

Indian Health Service Tribal Consultation

AMERICAN RESCUE PLAN ACT, 2021

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Welcome & opening remarks



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American Rescue Plan Act, 2021



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American Rescue Plan Act, 2021

On March 11, the President signed the American Rescue Plan Act of 2021.

- ❖ The Act appropriates a total of \$6.1 billion for IHS, Tribal, and Urban Indian health programs.
- ❖ These funds are mandatory, and are available until expended (no-year or x-year funds).

American Rescue Plan Act, 2021 *(cont.)*

The Act also provides the authority to use the funds retroactively for eligible costs incurred before the date of enactment.

- ❖ The statute specifies that the funds can be used for costs incurred after January 31, 2020, the date of public health emergency declaration.
- ❖ It also includes language stipulating that these funds are provided on a one-time, non-recurring basis, and can only be used for the purposes outlined in the statute.

Uses of Funds

The Act identifies funding amounts for specific purposes, including:

- ❖ \$2 billion for lost third party revenue
- ❖ \$500 million for direct health care services, including Purchased/Referred Care
- ❖ \$84 million for Urban Indian Organizations

Uses of Funds (*cont.*)

The Act identifies funding amounts for specific purposes, including:

- ❖ \$600 million to plan, prepare for, promote, distribute, administer and track COVID-19 vaccines, and other vaccine-related purposes.
- ❖ \$1.5 billion to detect, diagnose, trace, and monitor COVID-19 infections, mitigation activities, and other related activities.
- ❖ \$240 million to establish, expand, and sustain a public health workforce to prevent, prepare for, and respond to COVID-19, and other public health workforce activities.

The Act also includes language that permits each of these appropriations to be used for all of the purposes identified above. This provides additional flexibility to allocate funding as needed at the local level.

Uses of Funds (*cont.*)

The Act identifies funding amounts for specific purposes, including:

- ❖ \$420 million for mental health and substance abuse prevention and treatment
- ❖ \$140 million for IT, telehealth, and the IHS Electronic Health Record System
- ❖ \$10 million for potable water delivery

Uses of Funds (*cont.*)

Finally, the Act provides \$600 million for COVID-19 related facilities activities including the:

- ❖ lease, purchase, construction, alteration, renovation, or equipping of health facilities to respond to COVID-19, and for maintenance and improvement projects necessary to respond to COVID-19.

These funds are authorized to be allocated to IHS, Tribal, and urban Indian health programs.

Next Steps

The immediate next step is for Tribal Leaders to provide written comments by Friday, March 19th.

To make the funds available, the IHS will:

- ❖ Work to get the funds apportioned through HHS and OMB,
- ❖ Complete Urban Confer and Tribal Consultation,
- ❖ Seek HHS and OMB approval of proposed funding allocations,
- ❖ Share final decisions by letter to Tribal and UIO Leaders, and
- ❖ Allocate funds accordingly.

Questions for Consideration

A few questions for consideration to begin our open discussion session include:

- ❖ What factors should the IHS consider in developing a methodology for allocating these funds?
 - ❖ In particular, what factors should the IHS take into account in allocating the \$2 billion for lost third party revenue?
- ❖ Since these funds are a one-time appropriation, are there any considerations the IHS should make when allocating these funds to avoid a future funding cliff?
- ❖ For facilities funding, how should funds be allocated between construction, equipment, and M&I? Or should those decisions be left to individual programs based on their needs?

