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FEMA Assistance for Vaccine Administration and Distribution: In Brief

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Introduction

Beginning in March 2020, former President Donald J. Trump declared a national emergency, and subsequently declared major disasters for all 50 states, five territories, the District of Columbia, and one tribe for the Coronavirus Disease 2019 or COVID-19 pandemic under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act, as amended; P.L. 93-288).[1] Among the forms of assistance authorized under the Stafford Act declarations was Public Assistance (PA) for Emergency Protective Measures, including PA for vaccination-related costs (e.g., PPE for vaccinators, vaccinator overtime or surge support).[2]

Upon assuming office, President Joseph R. Biden expanded the use of PA for vaccination-related costs by increasing the PA federal cost share and initiating an effort to use PA to open and expand vaccination sites. The first federally-run vaccination sites opened on February 16, 2021 (see **Chronology**). This report provides a brief synopsis of FEMA PA for vaccination-related costs using available data to date.

Chronology—FEMA Assistance for Vaccine Administration and Distribution

March 13, 2020	Former President Trump declares an emergency under the Stafford Act, effective for all jurisdictions nationwide, authorizing PA for Emergency Protective Measures.
March 20, 2020	Former President Trump begins declaring major disasters for COVID-19 for 50 states, five territories, the District of Columbia, and the Seminole Tribe of Florida. President Biden declares a major disaster for the Navajo Nation on February 2, 2021.[3] All declarations reauthorize PA for Emergency Protective Measures.
October 27, 2020	FEMA releases *Healthcare Resource Roadmap* detailing federal assistance for healthcare providers, including for vaccine administration. FEMA specifies that certain vaccination-related costs are eligible for PA.[4]
November 19, 2020	FEMA issues *FEMA COVID-19 Vaccination Planning FAQ,* further detailing vaccination-related costs eligible for PA.[5]

[1] President Joseph R. Biden subsequently declared a major disaster for the Navajo Nation. FEMA, "COVID-19 Disaster Declarations," https://www.fema.gov/disasters/coronavirus/disaster-declarations; CRS Report R46326, *Stafford Act Declarations for COVID-19 FAQ*, by Elizabeth M. Webster, Erica A. Lee, and William L. Painter. The Stafford Act declarations followed former Secretary of Health and Human Services (HHS) Alex Azar's January 31, 2020 declaration of a Public Health Emergency for the pandemic under the Public Health Service Act. Separately, President Trump also declared a national emergency under the National Emergencies Act for the pandemic. Former Secretary of the Department of Health and Human Services (HHS) Alex Azar, "Determination that a Public Health Emergency Exists," January 31, 2020, https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx. For more information, see CRS Report R46219, *Overview of U.S. Domestic Response to Coronavirus Disease 2019 (COVID-19)*, coordinated by Sarah A. Lister and Kavya Sekar; CRS Insight IN11264, *Presidential Declarations of Emergency for COVID-19: NEA and Stafford Act*, by L. Elaine Halchin and Elizabeth M. Webster; and CRS Report R46379, *Emergency Authorities Under the National Emergencies Act, Stafford Act, and Public Health Service Act*, coordinated by Jennifer K. Elsea.

[2] PA for emergency protective measures is authorized under Stafford Act §§402, 403, 407, 418, 419, 502; 42 U.S.C. §§5170a-5170b, 5173, 5185-86, 5192. See also 44 C.F.R. §206.220 for general eligibility for public assistance.

[3] FEMA, "Navajo Nation; Major Disaster and Related Determinations," February 2, 2021, https://www.fema.gov/disaster-federal-register-notice/dr-4582-navajo-nation-initial-notice.

[4] FEMA, *Healthcare Resource Roadmap*, October 27, 2020, pp. 7-11, (hereinafter FEMA, *Healthcare Roadmap*), https://www.fema.gov/sites/default/files/2020-10/fema_COVID-19-healthcare-resource-roadmap_102720.pdf.

[5] FEMA, *COVID-19 Pandemic: Vaccination Planning FAQ*, November 19, 2020, pp. 3-4, (hereinafter FEMA, *COVID-19 Vaccination FAQ*), https://www.fema.gov/sites/default/files/documents/fema_covid-19-vaccination-planning_faq_11-19-2020.pdf.

January 21, 2021	President Biden issues *National Strategy for the COVID-19 Response and Pandemic Preparedness,* which proposes the creation of new federally-supported vaccination sites, including federally-run vaccination sites, as well as increased support for vaccination sites run by SLTT governments.[6]
January 21, 2021	President Biden issues Memorandum increasing the federal cost share for FEMA PA, including for eligible vaccination-related costs, from 75% to 100% through September 30, 2021.[7]
February 2, 2021	President Biden issues Memorandum that makes the 100% federal cost share for PA, including for eligible vaccination-related costs, retroactive to January 20, 2020.[8]
February 4, 2021	FEMA releases *Community Vaccination Center Playbook,* including planning considerations and requirements for federally-supported vaccination sites.[9]
February 16, 2021	New federally-supported mass vaccination sites open in California.[10]

FEMA's Role in the COVID-19 Vaccination Program

COVID-19 vaccination programs are primarily managed by state, tribal, territorial, and local governments (SLTTs) and supported by the federal government.[11] The Department of Health and Human Services (HHS) purchases vaccines as well as some supplies and then allocates these to SLTT governments for weekly ordering and distribution to vaccination sites.[12] Other federal agencies, such as the Centers for Disease Control and Prevention (CDC) under HHS, also fund and support SLTT vaccination programs.[13] The federal government also separately provides (or is planning to provide) vaccination services directly to patients through federally run efforts,

[6] President Joseph R. Biden, *The National Strategy for COVID-19 Response and Pandemic Preparedness,* January 21, 2021, pp. 41-42 (hereinafter, *National Strategy for COVID-19 Response),* https://www.whitehouse.gov/wp-content/uploads/2021/01/National-Strategy-for-the-COVID-19-Response-and-Pandemic-Preparedness.pdf.

