DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

JAN 15 2021

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am writing to announce the allocation decisions for $790 million in new resources transferred from the Public Health and Social Services Emergency Fund (PHSSEF) to the IHS to support COVID-19 testing, contact tracing, containment, mitigation, and related activities for monitoring and suppressing COVID-19 in American Indian and Alaska Native (AI/AN) communities, authorized by the Coronavirus Response and Relief Supplemental Appropriations Act, Pub. L. No. 116-260, Div. M, Title III (CRRSAA). The President signed the CRRSAA into law on December 27, 2020. These funds are one-time, non-recurring, and can only be used for the purposes specified in the statute.

Per statute, funds transferred from the PHSSEF to the IHS can be used for testing, contact tracing, surveillance, containment, and mitigation, including support for workforce, epidemiology, and use by employers in other settings. In addition, these funds can be used to scale up testing by public health, academic, commercial, and hospital laboratories, as well as community-based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing. Further, the funds are legally available to lease, purchase, construct, alter, renovate, or equip non-federally owned facilities to improve COVID-19 preparedness and response capability.

On January 4, 2021, we held a Tribal Consultation conference call with Tribal Leaders, and an Urban Confer conference call with Urban Indian Organizations (UIOs) to seek rapid input regarding the allocation of $1 billion in COVID-19 resources. The IHS also received written comments through the Tribal Consultation and Urban Confer e-mail boxes. In general, commenters:

- Support allocating resources using existing distribution and Tribal share methodologies, including distribution to Tribal health programs[1] (THPs) and UIOs through funding mechanisms authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA).

- 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.

[1] 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.

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 our ongoing COVID-19 response. The IHS will share the decisions for the distribution of the $210 million for COVID-19 vaccine-related costs separately in a forthcoming letter.

Of the $790 million transferred from the PHSSEF to the IHS, 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, Alcohol and Substance Abuse, Mental Health, Community Health Representatives, and Public Health Nursing.

All THPs will receive these one-time, non-recurring funds through bilateral modifications and/or amendments to their existing ISDEAA agreements. Tribal Health Programs will be required to provide the statutorily-required update to the COVID-19 testing plan required by the CRRSAA and the Paycheck Protection Program and Health Care Enhancement Act, Pub. L. No. 116-139 (PPPHCEA), and meet all other applicable reporting requirements from the CRRSAA, as a condition of receiving these funds. These funds must be used for the purposes for which they are appropriated, and must be used consistent with the conditions established by law. To support IHS Federal health programs, the IHS will distribute the funding to IHS-operated Service Units.

The IHS will provide $50 million to support UIOs. The IHS will work with UIOs to provide these funds through existing IHCIA contracts by providing a one-time, equal payment amount for each UIO, and an additional one-time payment based on each UIO's total number of Urban Indian users. These funds must be used for the purposes for which they are appropriated, consistent with a modified scope of work, budget, and bilateral modification for each IHCIA contract. If a UIO cannot do so, it should not sign the bilateral modification awarding the funds. Urban Indian Organizations will be required to provide the statutorily required update to the COVID-19 testing plan required by the CRRSAA and the PPPHCEA as a condition of receiving these funds.

The IHS will use $190 million to purchase COVID-19 tests, test kits, testing supplies, therapeutics, 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.

These CRRSAA-authorized resources for COVID-19 testing and related activities, are in addition to the $750 million administered by the IHS on behalf of the Department of Health and Human Services under the PPPHCEA that was allocated as explained by letter dated May 19, 2020; the $1.032 billion appropriated under the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136 (CARES Act), that the IHS allocated as explained in letters dated April 3, 2020, and April 23, 2020; and the $134 million administered by the IHS under the Coronavirus Preparedness and Response Supplemental Appropriations Act, Pub. L. No. 116-123

(2020) and appropriated to the IHS under the Families First Coronavirus Response Act, Pub. L. No. 116-127 (2020), that were allocated as explained by letter dated March 27, 2020.

Once again, I am grateful to the Tribal Leaders and Urban Indian Organization Leaders who shared critical input. 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,

/RADM Michael D. Weahkee, MBA, MHSA/
Assistant Surgeon General, U.S. Public Health Service Director