



MAR 27 2020

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am announcing the availability of and distribution decisions for \$134 million in new resources to respond to coronavirus (COVID-19) in American Indian and Alaska Native (AI/AN) communities.

In order to expedite funding allocation decisions for distributing resources to all of our health care programs, we conducted rapid Tribal Consultation and Urban Confer sessions earlier this week through national conference calls to seek input. We held a Tribal Consultation call with Tribal Leaders on March 23, 2020, and an Urban Confer call with Urban Indian Organizations (UIOs) on March 25, 2020. In general, responders:

- Support allocation of 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 UIOs (I/T/U) health system immediately, without any set-asides for hotspots.
- Do not support distribution through grant mechanisms.

I appreciate the rapid and robust input for informing Agency funding allocation decisions that align with the highest priorities of our entire I/T/U health system. I also value your support as we work together on a significantly accelerated timeline to ensure critical resources can be distributed for immediate support of COVID-19 response.

#### \$64 million available for COVID-19 Testing from the Families First Coronavirus Response Act

The President signed the Families First Coronavirus Response Act into law on March 18, 2020. This Act provides \$64 million in additional resources for COVID-19 response activities through the IHS. This new law also provides for supplemental appropriations related to the COVID-19 public health emergency, as well as waivers and modifications of Federal nutrition programs, employment-related protections and benefits, health programs and insurance coverage requirements, and related tax credits during the COVID-19 public health emergency.

Of the \$64 million in new resources, \$3 million will support UIOs. The IHS will work with UIOs to provide these funds through existing IHCA contracts by providing a base amount for each Urban Indian Organization and an amount based on each Urban Indian Organization's

---

<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.

Urban Indian users. These funds will complement the \$8 million that the Centers for Disease Control and Prevention (CDC) has allocated to UIOs through the National Council of Urban Indian Health.

The IHS will allocate the remaining \$61 million to IHS Federal health programs and THPs, using the existing distribution methodology for program increases in Hospitals and Health Clinics funding. Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. These funds must be used for the purposes for which they were appropriated. If a Tribal Health Program cannot do so, they should notify the IHS immediately. Eligible contract support costs may be added to this funding, and the IHS and each THP will negotiate these amounts after these payments are made. To support IHS Federal health programs, the IHS will distribute funding to IHS-operated Service Units.

#### \$70 million for COVID-19 Response Activities from the Public Health and Social Services Emergency Fund

The President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act on March 6, 2020, providing funding to the Department of Health and Human Services Public Health and Social Services Emergency Fund. From that Act, HHS directed to IHS \$70 million to prevent, prepare for, and respond to the spread of COVID-19 in AI/AN communities. The Administration has also negotiated additional funding for IHS in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and is working hard to make those funds available quickly.

Of the \$70 million, the IHS will distribute \$30 million to IHS Federal health programs in support of COVID-19 response activities. These funds will be distributed according to existing allocation methodologies that use recurring Federal Hospitals and Health Clinics base funding levels. This allocation will complement the separate funding available through the new CDC Funding Opportunity Announcement to support THPs, and reflects a proportionate share of IHS Federal health programs.

The IHS will use the remaining \$40 million out of the total \$70 million to purchase personal protective equipment (PPE) and medical supplies through the IHS National Supply Service Center. These resources will provide critical PPE and medical supplies that will be available to I/T/U health programs free of charge.

These resources are in addition to \$80 million [announced last week](#) from the CDC for Tribes, Tribal Organizations, and UIOs to respond to the coronavirus pandemic.

Once again, I am grateful for all of the Tribal Leaders and Urban Indian Organization Leaders who shared critical input earlier this week. We will begin distributing these funds immediately.

Page 3 – Dear Tribal and Urban Indian Organization Leader

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/

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