

Detailed Breakdown of American Rescue Plan COVID Funding

Below is a detailed breakdown of the \$160 billion request for direct COVID relief funding in the American Rescue plan.

<u>Category</u>	<u>Total Funding</u>	<u>Breakdown (if applicable)</u>
Vaccinations	\$20 BILLION	\$15.5B for Community Vaccinations Clinics and Mobile Vaccination Units \$4.5B to accelerate manufacturing and supply chain, vaccine awareness campaign, increase FMAP to vaccine Medicaid recipients
Testing	\$50 BILLION	\$46.5B: Procure & administer regular screening tests \$3.5B: Invest in U.S. laboratory capacity for diagnostic and screening tests
Genomic Sequencing	\$340 MILLION	
Expand Public Health Workforce	\$8 BILLION	
Emergency Response	\$30 BILLION	Funding for the Disaster Relief Fund (DRF)
Therapeutics	\$3 BILLION	\$2B: BARDA research and development, purchase, production \$1B: research on treatments for long-term health impacts of COVID-19
Global Response	\$11 BILLION	\$5.7B: Replenish health and humanitarian assistance \$1.5B: Support Global Fund \$3.8B: Fulfill commitments to the WHO, G-7, G-20
COVID-19 Health Services for the Underserved	\$15 BILLION	\$7.6B: emergency supplemental funding for CHCs \$4.4B: expand CHC capacity

		\$3B: Emergency funding and technical resources for IHS
Domestic Manufacturing Capacity/Supply Chain	\$10 BILLION	\$4B: Build and equip two state-of-the art facilities \$1B: Create a stockpile of essential raw materials and supplies for vaccines \$3B: Expand domestic manufacturing capacity for additional supplies \$2B: Onshore manufacturing of test kits and related supplies
Other pandemic response	\$9 BILLION	\$1.8B: Interventions in Prisons, Jails, and Detention Centers \$1B: Protecting Long-Term Care Residents and Workers \$1.5B: Pandemic R&D \$1.2B: Safe Travel \$0.7B: Data modernization \$3B: PPE, workplace modifications, and infrastructure upgrades for federal employees and national security personnel.
TOTAL	~160 BILLION	

NOTE: Due to recent accelerated drawdown of the Disaster Relief Fund (DRF), the Administration is requesting \$12 billion in additional funding (beyond what is listed above). Having now received more complete information after inauguration on the rate of spend down, it is clear that in light of emergency activities in response to COVID, the spend down rate in the DRF is faster than previously anticipated. In just the last 11 days, the DRF major disasters account has been drawn down by over \$6 billion – going from \$19.1 billion on January 21st to \$12.9 billion on February 1st.

Detailed explanation of request:

1. VACCINATION (\$20B):

We are proposing mobilizing a national vaccination program that builds on states’ recent efforts and ensures they have enough capacity to make sure that no supply sits unused on shelves.

- a. **\$15.5B: Partner with states to stand up Community Vaccination Clinics (CVCs)** in underserved communities and hundreds of mobile vaccination units to reach

rural areas and individuals with disabilities. Build enough capacity to administer doses as they become available and ensure no supply sits unused.

- b. **\$4.5B:** Accelerate vaccine manufacturing by addressing supply chain issues, including raw materials, glass vials and syringes. We'll work with Congress and with HHS to make sure we have the right amount here; Vaccine awareness campaign to overcome hesitancy -- national paid media campaign (including targeted outreach) and local, on-the-ground efforts, including grants to community-based organizations to reach at-risk populations; Raise the Federal Medicaid Assistance Percentage (FMAP) to 100% for vaccinations of Medicaid enrollees, to alleviate state costs for administering vaccines and make it easier for Medicaid enrollees to get the vaccine.

2. TESTING (\$50B):

While we are working to vaccinate the population, we need to focus on what we know works. Testing is critical for controlling the spread of COVID-19 and identifying emerging strains. Testing is needed to get kids back into school, help businesses reopen and protect the most vulnerable in settings like long-term care.

- a. **\$46.5B:** Procure and administer regular screening tests for students and staff in schools where it matters most, as well as screening in priority settings, including long-term care facilities, prisons, homeless shelters, and community colleges:
- b. **\$3.5B:** Invest in U.S. laboratory capacity for both diagnostic and screening testing, including building regional high-throughput laboratories.
- a. These funds would allow the U.S. to at least double its monthly supply of COVID tests by increasing manufacturing of rapid tests and expanding PCR test processing capacity.

