# **Bipartisan Bicameral Urban Indian Health Confer Act Reintroduced by Senator Smith, Senator Mullin, and Representative Grijalva**

Category: Policy Blog written by Jeremy Grabiner | February 21, 2023

On February 15, 2023, Senators Tina Smith (D-MN) and Markwayne Mullin (R-OK) re-introduced the *Urban Indian Health Confer Act* (S.460) This is part of an ongoing effort to rectify longstanding parity issues within the Indian health system. The legislation would require agencies and offices within the U.S. Department of Health and Human Services (HHS) to confer with Urban Indian Organizations (UIOs) on policies and initiatives related to healthcare for over 70% of American Indians and Alaska Natives (AI/ANs) that live off reservations. The National Council of Urban Indian Health (NCUIH) worked closely with the Senators on this bill which was <u>originally introduced</u> in May 2022 as <u>S. 4323</u> by Sen. Smith, as well as with Representative Raúl Grijalva (D-AZ-7) on the House companion bill (<u>H.R. 630</u>), which was recently re-introduced on January, 30, 2023. The original House legislation, <u>H.R. 5221</u>, passed the House of Representatives by a vote of 406 to 17 on November 2, 2021.

NCUIH has long advocated for the importance of facilitating confer between UIOs and numerous federal branches within HHS to ensure access to high-quality health services for all AI/ANs. Currently, only the Indian Health Service (IHS) has a legal obligation to confer with UIOs.

"The Urban Indian Health Confer Act is a critically important step in addressing urban Indian health disparities. This bill will ensure that HHS, and HHS departments outside of the Indian Health Service, communicate directly with urban Indian organizations on matters relating to urban Native health. It will also ensure that our clinics are properly informed of policy changes and have a formal means of initiating discussion with HHS on policies and programs that affect the health of urban Indian communities. Open communication between HHS and UIOs will allow HHS to become more responsive to the needs of the over seventy percent of American Indians and Alaska Natives residing in urban areas and is necessary to improve urban Indian health." -NCUIH CEO, Francys Crevier (Algonquin)

In a July 2022 Senate Committee on Indian Affairs (SCIA) hearing on the *Urban Indian Confer Health Act*, Representative Grijalva expressed the need for Urban Confer at HHS, stating that "HHS' failure to communicate with UIOs about healthcare policies that impact urban Indian communities is inconsistent with the federal trust responsibility and contrary to sound public health policy. The Urban Indian Health Confer Act will establish direct communication for UIOs across the entire department and ensure that urban Indian communities are aware of healthcare policy changes."

In the same SCIA hearing, this bill was shown support by urban Indian leader and CEO of the Indian Health Board of Minneapolis, Dr. Patrick Rock (Leech Lake Band of Ojibwe), who stated in his testimony that "...an urban confer policy across HHS agencies, including CMS, would be instrumental in ensuring that obstacles relating to programs and benefits that directly affect UIOs are addressed quickly so UIOs are better equipped to provide healthcare to their patients."

## Background

#### Urban Confer with HHS and UIOs

An <u>Urban Confer</u> is an established mechanism for dialogue between federal agencies and UIOs. Urban confer policies are a response to decades of deliberate federal efforts (i.e., forced assimilation, termination, relocation) that have resulted in 70% of AI/AN people living outside of Tribal jurisdictions, thus making Urban Confer integral to addressing the care needs of a majority of AI/ANs. An urban confer policy that includes all HHS agencies ensures that obstacles relating to programs and benefits that directly affect UIOs are addressed quickly so UIOs are better equipped to provide healthcare to their patients. NCUIH has long advocated for facilitating confer between numerous federal branches within HHS and UIO stakeholders. Currently, only IHS has a legal obligation to confer with UIOs. It is important to note that urban confer policies do not supplant or otherwise impact Tribal consultation and the government-to-government relationship between Tribes and federal agencies.

Such blatant disregard to communicate with UIOs is not only a failure to urban Indians and is inconsistent with the government's responsibility, but it is contrary to sound public health policy. The bill would codify the intent of the Federal Trust Responsibility to ensure equitable health care access to AI/AN by amending legislative text in Section 514, Subsection (b) of the Indian Health Care Improvement Act (25 U.S.C. § 1660d) (IHCIA).

This bill would require the Secretary of HHS, to the maximum extent practicable, to confer with UIOs in carrying out the health services of the Department.

### **Next Steps**

The Senate bill (S.460) was referred to the Senate Committee on Indian Affairs. The House companion bill (H.R.5221) was referred to the Committee on Natural Resources and the Committee on Energy and Commerce. It currently awaits consideration.

NCUIH continues to advocate for an established confer policy between all HHS agencies and UIOs to improve the delivery of health services to all AI/ANs living in urban settings.

### Resources

- NCUIH Urban Confer Fact Sheet
- <u>R. 630 Bill Text</u>
- House Passes NCUIH Urban Indian Health Confer Bill (November 3, 2021)
- <u>NCUIH Press Release: Congressional Hearing Highlights How Lack of Urban Confer Delayed</u> <u>Vaccine Rollout for Urban Indians</u> (October 6, 2021)
- NCUIH Press Release: Bipartisan Urban Indian Health Confer Act Introduced by Grijalva, McCollum and Cole (September 10, 2021)
- NCAI Passes Resolution to "Call for the U.S. Department of Health and Human Services Secretary to Implement an Urban Confer Policy Across the Department and its Divisions."
- <u>NCUIH Press Release: Bipartisan Support for Urban Confer at Senate Hearing</u> (July 27, 2022)