

**Summary of Congressional COVID-19 Legislation
Tribal Health Funding Provisions**

April 3, 2020

| COVID-19 Relief #1 Coronavirus Preparedness and Response Act March 6, 2020 | |
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| <p>\$70 million to Indian Health Services (IHS) from the HHS Public Health & Social Services Emergency Fund.</p> | \$30 million provided to IHS Federal health programs. |
| | \$40 million used to purchase personnel protective equipment (PPE) and medical supplies through IHS National Supply Service Center and available for all IHS programs. |
| <p>\$80 million provided by the Centers for Disease Control & Prevention (CDC) to tribes, tribal organizations, and urban Indian health programs.</p> | \$30 million to fund existing CDC Cooperative Agreements for Tribal Public Health Capacity Building. |
| | \$8 million to the National Council of Urban Indian Health to make sub-awards to 41 IHS urban Indian health programs. |
| | \$2 million to the National Indian Health Board to coordinate national communications on COVID-19 activities. |
| | \$40 million for a new non-competitive grant Notice of Funding Opportunity to reach all 574 Title I and Title V tribes. |
| COVID-19 Relief #2 Families First Coronavirus Response Act March 18, 2020 | |
| <p>\$64 million provided to the Indian Health Service for SARS-CoV-2 or COVID-19 related items or services for diagnostic testing for Alaska Native and American Indians.</p> | \$3 million to support urban Indian health programs and to complement the funding previously provided by CDC. |
| | \$61 million to IHS Federal and tribally-operated health programs using established distribution methods for program increases in Hospitals & Health Centers sub-account. |
| COVID-19 Relief #3 Coronavirus Aid, Relief, and Economic Security Act (CARES) March 25, 2020 | |
| <p>The CARES Act provides \$1.032 billion to the Indian Health Service to address critical response to COVID-19 planning, preparedness, health services, medical equipment and supplies, transportation, and facility needs.</p> | \$570 million to IHS Federal and tribally-operated health programs using existing distribution methodologies for program increases in Hospitals & Health Centers, Purchased & Referred Care (PRC) Program, Alcohol & Substance Abuse, and Mental Health sub-accounts. |
| | \$65 million for electronic health record stabilization and support. |
| | \$30 million to support urban Indian health programs. |
| | The balance of \$367 million will be distributed after the IHS considers the tribal consultation comments and recommendations. |
| Centers for Disease Control & Prevention (CDC) \$125 million. | Available for grants or cooperative agreements with tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities. |