



APR 23 2020

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing in follow-up to my April 3, 2020, letter to you, to announce the Indian Health Service (IHS) final allocation decisions of the remaining resources, authorized by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), Public Law (P.L.) 116-136.

The CARES Act provides 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.

Of the remaining \$367 million in CARES Act resources, the IHS will transfer the full \$125 million permitted by statute to the Facilities Account to support COVID-19 facilities-type activities at IHS and Tribal health programs<sup>1</sup>.

Of the \$125 million available for facilities-type activities:

- \$74 million will support medical equipment needs;
- \$41 million will support maintenance and improvement needs; and
- \$10 million will support sanitation and potable water needs.

Medical equipment and maintenance and improvement funding will be distributed by the IHS using the existing formulas for each program. Funding for sanitation and potable water needs will be managed centrally by the IHS and provided on a case-by-case basis.

The IHS will allocate \$20 million to support Urban Indian Organizations (UIOs). The IHS will work with UIOs to make awards through existing Indian Health Care Improvement Act (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. These funds must be used for the purposes for which they are appropriated, consistent with a modified scope of work for each IHCIA contract.

The IHS will allocate \$50 million to IHS health programs and Tribal health programs, using existing distribution methodologies for program increases in Community Health Representatives and Public Health Nursing.

The IHS will transfer one-time, non-recurring funds to Tribal health programs through unilateral modifications to their existing Indian Self-Determination and Education Assistance Act agreements. These funds must be used for the purposes for which they were appropriated. If a

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<sup>1</sup> 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]." 25 U.S.C. § 1603(25).

Tribal health program cannot do so, they should notify the IHS immediately. Eligible contract support costs may be added to this funding, and the IHS and each Tribal health program will negotiate these amounts after these payments are made. To support IHS health programs, the IHS will distribute funding to IHS-operated Service Units.

The IHS will allocate the rest of the CARES ACT funds, which will be managed centrally by the IHS, as follows:

- \$95 million to support the expansion of telehealth activities across the IHS, Tribal, and Urban Indian Organization health programs, including purchasing equipment, software, and services directly related to the delivery of telehealth;
- \$26 million to support Tribal Epidemiology Centers and national surveillance coordination activities at IHS Headquarters. Each Tribal Epidemiology Center will receive \$2 million to support the prevention of, response to, and recovery from, the COVID-19 public health emergency;
- \$6 million for public health support activities, including partnerships with key stakeholders to broaden messaging about COVID-19 prevention, response, and recovery in Indian Country;
- \$5 million to provide additional COVID-19 test kits and materials at no charge to IHS, Tribal, and Urban Indian health programs;
- \$10 million for non-clinical Federal staff support that will include deep cleaning of office space, equipment for teleworkers, protection for non-clinical staff, and non-clinical staff overtime; and
- \$30 million to address unanticipated needs in the near future.

Please note that these funding levels may change depending on actual costs.

As a reminder, these COVID-19 resources, authorized by the CARES Act, are in addition to the \$600 million in funding from the CARES Act that the IHS [announced](#) by letter dated April 3, 2020, for IHS, Tribal and Urban Indian health programs, and the \$134 million in funding from the Families First Coronavirus Response Act, P.L. 116-127, and the Coronavirus Preparedness and Response Supplemental Appropriations Act, P.L. 116-123, that the IHS [announced](#) by letter dated March 27, 2020, for COVID-19 testing and response. This funding is available through September 30, 2021.

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

Sincerely,

/Michael D. Weahkee/

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