

2026 – 2027

POLICY PRIORITIES

*Upholding the Trust Responsibility to all
American Indian and Alaska Native People*



NATIONAL COUNCIL of
URBAN INDIAN HEALTH





ABOUT NCUIH

NCUIH is a national 501(c)(3) organization devoted to the support and development of quality, accessible, and culturally-competent health services for American Indians and Alaska Natives living in urban settings.

TRUST RESPONSIBILITY

The United States has a trust responsibility to provide "federal health services to maintain and improve the health" of American Indian and Alaska Native people. This responsibility is codified in the *Indian Health Care Improvement Act* (IHCIA). Additionally, IHCIA establishes that it is the policy of the United States, "in fulfillment of its special trust responsibilities and legal obligations to Indians to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."

In fulfillment of the National Indian Health Policy, the Indian Health Service (IHS) funds three health programs to deliver care to American Indian and Alaska Native people: IHS sites, tribally operated health programs, and urban Indian organizations (UIOs) — collectively referred to as the I/T/U system. These providers are on the front lines of health and well-being for Native communities. Yet to finally fulfill its trust responsibility, the federal government must significantly increase Indian health funding and enact meaningful policy change.

OVERVIEW AND OBJECTIVE

These policy priorities center the voices of UIO leaders directly: through a series of five focus groups and a nationwide survey, UIOs identified and ranked their most urgent priorities for 2026 across all IHS-designated facility types including full ambulatory, limited ambulatory, outreach and referral, and outpatient and residential.

The result is a focused, member-driven agenda. The five priorities reflect where UIO leaders believe federal action is most needed in the year ahead.

- 1 Increasing Funding for IHS and the Urban Indian Health Line Item
- 2 Establishing Permanent Full (100%) FMAP for Medicaid Services at UIOs
- 3 Increasing Behavioral Health Funding
- 4 Stability In Federal Grants
- 5 Health Information Technology And Electronic Health Record Improvement

POLICY PRIORITIES 2026–2027

National Council of Urban Indian Health

NCUIH MISSION

NCUIH is a national 501(c)(3) organization devoted to the support and development of quality, accessible, and culturally competent health services for American Indians and Alaska Natives living in urban settings.

1%

IHS Funding for
Urban Indian Health



70%

of Natives in
Urban Areas

URBAN INDIAN ORGANIZATIONS

**3.4
MILLION**

On the 2020 Census, 3.4M AI/AN people lived in areas served by UIOs.¹

1976

UIOs, with the support of Tribal leaders, were formally incorporated into the Indian Health Care system in 1976 to ensure off-reservation AI/AN people received the health care required by the federal government's trust and treaty responsibilities.

87

38 urban areas, 22 states, and 87 facilities.

96.1%

In 2021, approximately 96.1% of IHS-eligible patients served at UIOs were citizens of federally recognized Tribes. Nationwide, UIOs serve patients from over 500 federally recognized Tribes.²

1. Bureau, US Census. "Metropolitan and Micropolitan Statistical Areas Population Totals: 2020-2023." Census.gov. Accessed March 21, 2024. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-metro-and-micro-statistical-areas.html>.

2. Indian Health Service, IHS National Budget Formulation Data Reports for Urban Indian Organizations (2023), https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/IHS_National_Budget_Formulation_Reports_Calendar_Year_2021.pdf

OVERVIEW OF POLICY PRIORITIES

Implement Tribal Funding Priorities for the Indian Health Service (IHS) 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.

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.
- ▶ Provide Guidance and Enforce Protections for Medicaid-IHS beneficiaries.

Improve 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.

Stabilize and Protect Federal Grant Funding Pathways

- ▶ 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

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

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 Request

Overview

- ▶ The *Indian Health Care Improvement Act* authorizes IHS to enter into contracts with Urban Indian Organizations (UIOs) to fulfill the United States' trust responsibility to Native American and Alaska Native people living in urban areas.
- ▶ IHS is historically underfunded, which directly impacts UIOs that serve American Indian and Alaska Native people. Annual appropriations for the Urban Indian Health line item have historically made up only around 1% of the IHS budget.
- ▶ Nationwide, UIOs serve patients from over 500 federally recognized Tribes. In 2021, approximately 96.1% of IHS-eligible patients served at UIOs were Tribal citizens.
- ▶ UIOs receive direct funding primarily from one line item in the IHS budget – Urban Indian Health – and generally do not receive direct funding from other distinct IHS line items, such as the facilities line item. Increasing the Urban Indian Health line item is necessary for UIOs to expand services.
- ▶ According to the 2023 UIO Infrastructure Report, if IHS were to fully support UIOs to achieve their 2032 visions to support their communities, the contract and grant funding provided annually would need to increase by \$1.37 billion for the Urban Indian population portion and overall would need to increase by \$1.81 billion to achieve their vision.
- ▶ The Tribal Budget Formulation Workgroup (TBFWG), a national workgroup that identifies annual Tribal funding priorities, recommended increasing the Urban Indian Health line item from \$95.42 million to \$1.09 billion in FY 2027 to address the growing health needs of urban American Indian and Alaska Native communities as part of an overall request of \$73 billion for the IHS.

