



NPAIHB

Indian Leadership for Indian Health

NPAIHB COVID-19 Weekly Update

Please sign in using the chat box:

Enter the tribe or organization you are representing
and names of all people participating with you today

Information for Today's Call

Agenda

- ▶ **Welcome & Introduction:**
Chairman Lewis
- ▶ **NPAIHB Situation Report - Celeste**
- ▶ **State Partner Updates:**
 - ▶ AIHC/HCA - Lou, Tamara, Jessie
 - ▶ Idaho - Joyce
 - ▶ Oregon - Michael
- ▶ **Indian Health Service Update:**
Dean Seyler
- ▶ **Leg and Policy Update**
 - ▶ Laura
- ▶ **Questions/Comments**

Guidelines

- ▶ Please place yourself on mute unless speaking
- ▶ Sign in, using chat box, with your tribe/organization and names of all participants
- ▶ Use the chat box for questions, for Q&A after updates and announcements

C-19 Emergency Response - NPAIHB

Situation Report: 9/29/20

▶ Public Health and Clinical Support

- ▶ Working on developing a Tribal Case Investigation and Contact Tracing Plan and Resource Guide
- ▶ Testing - New Binaxnow rapid antigen test is promising, but limited in quantity and access for Tribes

▶ Medical Countermeasure Planning

- ▶ COVID-19 vaccine planning for equitable distribution
- ▶ Tribes must define their priority groups and determine population numbers for the priority groups
- ▶ Tribal Epi-Center ready to work with Tribes on priority group population data collection for COVID-19 vaccine distribution

State Partner Updates

AIHC & Washington - Lou, Tamara and Jessie

Idaho - Joyce

Oregon -Danna

Indian Health Service Update

Dean Seyler



Legislative and Policy Update

Laura Platero, Executive Director

FY 2021 Continuing Resolution

HR 8319 Continuing Resolution passed on 9/22

- Extends federal government funding through 12/11
 - Includes SDPI, Community Health Centers, and National Health Service Corps
- Senate will be considering this tomorrow

COVID-19 Relief Funding HEROES 2.0

Yesterday, a 2.2 Trillion dollar package unveiled in the House¹

- \$436 billion in emergency aid for state/local governments
- Another round of \$1,200 stimulus checks
- Unemployment payments + \$600 through January 2021
- \$75 billion for testing, contact tracing
- Housing assistance
- Funds for the census, USPS, elections, airline industry

¹<https://thehill.com/homenews/house/518660-democrats-unveil-scaled-down-22t-coronavirus-relief-package>

HEROES 2.0 – Interior Funding

Indian Health Service - \$2.3 billion to address health care needs related to coronavirus for Native Americans, including:

- \$1 billion to account for lost third party revenues as a result of reduced medical care.
- \$64 million to assist Urban Indian Organizations.
- \$10 million to assist with sanitation, hydration and hygiene needs in Indian Country necessary to prevent, prepare for, and respond to coronavirus.
- \$500 million to provide health care, including telehealth services to Native Americans, and to purchase medical supplies and personal protective equipment.
- \$140 million to expand broadband infrastructure and information technology for telehealth and electronic health records system purposes.
- \$20 million to provide health care, housing and isolation units for domestic violence victims and homeless Native Americans.
- \$600 million to modify existing health facilities to provide isolation and quarantine space, equipment, and for maintenance and improvement projects

HEROES 2.0 – LHE

Labor, HHS and Education:

- \$2 billion for grants through CDC to state, local, tribal, or territorial health departments to purchase personal protective equipment for essential workers
- Not less than \$150 million of the total of \$8.5 billion in funds provided to SAMHSA to increase mental health and substance abuse services and support must be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes across a variety of programs.

HEROES 2.0 - New Indian Specific Authorizations

Title VI - Public Health Assistance

Subtitle C –Assistance to Tribes

Section 641. Improving State, local, and Tribal public health security. Extends eligibility for the CDC's Public Health Emergency Preparedness (PHEP) program to Tribes.

Section 642. Provision of items to Indian programs and facilities. Guarantees IHS and other Tribal health organizations direct access to the Strategic National Stockpile, just like all 50 other states.

Section 643. Health Care Access for Urban Native Veterans. Authorizes the IHS, Department of Veterans Affairs (VA), and the Department of Defense (DOD) to enter into arrangements for the sharing of medical facilities and services with urban Native American organizations. The VA and DOD shall also reimburse an urban Native American organization where services are provided to beneficiaries eligible for services from either department.

Section 644. Tribal School Federal Insurance Parity. Clarifies that schools that receive grants under the Tribally Controlled Schools Act of 1988 can participate in the Federal Employee Health Benefits (FEHB) program and the Federal Employees Group Life Insurance (FEGLI) program. [Like H.R. 895, passed last week by the House.]

Section 645. PRC for Native Veterans. Requires the Veterans Health Administration (VHA) to reimburse IHS and Tribally-run health facilities for Purchased/Referred Care (PRC) used for treating Native American veterans.

HR 7948/S4562 Tribal Health Data Improvement Act of 2020

- Tribes, IHS Direct Service, and Tribal Epi-Centers will be given direct access to tribal data from federal conducted or supported public health programs and services
- CDC to provide technical aid to Tribes and Tribal EpiCenters for improving statistics
- CDC to engage in consultation with Tribes and the CDC TAC and develop guidelines for States and local health agencies on improving the quality and accuracy of birth and death record data for American Indians/Alaska Native people
- CDC to enter into cooperative agreements with Tribes, Tribal organizations, and Tribal EpiCenters to address misclassification and under-sampling of American Indians/Alaska Native people on birth/death records and in health care/public health surveillance systems, and encourage states to enter into data sharing agreements with Tribes and Tribal EpiCenters

Senate Committee on Indian Affairs Testimony on Wednesday, Sep. 23, 2020

- **S. 3126** amends the Public Health Service Act to authorize a special behavioral health program for Indians (GRANTS)
- **S. 3264** expedites and streamlines the deployment of affordable broadband service on Tribal land, and for other purposes.
- **S. 3937** amends the Public Health Service Act to reauthorize special programs for Indians for providing services for the prevention and treatment of diabetes, and for other purposes.
(5 year SDPI reauthorization at \$200 million/year)

Comment Period until October 7th, 2020

Region 10 Tribal Consultation on Vaccine Distribution

- ▶ On September 16, CDC released a *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.
- ▶ HHS conducting regional tribal consultations this week.
- ▶ **Region 10 tribal consultation is on Thursday, October 1, 2020 from 1-2pm.**
- ▶ Two tribal caucuses scheduled to prep for the consultation:
 - ▶ Wednesday, September 30: 2pm-3pm
 - ▶ Thursday, October 1: 11:00am-12pm
 - ▶ Contact Lisa Griggs at lgriggs@npaihb.org for the log in info for tribal caucuses.
- ▶ Deadline for written testimony is October 9, 2020. Testimony can be submitted to consultation@hhs.gov.

Health Resources and Services Administration

Upcoming HRSA Consultation on October 13, 2020

- Testimony submitted addressing provider shortages, culturally competent care, HPSA scoring, and the 340b program

Please contact Veronica Smith at vsmith-contractor@npaihb.org or 360.224.4430 if you have any questions

Other Upcoming Dates

- ▶ **DEADLINE:** CMS Proposal: Expand Telehealth Benefits Permanently for Medicare (comments due 10/5)
- ▶ **UPCOMING:** ATNI Annual Virtual Convention - October 5-8