

GUIDE TO FEDERAL CORONAVIRUS STIMULUS FUNDING AND PROGRAMS FOR TRIBAL HEALTH PROGRAMS

APRIL 30, 2020

STIMULUS #1: THE CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT

March 6, 2020. Provided \$8.3 billion in emergency response funding with a focus on vaccine research, medical supplies procurement, and support for public health agencies and small businesses. The bill provided not less than \$40 million in CDC funding for Indian Country. CDC increased it to \$80 million.

STIMULUS #2: THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

March 18, 2020. Provided \$3.5 billion in upfront funding, including \$64 million for the IHS for COVID-19 testing and related services.

STIMULUS #3: THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

March 27, 2020. Provided \$2.2 trillion in overall funding, including \$1.032 billion for the IHS, of which not less than \$450 million was set aside for distribution through tribal shares and contracts with urban Indian health programs, \$65 million was set aside for electronic health record stabilization and support, and \$125 million is eligible for transfer to the IHS Facilities account.

Also included the tribal set asides for CDC, SAMHSA, and HRSA (see below)

STIMULUS #3.5: PAYCHECK PROTECTION PROGRAM AND HEALTH CARE ENHANCEMENT ACT

April 24, 2020 Provides an additional \$75 billion to the \$100 billion Public Health and Social Services Emergency Fund for health care providers. Also provides an additional \$25 billion to that fund for coronavirus testing of which \$750 million is dedicated to Indian health care providers.



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INDIAN HEALTH SERVICE AND TRIBAL FUNDING

\$64 million in Stimulus #2 funding: Funds have already been distributed to tribes through existing Title I and Title V contracts.

\$1.032 billion in Stimulus #3 funding: At least \$450,000,000 to Title I and Title V Tribes. \$125,000,000 for facilities, \$65 million for health IT. IHS made funding available to tribal programs in two rounds of funding, and will negotiate CSC on those amounts.

HHS made an additional \$400,000,000 in funding for IHS out of \$100 billion fund for health care providers. IHS is seeking comment on how to distribute at consultation@ihs.gov.

\$750 million in Stimulus #3.5 funding: IHS received an additional \$750 million in funding for coronavirus testing. IHS is seeking comment on how to distribute these funds at consultation@ihs.gov.

CENTER FOR DISEASE CONTROL TRIBAL SET ASIDE FUNDING

The CDC made a total of \$80 million available for tribal health programs in response to the coronavirus out of the first stimulus bill. Of that total, \$30 million went to regional health care organizations and two large tribes with existing CDC grants, and \$10 million went to the National Indian Health Board and the National Council of Urban Indian Health.

\$40 million remaining plus \$125 million from Stimulus #3 is available to tribes through a Notice of Funding Opportunity on Grants.gov. Awards will be made on a rolling basis. To apply, go to <https://www.grants.gov/web/grants/search-grants.html?keywords=CDC-RFA-OT20-2004>



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HEALTH RESOURCE SERVICES AUTHORITY (HRSA)

\$15 million tribal set aside. Grants available. Applications due May 6, 2020.
<https://www.grants.gov/web/grants/search-grants.html?keywords=hrsa-20-135>

SUBSTANCE ABUSE MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

\$15 million tribal set aside. Applications were due April 10, 2020.
<https://www.samhsa.gov/grants/grant-announcements/fg-20-006>.

\$100 BILLION HHS FUNDING

\$100 billion from CARES Act plus an additional \$75 billion from Stimulus #3.5 for eligible health care providers to respond to coronavirus, including facilities construction:

First \$30 billion sent to Medicare providers based on FY2019 FFS Medicare billings (excluding Medicare Advantage). TTAG and NIHB sent letters to HHS urging Indian health care providers be included in second round of funding.

HHS announced remaining \$70 billion will be spent as follows:

\$20 billion in additional payments to Medicare providers. Providers must access a General Distribution Portal: <https://covid19.linkhealth.com/docuSign/#/step/1>

Instructions for applying are available here: <https://chameleoncloud.io/review/2977-5ea0af98f0fd0/prod>. A detailed set of FAQs is available here: <https://www.hhs.gov/sites/default/files/20200425-general-distribution-portal-faqs.pdf>

\$400 million to IHS. IHS seeking comment on how to distribute.

\$10 billion to rural health care providers based on proportionate operating expenses. IHS and tribal rural providers will be eligible but it is unclear how funding will be distributed.

