

The Honorable Nita Lowey  
Chair  
House Committee on Appropriations  
Washington DC, 20515

The Honorable Kay Granger  
Ranking Member  
House Committee on Appropriations  
Washington DC, 20515

The Honorable Richard Shelby  
Chair  
Senate Committee on Appropriations  
Washington DC, 20510

The Honorable Patrick Leahy  
Vice Chairman  
Senate Committee on Appropriations  
Washington DC, 20510

Dear Chair Lowey, Chair Shelby, Ranking Member Granger, and Vice Chairman Leahy,

This letter is on behalf of the undersigned national and regional American Indian and Alaska Native (AI/AN) organizations, which collectively serve all 574 federally-recognized AI/AN Tribal Nations and all 41 urban Indian organizations (UIOs). The recommendations outlined in this letter encompass critical funding concerns to help protect and prepare Tribal and urban Indian communities to effectively respond to the current 2019 novel coronavirus (COVID-19) pandemic.

The requests outlined in this letter encompass multiple appropriations subcommittees, including: Interior, Environment, and Related Agencies; Energy and Water Development, and Related Agencies; Agriculture, Rural Development, Food and Drug Administration, and Related Agencies; and Transportation, Housing and Urban Development, and Related Agencies.

Indian Country is appreciative of the \$40 million in direct funding for Tribes, Tribal organizations, and urban Indian organizations for COVID-19 preparedness signed into law under H.R. 6074. We are also very grateful that H.R. 6201, the second COVID-19 supplemental package, injects \$64 million into the Indian Health Service (IHS) Services Account for response efforts, and that language is included requiring the Secretary of Health and Human Services (HHS) to cover the cost of COVID-19 tests for all AI/ANs regardless of where the health service is received. We are committed to working to ensure H.R. 6201 passes the U.S. Senate and is signed into law.

However, as the urgency, infection rate, and death toll of the COVID-19 pandemic intensifies, it has become increasingly clear that Indian Country needs significantly more funding resources to protect and preserve human life.

The federal government's Trust and Treaty obligations to Tribal Nations and AI/AN Peoples for healthcare, public health, safety, housing, and other services stretch to each federal agency and department. It is integral that Congress continue to honor these obligations as you prepare for a potential third COVID-19 emergency supplemental package.

Below you will find a list of funding priorities that encompass a wide range of Indian policy areas outlined above including healthcare, public health, public safety, tax, and economic security. We urge you to meaningfully consider and integrate these requests as you work on a third supplemental package to stem the COVID-19 pandemic.

In addition to the specific funding requests outlined below, Tribal Nations are strongly urging maximum flexibility in use of existing funds to be able to comprehensively address COVID-19 response efforts.

## **Healthcare and Public Health Support**

**1. Funding for IHS Facilities Account:** IHS and Tribes need an additional \$200 million in funding for facilities construction to help address the COVID-19 emergency. Many IHS and Tribal hospitals and clinics already have capacity limitations such as shortages of beds in intensive care units (ICUs), or lack inpatient facilities altogether. Funding is needed to construct new hospital capacity, build temporary lodging for healthcare providers, temporary housing for Tribal citizens returning home during this crisis, to receive TRANSAM supplies, build auxiliary facilities, and to bolster sanitation infrastructure to address increased demand and use of water, sewer, and waste systems as more AI/ANs return home in light of this health emergency. An analysis by USA Today using data from the American Hospital Association, U.S. Census, and Centers for Disease Control and Prevention has put forth a conservative estimate that there is only one available hospital bed for every six seriously ill patients. But that estimate, which assumes an infection rate similar to ordinary infection rates of the flu, is based on the idea that all hospital beds would be empty. In reality, two-thirds are generally full. With that occupancy rate taken into account, there would be 17 patients per open bed. Given the significant resource shortages facing the Indian health system in terms of hospital capacity and personnel, the ratio between available beds and need is likely even higher.

**2. Funding for IHS Services Account:** We are appreciative of the \$64 million included in the House-passed H.R. 6201. However, Indian Country needs an additional \$1.1 billion in funding for the IHS Services Account to address increased demand with more AI/AN individuals and families returning home to their Tribal or IHS facility to receive their care in light of the COVID-19 emergency. Additional funding is critical to meet increased demand for health education, to recruit providers, increase testing capacity, secure medical supplies, expand and meet the surge in need for health services, and other priorities. In terms of supplies, IHS and Tribal sites are especially in need of extracorporeal oxygenation tables, respirators, and ventilators, along with funding for personnel to use these machines and technical assistance for current healthcare workers on how to use them. Funding is also needed to recruit providers such as respiratory therapists, nurses, physician assistants, and other provider types to build the healthcare workforce in Indian Country to make sure all patients can receive the COVID-19 care needed. Native people already face higher incidences of mental and behavioral health issues, and carry with us intergenerational trauma. The

psychological stress caused by COVID-19 will cause more of our patients to seek crisis care and other mental health services through the Indian Health System. Additional funds will be needed to support the mental and emotional health of our people during this public health crisis