3. GENOMIC SEQUENCING (\$340M):

We need to be able to track emerging strains and identify outbreaks to respond to them quickly and mitigate spread. According to one report, the U.S. is behind other 31 other countries in sequencing samples for different coronavirus variants. We currently sample only 0.3% of cases; we are proposing funding toward a goal of 5% of the average daily caseload.

4. EXPAND PUBLIC HEALTH WORKFORCE BY AT LEAST 100,000 (\$8B)

This historic investment in the public health workforce would support staffing vaccine clinics, conducting outreach in local communities to support prevention and vaccination education; and contact tracing in the short term, while building a stronger and more vital community health workforce to better respond to future public health threats, improve quality of care, and reduce hospitalization in communities that are lower income and underserved. in the long term.

- a. This program would include grants to public health organizations and community health centers, with incentives to hire individuals from the communities they serve.

5. EMERGENCY RESPONSE (\$30B):

We need enough resources to be able to provide the kind of emergency relief that states and localities need right now, including PPE, temporary hospitals, and National Guard support. We also need to make sure the Disaster Relief Fund is available to fund future disasters, like the next hurricane or earthquake.

- a. This request would cover the cost of restoring 100% federal cost sharing for disaster relief and for National Guard deployment. This cost share is a priority for state, local, and tribal leaders.
- b. It would also allow the federal government to supply PPE like N95 masks to frontline workers to ensure that they have the protective gear they need.
- c. The current projected balance in the Disaster Relief Fund on inauguration will be half as much as was available in February 2020, prior to the pandemic. Current DRF levels are not only insufficient for fighting COVID - they're dangerously low from a disaster preparedness perspective.

NOTE: The Administration is requesting \$12 billion in additional funding for the DRF, now having received better information after inauguration on the rate of spend down in light of emergency activities in response to COVID.

6. THERAPEUTICS (\$3B):

The availability of therapeutics is far too limited at this time because the U.S. is under-investing in treatments. We want to invest in research and development to make sure promising treatments are widely available to all Americans; not just a privileged few. For example, an oral antiviral medicine ("Tamiflu for COVID-19") could dramatically reduce hospital burden, death, and transmission.

- a. **\$2B:** BARDA funding to support research and development, purchase, and scaled up production of therapies to ensure widespread availability and affordability of effective treatments.
- b. **\$1B:** Invest in additional research on treatments, including studies of the long-term health impacts of COVID-19 and potential therapies to address them.

7. GLOBAL RESPONSE (\$11B):

Over the past year, the U.S. has abdicated global leadership to some of our adversaries -- we have no idea what deals China and Russia have made through vaccine diplomacy with various developing nations around the world.

We need to fulfill commitments to the WHO, G-7, G-20, and other global organizations, replenish humanitarian assistance funds for the global vaccine and R&D effort, and improve our global health security.

- a. **\$5.7B:** Replenish health and humanitarian assistance funds depleted in the previous Administration. This includes COVID-19 response and mitigation, health and health security-related assistance, and support for international financing institutions toward bilateral and multilateral economic recovery efforts.
- b. **\$1.5B:** Support for the Global Fund to develop and deploy COVID-19 tools globally and support vaccine research and development through CEPI and further contributions to the ACT-Accelerator.
- c. **\$3.8B:** Fulfill commitments to the WHO, G-7, G-20, and other organizations.

8. COVID-19 HEALTH SERVICES FOR THE UNDERSERVED (\$15B):

Community Health Centers (CHCs), serve 30 million low-income and underserved patients per 90% of CHCs are providing COVID-19 tests, and many serve as the only testing sites in their underserved communities. People of color represent over half of those tested at CHCs, and the centers report a test-positive ratio that is more than double the national average.

The Indian Health Service (IHS) has reported a 390% increase in COVID-19 case infections among American Indian/Alaska Natives (AI/ANs) and a 179% increase in hospitalization rates among AI/ANs since July 2020.

We need to provide critical relief for CHCs and IHS so they can expand health services to more people; support COVID-19 response initiatives, including testing and vaccination; and allow us to reduce health disparities.

