



National Indian Health Board
**NATIONAL TRIBAL
COVID-19 RESPONSE**

910 Pennsylvania Avenue, SE | Washington, D.C. 20003 | 202-507-4070 | www.nihb.org

5/15/2020

HEROES Act: Tribal Healthcare and Public Health Provisions

The Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act (H.R. 6800) was introduced in the House of Representatives on May 12, 2020. The \$3 trillion package provides further response and relief to federal agencies, and Tribal, state, local, and territorial governments in response to the coronavirus pandemic. Outlined below are the Tribally specific provisions that were included in the HEROES Act:

Indian Health Service (IHS):

- \$2.1 Billion overall
- \$1 Billion – to replenish shortfalls in third party healthcare revenue collection lost
 - Tribal Ask: \$1.7 billion (partially fulfilled)
- \$500 Million – for healthcare services, telehealth services, personal protective equipment (PPE)
 - Tribal Ask: \$85 million for equipment & \$1.2 billion for hospitals & health clinics (partially fulfilled)
 - *Tribal asks over several line items were consolidated by Congress to one appropriation, as opposed to designating specific budget provisions for each line item.*
- \$140 Million – for broadband infrastructure and information technology (IT) to support and expand telehealth services and electronic health record (EHR) operations
 - Tribal Ask: \$300 million to expand broadband services on Tribal lands as well provide technical assistance (partially fulfilled)
- \$20 Million – to address the needs of domestic violence victims, as well as homeless individuals and families
 - Tribes continue to ask that resources continue to be distributed under Indian Self-Determination Education & Assistance Act (ISDEAA) Title-I Contracts and Title-V Compacts; currently the IHS only distributed funding for domestic violence as grants
- \$64 Million – for urban Indian organizations
- \$10 Million – for safe drinking water and sanitation infrastructure development
 - Tribal Ask: \$1 billion, new sanitation facilities construction
- \$366 Million – to the IHS Facilities Account for the construction of new isolation and quarantine facilities, construction of shelters of opportunity, purchasing of updated equipment, and maintenance and improvement of existing facilities
 - Tribal Ask: \$2.5 billion for the Joint Venture Program

Bureau of Indian Affairs (BIA)

- \$900 Million overall to prevent, prepare and response to COVID-19
- \$100 Million – for housing construction and improvement
- \$780 Million – for Tribal government services, salaries to maintain operations, cleaning and sanitizing of Tribally-operated facilities
- \$20 Million – for safe drinking water and sanitation development



National Indian Health Board
**NATIONAL TRIBAL
COVID-19 RESPONSE**

910 Pennsylvania Avenue, SE | Washington, D.C. 20003 | 202-507-4070 | www.nihb.org

Centers for Disease Control and Prevention (CDC)

- At least \$100 Million – Tribal set-aside for COVID-19 public health response

Substance Abuse and Mental Health Service Administration (SAMHSA)

- At least \$150 Million – Tribal set-aside for substance abuse prevention and treatment

Other Funding and Legislative Language

- \$25 million – to create a Tribal advisory panel to conduct research and surveillance into Indian Health inequities among AI/AN communities with regard to COVID-19, and address unmet needs of public health surveillance and infrastructure
- Authorizes payment of Indian Health Care Providers outside of the “four walls of an IHS or Tribal facility” at 100% Federal Medical Assistance Percentage.
 - This provision sunsets after one (1) year.
- Amends IHCA to clarify the requirement that the VA fully reimburse IHS and Tribes for Purchase Referred Care Services (PRC)
- Guarantees direct IHS and Tribal access to the Strategic National Stockpile
- Eliminates the cost-sharing requirement for Tribes for the Food Distribution Program on Indian Reservations (FDPIR) and temporarily waives the restriction on dual enrollment in FDPIR and the Supplemental Nutrition Assistance Program (SNAP)
- The CDC has also been directed to coordinate with Tribes as they work to implement a nationwide contract tracing, surveillance, containment and mitigation system.
- Tribes have also been guaranteed access to the CDC’s Public Health Emergency Preparedness (PHEP) program and have been granted following terms:
 - Eliminate the matching requirement for Tribes
 - Minimize administrative and reporting burdens, and
 - Require that CDC enter into at least 10 cooperative agreements with Tribes.

If you have any questions regarding the funding and legislative proposals in HEROES Act, please contact NIHB Congressional Relations Director, Shervin Aazami at Saazami@nihb.org.