[7] President Joseph R. Biden, "Memorandum to Extend Federal Support to Governors' Use of the National Guard to Respond to COVID-19 and to Increase Reimbursement and Other Assistance Provided to States," January 21, 2021, (hereinafter President Biden, "Extend Federal Support for COVID-19").

[8] President Biden, "Extend Federal Support for COVID-19," and President Joseph R. Biden, "Memorandum on Maximizing Assistance from the Federal Emergency Management Agency," February 2, 2021 (hereinafter President Biden, "Maximizing Assistance"), https://www.whitehouse.gov/briefing-room/presidential-actions/2021/02/02/memorandum-maximizing-assistance-from-the-federal-emergency-management-agency/.

[9] FEMA, *Community Vaccination Centers Playbook,* February 18, 2021, Version 2.0 (hereinafter FEMA, *Community Vaccination Centers Playbook),* https://www.fema.gov/sites/default/files/documents/fema_community-vaccination-centers_playbook_02-18-2021.pdf.

[10] C. Dodd Lopez, U.S. Department of Defense, "Two Federally Supported Vaccination Sites Open in California, More to Follow," February 17, 2021, https://www.defense.gov/Explore/News/Article/Article/2504320/two-federally-supported-vaccination-sites-open-in-california-more-to-follow/; Office of Governor Gavin Newsom, "Governor Newsom, Biden-Harris Administration Partners Celebrate Opening of Community Vaccination Sites in Los Angeles, Oakland," February 16, 2021, https://www.gov.ca.gov/2021/02/16/governor-newsom-biden-harris-administration-partners-celebrate-opening-of-community-vaccination-sites-in-los-angeles-oakland/.

[11] For more information, see CRS Insight IN11609, *COVID-19 Vaccine: Financing for Its Administration*, by Evelyne P. Baumrucker et al.

[12] Ibid., and Department of Health and Human Services (HHS), "COVID-19 Vaccine Distribution: The Process," https://www.hhs.gov/coronavirus/covid-19-vaccines/distribution/index.html.

[13] CDC, "CDC in Action: Accelerating and Supporting COVID-19 Vaccine Distribution," https://www.cdc.gov/budget/documents/covid-19/accelerating-supporting-COVID-19-vaccine-508.pdf. See also CRS Insight IN11556, *Funding for COVID-19 Vaccines: An Overview*, by Kavya Sekar.

including through retail pharmacy partnerships, federally qualified health centers, and other federal health programs (e.g., Veterans Health Administration).[14]

FEMA supplements the federal assistance provided to SLTTs for COVID-19 vaccination programs by reimbursing certain costs and supplying additional direct assistance (e.g., supplies, personnel, and real property) through the PA program. Per Stafford Act Section 312, FEMA may not duplicate assistance provided by other entities, including HHS or private medical insurers.[15] FEMA released specific guidance regarding the coordination of federal sources of funding, including PA, for the pandemic response.[16]

Public Assistance for Pandemic Emergency Response

As noted above, the Stafford Act declarations for the COVID-19 pandemic specifically authorized PA assistance for Emergency Protective Measures, defined as work undertaken to save lives and protect property or public health and safety, or avert the threat of a catastrophe.[17] The PA program provides grant assistance to SLTTs as well as eligible nonprofits for the costs of urgent response and long-term recovery work following an emergency or major disaster declared under the act.[18] For the pandemic, FEMA is to reimburse SLTTs and eligible nonprofits (PA Applicants) for eligible costs incurred while performing eligible work, including certain vaccination-related activities.[19]

Public Assistance Funding

PA is funded through the Disaster Relief Fund (DRF), the primary source of funding for Stafford Act assistance.[20] DRF funds are typically appropriated for any subsequent eligible use; they are not generally designated for specific emergencies, disasters, or forms of assistance, including PA.

PA is restricted by eligibility, not predetermined funding caps. There is no statutory or regulatory limit on the amount of funding that may be made available to any PA Applicant, declaration, or project—including vaccine distribution and administration—for the COVID-19 pandemic.

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[14] Centers for Disease Control and Prevention (CDC), "COVID-19 Vaccination Planning and Partnerships," https://www.cdc.gov/vaccines/covid-19/planning/index.html.

[15] Stafford Act §312; 42 U.S.C. §5155. See also 44 C.F.R. §206.250(c).

[16] FEMA, "Coronavirus Disease 2019 (COVID-19) Public Health Emergency: Coordinating Public Assistance and Other Sources of Federal Funding," June 2020, https://www.fema.gov/sites/default/files/2020-07/FEMA-COVID-19_coordinating-public-assistance-and-other-sources-of-federal-funding_07-01-2020.pdf.

