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SUMMARY: American Rescue Plan Act (ARPA) of 2021

March 12, 2021

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EXECUTIVE SUMMARY

On March 10, 2021, Congress passed the American Rescue Plan Act (ARPA) of 2021 and sent it to President Biden, which he signed and enacted on March 11, 2021. The bill passed through the budget reconciliation process, requiring a simple majority of votes in the Senate. It appropriates \$1.9 trillion in funds to address economic and health issues stemming from the COVID-19 pandemic. Highlights of the bill include a third round of direct stimulus payments to qualifying Americans, an extension through September 6 of federal unemployment benefits, recovery fund allotments for states and local governments, additional funds for the Paycheck Protection Program, and an expansion of the child tax credit. The bill also includes significant investments in new and existing federal, state, and local health and human services programs, including:

- \$14 billion to support vaccine distribution and administration
- \$49 billion for COVID-19 testing, genomic sequencing, and contact tracing
- \$7.6 billion to community health centers to support vaccine administration and COVID-19 testing
- \$3 billion to support existing community mental health and substance use disorder (SUD) block grants
- \$6.09 billion for the Indian Health Service
- \$8.5 billion for rural providers
- Expansion of Medicaid and Children's Health Insurance Program (CHIP) benefits to include coverage of (1) COVID-19 vaccines and administration, (2) testing and treatment for an individual who has or is presumed to have COVID-19, and (3) treatment of a condition that may seriously complicate treatment of COVID-19, as well as a prohibition on related cost-sharing for these benefits
- Temporary increase to the Federal Medical Assistance Percentage (FMAP) for COVID-19 related services, states newly expanding Medicaid, and for home- and community-based services
- Creation of a Community-Based Mobile Crisis Intervention benefit

Below, we summarize the provisions in ARPA which we have identified as having a specific impact on health care and human services providers, payers, and other stakeholders.

STATE/ LOCAL GOVERNMENT FUNDING

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE M

Section 9901. Coronavirus State and Local Fiscal Recovery Funds

Summary

Creates the Coronavirus State Fiscal Recovery Fund, Coronavirus Local Fiscal Recovery Fund, and Coronavirus Capital Projects Fund, which provide funds to states, counties, municipalities, the District of Columbia (DC), tribal governments and five US territories for use related to COVID-19 responses and mitigations, and to offset government revenue losses related to the public health emergency. There are several formulas that estimate specific amounts for each state, county, and municipality.

State and local recovery funds may be used for the following purposes:

- Respond to the public health emergency (PHE) and its negative economic impacts
- Provide premium pay for essential workers through employer grants
- Cover government services, to the extent funding is reduced by the PHE
- Make investments in water, sewer, and broadband infrastructure

Government recipients are also permitted to transfer funds to private nonprofit organizations, public benefit corporations involved in transportation, special-purpose units of local government, or multi-state transit agencies.

The Coronavirus State Fiscal Recovery Fund allocates funds as follows:

- \$20 billion to tribal governments
- \$4.5 billion to US territories, divided equally among the five named territories
- \$195.3 billion to the 50 states and to DC, distributed as follows:
 - \$25.5 billion to be divided equally among the states and DC, no less than \$500 million per state
 - \$1.25 billion in additional aid specified for DC
 - \$169.045 billion to the states based on unemployment data from Q4 2020

The Coronavirus Local Fiscal Recovery Fund allocates funds as follows:

- \$65.1 billion to counties by population, to be distributed within 30 days of population data certification
- \$45.57 billion to metropolitan cities using Community Development Block Grant formulas; Treasury distributes within 60 days
- \$19.53 billion to non-entitlement units of local government (i.e., municipalities under 50,000 in population). These distributions would be sent to the States within 60 days, and states have 30 days to distribute those funds to the municipalities. Amounts are determined pro-rata by population, but in no case shall an amount exceed 75% of that unit of government's most recent budget.
- An additional \$1.5 billion for public land (revenue share) counties to be split between Fiscal Year 2022 and Fiscal Year 2023. This \$1.5 billion may be used for any governmental purpose except for lobbying.

The Coronavirus Capital Projects Fund allocates \$10 billion to states, territories, and tribal governments for critical capital projects directly enabling work, education, and health monitoring, including remote options, in response to the PHE.

Funding Amount

\$350 billion, approximately 57% going to states and 35% to local governments

Effective Date(s)

Impacted governments may claim revenue losses as early as January 27, 2020. Counties and municipalities will receive their funding at two times from the Treasury in 2021 and again in 2022. States may receive funding all at once at the discretion of the Treasury. Treasury must issue state payments within 60 days. Most of the funding in this section expires at the end of 2024.

