Key Points:
- The President signed H.R. 6074, an $8.3 billion package to respond to the coronavirus, into law on March 6, 2020.
- This bill includes at least $40 million in direct set-aside funding for tribal nations, tribal organizations, and Urban Indian Organizations (UIOs), to be distributed by the Centers for Disease Control and Prevention (CDC).
- The Department of Health and Human Services (HHS) should authorize an inter-agency transfer of the tribal funds from CDC to the Indian Health Service (IHS) for quick and efficient distribution.
- The HHS Secretary should increase the tribal set-aside of funds from $40 million to $120 million.

BACKGROUND
In response to the global pandemic caused by the coronavirus disease (COVID-19), on March 6, 2020, the Coronavirus Preparedness and Response Supplemental Appropriations Act, H.R. 6074, was signed into law. This bill broadly enhances the national response to the coronavirus by providing $6.7 billion as follows:

- $3.4 billion for the Office of the Secretary – Public Health and Social Services Emergency Fund, which includes more than $2 billion for the Biomedical Advanced Research and Development Authority (BARDA); $300 million in contingency funding for the purchase of vaccines, therapeutics, and diagnostics if deemed necessary by the HHS Secretary; and $100 million for the Health Resources and Services Administration (HRSA) for grants under the Health Center Program, which services the geographically isolated and economically or medically vulnerable.

- $836 million for the National Institute of Allergy and Infectious Diseases (NIAID), which conducts research on therapies, vaccines, diagnostics, and other health technologies at the National Institutes of Health (NIH).

- $61 million for the Food and Drug Administration (FDA) for the development and review of vaccines and therapeutics, and to address potential supply chain interruptions.

- $20 million for the Small Business Administration (SBA) disaster loans program.

- The bill also includes a waiver removing restrictions on Medicare providers, allowing them to offer telehealth services regardless of whether the beneficiary is in a rural community, at an estimated cost of $500 million.

H.R. 6074 TRIBAL INCLUSIONS & RECOMMENDATIONS

Centers For Disease Control And Prevention Funding. H.R. 6074 also includes $1.9 billion for the CDC, which includes $950 million for grants and cooperative agreements to be administered through the CDC for state and local governments, tribal governments, tribal organizations, and UIOs. The funding is for public health preparedness and response activities including epidemiology, lab capacity, infection control, communications, and other efforts. Of the $950 million, no less than $40 million is set aside specifically for tribal nations, tribal organizations, and UIOs.

As of March 16, 2020, no tribal entities have received any portion of these funds. The National Indian Health Board and NCAI have recommended an inter-agency transfer of these funds from CDC to IHS for dissemination. Additionally, NCAI urges that HHS Secretary Azar increase set-aside funding from $40 million to $120 million to ensure that Indian Country has the resources it needs to address this epidemic.
Reimbursement For Previous Response Efforts. H.R. 6074 also includes language authorizing the use of funds to reimburse federal agencies, such as IHS, in addition to tribal nations, tribal organizations, and UIOs that may have assumed costs related to COVID-19 response and mitigation between January 20 and March 6, 2020.

As of March 16, 2020, no process has been established for these reimbursements to occur. NCAI urges HHS to release guidance clarifying the process for itemizing and submitting reimbursement requests.

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