

# [12 Senators Request Increased Resources for Urban Indian Health and Support Mandatory Funding for Indian Health in FY23](#)

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On May 27, 2022, 12 Senators requested up to \$949.9 million for urban Indian health in FY23 and advanced appropriations for the Indian Health Service (IHS) until such time that authorizers move IHS to mandatory spending.

Senator Tina Smith (D-MN) and 11 other Senators requested up to \$949.9 million for urban Indian health in FY23 and advanced appropriations for IHS until such time that authorizers move IHS to mandatory in a letter to Chair Merkley and Ranking Member Lisa Murkowski of the Senate Interior Appropriations Committee. The letter emphasizes that increasing funding “is essential to providing quality, culturally-competent health care to AI/AN people living in urban areas.” On April 26, 2022, a group of 28 Representatives sent a [letter](#) to the House Interior Appropriations Committee with the same requests.

This letter comes as a continued effort by the National Council of Urban Indian Health (NCUIH) to address acute health disparities for American Indians/Alaska Natives (AI/ANs) living in urban areas, who suffer greater rates of chronic disease, infant mortality and suicide compared to all other populations that have only been exacerbated by COVID-19. Congress has acknowledged these significant health care disparities in Indian Country, but continuously underfunds IHS at around \$4,000 per patient, and urban Indian organizations (UIOs) at less than \$700 per patient even though AI/ANs living in urban areas comprise over two-thirds of the total AI/AN population.

The senators also stated their support for the [President’s proposal of mandatory funding](#). The Indian health system is currently not shielded from the negative impacts of government shutdowns, continuing resolutions, and automatic sequestration cuts. Already underfunded, these disruptions can have serious consequences to UIOs’ ability to provide critical patient services.

This Appropriations letter sends a powerful and straightforward message to Chair Merkley and Ranking Member Lisa Murkowski, and members of the Senate that in order to fulfill the federal government’s trust responsibility to all AI/ANs to provide safe and quality healthcare, funding for urban Indian health must be significantly increased.

NCUIH is grateful for the support of the following Senators:

1. Tina Smith
2. Dianne Feinstein
3. Tammy Baldwin
4. Chris Van Hollen
5. Amy Klobuchar
6. Catherine Cortez Masto
7. Maria Cantwell
8. Alex Padilla
9. Ben Ray Lujan
10. Jacky Rosen

11. Elizabeth Warren
12. Bernard Sanders

## **Full Letter Text**

Dear Chairman Merkley and Ranking Member Murkowski,

We write to thank you for your proven commitment to urban Indian health and the 41 Urban Indian Organizations (UIOs) and to request you continue your support by appropriating \$949.9 million for urban Indian health, supporting the President's proposal for mandatory funding for the Indian Health Service (IHS), and securing advance appropriations for IHS in the Fiscal Year (FY) 2023 Interior, Environment, and Related Agencies Appropriations Act.

UIOs operate 77 facilities across the nation in 22 states, serving the approximately two thirds of American Indian and Alaska Native (AI/AN) people who live in urban areas. UIOs are an important part of the IHS, which oversees a three-prong system for the provision of health care: Indian Health Service, Tribal Programs, and Urban Indian Organizations (I/T/U). UIOs are not eligible for other federal line items that IHS and Tribal facilities are, like hospitals and health clinics money, purchase and referred care dollars, or IHS dental services dollars. Therefore, this funding request is essential to providing quality, culturally-competent health care to AI/AN people living in urban areas.

Our request for \$949.9 million for urban Indian health reflects the recommendation made by the Tribal Budget Formulation Workgroup (TBFWG), a group of Tribal leaders representing all twelve IHS service areas. The significantly increased request for FY23 reflects the full funding needed for urban Indian health. Tribal leaders are unified in this request for full funding.

Chronic underfunding of IHS and urban Indian health has contributed to the health disparities among AI/AN people. Additionally, AI/AN people living in urban areas suffer greater rates of chronic disease, infant mortality and suicide compared to all other populations. Urban Native populations are less likely to receive preventive care and are less likely to have health insurance.

Yet, despite the historical acknowledgement from Congress of the significant health care disparities in Indian Country, IHS is underfunded at around \$4,000 per patient, and UIOs receive less than \$700 per patient.

In order to fulfill the federal government's trust responsibility to all AI/AN people to provide safe and quality healthcare, funding for urban Indian health must be significantly increased. It is also imperative that such an increase not be paid for by diminishing funding for already hard pressed IHS and Tribal providers. The solution to address the unmet needs of urban Native and all AI/AN people is an increase in the overall IHS budget.

As a result of the COVID-19 pandemic, UIOs are reporting historic numbers of new patients. Should funding return to pre-pandemic levels, UIOs would not have the staff or resources to continue to meet the community need. A budget increase would allow UIOs, as well as IHS and Tribal facilities, to hire more staff, pay appropriate wages, and expand vital services, programs, and facilities.

Thank you for your continued support of urban Indian health and your consideration of this important request.