



Federal COVID-19 Funding Checklist for Health Systems

Current as of **April 16, 2021, 1 p.m.. EDT.**

This document outlines the major financial opportunities related to COVID-19 contained in the Consolidated Appropriations Act (P.L. 116-260) and the American Rescue Plan (P.L. 117-2). Funding from the previous COVID-19 relief bills enacted in 2020 is identified on our prior versions of the Federal Regulatory, Statutory COVID-19 Checklist for Health Systems. For additional information contact any of the following Strategic Health Care senior staff: paul.lee@shcare.net; devon.seibert-bailey@shcare.net; diane.turpin@shcare.net; david.introcaso@shcare.net or 202-266-2600.

For the Consolidated Appropriations Act – click [here](#); click [here](#) for the SHC summary. This Act also extends the deadline to December 31, 2021 for state and local governments to spend funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act Coronavirus Relief Fund.

For the American Rescue Plan – click [here](#); click [here](#) for Title-by-Title summary; click [here](#) for the SHC summary on the new fund for rural providers.

In addition to the itemized health care funding in the chart below, state and local governments will receive the following amounts which may ultimately flow to providers:

- \$350 billion to help states, counties, cities and tribal governments cover increased expenditures, replenish lost revenue and mitigate economic harm from the COVID-19 pandemic;
 - Funds may be used to cover costs incurred by December 31, 2024;
 - Funds to be distributed in 2 tranches, with 50% to be delivered no later than 60 days from enactment (March 11, 2021), and the remainder no earlier than 1 year later;
 - States have to distribute funds to smaller towns within 30 days of receiving a payment from the department or pay back any undistributed funds;
- \$195.3 billion to states and the District of Columbia:
 - \$25.5 billion equally divided to provide each state a minimum of \$500 million;
 - \$169 billion allocated based on the states' share of unemployed workers over a 3-month period from October - December 2020.
- \$130.2 billion to local governments
 - \$65.1 billion for counties
 - \$45.6 billion for metropolitan cities
 - \$19.5 billion for towns with fewer than 50,000 people

- \$4.5 billion to US territories
- \$20 billion to tribal governments
- \$10 billion for a Coronavirus Capital Projects Fund to carry out projects to support work, education and health monitoring, including remote options, in response to the PHE.

For general overviews of COVID-19 funding by government agency:

HHS – For a great visual of all the funding by each appropriations bill through 2020, total amounts awarded to each state and beneficiaries in each state - click [here](#)

CDC - Financial Resources Webpage - click [here](#)

Federal Office of Rural Health Policy - Overview of COVID-19 Funding - click [here](#)

Targeted Health Care Funding for Providers

Funding, Grants, and Loans				
What is it?	What does it do?	Key Points	Entities Effected	Status
\$8.5 billion in grants for rural health care providers	Additional grants for hospital and health care providers to be reimbursed for health care related expenses or lost revenue incurred in 2020 directly attributable to the COVID-19 PHE.	<p>In the American Rescue Plan – Sec. 9911</p> <p>Uses same definitions of health care related expenses/lost revenue as the Provider Relief Fund.</p> <p>Requires providers to apply for reimbursement through a portal.</p> <p>To be administered separately from the Provider Relief Fund.</p>	Rural hospital and health care providers. Click here for detailed memo from SHC.	Awaiting details from HRSA.

\$3 billion in additional grants for hospital and health care providers	Reimbursements for health care-related expenses or lost revenue directly attributable to the PHE.	In the Consolidated Appropriations Act - Division M Title III	Acute Care Facilities Post-Acute Physicians	Part of the Provider Relief Fund distribution via HRSA
\$24 billion remaining in Provider Relief Fund	Estimate of funds awaiting distribution for health care-related or lost revenue directly attributable to the PHE. Includes uninsured relief fund payment.	Initially established in the CARES Act Click here for FAQs; Click here for PRF distributions by state; and Click here for complete database of recipients	Acute Care Facilities Post-Acute Physicians SNFs Nursing Homes RHCs Tribal hospitals, clinics, and urban health centers	Part of the Provider Relief Fund distribution via HRSA
\$8.75 billion to CDC for vaccines	Supports federal, state, local, territorial and tribal public health agencies to distribute, administer, monitor, and track coronavirus vaccination to ensure broad-based distribution, access, and vaccine coverage, including: \$4.5 billion for State, local, Territorial, and Tribal Public Health Departments; and \$300 million for a targeted effort to distribute and administer vaccines to high-risk and underserved populations, including racial and ethnic minority populations and rural communities.	In the Consolidated Appropriations Act CDC provided \$3 billion out of the \$8.75 billion that should be hitting states about now. Click here for a state-by-state breakdown of funds. Click here for the CDC general announcement which includes information about another \$19 billion being made available for testing, tracing, etc.	Funding largely to flow through state and local public health departments	1 st payment to states happened in February 2021. Keep tabs on your state and local public health department
\$8.5 billion to CDC for	Supplemental funding opportunity for state, locality and territorial vaccine distribution grants	In the American Rescue Plan – Sec. 2301	Flows to state, local and territorial	Keep tabs on your state and

