



# NCUIH 2024 Urban Indian Health Policy Preview



**Meredith Raimondi**  
*Vice President of Policy  
and Communications*



**Jeremy Grabiner**  
*Interim Director of Congressional  
Relations*



# Agenda/Overview

<b>Time Allocated</b>	<b>Topic</b>	<b>Presenter</b>
2:00 PM EST	Welcome	
2:03 PM EST	Housekeeping	Jeremy Grabiner
2:05 PM	Opening Remarks	Meredith Raimondi
2:10 PM EST	2023 Policy Review: Where We've Been	Jeremy Grabiner
2:20 PM EST	2023 Policy Assessment	Jeremy Grabiner
2:40 PM EST	2024 Policy Priorities	Jeremy Grabiner
2:45 PM EST	Question and Answer/Conclusion	



# Opening Remarks

Meredith Raimondi, Vice President of Policy and Communications



# 2023: Advocacy in Action







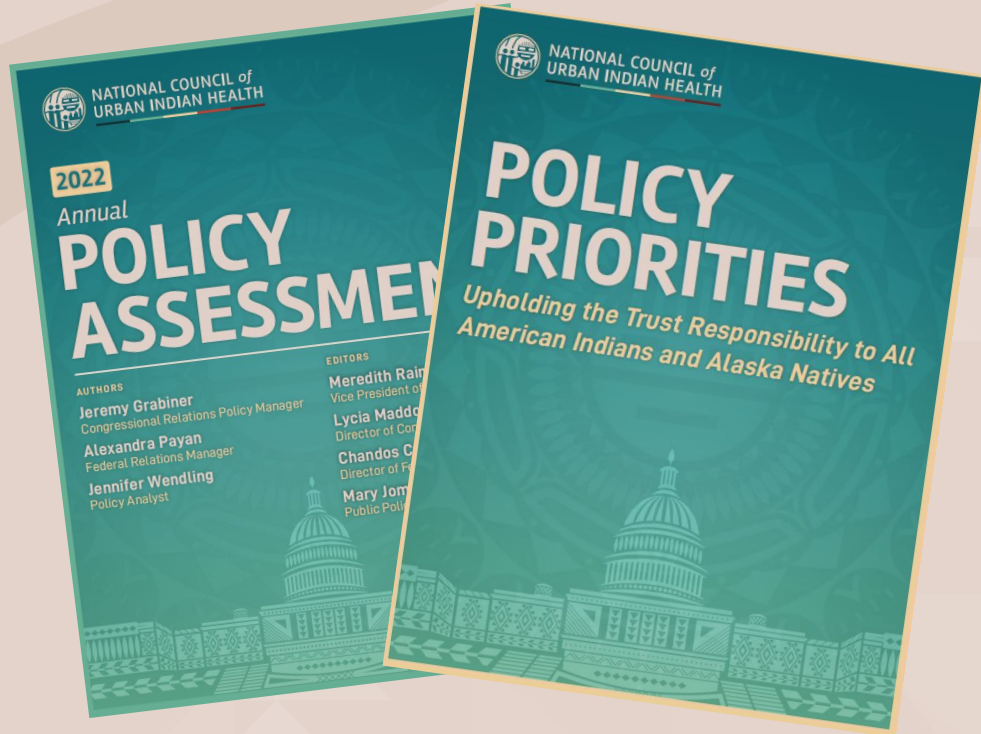
# 2023 Policy Review- Reflecting on Where We've Been

Presenter:

Jeremy Grabiner, Interim Director of Congressional Relations



# Top 5 Policy Priorities For 2023

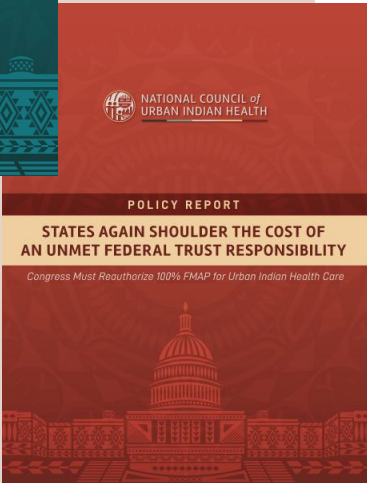
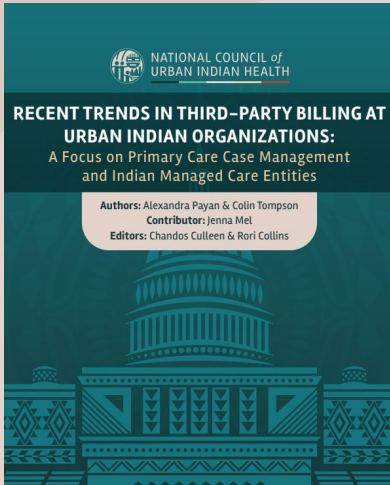


