

# United States Senate

May 5, 2020

The Honorable Mitch McConnell  
Majority Leader  
United States Senate  
Washington, DC 20510

The Honorable Charles Schumer  
Minority Leader  
United States Senate  
Washington, DC 20510

Dear Leader McConnell and Leader Schumer:

As you continue to work on legislation to provide economic support and relief to Americans across the country, we urge you to include additional funding for Indian Health Service (IHS), Tribal Health Programs and Urban Indian Health Organizations (I/T/U) to recover from significant COVID-19 related losses in revenue.

I/T/U facilities provide critical access to health care for 2.6 million American Indians and Alaska Natives (AI/ANs) across the United States. These facilities serve not only some of the most remote communities in the country but also patient populations that face comparatively higher rates of underlying health issues that make them highly susceptible to COVID-19, including hypertension, asthma, cancer, and heart and cardiovascular disease.<sup>1</sup> As such, I/T/U facilities are vital for ensuring Native communities are not disproportionately impacted by the coronavirus pandemic.

Congress has recognized the key role that IHS plays for AI/AN health and in our national COVID-19 response strategy in previous relief packages. The *Families First Coronavirus Relief Act*, the *CARES Act* and the *Paycheck Protection Program and Health Care Enhancement Act* all include specific provisions to target federal support to I/T/Us. These emergency resources for IHS have been integral. However, according to analysis by the Administration, the National Indian Health Board and the National Council of Urban Indian Health, this funding will be insufficient to address the need in Indian Country.

In particular, one issue that has continued to strain IHS resources is the lack of a clear and consistent access to provider revenue-loss relief resources for the I/T/U system. Third-party billing receipts are integral to the financial stability of the I/T/U system. While Congress has sought to increase appropriations for IHS each year, the current funding level is insufficient to cover the cost of all of the health care needs for American Indian and Alaska Native individuals.<sup>2</sup> As a result, third-party reimbursements from private insurance, Medicare, Medicaid and the Veterans Health Administration make up a significant portion of funding for tribal health care facilities.

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<sup>1</sup> Health Affairs: <https://www.healthaffairs.org/doi/10.1377/hblog20200331.659944/full/>

<sup>2</sup> NIHB: [https://www.nihb.org/docs/04242019/307871\\_NIHB%20IHS%20Budget%20Book\\_WEB.PDF](https://www.nihb.org/docs/04242019/307871_NIHB%20IHS%20Budget%20Book_WEB.PDF)

In 2019, federally-operated IHS facilities alone reported \$1.14 billion in third-party reimbursements, equaling roughly a fifth of the entire IHS budget for that year. For Tribal health programs, third-party dollars can equate to over half of their operating budgets for healthcare. Third-party reimbursements for Urban Indian Organizations (UIOs) now total more than the entire urban Indian health annual appropriation.

During the course of the COVID-19 pandemic, many I/T/U facilities have stopped conducting elective procedures and limited most non-COVID-19 related care. As a result, these facilities have experienced a drastic reduction in third-party reimbursements. These reimbursements are essential to allow programs to make payroll, expand services, and provide quality care to patients.

Without funding to address these operations funding shortfalls, Tribal and Urban Indian health care facilities may be in danger of closing, and the health disparities that already exist in Indian Country will become further exacerbated. Failure to secure the necessary funds and resources to provide COVID-19 related care is putting these communities at risk.

In order to ensure the sustainability and operational health of I/T/U sites around the country, we urge you to include a significant appropriation specifically dedicated to supporting I/T/U health care facilities. This will ensure that funding is provided in a way that more closely meets the needs of all IHS assisted facilities.

We understand that a number of Tribal leaders, urban Indian health program directors and Native organizations reached out to Congress to express their concerns on this issue, and others. They have been clear that American Indian and Alaska Native communities need targeted IHS resources for future COVID-19 related packages. We urge you to consider their requests as you work on the next COVID-19 package.

Thank you for your consideration of this request. As we continue to work on upcoming COVID-19 packages, additional funding for IHS and I/T/U sites to recover from significant COVID-19 related losses in revenue will be key to meeting the needs of our AI/AN communities.

We look forward to continuing to work with you to fulfill the trust and treaty responsibilities of the United States Government to provide for the health and well-being of American Indians, Alaska Natives, and Indian Tribes.

Sincerely,



Kamala D. Harris  
United States Senator



Dianne Feinstein  
United States Senator



Tom Udall  
United States Senator

/s/ Kyrsten Sinema  
United States Senator

/s/ Elizabeth Warren  
United States Senator

/s/ Maria Cantwell  
United States Senator

/s/ Angus S. King, Jr.  
United States Senator

/s/ Ron Wyden  
United States Senator

/s/ Jeffrey A. Merkley  
United States Senator

/s/ Tammy Baldwin  
United States Senator

/s/ Michael F. Bennet  
United States Senator

/s/ Bernard Sanders  
United States Senator

/s/ Catherine Cortez Masto  
United States Senator