Congress Introduces Measures to Address Tribal Public Health Needs Related to COVID-19

NIHB continues to advocate for Tribal health needs in funding provisions

FOR IMMEDIATE RELEASE

March 17, 2020

Congress Introduces Measures Addressing Tribal COVID-19 Needs

"Families First Coronavirus Response Act"
On Sunday, March 16, 2020, the National Indian Health Board (NIHB) sent a letter to House and Senate Appropriations Committee staff expressing support for the passage of H.R. 6201, or the “Families First Coronavirus Response Act.” This legislation injects an additional $64 million into the Indian Health Service (IHS) IHS Services Account and includes a provision requiring the U.S. Department of Health and Human Services (HHS) Secretary to cover coronavirus testing costs for all American Indians/Alaska Natives (AI/ANs) regardless of where the test is administered.

On Friday March 13, 2020, President Trump declared a national state of emergency in response to the outbreak of COVID-19 (“coronavirus”) on the heels of the World Health Organization (WHO) declaring it a worldwide pandemic. Later that same Friday night, the House passed a second, supplemental funding package to account for other resource mitigation factors caused by the coronavirus pandemic including measures concerning paid sick leave, supplemental nutrition, and relaxed regulations regarding public health (H.R. 6201).

As part of the second package, NIHB was able to secure an additional influx of $64 million into the IHS Services Account that would be available through September 30, 2022. The additional funding can be distributed across any line item in the Services Account such as Hospitals & Health Clinics, Health Education, Community Health Representatives, and so forth. In addition, H.R. 6201 includes language requiring the Secretary of HHS to cover the full cost of COVID-19 tests for all AI/ANs regardless of whether the test is received within, or outside of, the Indian health system.
Congress is poised to work on a third supplemental package to address the COVID-19 pandemic, NIHB partnered with the National Congress of American Indians, Native American Finance Officers Association, National Indian Child Welfare Association, National Council of Urban Indian Health, and others to outline a unified and national set of Tribal priorities across healthcare, public safety, tax, and the economy. The letter conveys Tribal needs that have not been addressed under either HR 6074 or HR 6201. As the 2019 novel coronavirus (COVID-19) health emergency has intensified over the past few weeks, NIHB has been actively engaging with Congress to secure direct financial and technical resources for Tribal Nations to adequately prepare and respond to this pandemic. Priorities and health needs outlined included:

- $200 million for IHS Facilities Account
- $1.1 billion for IHS Services Account
- $964 million for Purchased/Referred Care (PRC)
- Eliminate “four walls” limitation whereby only services provided within the walls of an IHS or Tribal facility receive federal reimbursement
- Require Medicaid to reimburse IHS and Tribes for all medical services authorized under the Indian Health Care Improvement

So far, Congress has worked on two supplemental funding packages to deliver relief to communities, and NIHB successfully advocated for Tribal provisions in both bills. Under the first supplemental package, H.R. 6074, NIHB was able to secure a $40 million set-aside in COVID-19 funding for Tribes and Tribal organizations.

NIHB submitted a letter to HHS Secretary Azar outlining the priorities and recommendations of the Tribes on how the set-aside funding should be distributed.

**Tribal Medical Supplies Stockpile Access Act**

On Tuesday, March 17, 2020, Senator Elizabeth Warren (D-MA) and Vice Chairman of the Senate Committee on Indian Affairs Tom Udall (D-NM) introduced the Tribal Medical Supplies Stockpile Access Act, which would guarantee the IHS, Tribal health authorities, and urban Indian organizations have access to the Strategic National Stockpile (SNS), a federal repository of drugs and medical supplies that can be tapped if a public health emergency could exhaust local supplies.

Access to the SNS by the IHS—which is responsible for providing federal health services to American Indians and Alaska Natives (AI/AN)—and by Tribal health authorities or urban Indian organizations is very limited, and is not provided for in statute. The Tribal Medical Supplies Stockpile Access Act would modify the law to ensure that these entities serving AI/AN would have direct access to the SNS.

This is especially important due to the spread of coronavirus disease 2019 (COVID-19), which medical personnel have been treating while using face masks, respirators, and other equipment included in the SNS. HHS recently indicated that IHS is likely to face shortages of this equipment because it cannot access the SNS. The Assistant Secretary for Preparedness and
Response (ASPR) within HHS administers the SNS. Federal law makes no provision or requirement for ASPR to deploy SNS supplies or medications to IHS facilities, tribal health organizations, or urban Indian organizations.

This bill ensures that when the stockpile is tapped for an emergency or to protect public health and safety, drugs, vaccines, medical devices, and other supplies are also provided to affected IHS facilities, tribal health authorities, tribal organizations, inter-tribal consortia, and urban Indian health organizations. This bill also ensures that when HHS deploys medications, products, or devices to combat pandemics or epidemics, that the entities serving AI/ANs would receive them as well.

To read the text of the bill, click here.
To read a summary of the bill, click here.

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**IHS All Tribes COVID-19 Conference Call**
The Indian Health Service is hosting weekly All Tribes calls to provide updates on the Coronavirus Disease 2019 (COVID-19) for Tribal and Urban Indian Organization Leaders. Officials will provide an overview of COVID-19, preparedness efforts, and U.S. Public Health Service Commissioned Corps officer deployments. You will have an opportunity to provide comments and ask questions to federal officials.

**Date:** Thursday, March 19, 2020

**Time:** 3:30 PM - 4:30 PM (Eastern)

**Conference Call:** 800-857-5577

**Participant Passcode:** 6703929

**Webinar Adobe Connect:** https://ihs.cosocloud.com/r4k6jib09mj/

**Participant Password:** ihs123

For any questions on Congressional measures regarding COVID-19, please contact NIHB Director of Congressional Relations, Shervin Aazami, at saazami@nihb.org