[17] FEMA released guidance specific to the COVID-19 pandemic including a non-exclusive list of emergency protective measures. FEMA, "Coronavirus (COVID-19) Pandemic: Eligible Emergency Protective Measures," fact sheet, March 19, 2020, https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures.

[18] For more information see CRS In Focus IF11529, *A Brief Overview of FEMA's Public Assistance Program*, by Erica A. Lee.

[19] Cost eligibility may vary between January 20, 2020 and September 30, 2021. See FEMA, "FEMA Statement on 100% Cost Share," February 3, 2021 (hereinafter FEMA, "Statement on 100% Cost Share"), https://www.fema.gov/press-release/20210203/fema-statement-100-cost-share.

[20] For more information, see CRS Report R45484, *The Disaster Relief Fund: Overview and Issues*, by William L. Painter.

100% Federal Cost Share

On January 21 and February 2, 2021, President Biden issued memoranda that expanded FEMA's support for a national vaccination campaign by increasing the PA federal cost share from 75% to 100%, including for vaccination-related costs, from January 20, 2020 to September 30, 2021.[21] President Biden also increased the federal cost share from 75% to 100% for the costs of mission assignments mobilizing the National Guard under Title 32 of the *United States Code*. Eligible work includes that related to vaccine administration and distribution.[22] The increased cost share is applicable retroactive to the date of the original authorization (which varies by jurisdiction).[23]

Delivering Public Assistance

Like other Stafford Act assistance, the PA program follows a federalist design wherein disaster response is "federally-supported, state-managed, and locally executed."[24] The terms on which PA is provided are set by an agreement established between FEMA and the state, tribe, or territory (also called the PA Recipient) that receives the declaration (the FEMA-State agreement).[25] PA Recipients help FEMA administer PA in the jurisdiction and must comply with relevant statutes, regulations, and agency policy pertaining to the receipt and administration of PA.[26]

To receive PA funds, Applicants submit documentation of pandemic-related activities and costs to FEMA and the Recipient. FEMA obligates funds for approved costs to the Recipient, who disburses funds to Applicants. For example, FEMA reported obligations of $2.1 million to University of North Carolina Health for its vaccination program. These funds were obligated to North Carolina, who disbursed them to University of North Carolina Health to fund approved work.[27] For the pandemic, President Biden issued a memorandum that directed FEMA to expedite and advance partial funding for PA projects, where appropriate and consistent with the law (see **Figure 1**).[28]

[21] President Biden, "Extend Federal Support for COVID-19," and President Joseph R. Biden, "Maximizing Assistance." The Stafford Act authorizes the President to increase the federal cost share for PA emergency protective measures at Stafford Act §403(b); 42 U.S.C. §5170b(b). See also 44 C.F.R. §206.47.

[22] Ibid; President Biden, "Extend Federal Support for COVID-19;" FEMA Assistant Administrator, Recovery Directorate Keith Turi, Memorandum to Regional Administrators on Title 32 National Guard Support for COVID-19, November 23, 2020.

[23] For more information see CRS In Focus IF11483, *The National Guard in the COVID-19 Pandemic Response: Framework for Action*, by Alan Ott.

[24] FEMA, "FEMA Deploys Response Team to Virginia to Support COVID-19 Vaccinations," February 16, 2021, https://www.fema.gov/press-release/20210218/fema-deploys-response-team-virginia-support-covid-19-vaccinations; FEMA, *2018-2021 FEMA Strategic Plan*, p. 3, https://www.fema.gov/sites/default/files/2020-03/fema-strategic-plan_2018-2022.pdf.

[25] 44 C.F.R. §206.44.

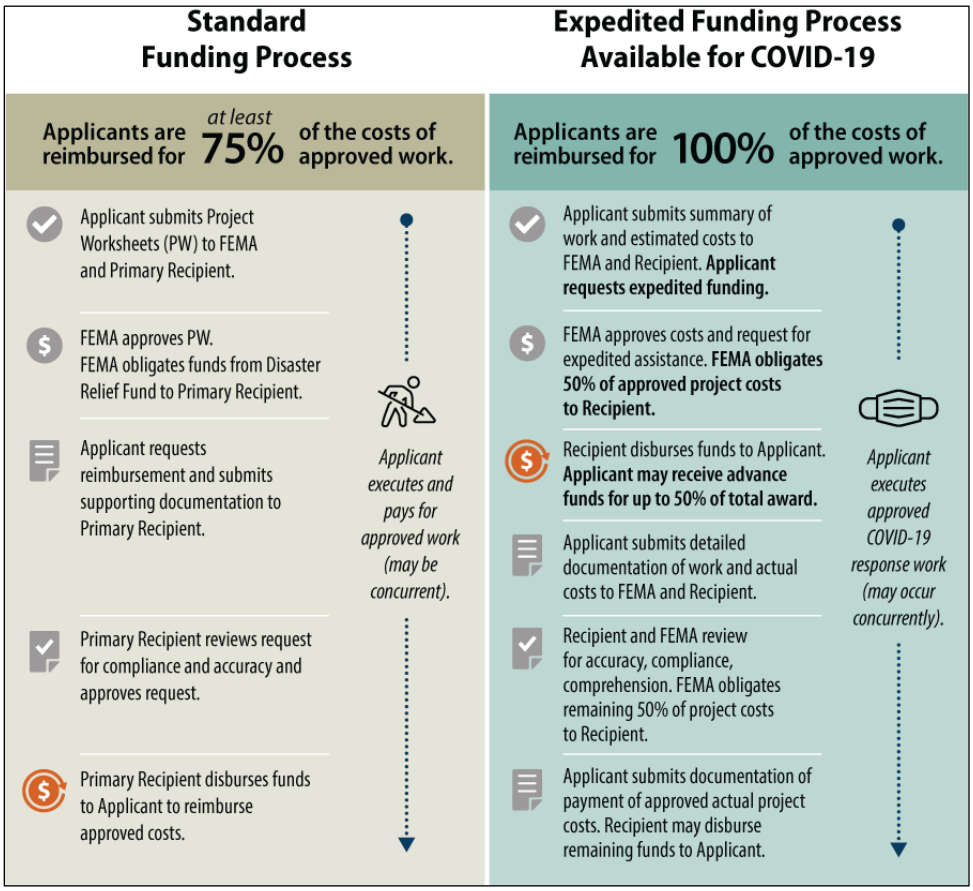
[26] 44 C.F.R. §200(b).