COVID-19 VACCINE DISTRIBUTION, ADMINISTRATION, TESTING, MONITORING, AND CONTACT TRACING FUNDING

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE D - PUBLIC HEALTH

Section 2301. COVID-19 Vaccine Activities at the Centers for Disease Control and Prevention (CDC)

Summary

Appropriates funds to plan, prepare, promote, distribute, administer, monitor, and track COVID-19 vaccines. Such activities can be achieved directly through the CDC or through grants and cooperative agreements with state, local, tribal, and territorial public health departments. Specific objectives include:

- Expansion of community vaccination centers
- Deployment of mobile vaccination units, especially in rural areas
- Use of information technology to facilitate data sharing and similar analytic capabilities facility enhancements
- Public communications regarding when, where, and how to receive COVID-19 vaccines
- Transportation of individuals to community vaccination centers and mobile vaccination units

This section further emphasizes access to such services in underserved areas.

Funding Amount

\$7.5 billion

Effective Date(s)

Fiscal Year 2021, available until expended

Section 2302. Vaccine Confidence Activities

Summary

Appropriates funds to strengthen vaccine confidence, provide further education and information regarding approved vaccines, and improve vaccination rates. Mechanisms for improving vaccination rates include an evidence-based, nationwide public awareness campaign that includes development of resources for communities with low vaccination rates, and dissemination of information to public health departments and other providers. Efforts should be complementary to and coordinated with existing efforts.

Funding Amount

\$1 billion

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2303. Supply Chain for COVID-19 Vaccines, Therapeutics, and Medical Supplies

Summary

Provides for the research, development, manufacturing, production, and purchase of vaccines, therapeutics, and ancillary medical products and supplies to prevent, prepare or respond to:

- SARS-CoV-2 or any viral variant
- COVID-19 or any other disease with pandemic potential

Funding Amount

\$6.05 billion

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2304. COVID-19 Vaccine, Therapeutic, and Device Activities at the Food and Drug Administration (FDA)

Summary

Appropriates funds to evaluate the continued performance, safety, and effectiveness, of COVID-19 vaccines, therapeutics, and diagnostics, including performance relative to variants of the disease. In addition, funding is provided to facilitate – and monitor and inspect – manufacturing and production of vaccines and related materials, as well as provide oversight of the supply chain.

Funding Amount

\$500 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE E -TESTING

Section 2401. COVID-19 Testing, Contact Tracing, and Mitigation Activities

Summary

Appropriates funds to detect, diagnose, trace, and monitor SARS-CoV-2 and COVID-19. Funds will be used to:

- Implement a national, evidence-based strategy for testing, contact tracing, surveillance, and mitigation
- Provide technical assistance and award grants or cooperative agreements to state, local, and territorial public health agencies
- Support the development, manufacture, procurement, and distribution of tests to detect or diagnose these diseases. Such support may include the acquisition, alteration, or renovation of non-federally owned facilities
- Establish and expands federal, state, local, and territorial testing and contact tracing capabilities

Funding Amount

\$47.8 billion

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2402. Sars-CoV-2 Genomic Sequencing and Surveillance**Summary**

Strengthen and expand activities and workforce related to genomic sequencing, analytics, and disease surveillance. Through the CDC, the Secretary shall conduct, expand, and improve activities to sequence genomes, identify mutations and outbreaks, develop effective response strategies, and expand information capabilities. Such activities shall include awarding grants or cooperative agreements to state, local, tribal, or territorial public health departments or public health laboratories. Grants may also be awarded for the construction of facilities to improve genomic sequencing and surveillance capabilities at the state and local level.

Funding Amount

\$1.75 billion

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2403. Global Health**Summary**

Provides resources for the CDC to combat SARS-CoV-2 and COVID-19 and other infectious disease threats globally, including global health security, disease detection and response, immunization, and coordination on public health.

Funding Amount

\$750 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2404. Data Modernization and Forecasting Center**Summary**

Supports public health data surveillance and analytics infrastructure modernization initiatives at the CDC, and establishes, expands, and maintains efforts to modernize the US disease warning system to forecast and track hotspots of COVID-19, its variants, and emerging biological threats. Such activities could be achieved through academic and workforce support for analytics and informatics infrastructure and data collection systems.

Funding Amount

\$500 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2501. Public Health Workforce

Summary

Establishes, expands, and sustains a public health workforce through grants to state, local, and territorial public health departments, as well as nonprofit private or public organizations with the requisite expertise. These funds may be used for wages and benefits related to the recruiting, hiring, and training of investigators, contact tracers, community health workers, public health nurses, epidemiologists, laboratory personnel, informaticians, communication and policy experts and others. Such a workforce is directed to prevent, prepare for, and respond to COVID-19. Funds can also be used for personal protective equipment, technology, supplies, administrative costs, and subawards by local health departments.

Funding Amount

\$7.66 billion

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2502. Medical Reserve Corps

Summary

Provides additional resources for the Medical Reserve Corps, which was established under existing statute to provide volunteer medical support to state, local, and tribal entities during disaster responses.

