

PRESS RELEASE: Phase 3 of Coronavirus Pandemic Package Signed into Law

Category: News

written by Meredith Raimondi | March 27, 2020

FOR IMMEDIATE RELEASE

Contact: Meredith Raimondi, 202-417-7781, mraimondi@ncuih.org

The bill provides \$1.032 to the Indian Health Service for COVID-19 response efforts.

Washington, DC (March 27, 2020) - Today, the President signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which is the third phase of legislation in response to the coronavirus pandemic. The CARES Act passed the House of Representatives today and cleared the Senate earlier this week. The bill provides \$1.032 billion to the Indian Health Service (IHS) in critically needed resources to support the Indian Health System during the pandemic, including expanded support for medical services, equipment, supplies and public health education for IHS direct service, tribally operated and Urban Indian Organizations; expanded funding for purchased/referred care; and new investments for telehealth services, electronic health records improvement, and expanded disease surveillance by tribal epidemiology centers.

Earlier this month [H.R. 6201, the Families First Coronavirus Response Act](#) was enacted on March 18, and [H.R. 6074, the Coronavirus Preparedness and Response Supplemental Appropriations Act](#) was enacted on March 6.

NCUIH has been laser focused on ensuring Tribes and urban Indian organizations are included in the response efforts for the COVID-19 pandemic. NCUIH has created a [COVID-19 Resource Center](#) and a [COVID-19 legislative tracker](#) where you can find a summary of actions to date, which includes coalition letters, legislative actions, recent news, and other developments. NCUIH is honored to partner with NCAI and NIHB and other organizations throughout this process to fight for Indian Country in the Congressional and Federal COVID-19 response.

“As Indian Country is always the first to get cut and last to get funding, we are encouraged by the leadership of Congress in working to include Indian Country in its priorities throughout the response to the coronavirus pandemic. As COVID-19 cases continue to rise in Indian Country, Tribes and urban Indians have been on the front lines of this public health crisis yet they have been operating with woefully inadequate funding and resources. Our top priority is to get this money to Tribes and our Native communities who need it most to mitigate this pandemic. We will continue to work with our national partners including NIHB and NCAI to push for parity for Tribes, tribal organizations and urban Indian organizations in future legislation,” said Francys Crevier, Executive Director.

Funding

Indian Health Service (IHS)

- The bill provides **\$1.032 billion** to the Indian Health Service (IHS) in critically needed resources to support the Indian Health System during the pandemic, including expanded

support for medical services, equipment, supplies and public health education for IHS direct service, tribally operated and Urban Indian Organizations; expanded funding for purchased/referred care; and new investments for telehealth services, electronic health records improvement, and expanded disease surveillance by tribal epidemiology centers.

- Not less than **\$450 million** shall be distributed through Tribal shares and Urban Indian Organizations.

Center for Disease Control and Prevention (CDC)

- Provides for a total of **\$4.3 billion** for program wide activities and support with no less than \$1.5 billion to be made available to States, localities, territories, tribes, tribal organizations, UIOs, or health service providers to tribes. Activities include:
- Surveillance, Epidemiology, Laboratory Capacity, Infection Control, Mitigation, Communications, Other Preparedness and Response Activities
- Of this, at least **\$125 million** is to be made available to tribes, tribal organizations, UIOs or health service providers to tribes.

Substance Abuse and Mental Health Services Administration (SAMHSA)

- A total of **\$435 million** is allocated for Health Surveillance and Program Support for SAMHSA. This includes prevention, preparation, and response to COVID-19.
- No less than **\$15 million** is to be allocated for tribes, tribal organizations, UIOs or health/behavioral health service providers to tribes.

Health Resources and Services Administration (HRSA)

- HRSA Rural Health is appropriated **\$180 million** of which no less than **\$15 million** is to be allocated for tribes, tribal organizations, UIOs, or health service providers to tribes to carry out telehealth and rural health activities.

Legislative Authorizations

Special Diabetes Fund for Indians (SDPI)

- Reauthorizes SDPI at current funding levels through November 30, 2020.
Allocates **\$25,068,493** for the period from October 1, 2020 to November 30, 2020.

Next Steps

Congressional leadership has indicated that there will be a fourth phase of coronavirus response legislation. The Congressional Progressive Caucus has outlined [priorities](#), which includes ensuring, “Parity for Tribes, Tribal Organizations, and Urban Indian Organizations”. Similarly, Senator Tom Udall, Vice Chairman of the Senate Committee on Indian Affairs [said](#) the fourth package must include a, “Tribal-specific title, and for pushing Congress and the Trump administration to make sure Indian Country has equal access to federal coronavirus resources.”