[27] 44 C.F.R §206.205(b); CRS Infographic IG10021, *How FEMA Public Assistance Works*, by Erica A. Lee.

[28] President Biden, "Extend Federal Support for COVID-19."

Figure 1. Standard and Expedited Funding Process for Large PA Projects

(PA projects over $131,100)*



Source: CRS interpretation of 44 C.F.R. §206.205(a)-(b); FEMA, *Submitting A Public Assistance Funding Request for COVID-19,* p. 3; President Biden, "Extend Federal Support for COVID-19."

Notes: "Project Worksheets" are documentation of costs and approved activities eligible for PA. 100% federal funding available for eligible activities performed under Stafford Act declarations for COVID-19 through September 30, 2021.

* Pandemic response projects under $131,100 may be disbursed to Applicants upon obligation.

Vaccination-Related Costs Eligible for Public Assistance

FEMA guidance has established that eligible Applicants may request PA for certain costs incurred for COVID-19 vaccine administration and distribution, as detailed in **Table 1**.[29] PA may complement but not duplicate other sources of funding for vaccination programs.[30] For this

[29] FEMA, *COVID-19 Vaccination FAQ*, pp. 3-4; FEMA, *Healthcare Roadmap*, pp. 7-11.

[30] See CRS Insight IN11609, *COVID-19 Vaccine: Financing for Its Administration*, by Evelyne P. Baumrucker et al.; CRS Insight IN11556, *Funding for COVID-19 Vaccines: An Overview*, by Kavya Sekar; FEMA, "Coronavirus Disease 2019 (COVID-19) Public Health Emergency: Coordinating Public Assistance and Other Sources of Federal Funding," June 2020, https://www.in.gov/dhs/files/FEMA-COVID-19-Coordinating-PA-Other-Sources-Federal-Funding.pdf.

reason, PA is not available for purchase of vaccines or ancillary kits, which are provided at no cost by the federal government.[31] As of March 1, 2021, FEMA announced that it had obligated nearly $4 billion in PA for vaccination-related costs.[32]

In certain cases, PA Applicants may not have the capacity to undertake approved response work, including for COVID-19 vaccination efforts. For example, overwhelmed states may lack the ability to administer and run sufficient numbers of vaccination sites. In these cases, Applicants may request that FEMA provide the assistance directly, called Direct Federal Assistance (DFA).[33] DFA refers to personnel, materials, or operations that the federal government performs or supplies on behalf of the Applicant.[34] To provide DFA, FEMA may issue "mission assignments," or work orders that task FEMA personnel or other federal agencies to perform work in response to the pandemic.[35]

Table 1. Vaccination-Related Costs Eligible for PA

As of March 2, 2021

Eligible:

- Personal protective equipment (PPE),[a] other equipment, and supplies required for storing, handling, distributing/transporting, and administering COVID-19 vaccines, excluding supplies previously purchased and provided by the federal government.
  - PPE includes items necessary for proper handling and administration of vaccines as well as handling dry ice for storage and transportation needs.
  - Equipment includes coolers, freezers, temperature monitoring devices, and portable vaccine storage units for transportation.
  - Supplies include emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), "sharps" containers (for medical waste), and supplies necessary for proper storage of canisters of liquid nitrogen or dry ice.
  - Transportation support includes refrigerated trucks and transport security (when reasonable and necessary).
- Facility support costs, including the leasing of space for storage and/or administration of vaccines, as well as other associated overhead costs including utilities, maintenance, and security.
- Additional staff if necessary, including medical and support staff not paid for by another funding source, consistent with FEMA PA labor policies.[b]
- Onsite infection control measures including PPE for staff as well as cloth face coverings for patients, temperature scanners, physical barriers (e.g., plexiglass dividers), and disinfection of the facility in accordance with CDC guidance.
- Emergency medical care associated with vaccine administration (e.g., to address allergic reactions to the vaccine or other emergency medical needs that arise from the administration of the vaccine).
- Medical waste disposal.
- Communications to disseminate public information regarding vaccination.[c]

Ineligible:

- The cost of the vaccine itself, and limited supplies for vaccine administration (e.g., needles, syringes), are covered by the federal government through prior procurement.

