The Community-Based Testing Sites (CBTS) program was a short-term solution to immediately tackle the overwhelming COVID-19 threat. The CBTS model was developed for states, local public health agencies and healthcare systems to use as they work together to stop the spread of COVID-19 in their communities. This partnership between Federal, state, local, and private organizations focused on testing our healthcare facility workers and first responders who are working around the clock to provide care, compassion and safety to Americans.

The CBTS Task Force has provided states with the necessary blueprint for helping communities achieve long-term success by providing a mechanism to test their healthcare facility workers and first responders as we look to stop the spread of this virus. The current CBTSs are state managed, locally executed, and federally assisted entities that will be fully transitioned to the states.

**Transition to State Management and Operation**

- The transition will ensure each state has the flexibility and autonomy to manage and operate within the needs of their community, allowing the federal government to focus on other sectors that also require federal assistance.
- By April 10th, all existing federally supported sites will transition to fully state supported and managed testing sites or the sites will have been individually closed by their state, depending on the states’ needs.
- The federal government will continue supporting each of these sites through the transition process to ensure the states can fully manage and operate their CBTS program independently.
- States who desire to accelerate the transition are encouraged to do so if they have the mechanisms in place to assume control of the entire operation.
- CBTS personnel who have operated in the field have validated the CBTS model, and states are encouraged to use this as a guideline for a seamless transition.

**Benefits to States**

- Each CBTS will transition responsibility for the site, including transfer of roles initially performed by United States Public Health Service (USPHS) officers to state and local public health service officers.
- States will not be limited to the sample collection limits of the Federal criteria and will be able to send patient samples for testing to a lab of their choice.
- States will determine if they would like to use a locally run call center or use the regular state notification processes for public health results.
- Transitioning fully to state-managed operation creates an opportunity for the states to better serve their own communities, while leveraging federal support to augment their state’s success.
• The Federal Emergency Management Agency (FEMA) will use existing processes for states to request resources and supplies in order to operate their CBTS and conduct testing for the necessary duration of this pandemic.

**Federal Transition Process**

• The demobilization of all USPHS officers directly supporting the CBTS;
• The final disposition of all federal supplies associated with the USPHS ordering physician; and
• Stop orders of all federally supported agreements and/or contracts.

**State Responsibilities after the transition process**

• Assuming responsibility for staffing their sites to ensure quality control, safety, biohazard waste management, and security;
• Procuring and managing their own cadre of supplies (e.g., Personal Protective Equipment, test kits, etc.);
• Negotiating contracts with labs for testing; AND
• Managing patient notification process for results, while maintaining patient privacy under the [Health Insurance Portability and Accountability Act](https://www.hipaasupport.com/).