

116TH CONGRESS
2D SESSION

H. R. 6352

To ensure that facilities of the Indian Health Service, facilities operated by an Indian tribe, tribal organization, or inter-tribal consortium, and facilities operated by an urban Indian organization receive items from the strategic national stockpile and qualified pandemic or epidemic products directly from the Department of Health and Human Services.

IN THE HOUSE OF REPRESENTATIVES

MARCH 23, 2020

Ms. KENDRA S. HORN of Oklahoma (for herself, Mr. GALLEG0, Ms. DAVIDS of Kansas, Mr. COLE, Mr. MULLIN, Ms. HAALAND, and Mr. GIANFORTE) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To ensure that facilities of the Indian Health Service, facilities operated by an Indian tribe, tribal organization, or inter-tribal consortium, and facilities operated by an urban Indian organization receive items from the strategic national stockpile and qualified pandemic or epidemic products directly from the Department of Health and Human Services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Tribal Medical Sup-
3 plies Stockpile Access Act of 2020”.

4 **SEC. 2. PROVISION OF ITEMS TO INDIAN PROGRAMS AND**
5 **FACILITIES.**

6 (a) STRATEGIC NATIONAL STOCKPILE.—Section
7 319F–2(a)(3)(G) of the Public Health Service Act (42
8 U.S.C. 247d–6b(a)(3)(G)) is amended by inserting “, and,
9 in the case that the Secretary deploys the stockpile under
10 this subparagraph, ensure that appropriate drugs, vac-
11 cines and other biological products, medical devices, and
12 other supplies are deployed by the Secretary directly to
13 health programs or facilities operated by the Indian
14 Health Service, an Indian tribe, a tribal organization (as
15 those terms are defined in section 4 of the Indian Self-
16 Determination and Education Assistance Act (25 U.S.C.
17 5304)), or an inter-tribal consortium (as defined in section
18 501 of the Indian Self-Determination and Education As-
19 sistance Act (25 U.S.C. 5381)) or through an urban In-
20 dian organization (as defined in section 4 of the Indian
21 Health Care Improvement Act), while avoiding duplicative
22 distributions to such programs or facilities” before the
23 semicolon.

24 (b) DISTRIBUTION OF QUALIFIED PANDEMIC OR EPI-
25 DEMIC PRODUCTS TO IHS FACILITIES.—Title III of the

1 Public Health Service Act (42 U.S.C. 241 et seq.) is
2 amended by inserting after section 319F–4 the following:

3 **“SEC. 319F–5. DISTRIBUTION OF QUALIFIED PANDEMIC OR**
4 **EPIDEMIC PRODUCTS TO INDIAN PROGRAMS**
5 **AND FACILITIES.**

6 “In the case that the Secretary distributes qualified
7 pandemic or epidemic products (as defined in section
8 319F–3(i)(7)) to States or other entities, the Secretary
9 shall ensure that, as appropriate, such products are dis-
10 tributed directly to health programs or facilities operated
11 by the Indian Health Service, an Indian tribe, a tribal or-
12 ganization (as those terms are defined in section 4 of the
13 Indian Self-Determination and Education Assistance Act
14 (25 U.S.C. 5304)), or an inter-tribal consortium (as de-
15 fined in section 501 of the Indian Self-Determination and
16 Education Assistance Act (25 U.S.C. 5381)) or through
17 an urban Indian organization (as defined in section 4 of
18 the Indian Health Care Improvement Act), while avoiding
19 duplicative distributions to such programs or facilities.”.

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