DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

MAR 27 2020

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am announcing the availability of and distribution decisions for $134 million in new resources to respond to coronavirus (COVID-19) in American Indian and Alaska Native (AI/AN) communities.

In order to expedite funding allocation decisions for distributing resources to all of our health care programs, we conducted rapid Tribal Consultation and Urban Confer sessions earlier this week through national conference calls to seek input. We held a Tribal Consultation call with Tribal Leaders on March 23, 2020, and an Urban Confer call with Urban Indian Organizations (UIOs) on March 25, 2020. In general, responders:

- Support allocation of resources using existing distribution and Tribal share methodologies, including distribution to Tribal health programs[1] (THPs) and UIOs through funding mechanisms authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA).

- Support distribution of resources to all levels of the IHS, THPs, and UIOs (I/T/U) health system immediately, without any set-asides for hotspots.

- Do not support distribution through grant mechanisms.

I appreciate the rapid and robust input for informing Agency funding allocation decisions that align with the highest priorities of our entire I/T/U health system. I also value your support as we work together on a significantly accelerated timeline to ensure critical resources can be distributed for immediate support of COVID-19 response.

<u>$64 million available for COVID-19 Testing from the Families First Coronavirus Response Act</u>

The President signed the Families First Coronavirus Response Act into law on March 18, 2020. This Act provides $64 million in additional resources for COVID-19 response activities through the IHS. This new law also provides for supplemental appropriations related to the COVID-19 public health emergency, as well as waivers and modifications of Federal nutrition programs, employment-related protections and benefits, health programs and insurance coverage requirements, and related tax credits during the COVID-19 public health emergency.

Of the $64 million in new resources, $3 million will support UIOs. The IHS will work with UIOs to provide these funds through existing IHCIA contracts by providing a base amount for each Urban Indian Organization and an amount based on each Urban Indian Organization's

[1] 25 U.S.C. 1603(25). The term "tribal health program" means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a contract or compact with the IHS under the ISDEAA.

Urban Indian users. These funds will complement the $8 million that the Centers for Disease Control and Prevention (CDC) has allocated to UIOs through the National Council of Urban Indian Health.

The IHS will allocate the remaining $61 million to IHS Federal health programs and THPs, using the existing distribution methodology for program increases in Hospitals and Health Clinics funding. Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. These funds must be used for the purposes for which they were appropriated. If a Tribal Health Program cannot do so, they should notify the IHS immediately. Eligible contract support costs may be added to this funding, and the IHS and each THP will negotiate these amounts after these payments are made. To support IHS Federal health programs, the IHS will distribute funding to IHS-operated Service Units.

$70 million for COVID-19 Response Activities from the Public Health and Social Services Emergency Fund

The President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act on March 6, 2020, providing funding to the Department of Health and Human Services Public Health and Social Services Emergency Fund. From that Act, HHS directed to IHS $70 million to prevent, prepare for, and respond to the spread of COVID-19 in AI/AN communities. The Administration has also negotiated additional funding for IHS in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and is working hard to make those funds available quickly.

Of the $70 million, the IHS will distribute $30 million to IHS Federal health programs in support of COVID-19 response activities. These funds will be distributed according to existing allocation methodologies that use recurring Federal Hospitals and Health Clinics base funding levels. This allocation will complement the separate funding available through the new CDC Funding Opportunity Announcement to support THPs, and reflects a proportionate share of IHS Federal health programs.

The IHS will use the remaining $40 million out of the total $70 million to purchase personal protective equipment (PPE) and medical supplies through the IHS National Supply Service Center. These resources will provide critical PPE and medical supplies that will be available to I/T/U health programs free of charge.

These resources are in addition to $80 million announced last week from the CDC for Tribes, Tribal Organizations, and UIOs to respond to the coronavirus pandemic.

Once again, I am grateful for all of the Tribal Leaders and Urban Indian Organization Leaders who shared critical input earlier this week. We will begin distributing these funds immediately.

Thank you for your continued partnership as we work collectively to maximize all of our resources to support our AI/AN communities during this COVID-19 public health emergency.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

APR 3 2020

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am announcing the availability of, and distribution decisions for, $600 million in new resources appropriated in the recently enacted Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Pub. L. No. 116-136, to address coronavirus (COVID-19) prevention, preparedness, and response in American Indian and Alaska Native (AI/AN) communities.

