



April 21, 2020

CAPT Elijah K. Martin, Jr. EdD. MPH, Manager
Tribal Health Affairs
Office of Health Equity (OHE), HRSA
5600 Fishers Lane
Room 13N44
Rockville, Maryland 20857

Re: HRSA CARES Act Distribution

Submitted electronically to aianhealth@hrsa.gov

Dear Captain Martin:

On behalf of the National Council of Urban Indian Health (NCUIH) and the Urban Indian Organizations (UIOs)¹ we represent, we hereby respectfully submit the following recommendations and comments on the distribution of COVID-19 funding provided to the Health Resources and Services Administration (HRSA) in the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (CARES Act).

NCUIH is the only national representative of UIOs receiving grants under Title V of the Indian Health Care Improvement Act (IHCIA) and the AI/ANs they serve. Founded in 1998, NCUIH is a 501(c)(3) organization created to support the development of quality, accessible, and culturally sensitive health care programs for AI/ANs living in urban communities. NCUIH fulfills its mission by serving as a resource center providing advocacy, education, training, and leadership for Urban Indian Health Care Providers (IHCPs). NCUIH strives to improve the health of the more than 70 percent² of the AI/AN population living in urban settings, supported by quality, accessible health care centers and governed by leaders in the Indian community.

1. HRSA's programs are of vital importance to UIOs. NCUIH appreciates all the work the agency does to improve health care for the economically and medically vulnerable population that urban Indian organizations serve. There are currently

¹ NCUIH represents 41 Urban Indian Organizations providing health care services pursuant to a grant or contract with the Indian Health Service under Title V of the Indian Health Care Improvement Act (25 U.S.C. §1651 et seq.).

² The American Indian and Alaska Native Population. U.S. Census Bureau. Accessed January 12, 2012, at: <http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>.



41 UIOs located in 22 states, which operate 74 facilities. Out of the 41 total UIOs in the country, 11 currently participate in the Health Center Program, which provides essential supplemental funding to these chronically and systematically underfunded facilities. Along with other health care providers around the globe, UIOs are performing essential work during the COVID-19 pandemic, both in providing testing and care for those directly affected by the virus, while also continuing to provide quality primary health care services for our nation's underserved.

2. The CARES Act authorizes unprecedented levels of funding to support America's health care industry and systems. While some of these authorizations build upon existing networks of grants and contracts, much of the appropriated funding grants significant discretion to federal agencies, including HRSA, to allocate and distribute the money.
 - a. HRSA Rural Health is appropriated \$180 million of which "no less than \$15 million" is to be allocated for tribes, tribal organizations, UIOs, or health service providers to tribes to carry out telehealth and rural health activities.
 - b. NCUIH is supportive of tribes and the requests made through our national and regional partners, including the National Congress of American Indians and National Indian Health Board.
 - c. Consistent with the fact that the majority of the AI/AN population is living and facing the COVID-19 pandemic in urban areas, and in line with our previous asks of other agencies exercising discretion over emergency COVID-19 funding, NCUIH requests that 6% of whatever amount is allocated to Indian health service providers for telehealth activities, be allocated to UIOs. We urge HRSA, when exercising its discretion over the distribution formula, to support urban Indian health care at this level to ensure the best possible health outcomes of urban AI/AN people during this critical time.
3. NCUIH requires confirmation on UIO eligibility for the CARES Act grant programs and respectfully requests the agency broadly interpret eligibility to include all UIOs. NCUIH sent an e-mail to HRSA leadership on April 7, 2020 requesting further clarification on eligibility. We respectfully request a response regarding UIO eligibility. Our understanding is summarized as follows:
 - a. Under the existing criteria, UIOs are eligible for the CARES Act \$15 million set aside funding for the following HRSA grant programs:

- i. Rural Maternity and Obstetrics Management Strategies (RMOMS); Rural Health Care Services Outreach; Rural Health Network Development; Network Development Planning; Telehealth Network Grant Program (TNGP); Evidence-Based Tele-Behavioral Health Network (EB THNP) Program; Rural Communities Opioid Response Program (RCORP); and the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies program.
 - ii. The UIO in Chicago is the only UIO that could potentially participate in the Delta States Rural Development Network Grant Program.
 - iii. UIOs are ineligible to participate in the following:
 1. Delta Region Community Health Systems Development Program; Small Healthcare Provider Quality Improvement Grants; Telehealth Resource Center Program (TRC); Telehealth Center of Excellence (COE) Program; Licensure Portability Grant (LPG) Program; Rural Residency Planning and Development Program; Rural Health Research Center (RHRC) Program; Telehealth Focused Rural Health Research Center Program; National Rural Health Information Clearinghouse Program; Medicare Rural Hospital Flexibility Grant (Flex) Program; Small Rural Hospital Improvement Program (SHIP); and the Flex Rural Veterans Health Access Program. A new Telementoring Training Center Program was planned to start in FY 2020 so its eligibility criteria is unknown at this time.
 - iv. For the majority of these grant programs, all services must be provided in a non-metropolitan county or rural census tract and an urban-based health program would not be eligible to serve as the lead applicant, but could receive funding as a participant in a consortium or network.
4. On a separate but related note, NCUIH supports the establishment of a HRSA Tribal Advisory Council (TAC) and its recent request for tribal delegate member nominations. The federal trust responsibility for the provision of health care to AI/ANs applies to all federal agencies – and HRSA and the programs it administers are vital to all Indian health care providers, especially UIOs. NCUIH notes that HRSA cannot accomplish its goal of “determining the impact of HRSA programs on the [AI/AN] health systems and population, developing innovative approaches to deliver health care” if it excludes one of the three branches of the Indian Health Service/Tribal Health Program/Urban Indian Organization (I/T/U) Indian health care delivery system from TAC membership. A wide range of HRSA

activities impact UIOs and the medically-underserved Urban Indian population they serve. Put simply, it is imperative that HRSA include at least one UIO representative and one alternate as a member of its TAC in order to accomplish the agency's stated goals.

5. Finally, NCUIH requests that HRSA participate in a conference call, as soon as practicable, with UIO leaders in order to share information and gather input. Many of the CARES Act funds will be distributed in the coming days and weeks by various federal agencies, and it is imperative that UIO leaders have an opportunity to be heard about their needs while on the front lines of the battle against the disease in condensed urban areas. During the HRSA Tribal Consultation calls with tribal leaders last week, the agency stated that it is finalizing the Notice of Funding Opportunity (NOFO) over the next couple of weeks and that it would look into making the eligibility and the funding uses as flexible as possible, with the goal to release the NOFO by the end of April because the funding is required to be distributed in May. UIO leaders need a UIO-specific opportunity to exchange information regarding this funding opportunity. NCUIH can assist in the coordination or facilitation of this call.

Communications on this matter may be directed to Julia Dreyer, Federal Relations Director for NCUIH at jdreyer@ncuih.org.

Sincerely,

A handwritten signature in black ink that reads "Francys Crevier". The signature is written in a cursive, flowing style.

Francys Crevier
Executive Director