April 8, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
S-230 U.S. Capitol Building
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
U.S. Senate
S-221 U.S. Capitol Building
Washington, DC 20510

Re: COVID-19 Recovery Legislative Proposal (Phase #4)

Dear Majority Leader McConnell and Minority Leader Schumer:

On behalf of undersigned national and regional American Indian and Alaska Native (AI/AN) Tribal organizations, who collectively serve all 574 federally-recognized AI/AN Tribal Nations, this letter outlines Tribal healthcare and public health priorities for the fourth supplemental congressional package to address the 2019 novel coronavirus (COVID-19) pandemic. The recommendations outlined in this letter encompass critical funding and policy needs to help protect and prepare AI/AN communities in response to the current COVID-19 pandemic. These are necessary for the Indian health system to be fully functional to address the pandemic and other related critical health care priorities.

As of April 7, 2020 the Indian Health Service (IHS) has reported conducting 8,934 COVID-19 tests across IHS, Tribal, and urban Indian (collectively "I/T/U") sites, of which 661 have been confirmed positive and 5,713 remain pending final results. The number of confirmed cases in Indian Country is likely underreported given a significant shortage of available testing kits, but also because of a critical shortage of medical supplies like respiratory swabs used to collect the COVID-19 specimen. I/T/U facilities across the country have either completely depleted, or are dangerously close to depleting, necessary supplies such as personal protective equipment (PPE), ventilators, swabs, testing kits, and other medical countermeasures.

We applaud your leadership for including significant funding for IHS and Tribal sites under the CARES Act, including $1.032 billion for the IHS Services Account; however, it has become increasingly clear that this funding was not enough. The Indian health system had pervasive provider shortages, antiquated healthcare infrastructure, and severe funding shortfalls before the COVID-19 emergency began. For instance, space capacity at IHS facilities is at only 52% of capacity needed based on the size of the AI/AN population. There are reported to be only 33 intensive care unit (ICU)

beds across Indian Country, and the average age of IHS hospitals is four times that of mainstream hospitals. Further, AI/AN People are disproportionately impacted by the health conditions that the Centers for Disease Control and Prevention (CDC) notes increase risk for a more serious COVID-19 illness, including respiratory illnesses and diabetes.

In short, the Indian health system was woefully unprepared to address this pandemic to begin with; is facing immense pressures responding to COVID-19 at its current pace; and is likely to buckle in the absence of significant financial investment in the phase 4 COVID-19 response package.

We urge you to include the following recommendations as you work on a phase 4 package to stem the COVID-19 pandemic. In addition to the specific funding and policy requests outlined below, Tribal Nations are strongly urging maximum flexibility in the use of new and existing funds to be able to comprehensively address COVID-19 response efforts.

The following recommendations are based on input received from Tribal leaders and Tribal health care providers who are the first responders to this pandemic. Taking these actions will improve the health outcomes for our people and increase our chances to protect and save lives. Moreover, the language included in this letter covers the healthcare and public health priorities for 574 Tribal Nations and is organized in the following way:

Health

- Health Section 1: Critical Funding and Access Needs
- Health Section 2: Technical Medicaid/Medicare Fixes
- Health Section 3: Technical Amendments Needed
- Health Section 4: Legislative Fixes and Reauthorizations

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

This version of the letter is a bulleted list of the Tribal priorities. For background and legislative text for each priority, please see ATTACHMENT 2.

Sincerely,

National Indian Health Board
National Congress of American Indians
Self-Governance Communication and Education Tribal Consortium
Alaska Native Health Board
Rocky Mountain Tribal Leaders' Council
California Rural Indian Health Board
Great Plains Tribal Chairmen's Health Board
Southern Plains Tribal Health Board
United South and Eastern Tribes Sovereignty Protection Fund
Inter-Tribal Association of Arizona
Northwest Portland Area Indian Health Board

Health Section 1: Critical Funding and Access Needs

- **Provide $1 billion for Purchased/Referred Care:**
- **Provide $1.215 billion for Hospitals and Health Clinics**:
- **Establish a $1.7 billion Emergency Third-Party Reimbursement Relief Fund for IHS, Tribes, Tribal Organizations, and Urban Indian Organizations**
- **Provide $2.5 billion for Health Care Facilities Construction to Include Support for New and Current Planned Projects, the Small Ambulatory Health Center Program, and the Joint Venture Construction Program**
- **Provide $1 billion for Sanitation Facilities Construction**
- **Provide $750 Million for Maintenance and Improvement of Indian Health Service and Tribal facilities.**
- **Provide $85 million for Equipment Purchases and Replacements**

Health Section 2: Technical Medicaid/Medicare Fixes

- **Authorize Medicaid Reimbursements for Qualified Indian Provider Services and Urban Indian Organizations:**
- **Provide Reimbursements for services furnished by Indian Health Care Providers outside of an IHS or Tribal Facility:**
- **Ensure Parity in Medicare Reimbursement for Indian Health Care Providers**
- **Include Pharmacists, Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Counselors, and other providers as eligible provider types under Medicare for Reimbursement to IHS, Tribal and Urban Indian Health Programs**

Health Section 3: Technical Amendments Needed

- **Expand Telehealth Capacity and Access in Indian Country by Permanently Extending Waivers under Medicare for Use of Telehealth and Enacting Certain Sections of the CONNECT to Health Act**
- **Make the IHS Scholarship and Loan Repayment Program Tax Exempt**

- **Implement ways to facilitate interagency transfers of funding that Tribal Nations can access to address COVID-19 and its impacts so that funding can be disbursed to Tribal Nations quickly**

- **Implement ways to disburse funding to Tribal Nations using existing funding mechanisms already in place when possible**

- **Provide Tribal and UIO access to the Strategic National Stockpile**

- **Provide Tribal and UIO access to the Public Health Emergency Fund**

Health Section 4: Legislative Fixes and Reauthorizations

- **Move Contract Support Costs to mandatory appropriations**

- **Move 105(l) lease agreements to mandatory appropriations**

- **Permanently reauthorize the Special Diabetes Program for Indians with automatic annual adjustments tied to medical inflation, and permit Tribes and Tribal organizations to receive funds through self-determination or self-governance contracts and compacts**

- **Provide mandatory appropriations for Village Built Clinics**