




FEMA

MEMORANDUM FOR: Dominic Mancini
Acting Administrator
Office of Information and Regulatory Affairs
Office of Management and Budget

THROUGH: Eric Hysen
Chief Information Officer
Department of Homeland Security

FROM: Tracey L. Showman
Chief Administrative Officer
Mission Support
Federal Emergency Management Agency 

SUBJECT: **Emergency** Approval Request of Revised Information Collection
Office of Management and Budget (OMB) Collection 1660-0017
Public Assistance Program in Support of FEMA Policy #104-21-
0004 entitled COVID-19 Medical Care Eligible for Public
Assistance (Interim)(Version 2)

The Federal Emergency Management Agency (FEMA) seeks to utilize the **emergency process for approval** from the Office of Management and Budget (OMB) to update information collection 1660-0017 Public Assistance (PA) Program in accordance with FEMA Policy #104-21-0004 entitled, "Coronavirus (COVID-19) Pandemic: Medical Care Eligible for Public Assistance (Interim) (Version 2)." This interim policy defines the framework and requirements for determining the eligibility of medical care work and costs under the PA Program to ensure consistent and appropriate implementation across all COVID-19 emergency and major disaster declarations. There is no change to the information currently collected for eligible medical care; however, in accordance with the legal authorities found in Section 308 of the Stafford Act, 42 U.S.C. §5151 and implemented under 44 C.F.R. §206.11(a); Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq. and implemented under 44 C.F.R. §§7.10(b)-(c); Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794(a)(2) and implemented under 44 C.F.R. § 206.11(a); Age Discrimination Act of 1975, 42 U.S.C. § 6101 et seq. and implemented under 44 C.F.R. §7.930; and Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 et seq. and implemented under 44 C.F.R. §19.605; FEMA is requesting additional information to ensure fair and equitable vaccine distribution. A COVID-19 Health Equity Task Force will be established with the Department of Health and Human Services, which provides recommendations to the President and coordinate with members of the Task Force to ensure equitable distribution of the vaccine. Although FEMA has yet to receive recommendations, the updates to this collection are based on FEMA's anticipation of the requirements.

The COVID-19 pandemic has exposed and exacerbated severe and pervasive health and social inequities in America. For instance, people of color experience systemic and structural racism in many facets of our society and are more likely to become sick and die from COVID-19. The lack of complete data, disaggregated by race and ethnicity, on COVID-19 infection, hospitalization, and mortality rates, as well as underlying health and social vulnerabilities, has further hampered efforts to ensure an equitable pandemic response. Other communities, often obscured in the data, are also disproportionately affected by COVID-19, including sexual and gender minority groups, those living with disabilities, and those living at the margins of our economy. Observed inequities in rural and tribal communities, territories, and other geographically isolated communities require a place-based approach to data collection and the response. Despite increased state and local efforts to address these inequities, COVID-19's disparate impact on communities of color and other underserved populations remains unrelenting.

Addressing this devastating toll is both a moral imperative and pragmatic policy. It is impossible to change the course of the pandemic without tackling it in the hardest-hit communities. In order to identify and eliminate health and social inequities resulting in disproportionately higher rates of exposure, illness, and death; the President has directed a Government-wide effort to address health equity. The Federal Government must take swift action to prevent and remedy differences in COVID-19 care and outcomes within communities of color and other underserved populations.

It is vital that FEMA implement the information collection as soon as possible in response to FEMA Policy #104-21-0004. In accordance with the Paperwork Reduction Act (PRA) and the Office of Management and Budget's (OMB) implementing regulations at 5 C.F.R. § 1320.13: (1) this information is necessary to the mission of the agency, (2) this information is necessary prior to the expiration of time periods established under PRA, (3) public harm is reasonably likely to result if normal clearance procedures are followed, and (4) an unanticipated event has occurred.

1. Information is Essential to the Mission of the Agency

Because of the substantial risk to life, safety, or health of individuals, FEMA requests emergency approval to revise OMB 1660-0017 to respond to both FEMA Policy #104-21-0004.

