Weekly Checkup

Putting COVID-19 in the Budget

CHRISTOPHER HOLT | FEBRUARY 18, 2022

This week, as states and municipalities moved to lift COVID-19 restrictions and the rate of new infections plummeted, the Biden Administration pressed lawmakers for another round of pandemic funding. Specifically, Department of Health and Human Services (HHS) Secretary Xavier Becerra told Congress on Tuesday that HHS needs another $30 billion immediately to continue its COVID-19 response. **HHS's $30 billion request is likely just the tip of the iceberg; clearly, lawmakers and the administration need a better process for funding pandemic response going forward.**

The **HHS request is limited to vaccines, diagnostics, and therapies, and may not be sufficient to hold HHS over until the end of the fiscal year; further requests should be expected this summer.** Specifically, HHS wants $17.9 billion to purchase oral antivirals, monoclonal antibodies, pediatric vaccines for children ages 5-15, and for a slush fund to potentially purchase multivariant vaccines should they be developed. An additional $4.9 billion would be used to preserve manufacturing capacity of COVID-19 tests and testing supplies when current demand diminishes, further expand the Increasing Community Access to Testing program that provides no-cost testing to underserved communities, continue the accelerated pathway for COVID-19 tests emergency use approval, monitoring and evaluation of existing diagnostics effectiveness at identifying new variants, and fund advanced purchases of diagnostics from manufacturers who are close to receiving emergency approval but don't have the funds to scale up manufacturing capacity in advance. Then there is $3 billion to reimburse providers for the testing, treatment, and vaccination of uninsured individuals, $3.7 billion for the National Institutes of Health and the Biomedical Advanced Research and Development Authority to support development of new vaccines that would maintain their effectiveness against future variants, and last, $500 million for ongoing surveillance aimed at detecting future variants.

Additional COVID-19-related funding requests are likely, and in fact on Thursday there were reports that the United States Agency for International Development may ask for as much as $19 billion through September to fund U.S. efforts to distribute vaccines internationally. In the meantime, Congress is working to finalize an agreement to fund the entire federal government through September—the end of the 2022 fiscal year. It is expected that the administration will attempt to roll these and other COVID-19 funding requests into that process, which lawmakers now hope to wrap up by March 11, just a few weeks short of halfway through the fiscal year.

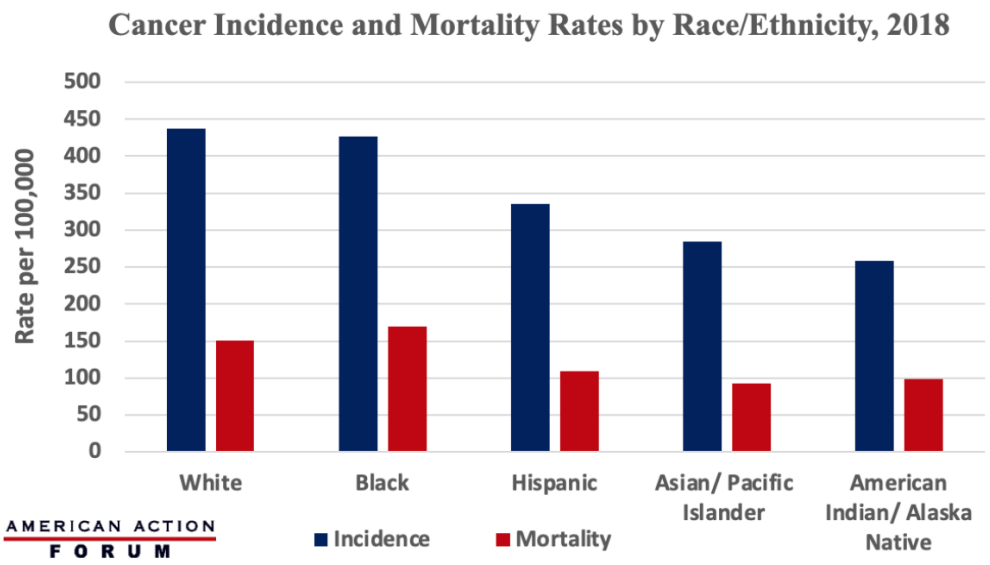
Stepping back to the larger picture, HHS is wise to continue planning for future developments, and to seek to keep testing, vaccination, and treatment capacity in place for any future variants. But at the same time, Congress has appropriated roughly $4.6 trillion for COVID-19 response through the end of 2021, but exactly how much of it has been spent and on what isn't entirely clear. **As a prerequisite for any additional emergency funding through the end of the fiscal year, lawmakers would be justified in insisting on a full accounting from the administration as to how previously appropriated dollars have or have not been spent, and what monies might be available to be reallocated.** Additionally, the president's budget, by law, is supposed to be submitted to Congress by the first Monday in February. That date has obviously passed and there is no word on when President Biden might submit his budget request, but when he does, it should include all COVID-19-related spending for fiscal year 2023.

Pandemic funding going forward shouldn't be done on an ad hoc, emergency basis. We've been at this for two years—we should at least be able to estimate what things will cost going forward and pay for it through the regular budget and appropriations processes.

