PRESS RELEASE: American Rescue Plan Act Passes with Historic Investment in Urban Indian Health

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FOR IMMEDIATE RELEASE

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Washington, D.C. (March 10, 2021) – Today, the House passed H.R.1319 American Rescue Plan Act, the COVID-19 relief package. On March 6, the Senate passed the plan with a 50-49 vote. The bill includes \$6.1 billion for Indian health programs with \$84 million for urban Indian health and two years of 100% Federal Medical Assistance Percentage coverage (FMAP) to Urban Indian Organizations (UIOs) for Medicaid services for IHS-beneficiaries. The bill is set to be signed into law by President Biden no later than March 14.

"We are encouraged by the work of Congress to pass the American Rescue Plan Act with robust funding towards urban Indian health and expanded opportunities for Medicaid-IHS beneficiaries. As our frontline health heroes at urban Indian organizations are leading the way, along with the rest of the Indian health system, in vaccinating our populations, we hope to see better outcomes for our relatives," said National Council of Urban Indian Health CEO Francys Crevier (Algonquin). "This pandemic is far from over as Native lives are still being lost at twice the rate of non-Hispanic whites, so these critical resources will help honor trust and treaty obligations while improving outcomes for all Native communities."

The Indian health provisions in the American Rescue Plan Act reflect many recommendations in the tribal inter-organization letter sent on February 2. These investments for Indian health will be critical for shoring up necessary resources to combat COVID-19 as January "was the deadliest so far in the US, with 958 recorded Native deaths – a 35% increase since December, a bigger rise than for any other group." "Native communities need relief. We listened, and we took action. With more than \$31 billion for Tribal governments and Native programs, the American Rescue Plan delivers the largest one-time investment to Native communities in history," said Senator Brian Schatz (D-HI), Chair of the Senate Committee on Indian Affairs and a member of the Senate Appropriations Committee. "This historic funding is a down payment on the federal government's trust responsibility to Native communities and will empower American Indians, Alaska Natives, and Native Hawaiians to tackle COVID-19's impacts on their communities."

NCUIH has worked closely with Representative Raul Ruiz (D-CA) and key Congressional leaders to push for 100% FMAP for UIOs. Last week, Representative Ruiz introduced <u>H.R. 1373</u>, the Urban Indian Health Parity Act, bipartisan legislation, with 12 original cosponsors to extend the 100% FMAP provision permanently to expand resources for American Indians and Alaska Natives living in urban areas, especially as the COVID-19 pandemic continues to ravage Native communities.

NEXT STEPS

NCUIH is grateful for the inclusion of urban Indians into $\underline{H.R.1319}$ and commends those Congressional leaders for their continuous support. NCUIH will continue to push for long-term 100% FMAP for UIOs with $\underline{H.R. 1373}$.

Overview of Indian Health Provisions

- \$6.094 billion in funding for Indian health programs
- \$2 billion for lost revenue
- \$500 million for Purchased/Referred Care
- \$140 million for information technologies, telehealth, and electronic health records infrastructure
- \$84 million for urban Indian health programs
- \$600 million for vaccine-related activities
- \$1.5 billion for testing, tracing, and mitigating COVID-19
- \$240 million for public health workforce
- \$420 million for mental and behavioral health prevention and treatment services among Indian tribes, tribal organizations, and urban Indian organizations
- \$600 million for funding support of tribal health care facilities and infrastructure
- \$10 million for potable water delivery

All funds appropriated in this section will be made available to Tribes through IHS to avoid any further disbursement delays similar to those experienced in previous COVID-19 relief efforts.

Read the Final Bill Text Here