



APR 3 2020

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am announcing the availability of, and distribution decisions for, \$600 million in new resources appropriated in the recently enacted Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Pub. L. No. 116-136, to address coronavirus (COVID-19) prevention, preparedness, and response in American Indian and Alaska Native (AI/AN) communities.

The CARES Act authorizes more than \$1 billion in additional resources for COVID-19 response activities through the IHS. This new law also provides a health care response and emergency assistance for individuals, families, and businesses affected by the COVID-19 pandemic and provides emergency appropriations to support Executive Branch agency operations during the COVID-19 pandemic.

Earlier this week, the IHS conducted rapid Tribal Consultation and Urban Confer sessions through national conference calls to seek input to inform funding allocation decisions to distribute resources to all of our health care programs. On April 1, 2020, we held a Tribal Consultation call with Tribal Leaders and an Urban Confer call with Urban Indian Organizations (UIOs). In general, responders:

- Reiterated support for allocating resources using existing distribution and Tribal share methodologies, including distribution to Tribal health programs<sup>1</sup> (THPs) and UIOs through funding mechanisms authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA).
- Reiterated support for distribution of resources to all levels of the IHS, THPs, and UIOs health system immediately, without any set-asides for hotspots.
- Requested maximum flexibility to allow each Tribal community to respond to their unique COVID-19 response needs.

I appreciate the rapid and robust input we received this week and value your support as we work together on a significantly accelerated timeline. We will continue to work in partnership with you to distribute these critical resources for immediate support of COVID-19 response.

Of the \$600 million in new resources, \$30 million will support UIOs. The IHS will work with UIOs to provide these funds through existing IHCIA contracts by providing a one-time base amount for each Urban Indian Organization and an additional amount based on each Urban Indian Organization's Urban Indian users. The funds must be used for the purposes for which

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<sup>1</sup> 25 U.S.C. 1603(25). The term "tribal health program" means an Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a contract or compact with the IHS under the ISDEAA.

they are appropriated, consistent with a modified scope of work for each contract. These funds will complement the \$8 million that the Centers for Disease Control and Prevention (CDC) has allocated from the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (CPRSAA), Pub. L. No. 116-123, to UIOs through the National Council of Urban Indian Health, and the \$3 million the IHS has allocated from the Families First Coronavirus Response Act (FFCRA), Pub. L. No. 116-127, to UIOs for COVID-19 testing.

The IHS will allocate the remaining \$570 million to IHS Federal health programs and THPs, using existing distribution methodologies for program increases in Hospitals and Health Clinics, Purchased/Referred Care (PRC), Alcohol and Substance Abuse, and Mental Health funding. Purchased/Referred Care funding is allocated using the PRC distribution formula for new PRC funds.

Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. These funds must be used for the purposes for which they were appropriated. If a THP cannot do so, they should notify the IHS immediately. Eligible contract support costs may be added to this funding, and the IHS and each THP will negotiate these amounts after these payments are made. To support IHS Federal health programs, the IHS will distribute funding to IHS-operated Service Units.

Of the remaining \$432 million provided in the CARES Act, the IHS will use \$65 million for electronic health record stabilization and support. Allocation decisions for the balance of \$367 million are anticipated within a couple weeks following further consideration of comments received during Tribal Consultation and Urban Confer. These decisions will be conveyed by letter, including any potential allocation up to \$125 million for facilities type activities.

These resources, authorized by the CARES Act, are in addition to the \$134 million that the IHS announced by letter dated March 27, 2020, for COVID-19 testing and response, and the \$80 million announced on March 20, 2020, from the CDC for Tribes, Tribal organizations and UIOs to respond to the COVID-19 pandemic. The IHS plans to distribute remaining CARES Act funds in the coming weeks.

Once again, I am grateful to all of the Tribal Leaders and Urban Indian Organization Leaders who shared critical input earlier this week. We will begin distributing these funds immediately.

Thank you for your continued partnership as we work collectively to maximize all of our resources to support our AI/AN communities during this COVID-19 public health emergency.

Sincerely,

/Michael D. Weahkee/

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