

Indian Health Service American Rescue Plan Act, Infrastructure Investment and Jobs Act, and Build Back Better Bill

TRIBAL CONSULTATION

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Welcome & opening remarks



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Overview of ARPA, IIJA, and BBBA



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Three Funding Sources

Today we will discuss three new or potentially new funding sources for the IHS.

- ❖ \$210 million in additional American Rescue Plan Act funding allocated to the IHS by HHS for Public Health Workforce activities;
- ❖ \$3.5 billion appropriated to the IHS in the Infrastructure Investment and Jobs Act, and
- ❖ \$2.35 billion for the IHS currently under consideration by Congress as part of the Build Back Better Act.

American Rescue Plan Act

The American Rescue Plan Act (ARPA) appropriated \$7.7 billion to HHS for Public Health Workforce Activities.

- ❑ HHS allocated \$210 million of that amount to the IHS for specific purposes. The White House announced this allocation on November 10.
- ❑ These funds are in addition to the \$240 million for Public Health Workforce activities that the IHS received in direct appropriations from the ARPA.

Uses of Funds

The HHS allocation includes funding for the following IHS activities:

- ❑ \$92 million to support nurses in Bureau of Indian Education Schools,
- ❑ \$67 million to enhance public health capacity and preparedness for IHS and Tribes,
- ❑ \$45 million for additional loan repayment awards, and
- ❑ \$6 million for core surveillance and epidemiology functions.

Nurses in Bureau of Indian Education Schools

The HHS allocation includes \$92 million over four years to provide nursing support to the 181 Bureau of Indian Education (BIE) funded K-12 schools.

❖ Funding will:

- Support a Registered Nurse to focus on student health, immunizations, vaccinations, COVID-19 testing needs, mental health, and other related needs at each of the 181 BIE schools.
- Be allocated to IHS and Tribal Health Programs that support the identified schools.
- Provide for a Student Health Nurse program lead and an evaluation.

Additional Loan Repayment Awards

The HHS allocation includes \$45 million to expand the IHS Loan Repayment Program to recruit and retain high quality health care professionals.

- ❖ These resources will support approximately 200 additional two-year loan repayment contracts.
- ❖ The funds will support recruitment and retention of health care professionals in IHS, Tribal, and Urban Indian Health Programs.

Enhanced Emergency Preparedness & Public Health Capacity

The HHS allocation includes a total of \$67 million to enhance emergency preparedness at IHS and public health capacity in Indian Country.

❖ **IHS Emergency Preparedness Team (\$20 million)**

- ❑ These funds will support additional Emergency Management staff and training at IHS HQ, IHS Area Offices, and Service Units.

❖ **Public Health Department Capacity Building in Tribal Communities (\$47 million)**

- ❑ These funds will support Tribes, Tribal organizations, and Urban Indian Health Programs in:
 - Conducting Public Health Department functions, services and activities, and
 - Developing their Public Health management capabilities.

Core Surveillance & Epidemiological Activities

The HHS allocation includes a total of \$6 million for core surveillance and epidemiological activities.

- ❖ **Increase IHS capacity to monitor for and respond to vaccine-preventable diseases (\$2.3 million)**
 - These funds will enhance IHS analytical capacity and establish or improve data tracking systems that support monitoring of vaccine-preventable diseases.
- ❖ **IHS Mortality and Natality Data Activities and Reporting (\$3.6 million)**
 - These funds will allow the IHS to update natality and mortality information for future analysis.

Question for Consideration - ARPA

- ❖ What factors should the IHS consider in developing an implementation strategy for these new funds?

Infrastructure Investment & Jobs Act

The President signed the Infrastructure Investment and Jobs Act (IIJA) on November 15. This Act was often referred to as the “Bipartisan Infrastructure Bill.”

- ❖ The IIJA includes \$3.5 billion over five years for the IHS Sanitation Facilities Construction program (\$700 million/year).
- ❖ This funding level is sufficient to address the current estimate of all projects in the Sanitation Deficiency System as of today.

Infrastructure Investment & Jobs Act (*Cont.*)

The Act includes several important directions to the IHS.

- ❑ Directs that up to \$2.2 billion should be used for “economically infeasible” projects.
- ❑ Caps funding for “salaries, expenses, and administration.”
- ❑ Allocates 0.5% of funds each year to the HHS Office of the Inspector General for oversight activities.

