IHS Releases Q&A Regarding CRRSAA Funding for UIO Facility-Related Expenses

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On Friday May 21st, Indian Health Service (IHS) Director of the Office of Urban Indian Health Programs released a Q&A regarding the use of the $790 million allocation to IHS for UIO facility improvements to support COVID-19 testing, contact tracing, containment, mitigation, and related activities authorized by the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA):

Question: Can the funding that urban Indian organizations (UIOs) receive from the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) transferred from the Public Health and Social Services Emergency Fund (PHSSEF) for COVID-19 testing be used for facilities-related expenses (renovation, construction, or expansion, etc.)?

Response: Yes, funds may be used for the rent, lease, purchase, acquisition, construction, alteration, renovation, or equipping of non-federally owned facilities to improve COVID-19 preparedness capability at the State and local level. For the $790 million for testing and related activities that are transferred to IHS from the (PHSSEF), the appropriation has the following relevant provision:

“Provided further, That funds an entity receives from amounts described in the first proviso in this paragraph may also be used for the rent, lease, purchase, acquisition, construction, alteration, renovation, or equipping of non-federally owned facilities to improve coronavirus preparedness and response capability at the State and local level”.

UIOs are contributing to coronavirus preparedness and response at the local level, and their facilities are not federally owned. Accordingly, so long as the urban Indian organization’s efforts are contributing in that manner and are otherwise consistent with the purpose of the appropriation for COVID-19 testing-related activities, this provision applies to UIOs. The authority to use CRRSAA funds transferred from the PHSSEF for facilities-related purposes is limited to facilities expenses related to COVID-19 testing. Other funds transferred through a UIO’s contract pursuant to the Indian Health Care Improvement Act (IHCIA) are generally not authorized for use for construction, renovation, or expansion, unless it is for the purpose of achieving or maintaining Joint Commission accreditation. In addition, any construction, renovation and expansion of urban Indian organization facilities must comply with FAR Part 36, “Construction and Architect-Engineer Contracts”. Finally, the UIO should consider whether the entire project is in support of their IHS IHCIA funded program, or whether only a share of the project is attributable to their program.

COVID-19 has exacerbated failing infrastructures at UIOs due to longstanding needs without funding. NCUIH has long been advocating for UIOs to have funding flexibility for facility renovations and upgrades to comply with COVID regulations.