

[NCAI, NIHB, NCUIH Coalition Letters to House and Senate on COVID-19 4th Package](#)

Category: Covid-19

written by NCUIH | April 16, 2020

[Letter from NCAI, NIHB, NCUIH, et al to House Leadership re: COVID-19 4th Package](#) (April 15, 2020)

[Letter from NCAI, NIHB, NCUIH, et al to Senate Leadership re: COVID-19 4th Package](#) (April 15, 2020)

Signatories:

- National Congress of American Indians
- National Indian Health Board
- National Council of Urban Indian Health
- Self-Governance Communication & Education Tribal Consortium
- National Association of Food Distribution Programs on Indian Reservations Native Farm Bill Coalition
- Intertribal Agriculture Council National Indian Education Association
- American Indian Higher Education Consortium National Indian Child Welfare Association
- United South and Eastern Tribes Sovereignty Protection Fund

Letter Text

April 15, 2020

Re: COVID-19 Recovery Legislative Proposal (Phase #4)

This letter is on behalf of the undersigned American Indian and Alaska Native (AI/AN) organizations, which collectively serve all 574 federally recognized AI/AN tribal nations. The recommendations outlined in this letter encompass critical funding and policy needs to help protect and prepare AI/AN communities to effectively respond to the current 2019 novel coronavirus (COVID-19) pandemic.

As the urgency, infection rate, and death toll of the COVID-19 pandemic intensifies, it has become increasingly clear that Indian Country needs significantly more resources to protect and preserve human life and address the grave economic impacts tribal nations face due to the closure of government operations and tribal enterprises to protect the health of their citizens and surrounding communities. AI/AN communities are disproportionately impacted by the health conditions that the Centers for Disease Control and Prevention (CDC) notes increase risk for a more serious COVID-19 illness, including respiratory illnesses, diabetes, and other health conditions. We urge you to include the following recommendations as you work on a phase 4 package to stem the COVID-19 pandemic. In addition to the specific funding and policy requests outlined below, tribal nations are strongly urging maximum flexibility in the use of new and existing funds to be able to comprehensively address COVID-19 response efforts.

This letter is one of three letters addressing: economic development and employment; tribal governance and housing/community development; and health, education, nutrition, and human services. The language included in this letter covers the health, education, nutrition and agriculture,

and human service needs for Indian Country. For your convenience, we have created an abbreviated list to coincide with the specific funding and policy requests found later in the letter. This abbreviated list previews how the letter is organized.

Health

Health Section 1: Critical Funding and Access Needs

- Provide \$1 billion for Purchased/Referred Care (PRC).
- Provide \$1.215 billion for Hospitals and Health Clinics.
- Establish a \$1.7 billion Emergency Third-Party Reimbursement Relief Fund for IHS, Tribal Programs, and Urban Indian Organizations.
- Provide \$85 million for equipment purchases and replacements.
- Provide \$161 million for Urban Indian Health.

Health Section 2: Critical Infrastructure

- Provide \$2.5 billion for Health Care Facilities Construction to include support for new and current planned projects, the Small Ambulatory Health Center Program, and the Joint Venture Construction Program.
- Provide \$1 billion for Sanitation Facilities Construction.
- Provide \$750 million for maintenance and improvement of Indian Health Service and Tribal facilities.

Health Section 3: Technical Medicaid/Medicare Fixes

- Authorize Medicaid reimbursements for Qualified Indian Provider Services and Urban Indian Organizations.
- Provide reimbursements for services furnished by Indian Health Care Providers outside of an IHS or Tribal Facility.
- Ensure parity in Medicare reimbursement for Indian Health Care Providers.
- Include pharmacists, licensed marriage and family therapists (LMFTs), licensed professional counselors, and other providers as eligible provider types under Medicare for reimbursement to IHS, Tribal health programs, and Urban Indian Organizations.

Health Section 4: Technical Amendments Needed

- Expand telehealth capacity and access in Indian Country by permanently extending waivers under Medicare for the use of telehealth and enacting certain sections of the CONNECT to Health Act.
- Make the IHS Scholarship and Loan Repayment Program tax exempt.
- Implement ways to facilitate interagency transfers of funding that tribal nations can access to address COVID-19 and its impacts so that funding can be disbursed to tribal nations quickly.
- Implement ways to disburse funding to tribal nations using existing funding mechanisms already in place when possible.
- Provide Tribal and UIO access to the Strategic National Stockpile.
- Provide Tribal and UIO access to the Public Health Emergency Fund.

Health Section 5: Legislative Amendments and Reauthorizations

- Move Contract Support Costs to mandatory appropriations.
- Move 105(l) lease agreements to mandatory appropriations.

- Permanently reauthorize the Special Diabetes Program for Indians with automatic annual adjustments tied to medical inflation, and permit tribes and tribal organizations to receive funds through Self-Determination contracts or Self-Governance compacts.
- Provide mandatory appropriations for Village Built Clinics.

Education

Education Section 1: K-12 Educational Needs

- Authorize Tribally Controlled Grant Schools to access Federal Employee Health Benefits (FEHB).
- Ensure that a tribal state of emergency is included in the definition of aqualifying emergency.
- Ensure access to healthy meals for all students that are impacted by school closures and have no other means to get these meals.

