

117TH CONGRESS
2D SESSION

S. 3444

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 SENATE OF THE UNITED STATES

JANUARY 5, 2022

Ms. WARREN (for herself, Ms. SMITH, Mr. PADILLA, Ms. ROSEN, Mr. HEINRICH, Ms. BALDWIN, and Mr. SANDERS) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2022”.

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, in coordination with the appli-
11 cable States and programs and facilities, that appropriate
12 drugs, vaccines and other biological products, medical de-
13 vices, and other supplies are deployed by the Secretary di-
14 rectly to health programs or facilities operated by the In-
15 dian Health Service, an Indian Tribe, a Tribal organiza-
16 tion (as those terms are defined in section 4 of the Indian
17 Self-Determination and Education Assistance Act), or an
18 inter-Tribal consortium (as defined in section 501 of the
19 Indian Self-Determination and Education Assistance Act)
20 or through an urban Indian organization (as defined in
21 section 4 of the Indian Health Care Improvement Act),
22 while avoiding duplicative distributions to such programs
23 or facilities” before the 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, in coordination with the applicable States
10 and programs and facilities, that, as appropriate, such
11 products are distributed directly to health programs or fa-
12 cilities operated by the Indian Health Service, an Indian
13 Tribe, a Tribal organization (as those terms are defined
14 in section 4 of the Indian Self-Determination and Edu-
15 cation Assistance Act), or an inter-Tribal consortium (as
16 defined in section 501 of the Indian Self-Determination
17 and Education Assistance Act) or through an urban In-
18 dian organization (as defined in section 4 of the Indian
19 Health Care Improvement Act), while avoiding duplicative
20 distributions to such programs or facilities.”.

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