Funding Amount

\$100 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

PROVIDER FUNDING

TITLE I - COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: SUBTITLE A - AGRICULTURE

Section 1002. Emergency Rural Development Grants for Rural Health Care

Summary

Appropriates funds to the Department of Agriculture to provide need-based grant funding for emergency pilot programs in rural areas to bolster their COVID-19 response efforts. Grant funding can be used to:

- Increase vaccine distribution capacity
- Provide drugs or medical supplies to increase medical surge capacity
- Reimburse for lost revenue during the COVID-19 pandemic
- Increase telehealth capabilities
- Construct temporary or permanent structures to provide health care services
- Support staffing needs for vaccine administration and testing
- Other efforts to support rural development to address the COVID-19 pandemic, such as nutrition assistance

Funding Amount

\$500 million

Effective Date(s)

Funds available until September 30, 2023

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE G - PUBLIC HEALTH INVESTMENTS

Section 2601. Funding for Community Health Centers and Community Care

Summary

Appropriates funds to the Department of Health and Human Services (HHS) to be distributed to community health centers for:

- Vaccine planning, preparation, distribution, and tracking
- COVID-19 testing, monitoring, and contact tracing, including mobile testing and vaccinations
- Health care workforce expansion
- Health care services and infrastructure modification
- Community outreach related to COVID-19

Funding Amount

\$7.6 billion

Effective Date(s)

Funds available from January 31, 2020 until expended

Section 2604. Funding for Teaching Health Centers that Operate Graduate Medical Education

Summary

Appropriates funds to HHS for:

- New graduate medical residency training programs
- Increase per resident payments by \$10,000
- Maintain filled positions at existing programs
- Expand existing programs
- Establish new or expanded primary care residency programs
- Cover administrative costs related to residency programs

Funding Amount

\$330 million

Effective Date(s)

Fiscal Year 2021, funds available until September 30, 2023

Section 2605. Funding for Family Planning

Summary

Appropriates funds to HHS to make grants for Title X family planning programs.

Funding Amount

\$50 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE H - MENTAL HEALTH AND SUBSTANCE USE DISORDER

Section 2701. Funding for Block Grants for Community Mental Health Services

Summary

Appropriates funds to HHS for Substance Abuse and Mental Health Services Administration (SAMHSA) block grants to states for community mental health services.

Funding Amount

\$1.5 billion

Effective Date(s)

Fiscal Year 2021, state grantees must expend funds by September 30, 2025

Section 2702. Funding for Block Grants for Prevention and Treatment of Substance Abuse

Summary

Appropriates funds to HHS for SAMHSA block grants to states for SUD programs.

Funding Amount

\$1.5 billion

Effective Date(s)

Fiscal Year 2021, state grantees must expend funds by September 30, 2025

Section 2703. Funding for Mental Health and SUD Training for Health Care Professionals, Paraprofessionals, and Public Safety Officers**Summary**

Appropriates funds to HHS, acting through the Health Resources and Services Administration (HRSA), to award grants or contracts to plan, develop, operate, or participate in health professions and nurse trainings for health care professionals, paraprofessionals, and public safety officers on evidence-informed strategies for addressing suicide, burnout, mental health conditions, and SUD among health care professionals.

Funding Amount

\$80 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2704. Funding for Education and Awareness Campaign Encouraging Healthy Work Conditions and Use of Mental Health and SUD Services by Health Care Professionals**Summary**

Appropriates funds to HHS, acting through the CDC, to carry out a national evidence-based education and awareness campaign for health care professionals, first responders, and their employers. The campaign will encourage prevention and treatment for mental health and SUD conditions and help identify risk factors among these professionals and their employers.

Funding Amount

\$20 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2705. Funding for Grants for Health Care Providers to Promote Mental Health Among their Health Professional Workforce**Summary**

Appropriates funds to HHS, acting through the HRSA to award grants or contracts to health care providers (including provider associations and Federally Qualified Health Centers) to establish or expand programs to promote mental health among health care providers, personnel, and members.

Funding Amount

\$40 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2706. Funding for Community-Based Funding for Local Substance Use Disorder Services**Summary**

Appropriates grant funds for states, local governments, community organizations, and primary and behavioral health organizations to support overdose prevention, syringe services programs, and other harm reduction efforts. Grant funds can be used for:

- Preventing and controlling the spread of infectious diseases and their consequences
- Distributing opioid overdose reversal medication to individuals at risk of overdose
- connecting individuals at risk for, or with, a SUD to overdose Education, counseling, and health education; and
- Encouraging individuals to reduce the negative personal and public health impacts of substance use or misuse

Funding Amount

\$30 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2707. Funding for Community-Based Funding for Local Behavioral Health Needs**Summary**

Appropriates grant funds to the Assistant Secretary for Mental Health and Substance Use for grants to states, local governments, tribal organizations, community organizations and primary and behavioral health organizations to address community behavioral health needs made worse by COVID-19. Grant funds can be used for:

- Promoting care coordination among local entities
- training the mental and behavioral health workforce, relevant stakeholders, and community members
- Expanding evidence-based integrated models of care
- Addressing surge capacity for mental and behavioral health needs
- Providing mental and behavioral health services
- Supporting, enhancing, or expanding mental and behavioral health preventive and crisis intervention services

Funding Amount

\$50 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2710. Funding for Youth Suicide Prevention

Summary

Appropriates funds to support youth suicide prevention programs.

