



National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

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

Updated 1/21/2021

President Joe Biden's COVID-19 Executive Orders

Background

On January 20, 2021, Joseph R. Biden was inaugurated as the 46th President of the United States. Upon taking office, President Biden quickly began issuing executive orders that were designed to address a variety of policy issues, including the on-going COVID-19 pandemic. In this informational memo, we will summarize and analyze the COVID-19 executive orders that impact Indian health care. In some areas, the Executive Orders (EOs) bring opportunities for advocacy in order to ensure that American Indian and Alaskan Native (AI/AN) voices are heard. The EOs also bring opportunities for consultation with the federal government in order to improve testing, vaccination, and treatment for patients of the Indian health care system.

[Executive Order on Protecting the Federal Workforce and Requiring Mask-Wearing \(1/20/21\)](#)

The Biden Administration is requiring the use of masks and social distancing measures by federal employees and contractors and in federal buildings (including buildings rented by the federal government), as recommended by the Centers for Disease Control and Prevention (CDC). This would apply to IHS and Tribal 638 facilities. Tribal 638 facilities are included because of their status as federal government contractors.

Sec. 4 establishes the Safer Federal Workforce Task Force. There is no IHS representation on the task force right now, though section ix does say that heads of other agencies can be added at the discretion of the co-chairs. This might represent an opportunity to advocate for more AI/AN representation on the panel.

[Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government \(1/20/21\)](#)

The Biden Administration is doing a sweep of the federal government and identifying ways that its policies can be reformed in order to ensure equity for underserved populations. This may provide an avenue to advocate for full funding of IHS and addressing other administrative or legislative decisions that result in adverse outcomes for AI/AN people. It could be argued that the chronic underfunding of IHS represents a substantial barrier that needs to be dismantled. Specifically, Sec. 5 provides the best vehicle for achieving this, “[t]he head of each agency, or designee, shall, in consultation with the Director of OMB, select certain of the agency’s programs and policies for a review that will assess whether underserved communities and their members face systemic barriers in accessing benefits and opportunities available pursuant to those policies and programs.”



National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

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

Sec. 8 establishes an “Equitable Data Working Group,” which seeks improve data collection on marginalized and underserved populations. As the EO says:

“[m]any Federal datasets are not disaggregated by race, ethnicity, gender, disability, income, veteran status, or other key demographic variables. This lack of data has cascading effects and impedes efforts to measure and advance equity. A first step to promoting equity in Government action is to gather the data necessary to inform that effort.”

The increased availability of data will make it easier to more accurately measure health outcomes and conduct analyses of data that allow for controlling for different variables.

[Executive Order on Establishing the COVID-19 Pandemic Testing Board and Ensuring a Sustainable Public Health Workforce for COVID-19 and Other Biological Threats \(1/21/21\)](#)

The Biden Administration is creating a COVID-19 Pandemic Testing Board, which will be chaired by Coordinator of the COVID-19 Response and Counselor to the President (COVID-19 Response Coordinator). The Board will consist of executive agency and board representatives that are selected by the President and their work will focus on increasing our testing capacity.

Sec. 3 provides that this EO also facilitates the provision of COVID-19 testing free of charge to anyone who lacks comprehensive health insurance¹.

Sec. 4 establishes the Public Health Workforce Program and promptly calls on the Secretary of Health and Human Services (HHS) and Secretary of Labor to consult with state, local, Tribal, and territorial leaders so they can understand the challenges that are faced in responding to the pandemic, including recruiting and training personnel. It also directs the HHS Secretary to provide technical support to state, local, Tribal, and territorial public health agencies with respect to testing and contact tracing authorities and directs the Secretary to assist these agencies with the training of public health workers. The workers can be trained in areas that are outside of the direct scope of COVID response, such as responding to opioid use disorders.

Sec 4(d) further directs the Secretaries of HHS, Homeland Security, Labor, Education, and the Chief Executive Officer of the Corporation of National and Community Service to work with the COVID-19 Response Coordinator to submit a plan for establishing a national contact tracing and COVID-19 public health workforce program, which will be known as the U.S. Public Health Job Corps. It will be modeled on or developed as a component of the FEMA Corps Program.

¹ There is no definition of “uninsured” provided. Under the Trump Administration, the Health Services and Resources Administration (HRSA) excluded IHS beneficiaries.



National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

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

[Executive Order on Ensuring an Equitable Pandemic Response and Recovery \(1/21/21\)](#)

In order to address the inequities in health outcomes that have been more apparent during the COVID-19 pandemic, the Biden Administration is establishing the COVID-19 Health Equity Task Force within HHS. The task force will consist of the HHS Secretary, the heads of other executive agencies and departments selected by the Secretary, and up to 20 members from sectors outside of the federal government appointed by the President. The IHS Director is not currently on the task force but this could represent a tremendous opportunity for AI/AN voices to be heard through the selection of the IHS Director to participate in the task force.

