

# FEMA Public Assistance: Test-to-Treat

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The Test-to-Treat initiative, released as part of the White House [updated National COVID-19 Preparedness Plan](#), makes it easier for people at high risk of severe disease to access COVID-19 oral antiviral treatments quickly. FEMA will continue to provide support in the fight against COVID-19 by offering funding through the Public Assistance Program to state, local, tribal nation, and territorial (SLTT) government entities for eligible costs related to Test-to-Treat sites. The U.S. Department of Health and Human Services and FEMA will work with SLTTs to establish Test-to-Treat sites.

These Test-to-Treat sites will offer rapid COVID-19 testing, an assessment from a medical provider, and prescription and administration of oral antiviral treatments, if medically appropriate. In some cases, these sites may also offer COVID-19 vaccinations. Test-to-Treat sites will provide all of these services and treatments at no cost to individuals.

FEMA will offer Public Assistance funding to SLTTs and eligible private nonprofit medical care providers for activities conducted at Test-to-Treat sites.<sup>1</sup> Labor costs related to providing COVID-19 medical care virtually are eligible in accordance with FEMA's [Public Assistance Program and Policy Guide V 3.1](#).<sup>2</sup> In these cases, the medical care provider may be virtual; however, the individual seeking care must be located at the Test-to-Treat site in-person.

As stated in "Executive Order on Ensuring an Equitable Pandemic Response and Recovery," dated January 21, 2021, COVID-19 has a disproportionate impact on communities of color and other underserved populations, including members of the LGBTQI+ community, persons with disabilities, those with limited English proficiency, and those living at the margins of our economy. As a condition of receiving this financial assistance, Applicants must comply with all of the equity requirements detailed in FEMA's Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) policy.

To be eligible for reimbursement, the work performed must be the legal responsibility of the applicant. Measures to protect life, public health, and safety are generally the responsibility of SLTT governments. When necessary, legally responsible SLTT governments may enter into agreements with private organizations, including private nonprofit organizations, to carry out work at Test-to-Treat sites. Due to the challenging circumstances created by the COVID-19 pandemic, FEMA will accept written agreements between SLTTs and private organizations that are signed after the work was performed. The costs associated with such work must still be reasonable. Private nonprofits that own or

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<sup>1</sup> FEMA considers Test-to-Treat sites a combined form of temporary medical care facilities, community-based testing sites, and vaccination sites.

<sup>2</sup> See Chapter 2.V. Cost Eligibility.



operate an eligible facility and perform eligible work, such as providing medical care services, may be eligible for reimbursement of costs directly as an applicant.

The process to receive Public Assistance funding for Test-to-Treat is the same process used for all other COVID-19 work and costs. FEMA's policies for COVID-19 Public Assistance are available at [Public Assistance Disaster-Specific Guidance - COVID-19 Declarations | FEMA.gov](#).

Federal resources related to ensuring accessibility and equity in COVID-19 services include [Guidance on Federal Legal Standards Prohibiting Race, Color and National Origin Discrimination in COVID-19 Vaccination Programs | HHS.gov](#) and other materials found at [Civil Rights COVID-19 | HHS.gov](#), [Civil Rights, HIPAA, and the Coronavirus Disease 2019 | HHS.gov](#), [Ensuring Civil Rights During the COVID-19 Response | FEMA.gov](#), [Ensuring Civil Rights in Multiple Disasters During COVID-19 | FEMA.gov](#), and [Civil Rights Considerations During COVID-19 Vaccine Distribution Efforts | FEMA.gov](#). Further questions should be directed to your FEMA Public Assistance regional counterparts.