



JUN 16 2021

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am writing to announce allocation decisions for approximately \$1.8 billion in resources appropriated to the IHS in the American Rescue Plan Act, 2021, Pub. L. No 117-2, Div. XI, 135 Stat. 4 (Mar. 11, 2021) (ARPA). These funds are one-time, non-recurring, and can only be used for the purposes specified in the statute. They may also cover obligations for purposes specified in the statute that were incurred to prevent, prepare for, and respond to COVID-19 during the period beginning January 31, 2020, through March 11, 2021.

During the week of March 15, 2021, we hosted a Tribal Consultation conference call with Tribal Leaders and an Urban Confer conference call with Urban Indian Organization Leaders to seek rapid input regarding the allocation of \$6.094 billion in ARPA resources. The IHS also received written comments through the Tribal Consultation and Urban Confer e-mail boxes.

In general, commenters:

- Support maximum flexibility to allow Tribal communities and Urban Indian Organizations (UIOs) to respond to the unique needs of the patients they serve.
- Support rapid funding distribution so that urgently needed resources are utilized as soon as possible.
- Support 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).

On April 16, 2021, we announced an initial allocation of approximately \$4.3 billion from the ARPA. The allocation decisions for the remaining distribution of approximately \$1.8 billion from the ARPA are described below.

Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications and/or amendments to their existing ISDEAA agreements. As noted above, these funds must be used for the purposes for which they are appropriated, and must be used consistent with the conditions established by law and the modifications and/or amendments.

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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.

Urban Indian Organizations will receive these one-time, non-recurring funds through existing IHCIA contracts. These funds must be used for the purposes for which they are appropriated, consistent with a modified scope of work, budget, and bilateral modification for each IHCIA contract.

### **\$240 million for Public Health Workforce Activities**

Of the \$240 million appropriated in the ARPA for public health workforce activities, the IHS will allocate \$225 million to IHS Federal health programs and THPs, using existing distribution methodologies for proportionate increases based on Hospitals and Health Clinics, Public Health Nursing, Health Education, and Community Health Representatives funding amounts. A Tribal Health Program's eligible Contract Support Costs (CSC) may be added to this funding, and the IHS and each Tribal Health Program will negotiate these amounts after these payments are made.

The IHS will provide \$10 million to support UIOs. Urban Indian Organizations will receive a one-time, equal payment amount, and an additional one-time payment, based on their Urban Indian Organization's total number of Urban Indian users.

The IHS will use \$5 million for improvements to support the additional hiring actions arising from these funds, including updating the IHS Jobs Board, creating a new IHS career opportunities Web site, and upgrading the Loan Repayment Application System.

### **\$420 million for Mental Health and Substance Abuse Prevention and Treatment**

Of the \$420 million appropriated in the ARPA for mental health and substance abuse prevention and treatment services, the IHS will allocate \$378 million to IHS Federal health programs and THPs, using existing distribution methodologies for proportionate increases based on Mental Health and Alcohol and Substance Abuse funding amounts. A Tribal Health Program's eligible CSC may be added to this funding, and the IHS and each Tribal Health Program will negotiate these amounts after these payments are made.

The IHS will provide \$17 million to support UIOs. Each Urban Indian Organization will receive a one-time, equal payment amount, and an additional one-time payment based on each Urban Indian Organization's total number of Urban Indian users.

The IHS will use \$25 million for nationwide mental health and substance abuse prevention support activities.

### **\$500 million to Detect, Diagnose, Trace, Monitor, and Mitigate COVID-19 Infections**

Of the \$1.5 billion appropriated in the ARPA for these purposes, the IHS allocated \$1 billion on April 16, 2021. For the remaining \$500 million, the IHS will allocate \$211 million to IHS Federal health programs and THPs, using existing distribution methodologies for

proportionate increases based on Hospitals and Health Clinics, Purchased/Referred Care, Mental Health, Alcohol and Substance Abuse, Public Health Nursing, and Community Health Representatives funding amounts. A Tribal Health Program's eligible CSC may be added to this funding, and the IHS and each Tribal Health Program will negotiate these amounts after these payments are made.

The IHS will provide \$9 million to support UIOs. Each Urban Indian Organization will receive a one-time, equal payment amount, and an additional one-time payment, based on each Urban Indian Organization's total number of Urban Indian users.

The IHS will allocate \$280 million to the National Supply Service Center (NSSC). These funds will support the purchase of additional testing supplies, personal protective equipment, and related COVID-19 supply needs to be provided to health programs operated by the IHS, THPs, and UIOs at no cost. In addition, these funds will expand the NSSC warehouse footprint and stockpiling capacity for these critically needed materials.

#### **\$600 million for COVID-19-Related Facilities Activities**

Of the \$600 million appropriated in the ARPA for COVID-19 related facilities activities, the IHS will allocate \$357 million to IHS Federal health programs and THPs for the lease, purchase, construction, alteration, renovation, and maintenance and improvement of facilities using the existing distribution methodology for Maintenance and Improvement activities. These funds are not restricted to maintenance and improvement activities, and will only use the maintenance and improvement annual allocation formula for distribution purposes. A Tribal Health Program's eligible CSC may be added to this funding for certain activities, and the IHS and each Tribal Health Program will negotiate these amounts after these payments are made.

The IHS will allocate \$167 million to IHS Federal health programs and THPs for COVID-19 related Sanitation Facilities Construction projects, using the existing Sanitation Deficiency System. These funds are not eligible for CSC, as CSC are not authorized to support expenditures from Sanitation Facility Construction projects.

The IHS will allocate \$23 million to IHS Federal health programs and THPs for COVID-19 equipment needs using the annual equipment allocation formula. A Tribal Health Program's eligible CSC may be added to this funding, and the IHS and each Tribal Health Program will negotiate these amounts after these payments are made.

The IHS will allocate \$29 million for additional facilities support and environmental health activities to support the appropriate management and oversight of facilities-related ARPA expenditures, and to expand COVID-19 related environmental health activities.

The IHS will allocate \$24 million to support UIOs. Each Urban Indian Organization will receive a one-time, equal payment amount, and an additional one-time payment, based on each Urban Indian Organization's total number of Urban Indian users.

We will begin the distribution of these funds as soon as possible. I sincerely value your support and rapid and robust input, as we work together on a significantly accelerated timeline. We will continue to work in partnership with you to distribute these critical resources.

Sincerely,

/Elizabeth A. Fowler/  
Acting Director