Final Congressional Passage of the COVID-19 American Rescue Plan Act

Below are statements of coalitions AAHD belongs to and sister national organizations we have supported. This merger of summaries focuses on "health." "housing," and assistance to state and local government. Below are the summaries of:

- 1. Coalition for Health Funding
- 2. Association of State and Territorial Health Officials
- 3. National Association of City and County Health Officials
- 4. National Low Income Housing Coalition
- 5. National Association of Counties

COALITION for HEALTH FUNDING

FOR IMMEDIATE RELEASE

March 10, 2021

Contact: Erin Morton, Executive Director, Coalition for Health Funding

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Washington, D.C.—The Coalition for Health funding issues the following statement in response to the final passage of The American Rescue Plan Act of 2021:

The Coalition for Health Funding applauds the passage of H.R. 1319, The American Rescue Plan Act of 2021. This legislation includes important provisions that will help our nation combat the coronavirus pandemic and provide Americans with much needed economic relief as we continue on this long road of recovery.

In particular, the Coalition thanks Congress and the Biden administration for the inclusion of funds for programs and efforts that are important to our member organizations and critical to addressing the pandemic, including, \$362.05 billion in financial aid to state and local governments; \$47.8 billion for testing and tracing activities; \$8.5 billion for vaccine activities at the CDC, including funding for vaccine confidence activities; \$6.05 billion to support vaccine manufacturers; \$7.66 billion to expand the public health workforce; \$1.75 billion for genomic sequencing and surveillance; \$500 million for CDC data modernization and disease forecasting; \$3 billion for SAMSHA block grant programs; \$6 billion for the IHS, and more. Additionally, provisions included to increase access to affordable health insurance and

reduce childhood poverty are important to achieving our long-term goal of a healthier nation.

This legislation is an important step in facilitating America's recovery; however, the work cannot stop now. This pandemic has exposed the serious consequences of the chronic underfunding of the public health infrastructure, which must be addressed through sustained annual investments to improve our current response, better position the country to respond to the next pandemic, and meet the everyday health care needs of Americans. Additional emergency funding is still needed to meet the immediate health and research challenges created by the pandemic and should not be overlooked as we work to support a robust and sustainable public health infrastructure built to respond to future pandemics. The Coalition and our member organizations stand ready to work with Congress and the Biden Administration to achieve this goal.

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The Coalition for Health Funding works to preserve public health investments in the interest of all Americans. Our 84 member organizations together represent more than 100 million patients and consumers, health providers, professionals, and researchers.

Subject: Legislative Alert: Congress Approves American Rescue Plan Act of 2021





March 11, 1

March 10, Congress approved and the president is expected to sign the American Rescue Plan Act of 2021 .1319) into law. This legislation was developed in response to the administration's American Rescue Plan osal to provide additional emergency supplemental funding for the ongoing response to the COVID-19 lemic and specifically provides resources for vaccines and therapeutics, testing, bolstering our public health force, and supporting mental health and substance abuse treatment. Additionally, the legislation extends the temic Unemployment Assistance program and includes Medicaid flexibilities for states and territories.

HO's press release on the bill can be viewed here. The bill text can be viewed here. A section-by-section mary can be viewed here.

u have any questions or concerns, please contact Jeffrey Ekoma on ASTHO's government affairs team.

w is a high-level summary of key public health appropriations and provisions:

/accines and Therapeutics

- **\$7.5 billion**, to remain available until expended, to CDC to plan, prepare for, promote, distribute, administer, monitor, and track COVID-19 vaccines.
 - Funds can be used for COVID-19 vaccine related activities including awarding grants to state, local, tribal, and territorial (SLTT) public health departments for COVID-19 vaccine distribution administration capabilities including staffing, standing up community vaccination centers, support for sharing data related to vaccine distribution, and vaccination systems.
 - Requires the secretary of HHS, 21 days after enactment of the legislation, to provide suppleme funding to any state, locality, and territory for vaccination grants from the December COVID-19 relief package based on entities receiving the higher of two distribution formulas.
- \$1 billion, to remain available until expended, to strengthen vaccine confidence and provide informatio EUA approved vaccines.
- **\$6.05 billion**, to remain available until expended, for research, development, manufacturing, production and purchase of vaccines, therapeutics, and other medical products.
- \$500 million, to remain available until expended, to FDA for the evaluation of emerging COVID-19 variants, vaccines, therapeutics, and diagnostics authorized to treat COVID-19; and oversight of supply chain and mitigation of shortages of vaccines.