1. Increased Funding to Indian Health Service and the Urban Indian Line Item
2. Establishing Permanent 100% FMAP
3. Increased Behavioral Health Funding
4. Securing Advance Appropriations
5. Reauthorization of SDPI



# 2023: Making Things Happen

## Reports:



## Policy Work:

29 Letters to Congress

13 Prep Calls and Focus Groups

19 Comments Submitted to 14 Federal agencies

80 Meetings with Congressional Leaders and Staff

5 Congressional Testimonies

65 Mentions of UIOs in Legislation

17 Bills Endorsed





# Policy Achievements in 2023



House and Senate Proposed Increases to Appropriations for IHS and Urban Indian Health



Maintained Advance Appropriations for the Indian Health Service



Inclusion of UIO Interagency Workgroup Language in Senate Interior Appropriations Bill



Unanimous Consent Passage of Urban Indian Health Confer Act in the Senate



Bipartisan Introduction of Urban Indian Health Parity Act in House of Representatives



VA Secretary Denis McDonough attended and presented at NCUIH's annual conference



Bipartisan Support from 11 Senators and 38 Members of Congress on Urban Indian Health Appropriations Letter



Presented Traditional Healing report at the CMS Tribal Technical Advisory Group (TTAG) in July



IHS, SAMHSA, OASH hosted UIO listening sessions at NCUIH's request



Increase in President's Budget Request for FY2024 Urban Indian Health to 115.15 Million



Implemented the VA Copayment Exemption for Indian Veterans



# 2023 Policy Assessment

Jeremy Grabiner, Interim Director of Congressional Relations



## Participation By Facility Type

Full Ambulatory  
11/23

Limited  
Ambulatory  
2/6

Outreach and  
Referral  
4/6

Outpatient and  
Residential  
1/6



# Key Policy Assessment Findings



# Funding Remains a Key Focus and Challenge

## What UIOs are Saying:

**Funding Cuts from Congress “would be detrimental because we are already underfunded. Personnel is always the most expensive, and any cut would reduce our ability to serve.”**

**"rationing care. And delayed care is denied care."**

**One UIO was able to onboard “higher quality staff” and double the size of their workforce due to COVID-19 relief funding.**





# Workforce Recruitment and Retention Remains Key Concern Amid Competitive Market

“We have applicants who are qualified, but they view Natives as mystical beings. They have all these ideas about how they will fix the community. So having non-Natives and people who are unwilling to listen to the needs of the community, makes it very difficult.”

- Outreach and Referral UIO



Hiring Culturally Competent Staff

Difficulty Providing Competitive Salaries

High Cost of Living

Shortages in Behavioral Health Staff

Challenges Utilizing HRSA Workforce Programs



# Health Information Technology Modernization Challenges

## Implementation Challenges

1. Technical Assistance for IHS' EHR System Rollout
2. Transition Costs
3. Rollout Schedule



## UIO Example

One UIO recently informed NCUIH that, due to its RPMS not functioning and **lack of support from its area office**, it was forced to **hand count** its data to meet the Government Performance and Results Act (GPRA) and Health Center Program Uniform Data System (UDS) reporting requirements. The UIO was also forced to hire an IT consultant, a **costly and avoidable expense**.



# Actions Taken to Address Missing and Murdered Indigenous Persons, Despite Absent Adequate Funding

## Current Advocacy Landscape

- **UIO Stories**
  - Partnership with the Department of Justice
  - Support for trafficked individuals
- NCUIH Board President, Sonya Tetnowski, sits on the ***Not Invisible Act Commission***
- Recent report : “**Not One More**”

## More Needs to Be Done

- Urban Indian **representation** in conversations around MMIP
- **Increased resources**



# Need for Increased HIV Prevention and Treatment Resources

“A lot of the media materials are not culturally competent... It takes coordination and engagement with members you serve to get messaging that reflects the community”  
– Outreach and Referral UIO

**Increase Funding For HIV  
Related Care**



**Increase Access to Mental and  
Behavioral Health Services**



**Increase Research and Data  
Collection for Awareness and  
Targeted Services**



**Develop Culturally Competent  
Outreach Materials**





# Barriers to the Provision of Traditional Healing

**Benefits of Traditional Healing**  
These practices are common at Urban Indian Organizations (UIOs), with noted benefits of ...

