

Consolidated Appropriations Act of 2021 • CCHN Summary of Key Provisions

[Bill Text](#)

On Dec. 21, 2020, Congress passed the Consolidated Appropriations Act, 2021, H.R. 133, a spending bill that combines \$900 billion in stimulus relief for the COVID-19 pandemic with a \$1.4 trillion omnibus spending bill for the 2021 federal fiscal year. President Trump signed the Act on Dec. 27, 2020.

CHCs

Health Center Program:

- Community Health Center Fund (“mandatory funding”): 3 years of mandatory funding from FY2021 to FY2023 at \$4 billion dollars per year (level funding).
- Annual appropriations (“discretionary funding”): \$1.7 billion for FY21 (ends Sept. 30, 2021), an increase of \$57 million over FY20.

National Health Service Corps: \$310 million per year for 3 years from FY2021 to FY2023 (a small increase over FY2020).

THCGME: \$126.5 million per year for 3 years from FY2021 to FY2023 (level funding).

Nurse Corps Loan Repayment Program: not included in the bill.

COVID-19 Emergency Response

CDC: \$8.75 billion for CDC-wide activities to distribute, administer, monitor, and track vaccination, including \$4.5 billion for state, local, territorial, and Tribal health departments and \$300 million for targeted efforts in high-risk and underserved populations. (NACHC monitoring CHC eligibility.)

ASPR (Office of Assistant Secretary of Preparedness and Response): \$22.94 billion for research and development, including \$19.69 to BARDA (Biomedical Advanced Research and Development Authority) for vaccine, therapeutic, supply development and procurement and \$3.25 billion for the Strategic National Stockpile.

Public Health and Social Services Emergency Fund: \$22.4 billion for testing/tracing to states, of which \$2.5 billion is targeted to improve testing and tracing in high-risk and underserved populations. (NACHC monitoring CHC eligibility.)

Provider Relief Fund (PRF): An additional \$3 billion general (non-CHC specific) allocation and flexibility to calculate lost revenues. (NACHC lawyers reviewing final bill to figure out key details)

H.R. 133 does not include CHC-specific emergency COVID-19 funding. NACHC is continuing to work on this in the new Congress.

Other Health Provisions

Broadband/Telehealth: \$7 billion for broadband activities, including \$250 million for the FCC’s Telehealth Program to cover health care providers’ expenses for providing services using communications equipment.

	<p><u>School-Based Health Centers:</u> School-based health centers reauthorized and funded for FY2022-FY2026. (Under this law, FQHCs cannot access this funding – this is on NACHC’s list of items to work on).</p> <p><u>Mental Health Services:</u> \$6 billion to SAMHSA, including grant dollars for substance abuse prevention and emergency grants to states.</p> <p><u>Surprise Medical Bills:</u> Beginning Jan. 1, 2022, patients will be protected from surprise medical bills that could arise from out-of-network emergency care, certain ancillary services provided by out-of-network providers at in-network facilities, and for out-of-network care provided at in-network facilities without the patient’s informed consent.</p> <p><u>DSH:</u> Eliminates \$4 billion in Medicaid DSH cuts that were scheduled to go into effect in FY2021 and further eliminates the DSH cuts in the two subsequent years.</p> <p><u>Certified Community Behavioral Health Center initiative:</u> \$250 million for this initiative.</p> <p><u>Health Equity:</u> \$62 million to the HHS Office of Minority Health and \$55 million for the Minority HIV/AIDS Initiative. In addition, it allocates \$80 million for the Research Centers in Minority Institutions (RCMI) program at the National Institute on Minority Health and Health Disparities (NIMHD).</p> <p><u>Social Determinants of Health:</u> \$3 million in funding to establish a Social Determinants of Health Pilot Program to create Social Determinants of Health Accelerator Plans. The funding will help state and local governments develop plans to address the health and social needs of targeted populations.</p> <p><u>Maternal and Child Health:</u> \$975 million, an increase of \$32 million, for HRSA programs to improve maternal and child health; \$44 million, an increase of \$5 million, for the NIH Office of Research on Women’s Health; \$10 million for NIH research on premature births; and \$63 million, an increase of \$5 million, for CDC efforts on safe motherhood.</p> <p><u>Indian Health Services:</u> \$4.3 billion for this program.</p> <p><u>Special Diabetes Programs:</u> Mandatory funding of \$150 million per year for 3 years.</p>
Individuals/Businesses	<p><u>Paycheck Protection Program:</u> Additional \$284 billion for the PPP and extends the program, with changes, through Mar. 31, 2021. The legislation expands eligibility for the program to new types of entities,</p>

allows for certain smaller borrowers (300 or fewer employees) that have sustained a minimum threshold of financial losses to apply to receive a second PPP loan, and expands the types of expenses that may be eligible for forgiveness, including costs associated with securing personal protective equipment. Applicants must exhaust their first loan before receiving a second one.

Extension of Paid Leave Credits: Extends through Mar. 31, 2021 the refundable payroll tax credits for paid sick and family leave that were established in the FFCRA.

Personal Stimulus Checks: \$600 stimulus checks for people earning less than \$75,000 per year, phased out until \$100,000; \$1,200 for joint filers with incomes of \$150,000 and below. An additional \$600 per child dependent.

Unemployment Benefits: Extends unemployment benefits for 11 weeks (through March 14), and provides an additional \$300 per week in federal unemployment.

Rental/Evictions: \$25 billion in federal funding and extension of the moratorium on evictions until Jan. 31, 2021. Also provides \$25 billion for rental assistance through Sept. 30, 2022.