

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

URBAN CONFER

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Welcome & opening remarks



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Overview of ARPA and BBBA

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Two 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; 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 activities:

- ❑ \$92 million to support nurses in Bureau of Indian Education Schools,
- ❑ \$47 million to enhance public health capacity and preparedness for IHS and Tribes,
- ❑ \$20 million to increase IHS emergency preparedness capacity,
- ❑ \$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.

Public Health Capacity Building

The HHS allocation includes a total of \$47 million to enhance public health capacity in Indian Country.

❖ **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.

IHS Emergency Preparedness Capacity

The HHS allocation includes a total of \$20 million to build emergency preparedness capacity at IHS.

❖ 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.
- ❑ Current emergency management activities are performed in addition to regular duties.
- ❑ COVID-19 experience makes it clear that dedicated planning, training, and staffing are necessary moving forward.

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?

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

- ❖ What are the key considerations the IHS should take into account when allocating these resources and implementing the \$100 million for Urban Indian Organization facilities needs?
- ❖ 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?

AMERICAN RESCUE PLAN ACT (ARPA)

The U.S. Department of Health and Human Services allocated \$210 million in additional ARPA resources for Public Health Workforce activities. The White House [announced](#) the allocation of these funds on November 10, 2021.

- The \$210 million will support the following activities:
 - \$92 million to provide nurses in Bureau of Indian Education schools;
 - UIOs **ineligible**
 - \$67 million to enhance public health capacity and emergency preparedness;
 - UIO eligibility **eligible**
 - \$45 million to expand loan repayment and support IHS's ability to recruit and retain highly-skilled health care professionals, in IHS, Tribal, and urban Indian health programs
 - UIOs **eligible**
 - \$6 million for core surveillance and epidemiology work for American Indian and Alaska Native populations.
 - UIO **ineligible**



INFRASTRUCTURE INVESTMENT AND JOBS ACT (IIJA)

- Padilla-Moran-Lankford amendment passed to allow UIOs to use line item for facilities infrastructure.
 - No update provided on status of implementation for UIOs.
- **\$3.5 billion for Sanitation Facilities Construction in the IIJA**
 - On November 15, 2021, President Biden signed the IIJA, which appropriates \$3.5 billion over five years for the IHS Sanitation Facilities Construction program. These funds are likely sufficient to address the current estimate for all known deficiencies.
 - UIOs **ineligible**



BUILD BACK BETTER ACT (BBBA)

Congress is currently considering the BBBA, which includes \$2.35 billion in additional resources for a number of IHS programs.

- The bill currently includes the following:
 - \$1 billion to address the 1993 Health Care Facilities Construction Priority List;
 - UIOs **ineligible**
 - \$945 million for Maintenance and Improvement projects;
 - UIOs **ineligible**
 - \$124 million for behavioral health services, including necessary facilities improvements;
 - UIOs **eligible**
 - \$113 million for Facilities and Environmental Health Support activities;
 - UIOs **ineligible**
 - \$100 million for Urban Indian Organization construction;
 - UIOs **eligible**
 - **Note: NCUIH requested \$200 million for UIOs**
 - \$40 million for the Small Ambulatory Program;
 - UIOs **ineligible**
 - \$25 million for Tribal Epidemiology Centers.
 - UIOs **ineligible**



URBAN INDIAN HEALTH NEEDS

REQUEST:

\$200 MILLION

for urban Indian health to improve, update and expand urban Indian health facilities based on needs

FACT

The Declaration of National Indian Health Policy in the Indian Health Care Improvement Act states that:
"Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."

FACT

Congress "establish[ed] programs in urban centers to make health services more accessible to urban Indians" 25 U.S.C. § 1651. The IHS carries out this authority through contracts with, and grants to, Urban Indian Organizations (UIOs). 25 U.S.C. §§ 1652-1653.

FACT

Urban Indian Organizations are not eligible for the Indian Health Service Facilities or Sanitation line items.