Funding Amount

\$20 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2712. Funding for Pediatric Mental Health Care Access

Summary

Appropriates funds to support the Pediatric Mental Health Care Access Program, which promotes pediatric behavioral health integration through telehealth.

Funding Amount

\$80 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 2713. Funding for Expansion Grants for Certified Community Behavioral Health Clinics

Summary

Appropriates funds to HHS, acting through SAMHSA, for grants to certified community behavioral health clinics, which must meet federally defined program criteria and provide comprehensive, patient-centered, and integrated physical, behavioral health, and SUD services.

Funding Amount

\$420 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 9401. Providing for Infection Control Support to Skilled Nursing Facilities through Contracts with Quality Improvement Organizations

Summary

Appropriates funds to HHS to provide to skilled nursing facilities for infection control and vaccination uptake through contracts with Quality Improvement Organizations.

Funding Amount

\$200 million

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 9402. Funding for Strike Teams for Resident and Employee Safety in Skilled Nursing Facilities

Summary

Appropriates funds for HHS to distribute to states to implement “strike teams” that will be deployed to skilled nursing facilities with COVID-19 outbreaks among residents or staff to assist with clinical care, infection control, or staffing.

Funding Amount

\$250 million

Effective Date(s)

Fiscal Year 2021, funds available until expended. Applicable during the public health emergency and up to one year after it ends.

Section 9911. Funding for Providers Relating to COVID-19

Summary

Provides funding for rural providers or suppliers who are enrolled in Medicare, CHIP, or Medicaid. The bill’s language provides discretion for the HHS Secretary to define “rural areas.” Providers must apply to HHS for funds, must attest to health care costs and lost revenues attributable to COVID-19, and must provide COVID-19 diagnosis, testing, or care.

Funding Amount

\$8.5 billion

Effective Date(s)

Fiscal Year 2021, funds available until expended

Section 11001. Indian Health Service

Summary

Appropriates funds to the Indian Health Service (IHS) to provide pandemic relief to the agency. IHS funding is allocated for items such as:

- Specific capacity-building and pandemic relief activities that include covering for lost reimbursement from third-party payors
- Expanding COVID-19 infection testing and tracking
- Establishing and maintaining a public health workforce to respond to COVID-19 and other public health workforce-related activities
- Expanding COVID-19 vaccine distribution, administration, and tracking
- Providing additional health care services through the Purchased/Referred Care program
- Covering mental health and substance use prevention and treatment services
- Sustaining and expanding the public health workforce supporting American Indian health
- Expanding IT, telehealth infrastructure, and IHS electronic health record systems
- Maintaining the Urban Indian Health Program (UIHP)

Funding Amount

\$6.094 billion

Effective Date(s)

Fiscal Year 2021, funds available until expended

MEDICAID & CHIP COVERAGE AND FUNDING

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE K – CHILDREN’S HEALTH INSURANCE PROGRAM

Section 9821. Mandatory Coverage of COVID-19 Vaccines and Administration and Treatment under CHIP

Summary

Mandates CHIP coverage of (1) COVID-19 vaccines and administration, (2) testing and treatment for an individual who has or is presumed to have COVID-19, and (3) treatment of a condition that may seriously complicate treatment of COVID-19, so long as that treatment is already covered under a state plan or a waiver without any cost sharing. Medicaid programs must make these benefits available to certain uninsured and the expansion population. CMS will reimburse states at a 100% FMAP for the above benefits. All requirements and benefits under the Medicaid Drug Rebate program shall apply to the COVID-19 vaccine as an outpatient drug. Beginning in Fiscal Year 21, through the reversal of the enhanced FMAP, CHIP allotments shall increase by the difference between the projected expenditures on vaccines and actual vaccine expenditures.

Funding Amount

Not capped

Effective Date(s)

March 11, 2021, ending on the last day of the calendar quarter one year after PHE ends

Section 9822. Modifications to Certain Coverage under CHIP for Pregnant and Postpartum Women

Summary

Mandates states to cover 12 months of postpartum care for women under CHIP when the state has opted the coverage option under Medicaid. This will expand the benefit from the 60 days postpartum previously covered.