The CARES Act authorizes more than $1 billion in additional resources for COVID-19 response activities through the IHS. This new law also provides a health care response and emergency assistance for individuals, families, and businesses affected by the COVID-19 pandemic and provides emergency appropriations to support Executive Branch agency operations during the COVID-19 pandemic.

Earlier this week, the IHS conducted rapid Tribal Consultation and Urban Confer sessions through national conference calls to seek input to inform funding allocation decisions to distribute resources to all of our health care programs. On April 1, 2020, we held a Tribal Consultation call with Tribal Leaders and an Urban Confer call with Urban Indian Organizations (UIOs). In general, responders:

- Reiterated support for allocating resources using existing distribution and Tribal share methodologies, including distribution to Tribal health programs[1] (THPs) and UIOs through funding mechanisms authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA).

- Reiterated support for distribution of resources to all levels of the IHS, THPs, and UIOs health system immediately, without any set-asides for hotspots.

- Requested maximum flexibility to allow each Tribal community to respond to their unique COVID-19 response needs.

I appreciate the rapid and robust input we received this week and value your support as we work together on a significantly accelerated timeline. We will continue to work in partnership with you to distribute these critical resources for immediate support of COVID-19 response.

Of the $600 million in new resources, $30 million will support UIOs. The IHS will work with UIOs to provide these funds through existing IHCIA contracts by providing a one-time base amount for each Urban Indian Organization and an additional amount based on each Urban Indian Organization's Urban Indian users. The funds must be used for the purposes for which

[1] 25 U.S.C. 1603(25). The term "tribal health program" means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a contract or compact with the IHS under the ISDEAA.

they are appropriated, consistent with a modified scope of work for each contract. These funds will complement the $8 million that the Centers for Disease Control and Prevention (CDC) has allocated from the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (CPRSAA), Pub. L. No. 116-123, to UIOs through the National Council of Urban Indian Health, and the $3 million the IHS has allocated from the Families First Coronavirus Response Act (FFCRA), Pub. L. No. 116-127, to UIOs for COVID-19 testing.

The IHS will allocate the remaining $570 million to IHS Federal health programs and THPs, using existing distribution methodologies for program increases in Hospitals and Health Clinics, Purchased/Referred Care (PRC), Alcohol and Substance Abuse, and Mental Health funding. Purchased/Referred Care funding is allocated using the PRC distribution formula for new PRC funds.

Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. These funds must be used for the purposes for which they were appropriated. If a THP cannot do so, they should notify the IHS immediately. Eligible contract support costs may be added to this funding, and the IHS and each THP will negotiate these amounts after these payments are made. To support IHS Federal health programs, the IHS will distribute funding to IHS-operated Service Units.

Of the remaining $432 million provided in the CARES Act, the IHS will use $65 million for electronic health record stabilization and support. Allocation decisions for the balance of $367 million are anticipated within a couple weeks following further consideration of comments received during Tribal Consultation and Urban Confer. These decisions will be conveyed by letter, including any potential allocation up to $125 million for facilities type activities.

These resources, authorized by the CARES Act, are in addition to the $134 million that the IHS announced by letter dated March 27, 2020, for COVID-19 testing and response, and the $80 million announced on March 20, 2020, from the CDC for Tribes, Tribal organizations and UIOs to respond to the COVID-19 pandemic. The IHS plans to distribute remaining CARES Act funds in the coming weeks.

Once again, I am grateful to all of the Tribal Leaders and Urban Indian Organization Leaders who shared critical input earlier this week. We will begin distributing these funds immediately.

Thank you for your continued partnership as we work collectively to maximize all of our resources to support our AI/AN communities during this COVID-19 public health emergency.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

MAY 19 2020

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am announcing the distribution decisions for $750 million in new resources appropriated to the Department of Health and Human Services (HHS) to support testing and testing related activities in American Indian and Alaska Native (AI/AN) communities, authorized by the recent enactment of the Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139 (PPPHCEA).

The President signed the PPPHCEA into law on April 24, 2020, providing $750 million to the HHS Public Health and Social Services Emergency Fund for testing and testing related activities in IHS, Tribal, and Urban Indian Health programs. Subject to HHS' discretion, this one-time funding is being administered to Tribes, Tribal Organizations, and Urban Indian Organizations (UIOs) by HHS through the IHS.

