



SUBMITTED VIA: consultation@ihs.gov

May 10, 2020

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Office of Rural Health Policy
Health Resources and Administration Association (HRSA)
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RE: COVID-19 Provider Relief Fund and Paycheck Protection Program and Health Care Enhancement Act Funding Distribution Comments

Dear Director Weahkee and Dr. Moore:

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I write to provide recommendations on the \$400 million in funding provided through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) Provider Relief Fund, as well as the \$750 million set aside for tribes, tribal organizations, urban Indian organizations, and Indian health care providers through the Paycheck Protection Program and Health Care Enhancement Act.

Established in 1972, the NPAIHB is a tribal organization formed under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, advocating on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues.¹

We thank the Indian Health Service (IHS) and the Health Resources and Services Administration (HRSA) for holding a joint consultation on April 29 regarding allocations of these funds. IHS is requesting comments on the core principles the agency should consider when distributing the funding as well as suggestions on how to account for the various facility types within the IHS, tribal, and urban Indian (I/T/U) healthcare system.

NPAIHB makes these recommendations on the funds:

¹ A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."

\$400 Million Provider Relief Fund

The purpose of the CARES Act Provider Relief Fund is to aid healthcare providers on the front lines of the coronavirus response and support healthcare-related expenses or loss of revenue accredited to COVID-19. The \$400 million allocation for IHS acknowledges the American Indian and Alaska Native (AI/AN) disparities and damage caused by COVID-19 to the IHS, tribal and urban Indian facilities (I/T/U) healthcare system. We appreciate the acknowledgment by IHS and HRSA that the intent of these funds is to support health related expenses and lost revenue attributed to COVID-19.

NPAIHB recommends that this funding:

- Be flexible and not burdensome for IHS and tribal facilities to access and use. COVID-19 has already caused drastic economic harm to our IHS and tribal clinics due to loss of revenue and third-party collections.
- Be allocated using the existing IHS Hospital and Health Clinics (H&HC) and Purchased and Referred Care distribution formulas and FY 2019 data sets. This will result in an equitable distribution that has already been utilized by IHS for other COVID-19 funding.
- Be included in ISDEAA Title I and Title V contracts and compacts.
- Not be subject to extensive auditing. Attestation by IHS and tribal facilities should be considered sufficient.

\$750 Million Public Health and Social Services Emergency Fund

The Paycheck Protection Program and Health Care Expansion Act provides \$750 million to the Department of Health and Human Services (HHS) Public Health and Social Services Emergency Fund and will be distributed in consultation with the IHS Director. The purpose of the \$750 million is to purchase, dispense, and expand capacity for COVID-19 testing, including procurement of Personal Protective Equipment (PPE) and support for related activities such as surveillance and contact tracing. IHS is seeking comments on the factors the agency should consider in developing a funding distribution methodology and implementation of reporting requirements.

NPAIHB recommends that:

- The funding be flexible and not burdensome for IHS and tribal facilities to access and use.
- The funding be used by IHS to purchase Rapid Point-of-Care analyzers for all I/T/Us. We thank IHS for the analyzers that were distributed to the Portland Area but we need analyzers at all facilities not just the ones in designated as being in rural areas.
- A portion of the funding be transferred to IHS via interagency transfer agreement (less the amount of analyzers).
- The funding be distributed to IHS and tribal facilities using IHS distribution formulas and FY 2019 data sets it sub-accounts, including but not limited to, H&C, PRC, Alcohol and Substance Use, Mental Health, Community Health Representatives and Public Health Nursing.
- The funding included in ISDEAA Title I and Title V contracts and compacts.

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- A portion should also be allocated to Tribal Epidemiology Centers to assist IHS and tribal facilities with surveillance and contact tracing activities.

In addition, there is a requirement that awardees must submit a plan for COVID-19 funding to the HHS Secretary within 30 days of the Paycheck Protection Program and Health Care Expansion Act, which became law on April 24, 2020. For this requirement, NPAIHB recommends that IHS coordinate with the Centers for Disease Control and Prevention (CDC) to create a template for the COVID-19 testing plan since tribes have already developed similar plans for the CDC funding requirements.

Conclusion

Thank you for consideration of our comments and recommendations. If you have any questions about the information discussed above, please contact Sarah Sullivan, Health Policy Analyst, at ssullivan@npaihb.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Weahkee', with a stylized flourish at the end.

Chair, Northwest Portland Area Indian Health Board
Councilman, Lummi Nation Indian Business Council

cc: Dean Seyler, IHS Portland Area Director