[31] FEMA, *COVID-19 Vaccination FAQ*, p. 2.

[32] FEMA, "FEMA COVID-19 Vaccine Distribution Update," March 1, 2021, p. 1, provided by FEMA Office of Congressional and Legislative Affairs.

[33] 44 C.F.R. §206.208; FEMA, *Public Assistance Program and Policy Guide V. 3.1,* April 2018 (*PAPPG 2018),* p. 35, https://www.fema.gov/sites/default/files/2020-03/public-assistance-program-and-policy-guide_v3.1_4-26-2018.pdf.

[34] 44 C.F.R. §206.208.

[35] Ibid.

- Costs covered by another source of federal funding or private insurance are not eligible for PA. FEMA has modified enforcement of this requirement, enabling Applicants to receive PA for vaccination-related costs that are eligible for other federal assistance if such assistance has not already been received.[d]

Source: FEMA, "COVID-19 Pandemic: Vaccination Planning FAQ," November 19, 2020, pp. 3-4; FEMA, "Healthcare Resource Roadmap," October 27, 2020, pp. 7-11.

Notes:

a. FEMA notes "PPE includes items such as N95 and other filtering respirators, surgical masks, gloves, protective eyewear, face shields, and protective clothing (e.g., gowns)."

b. FEMA, *Public Assistance Program and Policy Guide (PAPPG 2018)* v. 3.1, pp. 26-28.

c. FEMA notes that "[d]issemination of public information should be consistent with Chapter 2:VI.B of the PAPPG (V3.1) which lists 'dissemination of information to the public to provide warnings and guidance about health and safety hazards using various strategies, such as flyers, public service announcements, or newspaper campaigns' as an eligible emergency protective measure." FEMA, *PAPPG 2018,* p. 58.

d. FEMA, COVID-19 Vaccination FAQ, p. 4.

Expanded FEMA Assistance for Vaccination Sites

On January 21, 2021, President Biden released the White House's *National Strategy for COVID-19 Response and Pandemic Preparedness* (hereinafter *National Strategy for COVID-19 Response),* which included a proposal for federally-supported vaccination sites:

> Knowing that not all states and jurisdictions may have the resources to scale vaccination at the pace this crisis demands, the National COVID-19 Response Team will utilize federal resources and emergency contracting authorities to launch new vaccination sites in support of state and local efforts to best meet local needs. The Department of Defense (DOD) will bring its logistical expertise and staff to bear, with the Federal Emergency Management Agency (FEMA) managing set-up and operations. These sites will mobilize thousands of clinical and non-clinical staff and contractors—including federal medics, Department of Agriculture (USDA) staff, Department of Veterans Affairs (VA) staff, and Public Health Service Commissioned Corps officers and DOD personnel—who will work hand-in-glove with the National Guard and state, territorial, Tribal, and local teams.[36]

President Biden proposed to open "100 federally-supported centers" by the end of February, 2021.[37] On January 26, 2021, FEMA began releasing regular updates on the implementation of the White House initiative to increase support for vaccine administration and distribution, and specifically the support of vaccination sites.[38]

Definition of Federally-Supported Vaccination Sites

FEMA and the White House define federally-supported vaccination sites as sites established by Applicants that open, remain open, or expand due to federal support.[39] Federally-supported sites may receive federal funding or DFA, including supplies (beyond vaccines or vaccine kits), real

[36] *National Strategy for COVID-19 Response,* pp. 41-42.

[37] Ibid.

[38] FEMA, "Advisory: FEMA's Role in COVID-19 Response," January 26, 2021 and weekdays thereafter. Provided to CRS by the FEMA Office of Congressional and Legislative Affairs.

[39] White House, "Fact Sheet: 441 Federally-Supported Community Vaccination Centers in First Month of Biden-Harris Administration," February 26, 2021; FEMA, "What Is a Federally Supported Vaccine Center?" (hereinafter FEMA, "What Is a Federally Supported Vaccine Center?") https://www.fema.gov/disasters/coronavirus/vaccine-support/vaccine-center.

property, and/or personnel, including National Guard under Title 32 mission assignments.[40] Vaccination sites meeting the above definitions must be operational on or after January 20, 2021, to be defined as federally-supported.

If they meet the above criteria, vaccination sites established and operated by eligible Applicants (e.g., SLTTs or nonprofit medical providers) can be counted as federally-supported vaccination sites. A "federally supported" vaccination site (also referred to as a "community vaccination center" in FEMA guidance) may range from a site that is operated by SLTTs and reimbursed through PA for eligible costs, to a site that is federally leased, managed, operated, and financed.[41]

Establishment and Operation of Federally-Supported Vaccination Sites

PA for vaccination sites, like other PA, generally follows the terms of the FEMA-State Agreement executed between FEMA and the Governor or Tribal Chief Executive.[42] In general, the Stafford Act authorizes the federal government to deliver PA upon request, not unilaterally.[43]

FEMA has provided detailed information regarding the specific staffing requirements, layouts, circulation models, and supply requirements for five different types of federally-supported vaccination sites (see **Table 2**).[44] Via FEMA mission assignment, the U.S. Army Corps of Engineers (USACE) developed conceptual designs for drive-thru and walk-thru sites, and may provide technical assistance for site design.[45] FEMA may also provide real property and/or provide mobile facilities for vaccination sites.[46]

FEMA guidance recommends that officials managing vaccination centers determine the quantity of vaccines that may be expected from state, tribal, and territorial allocations, and further notes that the state, tribe, or territory is "always the agency that determines both the quantity and delivery date of any vaccine allocation to any CVC [Community Vaccination Center] site."[47]

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[40] FEMA, *Community Vaccination Centers Playbook*, February 18, 2021, Version 2.0, p. 33 (hereinafter FEMA, *Community Vaccination Centers Playbook*), https://www.fema.gov/sites/default/files/documents/fema_community-vaccination-centers_playbook_02-18-2021.pdf; FEMA, "Advisory: FEMA's Role in Vaccine Distribution," February 2, 2021, p. 3; FEMA, "What Is a Federally Supported Vaccine Center?"

