

GUIDE TO FEDERAL CORONAVIRUS STIMULUS FUNDING AND PROGRAMS FOR TRIBAL HEALTH PROGRAMS

APRIL 23, 2020

STIMULUS #1: THE CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT

March 6, 2020. Provided \$8.3 billion in emergency response funding with a focus on vaccine research, medical supplies procurement, and support for public health agencies and small businesses. The bill provided not less than \$40 million in CDC funding for Indian Country. CDC increased it to \$80 million.

STIMULUS #2: THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

March 18, 2020. Provided \$3.5 billion in upfront funding, including \$64 million for the IHS for COVID-19 testing and related services.

STIMULUS #3: THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

March 27, 2020. Provided \$2.2 trillion in overall funding, including \$1.032 billion for the IHS, of which not less than \$450 million was set aside for distribution through tribal shares and contracts with urban Indian health programs, \$65 million was set aside for electronic health record stabilization and support, and \$125 million is eligible for transfer to the IHS Facilities account.

Also included the tribal set asides for CDC, SAMHSA, and HRSA (see below)

STIMULUS #3.5: PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT

April 21, 2020 Senate passed. House expected to take it up April 23, 2020. Provides an additional \$75 billion to the \$100 billion Public Health and Social Services Emergency Fund for health care providers. Also provides an additional \$25 billion to that fund for coronavirus testing of which \$750 million is dedicated to Indian health care providers.



GUIDE TO FEDERAL CORONAVIRUS STIMULUS FUNDING AND PROGRAMS FOR TRIBAL HEALTH PROGRAMS

PAGE 2

INDIAN HEALTH SERVICE AND TRIBAL FUNDING

\$64 million in Stimulus #2 funding: Funds have already been distributed to tribes through existing Title I and Title V contracts.

\$1.032 billion in Stimulus #3 funding: At least \$450,000,000 to Title I and Title V Tribes. \$125,000,000 for facilities, \$65 million for health IT. \$400,000,000 in funding for IHS out of \$100 billion fund for health care providers.

IHS has made first \$600 million available, and will make remainder available in second round of funding. IHS will negotiate Contract Support Costs after it has made the first award.

CENTER FOR DISEASE CONTROL TRIBAL SET ASIDE FUNDING

The CDC made a total of \$80 million available for tribal health programs in response to the coronavirus out of the first stimulus bill. Of that total, \$30 million went to regional health care organizations and two large tribes with existing CDC grants, and \$10 million went to the National Indian Health Board and the National Council of Urban Indian Health.

\$40 million remaining plus \$125 million from Stimulus #3 that is available to tribes through a Notice of Funding Opportunity on Grants.gov. Awards will be made on a rolling basis. To apply, go to <https://www.grants.gov/web/grants/search-grants.html?keywords=CDC-RFA-OT20-2004>



GUIDE TO FEDERAL CORONAVIRUS STIMULUS FUNDING AND PROGRAMS FOR TRIBAL HEALTH PROGRAMS

PAGE 3

HEALTH RESOURCE SERVICES AUTHORITY (HRSA)

\$15 million tribal set aside. Grants available. Applications due May 6, 2020.
<https://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-20-135>

SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

\$15 million tribal set aside. Applications were due April 10, 2020.
<https://www.samhsa.gov/grants/grant-announcements/fg-20-006>.

\$100 BILLION HHS FUNDING

\$100 billion for eligible health care providers to respond to coronavirus, including facilities construction:

First \$30 billion sent to Medicare providers based on FY2019 FFS Medicare billings (excluding Medicare Advantage). TTAG and NIHB sent letters to HHS urging Indian health care providers be included in second round of funding.

HHS announced remaining \$70 billion will be spent as follows:

\$20 billion in additional payments to Medicare providers along the same lines as the first \$30 billion.

\$400 million to IHS. Unclear how much of this amount will go directly to tribal programs.

\$10 billion to rural health care providers based on proportionate operating expenses. We are working to get clarity as to whether IHS and tribal rural providers will be eligible.

\$10 billion in funding for hospitals directly affected by the coronavirus. Hospitals need to apply for funding through an HHS portal by midnight April 23, 2020.

\$26 billion in additional funds, including funds for providers who serve "uninsured individuals." We are working to clarify if IHS-eligible individuals with no other forms of coverage count as "uninsured individuals."



