



SUBMITTED VIA EMAIL

April 21, 2020

**NORTHWEST  
PORTLAND  
AREA  
INDIAN  
HEALTH  
BOARD**

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Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
P.O. Box 8016  
Baltimore, MD 21244-8016

**RE: HHS Public Health & Social Emergency \$100 Billion Funding Distribution**

Dear Administrator Verma:

On behalf of the Northwest Portland Area Indian Health Board (NPAIHB), I write to provide recommendations on the \$100 billion in funding provided through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) for the U.S. Department of Health and Human Services (HHS) Public Health and Social Services Emergency Fund. Established in 1972, the NPAIHB is tribal organization formed under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, advocating on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues.<sup>1</sup>

CARES Act funding is targeted to support healthcare-related expenses or lost revenue attributable to the novel coronavirus (COVID-19) and to ensure uninsured Americans can get the testing and treatment they need. The initial funding distribution by HHS and CMS of \$30 billion to Medicare providers did not benefit many tribes in the Portland Area. Only a few tribes in the Portland Area are Medicare providers.

The second distribution of \$70 billion, we understand, will be for providers that have been significantly impacted by the COVID-19 outbreak. Some of the first COVID-19 cases were among American Indians/Alaska Natives (AI/AN) in our area so our IHS and tribal facilities have been impacted longer than many other areas. In addition, as COVID-19 cases continue to increase and medical operations have been cut back, third-party revenue continues to decline. This is compounded by the fact that AI/ANs are at extremely high risk for serious COVID-19 illness, because they are disproportionately impacted by health conditions such as heart and lung disease, diabetes, respiratory illnesses, and other chronic health conditions that plague our communities. This will only further financially burden the Indian health system as cases increase across Indian country.

For these reasons, we make the following recommendations:

<sup>1</sup> A "tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities."

### **Recommendations on the Distribution of \$70 Billion of COVID-19 Funding**

CMS guidance from April 10, 2020 states that the intent of the next round of funding is to address providers who do not have a large base of Medicare patients, are rural, and who serve a large number of Medicaid and/or uninsured patients.<sup>2</sup>

The Portland Area has no IHS or tribal hospitals and relies on purchased and referred (PRC) and Medicaid funding to provide critical services to AI/AN people in the area. During this pandemic, Medicaid third party revenue has decreased for IHS and tribal health programs substantially and is a serious concern as to continuity of some programs or operations. Therefore, NPAIHB urges CMS to ensure that the majority of the next round of funding be directed to Medicaid providers.

Further, NPAIHB opposes the use of Disproportionate Share Hospital (DSH) allotments used for the \$30 billion of Medicare provider payments for the distribution of the \$70 billion. The Medicare DSH allotment did not favor the Indian health system, especially the IHS and tribal health programs in the Portland Area, because there are no IHS or tribal hospitals in our area.

### **Conclusion**

NPAIHB requests that CMS honor trust and treaty obligations by taking into account the unique needs of the Indian health system and providers during the COVID-19 pandemic. Thank you for consideration of our comments and recommendations. If you have any questions about the information discussed above, please contact Sarah Sullivan, Health Policy Analyst at (503) 228-4185 or by email to [ssullivan@npaihb.org](mailto:ssullivan@npaihb.org).

Sincerely,



Chair, Northwest Portland Area Indian Health Board  
Councilman, Lummi Nation Indian Business Council

cc: Kitty Marx, Director, Division of Tribal Affairs/IEAG/CMCS

<sup>2</sup> U.S. Department of Health and Human Services (HHS). CARES Act Provider Relief Fund. April 10, 2020. <https://www.hhs.gov/provider-relief/index.html>