

PRESS RELEASE: Bipartisan Padilla-Moran-Lankford NCUIH Amendment for Urban Indian Health Passes Senate

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The technical fix will be critical to improving health infrastructure for off-reservation American Indians and Alaska Natives.

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Washington, D.C. (August 2, 2021) - On Monday, the Senate voted on amendments to the bipartisan infrastructure package including the [Padilla-Moran-Lankford Urban Indian Health Amendment](#), which passed 90-7. The National Council of Urban Indian Health (NCUIH) has worked closely on a bipartisan basis for the past year on this technical legislative fix to support health care for tribal members who reside off of reservations. This amendment would allow existing resources to be used to fund infrastructure projects within the Indian health system.

“We applaud Senators Padilla, Moran, Lankford, Rounds, Smith, Feinstein, Schatz, and Schumer for their steadfast and tireless leadership on behalf of Indian Country. This technical fix will be critical to expanding health care infrastructure for Native communities who have been devastated by the COVID-19 pandemic. We also thank the National Congress of American Indians for their partnership in advocating for improved outcomes for all of Indian Country,” **said Francys Crevier (Algonquin), CEO of NCUIH.**

Next Steps

The Senate will continue to debate amendments to the bipartisan infrastructure plan. In the meantime, NCUIH will continue to advocate for \$21 billion for Indian health infrastructure in the budget reconciliation package from the a [joint letter](#) led by the National Congress of American Indians (NCAI) on April 13, 2021.

Background

“Urban Indian Organizations (UIOs) are a lifeline to Native Americans living in urban areas across California,” **said Senator Alex Padilla (D-CA).** “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.”

“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**

James Lankford (R-OK).

“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. We are extremely grateful for Senator Padilla’s leadership in rectifying a longstanding barrier preventing us from using existing funding to make urgent upgrades,” **said Sonya Tetnowski (Makah), CEO of Indian Health Care Center of Santa Clara Valley, President of California Consortium for Urban Indian Health (CCUIH), and President-elect of NCUIH.**

“It is time to live out this Country’s commitment to each other to live with respect for one another and in community. With this legislation, Friendship House in San Francisco will build a home village site for our urban Native Americans, so that our people may contribute to saving and enriching our homeland, which we must now all share and care for or lose. We greatly appreciate Senator Padilla’s leadership on this issue,” **said Abby Abinanti (Yurok), President of the Friendship House Association of American Indians Board of Directors.**

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.

In May, Congressman Ruben Gallego (D-AZ) and Congressman Don Bacon (R-NE) [introduced](#) the Urban Indian Health Facilities Provider Act ([H.R. 3496](#)) in the House of Representatives which expands the use of existing 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 ([S. 1797](#)).

Last month, 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). Sonya Tetnowski (Makah Tribe), NCUIH President-Elect and Chief Executive Officer of the Indian Health Center of Santa Clara Valley, [testified](#) before SCIP and Robyn Sunday-Allen (Cherokee), NCUIH Vice President and CEO of the Oklahoma City Indian Clinic, [testified](#) before SCIA.

This fix is broadly supported in Indian Country and the National Congress of American Indians passed a [resolution](#) in June to “Call for Congress to Amend Section 509 of the Indian Health Care Improvement Act (IHCIA) to Remove Facility Funding Barriers for Urban Indian Organizations”.