Detecting, Tracing, and Mitigation

- **\$47.8 billion**, to remain available until expended, to detect, diagnose, trace, and monitor COVID-19 infections. Specifically:
 - o Implement a national strategy for testing, contact tracing, surveillance, and mitigation of COVIC
 - Award grants to SLTT public health departments for COVID-19 related activities to mitigate the spread of COVID-19.
 - Support activities related to COVID-19 tests, including supplies necessary for administering tes such as personal protective equipment (PPE).
 - Establish and expand federal, state, local, and territorial testing and contact tracing capabilities
 - o Enhance information technology, data modernization, and reporting.
 - Award grants to SLTT public health departments to establish, expand, and sustain a public health workforce.
- **\$1.75 billion**, to remain available until expended, for activities related to genomic sequencing, analytics and disease surveillance. Specifically:
 - Conduct, expand, and improve activities related to sequencing genomes, identifying mutations, and examining the transmission of viruses.
 - o Award grants to SLTT public health departments or public health laboratories.

- \$750 million, to remain available until expended, for global health activities and respond to other emerginfectious disease threats globally.
- \$500 million, to remain available until expended, for public health data surveillance and analytics infrastructure modernization initiatives at CDC; and to modernize disease warning system to forecast a track hotspots for COVID-19.

Health Workforce

- \$7.66 billion, to remain available until expended, to establish, expand, and sustain a public health workforce, including by making awards to state, local, and territorial public health departments. Specific funds can be used for:
 - Costs related to recruiting, hiring, and training individuals to serve as case investigators, contact tracers, social support specialists, community health workers, public health nurses, disease intervention specialists, epidemiologists, program managers, laboratory personnel, informaticia communication and policy experts, and other related positions.
- \$100 million, to remain available until expended, for the Medical Reserve Corps.

Public Health Investments

- \$7.6 billion, to remain available until expended, for community health centers for vaccine related activit COVID-19 mitigation activities, establishing and sustaining the necessary workforce to perform COVID-related activities, and conducting community outreach and education related activities.
- \$800 million, to remain available until expended, for the National Health Service Corps.
- \$200 million, to remain available until expended, for the Nurse Corps.
- \$330 million, to remain available until Sept. 30, 2023, for Teaching Health Centers that operate Gradum Medical Education.

Mental Health and Substance Use Disorder

- \$1.5 billion, to remain available until expended, for block grants for community mental health services.
- \$1.5 billion, to remain available until expended, for block grants for prevention and treatment of substa
- \$80 million, to remain available until expended, for the Pediatric Mental Health Care Access program.
- **\$420 million**, to remain available until expended, for grants to communities and community organizatio that meet the criteria for Certified Community Behavioral Health Clinics.
- **\$80 million**, to remain available until expended, for mental and behavioral health training for healthcare professionals, paraprofessionals, and public safety officers.
- **\$20 million**, to remain available until expended, for an education and awareness campaign encouragin health work conditions and the use of mental and behavioral health services by healthcare professional
- **\$40 million**, to remain available until expended, for grants to healthcare providers to promote mental a behavioral health among their health professional workforce.
- \$30 million, to remain available until expended, for community-based funding for local substance use disorder services.

- **\$50 million**, to remain available until expended, for community-based funding for local behavioral healt needs.
- \$10 million, to remain available until expended, for the national child traumatic stress network.
- \$30 million, to remain available until expended, for Project Aware.
- \$20 million, to remain available until expended, for youth suicide prevention
- \$100 million, to remain available until expended, for behavioral health workforce education and training

State and Local Fiscal Recovery Funds

- **\$219.8 billion**, to remain available until expended, for payments to states, territories, and tribal governments to mitigate the fiscal effects from the pandemic.
 - \$195.3 billion is allocated to the 50 states and Washington, D.C. Small states are to receive at least the amount they received under the CARES Act's Coronavirus Relief Fund.
 - \$4.5 billion is allocated to territories, of which 50% is allocated equally to each territory and the remaining 50% is allocated in proportion to the relative population of each territory that bears to total population of all such territories.
 - \$20 billion is allocated to tribal governments.
 - \$10 billion is allocated to establish a Critical Infrastructure Projects program to help states, territories, and tribal governments carry out critical capital projects directly enabling work, education, and health monitoring.
 - States and territories are prohibited from using funds to cut taxes.
- \$130.2 billion, to remain available until expended, for payments to metropolitan cities, non-entitlement units of local government, and counties to mitigate the fiscal effects from the pandemic.
 - \$45.57 billion is allocated for metropolitan cities.
 - \$19.53 billion is reserved for non-entitlement units of local government, defined by those with fewer than 50,000 residents.
 - \$65.1 billion is allocated for counties, distributed proportionately to population.
- \$8.5 billion is allocated to establishing a provider relief fund for rural providers.

