



NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians
Resolution # PDX-20-040

**TITLE: Streamline COVID-19 Funding and Resources to Tribes, and
IHS/Tribal Health Clinics, and Urban Indian Organizations**

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WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, tribal nations have a unique government-to-government relationship with the federal government which is required to consult with tribal nations on any policy or action that will significantly impact tribal governments and American Indians and Alaska Natives (AI/ANs); and

WHEREAS, on March 11, 2020, coronavirus-19 (COVID-19) was declared a pandemic by the World Health Organization and on March 13, 2020, was declared a national emergency by the President of the United States; and

WHEREAS, in March and April, four legislative packages were signed into law by the President (H.R. 6074, H.R. 6201, H.R. 748, H.R. 266) that provided COVID-19 funding to tribal nations for economic relief and to the Indian health system for health care and public health programming; and

WHEREAS, while tribal nations are grateful for this COVID-19 funding, the dissemination of several funding provisions by the U.S. Department of Health and Human Services (HHS) were delayed and/or have been burdensome for tribal nations and tribal health care programs to access; and

WHEREAS, closures of tribal enterprises caused drastic reductions in revenue that supports health and human services, and reduction of IHS/Tribal health care program hours during the pandemic caused significant losses of revenue and third-party collections, which fund critical services for AI/ANs; and

WHEREAS, HHS has not conducted meaningful consultation with tribal nations on funding allocations and mechanisms or funding distribution decisions (e.g., Medicaid providers were prohibited from receiving HHS Provider Relief Funds if the provider accepted funds from the Medicare General Distribution fund); and

WHEREAS, HHS has not had the mechanisms in place, such as intergovernmental or interagency transfer agreements, to expedite funding to tribal nations or to the Indian health system, respectively, which caused extensive delays in tribal nations receiving the funds they needed; and

WHEREAS, tribal nations should have an option to receive funding directly or have funds transferred from other federal agencies to IHS so that they may receive funding through their Indian Self Determination and Education Assistance Act (ISDEAA) Title I and Title V contracts and compacts; and

WHEREAS, federal agencies that disseminated their COVID-19 funding through grants made the application and reporting process burdensome for tribal governments and tribal leaders have voiced their concerns about the complexity of multiple and overlapping funding sources; and

WHEREAS, while limited funding provides tribal nations an opportunity to buy personal protective equipment (PPE) and testing supplies on the open market, tribal governments have had difficulty purchasing supplies through their supply chains or accessing certain supplies through the Strategic National Stockpile and the IHS National Supply Service Center; and

WHEREAS, tribal nations as sovereign nations should not have to go through states to access the Strategic National Stockpile or through IHS to access the National Supply Service Center; and

WHEREAS, tribal nations and tribal health facilities would benefit from direct access to a Tribal Public Health Clearinghouse stocked with medical equipment and supplies, testing kits and supplies, including a full range of PPE (N95 masks, surgical masks, gowns, gloves, etc.), and any treatment or vaccinations that may become available in the future; and

WHEREAS, future funding for tribal governments and IHS programs for COVID-19 must be flexible in their use to meet the specific needs in tribal communities and clinics, including trailer purchases, modification of buildings, or other small construction project needs in this pandemic.

NOW THEREFORE BE IT RESOLVED, that NCAI calls on Congress to make legislative changes that would allow for HHS and its agencies to, with tribal consent, enact inter-agency transfers (to those agencies with current contracts/compacts with tribal nations) and/or expand direct contracting/compacting with tribal nations; and

BE IT FURTHER RESOLVED, that NCAI requests that the HHS, and its agencies:

- Streamline and simplify any application and reporting requirements for COVID-19 funding distributions from March 2020 forward that were distributed as grants; and
- Provide maximum flexibility in the use of COVID-19 funding to ensure that tribal nations are able to use funds beyond any deadlines and for the purpose most beneficial for tribal nations or IHS/tribal health facilities, including small construction projects; and

- Allow for attestation as to use of funds rather than a complex auditing process; and
- Ensure prompt and meaningful tribal consultations as to COVID-19 funding distributions related to all HHS agencies including Medicaid and Medicare funding; and
- Ensure Indian Health Care Providers have access to both Medicaid and Medicare relief funding; and

BE IT FINALLY RESOLVED, that NCAI calls on Congress and HHS to support IHS, tribal health authorities, and Urban Indian Organizations (UIOs) having direct access to the Strategic National Stockpile, guaranteeing access to the federal clearinghouse of personal protective equipment, medical supplies and equipment, and other resources that tribal health authorities, IHS, and UIOs, can access during public health emergencies.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2020 Virtual Annual Session of the National Congress of American Indians, held on November 8-13, 2020, with a quorum present.



Fawn Sharp, President

ATTEST:



Juana Majel Dixon, Recording Secretary