July 26, 2021

Dear Tribal Leaders, Public Health Officials, and Indian Country Professionals:

Last week, HHS issued a brief examining the changes in health coverage for American Indians and Alaska Natives (AI/AN) since 2010. The brief highlights issues regarding health disparities and challenges regarding access to care. The brief shows that the uninsured rate among AI/AN under age 65 decreased 16 percentage points since the passage of the Affordable Care Act (ACA), from 44 percent in 2010 to 28 percent in 2018; ACA Medicaid expansion in non-expansion states could help 55,000 additional AI/AN access health coverage; and HHS programs can help address barriers to care in this population, in addition to coverage.

“CMS is committed to working with our tribal partners to ensure American Indians and Alaska Natives have access to the coverage they need. Although American Indians and Alaska Natives can enroll year round, the HealthCare.gov Special Enrollment Period provides the opportunity to get coverage more quickly and we invite people who need coverage to sign up by August 15,” said CMS Administrator Chiquita Brooks-LaSure.

To read the report, visit: https://aspe.hhs.gov/reports/health-insurance-coverage-changes-aian

To read coverage about the report, visit: https://www.indianz.com/News/2021/07/22/health-care-coverage-improves-in-indian-country-amid-toll-of-covid-19/

**HHS Tribal Consultation Updates**

**HHS Annual Regional Tribal Consultations:** This summer, HHS will continue to hold HHS Regional Tribal Consultation Sessions. These sessions provide Tribes with opportunities to focus on regional specific issues with their respective regional HHS counterparts and also provides an opportunity for Tribal Leaders to consult with HHS headquarters leadership on issues at the national level. The schedule and registration links are below:

- **July 27, 2021: Region 1**
  https://www.zoomgov.com/meeting/register/vJIscuuggTIsHnUWRonprwUgGjND0pgUU
  KU
  Contact: Paul Jacobsen; Paul.Jacobsen@hhs.gov
August 9 – 12, 2021: **Region 9**
https://www.zoomgov.com/meeting/register/vJIsdOyppjsuGpV6VYabm6IYwGDbaqVQv

Contact: Schuyler Hall; Schuyler.Hall@hhs.gov

**Centers for Disease Control and Prevent (CDC) and Agency for Toxic Disease Registry (ATSDR):**
These agencies are hosting a tribal consultation session to receive input and guidance to improve the CDC/ATSDR tribal consultation policy on August 5, from 3:15-4:45 pm (ET). Registration to attend the consultation can be completed here: https://cdc.zoomgov.com/meeting/register/vJIsfu-gqDgsGD1rTre7HPjbXyIF3v5jSp4

The 22nd Biannual CDC/ATSDR Tribal Advisory Committee Meeting will be August 4-5, 2021. The meeting will be held virtually through Zoom. To register for the CDC/ATSDR TAC Meeting, please use this registration form. The agenda will be available on the CDC Tribal Health website in early summer at https://www.cdc.gov/tribal/.

**Administration for Children and Families (ACF) Office of Head Start (OHS):** The OHS has scheduled three Tribal Consultation sessions. These one-day sessions will be held between HHS, Administration for Children and Families (ACF), and OHS leadership and the leadership of tribal governments operating Head Start and Early Head Start programs. The purpose of these consultation sessions is to discuss ways to better meet the needs of American Indian and Alaska Native (AIAN) children and their families, taking into consideration funding allocations, distribution formulas, and other issues affecting the delivery of Head Start services in their geographic locations. The dates of the virtual sessions are included below:

- Geographic Regions 6–8: August 18, 2021, 1–4 p.m. ET
- Geographic Regions 9–10: September 21, 2021, 2–5 p.m. ET
- National: November 15, 2021, 1–4 p.m. ET

Additional information can be found on the ELCKC website. To register, click here: https://cvent.me/5x94xk

**Departmental Updates**

**Office of the Surgeon General Update:** Last week, U.S. Surgeon General Dr. Vivek Murthy issued an advisory about the dangers of health misinformation amid a rise in coronavirus cases across the U.S. Health misinformation is information that is false, inaccurate, or misleading according to the best available evidence. It impacts every part of our lives and poses a serious threat to public health.
The spread of health misinformation has led people to decline COVID-19 vaccines and reject public health measures, such as mask wearing and social distancing, thus prolonging the pandemic and putting additional lives at risk. We all have the power and responsibility to confront health misinformation. Before you share a health-related article or video, be sure to check your sources and make sure the information is backed by scientific experts. If you are not sure about the accuracy of the information, please do not share it. We encourage you to read the Surgeon General's Advisory on Building a Healthy Information Environment. Together, we have the power to build a healthier information environment where we make better informed decisions about our health and the health of our loved ones.