[41] FEMA clarified that "a Community Vaccination Center (CVC) has become an interchangeable term for any site that is receiving any type of federal resources (funding, etc)," FEMA Office of Congressional and Legislative Affairs email to CRS, March 4, 2021.

[42] 44 C.F.R. §206.44(d) allows for Stafford Act assistance to proceed absent a FEMA-State Agreement for declarations under Stafford Act §501(b).

[43] See, for example, Stafford Act §§402(1) and 403(1); 42 U.S.C. §§5170a(1) and 5170b(a)(1), which authorize assistance "in support of State and local assistance response and recovery efforts" and authorize "[u]tilizing, lending, or donating to State and local governments Federal equipment, supplies, facilities, personnel, and other resources…." But see Stafford Act §402(6), 42 U.S.C. §5170a(6), which authorizes accelerated federal assistance where necessary to save lives, prevent human suffering, or mitigate severe damage, with or without a specific request.

[44] FEMA, *Community Vaccination Center Playbook*, pp. 17-31.

[45] US Army Corps of Engineers (USACE), "Federally Supported Community Vaccination Centers," https://www.usace.army.mil/Coronavirus/Vaccination-Centers/; U.S. Army Corps of Engineers, "Corps—COVID-19 Update," February 2, 2021, email to CRS.

[46] FEMA, *Community Vaccination Centers Playbook*, p. 33.

[47] FEMA, *Community Vaccination Centers Playbook*, pp. 12, 40.

As of March 1, 2021, FEMA announced that 450 community vaccination centers and 37 mobile vaccination centers were receiving federal support nationwide.[48] The White House reported that 171 sites are being supported by federal personnel from nine different agencies, 312 sites are staffed with support from National Guard members under Title 32 mission assignments, 177 sites are receiving financial assistance through FEMA PA, and 62 sites have received federal equipment as of February 26, 2021.[49]

Federal Pilot Sites

The White House has explained that FEMA has piloted a small number of sites wherein "the federal government is directly working with state and local partners from start to finish, to help select the location for, staff, and operate these sites."[50] As of February 26, 2021, the White House announced that 18 sites in the pilot program had opened in California, Texas, and New York, and that 11 additional pilot sites will soon open in Florida, New York, Pennsylvania, Illinois, and North Carolina.[51]

FEMA reports that vaccination sites launched through FEMA's pilot program for federally-established community vaccination centers may receive vaccine allocations above and beyond a jurisdiction's regular allocation.[52]

Table 2. Community Vaccination Site Models

According to FEMA Guidance, as of February 2021

	Type 1	Type 2	Type 3	Type 4	Type 5 – Mobile Site
Capacity (~doses per day)	6,000	3,000	1,000	250	250
Square Footage (minimum)	15,000	7,500	4,500	2,500	2,500
Parking Capacity (minimum vehicles)	800	600	250	130	130
Clinical Force	156 total staff	95 total staff	54 total staff	26 total staff	26 total staff
Non-Clinical Force	84-108 total staff	61-80 total staff	30-40 total staff	15-20 total staff	21-36 total staff
Additional Support	Gloves, masks, face shields, computer and internet access, spare syringes, needles, alcohol preps; toilets and generators additionally provided for Type-5 mobile clinics.				

Source: CRS interpretation of requirements in FEMA, *Community Vaccination Centers Playbook,* pp. 5-19.

[48] FEMA, "COVID-19 Vaccine Distribution Update," March 1, 2021, p. 1, provided by the FEMA Office of Congressional and Legislative Affairs.

[49] The White House, "Fact Sheet: 441 Federally-Supported Community Vaccination Centers in First Month of Biden-Harris Administration," February 26, 2021, https://www.whitehouse.gov/briefing-room/statements-releases/2021/02/26/fact-sheet-441-federally-supported-community-vaccination-centers-in-first-month-of-biden-harris-administration/.

[50] The White House, "Fact Sheet: 441 Federally-Supported Community Vaccination Centers in First Month of Biden-Harris Administration," February 26, 2021, https://www.whitehouse.gov/briefing-room/statements-releases/2021/02/26/fact-sheet-441-federally-supported-community-vaccination-centers-in-first-month-of-biden-harris-administration/.

[51] Ibid.

[52] FEMA, "What Is a Federally Supported Vaccine Center?"