Funding Amount

Not capped

Effective Date(s)

Five years, beginning the first day of the first fiscal quarter that begins one year after enactment of ARPA

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE L - MEDICARE

Section 9831. Floor on the Medicare Area Wage Index for Hospitals in All-Urban States

Summary

Amends the area wage index for any hospital in an all-urban state such that for all discharges occurring on or after October 1, 2021, the index may not be less than the minimum area wage index for Fiscal Year

2022 for hospitals in that state. Further, the HHS Secretary is to establish a minimum area wage index for a fiscal year for hospitals in each all-urban state using the methodology in 42 C.F.R. 412.64(h)(4)(vi). "All-urban state" is defined as a state in which there are no hospitals classified as rural.

Funding Amount

Not capped. Provision does not need to be applied in a budget neutral manner

Effective Date(s)

March 11, 2021

Section 9832. Secretarial Authority to Temporarily Waive or Modify Application of Certain Medicare Requirements with Respect to Ambulance Services Furnished During Certain Emergency Periods

Summary

Authorizes payments for ground ambulance services that would have been provided in response to an emergency call (i.e., 911 call or equivalent in areas without a 911 system) but did not occur as a result of EMS protocols due to the public health emergency, to be paid at the base rate that would have been paid if the individual has been transported under the Medicare fee schedule, excluding any mileage payments.

Funding Amount

Not capped

Effective Date(s)

March 11, 2021

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE J - MEDICAID

Section 9811. Mandatory Coverage of COVID-19 Vaccines and Administration and Treatment Under Medicaid

Summary

Mandates Medicaid coverage of (1) COVID-19 vaccines and administration, (2) testing and treatment for an individual who has or is presumed to have COVID-19, and (3) treatment of a condition that may seriously complicate treatment of COVID-19, so long as that treatment is already covered under the Medicaid State plan or a waiver without any cost sharing. Medicaid programs must make these benefits available to certain uninsured and the expansion population. CMS will reimburse states at a 100% FMAP for the above benefits. All requirements and benefits under the Medicaid Drug Rebate program shall apply to the COVID-19 vaccine as an outpatient drug.

Funding Amount

Not capped

Effective Date(s)

March 11, 2021, ending on the last day of the calendar quarter 1 year after PHE ends

Section 9812. Modifications to Certain Coverage under Medicaid for Pregnant and Postpartum Women

Summary

Creates an option for states to cover 12 months of postpartum care for women under Medicaid and CHIP. This will expand the benefit from the 60 days postpartum period currently required.

Funding Amount

Not capped

Effective Date(s)

Five years, beginning the first day of the first fiscal quarter that begins one year after enactment of ARPA (i.e., April 1, 2022)

Section 9813. State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services

Summary

Creates an option for states to cover community-based mobile crisis intervention services. Under this benefit, an interdisciplinary team will deliver services outside of a hospital or facility to beneficiaries experiencing a mental health or SUD crisis. The team must contain at least one behavioral health care professional that can perform an individual assessment within their scope of practice. Teams must be available 24 hours per day, 365 days per year. For the first 12 fiscal quarters (i.e., 3 years) the FMAP for the new benefit will equal 85%, except in cases where a state's FMAP is higher. States must assure that the funds will be used to supplement, and not supplant, the level of State funds expended for such services for the fiscal quarter immediately prior to implementation.

Funding Amount

\$15 million in State Planning Grants for states to develop a Medicaid state plan amendment, §1115, §1915(b), or §1915(c) waiver request to provide qualified community-based mobile crisis intervention services. No cap on funding for services.

Effective Date(s)

Five years, beginning the first day of the first fiscal quarter that begins one year after enactment of ARPA (i.e., April 1, 2022)

Section 9814. Temporary Increase in FMAP for Medical Assistance Under State Medicaid Plans Which Begin to Expend Amounts for Certain Mandatory Individuals

Summary

Provides states that have not yet expanded Medicaid with a temporary 5 percentage point increase in the state's FMAP for expanding Medicaid coverage to newly eligible (i.e., expansion) adults. The increased FMAP will not apply (1) with respect to Disproportionate Share Hospital (DSH) payments, (2) in calculating the enhanced FMAP for CHIP, (3) with respect to aid and services to needy families with children or child-welfare services, and (4) for applying payment limits under the Advisory Council on Unemployment Compensation.

Funding Amount

Not capped

Effective Date(s)

March 11, 2021, state's expanding after enactment will receive the enhanced FMAP for eight fiscal quarters (i.e., two fiscal years)

Section 9815. Extension of 100 Percent Federal Medical Assistance Percentage to Urban Indian Health Organizations and Native Hawaiian Health Care Systems**Summary**

Provides 100% FMAP for medical assistance expenditures for services received through an UIHP Organization that has a grant or contract with the IHS and services received through a Native Hawaiian Health Center or qualified entity that has a grant or contract with the Papa Ola Lokahi.

Funding Amount

Not capped

Effective Date(s)

March 11, 2021, through the following eight fiscal quarters (i.e., two fiscal years)

Section 9816. Sunset of Limit on Maximum Rebate Amount for Single Source Drugs and Innovator Multiple Source Drugs**Summary**

Delays the elimination of the cap on Medicaid drug rebates until January 1, 2024.