FACT

The Indian Health Service has a facilities priority list for Tribal and IHS facilities. Urban Indian Organizations do not have the ability to be placed on the list.



90% UIOs need facility upgrades to improve health care services

\$2 Million

Estimated cost for new building purchases

\$7 Million

Estimated cost for total sanitation facilities needs

\$32 Million

Estimated cost for renovations of current facilities

\$48 Million

Estimated cost for total expansion of facilities

\$83 Million

Estimated cost for new construction needs

\$172 Million

Estimated cost of Shovel Ready Projects at UIOs to expand and improve existing spaces and/or acquire new facilities

+

\$28 Million

Estimated cost for non-Shovel Ready Projects

=

\$200 Million

Estimated total cost needed

EXAMPLE PROJECTS



Sanitation (water supply, sewage system, sanitary solid waste)



Maintenance, repair, restoration of existing facilities



Hazmat abatement and remediation



New primary, behavioral, dental, infectious disease areas



Expansion and improvement for Traditional services



New in-house pharmacy services



New urgent care center



New mobile health units for specialty services

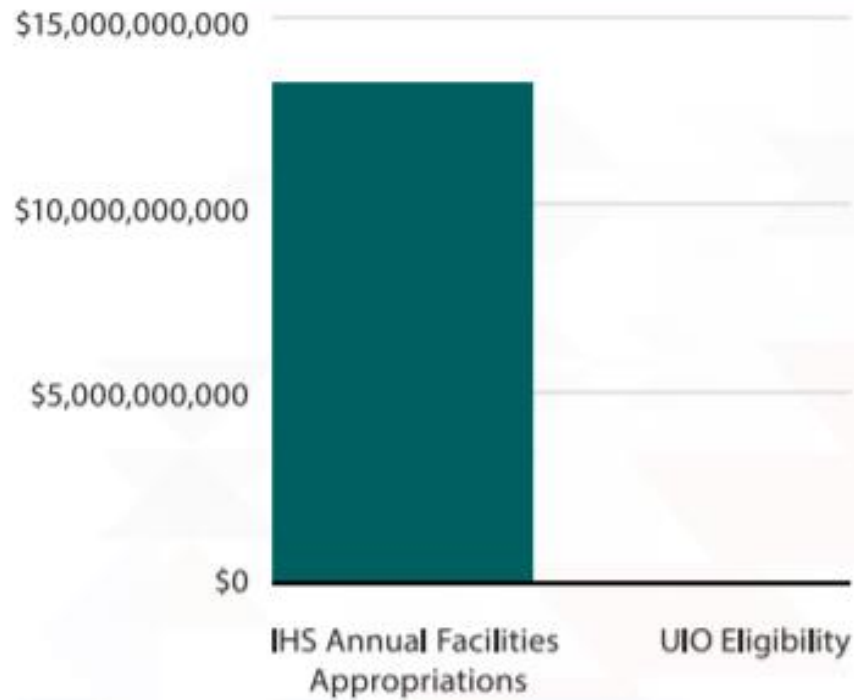


New waiting rooms and isolation rooms for infectious disease patients

¹Based on a NCUIH survey of 37 of 41 UIOs in April 2020 – April 2021



Historical Facilities Funding Through Annual Appropriations (1988-2021)



Accounts Included:

- Healthcare Facilities Construction
- Sanitation Facilities Construction
- Facilities and Environmental Health Support
- Maintenance and Improvement
- Medical Equipment

Historical Funding for Urban Indian Health Facilities

IHS Facilities Priority List

41

Number of Title V UIOs

0

Number of UIOs who are on the IHS Facilities Priority List

0

Number of UIOs who are eligible to be added to the IHS Facilities Priority List

Historical IHS Annual Appropriations for Facilities

\$13,305,494,000

Total IHS Facilities Funding (1988-2021)¹

\$0

UIO Eligibility



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