**Indian Health Service Update (IHS):** In response to increased demands for telehealth services across the IHS, the agency is working to implement a new telehealth solution that is secure, cloud-based, and scalable. This clinical video telehealth solution will enable patient-to-provider and provider-to-provider telehealth meetings. The telehealth solution will provide a mechanism to enhance access to care, patient safety, continuity of care, optimize clinical resources, quality of care, and ultimately patient satisfaction. To support this effort, the IHS has awarded a contract to AA RingMD Joint Venture, LLC.

IHS Chief Clinical Consultant for Infectious Disease Dr. Jonathan Iralu was among eight health care workers honored by New Mexico Governor Michelle Lujan Grisham as a “Health Care Hero.” Dr. Iralu has worked at Gallup Indian Medical Center since 1994. The celebratory event was also attended by U.S. Surgeon General Dr. Vivek Murthy who was visiting the state to meet with and honor public servants and health care professionals for their important work throughout the pandemic. The state of New Mexico recognized July 19, 2021, as Dr. Jonathan Iralu Day.

**Substance Abuse and Mental Health Services Administration Update (SAMHSA):** SAMHSA has released 29 Tribal Behavioral Health Grants for $7 million to Native American Communities. SAMHSA’s Centers for Mental Health Services (CMHS) and Substance Abuse Prevention (CSAP) Tribal Behavioral Health Grant Program (Native Connections) funds are devoted to preventing suicide and substance misuse, reducing the impact of trauma, and promoting mental health among American Indian/Alaska Native (AI/AN) young people up to and including 24 years old. “Too often, AI/AN communities see disproportionately higher rates of behavioral health needs,” said Miriam E. Delphin-Rittmon, Ph.D., the Assistant Secretary for Mental Health and Substance Use, who leads SAMHSA. “Our Native Connections program’s goals are to reduce the impact of mental and substance use disorders for communities, foster culturally responsive models that reduce and respond to the impact of trauma there, and enable communities to
facilitate collaboration among agencies to support young people as they transition into adulthood.”

Each year over five years, each grantee will receive up to $250,000. Grant recipients are expected to develop and implement an array of integrated services and supports to prevent suicide and reduce the impact of mental and substance use disorders and trauma. This includes leading efforts to improve coordination among mental health, trauma, suicide prevention, and prevention services for tribal youth and their families. AI/AN community members, which include young people, family members, tribal leaders, and spiritual advisors, are also involved in grant activities, including planning, program implementation, and evaluation.

Read the list of grant recipients and about the mission of the Native Connections program.

Health Resources and Services Administration (HRSA) Update: HRSA announced that, thanks through the American Rescue Plan, it provided $398 million in funding through the Small Rural Hospital Improvement Program (SHIP) to 1,540 small rural hospitals for COVID-19 testing and mitigation. State Offices of Rural Health, which work with small rural hospitals to implement quality and operational improvement efforts, will receive the funding announced to distribute to eligible small rural hospitals in their state. Hospitals will use the funds to maintain or increase COVID-19 testing, expand access to testing for rural residents, and tailor mitigation efforts to reflect the needs of local communities.

HRSA’s Bureau of Health Workforce Launches New Program to Combat the Nation’s Substance Abuse Disorder (SUD) Crisis: The Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) expands the eligible pool of provider disciplines and treatment facility types, allowing substance use disorder workers to focus on helping their communities fight epidemics like the opioid crisis without the burden of having to worry about their student loan debt. The STAR LRP provides up to $250,000 to eligible health professionals in exchange for a 6-year, full-time service commitment at a STAR-approved facility.

National Institutes of Health (NIH): In this conversation, NIH Tribal Health Research Office Director David R. Wilson, Ph.D., and NIMH Director Joshua Gordon, M.D., Ph.D., discuss some current issues related to mental health in American Indian and Alaska Native Communities. The conversation touches on the large-scale mental health impacts of COVID-19, the importance of suicide prevention, and relevant NIMH research and resources.

Office of Minority Health (OMH): OMH is partnering with IHS to support the mental and emotional wellbeing of racial and ethnic minority populations and AIAN communities.
Throughout the month, OMH will be promoting tools and resources addressing the stigma about mental health, particularly during the COVID-19 pandemic.

