PRESS RELEASE – NCUIH Testifies at House and Senate Hearings Highlighting Need for Urban Indian Health Infrastructure Fix

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Washington, D.C. (July 22, 2021) – This week, the National Council of Urban Indian Health (NCUIH) testified before the House Natural Resources Subcommittee for Indigenous Peoples of the United States (SCIP) and the Senate Committee on Indian Affairs (SCIA) in support of the *Urban Indian Health Facilities Provider Act* (H.R. 3496 / S. 1797). On Tuesday, Sonya Tetnowski (Makah Tribe), NCUIH President-Elect and Chief Executive Officer of the Indian Health Center of Santa Clara Valley, testified before SCIP. On Wednesday, Robyn Sunday-Allen (Cherokee), NCUIH Vice President and CEO of the Oklahoma City Indian Clinic, testified before SCIA. Tetnowski and Sunday-Allen spoke in support of the NCUIH-endorsed *Urban Indian Health Providers Facilities Improvement Act*, which will pave the way for increased investment in the renovation and construction of Urban Indian Organization (UIO) facilities. It will amend Section 509 of *The Indian Health Care Improvement Act* (IHCIA) (25 U.S.C. § 1659) to permit UIOs to access existing avenues for Indian Health Services (IHS) facilities renovation funding. This bipartisan amendment of prior legislation will not otherwise affect federal facilities funding for IHS or Tribally operated programs through existing Indian Health Service appropriations for improvements and renovations.

Read Full NCUIH SCIP Testimony Watch Full SCIP Hearing

Read NCUIH's Full SCIA Testimony Watch Full SCIA Hearing

Leaders from the House Natural Resources Committee Expressed Support for the Bill

Subcommittee Chair Leger Fernandez supported the bill and Chair Grijalva said "Mr. Gallego's bill is particularly important as a follow-up to the COVID pandemic and to the follow-up on the disparity with regard to the healthcare that Indigenous people receive. It's a really good piece of legislation, very timely given all of the other discussions that are going on right now in terms of reconciliation, etc." Ranking Member Young also expressed support for H.R. 3496 and suggested it be moved forward. â€‹

"Making sure UIOs can use their limited resources on the projects they know will most benefit patients is how we ensure that these vulnerable populations receive the best care possible. That's why my bipartisan bill simply removes this obsolete provision of law and allows UIOs to spend their money where it will be most effective for patients," said Rep. Ruben Gallego (D-AZ-07).

Several Members of Congress from both sides of the aisle demonstrated a strong interest in expanding resources in urban Indian health and followed up with Ms. Tetnowski about the implications of the legislation. For example, Chair Leger Fernandez asked about the impacts of any changes on accreditation processes for the 41 UIOs, and Ms. Tetnowski explained the legislation will have no effect on accreditation statuses for UIOs.
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In a hearing last month, IHS also reiterated the law is archaic and there is no reason to retain this

provision that ultimately impedes health care for urban AI/ANs.

Senate Hearing Highlights Urgency for Parity for Urban Indian Health

Senator James Lankford (R-OK) introduced Robyn Sunday-Allen and the bill of which he is the primary sponsor, "I strongly believe that more must be done to achieve parity for the UIOs within the Indian Health System umbrella." In addition to support from Chair Schatz and Vice Chair Murkowski, IHS Deputy Director for Management Operations, Randy Grinnell testified that providing UIOs with broader authority "to improve their health care facilities will assist in providing the high quality, safe, and culturally relevant health care for the urban Indian population."

Several other parity issues for urban Indian health were raised by the Senators, including Native Behavioral Health and the need for 100% FMAP for UIOs. Senator Cantwell asked IHS, "How long will it take for us to get full FMAP for Urban Indian Health?" IHS said they would have to follow up with a response and was unable to provide any timeline for when resources would reach urban Indian organizations. To date, UIOs have not received any benefits from the 100% FMAP for UIOs included in the American Rescue Plan Act passed in March of this year.

The Senate hearing also covered the Native American Child Protection Act. The bill includes the following updates for UIOs that were advocated for by NCUIH and noted by Heidi Todacheene:

- Includes the establishment of a 12-member Advisory Board appointed by the Secretary of the Interior that will consist of representatives from Indian tribes, Tribal organizations, and **urban Indian organizations** with expertise in child abuse and child neglect.
- Includes development of training and technical assistance materials on the prevention, identification, investigation, and treatment of incidents of family violence, child abuse, and child neglect for distribution to Indian tribes, Tribal organizations, and **urban Indian organizations.**

We at NCUIH would like to thank SCIP and SCIA for scheduling hearings for testimony from stakeholders in Indian health regarding infrastructure expansion in Indian Country. These hearings are an important first step for bringing UIOs and the urban AI/AN patients whom they serve into parity with beneficiaries served at IHS or Tribal health facilities.

SCIP and SCIA will take the requests from Tetnowski's and Sunday-Allen's testimonies this week into consideration as its members prepare their legislative priorities in deciding which bills may be included in the upcoming bipartisan infrastructure framework proposal. NCUIH will request markups by both Committees.

Background

UIOs lack access to facilities funding under the general IHS budgetary scheme, meaning there is no specifically allocated funding for UIO facilities, maintenance, sanitation, or medical equipment, among other imperative facility needs. While the whole IHS system has made the transition to telehealth, negative pressurizing rooms, and other facility renovations to safely serve patients during the pandemic, restrictions in the relevant statutory text did not allow UIOs to make those transitions. 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 the 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 funding for AI/AN patient services. This lack of facility funding for UIOs is a breach of the federal trust obligation to AI/AN health care beneficiaries, necessitating congressional action to include UIOs in future legislative measures for IHS facility funding.

RESOURCES

- National Native Organizations Call for Bold Action, Inclusion of Urban Indians in Infrastructure Package
- NCAI Passes Resolution Urging Congress to Remove Federal Facilities Funding Barriers for Urban Indian Organizations
- NCUIH Bill Introduced to Expand Use of Existing Resources for Urban Indian Health Care
- NCUIH FY22 IHS Urban Indian Health Budget Analysis Including Allocations for UIO Facilities Funding