National Indian
Health Board

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Legislative Action Alert

The U.S. Senate Passes the American Rescue Plan Act

On Saturday, March 6, the U.S. Senate passed their version of the **American Rescue Plan** (ARP), the $1.9 trillion COVID-19 relief package, along a party-line vote 50-49. The **Senate's version** is expected to pass the House of Representatives later this week and be signed into law by President Biden no later than Sunday, March 14. NIHB is excited that our **recommendations** to the **Senate Committee on Indian Affairs** were heard and the Tribal provisions were not changed from the House of Representatives version of the ARP.

National Indian Health Board
**NATIONAL TRIBAL
COVID-19 RESPONSE**
910 Pennsylvania Avenue, SE | Washington, D.C. 20003 | 202-507-4070 | www.nihb.org

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Provisions for Indian Country:
The Tribal healthcare provisions in the Senate's version of the ARP mirror the provisions in the House bill almost identically. The Senate's package contains the same stand-alone section dedicated to Tribal Health that the House package contained and includes:
• $6,094,000,000 for Native health systems:
  ○ Indian Health Service (total of $5,484,000,000)
    • $2.340 billion for COVID-19 vaccines, testing, tracing, mitigation, and workforce expenses
      • $600 million for vaccine distribution
      • $1.5 billion for COVID tracing/testing/Personal Protective Equipment
      • $240 million for Public Health Workforce
    • $2 billion for lost third-party medical billing reimbursements
    • $500 million for clinical health services and Purchased/Referred Care
    • $140 million for improving health information technology and telehealth access
    • $84 million for Urban Indian health programs
    • $420 million for mental and behavioral health
  ○ $600 million for health facilities construction and sanitation programs
  ○ $10 million for potable water delivery

All funds appropriated in this section will be made available to Tribes through IHS to avoid any delays in disbursement similar to those experienced in previous COVID-19 relief efforts.

Additionally, the ARP further incentivizes states who haven't expanded their Medicaid programs under the Affordable Care Act to do so by increasing the Federal Medical Assistance Percentage (FMAP) by five percentage points for two years if they decide to expand. These increases will have little direct effect on IHS and Tribal health providers given that they already received 100% FMAP for Medicaid. However, tribal members are still bound by Medicaid eligibility in their states and in states that have expanded their Medicaid programs have seen declines in uninsured rates. So any expansion of Medicaid that increases enrollment will benefit IHS and Tribal health facilities.

For any questions, contact NIHB Congressional Relations Manager, Josh Jackson at jjjackson@nihb.org

For more information, visit NIHB's National Tribal COVID-19 Response page at www.nihb.org

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