Education Section 2: K-12 Education Infrastructure and Broadband Needs

- Provide \$115 million for wireless hotspots for BIE students and teachers as an immediate solution to school closures.
- Provide \$60 million for laptops for BIE students and teachers as an immediate solution to school closures.

Education Section 3: Higher Educational Needs

- Provide an additional \$7 million in the Interior-Bureau of Indian Education account to meet the immediate and critical needs of Tribal College and Universities (TCUs).
- Authorize Tribal Colleges and Universities as eligible to participate in the E-Rate program.
- Establish a \$16 million TCU set-aside in the USDA-Rural Utilities Service Program using existing funds.
- Provide at least \$500 million in the Interior-BIE account for a TCU Deferred Maintenance & Rehabilitation Fund, as authorized under the Tribally Controlled Colleges and Universities Assistance Act.

Education Section 4: Education Infrastructure and Broadband Needs

Nutrition and Agriculture

Nutrition and Agriculture Section 1: Critical Funding and Access Needs

- Clarify CARES Act Food Distribution Program on Indian Reservations (FDPIR) funding covers administrative costs, reimbursement of emergency food purchases, and authorizes FDPIR Indian Tribal Organizations to procure food locally and regionally; waive the non-federal cost share requirements; and allow for necessary administrative flexibility for verifications, certifications, and service.
- Temporarily waive the prohibition on dual use of the Supplemental Nutrition Assistance Program (SNAP) and FDPIR during the same month.
- Provide assistance to Farm Service Agency (FSA) borrowers for relief and implementation of policies to provide support for tribal producers and entities.
- Increase the SNAP maximum benefit available to all households by 15 percent and the minimum benefit from \$16 to \$30 and delay implementation of the proposed and final SNAP

rules.

- Provide parity and eligibility for tribal governments and Indian Tribal Organizations in the Emergency Food Assistance Program (TEFAP).
- Adequately Fund the Federally Recognized Tribes Extension Program (FRTEP) at \$30 million.
- Provide for agriculture lending through Community Development Financial Institutions (CDFIs).
- Create a COVID-19 Perishable Products Loss Fund due to market disruption.

Nutrition and Agriculture Section 2: Infrastructure Funding and Broadband Needs

- Create a 15 percent tribal set aside in the USDA ReConnect Broadband program and Distance Learning and Telemedicine Grant Program to enhance broadband access and long- distance healthcare in Indian Country.
- Increase funding for tribal-specific projects under all USDA Water and Environmental Grant Programs by \$200 million.
- Expand the use and increase funding for the Rural Development (RD) Community Facilities Programs.
- Provide tribal specific funding for the Local Access Market Programs (LAMP).
- Expand USDA RD programs Substantially Underserved Trust Area (SUTA) designation to all programs at RD to support tribal priority.
- Enhance Natural Resources Conservation Service (NCRS) programming for tribal producers, including: full advanced payments for socially disadvantaged producers; remove/waive requirements of one year prior control, the need for a Conservation Stewardship Program technical service provider, and compensation to former lessees of tribal lands for the installation of existing conservation practices; and ease requirements for beginning farmers/ranchers.

Human Services

Human Services Section 1: Temporary Assistance for Needy Families (TANF)

- Appropriate funding in the amount of \$2 billion to the TANF Contingency Fund (TCF) and allow tribal nations access in order to meet the significant needs of Tribal TANF recipients.
- Create and provide \$5 billion to a TANF Emergency Fund similar to the fund created in the American Recovery and Reinvestment Act (ARRA) with a waiver of non-federal contribution for tribal nations and flexibility for tribal nations to spend in areas specific to each tribal grantee.

Human Services Section 2: Veterans

- Require the Veterans Health Administration (VHA) to reimburse IHS and tribal nations for services under PRC.
- Exempt Native veterans from copays and deductibles at VHA facilities.
- Authorize UIOs as eligible for VA reimbursement.

Human Services Section 3: Indian Child Welfare Services

- Provide \$30 million for tribal governments under Title IV-B, Subpart 1 of the Social Security Act.
- Provide \$45 million for tribal governments under Title IV-B, Subpart 2 of the Social Security Act to be divided as follows:
 - \$20 million to mandatory funding for tribal nations.

- \$20 million to discretionary funding for tribal nations.
- \$5 million to the Tribal Court Improvement Project.
- Provide \$20 million for tribal governments under Title IV-E Chafee funds.
 - Authorize language allowing tribal nations to directly access the Social Services Block Grant Program by establishing a 5 percent tribal nation set aside in the statute.

Thank you for your consideration of the recommendations outlined in this letter. We look forward to working with you to ensure that Indian Country's concerns and priorities are comprehensively addressed, as we respond to the COVID-19 pandemic.

Sincerely,

- National Congress of American Indians
- National Indian Health Board
- National Council of Urban Indian Health
- Self-Governance Communication & Education Tribal Consortium
- National Association of Food Distribution Programs on Indian Reservations
- Native Farm Bill Coalition
- Intertribal Agriculture Council
- National Indian Education Association
- American Indian Higher Education Consortium
- National Indian Child Welfare Association
- United South and Eastern Tribes Sovereignty Protection Fund