COVID Response Anticipated Near-Term Funding Needs		
	Billions	**Explanation**
Medical Countermeasures		
Oral antivirals, Monoclonal antibodies + pre-exposure prophylaxis, and Vaccines	17.9	- **Procurement of oral antivirals** that are highly effective at protecting people from severe disease. Funding would support procurement of millions of courses, with the exact amount depending on negotiated price as supply expands over time. The appropriate balance between monoclonal antibodies and oral antivirals will need to be assessed on an ongoing basis. - **Procurement of monoclonal antibodies** that are effective against current and future variants and **pre-exposure prophylaxis** to prevent infection in immunocompromised people. Funding would support procurement of monoclonal antibodies and pre-exposure prophylaxis through Q2; however, these needs are highly sensitive to case rates, vaccination rates, severity of disease, and potential future variants. The appropriate balance between monoclonal antibodies and oral antivirals will also need to be assessed on an ongoing basis. - **Procurement of pediatric vaccines** to provide boosters to children ages 5 to 15 and third doses to children up to age 5 (if authorized by the FDA and recommended by the CDC). - **Procurement of vaccines to protect against variants**, depending on the science, such as vaccines that provide broad cross-protection against one or more variants ("multivalent"). Because vaccines would need to be reserved several months prior to their distribution, having sufficient funding available is critical to quickly secure supply as the situation and the science evolve.
Testing		
Sustain test capacity, Continue ICATT (community testing sites), Continue RADx (accelerated development of at-home tests)	4.9	**- Sustainment of the industrial base for test supplies and test manufacturing:** The market for point-of-care and at-home rapid antigen tests is extremely volatile and heavily dependent upon inconsistent demand as cases rise and fall. Funding is necessary to at least partially preserve manufacturing capacity when the Omicron surge wanes and testing demand declines. Funding would support investments in test and laboratory supplies (including medical grade resins, reagents, and pipette tips), manufacturing capacity, and the procurement of tests. Tests that are procured would be distributed to a combination of federally qualified health centers, rural health clinics, long-term care facilities, schools, other high-priority sites, or individual households. **- Extending support for community testing:** In the area of community testing, the Increasing Community Access to Testing (ICATT) program, which is managed by the Office of the Assistant Secretary for Preparedness and Response and the CDC, supports no-cost testing for communities that are otherwise underserved in testing access or are at greater risk of experiencing COVID-19 disease and poor health outcomes. Funding would extend ICATT through Q2. **- Extending an accelerated pathway for EUA of at-home tests:** The NIH's Rapid Acceleration of Diagnositcs (RADx) Independent Test Assessment Program (ITAP) provides an accelerated pathway for test manufacturers that are currently marketing high-volume, high-quality at-home tests outside of the United States to receive an EUA and enter the U.S. market. In its first two months, ITAP resulted in accelerated EUAs for two high-volume manufacturers. In collaboration with FDA, ITAP conducts independent laboratory and clinical studies, shaving weeks to months off the EUA process. Funding would extend ITAP through Q2. **- Validation of test performance against variants:** RADx monitors and evaluates SARS-CoV-2 variants for their impact on diagnostic test performance and optimizes testing technologies for variant surveillance. Funding would extend this program through Q2 to ensure that testing can continue to distinguish between future variants. **- Advanced market commitment to accelerate scale-up of test manufacturing:** Several manufacturers may be close to receiving an EUA, but will wait to scale up manufacturing, causing a delay of several months. An advanced commitment to purchase tests from manufacturers prior to an EUA could enable them to deliver tens of millions of tests soon after receiving and EUA.
Uninsured Fund		
Continue uninsured fund	3	**The Uninsured Fund** reimburses providers for testing, treatment, and vaccination of the uninsured and vaccination of the underinsured. This activity is currently financed through the Provider Relief Fund and the ARP testing appropriation, but available funding is projected to be exhausted in late April or early May of this year. Funding is projected to extend the Uninsured Fund through June. Exact timing of the program ramp down will depend on testing and services demand.
Prepare for Future Variants		
Develop vaccines that protect against future variants	3.7	R**esearch and advanced development of a next-generation vaccine** ("pan-SARS-CoV-2" or "pan-COVID") that targets conserved viral antigens of the COVID-19 protein—areas that do not easily vary. Such a vaccine could offer broader neutralizing protection than current vaccines without requiring a new vaccine for each new variant. NIH would support early-stage research and development in partnership with academic consortia. BARDA would support advanced research and development on a portfolio of candidates in later stage development. Funding could also support rapid development of a vaccine that targets any new variant that emerges in the near term if needed, as well as sustainment and expansion of vaccine manufacturing capacity, including fill-finish capacity. Resources would support the most near term and highest priority needs for COVID response over the next few months.
CDC surveillance and operations	0.5	**Funding would support ongoing CDC operations and strengthen core public health infrastructure for surveillance and laboratory capacity** to detect emerging variants (as well as other infectious disease threats). Early detection and sequencing of variants can help accelerate the development of countermeasures. Program activities would include collecting and characterizing pathogens to monitor pathogen circulation and variance, expanding and enhancing laboratory capabilities to detect and monitor respiratory and other pathogens, targeting sequencing and other surveillance efforts in high-risk transmission zones, and strengthening data systems to detect, characterize, and communicate rare events.
Subtotal: future variants	4.2	
Total	**30**	