Infrastructure Investment & Jobs Act Funding

The Infrastructure Investment & Jobs Act provides \$700 million per year, for FY 2022 – FY 2026.

Funding Category	Annual Amount	Total Amount
Project	\$675,500,000	\$3,377,500,000
Salaries, Expenses, and Administration (up to 3% Total)	\$21,000,000	\$105,000,000
DHHS OIG (0.5% Total)	\$3,500,000	\$17,500,000
Total	\$700,000,000	\$3,500,000,000[^]

[^]Provided further, That of the amounts made available under this heading, up to \$2,200,000,000 shall be for projects that exceed the economical unit cost and shall be available until expended.

FY 2021 Sanitation Facilities Needs

Existing Sanitation Needs (SDS Projects)

- Total Need: \$3,361,445,056
- Total Number of Homes: 245,802

Sanitation Services for New & Like New Homes (Housing Projects)

- Total Need: \$85,150,431
- Total Number of Homes: 2,812

Note: End of fiscal year (FY) 2021 data collected by the Indian Health Service in collaboration with AI/ANs Tribes.

Current Project Allocation Methodology

The current Sanitation Deficiency Project Allocation Methodology supports the following goals:

Goal 1	Allocate funds using data following direction of the Indian Health Care Improvement Act 25 US Code Chapter 18.
Goal 2	Prioritize funds for projects addressing higher level deficiencies (DL 3, 4 & 5).
Goal 3	Prioritize funds for economically feasible projects (Based on IHS Allowable Unit Cost).

Consultation: Sanitation Facilities Construction Funding Allocation Workgroup.
Summary Report: June 1996

Proposed Project Allocation Methodology

For the Infrastructure Investment & Jobs Act funding, we are seeking your feedback on the following goals:

Goal 1	Allocate funds using data following direction of the Infrastructure Investment & Jobs Act, including economically infeasible projects.
Goal 2	Prioritize allocation of funds where the majority can be used to immediately construct projects following the current Sanitation Deficiency System priority.
Goal 3	Make funding available to support planning & design activities to get projects ready to fund. Weigh these funds toward projects that address higher deficiencies.

Ineligible Costs

The current Sanitation Deficiency System data shows 466 Tier 1 Projects with **\$98 million in Ineligible Costs** to provide sanitation facilities to serve non-Indian homes and buildings.

- ❖ Contributions will be needed from other funding sources prior to funding these projects.
- ❖ Funding sources could include EPA, USDA, BOR, BIA, and other State or Tribal funds.
- ❖ IHS Staff will support tribes in identifying and coordinating contributed funding sources.

Key Questions for Consideration - IJA

- ❖ Are the below goals appropriate to guide funding allocations?

Goal 1	Allocate funds using data following direction of the Infrastructure Investment & Jobs Act, including economically infeasible projects.
Goal 2	Prioritize allocation of funds where the majority can be used to immediately construct projects following the current Sanitation Deficiency System priority.
Goal 3	Make funding available to support planning & design activities to get projects ready to fund. Weigh these funds toward projects that address higher deficiencies.

- ❖ How can the IHS best support Tribes in identifying additional resources for ineligible costs?

Build Back Better Bill

Congress is currently considering the Build Back Better bill. The House-passed version of the bill includes \$2.35 billion for the IHS, including:

- \$1 billion for the Health Care Facilities Construction Priority List,
- \$945 million for maintenance and improvement projects;
- \$40 million for the Small Ambulatory program;
- \$113 million for Facilities and Environmental Support;
- \$100 million for Urban Indian Organization facilities needs;
- \$124 million for behavioral health services, including relevant facilities needs; and
- \$25 million for Tribal Epidemiology Centers.

Health Care Facilities Construction Priority List

The House-passed BBBA includes \$1 billion for projects on the 1993 Health Care Facilities Construction Priority List.

- ❖ There are seven projects on the Priority List that still require funding. The remaining funding need is approximately \$2.1 billion.

Inpatient	Outpatient
Phoenix Indian Medical Center (AZ)	Bodaway-Gap (AZ)
Whiteriver Hospital (AZ)	Albuquerque West Health Center (NM)
Gallup Indian Medical Center (NM)	Albuquerque West Health Center (NM)
	Sells Health Center (AZ)

- ❖ Funding is distributed based on the status of project planning activities.

