



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<sup>1</sup> (THPs) and UIOs through funding mechanisms authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCA).
- 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.

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<sup>1</sup> 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 IHClA 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/

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