

Indian Health Service Tribal Consultation & Urban Confer

CORONAVIRUS RESPONSE AND RELIEF ACT, 2021

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Welcome & opening remarks



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Coronavirus Response and Relief Act, 2021



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Coronavirus Response and Relief Act, 2021

On December 27, the President signed the Coronavirus Response and Relief Act, 2021 as part of a broader legislative package.

- ❖ The bill includes a total of \$1 billion for IHS, Tribal, and Urban Indian health programs.
- ❖ The bill includes language stipulating that these funds are provided on a one-time, non-recurring basis, and can only be used for the purposes outlined in the statute.

Coronavirus Response and Relief Act, 2021

These funds are appropriated to the CDC and the Public Health and Social Services Emergency Fund. The bill directs HHS to transfer the funds to the IHS for distribution.

- ❖ The \$1 billion in new COVID-19 resources includes two separate appropriations:
 - ❖ \$210 million for vaccine-related costs, available through FY 2024, and
 - ❖ \$790 million for testing and related costs, available through FY 2022.

\$210 million for Vaccine-related Costs

The bill provides the IHS a total of \$210 million for the following activities:

- ❖ To plan, prepare for, promote, distribute, administer, monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage, and
- ❖ To restore, either directly, or through reimbursement, obligations incurred for coronavirus vaccine promotion, preparedness, tracking, and distribution prior to the enactment of this Act.

\$790 million for testing and related costs

The bill provides the IHS a total of \$790 million for the following activities:

- ❖ Testing, contact tracing, surveillance, containment, and mitigation to monitor & suppress COVID-19,
- ❖ Support for workforce, epidemiology, and personal protective equipment needed for administering tests,
- ❖ Use by employers, elementary and secondary schools, child care facilities, institutions of higher education, long-term care facilities, or other settings,
- ❖ Scaling up testing by public health, academic, commercial, and hospital laboratories,
- ❖ Community based testing sites, mobile testing units, health care facilities, and other entities engaged in COVID-19 testing, and
- ❖ Other activities related to COVID-19 testing, contact tracing, surveillance, containment, and mitigation.

\$790 million for testing and other costs

Funds may also be used for the rent, lease, purchase, acquisition, construction, alteration, renovation, or equipping of non-federally owned facilities to improve COVID-19 preparedness capability at the State and local level.

- ❖ The bill also requires that recipients of these funds update their COVID-19 testing plans required by the Paycheck Protection Program and Health Care Enhancement Act.
- ❖ It further requires the Secretary to make these plans publicly available.
- ❖ It also requires the IHS to provide a spend plan on the uses of funds to Congress within 60 days of enactment, and report to Congress on uses of funding, commitments, and obligations, quarterly thereafter.

Questions for Consideration

A few questions for consideration to begin our open discussion session include:

- ❖ What factors should the IHS consider in developing a methodology for allocating these funds?
- ❖ What specific COVID-19 activities, if any, should the IHS consider in allocating these funds?