Funding Amount

None

Effective Date(s)

March 11, 2021

Section 9817. Additional Support for Medicaid Home and Community-Based Services During the COVID-19 Emergency**Summary**

Provides a 10 percent FMAP increase for home and community-based services (HCBS) provided during the one-year period from April 1, 2021 to March 31, 2022. States must assure that the funds will be used to supplement, and not supplant, the level of State funds expended for such services prior to April 1, 2021 and expend funds to implement activities that enhance, expand, or strengthen HCBS. Increase is not available to states with an FMAP greater than 95%, except for payments made to Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa.

Funding Amount

Not capped

Effective Date(s)

April 1, 2021 through March 31, 2022

Section 9818. Funding for State Strike Teams for Resident and Employee Safety in Nursing Facilities

Summary

Provides funding for states to establish and implement a nursing home strike team. The strike team will be deployed to a nursing facility in the state with diagnosed or suspected cases of COVID-19 among residents or staff. The strike team will assist with clinical care, infection control, or staffing.

Funding Amount

\$250 million available until expended

Effective Date(s)

During the PHE until up to one year after the end of the PHE

Section 9819. Special Rule for the Period of a Declared Public Health Emergency Related to Coronavirus

Summary

Recalculates statewide DSH allotments for the period in which the 6.2 percent FMAP increase has been in place as a result of the Families First Coronavirus Response Act (FFCRA) to equal the same amount as if the period did not have the enhanced FMAP rate. The provision allows for states to make DSH payments up to the full amount that they would have made prior to the FMAP increase.

Funding Amount

Not capped

Effective Date(s)

April 1, 2020; Retroactive as if included in the FFCRA

OTHER HUMAN AND SOCIAL SERVICES FUNDING

TITLE I - COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: SUBTITLE B - NUTRITION

Section 1101. Supplemental Nutrition Assistance Program (SNAP)

Summary

Provides federal funding for program administration and oversight and allocates additional state grant dollars for SNAP benefits in Fiscal Year 2021.

Funding Amount

\$1.15 billion total with amounts to be obligated each Fiscal Year:

- \$15 million for SNAP program administrative/oversight costs
- \$1.135 billion for state SNAP grants

Effective Date(s)

Fiscal Year 2021 through September 30, 2023

Section 1102. Additional Assistance for SNAP Online Purchasing and Technology Improvements

Summary

Provides funding to states to modernize and improve technologies supporting SNAP in Fiscal Year 2021. Examples include improving online purchasing, modernizing electronic benefit technology (EBT), supporting mobile technologies, and providing technical assistance to retailers that support modernization.

Funding Amount

\$25 million through September 30, 2026

Effective Date(s)

Fiscal Year 2021 through September 30, 2026

Section 1105. Improvements to Women, Infants, and Children Benefits

Summary

Provides authority to the Secretary of Agriculture to increase the amount of Women, Infants, and Children (WIC) vouchers up to or equal to \$35 per month during the public health emergency. States must notify the Secretary of their intent to raise the amount of the cash value vouchers. This one-time increase is available only during effective dates cited below and authority for this provision expires September 30, 2021.

Funding Amount

\$490 million total to remain available through September 20, 2022

Effective Date(s)

The day after enactment or not later than the earlier of four months after the day of enactment or September 30, 2021

Section 1106. WIC Program Modernization**Summary**

Provides funds to support outreach, innovation, and WIC program modernization efforts (including waivers) to improve participation in WIC.

Funding Amount

\$390 million

Effective Date(s)

Fiscal Year 2021 through September 30, 2024

Section 1107. Meals and Supplements for Individuals Who Have Not Attained the Age of 25**Summary**

The Secretary of Agriculture will reimburse emergency shelters as defined in the Richard B. Russell National School Lunch Act for meals and supplements served to individuals up to the age of 25 for a public health emergency.

Funding Amount

None

Effective Date(s)

March 11, 2021, through duration of public health emergency

Section 1108. Pandemic EBT Program**Summary**

Amends language in the FFCRA to ensure states may continue providing school breakfast and lunch services (including during summer period) through the EBT program for the duration of a public health emergency.

Funding Amount

None

Effective Date(s)

Fiscal Year 2021

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE C - HUMAN SERVICES AND COMMUNITY SUPPORTS

Section 2201. Child Care and Development Block Grant Program

Summary

Appropriates funding for states to provide childcare assistance to essential workers deemed essential by public officials during the response to COVID-19, including health care sector employees, emergency responders, sanitation workers, regardless of income eligibility requirements.

Funding Amount

\$14.9 billion available through September 30, 2021; payments made under this subsection are obligated in Fiscal Years 2021-2023. \$35 million available through September 30, 2025 to provide technical assistance, conduct research, and cover administrative costs related to Sections 2201 and 2202.