Site Selection

In accordance with the federalist design of assistance authorized under the Stafford Act, FEMA explains that vaccination site plans and operations "must be coordinated with STT [state, tribal, and territorial, or PA Recipients] authorities to support access to vaccination in jurisdictions."[53] FEMA guidance on federally-supported vaccination sites further explains that site selection is to be "needs based, data driven, and in support of STT [state, tribal, and territorial] requests."[54]

To determine site location, FEMA works in concert with state, tribal, territorial, and local officials, including public health and emergency management officials, as well as representatives of the FEMA Civil Rights Advisory Group and Office of Disability Integration Coordination.[55] According to FEMA, considerations include, but are not limited to, on-site security, public transportation access, outreach, and other effects and requirements specific to a given community. FEMA reports that Federal Pilot Sites will be chosen in part using data analysis that includes CDC's Social Vulnerability Index.[56]

Requirements

CDC and FEMA PA Requirements

FEMA policy restricts PA for vaccination-related costs to those necessary to administer vaccines consistent with CDC guidance, including CDC provider agreements.[57] Any provider who participates in the COVID-19 vaccination program must be credentialed/licensed or otherwise authorized in the jurisdiction where vaccination takes place and sign and agree to the conditions in the *CDC COVID-19 Vaccination Program Provider Agreement*. The agreement includes requirements related to vaccine storage, handling, data reporting, and reimbursement, among others.[58] PA Applicants seeking PA reimbursement or DFA for vaccine administration must also meet the extensive eligibility and program requirements of the PA program.[59]

Equity

Some Members of Congress have raised concern about equitable vaccine distribution following reports that racial and ethnic minority groups may have been underrepresented in the population that received vaccines during the first month of the COVID-19 vaccination program.[60]

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[53] FEMA, *Community Vaccination Centers Playbook*, p. 3.

[54] FEMA, *Community Vaccination Centers Playbook*, p. 6.

[55] FEMA, *Community Vaccination Centers Playbook*, p. 5.

[56] FEMA, "What Is a Federally Supported Vaccine Center?" The CDC Social Vulnerability Index uses factors such as poverty, lack of access to transportation, and crowded housing to identify and map communities that may be most likely to need support before, during, and after an emergency incident; https://www.atsdr.cdc.gov/placeandhealth/svi/fact_sheet/fact_sheet.html.

[57] FEMA, COVID-19 Vaccination Planning FAQ, p. 3; FEMA, *Community Vaccination Centers Playbook*, p. 6.

[58] CDC, "CDC COVID-19 Vaccination Program Provider Requirements and Support," https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html.

[59] Ibid; for a complete description of PA Program requirements, see FEMA, *PAPPG 2018*. See also CRS Report R46326, *Stafford Act Declarations for COVID-19 FAQ*, by Elizabeth M. Webster, Erica A. Lee, and William L. Painter.

[60] See, for example, testimony from Rep. James E. Clyburn and Rep. Maxine Waters, U.S. Congress, Select Subcommittee on the Coronavirus Crisis, 117th Cong., 1st sess., February 19, 2021, https://coronavirus.house.gov/

The Stafford Act requires FEMA to promulgate rules ensuring that the distribution of Stafford Act Assistance is delivered "in an equitable and impartial manner, without discrimination on the grounds of race, color, religion, nationality, sex, age, disability, English proficiency, or economic status."[61] Federal regulations also require PA Recipients to deliver disaster assistance equitably.[62]

The White House, FEMA, and the CDC have all underscored the importance of equitable vaccine distribution. The White House *National Strategy for COVID-19 Response* says that federally-supported vaccination sites will "help us reach underserved communities and those that have been hit the hardest by this pandemic."[63] FEMA's *Community Vaccination Centers Playbook* includes in its mission the "timely and equitable distribution and administration of COVID-19 vaccines."[64] CDC's recommendations regarding vaccine prioritization are meant to address three goals, one of them to "[r]educe the extra burden COVID-19 is having on people already facing disparities."[65]

In accordance with these goals, FEMA established the Civil Rights Advisory Group (CRAG) in January 2021 to "evaluate the policies, practices, strategies and plans in place to identify and eliminate inequities."[66] According to FEMA, the group collaborates with SLTT and federal officials managing vaccination efforts; Civil Rights advisers may be deployed across all FEMA regions to promote equity in site selection and vaccine distribution.[67] As of February 10, 2021, the CRAG drew from offices within FEMA, the Department of Homeland Security, the U.S. Department of Housing and Urban Development, and several HHS components, namely the Office of Civil Rights (OCR), the Assistant Secretary of Preparedness and Response (ASPR), the Administration for Community Living (ACL), and the CDC.

FEMA's *Community Vaccination Centers Playbook* identifies specific requirements and considerations for federally-supported vaccination centers that may promote equity and accessibility. For example, FEMA specifies that the agency's regional operations centers, the Regional Response Coordination Centers (RRCCs), must work with states, tribes, and territories to develop plans that address the vaccination of homebound residents, as well as those with mobility limitations or limited access to transportation.[68] FEMA released an itemized list of civil rights considerations to inform state, tribal, and territorial planning for vaccination sites.[69]

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subcommittee-activity/briefings/webex-briefing-ensuring-equity-coronavirus-vaccinations. See also Elizabeth M. Painter, Emily N. Ussery, and Anita Patel, "Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program—United States, December 14, 2020–January 14, 2021," *Morbidity and Mortality Weekly Report (MMWR)*, vol. 70, no. 5 (February 5, 2021), pp. 174-177; Murial Jean-Jacques and Howard Bauchner, "Vaccine Distribution—Equity Left Behind?" *JAMA*, January 29, 2021, https://jamanetwork.com/journals/jama/fullarticle/2776053.