vaccine activities		Funds for CDC to (1) conduct activities to enhance, expand, and improve nationwide COVID–19 vaccine distribution and administration, including activities related to distribution of ancillary medical products and supplies related to vaccines; and (2) provide technical assistance, guidance, and support to, and award grants or cooperative agreements to, State, local, Tribal, and territorial public health departments for enhancement of COVID–19 vaccine distribution and administration capabilities, including— (A) the distribution and administration of vaccines; (B) the establishment and expansion, including staffing support, of community vaccination centers, particularly in underserved areas; (C) the deployment of mobile vaccination units, particularly in underserved areas; (D) information technology, standards-based data, and reporting enhancements, including improvements necessary to support standards-based sharing of data related to vaccine distribution and vaccinations and systems that enhance vaccine safety, effectiveness, and uptake, particularly among underserved populations; (E) facilities enhancements; (F) communication with the public regarding when, where, and how to receive COVID–19 vaccines; and (G) transportation of individuals to facilitate vaccinations, including at community vaccination centers and mobile	public health departments	local public health department
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		<p>vaccination units, particularly for underserved populations.</p> <p>Sec. 2302 Includes \$1 billion for vaccine confidence activities.</p>		
<p>\$10 billion for vaccines in underserved communities</p>	<p>Includes approximately \$6 billion for community health centers, \$3 billion through the CDC to increase vaccine confidence and \$330 million to invest in community health workers.</p> <p>Includes grants and cooperative agreements for FQHCs and certain qualified entities under sections 4 and 6 of the Native Hawaiian Health Care Improvement Act</p>	<p>In the American Rescue Plan – Sec. 2601</p> <p>Click here for the fact sheet and here for HRSA's state-by-state graphic identifying the allocation of funds. For additional details on grant submissions, a webinar and slide deck, click here.</p> <p>Click here for press release.</p> <p>Funds(1) to plan, prepare for, promote, distribute, administer, and track COVID–19 vaccines, and other vaccine-related activities; (2) to detect, diagnose, trace, and monitor COVID–19 infections and related activities necessary to mitigate the spread of COVID–19, including activities related to, and equipment or supplies purchased for, testing, contact tracing, surveillance, mitigation, and treatment of COVID–19; (3) to purchase equipment and supplies to conduct mobile testing or vaccinations for COVID–19, to purchase and maintain mobile vehicles and equipment to conduct such testing or vaccinations, and to hire and train laboratory personnel and other staff to conduct such mobile testing</p>	<p>CHCs, FQHCs</p>	<p>HRSA</p>

		<p>or vaccinations, particularly in medically underserved areas; (4) to establish, expand, and sustain the health care workforce to prevent, prepare for, and respond to COVID– 19, and to carry out other health workforce-related activities; (5) to modify, enhance, and expand health care services and infrastructure; and (6) to conduct community outreach and education programs activities. Covers expenditures from onset of PHE to the end.</p>		
<p>\$22.4 billion for the Public Health & Social Services Emergency Fund to support testing, contact tracing</p>	<p>Includes funding for other activities to monitor and suppress COVID-19, including reimbursement for health care related expenses or lost revenue attributable to COVID-19</p>	<p>In the Consolidated Appropriations Act – Title III</p> <p>Includes \$2.5 billion for a target effort in high-risk and underserved populations, including racial and ethnic minority populations and rural communities.</p> <p>Includes support for workforce to scale up academic, commercial, public health, and hospital laboratories, and community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID–19 testing, and other related activities related to COVID–19 testing.</p>	<p>Funding largely to flow through state and local public health departments</p>	<p>Keep tabs on your state and local public health department</p>

\$7.66 billion for public health workforce expansion	<p>Funding for state, local and territorial public health departments to establish, expand and sustain their public health workforce.</p> <p>\$100 million for Medical Reserve Corps.</p>	<p>In the American Rescue Plan – Sec. 2501</p> <p>Funding for costs, including wages and benefits, related to the recruiting, hiring, and training of 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, informaticians, communication and policy experts who are employed by the State, territorial, or local public health department involved; or (ii) a nonprofit private or public organization with demonstrated expertise in implementing public health programs and established relationships with such State, territorial, or local public health departments, particularly in medically underserved areas.</p>	Largely state and local public health departments; nonprofit private or public organization with public health expertise	Keep tabs on your state and local public health department
\$47.8 billion for testing and tracing activities	For testing to contain the virus and mitigate its effects, hire staff for contact tracing, provide PPE for frontline health workers, and take other steps to combat the virus, such as enabling isolation and quarantine. Also provides \$1.73 billion for enhanced genomic sequencing	<p>In the American Rescue Plan - Sec. 2401</p> <p>HHS to use funds in part to provide grants to state, local public health departments for activities to detect, diagnose, trace, and monitor infections and related strategies and activities to mitigate the spread of COVID–19; to establish and expand testing and contact tracing capabilities, including through investments in laboratory capacity, such as academic and research laboratories, or other laboratories that could be used for processing of COVID–19 testing; community-based testing sites and community-based organizations; or</p>	Largely state and local public health departments; academic and research labs or other labs that could be used for testing; community-based organizations; mobile health units	Keep tabs on your state and local public health department