Effective Date(s)

Fiscal Year 2021

Section 2202. Child Care Stabilization

Summary

Provides aid to support ongoing operations of licensed childcare providers affected by the public health emergency. Funds available through this provision supplement and do not supplant existing federal, state, and local dollars.

Funding Amount

\$23.975 billion for grants available through September 30, 2021

Effective Date(s)

Fiscal Year 2021

Section 2204. Programs for Survivors

Summary

Provides funding to programs authorized under the Family Violence Prevention and Services Act, including grants to support culturally specific populations, grants to support survivors of sexual assault and related administrative costs.

Funding Amount

\$49.5 million for Fiscal Year 2021 until expended in support for culturally specific populations

\$198 million for Fiscal Year 2021 until expended for assistance to rape crises centers transforming to virtual services and meeting needs of survivors

\$2.5 million for Fiscal Year 2021 until expended for federal administrative costs

Effective Date(s)

Fiscal Year 2021

Section 2205. Child Abuse Prevention and Treatment

Summary

Provides funding to programs authorized under the Child Abuse Prevention and Treatment Act and changes allocations to states from 70% to 100% of the amount appropriated in the same proportion to the appropriation as the number of resident children under 18 to the total number of children under 18 residing in all states.

Funding Amount

\$350 million total

Effective Date(s)

Fiscal Year 2021 through September 30, 2023

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE F - PUBLIC HEALTH WORKFORCE

Section 2501. Funding for Public Health Workforce

Summary

Provision appropriates dollars to establishing, expanding, and maintaining the public health workforce including awards to state, local, and territorial public health departments.

Funding Amount

\$7.66 billion available until expended

Effective Date(s)

Fiscal Year 2021

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE B - EMERGENCY ASSISTANCE TO FAMILIES THROUGH HOME VISITING PROGRAMS

Section 9101. Emergency Assistance to Families through Home Visiting Programs

Summary

Provides supplemental appropriations for maternal, infant, and early childhood home visiting programs to maintain staffing levels, provide hazard pay, train staff in emergency preparedness and response, provide emergency supplies, coordinate with diaper banks, provide prepaid grocery cards, as well as to continue providing services via virtual (including telecommunications technologies and assistance for families to obtain needed technology to support virtual visits) or home visits.

Funding Amount

\$150 million available through September 30, 2022

Effective Date(s)

Date of enactment

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE D - ELDER JUSTICE AND SUPPORT GUARANTEE

Section 9301. Additional Funding for Aging and Disability Services Programs

Summary

Adds a new section, Additional Funding for Aging and Disability Services Programs, to Title XX of the Social Security Act, providing new funding to support elder justice activities including certain long-term care staff and ombudsman training and Adult Protective Services functions and grant programs.

Funding Amount

\$276 million available until expended

Effective Date(s)

Fiscal Year 2021

HEALTH INSURANCE/ACA SUBSIDIES AND RELATED PROVISIONS

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE D - PUBLIC HEALTH

Section 2305. Reduced Cost Sharing

Summary

Amends the Affordable Care Act (ACA) to allow individuals receiving or approved for unemployment compensation in 2021 to be eligible for reduced cost sharing if they are enrolled in a qualified health plan.

Funding Amount

None

Effective Dates

Fiscal Year 2021

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE I - EXCHANGE GRANT PROGRAM

Section 2801. Establishing a Grant Program for Exchange Modernization

Summary

Allows states to apply for grants to their state ACA health insurance exchanges for modernization or updates to exchange systems, programs, or technology.

Funding Amount

\$20 million

Effective Date(s):

Fiscal Year 2021. Funds available through September 30, 2022

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE D - PRESERVING HEALTH BENEFITS FOR WORKERS

Section 9501. Preserving Health Benefits for Workers

Summary

Provides COBRA eligible former employees with a 100% federal subsidy covering COBRA health insurance premiums through the end of September 2021, allowing such employees and their families to maintain employer-sponsored coverage after a layoff, reduction in hours, or furlough. Group Health Plans are required to provide eligible former employees with a notice of this benefit within specific timeframes. Model Notices will be published by the Department of Labor in consultation with Health and Human Services (HHS) and Treasury within 30 days of enactment. Plans will also be required to send advance notices to their eligible individuals within specific timeframes advising of the expiration of this COBRA assistance.

Funding Amount

None

Effective Dates

Fiscal Year 2021. Ends September 30, 2021

Sections 9661-9663. Premium Tax Credit**Summary**

These sections increase the amount of health insurance premium subsidies (tax credits) for 2021 and 2022. ACA subsidy amounts are calculated based on the individual's/family's income as well as the cost of the second-lowest cost Silver health insurance plan in the applicable area (benchmark plan).