Unemployment Insurance

• Extends the Pandemic Unemployment Assistance program through Aug. 29, 2021, and increases the to number of weeks related to benefits available to individuals from 50 to 74.

Medicaid Provisions

- Requires Medicaid coverage of COVID-19 vaccines and treatment without beneficiary cost sharing with vaccines matched at a 100% federal medical assistance percentage (FMAP) through one year after the end of the public health emergency (PHE).
- Provides states with the option to provide coverage to the uninsured for COVID-19 vaccines and treatm without cost sharing at 100% FMAP.
- Provides an option for states to extend Medicaid coverage to 12 months postpartum and requires full Medicaid benefits (i.e., not a slimmed down benefit package in the extension period).
 - Applies to all postpartum individuals with Medicaid coverage regardless of eligibility pathway.

- Applies to all postpartum individuals with Medicaid coverage regardless of health condition (e.ç this won't be limited to postpartum individuals with a diagnosed substance use disorder).
- Applies to all postpartum individuals with CHIP coverage in those states that extend coverage pregnant individuals under CHIP.
- Does not include additional federal matching funds.
- Sunsets after five years.
- Provides Medicaid eligibility, for five years, to incarcerated individuals 30 days before their release.
- Provides an incentive for states to expand Medicaid by temporarily increasing the state's base FMAP be five percentage points for two years for states that newly expand Medicaid.
- Provides an enhanced FMAP for five years to incentivize state Medicaid programs in the form of a buning payment through bundled payments for mobile crisis intervention services for individuals experiencing mental health or substance use disorder crisis.
 - o This would be under a state plan amendment or 1115 waiver.
 - FMAP expenditures to U.S. territories for qualifying community-based mobile crisis intervention services furnished do not apply to the Medicaid funding caps for the U.S. territories.
- Provides 100% FMAP for services provided to Medicaid beneficiaries receiving care through Urban Ind Organizations and Native Hawaiian Health Centers for two years.
- Provides a temporary FMAP increase of 7.35 percentage points for states to make improvements to Medicaid home- and community-based services (HCBS) for one year.
- Provides \$250 million to HHS that is available until one year after the end of the COVID-19 public hea emergency period to help states create nursing home strike teams for facilities to manage COVID-19 outbreaks when they occur.



Congress Passes American Rescue Plan Act

March 10, 2021

Today, Congress passed the <u>American Rescue Plan Act of 2021</u> (HR 1319), a \$1.9 trillion COVID-19 relief package. The bill was passed by the House and Senate along party lines and was written to take advantage of the Senate reconciliation procedure, which allows legislation to pass by a simple majority. The bill is on its way to the President's desk, and he is expected to sign it by March 14, when current unemployment benefits are set to expire. You can view NACCHO's full statement here.

This package contains billions in funding for the public health response to the COVID-19 pandemic advocated for by NACCHO and local health departments, as well as additional funds to stimulate the economy with direct payments to individuals and to strengthen the social safety net for additional child tax credits and other supports.

The package contains the following to address public health response activities:

- \$46 billion in funding to the Secretary of Health and Human Services (HHS) to detect, diagnose, trace, monitor and mitigate COVID-19 infections.
- \$7.5 billion in funding for the Centers for
 Disease Control and Prevention (CDC) to support vaccine related activities to
 prepare, promote, distribute, administer, monitor, and track COVID-19 vaccines.
- \$7.66 billion in funding to HHS to establish, expand, and sustain a public health workforce
- \$130 billion for payments to metropolitan cities, non-entitlement units of local government (populations under 50,000), and counties to mitigate the fiscal effects from the pandemic.
- \$100 million to the Medical Reserve Corps -- two-thirds housed in local health departments -- to better facilitate volunteer response efforts.

Overall, this is a very significant investment in the public health response, nearly tripling COVID-19 response funding to date. It is expected that funds will be released from the federal government via the Centers for Disease Control and Prevention (CDC) in a manner similar to previous COVID-19 supplemental funding, meaning states will have discretion to determine how much and how funding reaches local health departments. Because of reconciliation rules that limit the types of specifications permitted in the legislative language, this package does not contain provisions to track federal dollars to the local level that were included in the COVID-19 relief package passed in December 2020.

NACCHO will continue to work with the CDC towards transparency and equity in funding by obtaining tracking of dollars allocated to local health departments and will advocate for provisions in future bills to contain reporting language on the tracking of federal dollars to the local level as well as designated funding for local health departments.

