

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

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TRIBAL CONSULTATION

DECEMBER 22, 2021



# An Omicron Update and Message About Gatherings During the Holiday Season



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Chief Medical Officer  
Indian Health Service



# Welcome & opening remarks



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# Overview of ARPA, IIJA, and BBBA

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# Three Funding Sources

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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

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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

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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

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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.



# Public Health Capacity Building

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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

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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.

# Additional Loan Repayment Awards

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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.

# Core Surveillance & Epidemiological Activities

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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

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

# Infrastructure Investment & Jobs Act

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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.*)

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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 0.05% of funds each year to the HHS Office of the Inspector General for oversight activities.

# Infrastructure Investment & Jobs Act Funding

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

<b>Funding Category</b>	<b>Annual Amount</b>	<b>Total Amount</b>
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
<b>Total</b>	<b>\$700,000,000</b>	<b>\$3,500,000,000<sup>^</sup></b>

*<sup>^</sup>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

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## **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

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

<b>Goal 1</b>	Allocate funds using data following direction of the Indian Health Care Improvement Act 25 US Code Chapter 18.
<b>Goal 2</b>	Prioritize funds for projects addressing higher level deficiencies (DL 3, 4 & 5).
<b>Goal 3</b>	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

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

<b>Goal 1</b>	Allocate funds using data following direction of the Infrastructure Investment & Jobs Act, including economically infeasible projects.
<b>Goal 2</b>	Prioritize allocation of funds where the majority can be used to immediately construct projects following the current Sanitation Deficiency System priority.
<b>Goal 3</b>	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

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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 - IIJA

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

<b>Goal 1</b>	Allocate funds using data following direction of the Infrastructure Investment & Jobs Act, including economically infeasible projects.
<b>Goal 2</b>	Prioritize allocation of funds where the majority can be used to immediately construct projects following the current Sanitation Deficiency System priority.
<b>Goal 3</b>	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

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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.

# 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



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THANK YOU!