Maintenance & Improvement

The House-passed BBBA includes \$945 million for maintenance and improvement (M&I) funding.

- ❖ This funding level is consistent with the current estimate for the Backlog of Essential Maintenance and Repair (BEMAR).
 - These funds ensure functional health care facilities that meet building and life safety codes, conform with laws and regulations, and satisfy accreditation standards.
- ❖ Funding for BEMAR projects is currently allocated using a formula resulting from Tribal Consultation.
 - IHS Area funding for M&I BEMAR projects is based on the Area's M&I allocation and BEMAR deficiencies.

Small Ambulatory Program

The House-passed BBBA includes \$40 million for the Small Ambulatory Program.

- ❖ The Small Ambulatory Program provides funding awards of approximately \$2 million for the construction, expansion, or modernization of tribally owned small ambulatory health care facilities.
- ❖ Funds are distributed through a competitive process based on an applicant's:
 - Capacity to complete the project and administer the program, and
 - The need for increased ambulatory health services.

Facilities & Environmental Health Support

The House-passed BBBA includes \$113 million for Facilities & Environmental Health Support.

- ❖ These funds support:
 - Personnel to manage and implement programs and activities at IHS and Tribal Health Care Facilities and in Tribal communities, and
 - Certain operating expenses like utilities, non-medical supplies, etc.
- ❖ Allocation Methodology
 - Current formulas consider historical distribution of funds & workload.
 - The IHS is seeking your feedback on whether the allocation of these funds should only consider BBBA and IJA workload.

Urban Indian Organization Construction

The House-passed BBBA includes \$100 million for Urban Indian Organizations (UIOs) to address facilities needs. This appropriation would be the first time funding is allocated to address UIO facilities needs. There is no existing program at IHS for implementation.

- ❖ UIOs have a range of facilities needs, since their programs vary in program sizes and services vary from full ambulatory care, limited ambulatory care, outreach and referral, and residential and outpatient substance abuse treatment programs.
- ❖ The IHS is also embarking on an infrastructure study for facilities run by UIOs, with funding from the FY 2021 appropriation.
- ❖ We are seeking input from UIO leaders on the key considerations the IHS should take into account when allocating these resources and implementing this new effort.

Behavioral Health Services & Facilities Needs

The House-passed BBBA includes \$124 million for behavioral health services and related facilities needs in a single appropriation.

❖ Considerations for consultation:

- What considerations should IHS take into account for implementation of these funds?
- How should funding be allocated in light of the dual purposes outlined in the statute?
- What is the best mechanism for Tribes to receive this funding given that they can be used for services or related facilities needs?

Tribal Epidemiology Centers

The House-passed BBBA includes \$25 million to enhance Tribal Epidemiology Centers' (TECs') overall capacity.

- ❖ These funds will support core public health infrastructure enhancements such as:
 - Workforce and organizational capacities,
 - All hazards Public Health and preparedness,
 - Health information analysis,
 - Epidemiology and disease surveillance,
 - Contact tracing, and
 - Community partnership development.

Questions for Consideration - BBBA

- ❖ Should the IHS dedicate the full \$113 million for Facilities and Environmental Health Support to the construction activities appropriated in the BBBA and IJA?
- ❖ Should the IHS compete the full \$40 million for Small Ambulatory Clinics at once? Or hold multiple application cycles?
- ❖ How should the \$124 million for behavioral health services and facilities needs be allocated, in light of the dual purposes?
- ❖ What core public health enhancements should the IHS highlight in distributing the \$25 million for Tribal Epidemiology Centers?



INFRASTRUCTURE INVESTMENT AND JOBS ACT

CONSIDERATIONS

OUTSTANDING ISSUES

~Remaining costs or issues/Appropriations

ADMINISTRATIVE COSTS

~3 % = \$21 Million/year

OVERSIGHT

~Congress – Committees of Jurisdiction/Appropriations

BUILD BACK BETTER ACT

CONSIDERATIONS

NOT FINAL

~Final top line dollar

FUTURE CONSULTATIONS/EDUCATIONAL SESSIONS

~Post-passage

NARRATIVES

~Clarity on outstanding unfunded obligations

~2021 Health Care Facilities Construction Report/Other

National Indian
Health Board



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THANK YOU!