Per the statute, these funds can be used for necessary expenses to purchase, administer, process, and analyze COVID-19 tests, including support for workforce, epidemiology, and use by employers or in other settings. In addition, these funds can be used to scale up testing by public health, academic, commercial, and hospital laboratories, and community-based testing sites, health care facilities, and other entities engaged in COVID-19 testing. Funds may also be used to conduct surveillance, trace contacts, and perform other related activities related to COVID-19 testing.

On April 29, 2020, we held a Tribal Consultation call with Tribal Leaders and an Urban Confer call with UIOs. IHS also received written comments through the Tribal Consultation and Urban Confer e-mail boxes. In general, responders:

- Support allocating resources using existing distribution and Tribal share methodologies, including distribution to Tribal health programs[1] (THPs) and UIOs through funding mechanisms authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA).

- Support distribution of resources to all levels of the IHS, THPs, and UIO health system.

- Support maximum flexibility to allow each Tribal community to respond to their unique COVID-19 response needs.

I sincerely value your support and the rapid and robust input as we work together on a significantly accelerated timeline. We will continue to work in partnership with you to distribute these critical resources for immediate support of COVID-19 response.

[1] 25 U.S.C. 1603(25). The term "tribal health program" means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a contract or compact with the IHS under the ISDEAA.

HHS, through the IHS, will provide $50 million to support UIOs. The IHS will work with UIOs to provide these funds through existing IHCIA contracts by providing a one-time base amount for each UIO and an additional amount based on each Urban Indian Organization's number of Urban Indian users. The funds must be used for the purposes for which they are appropriated, consistent with a modified scope of work and bilateral modification for each contract. If a UIO cannot do so, it should not sign the bilateral modification awarding the funds. UIOs will be required to provide the statutorily-required one-time spend plan, including an all-inclusive budget, as a condition of receiving these funds.

The IHS will allocate $550 million to IHS Federal health programs and THPs, using existing distribution methodologies for program increases in Hospitals and Health Clinics, Purchased/Referred Care (PRC), Alcohol and Substance Abuse, Mental Health, Community Health Representatives, and Public Health Nursing. Of this amount, $50 million is allocated using the PRC distribution formula for new PRC funds. IHS Federal health programs and THPs will have the flexibility to use their total funding provided through this allocation for the stated purposes of the statute.

THPs will receive these one-time, non-recurring funds through bilateral modifications/amendments to their existing ISDEAA agreements. THPs will be required to provide the statutorily-required one-time spend plan, including an all-inclusive budget, as a condition of receiving these funds. These funds must be used for the purposes for which they were appropriated, and must be used consistent with the conditions established by law. If a THP cannot do so, it should not sign the bilateral modification/amendment awarding the funds. Due to its unique nature, this funding is inclusive of all costs necessary to carry out the plan each THP will submit, and no additional amounts will be awarded by HHS or IHS. To support IHS Federal health programs, the IHS will distribute the funding to IHS-operated Service Units.

The IHS will use $100 million to purchase tests, test kits, testing supplies, and related personal protective equipment through the IHS National Supply Service Center. These resources will provide critical supplies that will be distributed at no cost to IHS, Tribal, and Urban Indian Health programs.

The IHS will allocate $50 million for nation-wide coordination, epidemiological, surveillance, and public health support to bolster the expansion of testing across Indian Country. These activities will include, for example:

- epidemiological data collection and surveillance to help stop the spread of COVID-19;
- developing contact tracing and community investigation curriculum for Community Health Representatives, Community Health Aides, Public Health Nurses, and others who are on the frontline performing this work in the field;
- scaling up laboratory capacity to support wide-spread expansion of testing capacity,
- improving technology and data systems for test reporting; and
- supporting critical evaluation activities related to overall COVID-19 testing strategy, to measure effectiveness and identify and disseminate best practices.

These resources, authorized by the PPPHCEA, are in addition to the $1.032 billion appropriated under the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136, (2020), that the IHS allocated as explained in letters dated April 3, 2020, and April 23, 2020, for IHS, Tribal, and Urban Indian health programs, and the $134 million appropriated under the Coronavirus Preparedness and Response Supplemental Appropriations Act, Pub. L. No. 116-123 (2020) and the Families First Coronavirus Response Act, Pub. L. No. 116-127 (2020), that were allocated as explained by letter dated March 27, 2020, for COVID-19 testing and response.