NACCHO has prepared a <u>full summary</u> of the \$1.9 trillion package. If you have any questions, please contact Government Affairs Senior Specialist Ian Goldstein at <u>igoldstein@naccho.org</u>.



www.nlihc.org

Dedicated solely to achieving socially just public policy that assures people with the lowest incomes in the United States have affordable and decent homes.

National Low Income Housing Coalition

View this email in your browser

Dear NLIHC members, partners and allies,

We did it!

After almost a year of our collective demand for #RentReliefNow, Congress has voted to enact the American Rescue Plan Act, **which includes nearly \$50** billion in essential housing and homelessness assistance! The comprehensive relief package now heads to President Biden's desk for his signature.

The passage of the American Rescue Plan Act (ARP) is a tremendous achievement! The bill provides over \$27 billion for rental assistance. This, combined with the \$25 billion provided by Congress last year and a separate \$5 billion for utilities in the ARP, can eliminate the over \$50 billion of rent and utility arrears that struggling renters have accrued during the pandemic, and will enable longer term housing stability for some renters. The American Rescue Plan Act also provides \$5 billion in new funding for states and cities to provide housing stability for tens of thousands of people experiencing homelessness.

This success would not have been possible without your incredible advocacy. Thousands of NLIHC organizational partners across the country joined our demand for #RentReliefNow. The unwavering leadership of congressional champions, including Senate Banking Committee Chairman Sherrod Brown (D-OH), House Financial Services Committee Chairwoman Maxine Waters (D-CA), Senate Majority Leader Chuck Schumer (D-NY), and House Speaker Nancy Pelosi (D-CA), and of the Biden-Harris administration, ensured we achieved it.

With the passage of this legislation, advocates and congressional leaders have secured nearly \$85 billion in emergency housing and homelessness assistance since the start of the pandemic through the American Rescue Plan Act, the December COVID-19 relief bill, and the CARES Act

Thank you for your advocacy!

We can't stop now – we have so much more to do.

Now, we'll work to ensure these emergency rental assistance (ERA) and other resources reach the lowest-income and most marginalized people. We will continue to track, analyze and share best practices for ensuring ERA is distributed to households most in need and is used to-advance racial equity. We'll continue working with our partners to share resources on a Framework for an Equitable COVID-19 Homelessness Response.

We will continue to <u>urge President Biden and his administration to extend,</u> <u>strengthen and enforce the federal eviction moratorium</u> to keep renters stably housed while vital relief funds are distributed.

And we will seize this moment to advance the bold, long-term solutions needed to achieve housing justice, once and for all!

On March 23, NLIHC will launch a national campaign focused on advancing anti-racist policies and achieving the large-scale, sustained investments and reforms necessary to ensure that the lowest-income and most marginalized people have universally available, stable and affordable homes. We will advocate for expanding rental assistance to every eligible renter, preserving and increasing the supply of rental homes affordable to the lowest-income people, creating permanent emergency resources to help renters in a crisis, and strengthening and enforcing robust renter protections.







CORONAVIRUS RESCUE BILL WITH ESSENTIAL AID PASSES FINAL HOUSE VOTE;

JOIN NACO TOMORROW AT 4:30 P.M. EST FOR NATIONAL CALL

In a major victory for America's counties, the State and Local Coronavirus Fiscal Recovery Funds

legislation, part of the American Rescue Plan Act, is heading to President Biden's desk for his signature. The bill includes **\$65.1** billion in direct, flexible aid to every county in America, as well as other crucial investments in local communities.

We have secured significant resources to strengthen our communities by investing in small businesses and nonprofits, vaccine distribution, public health and safety, human services, especially

JOIN US TOMORROW AT 4:30 P.M. EST FOR A NATIONAL MEMBERSHIP CALL

TIME 4:30 p.m. EST

DAIL-IN RSVP to receive dial-in information.

for those suffering from domestic violence, mental illnesses and substance use disorders, and muchneeded infrastructure, including access to broadband.

QUESTION? Email your questions to question@naco.org.

Additionally, the bill includes increased support for federal public lands and forest counties, as well as other crucial investments in our local communities.

To assist counties with response and recovery, we are pleased to launch the NACo COVID-19 Recovery Clearinghouse, which features timely resources for counties, including allocation estimations, examples of county programs using federal coronavirus relief funds, the latest news and more. This clearinghouse will be updated in the coming days to include more information for counties.

Thank you to all those who joined our advocacy efforts.