



DEC 05 2022

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to announce the Indian Health Service (IHS) decision on the distribution of funds for the \$210 million in American Rescue Plan Act of 2021 (ARPA), Pub. L. No. 117-2, 135 Stat. 4 (March 11, 2021), funding for public health workforce activities.

On November 10, 2021, the White House announced the allocation of \$210 million in ARPA resources to the IHS for public health workforce activities. The IHS provided a virtual learning session on the \$210 million in ARPA public health workforce funding on December 9, 2021, during the monthly Tribal and Urban Indian Leader conference call. The IHS then conducted virtual Tribal Consultations on these resources on December 14, 2021, and December 22, 2021, and a virtual Urban Confer on December 15, 2021. The IHS accepted written Tribal Consultation and Urban Confer comments through January 21, 2022.

In general, commenters noted the following:

- Distribute funding using existing Indian Self-Determination and Education Assistance Act (ISDEAA) funding agreements and avoid using competitive grants as a mechanism for distributing funding;
- Distribute funding on a pro-rata basis to IHS Areas using the tribal shares methodology, and direct IHS Area Directors to initiate Tribal Consultation with each Tribe in their Area about the priority and use of the funds;
- Permit Tribal Health Programs (THPs) to use the funds based on the needs of their communities, rather than in the pre-determined allocation developed within the Executive Branch;
- Provide Tribes with maximum flexibility for the use of all funding, including future, non-COVID-19 public health emergencies; and
- Minimize reporting requirements to the greatest extent possible.

As specific activities have been approved through the White House, the IHS has limited flexibility to adjust the allocation of the \$210 million in ARPA public health workforce funding. Allocation decisions for the \$210 million in ARPA public health workforce funding are described below.

\$92 million for Registered Nurses in Bureau of Indian Education (BIE) Funded Schools

These funds will be used to provide nursing support to 181 BIE-funded K-12 schools for 5 years. This includes \$90 million to support one Registered Nurse for each of the 181 BIE-funded schools, \$1.5 million for evaluation activities, and \$800,000 for administrative support activities at IHS Headquarters and IHS Area Offices.

This approach provides funding only to IHS programs and THPs in IHS Areas that have BIE-funded schools. This marks the first time that the IHS will have funding to support its statutory authority to support BIE-funded schools. The IHS will make funding directly available for expenditure to IHS-operated programs and provide funds for THPs through modifications to ISDEAA Title I contracts and Title V compacts.

\$47 million for Public Health Capacity Building in Indian Country

This activity will prepare Tribes, Tribal Organizations, and Urban Indian health programs to conduct public health department functions, and further develop and improve public health management capabilities. Funding will support health programs operated by Tribes, Tribal Organizations, and Urban Indian Organizations (UIOs) to establish goals and performance measures, assess their current management capacity, analyze programs to determine if public health department development is practicable, and develop infrastructure systems for public health activities.

The IHS will distribute these resources using competitive award mechanisms, consistent with the approach previously envisioned by the Biden-Harris Administration. This approach will allow the IHS to track the outcomes and performance of these funds to demonstrate the effectiveness of this critical investment. The IHS will provide clear guidelines and the maximum flexibility permitted by statute in implementing this new effort.

\$20 million for Emergency Preparedness Capacity at the IHS

These funds will support the salaries and benefits for dedicated emergency management staff at IHS Headquarters and in each IHS Area Office. In addition, the IHS will use these funds to support annual training for emergency preparedness staff, training for all levels of the Agency, and support fully actionable national and/or Area-level needs assessments and After Action Reviews.

These funds will support the IHS in interfacing with Tribes, the United States Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response HHS Strategic National Stockpile, and the Federal Emergency Management Agency during public health emergencies. Further, emergency management roles are currently filled by Area Emergency Management Points of Contact who perform emergency preparedness and response activities as collateral duties. A key lesson learned during the COVID-19 pandemic is to ensure that the IHS has the appropriate staff and training to prepare effectively and respond to future public health emergencies.

\$45 million for Additional IHS Loan Repayment Program Awards

The IHS will use these funds to expand the current IHS Loan Repayment Program to provide approximately 200 additional 2-year loan repayment contracts for health care professionals each year for 5 years. This expanded activity will support the Indian health system's ability to recruit and retain health care professionals in health care programs operated by the IHS, Tribes, and UIOs.

\$6 million for Core Surveillance and Epidemiology Functions

The IHS will use these funds to support two critical activities:

- Increase surveillance for Vaccine-Preventable Diseases in Indian Country; and
- IHS Mortality and Natality Data Activities and Reporting.

Of the \$6 million, approximately \$2.3 million will be used to increase the IHS's capacity to rapidly identify emerging outbreaks of vaccine-preventable disease, monitor trends and populations at risk, and support tracking of public health mitigation efforts, such as vaccination.

The approximately \$3.6 million in remaining funds will be used to restore the IHS's capacity to compile and report on critical mortality and natality data. Using these funds, the IHS will be able to produce the:

- Mortality and Natality Data Tables for fiscal years 2016 – 2020, for the *Trends in Indian Health and Regional Differences in Indian Health with Demographic Intelligence Reports*;
- *Trends in Indian Health 2021 and Regional Differences in Indian Health 2021 and 2022* editions; and
- Update the National Death Index data file racial misclassification factors of mortality with the National Center for Health Statistics, for state- and Area-level American Indian and Alaska Native populations.

These resources address system-wide, national public health surveillance, which exceeds the scope of individual health programs operated by the IHS, Tribes, and UIOs. Any transferable knowledge from these new resources will be shared with Tribal Epidemiology Centers to support comparable regional efforts, including any resulting data, findings, methodologies, or reports. A summary of our current public health surveillance and epidemiological activities can be found online at the IHS Division of Epidemiology and Disease Prevention's Web site at <https://www.ihs.gov/epi/health-surveillance/iias/>.

The IHS appreciates all input received from Tribal Leaders and Urban Indian Organization Leaders on these funding decisions. The distribution of these funds will begin as soon as possible.

Sincerely,

**Phillip B.
Smith -S**

Digitally signed by Phillip
B. Smith -S
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P. Benjamin Smith
Deputy Director

Enclosure: Tribal Consultation and Urban Confer Summary – American Rescue Plan Act of 2021 Funding for Public Health Workforce Activities