- a. **\$7.6B** in emergency supplemental funding for CHCs to cover pandemic-related costs, including administering vaccines to underserved populations--which will require scaling up the depleted CHC workforce-- and recouping billions of dollars in lost revenue that risks CHCs' long-term stability.
- b. **\$4.4B** to expand community health centers by building new sites and expanding services, including mental health and substance use disorder, to better serve current patients and the newly uninsured as Americans lose their jobs as a result of the pandemic.
- c. **\$3B:** Emergency funding and technical resources for Indian Health Service, including funding recoup lost revenues; to ensure isolation, quarantine space, access to potable water; expand in-person and telehealth services; and to support COVID-19 vaccination efforts across Indian Health Service (IHS), Tribal governments, and urban Indian organizations (ITU).

9. DOMESTIC MANUFACTURING CAPACITY (\$10B)

This investment will allow us to expand domestic manufacturing and ensure availability of critical supplies by leveraging DPA authorities. This funding includes BARDA investments to add manufacturing lines for tests, gloves, testing consumables, and other key supplies. We want to maintain flexibility to use these funds as necessary based on supply chain threats in the coming year. As an example, these funds could be used for:

- a. **\$4B:** Building and equipping two state-of-the art manufacturing facilities, with the capacity to produce and fill a total of 100M vaccine doses per month. At full capacity, this would mean two vaccine doses for every American within six months. According to benchmarks, ~\$2B is required to build and equip each facility.
- b. **\$1B:** Create a stockpile of essential raw materials and ancillary supplies for vaccines, needed for end-to-end domestic manufacturing. Expand production capacity for lipid raw materials.
- c. **\$3B:** Expand domestic manufacturing capacity for additional supplies, including PPE, gloves and testing consumables.
- d. **\$2B:** Onshore manufacturing of test kits and related supplies for COVID-19 and emerging biological threats.

10. OTHER PANDEMIC RESPONSE (\$9B)

We will need investments to address all of the areas they've neglected, including protecting incarcerated individuals; ensuring we are better prepared for the next pandemic; restarting safe travel, a key part of boosting our economy; modernizing our IT infrastructure to meet the demands of our public health response; and keeping our federal workers safe.

- a. **\$1.8B: Interventions in Prisons, Jails, and Detention Centers** to fund improvements in supplies, physical distancing, and other conditions to meet COVID-19 needs, support depopulation of prisons, and fund vaccination efforts of inmates and staff.
 - i. This funding is modeled on the House Democrats' Heroes Act, and includes funding for the Bureau of Prisons as well as grants to states through the Department of Justice.
- b. **\$1B: Protect Long-Term Care Residents and Workers and Data Collection**
 - i. **\$750M** for State strike teams to deploy to long-term care facilities experiencing COVID-19 outbreaks and ensure resident and worker safety right now.
 - ii. **\$200M:** short-term downpayment for stronger infection control oversight as our health experts consider new regulations to ensure better infection control in long-term care facilities in the long-term.

- iii. **\$50M** to ensure facilities provide a means for residents to conduct “televisitation” with loved ones when in-person visits are not possible
- iv. Require long-term care facilities to report demographic-specific data on COVID-19 cases and deaths, which HHS will collect and publicly report on Nursing Home Compare -- facilities are already reporting data, but don’t always include race and ethnicity and aren’t making it public
- c. **\$1.5B: Pandemic R&D**, for NIH, NSF, and other research agencies to study not only preventing, preparing for, and responding to COVID-19, but also health outcomes, disparities, and disinformation.
- d. **\$1.2B: Safe Travel** funding to implement safe travel within the United States and at U.S. ports of departure and ports of entry, including:
 - i. operational support and PPE for DHS, CDC, and DOT; and
 - ii. new protocols at the border: proof of negative COVID-19 status, quarantine, isolation for all travelers and medical treatment and vaccinations (as supplies are available) when needed for potential asylees.
- e. **\$0.7B: Data modernization** to build state and local data systems; a national center for outbreak analytics; academic and workforce support for analytics and forecasting; and ongoing needs to improve genomic sequencing data capability.
- f. **\$3B: Establishing the U.S. Government as a model employer**, supporting public health measures and safety for federal employees and national security personnel through GSA and other agency funding for PPE, enhancements to physical spaces, and other infrastructure upgrades.