

# Indian Health Service Issues Guidance on Changes Due to Infrastructure Bill Fix for Urban Indian Organizations

Category: Policy Blog

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On February 18, 2022, the Indian Health Service (IHS) Office of Urban Indian Health Programs (OUIHP) [shared a document](#) answering several questions regarding the Indian Health Care Improvement Act (IHCIA) provision at [25 U.S.C. § 1659](#), which previously authorized the IHS to make funds available to Urban Indian Organizations (UIOs) to make minor renovations to facilities or construction or expansion of facilities, including leased facilities, but only to assist UIOs in meeting or maintaining accreditation standards of The Joint Commission (TJC).

## **Background and Advocacy**

Urban Indian Organizations (UIO) are a fundamental, inseverable component of the Indian Health Service/Tribal Health Program/UIO (I/T/U) system, face chronic underfunding. The National Council of Urban Indian Health (NCUIH) has long advocated for adequate funding for all three parts of the I/T/U system to better serve the American Indian and Alaska Natives (AI/AN).

Section 509 of the *Indian Health Care Improvement Act* (IHCIA) previously only permitted IHS to provide UIOs with funding for minor renovations by mandating that funding only be provided to UIOs that meet or maintain compliance with the accreditation standards set forth by The Joint Commission (TJC). These restrictions on facilities funding have ultimately prevented UIO facilities from obtaining the funds necessary to improve the safety and quality of care provided to AI/ANs in urban settings.

COVID-19 has exacerbated failing infrastructures at UIOs due to longstanding needs without funding. for UIOs to have funding flexibility for facility renovations and upgrades to comply with COVID regulations. The Padilla-Moran-Lankford amendment included in the [Infrastructure Investment and Jobs Act \(IIJA\)](#) removed this restriction to allow UIOs to use existing federal dollars on necessary facility needs. NCUIH has worked closely on a bipartisan basis for the past year on the technical legislative fix to support health care for tribal members who reside off of reservations. In addition to the amended provision at 25 U.S.C. § 1659, there are portions of the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and American Rescue Plan Act (ARPA), which may be used for facilities-related purposes.