The task force will provide recommendations to the President on ways to mitigate the health inequities that have been caused or exacerbated by the pandemic. They will also make recommendations for how the agencies as well as state, local, Tribal, and territorial officials can allocate resources to help communities that have experienced disproportionately high rates of COVID-19 infection, hospitalization, and mortality. Finally, they will make recommendations regarding effective, culturally aligned communication and outreach to communities of color and other underserved populations.

The HHS Secretary is also directed to provide recommendations to state, local, Tribal, and territorial leaders on how to facilitate placement and recruitment of contact tracers in communities that have been hardest hit by the pandemic. They are also directed to, in consultation with local leaders, conduct an outreach campaign to promote vaccine trust among communities of color and other underserved population with skepticism that comes from past discriminatory medical treatment and research.

[Executive Order on a Sustainable Public Health Supply Chain \(1/21/21\)](#)

The President is directing the Secretaries of State, Defense, HHS, Homeland Security, and the heads of appropriate executive departments and agencies in coordination with the COVID-19 Response Coordinator to review the availability of critical materials, treatments, and supplies (including PPE) needed to produce and distribute tests and vaccines, whether or not any shortfalls could be filled by the private sector in a timely manner, and take appropriate action using all available legal authorities to fill these shortfalls as soon as possible. Within 180 days, the strategy must be produced to design, build, and sustain a long term capacity in the United States to manufacture supplies for future pandemics.

Sec. 5 directs the HHS Secretary to consult with Tribal authorities and take steps to facilitate access to the Strategic National Stockpile for federally recognized Tribal governments, IHS providers, Tribal health authorities, and Urban Indian Organizations.



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

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

[Memorandum to Extend Federal Support to Governors' Use of the National Guard to Respond to COVID-19 and to Increase Reimbursement and Other Assistance Provided to States \(1/21/21\)](#)

The President is authorizing FEMA to make available, under Category B of the Public Assistance Act, to state, local, Tribal, and territorial governments financial assistance that may be required to safely reopen eligible schools, child-care facilities, healthcare facilities, non-congregate shelters, domestic violence shelters, transit systems, and other eligible applicants. The financial assistance may be used to purchase PPE and disinfecting services and supplies.

[Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats \(1/21/21\)](#)

The President is directing the heads of various agencies to designate an official to work with the COVID-19 Response Coordinator to take steps to improve data collection and analysis in response to public health threats, such as COVID-19. The Director of the Office of Management and Budget (OMB) is also directed to work with the Director of the Office of Science and Technology Policy (OSTP) to review the federal government's existing approaches to open data and then work to figure out how to de-identify the data and make it available to the public as quickly as possible.

The Secretary of HHS is also directed to work with the COVID-19 Response Coordinator to review the collection of morbidity and mortality data by state, local, Tribal, and territorial governments and the effectiveness of the public data systems that support their collection. The Director of OSTP must also work with the National Science and Technology Council to develop a plan for advancing innovation in public health data and analytics.

[Executive Order on Improving and Expanding Access to Care and Treatments for COVID-19 \(1/21/21\)](#)

The Biden Administration has committed to promoting the development of COVID-19 treatments and improving access to existing treatments. The President has directed the Secretary of HHS and the Director of the National Institutes of Health (NIH) to develop a plan to support a range of studies for the most promising treatments for COVID-19 that can easily be manufactured and distributed. They are also specifically directed to support research in rural hospitals and rural locations and consider steps to include populations that are historically underrepresented in trials. The HHS Secretary is also directed to identify barriers to the equitable use of existing treatments.

The Secretaries of Defense, HHS, Veterans Affairs, and heads of other agencies are also directed to work with the COVID-19 Response Coordinator to provide targeted surge assistance to critical care and long-term care facilities, including nursing homes and skilled nursing facilities, assisted living facilities, intermediate care



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

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

facilities for individuals with disabilities, and residential treatment centers in order to assist them with efforts to combat the spread of COVID-19.

The COVID-19 Response Coordinator is directed to work with the Secretaries of Defense, HHS, Veterans Affairs, and heads of other relevant agencies to review the needs of federal facilities providing care to COVID-19 patients and develop recommendations for further actions that can be taken to support them. This review will lead a report that includes further actions to support the applicable entities, including Tribal nations, in their response to the pandemic.

The President is also ordering a review of the HRSA uninsured program and the taking of any steps necessary to promote access to treatments for those without comprehensive insurance coverage. HRSA has previously taken the stance that IHS beneficiaries are not eligible for this program, a review may lead to a reversal of that decision but that is currently unclear.

Questions?

Please contact Christopher Chavis, Policy Center Deputy Director, at 202-750-3402 or at cchavis@nihb.org.