GUIDE TO FEDERAL CORONAVIRUS STIMULUS FUNDING AND PROGRAMS FOR TRIBAL HEALTH PROGRAMS

PAGE 4

TRIBAL FUNDING FROM TREASURY

\$8 billion tribal set aside from Treasury for tribes. Will cover coronavirus related expenditures incurred between March 1, 2020 and December 30, 2020. Tribes must have applied by web portal by April 17, 2020.

Lawsuit has been filed by several tribes against Treasury Department to prevent funding from going to Alaska Native Corporations. Treasury filing has stated funding to be released no earlier than Tuesday, April 28, 2020. Funding mechanism and whether Alaska Native Corporations will be eligible is still unclear.

\$349 billion SBA 7(a) Paycheck Protection Program Eligibility: small businesses that employ 500 or fewer workers, including tribal business concerns, 501(c)(3) non-profits, and non-profit veterans' organizations. These loans will be available from participating banks and lenders, not directly from the SBA. Loans forgiven if borrower maintains employee levels through the COVID-19 crisis. 75 percent of a loan would be used for employee payroll and related costs, and 25 percent would be used for other costs like utilities, mortgage interest, rent and interest payments on debt. Government entities, including tribal government agencies (unless a "business concern" or a non-profit) are ineligible. Loans capped at \$10 million. Funds exhausted, but Stimulus #3.5 as passed by the Senate would include an additional \$310 billion to this program.

Applications for this Program available from banks and lending institutions – not directly from SBA.

Emergency Income Disaster Loans (EIDL): Tribal small business concerns, non-profits (under IRS code sections 501(c), 501(d), and 501(e)) and non-profit veterans' organizations) are eligible for EIDL loans up to \$2 million, with up to \$10,000 immediate advance. May be coupled with Paycheck Protection Program, but may reduce forgiveness amount. Small dollar loans available. Tribes can apply directly from SBA at <https://covid19relief.sba.gov/>.

\$500 billion in loans, loan guarantees, and other investments to eligible businesses, municipalities, and states—the definition of which expressly includes Indian tribes: This fund includes the ability for the Secretary of Treasury to make direct loans to tribes and other governments. Direct lending mechanism is yet to be determined.



GUIDE TO FEDERAL CORONAVIRUS STIMULUS FUNDING AND PROGRAMS FOR TRIBAL HEALTH PROGRAMS

PAGE 4

STIMULUS BILL #4 TRIBAL ASKS

AS OF APRIL 23, 2020

- \$1 billion for Purchased/Referred Care
- \$1.215 for Hospitals and Clinics, including \$15 million for CHAP program
- \$1.5 billion Emergency Third Party Revenue Relief Fund
- \$85 million for Equipment Purchases, including up to \$10 million for dialysis equipment
- \$2.5 billion for Health Care Facilities Construction
- \$1 billion for Sanitation Facilities Construction
- \$750 million for Maintenance and Improvement
- Move Contract Support Costs to mandatory appropriations
- Move 105(l) lease funds to mandatory appropriations
- Permanently authorize the Special Diabetes Program for Indians and permit tribes and tribal organizations to receive funds through contracts and compacts
- Provide mandatory appropriations for Village Built Clinics
- Authorize Medicaid reimbursements for all medical services authorized under the Indian Health Care Improvement Act – called Qualified Indian Health Provider Services
- Fix the “four walls” issue that limits Medicaid reimbursement to services provided within the four walls of an IHS or Tribal clinic
- Extend 100 percent FMAP to Urban Indian Organizations
- Ensure parity in reimbursement for Indian health care providers under Medicare and exempt American Indians and Alaska Natives from cost-sharing under Medicare
- Expand the list of provider types eligible for reimbursement under Medicare to include Pharmacists, Licensed Marriage and Family Therapists, and other provider types
- Make Medicare telehealth waivers permanent and enact portions of the CONNECT Act, H.R. 4932 or S.2741
- Make the IHS Scholarship and Loan Repayment Program Tax Exempt
- Implement ways to ensure funding goes to tribes using existing methodologies
- Ensure Indian Country has guaranteed access to the Strategic National Stockpile
- Authorize direct funding for Tribes for Public Health Emergency Preparedness
- Authorize interagency transfers so that funding can be quickly provided to tribes

CONTACT ELLIOTT MILHOLLIN AT EMILHOLLIN@HOBBSSTRAUS.COM
OR GEOFF STROMMER AT GSTROMMER@HOBBSSTRAUS.COM