

NATIONAL NATIVE ORGANIZATIONS CALL FOR BOLD ACTION, INCLUSION OF URBAN INDIANS IN INFRASTRUCTURE PACKAGE

Category: Policy Blog

written by NCUIH | April 15, 2021

On April 13, 2021, the National Council of Urban Indian Health (NCUIH) and several other American Indian and Alaska Native (AI/AN) organizations signed a [joint letter](#) urging Congress to address Indian Country's infrastructure priorities in the upcoming legislative package. **The letter includes several requests for infrastructure investments into Urban Indian Organizations (UIOs).**

There are 41 UIOs operating in 77 health facilities across 22 states that provide high-quality, culturally competent care to urban Indian populations. Tribal leaders advocated to Congress for the creation of UIOs after the Relocation Era in recognition that the trust obligation for healthcare follows Indians off reservations. Unfortunately, **there are significant parity issues experienced by UIOs as compared to other federally funded healthcare systems, which greatly impact their services and operations.** For example, the IHCA prohibits UIOs from making even minor renovations to their facilities using their annual appropriations. This provision was intended to help UIOs maintain or attain accreditation with grants, but instead has hamstrung UIOs from using their already limited funding for any infrastructure needs.

Further, unlike other parts of the Indian health system, UIOs do not receive any funding for facilities infrastructure, which has made repairs, renovations, and remediation extremely difficult. The pandemic has made it even harder for UIOs as they now must make updates for no-contact services, socially distanced waiting rooms, and increased security to adhere to COVID-19 safety guidelines. The time is long overdue for investment into UIO infrastructure for this vital prong of the Indian health system.

The letter includes the following priorities for UIO infrastructure:

Infrastructure for UIOs

- Amend the IHCA to remove restrictions on using UIO funds for making facility renovations.
- At least \$100 million for Urban Indian Health IT (25 U.S.C. § 1660h).
- At least \$749.3 million for Urban Indian Health.
- At least \$3 million for Urban Indian Health Community Health Representatives (25 U.S.C. § 1660f).
- Extend Full (100 percent) Federal Medical Assistance Percentage (FMAP) to services provided at UIOs permanently.
- Establish an Urban Confer Policy for HHS.

Health Care Facilities Construction

- At least \$21 billion for Healthcare Facilities Construction, including but not be limited to, support for new and current planned projects, the Small Ambulatory Health Center Program, UIOs, the Joint Venture Construction Program, and innovative approaches to addressing unmet construction needs for health facilities as described in 25 U.S.C. §1631(f).

Public Health Infrastructure

- Allow I/T/U providers to be reimbursed for services provided outside of the four walls of their clinic, just as they would if they were provided in the clinic.
- Establish a Native Behavioral Health Program for I/T/U and fund through FY26 at \$200 million annually with annual increases for medical inflation, and funding available through contracts/compacts for Title I and Title V Tribes.

Tribal Health Workforce Development

- Fully fund the Community Health Aide Program for implementation in all states and for UIOs.

[READ THE LETTER](#)