**New Funding Opportunity:** OMH released the notice of funding opportunity (NOFO) to solicit applications for projects to establish a Center for Indigenous Innovation and Health Equity (CIIHE), for which OMH will provide the organizational structure and operational framework. The CIIHE will support efforts including education, service and policy development, and research related to advancing sustainable solutions to address health disparities and advance health equity in the American Indian and Alaska Native (AI/AN) and Native Hawaiian and Pacific Islander (NHPI) populations. The CIIHE award recipients (awardees) will function as a single initiative, coordinated by OMH, through two cooperative agreements to be awarded through this funding opportunity. Click here to access the notice of funding opportunity.

**Administration for Community Living (ACL):** All stakeholders are invited to attend National Indian Council on Aging’s (NICOA) 23rd conference on aging in Indian Country. “Resilience for Tomorrow... Together” is the theme of the American Indian Elders Conference, which has been postponed to August 1-6, 2021. The conference will take place in Reno, Nevada, at the Nugget Casino Resort. NICOA’s conference is the only national aging conference in the country focusing exclusively on the needs of American Indian and Alaska Native elders. It will offer the opportunity to elevate issues in American Indian politics and legislation, and focus on issues such as health, safety, financial management, elder abuse, caregiving, employment, retirement and the Older Americans Act.

**Evidence-Based Health Promotion Programs Among American Indian, Alaska Native, and Native Hawaiian Communities:** NICOA recently released a report that summarizes how to implement culturally appropriate community-based health promotion programs. The report is informed by the results of listening sessions conducted with both organizational program coordinators and AI/AN/NH Elders and recommends action steps to collectively work towards solutions for more inclusive programming for AI/AN/NH Elders.

**Centers for Medicare and Medicaid Services (CMS) Update:** CMS is proposing changes to address the widening gap in health equity highlighted by the COVID-19 Public Health Emergency (PHE) and to expand patient access to comprehensive care, especially in underserved populations. In CMS’s annual Physician Fee Schedule (PFS) proposed rule, the agency is recommending steps that continue the Biden-Harris Administration’s commitment to strengthen and build upon Medicare by promoting health equity; expanding access to services furnished via telehealth and other telecommunications technologies for behavioral health care; enhancing diabetes prevention programs; and further improving CMS’s quality programs to
ensure quality care for Medicare beneficiaries and to create equal opportunities for physicians in both small and large clinical practices.

Of particular interest to Tribes is a Comment Solicitation seeking input to inform CMS on future Medicare payment policy decisions for all IHS and Tribally-operated outpatient facilities. Here is an excerpt from the press release to the proposed rule: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-proposed-rule. The rule was published on July 13, 2021 with comments due on September 13, 2021.

**American Rescue Plan Lowers Health Insurance Costs for Americans Who May Have Lost Their Job:** HHS released information that the American Rescue Plan will lower health insurance costs for Americans who lost their jobs. As part of the American Rescue Plan (ARP) signed by President Biden, CMS is again lowering the cost of health insurance and opening more pathways for Americans to obtain affordable and comprehensive health coverage. Starting July 1, 2021, consumers who received or are approved to receive unemployment compensation for any week beginning in 2021 may be able to find even lower cost plans and save extra money on out-of-pocket expenses through HealthCare.gov.

**Health Care Sign Ups Surpass 2 Million During 2021 Special Enrollment Period Ahead of August 15th Deadline:** HHS released information from a CMS report on new enrollment, showing more than two million people have signed up for health coverage during the Biden-Harris Administration’s 2021 Special Enrollment Period (SEP), which opened on February 15, 2021 as the country grappled with the pandemic, and will conclude on the extended deadline August 15, 2021. In addition, these reports show access to health care continues to expand with 81 million people receiving coverage through Medicaid and the Children’s Health Insurance Program (CHIP) as of February 2021. The historic and rising enrollments demonstrate how the Affordable Care Act, Medicaid, and other vital health care programs deliver high-quality, affordable health care to millions of Americans, families, and children.

**Centers for Disease Control and Prevention (CDC) Update:** The CDC/ATSDR Tribal Advisory Committee (TAC) is currently recruiting delegates for multiple areas. CDC is accepting nominations for Bemidji, Billings, Nashville, Portland, and Tucson areas until July 22, 2021 and nominations for Albuquerque area, Navajo area, and (3) Tribes At-Large until August 15, 2021. For additional guidance please click here.

