



FEB 02 2021

Dear Tribal Leader and Urban Indian Organization Leader:

On behalf of the Indian Health Service (IHS), I am writing to announce the allocation decisions for \$210 million in new resources transferred from the Centers for Disease Control and Prevention (CDC) to the IHS to support COVID-19 vaccine-related activities in American Indian and Alaska Native (AI/AN) communities, authorized by the Coronavirus Response and Relief Supplemental Appropriations Act, Pub. L. No. 116-260, Div. M, Title III (CRRSAA). The President signed the CRRSAA into law on December 27, 2020. These funds are one-time, non-recurring, and can only be used for the purposes specified in the statute.

Per statute, funds transferred from the CDC to the IHS can be used to plan, prepare for, promote, distribute, administer, monitor, and track coronavirus vaccines to ensure broad-based distribution, access, and vaccine coverage. In addition, these funds can be used to restore (either directly or through reimbursement), obligations incurred for coronavirus vaccine promotion, preparedness, tracking, and distribution prior to the enactment of this Act.

On January 4, 2021, we held a Tribal Consultation conference call with Tribal Leaders, and an Urban Confer conference call with Urban Indian Organizations (UIOs) to seek rapid input regarding the allocation of \$1 billion in COVID-19 resources. The IHS also received written comments through the Tribal Consultation and Urban Confer e-mail boxes. In general, commenters:

- 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).
- Support distribution of resources to all levels of the IHS, Tribal, and Urban Indian health system.
- Support maximum flexibility to allow each Tribal community to respond to their unique COVID-19 response needs.

I sincerely value your support and the 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 for immediate support of our ongoing COVID-19 response.

On January 15, 2021, a letter was issued on the allocation of the \$790 million in new resources for testing and related activities that was transferred from the Public Health and Social Services Emergency Fund. This letter addresses the remaining \$210 million that was transferred from CDC for vaccine-related activities.

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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.

Of the \$210 million transferred from the CDC to the IHS for vaccine-related activities, the IHS will allocate \$190 million to IHS Federal health programs and THPs, using existing distribution methodologies for program increases in Hospitals and Health Clinics, Purchased/Referred Care, Community Health Representatives, and Public Health Nursing.

All THPs will receive these one-time, non-recurring funds through unilateral modifications and/or amendments to their existing ISDEAA agreements. These funds must be used for the vaccine-related purposes for which they are appropriated, and must be used consistent with the conditions established by law, or the funds must be promptly returned to the IHS. To support IHS Federal health programs, the IHS will distribute the funding to IHS-operated Service Units.

The IHS will provide \$10 million to support UIOs. The IHS will work with UIOs to provide these funds through existing IHCIA contracts by providing a one-time, equal payment amount for each Urban Indian Organization, and an additional one-time payment based on each Urban Indian Organization's total number of Urban Indian users. These funds must be used for the vaccine-related purposes for which they are appropriated, consistent with a modified scope of work, budget, and bilateral modification for each IHCIA contract.

The IHS will use \$10 million for additional public health support activities, including additional resources for Tribal Epidemiology Centers, the development and production of culturally appropriate education materials, partnerships with national AI/AN organizations and academic institutions, and other critical support activities.

Consistent with Tribal and Urban Indian Organization leader feedback, the IHS has prioritized allocating funds from the \$210 million to address the significant needs at IHS, Tribal, and Urban Indian health programs vaccination sites. The IHS is continually assessing vaccine-related needs, including needs for inherently Federal functions related to systems improvements necessary to meet CDC-required COVID-19 vaccine reporting, and for key public health messaging activities.

These CRRSAA-authorized resources for COVID-19 vaccines and related activities, are in addition to the \$750 million administered by the IHS on behalf of the Department of Health and Human Services under the Paycheck Protection Program and Health Care Enhancement Act (PPHCEA) that was allocated as explained by letter dated May 19, 2020; the \$1.032 billion appropriated under the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No. 116-136 (CARES Act), that the IHS allocated as explained in letters dated April 3, 2020, and April 23, 2020; the \$134 million administered by the IHS under the Coronavirus Preparedness and Response Supplemental Appropriations Act, Pub. L. No. 116-123 (2020) and appropriated to the IHS under the Families First Coronavirus Response Act, Pub. L. No. 116-127 (2020), that were allocated as explained by letter dated March 27, 2020; and the \$790 million appropriated to the Public Health and Social Services Emergency Fund (PHSSEF) and transferred to the IHS for testing and related activities under the CRRSAA, which was allocated as explained by letter dated January 15, 2021.

I am grateful to the Tribal Leaders and Urban Indian Organization Leaders who shared essential input. We will begin the distribution of these funds as soon as possible.

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,

/Elizabeth A. Fowler/  
Acting Director