**3. Funding for Community Health Representatives (CHRs):** In addition to increased funding needed for the IHS Services Account generally, an additional \$60 million is specifically needed for the CHR line item in the IHS Services Account. CHRs are the frontline public health responders across Indian Country. As IHS and Tribal facilities deplete personal protective equipment (PPE) and further lose Commission Corps officers to deployments, CHRs are being asked to handle a larger and larger portion of the emergency response apparatus. Thus, Indian Country is requesting additional emergency funding to hire more CHRs and meet demand.

**4. Funding for Health Information Technology (Health IT):** Indian Country requests \$125 million to build health IT capacity and infrastructure to better respond to the COVID-19 pandemic. In communications with federal, Tribal, urban Indian leaders, IHS has noted that the agency's current health IT infrastructure is a major barrier to a coordinated response to the COVID-19 emergency across the Indian health system. Funding for health IT is also needed to bolster telehealth services, which have become increasingly necessary in order to promote social distancing and protect the health of healthcare workers. Health IT systems in Indian Country generally lack the capacity to engage in public health disease surveillance, and interoperability issues further depress timely sharing of data between IHS, Tribal, and urban Indian sites. Emergency funding is needed to bolster IHS, Tribal and urban Indian disease surveillance capacity and data sharing capabilities.

**5. Funding for Purchased/Referred Care (PRC):** In light of the COVID-19 emergency, IHS and Tribal sites are quickly depleting their PRC funds to connect patients with care. There is an immediate need for an additional \$964 million for PRC services. Use of PRC dollars to purchase care outside the Indian health system has become especially critical due to IHS and Tribal sites losing Commission Corps officers who are being deployed as a result of the COVID-19 emergency. As of Thursday, March 12, 2020, 190 Commission Corps officers stationed in Indian Country have been deployed, up from 163 the day prior, Wednesday March 11. In addition to losing Commission Corps officers, IHS and Tribal sites are still required to cover the salary and benefits of deployed officers. Therefore, not only is Indian Country losing providers during a health emergency, they are absorbing the financial costs of compensating deployed officers. The additional PRC funds are critical in order for Indian Country to continue covering specialty services for AI/ANs

**6. Temporarily Relieve all Contract Health Service Delivery Area Limitations:** Additional flexibility is needed in how IHS beneficiaries can receive services under Contract Health Service Delivery Areas (CHSDAs). Flexibility is needed to ensure IHS beneficiaries can receive care at the closest available site and also for Tribal citizens coming home during the crisis for care –

because in Tribal Communities people want to come home. There is currently no financial accommodation for this influx of people.

**5. Funding for the Urban Indian line item:** Funding should be provided for emergency supplies and services for urban Indian organizations (UIOs), a minimum of \$58-\$94 million. UIOs receive primary IHS funding from only one line item in the IHS budget, which provides a mere \$57,684,000 for 41 UIOs that operate 74 health facilities in 22 states. UIOs are already experiencing immediate needs for critical funding, so that they may continue to provide high quality care to their patients while also managing local outbreaks and minimizing risks to their communities. For instance, the UIO in Seattle, WA, an area currently experiencing a significant epidemic, is projecting a monthly loss of \$734,922 during this pandemic. The UIO in San Jose, CA, with its first confirmed case on March 13, is also at the front lines of the COVID-19 pandemic where cases have increased more than threefold over the past few days.

