



2020 Virtual Mid-Year Convention

RESOLUTION #2020 – 20

“STREAMLINE COVID-19 FUNDING AND RESOURCES TO TRIBES AND IHS/TRIBAL HEALTH CLINICS”

PREAMBLE

We, the members of the Affiliated Tribes of Northwest 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 rights secured under Indian Treaties, Executive Orders and benefits to which we are entitled under the laws and constitution of the United States and several states, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the welfare of the Indian people, do hereby establish and submit the following resolution:

WHEREAS, the Affiliated Tribes of Northwest Indians (ATNI) are representatives of and advocates for national, regional, and specific tribal concerns; and

WHEREAS, ATNI is a regional organization comprised of American Indians/Alaska Natives and tribes in the states of Washington, Idaho, Oregon, Montana, Nevada, Northern California, and Alaska; and

WHEREAS, the health, safety, welfare, education, economic and employment opportunity, and preservation of cultural and natural resources are primary goals and objectives of ATNI; and

WHEREAS, tribes have a unique government-to-government relationship with the federal government, and it is required that the federal government consult with tribes on any policy or action that will significantly impact tribal governments; and

WHEREAS, on March 11, 2020, the Novel Coronavirus (COVID-19) was declared a pandemic by the World Health Organization and on March 13, 2020 was declared a national emergency by the President; 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 tribes for economic relief and to the Indian health system for health care/public health; and

WHEREAS, while tribes are grateful for the COVID-19 funding, dissemination of the funding through the U.S. Department of Health and Human Services (HHS) was delayed and/or has been burdensome for tribes and IHS/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 American Indians and Alaska Natives; and

WHEREAS, HHS has not conducted meaningful consultation with tribes to ensure that tribes agree with funding formulas and funding mechanisms, or have made unilateral 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).

WHEREAS, HHS has not had the mechanisms in place, such as intergovernmental or interagency transfer agreements, to expedite funding to tribes or to the Indian health system, respectively, which caused extensive delays and resulted in grant application processes; and

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

WHEREAS, federal agencies that released COVID-19 funding through grants made the application and reporting process burdensome for tribes and IHS/Tribal health care facilities, and there is concern about the complexity of multiple and overlapping funding sources; and

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

WHEREAS, tribes 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, tribes and IHS/Tribal health care 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 tribes and IHS/tribal health care programs for COVID-19 must allow flexibility 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 ATNI calls on Congress to make legislative changes that would allow for HHS, and its agencies, to transfer funding directly to tribes and/or to IHS, as requested by a tribe, through intergovernmental or interagency transfer agreements; and

BE IT FURTHER RESOLVED, that ATNI 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 set up as grants;
- Provide flexibility in use of COVID-19 funding to ensure that tribes are able to use the funds beyond any deadlines and for the purpose most beneficial for tribes or IHS/Tribal health facilities, including small construction projects;
- Allow for attestation as to use of funds rather than a complex auditing process;
- Ensure prompt and meaningful tribal consultations as to COVID-19 funding distributions related to all HHS agencies, but in particular related to Medicaid and Medicare funding;
- Ensure Indian Health Care Providers have access to both Medicaid and Medicare relief funding; and

BE IT FINALLY RESOLVED, that the ATNI calls on Congress and HHS to support funding and the development of a Tribal Public Health Clearinghouse of personal protective equipment, medical supplies and equipment, and other resources that tribes and tribal organizations, including IHS, tribal and urban Indian health clinics, can access during public health emergencies.

CERTIFICATION

The foregoing resolution was adopted at the 2020 Virtual Mid-Year Convention of the Affiliated Tribes of Northwest Indians, Portland, Oregon, on June 30 – July 2, 2020, with a quorum present.



Leonard Forsman, President



Norma Jean Louie, Secretary