The Biden Administration recently released the National Strategy for the COVID-19 Response and Pandemic Preparedness, which is organized around seven goals. The plan includes ten Executive Orders aiming to increase access to testing supplies and vaccines, protect the workforce, and ensure an equitable pandemic response and recovery. It focuses on expanding access to vaccines while also ensuring that distribution prioritizes those most at risk of severe illness from COVID-19.

Below is a summary of the National Strategy’s key components that are most relevant to the Health Care for the Homeless community, as well as action steps to maximize these new opportunities. Homeless health care providers have a significant role in the new, more coordinated approach to respond to COVID-19.

**FUNDING PROVISIONS:**
(Note: these will require Congressional action):

- Increases funding for health centers to expand access to health services for underserved populations.
- Increases funding for mental health services through SAMHSA and HRSA, including in medically underserved communities.
- Increases federal reimbursement to 100% for vaccinations of Medicaid enrollees and requests CMS review reimbursement rates for vaccine administration so providers are fairly compensated.
- Acknowledges the need for paid sick leave, childcare support, and rental assistance and other safety net benefits.

**VACCINE PROVISIONS:**

- Allows health centers to access vaccine supplies directly and encourages jurisdictions to engage health centers in response activities.
- Launches more mobile clinics through health centers to reach remote areas.
- Authorizes new vaccine distribution venues in communities/settings that people trust.
- Directs HHS to release tool kits for vaccine centers with guidance for operating and scaling different types of community vaccination centers.

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Launch New Partnership with Federally Qualified Health Centers Nationwide

“FQHCs serve more than 30 million patients each year—one in 11 people nationwide. Many are people of color and individuals struggling to make ends meet. Given the critical role that these providers play in their communities, the federal government, through HRSA and CDC, will launch a new program to ensure that FQHCs can directly access vaccine supply where needed. At the same time, the Administration will encourage jurisdictions to engage health centers closely in their overall jurisdictional plans. And to ensure that health centers have the resources they need to successfully launch vaccination programs, HRSA will launch a new program to provide guidance, technical assistance and other resources to prepare and engage these providers nationwide.” (p. 43)
• Directs states to update their vaccine plans to include more specific information about vulnerable populations to ensure they are providing equitable access.

• Expands vaccine availability to frontline essential workers (such as shelter staff).

• Distributes vaccines to jails, prisons, and detention centers.

• Ensures against out-of-pocket costs for vaccines, regardless of immigration status.

• Establishes a National COVID-19 Vaccine Ambassador program to highlight the experiences of individuals who have received the vaccine and are working in their communities to encourage others to do the same.

• Requires establishing common performance indicators and reporting of demographic information for those being vaccinated.

• Encourages greater screening and connection to social services during COVID-19 testing and vaccination.

OTHER POLICY & PROGRAM PROVISIONS:

• Greatly expands testing capacity and supply chain.

• Uses demographic information to identify areas hardest hit by the pandemic to drive an equitable distribution of resources.

• Expands the CDC Pharmacy Partnership to other high-risk congregate settings, including homeless shelters.

• Ensures free COVID-19 testing for people who are uninsured.

• Directs the federal government to establish testing protocols for congregate settings.

WORKFORCE:

• Creates a Public Health Workforce Program to hire 100,000 new community-based workers to assist with testing, tracing, and vaccination, as well as assist with the COVID-19 response in under-resourced areas.

• Directs states to ensure an equitable distribution of PPE and supplies for all medical personnel, first responders, and essential government service providers.

• Establishes a new Community Health Worker training program at HRSA.

• Reinstates the Families First Coronavirus Response Act to provide paid sick leave to those needing to isolate/quarantine and eliminates exemptions so more workers qualify.

LEADERSHIP:

• Creates the COVID-19 Health Equity Task Force to make recommendations to mitigate COVID-19 health inequities, which will include input from those with lived experience.
• **Creates the COVID-19 Pandemic Testing Board** to establish a national testing and public health workforce strategy, expand supplies, increase testing, and reduce disparities in access to testing.

• **Designates equity leads** at HUD and HHS.

**IMPLICATIONS FOR THE HCH COMMUNITY:**

The Biden Administration’s plan for addressing the pandemic presents many opportunities for the HCH Community to strengthen relationships and roles within the community. It will take time for many components of the plan to be fully implemented—and the immediate needs cannot be overstated. Much of the methodology outlined in the plan is fundamental to the mission of the HCH Community, which positions health centers (and others) as natural leaders in implementing the strategies necessary to address the pandemic.

**ACTIONS TO MAXIMIZE THESE OPPORTUNITIES:**

Based on the National Strategy for the COVID-19 Response and Pandemic Preparedness, below are action steps to consider taking now to inform state and local activities:

• **Contact your Congressional members** to encourage them to approve the funding increases needed in order to implement this plan.

• **Prepare for new HRSA funding opportunities** to expand services and add new program sites (like mobile). **Screen all patients** and document additional needs.

• **Advocate for more testing and report results from large testing events at homeless service settings** into the CDC-NHCHC testing dashboard so we better understand how COVID-19 is impacting people who are homeless.

• **Advocate with your state health authority to add housing status to the list of demographic information being collected** and adding further details about outreach to people experiencing homelessness in the state’s vaccination plan.

• **Identify consumers and staff** who may be interested in participating in the Vaccine Ambassador program or the new Public Health Workforce Program.

• **Consider partnering with the pharmacy program**, especially if you are a small and/or remote program (e.g., a medical respite care program, or a rural project).

• **Identify alternate-site locations in communities most impacted** to conduct vaccination clinics when supplies and resources become available. Large, public vaccination events may not work well for this population. Known and trusted environments may help increase vaccine acceptance.

### Communities Most At-Risk for COVID-19: Congregate Settings

“Homeless services are often provided in congregate settings, which could facilitate the spread of infection. Because many people who are homeless are older adults or have underlying medical conditions, they may also be at increased risk for severe illness.” (p.105)