

# [NCUIH Requests to Congress for COVID-4](#)

Category: Covid-19

written by NCUIH | April 9, 2020

[NCUIH Letter to House Leadership on COVID-4 \(April 10, 2020\)](#)

[NCUIH Letter to Senate Leadership on COVID-4 \(April 10, 2020\)](#)

[NCUIH Essential UIO Requests for COVID-4 with Legislative Text](#)

[UIO Letter to Congress](#)

[UIO Survey Data on COVID-19](#)

Letter Text:

April 10, 2020

Dear House and Senate Leadership:

On behalf of the National Council of Urban Indian Health (NCUIH) and the urban Indian organizations (UIOs) we represent,<sup>[1]</sup> we write to thank you for your continued commitment to ensuring American Indians and Alaska Natives in urban areas receive access to critical health care resources during this pandemic. NCUIH acknowledges and appreciates the hard work of our leaders in Congress who ensured that urban Indians were not overlooked in the first three phases of legislation to address COVID-19.

NCUIH writes to respectfully request that Congress honor the United States' trust obligation for the provision of health care to American Indians and Alaska Natives (AI/ANs). To this end, it is essential to include in the proposed fourth emergency coronavirus aid package measures necessary to improve access, prevention, mitigation, and treatment at UIOs. As the sole part of the Indian Health Service (IHS) health care system specifically designed to provide health care services to AI/ANs living off reservation, UIOs are a critical component of AI/AN health care, and they are at the frontlines of this pandemic.<sup>[2]</sup> Many UIOs report severe shortages of Personal Protective Equipment (PPE) – forcing reduced hours and even facility closures. In total, **this pandemic has forced three UIOs to close their doors**. This has rippling effects throughout the community – causing UIOs to lay off or furlough nearly 100 staff members **and leaving families in our communities without essential services**. UIOs have immediate needs that require critical funding and technical policy fixes to enable UIOs to continue to provide high quality care to their patients while also managing local outbreaks and minimizing risks to their communities.

A recent survey found that 83 percent of UIO-respondents have been forced to reduce their services, with 48 percent reporting no capacity for medicine delivery, and 28 percent reporting no capacity for triage space. Notably, every UIO respondent reported supply shortages. **Added costs due to COVID-19 have reached almost \$2 million per month at many UIOs**. This creates significant strains on the already chronically underfunded facilities and requires prompt Congressional action. An appropriation of \$161 million for Urban Indian Health would cover the remaining budgetary strain and unforeseen costs incurred since February and provide resources to enable UIOs to continue to provide high quality care to their patients while also managing local outbreaks and

minimizing risks to their communities in the coming months.

NCUIH requests that the fourth package include the following critical policies, many of which are no cost technical fixes, to help UIOs provide high quality, culturally competent care to their patients during the pandemic.

**Appropriations Requests for UIOs:**

1. A minimum of \$161 million for UIOs in the IHS **as an urban Indian health line item**
2. Establish an \$80 million urban Indian facilities line item for expansion, renovation, and enhancements
3. Establish a \$1.7 billion Emergency Third-Party Reimbursement Relief Fund for IHS, Tribal Programs, and include a line item for UIOs at only \$200 million

**Federal or State Cost Savings Requests:**

1. 100% FMAP for UIOs (Current bills: S.1160/ H.R. 2316) – Bipartisan, bicameral support, which provides parity for Medicaid services
2. Parity in Medical Malpractice Liability to Stretch Limited Federal Dollars (FTCA) for UIOs and Volunteers of Indian Health Care Providers
3. Inclusion of UIOs in National Community Health Aide Program

**No Cost Technical Fixes:**

1. Confer Policy for HHS
2. Inclusion of UIOs in Advisory Committees with Focus on Indian Health
3. Access to the National Stockpile (S. 3514)
4. IHS-VA MOU fix for UIOs (Current bills: H.R. 4153/ S.2365) – Bipartisan, bicameral with IHS and VA support
5. Access to the Public Health Emergency Program (Current bills: H.R. 6274/ S.3486)
6. Amend Facilities Renovation (25 U.S.C. 1659) to include other accreditations

**Unfunded Indian Health Provisions in the Indian Health Care Improvement Act (IHCIA):**

1. Establish a Current and Future Facilities Assessment for the urban health line item in IHS and fund at \$570,000 (25 U.S.C. 1656)
2. Establish an Urban Indian Health Community Health Representatives in IHS and fund at \$3.05 million (25 U.S.C. 1660f)
3. Establish UIO Health Information Technology line item in IHS and fund at \$20 million (25 U.S.C. 1660h)

It is vital that Congress act expeditiously to provide resources for AI/AN people residing in urban areas. UIOs are on the front lines of this crisis – and we must support them. These provisions are critical to ensure that the national policy, “in fulfillment of [the U.S.’s] special responsibilities and legal obligations to the American Indian people[,] to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to affect that policy”<sup>[3]</sup> is upheld. By omitting critical policies fixes from federal efforts to address the novel coronavirus pandemic, Congress would omit some AI/AN people -- simply on the basis of their place of residence.

Thank you for your partnership and please do not hesitate to reach out to a member of our team should you need further information on any of these policy requests.

Sincerely,

Francys Crevier, J.D.

Executive Director

Enclosures: COVID-19 Funding History

## **COVID-19 Funding History**

### **Phase 1 - H.R. 6074: Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020**

- **\$40 million minimum set-aside in CDC funds and \$70 million of the HHS Public Health Emergency Fund distributed to IHS**
  - **CDC allocated \$80 million in funds to Indian Country, with \$8 million to UIOs**
- Of the \$70 million of the Public Health Emergency Fund, **IHS did not allocate any to UIOs**, but will use \$40 million to purchase PPE and medical supplies for the IHS National Supply Service Center

### **Phase 2 - H.R. 6201: Families First Coronavirus Response Act**

- **\$64 million for IHS**
  - **IHS allocated \$3 million for urban Indian organizations**

### **Phase 3 - H.R. 748: Coronavirus Aid, Relief, and Economic Security Act**

- **\$1.032 billion for IHS**
  - **IHS allocated \$30 million for urban Indian health**

[1] NCUIH represents 41 urban Indian Organizations UIOs which operate 74 health facilities spanning 22 states.

[2] As of the 2010 census, more than 70% of AI/AN people live in urban or suburban areas.

[3] Indian Health Care Improvement Act, 25 U.S.C. § 1602.