



NATIONAL COUNCIL of
URBAN INDIAN HEALTH

POLICY ACHIEVEMENTS

2022-2024



PROGRESS ON POLICY IMPACTING URBAN INDIAN HEALTH¹



First Ever Advance Appropriations for the Indian Health Service to Provide Stability and Continuity of Care for Patients

20%

Over 20% Increase in Urban Indian Health Funding (FY2022-FY2024), Allowing Urban Indian Organizations to Expand Services for Native People

\$4.1M

Establishment of a U.S. Department of Veterans Affairs Copay Exemption for Native Veterans, Leading to the Exemption and/or Reimbursement of Over 234,000 Copayments Saving Native Veterans More than \$4.1 Million as of September 2024



Constitutionality of the *Indian Child Welfare Act* Upheld



CMS Approved Demonstrations in Four States which Allow Medicaid Coverage for Traditional Healing Services Provided by Indian Health Care Providers, Acknowledging the Importance of Traditional Healing as Medicine



Successfully Advocated for Expansion of US Department of Agriculture Food Distribution Program for Indian Reservations to Expand Access for Urban Native Communities



Inclusion of Urban Indian Organizations in the Improving Native American Cancer Outcomes Program Focused on Improving Screenings, Diagnosis, and Treatment of Cancer for Native Patients



Bipartisan Support of the *Urban Indian Health Parity Act* Which Upholds the Trust Responsibility to Urban Native Medicaid Beneficiaries Accessing Health Care at Urban Indian Organizations



Increased Representation of Urban Indian Leaders on Federal Advisory Committees, Ensuring Greater Awareness of Issues Impacting Urban Native People (Veterans Affairs Advisory Committee on Tribal and Indian Affairs, Department of Interior Not Invisible Act Commission)



Special Diabetes Program for Indians Receiving First Increase in 20 Years, Allowing Urban Indian Organizations to Increase Services to Treat and Prevent Diabetes



First Ever Inclusion of Urban Indian People in 2022 *Violence Against Women Act* Reauthorization to Expand Resources to Combat and Address the Epidemic of Missing and Murdered Indigenous Peoples

1. Impacts from years 2022-2024.

First Time Ever Advance Appropriations for the Indian Health Service to Provide Stability and Continuity of Care for Patients

What Happened?

- ▶ Prior to Fiscal Year (FY) 2023, the Indian health care system was the only major federal health care provider funded through the annual discretionary appropriations process which put Native people at risk.

NCUIH's Role

- ▶ NCUIH worked with partners to lead an advocacy campaign² that called on Congress to stabilize funding for the Indian Health Service (IHS) through advanced appropriations.
- ▶ This campaign significantly contributed to the inclusion of advance appropriations for IHS for the first time in the final FY 2023 spending bill, and its maintenance in the final FY 2024 spending bill and proposed FY 2025 spending bills.

Why It Matters

- ▶ This achievement insulates Indian health care providers from government shutdowns and ensures continuity of care for Native patients, regardless of political budgetary disagreements, by securing funding in advance.
- ▶ Advance appropriations provide the IHS and Urban Indian Organizations (UIOs) with much needed financial stability to consistently deliver services to their patients, which ultimately saves Native lives.



2. NCUIH's IHS Advance Appropriations webpage: <https://ncuih.org/policy/advance-appropriations/>.

Over 20% Increase in Urban Indian Health Funding (FY2022–FY2024), Allowing Urban Indian Organizations to Expand Services for Native People

What Happened?

- ▶ The IHS is chronically underfunded, and UIOs receive direct funding primarily from one line item in the IHS appropriations budget – Urban Indian Health.
- ▶ The Urban Indian Health line item has historically made up around 1% of the entire IHS budget and increases to the line item over time have not kept up with medical inflation or UIO patient need.
- ▶ IHS estimates³ the Urban Indian Health line item would need to increase by \$1.37 billion annually to fully serve urban Native patients receiving services at UIOs.

NCUIH's Role

- ▶ NCUIH has long advocated for larger investments in Native health care and has called on Congress to strengthen its commitment to Indian Country with increased funding through testimonies, letters, and advocacy campaigns.
- ▶ NCUIH's advocacy majorly contributed to a 23.15% increase to the Urban Indian Health line item in the IHS budget between FY 2022-FY 2024.

Why it Matters

- ▶ Increased funding has allowed UIOs to purchase new facilities, recruit and retain qualified staff, expand service offerings to meet the needs of their patients and the growing Native communities they serve.