Additional Information

- [Legislative Text of CARES Act](#)
- [NCUIH Policy Analysis: The Coronavirus Aid, Relief, and Economic Security Act \(CARES Act\) \(March 27, 2020\)](#)

- [Udall Statement on Tribal Provisions in Senate Bipartisan Emergency COVID-19 Relief Package Compromise Agreement](#)
- [Congressional Progressive Caucus Releases Priorities for Bold Legislative Action to Address Economic and Health Care Ramifications of COVID-19 Pandemic](#)
- [Letter from NCUIH, NCAI, NIHB, et al to House Leadership on COVID-19 Stimulus Package](#) (March 20, 2020)
- [Letter from NCUIH, NCAI, NIHB, et al to Senate Leadership on COVID-19 Stimulus Package](#) (March 20, 2020)
- [Families First Coronavirus Response Act includes \\$64 Million for Indian Health Service](#) (March 20, 2020)
- [Congress Announces \\$8.3 Billion for Coronavirus with Funding for Urban Indian Organizations](#) (March 4, 2020)

TOPIC	FUNDING/ SECTON	LANGUAGE
Indian Health Service	\$1,032,000,000	For an additional amount for “Indian Health Services”, \$1,032,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including for public health support, electronic health record modernization, telehealth and other information technology upgrades, Purchased/Referred Care, Catastrophic Health Emergency Fund, Urban Indian Organizations, Tribal Epidemiology Centers, Community Health Representatives, and other activities to protect the safety of patients and staff
	\$65,000,000	up to \$65,000,000 is for electronic health record stabilization and support, including for planning and tribal consultation
	\$450,000,000	That of amounts provided under this heading in this Act, not less than \$450,000,000 shall be distributed through IHS directly operated programs and to tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act and through contracts or grants with urban Indian organizations under title V of the Indian Health Care Improvement Act
Centers for Disease Control and Prevention	\$4,300,000,000	For an additional amount for “CDC-Wide Activities and Program Support”, \$4,300,000,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally
	\$1,500,000,000	That not less than \$1,500,000,000 of the amount provided under this heading in this Act shall be for grants to or cooperative agreements with States, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, including to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities
	\$125,000,000	That of the amount in the first proviso, not less than \$125,000,000 shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes
SAMHSA	\$425,000,000	For an additional amount for “Heath Surveillance and Program Support”, \$425,000,000, to remain available through September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally
	\$15,000,000	That of the funding made available under this heading in this Act, not less than \$15,000,000 shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health or behavioral health service providers to tribes
PUBLIC HEALTH SERVICES EMERGENCY FUND	\$27,014,500,000	For an additional amount for “Public Health and Social Services Emergency Fund”, \$27,014,500,000, to remain available until September 30, 2024, to prevent, prepare for, and respond to coronavirus, domestically or internationally, including the development of necessary countermeasures and vaccines, prioritizing platform-based technologies with U.S.-based manufacturing capabilities, the purchase of vaccines, therapeutics, diagnostics, necessary medical supplies, as well as medical surge capacity, addressing blood supply chain, workforce modernization, telehealth access and infrastructure, initial advanced manufacturing, novel dispensing, enhancements to the U.S. Commissioned Corps, and other preparedness and response activities
	\$180,000,000	That \$180,000,000 of the funds appropriated under this paragraph shall be transferred to “Health Resources and Services Administration—Rural Health” to remain available until September 30, 2022, to carry out telehealth and rural health activities under sections 330A and 330I of the PHS Act and sections 711 and 1820 of the Social Security Act to prevent, prepare for, and respond to coronavirus, domestically or internationally
HRSA	\$15,000,000	That of the funding in the previous proviso, no less than \$15,000,000 shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes
		INDIANS.—Section 330C(c)(2)(D) of the Public
SDPI	SEC. 3832.	Health Service Act (42 U.S.C. 254c-3(c)(2)(D)) is amended by striking “and 2019, and \$96,575,342 for the period beginning on October 1, 2019, and ending on May 22, 2020” and inserting “through 2020, and \$25,068,493 for the period beginning on October 1, 2020, and ending on November 30, 2020’