		mobile health units, particularly in medically underserved areas; (award grants to, or enter into cooperative agreements or contracts with, State, local, and territorial public health departments to establish, expand, and sustain a public health workforce		
\$7 billion for broadband	<p>Expands access for students, families, and unemployed workers.</p> <p>Includes \$250 million for FCC’s COVID-19 telehealth program for health care providers’ telecommunications services and connected devices. and \$300 for rural broadband.</p>	<p>In the Consolidated Appropriations Act – Title IX, sec. 903</p> <p>FCC’s grant application window expected to open by the end of April with a deadline for applying.</p> <p>Click here for the press release and here for the report and order.</p>	Acute Care Facilities Post-Acute Physicians	Addition-al application info expected by April 30.
\$1 million for grants to rural hospitals for telehealth	Funding through the Small Rural Hospital Improvement (SHIP) grant program through HRSA.	In the Consolidated Appropriations Act - click here .	Rural Hospitals	Awaiting info from HRSA
\$4.25 billion for SAMHSA	<ul style="list-style-type: none"> • \$1.65 billion for the Substance Abuse and Prevention Treatment Block Grant; • \$1.65 billion for the Mental Health Services Block Grant; • \$600 million for Certified Community Behavioral Health Clinics; • \$50 million for suicide prevention programs; 	In the Consolidated Appropriations Act – not limited to COVID-19, included here as an additional funding opportunity.	Varies by grant	SAMHSA

	<ul style="list-style-type: none"> • \$50 million for Project AWARE to support school-based mental health for children; • \$240 million for emergency grants to States; and • \$10 million for the National Child Traumatic Stress Network; • Not less than \$125 million of funds provided to SAMHSA must be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes across a variety of programs. 			
\$3 billion For SAMHSA Block Grant programs	\$1.5 billion for Community Mental Health Services Block Grant \$1.5 billion for Prevention & Treatment of Substance Abuse Block Grant	In the American Rescue Plan – Sec. 2701 & Sec. 2702 Click here for the press release; click here for the Community Mental Health Services Block Grant supplemental distribution for FY2021 and here for the Substance Abuse Block Grant supplemental for FY2021	Funding distributed to states	Check with your state health department
\$80 million	Funding for mental health and substance use disorder training for health care professionals; grants for health care providers to promote mental health among their health professional workforce	In the American Rescue Plan – Sec. 2703	Health professions schools, academic health centers, State or local governments, Indian Tribes and Tribal organizations	HRSA
\$20 million	Education campaign – mental health/substance use disorder services by health care professionals	In the American Rescue Plan – Sec. 2704	For the benefit of health care professionals	CDC

\$40 million	Grants for health care providers to promote mental health among health professional workforce	In the American Rescue Plan – Sec.2705	For the benefit of health care professionals	HRSA
\$420 million for grants to Certified Community Behavioral Health Clinics	Expansion grants	In the American Rescue Plan – Sec. 2713	Community Behavioral Health Clinics	HRSA
\$100 million	Funding for behavioral health workforce education and training	In the American Rescue Plan – Sec.2711	For the benefit of health care professionals	HRSA
\$200 million to support infection control in SNFs and \$250 million for “strike teams”	Assists SNFs – funding to be provided up until one year after the end of the PHE	In the American Rescue Plan – Sec. 9401 and Sec. 9402	SNFs	HHS
\$500 million in Emergency Rural Development Grants for Rural Health Care	An emergency pilot program is to be established within 150 days of the Act through the Department of Agriculture.	In the American Rescue Plan – Sec. 1002 Funds may be used to (1)increase capacity for vaccine distribution; (2) provide medical supplies to increase medical surge burse for revenue lost during the COVID–19 pandemic, including revenue losses incurred prior to the awarding of the grant; (4) increase telehealth capabilities, including underlying health care information systems; (5) construct temporary or	Rural providers	Ag Dept.

		<p>permanent structures to provide health care services, including vaccine administration or testing; (6) support staffing needs for vaccine administration or testing; and (7) engage in any other efforts to support rural development determined to be critical to address the COVID–19 pandemic, including nutritional assistance to vulnerable individuals, as approved by the Secretary.</p>		
<p>SBA Loans for Paycheck Protection Program (PPP)</p>	<p>Continues funding PPP through 6/31/21; applications may be made through 5/31/21.</p>	<p>The Consolidated Appropriations Act extended the program through 3/31/21 and increased authorizations to \$806.50 billion.</p> <p>The American Rescue Plan provided an additional \$7.25 billion and made some larger not-for-profits eligible.</p> <p>The Paycheck Protection Program Extension (P.L. 117-6) - click here Extends funding and application period.</p> <p>Click here for the Treasury Department website with all details.</p>	<p>Acute Care Facilities Post-Acute Physicians Insurance</p>	<p>Applications must be made by 5/31/21</p>