3. Department of Health and Human Services, "Urban Indian Organization Infrastructure Study Report to Congress Fiscal Year 2023," https://www.govinfo.gov/content/pkg/CMR-HE20_300-00186499/pdf/CMR-HE20_300-00186499.pdf.

Establishment of a U.S. Department of Veterans Affairs Copay Exemption for Native Veterans, Leading to the Exemption and/or Reimbursement of Over 234,000 Copayments Saving Native Veterans More than \$4.1 Million as of September 2024

What Happened?

- ▶ In April 2023, the U.S. Department of Veterans Affairs (VA) published a final rule exempting eligible Native Veterans, including eligible urban Native Veterans, from copayments for health care received through VA and authorizing reimbursement for copayments paid on or after January 5, 2022.

NCUIH's Role

- ▶ In February 2023, NCUIH submitted comments to the VA in response to the then proposed rule on the copayment exemption for Native Veterans, stressing our support for this long overdue federal action and the need throughout Indian Country.
- ▶ Because the proposed rule only required VA to cover the first three urgent care visits in a calendar year, NCUIH and partnering Native organizations strongly urged the VA to cover all urgent care visits needed by Indian or urban Indian Veterans, which the VA adopted in the final rule.

Why it Matters

- ▶ Native Americans serve⁴ in the military at one of the highest rates of any group in the United States and many Native Veterans receive health care from the Veterans Health Administration, in addition to utilizing IHS, Tribal, and UIO facilities.
- ▶ Prior to the copayment exemption rule, VA copayments represented a barrier⁵ to Native Veterans receiving care at VA facilities.
- ▶ This achievement has led to significant savings for almost 6,000 Native Veterans seeking care at the VA, as the agency has exempted and/or reimbursed over 234,000 copayments totaling more than \$4.1 million as of September 2024.



4. White House, "A Proclamation on National Native American Heritage Month, 2021," <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/10/29/a-proclamation-on-national-native-american-heritage-month-2021/>.

5. United States Government Accountability Office, "VA AND INDIAN HEALTH SERVICE Actions Needed to Strengthen Oversight and Coordination of Health Care for American Indian and Alaska Native Veterans," March 2019, <https://www.gao.gov/assets/gao-19-291.pdf>.

Constitutionality of the *Indian Child Welfare Act* Upheld

What Happened?

- ▶ In June 2023, the Supreme Court decided *Haaland v. Brackeen*. This case was brought by Texas, Louisiana, Indiana, and several individual plaintiffs, and challenged the constitutionality of the *Indian Child Welfare Act* (ICWA).
- ▶ Congress passed ICWA in 1978 to protect the best interests of Native children and to promote the stability and security of Tribes and Native families. In their decision, the Supreme Court reaffirmed and upheld the constitutionality of ICWA.

NCUIH's Role

- ▶ In August 2022, NCUIH signed on to the National Indigenous Women's Resource Center's (NIWRC) amicus brief in support of the constitutionality of ICWA.
- ▶ NCUIH worked directly with NIWRC to engage with UIOs to ensure that the submitted ICWA brief was inclusive of urban Native people.

Why it Matters

- ▶ This amicus brief provided the Supreme Court with the necessary context on how ICWA protects Native women and families.
- ▶ By signing on this brief, NCUIH demonstrated our support for Tribal sovereignty and the need to uphold legal protections for Tribes and Native children and families across the United States.



CMS Approved Demonstrations in Four States which Allow Medicaid Coverage for Traditional Healing Services Provided by Indian Health Care Providers, Acknowledging the Importance of Traditional Healing as Medicine

What Happened?

- ▶ Due to chronic underfunding by the federal government, UIOs rely on third party revenue, including Medicaid claims, to support necessary services at their UIOs.
- ▶ Many UIOs have reported difficulty receiving reimbursement for Traditional Healing services such as talking circles, smudging, and sweat lodge ceremonies.
- ▶ Lack of reimbursement places an undue burden on UIOs to fund Traditional Healing services, sometimes at a deficit, to provide for the needs of the Native communities they serve and often hinders their ability to sustain and expend these services to meet patient demand.
- ▶ In October 2024, the Centers for Medicare and Medicaid Services (CMS) approved Section 115 demonstration waivers in four states: California, Arizona, New Mexico, and Oregon, which sought Medicaid coverage for Traditional Healing services at IHS, Tribal, and urban facilities.

