March 10, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Submitted electronically via Secretary@HHS.gov

Re: Allocation of Coronavirus Preparedness and Response Supplemental Appropriations Act Funds to Urban Indian Organizations

Dear Secretary Azar:

On behalf of the National Council of Urban Indian Health (NCUIH) and the urban Indian organizations (UIOs) we represent,¹ we write to inform you of the method of expeditious distribution and amount of resources necessary for UIOs under the Coronavirus Preparedness and Response Supplemental Appropriations Act, supported by data collected from a national call for information from UIOs on their facility needs, incurred costs, and suggested mechanisms for funding. NCUIH urges you to implement the funding distribution recommendations outlined in this letter to ensure UIOs promptly receive the necessary resources to prevent, prepare, and respond to the domestic presence of the 2019 novel coronavirus (COVID-19). Any contrary action or delay in the distribution of funds to areas of significant need will impact lives.

NCUIH is the national representative of UIOs receiving grants under Title V of the Indian Health Care Improvement Act and the American Indians and Alaska Natives (AI/ANs) they serve. Founded in 1998, NCUIH is a 501(c)(3) organization created to support the development of quality, accessible, and culturally sensitive health care programs for AI/ANs living in urban communities. NCUIH fulfills its mission by serving as a resource center providing advocacy, education, training, and leadership for Urban Indian health care providers. NCUIH strives to improve the health of the more than 70%²

¹ NCUIH represents 41 urban Indian organizations which operate 74 facilities spanning 22 states.
percent of the AI/AN population living in urban settings, supported by quality, accessible health care centers and governed by leaders in the Indian community.

**BACKGROUND**

On March 6, 2020, H.R. 6074, Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Act) became law. The Act provides $8.3 billion in emergency funding for federal agencies to respond to the COVID-19 outbreak, including $2.2 billion for the Centers for Disease Control and Prevention (CDC), of which *not less than* $950,000,000 will be distributed via grants or cooperative agreements to states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, and a proviso that “*not less than* $40,000,000 of such funds shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes.” Grants or cooperative agreements with urban Indian health organizations will provide these funds to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities to prevent, prepare for, and respond to COVID-19, as well as to *reimburse costs* expended for these purposes incurred between January 20 and March 6, 2020.

**RECOMMENDATIONS**

In order to formulate an adequate, reasonable, and accurate national request regarding the distribution of this funding, NCUIH reached out to all 41 UIOs for input on their facilities’ needs, estimated reimbursement costs, and their suggested mechanism to receive funding from the supplemental appropriations.

**A. HHS Must Ensure $120 Million Is Distributed to Indian Health Care Providers**

NCUIH’s outreach demonstrated that significant need exists. Many UIOs have already begun planning for local outbreaks, with some already in the midst of local epidemics. Although the federal government has a trust obligation to provide health care services to AI/AN people regardless of their place of residence, UIOs, who serve AI/ANs residing in urban areas, operate on extremely low margins and suffer from chronic underfunding. Currently, the IHS budget provides a mere $57,684,000 for 41 facilities to operate 74 health facilities in 22 states. UIOs must look to grants and other supplemental funding sources to provide additional services and serve more patients. However, UIOs
have been left out of previous spending packages that address epidemics, like Zika. It is imperative that these funds reach UIOs expeditiously as these low margins will make it extremely difficult for these facilities to adequately plan for and address the COVID-19 epidemic. For instance, the 2018-2019 partial government shutdown had dire impacts on UIOs and caused, among other things: facilities closures, staff layoffs, reduced hours, and canceled programs/services. It is imperative that adequate supplementary funding reach these providers promptly to ensure they may continue to provide high quality care to their patients while also managing local outbreaks and minimizing risks to their communities. In addition, COVID-19 could have devastating impacts on AI/ANs in light of the health disparities they face.

For these reasons, NCUIH supports the request of the National Indian Health Board (NIHB) to provide $120 million (of the $2.2 billion appropriated to CDC) to tribes, tribal organizations, and urban Indian organizations. It is imperative that these funds not only reach Indian Health Care Providers quickly but also enable them to provide clinical care, as well as support the necessary supplies and resources to isolate and treat patients while mitigating the risk of spread to the community.

B. Funds Must Support Clinical Care and Supplies Including PPE

Among priorities identified in responses from UIOs were the needs for funding to support supplies, including adequate sterilization and sanitation supplies like hand soap, hand sanitizer, hospital-grade cleaning supplies; PPE including surgical and N95 masks, gloves, gowns, etc.; and administrative costs including the need for additional temporary staff to account for staff illness and additional internet access for remote staff. These costs quickly add up and UIOs report significant difficulty in obtaining adequate supplies as well as price hikes cutting into their already limited funding. Therefore, we support the request of NIHB to enable the funds to provide the necessary clinical support but also ensure funds can be utilized for these purposes.

C. Suggested Mechanism to Distribute the Federal Funding

The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 states that the Director of CDC “may satisfy the funding thresholds outlined [regarding funding to urban Indian health organizations] by making awards through other grant or cooperative agreement mechanisms” and each grantee “shall submit a spend plan to the CDC not later than 45 days after [March 6, 2020].” However, not all of the 41 UIOs have existing cooperative agreements with CDC. NCUIH notes the extreme
sense of urgency in disseminating these funds given the rapid spread of COVID-19 and that facilities are necessarily already preparing for the epidemic. Therefore, any unnecessary delay is unacceptable – including delay caused by a novel grant or application process. To that end, NCUIH supports an inter-agency agreement with IHS, as outlined in NIHB’s request, for prompt distribution from IHS to Indian Health Care Providers (including UIOs), to the extent that such distribution can occur expeditiously. In the event this would create unforeseen delays in funds distribution, NCUIH recommends CDC work expeditiously with IHS and stakeholders to ensure Tribes, tribal organizations, and UIOs can have access to the resources they need to protect their patients.

Communications on this matter may be directed to Julia Dreyer, Federal Relations Director for NCUIH at jdreyer@ncuih.org.

Sincerely,

Francys Crevier
Executive Director
National Council of Urban Indian Health

cc: Robert R. Redfield, Director, Centers for Disease Control and Prevention
Captain Carmen Clelland, Director, Office of Tribal Affairs and Strategic Alliances, Centers for Disease Control and Prevention
RADM Michael D. Weahkee, Principal Deputy Director, Indian Health Service
P. Benjamin Smith, Deputy Director for Intergovernmental Affairs, Indian Health Service
Rose Weahkee, Ph.D., Acting Director, Office of Urban Indian Health Programs, Indian Health Service
The Honorable Roy Blunt, U.S. Senate
The Honorable Patty Murray, U.S. Senate
The Honorable Rosa DeLauro, U.S. House of Representatives
The Honorable Tom Cole, U.S. House of Representatives
The Honorable Lisa Murkowski, U.S. Senate
The Honorable Tom Udall, U.S. Senate
The Honorable Betty McCollum, U.S. House of Representatives
The Honorable David Joyce, U.S. House of Representatives
The Honorable Richard Shelby, U.S. Senate
The Honorable Patrick Leahy, U.S. Senate
The Honorable Nita Lowey, U.S. House of Representatives
The Honorable Kay Granger, U.S. House of Representatives