COVID-19 has a disproportionate impact on communities of color and other underserved populations, including members of the lesbian, gay, bisexual, transgender, queer, intersex and other gender-identifying community, persons with disabilities, those with limited English proficiency, and those living at the margins of our economy. FEMA is requesting PA recipients and subrecipients collect data consistent with the OMB minimum standard collection categories, as per OMB Statistical Policy Directive No. 15, including race, ethnicity, and disability status. It is further required that recipients make best efforts to collect additional equity-focused person-level data including information on primary language and sexual orientation or gender identity.

Recipients and subrecipients shall incorporate these data in their development of short-term targets for the equitable deployment of PA financial assistance and to reach communities of color

and other underserved populations. This data is part of the information collection activity and is not required for submission to FEMA. Instead, recipients and subrecipients must submit to FEMA information, in no specific format or form, documenting the following for sites selected for vaccination administration every 30 days for on-going monitoring of activity:

1. For each site, provide scoring based on the Centers for Disease Control and Prevention's Social Vulnerability Index or a similar social deprivation, disadvantage, or vulnerability composite index;
2. A description of how the location of the site(s) (relative to other candidate locations) best advances the focus on supporting the highest-risk communities. This justification may also include a comparison of vaccination rates for demographic groups by geographic area; and
3. A site strategy to operationalize equitable access including, but not limited to:
 - a. A plan for community outreach and engagement, both before and during implementation;
 - b. A registration process that advances equity with a focus on prioritizing minoritized, marginalized, and otherwise disadvantaged groups;
 - c. Equitable physical design of the site, including transportation and accessibility considerations; and
 - d. A plan for ongoing evaluation and continuous improvement to ensure equitable access.

FEMA has provided a template to assist in the collection of this information which was published March 16, 2021.

2. Paperwork Reduction Act Timeframes

Given the national emergency caused by the COVID-19, it would be impracticable and contrary to the public interest to delay implementing this information collection until after FEMA has completed the PRA process.

Recipients and subrecipients must incorporate these data in their development of short-term targets for the equitable deployment of FEMA financial assistance and identify data sources, proxies, or indices, including demographic data disaggregated to reveal socioeconomic, racial, linguistic, age, gender, disability, and other indices that will enable recipients to develop short-term targets for equitable delivery of FEMA-funded assistance and to reach communities of color and other underserved populations. FEMA will not collect raw data consisting of demographic details that may contain personally identifiable information. However, FEMA may collect business personally identifiable information (including names, addresses, phone numbers, and email addresses) for state, local, tribal, and territorial (SLTT) points-of-contact.

3. Public Harm is Reasonably Likely to Result if Normal Clearance Procedures are followed

Public harm is reasonably likely to result if normal clearance procedures are followed because the COVID-19 pandemic has exposed and exacerbated severe and pervasive health and social

inequities in America. The lack of complete data, disaggregated by race and ethnicity, on COVID-19 vaccine has further hampered efforts to ensure an equitable pandemic response.

4. An Unanticipated Event Has Occurred

COVID-19 was declared to be a worldwide pandemic by the World Health Organization on March 11, 2020, and a national emergency on March 13, 2020 (85 FR 15337).

FEMA is requesting emergency approval of this information collection request so that it can support the fair and equitable distribution of vaccines. Delay in the approval of these information collections will disrupt FEMA's ability to comply with other provisions of the law and its overall mission.

5. Conclusion

Following the normal clearance procedures for OMB approval to require SLTTs and non-profits provide reports about their COVID-19 pandemic response will delay FEMA's ability to assist Americans and ensure they are equitably served. As discussed, FEMA certifies that this request meets the requirements of 5 C.F.R. § 1320.13(a) and it is vital that this revised collection be implemented immediately because: (1) this information is essential to the mission of the Agency, (2) this information is necessary prior to the timeframes established under the PRA, (3) public harm will result if normal clearance procedures are followed, and (4) unanticipated events have occurred.

Thank you for your consideration.