

Udall uses legislation to help fund New Mexico COVID-19 efforts

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Senator focuses attention on Indian health care

WASHINGTON, D. C. — As Senator Tom Udall's, D-N.M., days as a senator come to a close, he has been busy creating and supporting legislation to help New Mexico and Indian Country handle the many issues created by the novel coronavirus crisis. He has voted on, signed, and co-authored 54 letters, funding packages, and loans, many of them concerning the COVID-19 response, especially as it pertains to Tribes.

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Much of the focus is trained on funding and how it is disbursed.

On April 27, Udall and Sen. Martin Heinrich, D-N.M., urged the Trump Administration to remove restrictions on states' ability to spend COVID-19 relief funds. The restrictions followed the unanimous passage of the Coronavirus Aid, Relief and Economic Security Act, which included a \$150 billion Coronavirus Relief Fund.

Since that date, Udall has been working to generate funding to fight COVID-19, with notable attention paid to rural New Mexico and Tribal nations.

On May 6, Udall, the ranking member of the Senate Appropriations Committee on Interior, Environment and Related Agencies, was joined by the New Mexico delegation in announcing \$114 million in federal funding to rural health care providers in New Mexico to help them cope with the pandemic. The funding will go to rural acute care general hospitals and critical access hospitals, rural health clinics and community health centers located in rural areas. Clinics and health centers will receive a minimum grant of \$100K, with additional payment based on operating expenses. Rural acute care general hospitals and critical access hospitals will receive no less than \$1 million with additional payment based on operating expenses.

These funds are direct grants, with no requirement for repayment. Health care facilities that receive this funding are expected to commit to not billing COVID patients beyond what their insurers agree to pay.

"Our frontline health care workers in New Mexico continue to battle the COVID-19 pandemic, which is surging in certain areas of our state," Udall said. "Even before the COVID-19 pandemic, New Mexico's rural health care providers have been lifelines throughout the state."

The \$114 million was part of the "Marshall Plan" funding of 84 New Mexico health care providers.

The "Marshall Plan," which is a centerpiece of the CARES Act, consists of \$150 billion for America's healthcare.

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Udall, who is vice chair of the Senate Indian Affairs Committee, secured \$10 billion for Indian Country, including more than \$1 billion for the Indian Health Service to be used for everything from expanding medical services to purchasing equipment, to promoting public health education to expanding tele-health services and increasing disease surveillance.

On May 11, the senator introduced the *CDC Tribal Public Health Security and Preparedness Act*, which would allow Tribes to apply directly to the Centers for Disease Control public health emergency preparedness program. The program, which seeks to increase the capacity and response timeliness of local public health entities during public health emergencies, allows states, territories and some U. S. cities to apply, but Tribes are ineligible.

“We need to ensure that Tribes have the same access to resources as everyone else to face down public health emergencies like the COVID-19 pandemic,” Udall said. “While the Indian Health Service serves as the primary agency charged with providing healthcare in Indian Country, all federal agencies – including the CDC – share equally in the requirement to fulfill our trust and treaty obligations.”

Five days later, on May 16, Udall joined with Sen. Elizabeth Warren, D-Mass., To introduce the *Tribal Medical Supplies Stockpile Access Act*, that would guarantee that the Indian Health Service, Tribal health authorities, and urban Indian organizations have access to the Strategic National Stockpile, a federal repository of drugs and medical supplies that can be tapped if a public health emergency should exhaust local supplies.

States’ and large municipalities’ public health authorities have ready access to the SNS. But access for the IHS and Tribal health authorities is limited.

On May 27, Udall was one of three senators and six representatives who demanded a response to the *ProPublica* report May 22 that a former White House official was given \$3 million to supply masks to Navajo hospitals and some of them may not work.

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The letter sent to Rear Admiral Michael Weahkee, director of the Indian Health Service, requested that the officer who executed the contract provide a briefing.

“We are particularly interested in learning the circumstances in which the contract was awarded with the IHS only 11 days after it was created to sell PPE in response to the coronavirus, and whether IHS policies and procedures and federal acquisition regulations were followed,” the letter stated.

In a brief press conference May 26 during a visit to the Gallup Indian Medical Center, Weahkee responded to a question concerning that report. At the time he indicated that the masks in question had not been distributed through the Indian Health Service.