CHART REVIEW: CANCER INCIDENCE AND MORTALITY RATES BY RACE, 2018

Yashashree Marne, Health Care Policy Intern

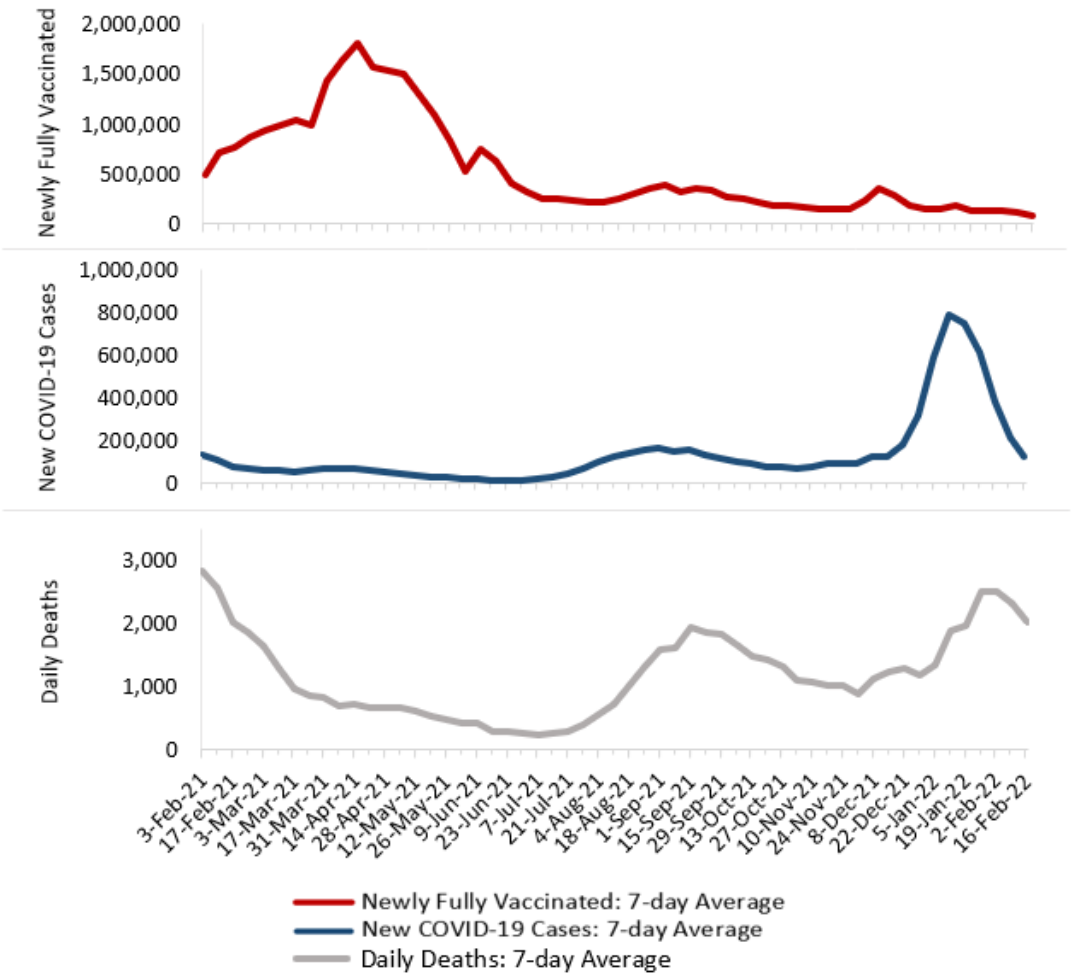
Earlier this month, the Kaiser Family Foundation (KFF) published a brief describing trends in cancer incidence, mortality, screening, and treatment by race and ethnicity. In 2018, Whites had the highest rate of cancer incidence (437 per 100,000) compared to other racial and ethnic groups, followed by Blacks (427 per 100,000). Blacks remain at the highest risk for cancer death, however, despite experiencing the largest overall decrease in cancer mortality from 2013 to 2018 compared to other racial and ethnic populations. As shown in the chart below, Hispanics, Asian/Pacific Islanders, and American Indians or Alaska Natives have lower overall cancer incidence and mortality rates relative to Whites and Blacks. Research suggests that reasons for differences in cancer incidence and mortality are complex and driven by a variety of interrelated socioeconomic, behavioral, hereditary, and genetic risk factors. According to the KFF report, the overall age-adjusted rates of cancer incidence and cancer mortality decreased for all racial and ethnic groups from 2013 to 2018. In 2020, however, the COVID-19 pandemic dramatically reduced rates of cancer screenings and treatment, which could reverse these trends.



TRACKING COVID-19 CASES AND VACCINATIONS

Jackson Hammond, Health Care Policy Analyst

To track the progress in vaccinations, the Weekly Checkup will compile the most relevant statistics for the week, with the seven-day period ending on the Wednesday of each week.



Sources: Centers for Disease Control and Prevention Trends in COVID-19 Cases and Deaths in the US, and Trends in COVID-19 Vaccinations in the US
Note: The U.S. population is 332,505,813.