Congressional Recommendations

- ▶ Support requests to Appropriators requesting enactment of the TBFWG's funding recommendations for IHS (\$73 billion) and Urban Indian Health (\$1.09 billion for UIOs).
- ▶ Appropriate funding for IHS and the Urban Indian Health line item at the highest amount possible, up to the amount requested by Tribal leaders.

Federal Recommendation

- ▶ Submit a President's budget that requests full funding for IHS, including the Urban Indian Health line item at the amount requested by Tribal leaders.

Maintain Advance Appropriations for the Indian Health Service to Insulate the Indian Health System from Government Shutdowns and to Protect Patient Lives

Overview

- ▶ Historically, Congress has funded the Indian Health Service (IHS) through the regular appropriations process, which left the Indian health system subject to government shutdowns, automatic sequestration cuts, and continuing resolutions.
- ▶ In FY 2024, Congress authorized advanced appropriations for IHS, which protected the IHS budget and provided certainty to the Indian health system, ensuring unrelated budget disagreements do not risk lives.
- ▶ During the 2025 government shutdown, the I/T/U system was able to continue to provide care for their patients without any disruptions due to advance appropriations for IHS.
- ▶ Advance appropriations also allow UIOs to make strategic long-term budgetary plans and strengthen staff retention, which improves the care they provide to their communities.
- ▶ The *Indian Programs Advance Appropriations Act* permanently authorizes advance appropriations for IHS, Contract Support Costs, Payments for Tribal Leases, Indian Health Facilities, Operation of Indian Programs, Operation of Indian Education, and several other critical Indian Services Accounts.

Congressional Recommendations

- ▶ Pass the *Indian Programs Advance Appropriations Act*.
- ▶ Maintain advance appropriations for IHS.

Federal Recommendation

- ▶ All relevant federal agencies should work to ensure continued inclusion of advance appropriations for the IHS in the President's Budget.

Transition Contract Support Costs and 105 (l) Leases to Mandatory Appropriations

Overview

- ▶ Congress must reclassify funding for contract support costs (CSCs) and 105(l) leases required by the *Indian Self Determination Act* (ISDA) as mandatory funding.
- ▶ On June 21, 2024, the National Council of Urban Indian Health (NCUIH) joined the National Indian Health Board (NIHB) and 26 Tribal Nations and Native partner organizations in sending a letter to House and Senate leadership stating their support for the President's FY 2025 proposal to reclassify CSCs and 105(l) Tribal Lease Payments as mandatory appropriations.
- ▶ Reclassifying these costs as mandatory would protect the overall IHS appropriation and create more adequate, stable funding for the entire Indian health system going forward.

Congressional Recommendations

- ▶ Reclassify CSCs and 105(l) Leases to mandatory spending to protect the overall appropriation for the Indian Health Service and create more adequate and stable funding into the future.

Federal Recommendations

- ▶ IHS should provide technical assistance to Congress on how reclassification would prevent disruptions to other IHS discretionary programs, such as the Urban Indian Health line item.

MEETING 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

Overview

- ▶ The United States has a trust responsibility to provide health care to American Indian and Alaska Native people, including those receiving services through Urban Indian Organizations (UIOs).
- ▶ Medicaid is a critical component of fulfilling this responsibility.
- ▶ While Medicaid is generally jointly financed by states and the federal government, Congress has authorized a 100% federal medical assistance percentage (FMAP) for Medicaid services provided at Indian Health Service (IHS) and Tribal 638 facilities, meaning the federal government reimburses 100% of allowable Medicaid service costs for those services.
- ▶ Unfortunately, when Congress first authorized 100% FMAP for the Indian health system, they failed to include UIOs, and, as a result, UIOs are reimbursed at lower rates for services provided to Medicaid-IHS beneficiaries when compared to IHS and Tribal providers.
- ▶ Amending the Social Security Act (SSA) to provide permanent 100% FMAP for UIOs would require the federal government to bear the cost of Medicaid services provided to all American Indian and Alaska Native beneficiaries, no matter which facet of the Indian health system they utilized, as is required by the trust responsibility.
- ▶ This amendment is supported by the National Congress of American Indians (NCAI), the National Indian Health Board (NIHB), Rocky Mountain Tribal Council, and the Center for Medicaid and Medicare Services (CMS) Tribal Technical Advisory Group (TTAG).
- ▶ On July 4, 2025, the President signed H.R. 1 into law, a major bill that includes new requirements for access to Medicaid and SNAP. Fortunately, Indians, Urban Indians, California Indians, and individuals determined eligible as an Indian for the Indian Health Service under regulations promulgated by the Secretary are exempted from the Medicaid requirements in H.R. 1 and included in exemptions for the Supplemental Nutrition Assistance Program (SNAP) work requirements.
- ▶ The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) must ensure that states properly implement H.R. 1 exemptions.