**Temporary Halt in Residential Evictions to Prevent the Further Spread of COVID-19:** CDC Director Dr. Rochelle Walensky has extended the eviction moratorium through July 31, 2021 and is intended to be the final extension of the moratorium.
Selected Adverse Events Reported after COVID-19 Vaccination: CDC updated their information on selected adverse effects reported after COVID-19 vaccination. CDC and FDA are now monitoring reports of Guillain-Barré Syndrome (GBS) in people who have received the J&J/Janssen COVID-19 Vaccine. GBS is a rare disorder where the body’s immune system damages nerve cells, causing muscle weakness and sometimes paralysis. Most people fully recover from GBS, but some have permanent nerve damage. After 12.8 million J&J/Janssen COVID-19 Vaccine doses administered, there have been around 100 preliminary reports of GBS identified in VAERS. These cases have largely been reported about 2 weeks after vaccination and mostly in men, many 50 years and older. CDC will continue to monitor for and evaluate reports of GBS occurring after COVID-19 vaccination and will share more information as it becomes available.

Joint CDC and FDA Statement on Vaccine Boosters: CDC and FDA released a joint statement on vaccine boosters. Americans who have been fully vaccinated do not need a booster shot at this time. FDA, CDC, and NIH are engaged in a science-based, rigorous process to consider whether or when a booster might be necessary. This process takes into account laboratory data, clinical trial data, and cohort data – which can include data from specific pharmaceutical companies, but does not rely on those data exclusively. They continue to review any new data as it becomes available and will keep the public informed. They are prepared for booster doses if and when science demonstrates that they are needed.

Vaccines for Children Program vs. CDC COVID-19 Vaccination Program: CDC released information regarding the similarities and differences between the Vaccines for Children Program and the CDC COVID-19 Vaccination Program. Though the VFC and COVID-19 Vaccination programs are both federal government programs, they each have distinct requirements based on the associated funding legislation. For this reason, the provider agreements remain separate, and VFC providers must sign and adhere to the requirements of the CDC COVID-19 Vaccination Program Provider Agreement in order to receive and administer COVID-19 vaccines. The page includes a table to assist VFC providers in understanding the difference in the programs’ requirements.

COVID-19 Vaccines While Pregnant or Breastfeeding: CDC updated their information on COVID-19 vaccines for individuals who are pregnant or breastfeeding. Specifically, CDC added information on the J&J/Janssen vaccine, stating that its use in the United States resumed April
23, 2021. However, women younger than 50 years old should especially be aware of the rare risk of blood clots with low platelets after vaccination.

**COVID-19 Vaccine Community Toolkit:** CDC updated their COVID-19 vaccine community toolkit. The page contains information on materials to build confidence in vaccinations, regular updates, and promotions of vaccines. The update adds information on showing social support and travel.

**Testing and Treatment**

**FDA Report on Drug Shortages for Calendar Year 2020:** The FDA has sent to Congress its Report on Drug Shortages for Calendar Year 2020, which includes a section on the agency’s drug shortage efforts in response to COVID-19. These actions include reminding manufacturers to notify the FDA of permanent discontinuances or interruptions in manufacturing and asking them to evaluate their supply chain. In addition, the FDA has leveraged various tools, such as expediting reviews, exercising enforcement discretion and publishing guidance, with the goal of increasing patient access to medications in shortage or preventing potential shortages. The FDA is also working to implement the drug shortage-related provisions of the Coronavirus Aid, Relief, and Economic Security Act.

**Research**

Emergency department-administered, high-dose buprenorphine may enhance opioid use disorder treatment outcomes according to a study supported by the National Institutes of Health’s Institute on Drug Abuse through the Helping to End Addiction Long-term Initiative, or the NIH HEAL Initiative.

**Other Resources**

Guidance for COVID-19 Prevention in K-12 Schools
COVID-19 Guidance for Operating Early Care and Education/Child Care Programs
Considerations for Case Investigation and Contact Tracing in K-12 Schools and Institutions of Higher Education (IHEs)
Guidance for Wearing Masks
Guidance for Unvaccinated People: Participate in Outdoor and Indoor Activities
SAMHSA: Training and Technical Assistance Related to COVID-19
Interim Public Health Recommendations for Fully Vaccinated People
Interim Guidance on People Experiencing Unsheltered Homelessness
Please don’t hesitate to contact us if you have any questions!

_Tribal Affairs Team_
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