NCUIH's Role

- ▶ NCUIH has worked to educate policymakers on the importance of Traditional Healing for urban Native people, the need to support Traditional Healing programs at UIOs, and the importance of developing reimbursement models for Traditional Healing services that are culturally sensitive and appropriate.
- ▶ NCUIH's efforts included submitting written comments to CMS, participating in advocacy efforts through the CMS Tribal Technical Advisory Group, and by publishing a research report⁶ showcasing the need for reimbursement for these services at UIOs.

Why it Matters

- ▶ CMS's approval of these waivers represents a significant step forward in recognizing the value of culturally-based traditional health care practices for Native people, including those living in urban areas, and the ability for UIOs to provide and be reimbursed for Traditional Healing services offer provides UIOs with much needed support in providing culturally relevant care to their patients.



6. NCUIH, "PRESS RELEASE: NCUIH Publishes Innovative Report on Traditional Healing at Urban Indian Organizations," May 7, 2024, <https://ncuih.org/2024/05/07/press-release-ncuih-publishes-innovative-report-on-traditional-healing-at-urban-indian-organizations/>.

Successfully Advocated for Expansion of US Department of Agriculture Food Distribution Program for Indian Reservations to Expand Access for Urban Native Communities

What Happened?

- ▶ The Food Distribution Program on Indian Reservations (FDPIR)⁷ provides US Department Agriculture (USDA) foods to income-eligible households on or near reservations in approved areas.
- ▶ Unfortunately, despite the fact that urban Native people experience high rates of food insecurity, the program did not extend to urban areas falling outside reservation boundaries unless a participating Tribal organization or state agency requested and received approval from the USDA.
- ▶ In October 2024, the USDA issued a final rule removing this urban place requirements and encouraging Tribal and state collaboration with urban areas.

NCUIH's Role

- ▶ NCUIH submitted written comments⁸ to the USDA in October 2023 in response to a request for comment on a proposed rule expanding the FDPIR program.
- ▶ In these comments, NCUIH recommended that USDA remove the FDPIR's urban place requirement and allow urban Native communities to benefit from this critical food assistance.

Why it Matters

- ▶ By removing the urban place requirements and encouraging Tribal and state collaboration with urban areas, the USDA opened up an opportunity to make significant steps toward eliminating food insecurity for urban Native people.



7. USDA, "Food Distribution Program on Indian Reservations," <https://www.fns.usda.gov/fdpir/food-distribution-program-indian-reservations>.

8. NCUIH, "NCUIH Supports Tribal Proposal to Remove Urban Limitations in USDA Food Distribution Programs," October 27, 2023, <https://ncuih.org/2023/10/27/ncuih-supports-tribal-proposal-to-remove-urban-limitations-in-usda-food-distribution-programs/>.

Inclusion of Urban Indian Organizations in the Improving Native American Cancer Outcomes Program focused on Improving Screenings, Diagnosis, and Treatment of Cancer for Native Patients

What Happened?

- ▶ The FY 2024 spending bill created the Initiative for Improving Native American Cancer Outcomes and appropriated \$6 million in new funding to address Native American cancer disparities.

NCUIH's Role

- ▶ NCUIH worked with the American Cancer Society Cancer Action Network to successfully advocate to Congressional leadership to include UIOs in the final language for the FY 2024 spending bill.

Why it Matters

- ▶ In the United States, mortality rates for liver, stomach, and kidney cancers in Native people are twice as high as mortality rates for white people.⁹
- ▶ The Initiative for Improving Native American Cancer Outcomes is a critical step towards addressing these disparities, and the inclusion of UIOs ensures that urban Native people will be able to benefit from the program which will increase access to cancer screening and care and will ultimately improve cancer survival rates for this population.



9. American Cancer Society CA: A Cancer Journal for Clinicians, "Cancer Statistics, 2024," January 17, 2024, <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21820>.

Bipartisan Support of the *Urban Indian Health Parity Act* Which Upholds the Trust Responsibility to Urban Native Medicaid Beneficiaries Accessing Health Care at Urban Indian Organizations

What Happened

- ▶ In November 2023, Representative Ruiz (D-CA-25) and Representative Bacon (R-NE-02) reintroduced the bipartisan *Urban Indian Health Parity Act* (H.R. 6533), which would amend the *Social Security Act* to set the federal medical assistance percentage (FMAP) at 100% for services provided to Medicaid beneficiaries at UIOs.
- ