NCUIH 2026-2027 Policy Priorities Released: Need for Full and Stable IHS Funding, Medicaid Parity for UIOs, and Investments in Native Behavioral Health Programs

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written by Jeremy Grabiner | May 13, 2026

The National Council of Urban Indian Health (NCUIH) is pleased to announce the release of its 2026-2027 Policy Priorities document, which outlines a summary of urban Indian organization (UIO) priorities for the Executive and Legislative branches of the government. These priorities were informed by NCUIH's 2025 Policy Assessment.

NCUIH hosted five focus groups and conducted a nationwide survey to identify and rank UIO policy priorities for 2026, as they relate to Indian Health Service (IHS)-designated facility types (full ambulatory, limited ambulatory, outreach and referral, and outpatient and residential). The result is a focused, member-driven agenda. NCUIH worked with UIOs to identify five top policy priorities for 2026-2027:

- *Increasing Funding for IHS and the Urban Indian Health Line Item*
- *Establishing Permanent Full (100%) FMAP for Medicaid Services at UIOs*
- *Increasing Behavioral Health Funding*
- *Stability in Federal Grants*
- *Health Information Technology and Electronic Health Record Improvement*

2026-2027 Policy Priorities:

FULLY FUND THE INDIAN HEALTH SERVICE (IHS) & URBAN INDIAN HEALTH AT THE AMOUNTS REQUESTED BY TRIBES

Implement Tribal Funding Priorities for the Indian Health Service and Urban Indian Health

- Support the Tribal Budget Formulation Work Group request of $73 billion for IHS and $1.09 billion for the Urban Indian Line Item for FY 2027.
- Maintain Advance Appropriations for the Indian Health Service to Insulate the Indian Health System from Government Shutdowns and to Protect Patient Lives.
- Reclassify Contract Support Costs and 105(l) Leases to Mandatory Appropriations.

MEETING THE TRUST OBLIGATION FOR IHS-MEDICAID BENEFICIARIES RECEIVING SERVICES AT URBAN INDIAN ORGANIZATIONS

Uphold the Trust Obligation for IHS-Medicaid Beneficiaries Receiving Services at Urban Indian Organizations

- Provide 100% Federal Medical Assistance Percentage (FMAP) for Services at UIOs and Ensure

Proper Implementation of Medicaid Obligations for Services Provided at Urban Indian Organizations under H.R. 1.
- Pass the *Urban Indian Health Parity Act* to Ensure Permanent Full (100%) FMAP for Services Provided at UIOs.
- Ensure that HHS and CMS Issue Binding Guidance to States to Automatically Exempt American Indian and Alaska Native Beneficiaries from H.R. 1 Work Requirements and Cost-Sharing.

IMPROVING BEHAVIORAL HEALTH FOR ALL AMERICAN INDIAN AND ALASKA NATIVE PEOPLE

Increase Funding for Behavioral Health and Substance Use Disorder Resources for American Indian and Alaska Native People

- Appropriate $80 Million for Behavioral Health and Substance Use Disorder Resources for Native Americans.
- Reintroduce and Co-Sponsor the *Native Behavioral Health Access Improvement Act*.
- Protect Critical Programs Such as Native Connections from Any Funding Delays or Disruptions.

STABILIZE AND PROTECT FEDERAL GRANT FUNDING PATHWAYS

Stability in Federal Grants

- Reduce Barriers to Access to Ensure Timely Distribution of Grant Funding.

HEALTH INFORMATION TECHNOLOGY AND ELECTRONIC HEALTH RECORD IMPROVEMENT

Bridging the Gap: Enhancing Patient Care by Advancing Health Information Technology

- Appropriate Dedicated Funding for UIO and Tribal Health Care Providers to Offset HIT Modernization Costs, Including Costs Associated with Transitioning to or Achieving Interoperability with the New IHS Enterprise EHR System.
- Ensure the PATH EHR is Fully Interoperable with the Diversity of COTS EHR Systems Currently in Use at UIOs and Tribal Facilities.
- Develop a Pathway and Funding for UIOs Who Use COTS EHR Systems to Implement the PATH EHR If They Choose to Do So.