

The American Rescue Plan

★ EXPLAINED ★

Public Health Initiatives

The American Rescue Plan invests billions of dollars to control and address the health impacts of the pandemic.

Here is a round-up of selected investments that will direct funding to states and localities or directly to community-based organizations, as well as initiatives that are designed to address the racial and economic disparities exposed by the pandemic. Many of these programs can be used to create new jobs, especially in areas that are currently medically underserved.

Vaccination Activities

← (Section 2301)

What We Won

\$7.5 billion to the Department of Health and Human Services for all aspects related to vaccination against COVID-19.

How the Funds Can Be Used

- For activities that will enhance, expand and improve vaccine distribution and administration.
- To provide funding, technical assistance and support to public health departments in states, localities, territories and tribes to
 - Distribute vaccines and supplies;
 - **Establish, expand, and staff** community vaccination centers, especially in underserved areas;
 - To deploy mobile vaccination units, especially in underserved areas;
 - Enhance data collection, reporting, and sharing related to vaccine safety, effectiveness, distribution, and uptake, particularly among underserved populations;
 - Enhance facilities;
 - Communicate with the public around how to obtain a vaccine; and
 - Transport people to facilitate vaccination, particularly for underserved populations.

This and the following uses are key equity opportunities to get vaccination services into low income and BIPOC communities)

The American Rescue Plan also supports COVID-19 safety in federal, state, and local prisons, jails, and detention centers by providing funding for COVID-19 mitigation strategies, including supplies and physical distancing; safe re-entry for the formerly incarcerated; and the vaccination of both incarcerated people and staff



How the Funds Flow

Using two different formulas, HHS through the CDC will determine how much supplemental funding each state/locality/territory will receive and will send the allocation by April 1st (21 days from enactment).

That means that the time to shape how these funds will be used is NOW.

Vaccine Confidence

← (Section 2302)

What We Won

\$1 billion for education and information campaigns to strengthen confidence in vaccines and improve vaccination rates. This funding will be used by the CDC.

COVID Testing, Tracing and Mitigation

← (Section 2401)

What We Won

\$47.8 billion for testing, tracing and monitoring COVID-19 and mitigation strategies to stop the spread.

How the Funds Can Be Used

HHS will likely issue guidance on how it expects to use these funds, but based on what we know now from the statute, the agency must:

- Implement a national, evidence-based strategy for testing, contact tracing, surveillance and mitigation.
- Support the development, production, and use of COVID tests and related supplies and PPE.
- Provide grants, guidance and technical assistance to state, local and territorial public health departments to detect, diagnose, trace and monitor COVID cases.
- Establish and expand federal, state, local and territorial testing and tracing capacity by investing in labs, community-based testing sites and organizations or mobile health units, especially in medically underserved areas.

These are key opportunities to direct funds to CBOs and to address health access inequity.

- Enhance IT and data modernization and reporting.



How the Funds Can Be Used (cont'd)

- **Establish, expand and sustain a public health workforce through grants or cooperative agreements with state, local and territorial public health departments.**



This is an opportunity to secure funding for public health jobs and have them targeted to serve underserved communities and create a pipeline of jobs for community members in order to enhance outreach and services.

How the Funds Flow

These activities will be funded by a combination of direct expenditures by HHS, as well as grants to state, local and territorial health departments and possibly also through direct funding to community-based organizations. There are no requirements regarding the amount of funds that HHS must pass through, nor how much each state or locality can receive.

We'll be on the lookout for a request for applications or proposals from HHS regarding grant funding for these activities and it will be important for groups to also urge your states and localities to seek or apply for any funding that becomes available.



Public Health Workforce

← (Section 2501)

What We Won

Almost \$8 billion to Health and Human Services to establish, expand and sustain a public health workforce, including through awards to state, local and territorial health departments.

How the Funds Can Be Used

- **To cover the costs of recruiting, hiring and training workers for a wide array of COVID-related public health jobs and paying their wages and benefits.**
 - **These workers can be employed either by a state, local or territorial health department, or by a nonprofit private or public organization.**
 - **Non-governmental groups must have demonstrated expertise in the implementation of public health programs and established relationships with their public health departments, especially in medically underserved areas.**

This is an opportunity to establish public jobs that have good wages and benefits and ensure that those jobs are filled equitably to reach BIPOC and low income communities in culturally-competent and effective ways.



How the Funds Can Be Used (Cont'd)

- To cover the costs of PPE, data management and technology and other supplies.
- Administrative and operational costs for funding recipients.
- Subgranting to local health departments to carry out these activities.

How the Funds Flow

These activities will be funded by a combination of direct expenditures by HHS, as well as grants to state, local and territorial health departments. There are no requirements regarding the amount of funds that HHS must pass through, nor how much each state or locality can receive. These funds are available until expended.

Community Health Centers

← (Section 2601)

What We Won

Almost \$8 billion for the Department of Health and Human Services to fund grants and cooperative agreements for community health centers that serve a population that is medically underserved or a special medically underserved population composed of migratory and seasonal agricultural workers, the homeless and residents of public housing.

How the Funds Can Be Used

- Plan, promote, distribute, administer and track COVID vaccines and carry out other vaccine-related activities.
- Detect, diagnose, treat, trace and monitor COVID infections and to mitigate the spread, including the costs of equipment and supplies for these activities.
- Purchase vehicles, equipment and supplies for mobile testing and vaccination, and to hire and train staff to conduct testing and vaccination, particularly in medically underserved areas.
- Establish, expand and sustain health care workers to prevent, prepare for and respond to COVID-19 and for other health workforce-related activities.

↑ This is very broad; we expect HHS will issue guidance regarding allowable activities covered by this provision.

- Modify, enhance and expand health care services and infrastructure.
- Conduct COVID-19-related community outreach and education.
- For retroactive financing of the activities laid out above that were undertaken from Jan. 31, 2020 until the date of the award.



How the Funds Flow

- **\$20 million is set-aside for grants or contracts to Papa Ola Lokahi and qualified entities under the Native Hawaiian Health Care Improvement Act.**
- **The remaining funds may be awarded by the HHS without regard to...**
 - **Pre-existing formulas regarding the distribution of funds between rural and urban community health centers, or**
 - **A center’s previous share of funding under the Public Health Service Act.**



This is an opportunity to shape how funding is awarded at the federal level to direct disproportionate funds to populations that have been underserved both historically and throughout the pandemic, especially immigrant communities