[61] Stafford Act §§308-309; 42 U.S.C. §§5151-5152.

[62] 44 C.F.R. Part 7—Nondiscrimination in Federally-Assisted Programs; 44 C.F.R. §206.11—Nondiscrimination in disaster assistance.

[63] *National Strategy for COVID-19 Response*, pp. 41-42.

[64] FEMA, *Community Vaccination Centers Playbook*, p. 5.

[65] CDC, "CDC's COVID-19 Vaccine Rollout Recommendations," https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations.html.

[66] FEMA, "FEMA Takes Action to Ensure Equity in Vaccine Distribution," https://www.fema.gov/blog/fema-takes-action-ensure-equity-vaccine-distribution.

[67] Ibid; FEMA, *Community Vaccination Centers Playbook*, pp. 5, 8, 11, 19, 40.

[68] FEMA, *Community Vaccination Centers Playbook*, pp. 3-4.

[69] FEMA, *Civil Rights Considerations During COVID-19 Vaccination Efforts*, February 11, 2021, https://www.fema.gov/sites/default/files/documents/fema_civil-rights-covid-19_vaccine_checklist_02-11-2021.pdf. The HHS Office of Civil Rights has published similar guidance; "OCR Issues Guidance on Civil Rights Protections Prohibiting Race, Color, and National Origin Discrimination During COVID-19," July 20, 2020, https://www.hhs.gov/

Data Collection

Missing or unreported demographic data on vaccine recipients has reportedly hindered federal efforts to understand and remediate inequities in vaccine programs.[70] Per the CDC provider agreement, vaccine providers are generally required to report daily data on vaccine recipients (including data on race/ethnicity and other demographic information) to SLTT public health agencies that then report to CDC.[71] Despite this requirement, not all states are reporting race and/or ethnicity data on vaccine recipients.[72]

FEMA's Office of Equal Rights released an advisory on February 6, 2021, that reminds PA Recipients and Applicants of their responsibility to collect and submit demographic data, when requested, to ensure compliance with civil rights law.[73] Federal statute and regulations require that PA Recipients and Applicants collect data necessary to demonstrate compliance with civil rights laws and enable FEMA to verify compliance.[74]

For the purposes of compliance with the laws, regulations, and policies designed to ensure nondiscrimination and uphold FEMA's civil rights obligations, FEMA says that PA Applicant data sets—including those of Applicants requesting PA for vaccination-related costs—should include geographic and demographic information about populations being served, including race, national origin, English proficiency, age, and disability status.[75] Applicants receiving PA for vaccine administration must also comply with data requirements in CDC Provider Agreements.[76]

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about/news/2020/07/20/ocr-issues-guidance-on-civil-rights-protections-prohibiting-discrimination-during-covid-19.html.

[70] Elizabeth M. Painter, Emily N. Ussery, and Anita Patel, "Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program—United States, December 14, 2020–January 14, 2021," *Morbidity and Mortality Weekly Report (MMWR)*, vol. 70, no. 5 (February 5, 2021), pp. 174-77; Nambi Ndugga, Olivia Pham, Latoya Hill, Samantha Artiga, and Salem Mengistu, "Latest Data on COVID-19 Vaccinations Race/Ethnicity," February 18, 2021, https://www.kff.org/coronavirus-covid-19/issue-brief/latest-data-on-covid-19-vaccinations-race-ethnicity/; Caitlin Antonios, Mohar Chatterjee, Georgia Gee, Derek Kravitz, and Kyra Senese, "Why Some States Won't Share Race and Ethnicity Data on Vaccinations with the CDC—and Why That's a Problem," *The COVID Tracking Project at the Atlantic*, February 16, 2021, https://covidtracking.com/analysis-updates/why-some-states-wont-share-race-and-ethnicity-data-on-vaccinations-with-the-cdc-and-why-thats-a-problem.

[71] See CRS Insight IN11584, *Tracking COVID-19 Vaccines: U.S. Data Systems and Related Issues*, by Kavya Sekar; CDC, "CDC COVID-19 Vaccination Program Provider Requirements and Support," https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html.

[72] National Academy for State Health Policy (NASHP), "How States Collect, Report, and Act on COVID-19 Race and Ethnicity Data," February 18, 2021, https://www.nashp.org/how-states-report-covid-19-data-by-race-and-ethnicity/.

[73] FEMA, "Civil Rights Data Collection," February 6, 2021 (hereinafter FEMA "Civil Rights Data Collection"), https://www.fema.gov/sites/default/files/documents/fema_civil-rights-data-collection_advisory_02-06-2021.pdf.

[74] 44 C.F.R. §7.10(b); DHS, "Guidance to State and Local Governments and Other Federally Assisted Recipients Engaged in Emergency Preparedness, Response, Mitigation, and Recovery Activities on Compliance with Title VI of the Civil Rights Act of 1964," 2016.

[75] FEMA, "Civil Rights Data Collection."

[76] CRS Insight IN11584, *Tracking COVID-19 Vaccines: U.S. Data Systems and Related Issues*, by Kavya Sekar; CDC, "CDC COVID-19 Vaccination Program Provider Requirements and Support," https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html.

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