### **Public Safety and Community Support**

- 1. Increased funding for Bureau of Indian Affairs (BIA):** Tribes are requesting \$900 million in funding for Indian Affairs Tribal Priority Allocations (TPA) and TPA-like allocations (e.g., Criminal Investigations & Police Services & Detention/Corrections) lines to fund essential Tribal services. These include social services, law enforcement and public safety, emergency response, corrections departments, and other critical components as Tribes work to keep their communities safe under the COVID-19 pandemic. Responding to this pandemic is cost-intensive, and it impacts all aspects of Tribal governance and life in Tribal communities.
- 2. Funding for Aid to Tribal Governments:** Tribes are requesting an additional \$50 million in program assistance in Aid to Tribal Governments. This funding provides federal staff support to federally-recognized Tribes at the agency level in all twelve BIA regions, both for Tribes that have not contracted or compacted the program as well as funding to Tribes that have elected to perform these functions under the Indian Self-Determination and Education Assistance Act. It is also used by the BIA to provide technical assistance to Tribal governments and Tribal organizations, enhancing their ability to successfully contract BIA programs. These efforts support the goal of fostering strong and stable Tribal governments.
- 3. Funding for Care of Native Youth:** Tribes are requesting \$20 million to support tribal efforts to ensure Tribal children in out-of-home care or at risk of out-of-home care and their caregivers have sufficient support to ensure they are not further traumatized by disruptions to their care environment related to COVID-19. The funding shall support emergency services such as respite care to foster care and relative caregivers; case management services to support medical and social services coordination for children at risk of placement in out-of-home care and those currently in out-of-home care; emergency placement services to children who are displaced from their foster care, relative care, or group care placement because of medical issues related

to COVID-19 health concerns; and temporary income assistance to foster care or relative care providers who cannot work due to COVID-19 health concerns and are providing care to foster children in their home.

### **Credit Relief**

Large national banks and other credit facilities are dramatically tightening their lending practices. Indian Country, with a reliance on hospitality and natural resource development, will be among the first to bear the brunt of tightening credit. This credit is needed to bridge the severe economic impacts on the reliant industries and the added cost burdens of dealing with the expected demand placed on limited health resources. It is essential, as a first and important step to make credit available and more affordable. The following will help:

1. **Funding for the Indian Loan Guarantee Program:** The Office of Indian Energy and Economic Development within the Department of the Interior should have its available guarantees increased with the federal government building the allowable loss reserves to offset underwriting concerns. We recommend increasing the loan fund amount available to \$2 billion from the currently underfunded amount of \$8.5 million. This would accommodate approximately \$15 billion in loan availability with an additional \$400 million, or a 20% loss reserve, of the allocation set aside by the agency for loss reserves to accommodate the difficult environment. Greater underwriting flexibility should be granted.
2. **Funding for Indian Energy Loan Guarantee:** The current loan fund of \$2 billion is going unused for tribes because the steep fees only make very large loans possible and the application process is difficult to navigate. We would request increasing the amount to \$15 billion or half the total market and a waiver of fees associated with any tribal project. It is important that these loans become effective and less cumbersome for the distressed tribal energy market.

### **Funding for Housing Support**

1. **Funding for Flexible Block Grant Housing Funds:** Housing funds are spent directly in communities and often bring in other services such as tribal construction companies and suppliers needed to offset the anticipated unemployment as well as mitigate health issues that will arise from closed and vulnerable tribal communities that have high interaction levels. We propose increasing funding for housing for community development efforts. Flexibility should be given to an additional \$200 million for community facilities (with \$2 million in administrative expense) with a preference for building or purchasing health and related care facilities needed for immediate use.

### **Nutrition Assistance and Food Distribution Program on Indian Reservations (FDPIR)**

1. **Funding for FDPIR:** Authorize an additional \$100 million for FDPIR for both additional food purchases, facility improvements, and equipment upgrades for long-term storage; and to support the delivery of food to participants if Tribal government services and offices are closed to the public. Many Tribal citizens seeking food and nutrition assistance face even greater challenges in securing public transit or private transportation to gain access to public spaces outside their communities where food might be made available. As businesses close and people are left out of work, often in areas of high unemployment and persistent poverty, FDPIR provides critical assistance for food insecure families in Indian Country. Additional funding will ensure food can be purchased for the anticipated increases to participation, as well as the ability to make updates to infrastructure, facility improvements, and equipment upgrades to store food supplies for this demand and to account for potential food supply chain disruption.

Thank you for your consideration of the recommendations outlined in this letter. We look forward to working with all of you to ensure that Indian Country's concerns and priorities are comprehensively addressed, as we respond to the COVID-19 emergency.

Sincerely,

National Indian Health Board  
National Congress of American Indians  
Native American Finance Officers Association  
National Council of Urban Indian Health  
United South and Eastern Tribes Sovereignty Protection Fund

CC:

The Honorable Betty McCollum  
The Honorable David Joyce  
The Honorable Lisa Murkowski  
The Honorable Tom Udall  
The Honorable Sanford Bishop Jr.  
The Honorable Jeff Fortenberry  
The Honorable John Hoeven  
The Honorable Jeff Merkley  
The Honorable Marcy Kaptur  
The Honorable Mike Simpson  
The Honorable Lamar Alexander  
The Honorable Diane Feinstein  
The Honorable David E. Price  
The Honorable Mario Diaz-Balart  
The Honorable Susan Collins  
The Honorable Jack Reed