cumulative COVID-19 Therapeutics Ordered and Administered Amounts by Jurisdiction*, August 21, 2022, at <https://aspr.hhs.gov/COVID-19/Therapeutics/Orders/Documents/state-data.pdf>. For current data on vaccination, see CDC, COVID Data Tracker, *COVID-19 Vaccinations in the United States*, at https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-total-admin-rate-total.

²⁰ See letter from Biden Administration to Senate Committee on Health, Education, Labor, and Pensions (HELP) Minority staff, at <https://s3.documentcloud.org/documents/21884318/vaccine-projections.pdf>, and Jennifer Kates, Josh Michaud, and Larry Levitt, “Are There Enough COVID-19 Vaccines for America without More Funding?,” *Kaiser Family Foundation*, March 25, 2022, at <https://www.kff.org/coronavirus-covid-19/issue-brief/are-there-enough-covid-19-vaccines-for-america-without-more-funding/>.

²¹ HHS, “Biden-Harris Administration Secures 105 Million Doses of Pfizer’s Latest COVID-19 Vaccine for Fall Vaccination Campaign,” press release, June 29, 2022, at <https://www.hhs.gov/about/news/2022/06/29/biden-harris-administration-secures-105-million-doses-of-pfizers-latest-covid-19-vaccine-for-fall-vaccination-campaign.html>, HHS, “Biden-Harris Administration Secures 66 Million Doses of Moderna’s Variant-Specific COVID-19 Vaccine Booster for Potential Use in Fall and Winter 2022,” press release, July 29, 2022 at <https://www.hhs.gov/about/news/2022/07/29/biden-harris-administration-secures-66-million-doses-modernas-variant-specific-covid-19-vaccine-booster-for-potential-use-in-fall-winter-2022.html>, and FDA, “Coronavirus (COVID-19) Update: FDA Authorizes Emergency Use of Novavax COVID-19 Vaccine, Adjuvanted,” press release, July 13, 2022, at <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-emergency-use-novavax-covid-19-vaccine-adjuvanted>.

September. Biden Administration operational guidance for the campaign notes that there will be a “sufficient but finite supply” of vaccines.²² In addition, several COVID-19 therapeutic products are in late-stage clinical trials and may become available for purchase later this year.²³

- **Variants:** The evolution of SARS-CoV-2 is unknown, which adds uncertainty to any supply needs projection. Some currently available vaccines and therapeutics might be ineffective against future variants.²⁴ Some of the proposed funding in the FY2022 supplemental appropriations proposals would support pan-COVID vaccine research, which is already supported by the Department of Defense and NIH.²⁵
- **Commercialization:** To date, the federal government has purchased much of the U.S. COVID-19 vaccine and therapeutics supply. Congress could consider whether and when it would be appropriate to stop appropriating specific funds for federal purchase and distribution, and therefore transition COVID-19 products to routine health care financing systems. On August 30, 2022, the Administration for Strategic Preparedness and Response (ASPR) announced plans to commercialize COVID-19 products, with vaccines and therapeutics transitioning to the commercial market by early 2023. According to the announcement, the commercialization plans were “accelerated” given the lack of additional funding from Congress. The announcement also states that additional funding would assist with winding down federal procurement and distribution programs.²⁶
- **Monkeypox outbreak:** The public health emergency for monkeypox raises new questions as supplemental appropriations are considered. As noted, the July 28 proposal from the Senate Appropriations Committee Chair would provide funding that would be available for both COVID-19 and other emerging threats. As a separate consideration, many states and other jurisdictions have remaining funding balances on COVID-19-specific public health grants that they received from the prior relief laws.²⁷ Congress could consider legislative changes to expand the possible uses of existing grant funds to other threats.

²² CDC, *CDC Fall Vaccination Operational Planning Guide - Information for the Fall Vaccine Campaign, Including Upcoming Bivalent COVID-19 Vaccine Booster Doses*, August 16, 2022, at <https://www.cdc.gov/vaccines/covid-19/downloads/CDC-Fall-Vaccination-Operational-Planning-Guide.pdf>.

²³ Heidi Ledford, “Hundreds of COVID Trials Could Provide a Deluge of New Drugs,” *Science*, March 1, 2022, and BIO, “BIO COVID-19 Therapeutic Development Tracker,” last updated August 1, 2022, at <https://www.bio.org/policy/human-health/vaccines-biodefense/coronavirus/pipeline-tracker>.

²⁴ CRS In Focus IF11789, *COVID-19 Variants: Vaccines, Diagnostics, and Therapeutics*, by Amanda K. Sarata, Agata Bodie, and Kavya Sekar.

²⁵ Walter Reed Army Institutes of Research, “Preclinical Studies Support Army’s Pan-coronavirus Vaccine Development Strategy,” press release, December 16, 2021, at https://www.army.mil/article/252890/preclinical_studies_support_armys_pan_coronavirus_vaccine_development_strategy, and NIH, “NIAID Issues New Awards to Fund ‘Pan-Coronavirus’ Vaccines,” press release, September 28, 2021, at <https://www.nih.gov/news-events/news-releases/niaid-issues-new-awards-fund-pan-coronavirus-vaccines>.

²⁶ ASPR, “COVID-19 Medical Countermeasures and the Commercial Marketplace,” August 30, 2022, at <https://aspr.hhs.gov/ASPRBlog/Pages/BlogDetailView.aspx?ItemID=440>.

²⁷ Data on state and local award spending available at Pandemic Oversight, “All Pandemic Awards,” <https://www.pandemicoversight.gov/data-interactive-tools/interactive-dashboards/all-pandemic-awards>.

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