

# **PRESS RELEASE: NCUIH BILL INTRODUCED TO EXPAND USE OF EXISTING RESOURCES FOR URBAN INDIAN HEALTH CARE**

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## **FOR IMMEDIATE RELEASE**

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THE BILL WOULD ALLOW EXISTING INDIAN HEALTH SERVICE RESOURCES TO ALLOW FOR RENOVATIONS, CONSTRUCTION, AND EXPANSION OF URBAN INDIAN ORGANIZATIONS.

**Washington, D.C.** (May 25, 2021) – Today, Congressman Ruben Gallego (D-AZ) and Congressman Don Bacon (R-NE) introduced a bill in the House of Representatives that would expand the use of existing Indian Health Service (IHS) resources under Section 509 of the Indian Health Care Improvement Act (IHCIA) (25 U.S.C. § 1659) to increase the funding authority for renovating, constructing, and expanding Urban Indian Organizations (UIO). Senators Alex Padilla (D-CA), James Lankford (R-OK) along with co-sponsors Moran (R-KS), Feinstein (D-CA), and Smith (D-MN) on the Senate Indian Affairs Committee introduced the identical Senate bill.

UIOs do not have access to facilities funding under the general IHS budgetary scheme, meaning that there is no specifically allocated funding for UIO facilities, maintenance, sanitation, or medical equipment, among other imperative facilities needs that have arisen in the wake of the COVID-19 pandemic. While the whole IHS system had to make the transition to telehealth, negative pressurizing rooms, and other facility renovations to safely serve patients during the pandemic, UIOs were not allowed to make those transitions due to this restriction. Section 509 currently permits the IHS to provide UIOs with funding for minor renovations, and only in order to assist UIOs in meeting or maintaining compliance with the accreditation standards set forth by The Joint Commission (TJC). These restrictions on facilities funding under Section 509 have ultimately prevented UIO facilities from obtaining funds necessary to improve the safety and quality of care provided to American Indian/Alaska Native (AI/AN) persons in urban settings. Without such facilities funding, UIOs are forced to draw from limited funding pools, from which they must also derive their limited healthcare funding for AI/AN patients.

“The impacts of COVID-19 will be with our Native communities for a long time to come. It is critical that the Indian Health Care Center of Santa Clara Valley and other UIOs be able to provide a safe environment for the families and patients we serve,” said Sonya Tetnowski (Makah), NCUIH President-elect, President of California Consortium for Urban Indian Health (CCUIH), and CEO of the Indian Health Care Center of Santa Clara Valley. “We are extremely grateful for this Congressional leadership in rectifying a longstanding barrier preventing us from using existing funding to make urgent upgrades.”

With only 1 out of the 41 UIOs predicted to maintain TJC accreditation, it is imperative for Congress to expand the use of existing IHS facilities funding under Section 509. UIOs serve a fundamental

role in aiding Congress in fulfilling its trust obligation to approximately 70% of federally enrolled Indians who do not live on tribal lands. A failure for Congress to expand IHS facilities funding under the current model would amount to a violation of its fiduciary duties in providing AI/AN citizens with accessible healthcare.

“Urban Indian Organizations are a lifeline to Native Americans living in urban areas across California,” said Senator Padilla. “Yet, UIOs are prohibited from using Indian Health Service funding for facilities, maintenance, equipment, and other necessary construction upgrades. During the pandemic, many UIOs couldn’t get approval for ventilation upgrades, heaters, generators, and weatherization equipment. Removing this unjust burden on UIOs is a commonsense fix and would allow them to improve the quality of the culturally competent care that they provide.”

86 percent of UIOs report needing to make facilities and infrastructure upgrades, while 74 percent of UIOs report unmet need for new construction to better serve patients. These needs include but are not limited to the construction of urgent care facilities and infectious disease areas, capacity expansion projects, ventilation system improvements, and upgrades to telehealth and electronic health records systems. However, under an existing obsolete provision of law, UIOs are prevented from using the money allocated to them by Congress on these critical projects. The Urban Indian Health Providers Facilities Improvement Act amends the law to allow UIOs to spend appropriated funding on construction and renovation projects to improve the safety and quality of care provided to urban Indian patients.

“Oklahoma has the second-largest Urban Indian patient population and is proudly served in both Tulsa and Oklahoma City clinics. We should continue to improve health care access for our Urban Indian population and broaden the flexibility for Urban Indian Organizations’ use of facilities renovation dollars, in addition to those for accreditation, to meet patient needs,” said Senator Lankford. “We should finalize these changes to ensure we provide more, quality options for Tribal health care. I look forward to the support from the leadership of the Senate Committee on Indian Affairs on this important legislation.”

“Despite having extremely limited resources, Urban Indian organizations have been on the front lines of the COVID-19 pandemic, and for long before that have provided comprehensive, culturally competent care to urban Indians and other medically underserved patients across the country,” said Rep. Gallego. “Congress must immediately end this erroneous restriction on UIOs’ ability to spend the money Congress gave them on the projects that will best serve their patients. We must pass this bill without delay.”

“Like many community healthcare centers, Urban Indian Organizations (UIOs) have been hit financially because of COVID and have struggled to renovate their facilities and expand capacity requirements,” said Rep. Bacon. “Under current law, UIOs cannot use federal funds to pay for these improvements and keep their doors open. Our bill lifts that restriction and grants access to these funds. These health centers care for so many members in our Nebraska community. It’s only right we close this loop hole so they can provide quality care to their patients.”

## **BACKGROUND**

Recently, NCUIH was successful in working with Congress to allow some of the COVID-19 funds to be used for COVID-19 related facilities updates. However, the limitations of the IHCA provision have continued to pose a barrier for UIOs for facility maintenance. Senator Tina Smith (D-MN) and Senator Lankford (R-OK) also inquired about the impacts of the restrictions at a recent Senate Indian Affairs Committee [hearing](#).

NCUIH along with 29 other Native organizations recently included this request in a [joint letter on infrastructure priorities](#), which also advocated for \$21 billion for Indian health infrastructure inclusive of UIOs.

[READ THE FULL LEGISLATIVE TEXT ONE PAGER: REMOVE FACILITIES RESTRICTIONS ON UIOS](#)