AMA
AMERICAN MEDICAL ASSOCIATION

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The Honorable Alex Azar
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing about the urgent need to address the dire situation that American Indians and Alaska Natives (AI/AN) are facing with respect to confronting the COVID-19 pandemic. The Navajo Nation in particular is experiencing some of the biggest problems, with the Navajo Reservation and its 350,000 residents becoming what has been described as one of the "worst-of-the-worst hot spots" in the nation. The infection rate is among the highest in the world. As of May 19, there were over 4,000 confirmed positive cases and 144 virus-related deaths on the reservation.

The AMA is very concerned that promised federal funding to AI/AN tribes has been either very slow to be released or has not reached many tribal nations at all. Such assistance is vitally important to ensure that the tribes have the resources they need to successfully address the numerous issues involved in fighting the COVID-19 health crisis and to save lives. The cases across Indian country continue to challenge the limited resources of tribal clinics and rural hospitals. Accordingly, **we urge the U.S. Department of Health and Human Services (HHS) to expeditiously address distribution of testing funding, Indian Health Service (IHS) funding, and provider relief funding to tribal hot spots and in rural areas, as described in further detail below.**

With respect to testing, the AI/AN tribes have encountered many barriers, including delays in receiving promised federal funding. Most recently, the Paycheck Protection Program and Health Care Enhancement Act included $11 billion for COVID-19 testing for states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes, of which not less than $750 million is to be allocated to tribes and tribal organizations. Such funding will provide critical support to develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, trace contacts, and related activities. We understand that HHS released a notice on May 18 announcing that funds are being distributed to states, territories, and local jurisdictions, and, similarly, that the IHS issued a letter on May 19 to tribal leaders and urban Indian organization leaders about the release of the $750 million for IHS, tribal, and urban Indian health programs. The letter indicates that the distribution of these funds would begin "as soon as possible." Given the delay in distributing previously allocated IHS funds, **we strongly urge HHS to ensure that these funds are distributed as expeditiously as possible, so that AI/AN communities are able to better assess the rate of COVID-19 infection and target necessary health care resources and services accordingly.**

We also believe it is important for improved transparency by the IHS regarding its distribution process of not only the testing funds, but additional funding previously allocated through the CARES Act. While IHS has started to slowly distribute the $1 billion in CARES funding, we have heard reports that it has been difficult to obtain IHS data to follow where CARES funding is being distributed and the methodologies used for such distribution.

The AMA is also concerned about the difficulty AI/AN tribes have had in accessing HHS provider relief funding. There are tribes that have no IHS facilities and rely solely on outpatient health clinics, such as in California. They are seeing the same revenue shortfalls as are other health care providers yet were unable to receive the first release of provider relief funds because they mostly get revenue from commercial payers, Medicaid and IHS, rather than Medicare. We also understand that the Navajo Nation has not qualified for any "hot spot" funding under the methodology being used by HHS, since they have no local intensive care unit bed capacity and are sending patients to regional hospital centers. It appears that IHS facilities also do not qualify for the rural provider fund under the formula used by HHS. **We urge HHS to address these issues and ensure that AI/AN tribes are able to receive critically-needed support from these funding sources appropriated by Congress to address the COVID-19 health crisis.**

Thank you for considering our concerns and we appreciate your leadership in these critical times.

Sincerely,

James L. Madara, MD