\$10 billion in funding for hospitals directly affected by the coronavirus. Hospitals had to apply for funding through an HHS portal by midnight April 23, 2020.

\$26 billion in additional funds, including funds for providers who serve "uninsured individuals." We are working to clarify if IHS-eligible individuals with no other forms of coverage count as "uninsured individuals."



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TRIBAL FUNDING FROM TREASURY

\$8 billion tribal set aside from Treasury for tribes. Will cover coronavirus related expenditures incurred between March 1, 2020 and December 30, 2020. Tribes must have applied by web portal by April 17, 2020.

Lawsuit was filed by several tribes against Treasury Department to prevent funding from going to Alaska Native Corporations. Court ruled that ANCs are not tribes under ISDEAA. Funding to be released soon.

\$349 billion SBA 7(a) Paycheck Protection Program Eligibility: small businesses that employ 500 or fewer workers, including tribal business concerns, 501(c)(3) non-profits, and non-profit veterans' organizations. These loans will be available from participating banks and lenders, not directly from the SBA. Loans forgiven if borrower maintains employee levels through the COVID-19 crisis. Government entities, including tribal government agencies (unless a "business concern" or a non-profit) are ineligible. Loans capped at \$10 million. Stimulus #3.5 included an additional \$310 billion to this program.

Emergency Income Disaster Loans (EIDL): Tribal small business concerns, non-profits (under IRS code sections 501(c), 501(d), and 501(e)) and non-profit veterans' organizations) are eligible for EIDL loans up to \$2 million, with up to \$10,000 immediate advance. Tribes can apply directly from SBA at <https://covid19relief.sba.gov/>. As of April 26, Treasury has halted applications for these loans; it is unclear if they will resume, or if existing applications will exhaust appropriations.

\$500 billion in loans, loan guarantees, and other investments to eligible businesses, municipalities, and states—the definition of which expressly includes Indian tribes: The Federal Reserve has created the Main Street Lending Program. Tribal Business Concerns are eligible. Further eligibility terms for the loans and FAQs are available at <https://www.federalreserve.gov/monetarypolicy/mainstreetlending.htm>.

Tribes may access Employee Retention Tax Credits: Tribes and tribal entities may utilize the Employee Retention Tax Credits in Sec. 2301 of the CARES Act for \$5,000 in credits, per employee, for employer-paid social security taxes for 2020. Tribes or entities that receive PPP loans may not access these credits. These credits are not limited to small businesses. The IRS's information page on these credits is at <https://www.irs.gov/newsroom/faqs-employee-retention-credit-under-the-cares-act>



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STIMULUS BILL #4 TRIBAL ASKS

AS OF APRIL 30, 2020

- \$1 billion for Purchased/Referred Care
- \$1.215 for Hospitals and Clinics, including \$15 million for CHAP program
- \$1.5 billion Emergency Third Party Revenue Relief Fund
- \$85 million for Equipment Purchases, including up to \$10 million for dialysis equipment
- \$2.5 billion for Health Care Facilities Construction
- \$1 billion for Sanitation Facilities Construction
- \$750 million for Maintenance and Improvement
- Move Contract Support Costs to mandatory appropriations
- Move 105(l) lease funds to mandatory appropriations
- Permanently authorize the Special Diabetes Program for Indians and permit tribes and tribal organizations to receive funds through contracts and compacts
- Provide mandatory appropriations for Village Built Clinics
- Authorize Medicaid reimbursements for all medical services authorized under the Indian Health Care Improvement Act – called Qualified Indian Health Provider Services
- Fix the “four walls” issue that limits Medicaid reimbursement to services provided within the four walls of an IHS or Tribal clinic
- Extend 100 percent FMAP to Urban Indian Organizations
- Ensure parity in reimbursement for Indian health care providers under Medicare and exempt American Indians and Alaska Natives from cost-sharing under Medicare
- Expand the list of provider types eligible for reimbursement under Medicare to include Pharmacists, Licensed Marriage and Family Therapists, and other provider types
- Make Medicare telehealth waivers permanent and enact portions of the CONNECT Act, H.R. 4932 or S.2741
- Make the IHS Scholarship and Loan Repayment Program Tax Exempt
- Implement ways to ensure funding goes to tribes using existing methodologies
- Ensure Indian Country has guaranteed access to the Strategic National Stockpile
- Authorize direct funding for Tribes for Public Health Emergency Preparedness
- Authorize interagency transfers so that funding can be quickly provided to tribes

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