Once again, I am grateful to the Tribal Leaders and Urban Indian Organization Leaders who shared critical input earlier this week. We will begin the distribution of these funds as soon as possible.

Thank you for your continued partnership as we work collectively to maximize all of our resources to support our AI/AN communities during this COVID-19 public health emergency.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Director

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

APR 23 2020

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing in follow-up to my April 3, 2020, letter to you, to announce the Indian Health Service (IHS) final allocation decisions of the remaining resources, authorized by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), Public Law (P.L.) 116-136.

The CARES Act provides health care response and emergency assistance for individuals, families, and businesses affected by the COVID-19 pandemic and provides emergency appropriations to support Executive Branch agency operations during the COVID-19 pandemic.

Of the remaining $367 million in CARES Act resources, the IHS will transfer the full $125 million permitted by statute to the Facilities Account to support COVID-19 facilities-type activities at IHS and Tribal health programs[1].

Of the $125 million available for facilities-type activities:

- $74 million will support medical equipment needs;
- $41 million will support maintenance and improvement needs; and
- $10 million will support sanitation and potable water needs.

Medical equipment and maintenance and improvement funding will be distributed by the IHS using the existing formulas for each program. Funding for sanitation and potable water needs will be managed centrally by the IHS and provided on a case-by-case basis.

The IHS will allocate $20 million to support Urban Indian Organizations (UIOs). The IHS will work with UIOs to make awards through existing Indian Health Care Improvement Act (IHCIA) contracts by providing a one-time base amount for each Urban Indian Organization and an additional amount based on each Urban Indian Organization's Urban Indian users. These funds must be used for the purposes for which they are appropriated, consistent with a modified scope of work for each IHCIA contract.

The IHS will allocate $50 million to IHS health programs and Tribal health programs, using existing distribution methodologies for program increases in Community Health Representatives and Public Health Nursing.

The IHS will transfer one-time, non-recurring funds to Tribal health programs through unilateral modifications to their existing Indian Self-Determination and Education Assistance Act agreements. These funds must be used for the purposes for which they were appropriated. If a

[1] The term "tribal health program" means "an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the [IHS] through, or provided for in, a contract or compact with the [IHS] under the [ISDEAA]." 25 U.S.C. § 1603(25).

Tribal health program cannot do so, they should notify the IHS immediately. Eligible contract support costs may be added to this funding, and the IHS and each Tribal health program will negotiate these amounts after these payments are made. To support IHS health programs, the IHS will distribute funding to IHS-operated Service Units.

The IHS will allocate the rest of the CARES ACT funds, which will be managed centrally by the IHS, as follows:

- $95 million to support the expansion of telehealth activities across the IHS, Tribal, and Urban Indian Organization health programs, including purchasing equipment, software, and services directly related to the delivery of telehealth;

- $26 million to support Tribal Epidemiology Centers and national surveillance coordination activities at IHS Headquarters. Each Tribal Epidemiology Center will receive $2 million to support the prevention of, response to, and recovery from, the COVID-19 public health emergency;

- $6 million for public health support activities, including partnerships with key stakeholders to broaden messaging about COVID-19 prevention, response, and recovery in Indian Country;

- $5 million to provide additional COVID-19 test kits and materials at no charge to IHS, Tribal, and Urban Indian health programs;

- $10 million for non-clinical Federal staff support that will include deep cleaning of office space, equipment for teleworkers, protection for non-clinical staff, and non-clinical staff overtime; and

- $30 million to address unanticipated needs in the near future.

Please note that these funding levels may change depending on actual costs.

As a reminder, these COVID-19 resources, authorized by the CARES Act, are in addition to the $600 million in funding from the CARES Act that the IHS announced by letter dated April 3, 2020, for IHS, Tribal and Urban Indian health programs, and the $134 million in funding from the Families First Coronavirus Response Act, P.L. 116-127, and the Coronavirus Preparedness and Response Supplemental Appropriations Act, P.L. 116-123, that the IHS announced by letter dated March 27, 2020, for COVID-19 testing and response. This funding is available through September 30, 2021.

Thank you for your continued partnership as we work collectively to maximize all of our resources in support of our AI/AN communities during this COVID-19 public health emergency.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Director