

AMA urges HHS to address funding for Navajo COVID-19 hot spot

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What's the news: The Navajo Reservation, where 350,000 people live, has become one of the “worst of the worst” COVID-19 hotspots with 4,700 confirmed cases and 157 virus-related deaths as of May 26.

At the same time, many other American Indian/Alaskan Native tribal nations have not received promised federal health care funding included in COVID-19 relief legislation. The AMA is urging the U.S. Health and Human Services Department (HHS) to “expeditiously address” funding for testing, for the Indian Health Service (IHS), and for provider relief as COVID-19 continues to challenge the limited resources of tribal clinics and rural hospitals.

The Paycheck Protection Program and Health Care Enhancement Act, commonly referred to as “COVID 3.5,” included \$750 million to be allocated to tribes and tribal organizations for COVID-19 testing. Given previous delays in previously allocated HHS funds, the AMA is urging that the money gets distributed as quickly as possible.

“Such funding will provide critical support to develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, trace contacts, and related activities,” AMA CEO and Executive Vice President James L. Madara, MD, wrote in a letter to HHS Secretary Alex Azar.

The AMA is also calling for improved transparency regarding the IHS distribution process for additional funding previously allocated through the Coronavirus Aid, Relief and Economic Security (CARES) Act.

While IHS has started to slowly distribute the money, the AMA is receiving reports that it has been difficult to obtain IHS data to follow where CARES funding is going and the methodologies used for distribution, according to the letter.

Why it's important: There are American Indian/Alaskan Native tribes in California and elsewhere

that do not have access to an IHS facility and rely on outpatient health clinics. But these clinics are seeing the same revenue shortfalls as other physician offices throughout the nation and are struggling to stay open.

Their problems are compounded because they were unable to receive a portion of the first release of provider relief funds because the distribution methodology focused on Medicare payments and these facilities get most of their revenue from commercial insurance, Medicaid and IHS.

Despite the severe impact of COVID-19, the Navajo Nation has not qualified for “hot spot” funding under the HHS methodology because it has no local intensive care hospital beds and therefore patients are sent to regional hospital centers. In addition, it appears that IHS facilities do not qualify for the rural provider fund under the formula used by HHS.

“We urge HHS to address these issues and ensure that American Indian/Alaskan Native tribes are able to receive critically needed support from these funding sources appropriated by Congress to address the COVID-19 health crisis,” Dr. Madara wrote.

While funding from HHS may be slow, the Navajo and other American Indian/Alaska Native tribes are receiving foreign donations. Recently, the South Korea government donated a shipment of hand sanitizer and 10,000 masks to honor the 800 Navajo soldiers who served in the Korean War. Previously, the Navajo and Hopi nations received an outpouring of donations from people in Ireland in recognition of a gift made in 1847 by the Choctaw nation to help during the Irish famine.

In addition to the lack of health care facilities, living quarters on reservations may lack running water and include many generations of a family under one roof, so typical COVID-19 defenses such as frequent handwashing and physical distancing are not possible, said Siobhan M. Wescott, MD, MPH, assistant director of the Indians Into Medicine (INMED) Program at the University of North Dakota and a member of Alaska’s Athabascan tribe.

To learn more: Dr. Wescott made her remarks in an AMA COVID-19 Update video featuring a discussion on how COVID-19 is affecting American Indian/Alaska Native communities.

Documented health inequities among Native Americans include higher rates of chronic disease, cancer prevalence, unintentional injuries and infant mortality. Read how one IHS hospital has worked to improve chronic disease management by embedding pharmacists in the primary care setting.

In the video, it was noted that underfunding public health operations has added to the disparities.

Learn more at the AMA COVID-19 resource center and the AMA’s physician guide to COVID-19.