Subsidies have helped ensure that individuals/families will not pay more than a certain percentage of their household income relative to the federal poverty level (FPL) which previously was up to 400% of FPL (referred to as the "subsidy cliff"). These sections increase subsidies to those who are already eligible for them and remove the FPL income cap, increasing subsidies across the board so no one pays more than 8.5% of their household income on the applicable benchmark plan.

The sections also expand certain health care premium tax credits to fully subsidize ACA coverage for individuals earning up to 150% of the FPL for two years as well as those receiving unemployment insurance.

Some taxpayers receiving Unemployment Compensation last year may have received more income than they typically would have otherwise and therefore may have received excess premium subsidies as a result. Recognizing this, the Act exempts any excess subsidies for 2020 from recapture through income taxes. For 2021, the subsidy calculation will not count any income above 133% of the FPL for individuals who qualify for tax credits and were eligible for Unemployment Compensation for least one week of unemployment compensation during the year.

Funding Amount

None

Effective Date(s)

Changes apply to taxable years beginning after December 31, 2019

OVERSIGHT PROVISIONS

TITLE I - COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY: SUBTITLE A - AGRICULTURE

Section 1004. Funding for the USDA Office of the Inspector General for Oversight of Covid-19-Related Programs

Summary

Provides funding to the Office of the Inspector General of the Department of Agriculture for audits, investigations, and other oversight activities of projects and activities carried out with funds made available to the Department of Agriculture (DOA) related to the COVID-19 pandemic. Key funding made available to DOA includes \$12 billion for the extension of the Supplemental Nutrition Assistance Program and the Women, Infants, and Children's Program benefit increases and the Pandemic Electronic Benefit Funds Transfer program and processes.

Funding Amount

\$2.5 million

Effective Dates

Fiscal Year 2021 through September 30, 2022

TITLE II - COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS: SUBTITLE A - EDUCATION MATTERS

Section 2012. Office of Inspector General

Summary

Provides funding to the Office of the Inspector General of the Department of Education for salaries and expenses necessary for oversight, investigations, and audits of programs, grants, and projects funded under this part which are related to helping safely reopen K-12 schools, private schools serving a significant portion of low-income students, colleges and universities, evidenced-based summer programs, after-school programs, and education technology.

Funding Amount

\$5 million

Effective Dates

Fiscal Year 2021, funds available until expended

TITLE IV - COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Section 4002. Funding for the Government Accountability Office

Summary

Provides funding to the Government Accountability Office to prevent, prepare for, and respond to COVID-19 and to support oversight of the pandemic response and funds provided in the American Rescue Plan Act (the Act) and all other previously passed Acts pertaining to the COVID-19 pandemic.

Funding Amount

\$77 million

Effective Dates

Fiscal Year 2021 through September 30, 2025

Section 4003. Pandemic Response Accountability Committee Funding Availability**Summary**

Provides funding for the Pandemic Response Accountability Committee (PRAC) to support oversight of the COVID-19 response and funds provided in the Act or any other Act pertaining to the COVID-19 pandemic. The Coronavirus Aid, Relief, and Economic Security (CARES) Act established the PRAC to promote transparency to the public on the government's COVID-19 spending and the COVID-19 response, to prevent and detect fraud, waste, abuse, and mismanagement of spending, and to mitigate major risks that cut across programs and agencies. Currently the committee has 21 members, representing Inspectors General from various agencies.

Funding Amount

\$40 million

Effective Dates

Fiscal Year 2021 through September 30, 2025

TITLE VII - COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION: SUBTITLE D - CONSUMER PROTECTION AND COMMERCE OVERSIGHT**Section 7403. Funding for Department of Commerce Inspector General****Summary**

Provides funding to the Office of the Inspector General of the Department of Commerce for oversight of activities supported with funds appropriated to the Department of Commerce to prevent, prepare for, and respond to COVID-19.

Funding Amount

\$3 million

Effective Dates

Fiscal Year 2021 through September 30, 2022

TITLE VIII - COMMITTEE ON VETERANS AFFAIRS**Section 8005. Funding for the Department of Veterans Affairs Office of Inspector General****Summary**

Provides funding for the Office of Inspector General of the Department of Veterans Affairs to support oversight of the funds under the Act which are related to supporting the administration of veteran's benefits and training programs, providing veteran's health care services, waiving treatment copays

through September 30, 2021, and reimbursing veterans for health care payments made, as well as funding support for upgrades and enhanced safety and operations of state veterans homes.

Funding Amount

\$10 million

Effective Dates

Fiscal Year 2021 until expended

TITLE IX - COMMITTEE ON FINANCE: SUBTITLE L - MEDICARE

Section 9833. Funding for Office of Inspector General

Summary

Provides funding for the Office of Inspector General of HHS for oversight of activities supported with funds appropriated to HHS to prevent, prepare for, and respond to COVID-19.

Funding Amount

\$5 million

Effective Dates

Fiscal Year 2021 until expended