**Traditional Foods**

- Improve diet quality & cardiovascular health
- Alleviate nutrition-based diseases like diabetes

**Sweat Lodges**

- Improve mental health
- Strengthen immune functioning
- Improve spirituality
- Helps manage stress chronic pain, & chronic fatigue
- Decrease substance use

**Talking Circles**

- Decreases levels of substance use severity
- Increases self-reliance
- Increases quality of life
- Fosters community and combats loneliness

**Smudging**

- Helps manage depression & anxiety
- Stated to be a mindfulness activity for Dialectal Behavioral Therapy (DBT)

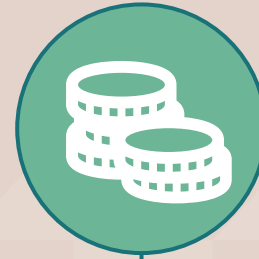
*\*While all of the listed Traditional Healing methods have unique benefits, they all increase cultural connectedness and address historical trauma.*

- **Funding Barriers Highlighted:**
  - Medicaid and CHIP do not adequately cover traditional healing services.
  - Difficulty receiving reimbursement.
  - Reliant on funding from private foundations and community partners.
- **Barriers Beyond Funding**
  - Bureaucratic Red Tape





# Clear Need to Increase and Diversify Resources to Address Food Insecurity



UIOs operate food banks, meal services, community gardens, and more.

One UIO shared their clients “were more afraid of going hungry than getting COVID.”

UIOs do not have enough funding to improve or expand these services to promote equitable access to food security programs.

UIOs describe need for more federal funding and less restrictive programs.



# Lack of Stable Housing for Native People

*Since 2015, there has been a 61% increase in unsheltered homelessness for American Indian and Alaska Native people*

## UIOs shared that...

- Patients are struggling to find stable housing, and that housing insecurity is highest with patients facing behavioral health issues.
- **One UIO shared housing support is being increasingly requested by patients, even though it is outside of their scope of practice.**
- Some UIOs already provide full housing services, while others provide emergency temporary housing, such as renting hotel rooms, but this practice is often unsustainable due to lack of resources, funding, and capacity.
- UIOs provide numerous other social and community services to AI/ANs living in urban areas.





# Policy Priorities for 2024



# Overview of Top 2024 Policy Priorities

**Increase Funding for IHS and the Urban Indian Health Line Items**

**Secure 100% FMAP for UIOs**

**Pass the Urban Indian Health Confer Act**

**Reauthorize the Special Diabetes Program for Indians**

**Reimbursement for Traditional Healing Services**



# Increase Funding for Indian Health Service and Urban Indian Health Line Item

## Current Status:

Congress is still negotiating a full-year appropriations bill for FY24. On January 19, 2024, Congress extended funding for the tiered CR through March 1 and March 8.

## NCUIH Actions:

- Send letters to Appropriators
- Develop Letter Templates and other advocacy materials
- Testify to Congress during the American Indian and Alaska Native Public Witness day.
- Meet with Congressional members and offices.





## Secure 100% FMAP for UIOs

### Current Status

The House of Representatives recently introduced the bipartisan Urban Indian Health Parity Act, H.R. 6533, which would guarantee 100% FMAP for Medicaid services provided at UIOs

### NCUIH Actions:

- Meet with Congressional members
- Add legislative text to any public health extender
- Send letters to Representatives requesting co-sponsorship and to relevant federal agencies requesting support



# Pass the Urban Indian Health Confer Act

## Current Status:

The Urban Indian Health Confer Act was passed in the Senate by unanimous consent. It is currently being held at the desk in the House of Representatives awaiting further action.

## NCUIH Action:

- Meet with members of the House Natural Resource Committee
- Send letters to Representatives asking for support and passage.
- Work with House Leadership to bring the legislation to the Floor for a vote.



# Reauthorize the Special Diabetes Program for Indians

## Current Status:

SDPI was set to expire on September 30, 2023. It was extended in the Continuing Resolution through March 8, 2024, at current funding levels.

## NCUIH Action:

- Met with Congressional offices to request SDPI reauthorization at \$250 million.
- Support legislation that includes SDPI reauthorization
- Serve as Technical Advisor on Tribal Leaders Diabetes Committee



# Reimbursement for Traditional Healing Services

## Current Status:

Four States have submitted  
Traditional Healing  
reimbursement proposals to  
CMS.

## NCUIH Actions:

- Publishing a report on Third-Party Billing and Health Outcomes for Traditional Healing
- Represent UIOs on calls with CMS
- Participate in CMS Tribal Technical Advisory Group and Medicare Medicaid Policy Committee



# Questions and Comments





## Survey



Please scan this QR  
code and complete  
the post event  
evaluation survey.



# NCUIH

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