Congressional Recommendation

- ▶ Pass the *Urban Indian Health Parity Act*.

Federal Recommendation

- ▶ Propose a legislative fix amending the SSA to provide permanent 100% FMAP for services provided to Medicaid beneficiaries at UIOs in the President's Budget.
- ▶ Explore administrative options for 100% FMAP for 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

Overview

- ▶ American Indian and Alaska Native people experience serious mental illnesses at a rate 1.58 times higher than the national average and high rates of alcohol and substance abuse.
- ▶ According to the Indian Health Service (IHS), "[u]rban Indians not only share the same health problems as the general Indian population, their health problems are exacerbated in terms of mental and physical hardships because of the lack of family and traditional cultural environments."
- ▶ Urban American Indian and Alaska Native youth are "at greater risk for serious mental health and substance abuse problems, suicide, increased gang activity, teen pregnancy, abuse, and neglect."
- ▶ In 2023, the CDC reported that the American Indian and Alaska Native populations had the highest rate of overdose deaths in the United States. They reported 70.4 deaths per 100,000 people.
- ▶ In 2021, 27.6% of American Indian and Alaska Native people (12+) had a Substance Use Disorder (vs. 17.2% of Black, 17% of White, 15.7% of Hispanic, and 8% of Asian people).
- ▶ Among American Indian and Alaska Native people needing treatment in 2021, only 5.3% received any treatment and just 3.7% received specialty care - the largest gap of all racial/ethnic groups.
- ▶ In the FY 2023 Omnibus, Congress authorized \$80 million to be appropriated for the *Behavioral Health and Substance Use Disorder Resources for Native Americans* program. As of FY 2026, Congress has failed to appropriate these funds, leaving critical health care programs unable to operate at full capacity.

Congressional Recommendations

- ▶ 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*, which authorizes a special behavioral health program for Indians.

Federal Recommendation

- ▶ Relevant federal agencies, such as the Substance Abuse and Mental Health Services Administration (SAMHSA), must protect critical programs such as Native Connections from any funding delays or disruptions.
- ▶ Agencies should engage with UIOs through Urban Confer on the development of behavioral health and substance use disorder programs, like the *Behavioral Health and Substance Use Disorder Resources for Native Americans* (BHSUDRNA) program.

HEALTH INFORMATION TECHNOLOGY AND ELECTRONIC HEALTH RECORD IMPROVEMENT

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

Overview

- ▶ The IHS is in the midst of a multi-year health information technology (HIT) modernization program, central to which is the replacement of the outdated Resource Patient Management System (RPMS) — a suite of HIT applications used across IHS and many Tribal and UIOs.
- ▶ As the HHS Office of the Chief Technology Officer and IHS found in a 2019 Legacy Assessment, systemic challenges with RPMS have long prevented providers and facilities across the IHS ecosystem from leveraging technology effectively to deliver quality care.
- ▶ Because IHS failed to modernize RPMS for many years many UIOs were compelled to independently acquire commercial off-the-shelf (COTS) electronic health record (EHR) systems at significant cost and without dedicated federal support.
- ▶ In 2023, IHS selected General Dynamics Information Technology, Inc. (GDIT) to build, configure, and maintain a new enterprise EHR system utilizing Oracle Cerner technology- Patients at the Heart (PATH EHR). Tribal organizations and UIOs will have the ability to access and use the PATH EHR, as they did with RPMS.
- ▶ UIOs that have already transitioned to COTS EHR systems face a distinct challenge: ensuring their existing systems are interoperable with the IHS' PATH EHR. Without dedicated attention to this issue, UIOs risk being left behind in the modernization effort — creating gaps in data sharing, care coordination, and reporting that would ultimately harm American Indian and Alaska Native patients.
- ▶ UIOs continue to face broader HIT infrastructure challenges, including insufficient funding for IT support staff, outdated hardware, and limited capacity to meet evolving federal reporting and data requirements.

Congressional Recommendation

- ▶ 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.

Federal Recommendation

- ▶ IHS should ensure the PATH EHR is fully interoperable with the diversity of COTS EHR systems currently in use at UIOs and Tribal facilities.
- ▶ IHS must develop a pathway and funding for UIOs who use COTS EHR systems to implement the PATH EHR if they choose to do so.
- ▶ IHS must continue to engage meaningfully with all I/T/U facilities throughout the HIT Modernization process, including through Urban Confer, to ensure UIO needs are reflected in implementation planning.
- ▶ IHS should work with UIOs to calculate the level of funding needed to provide dedicated IT support at the area level.

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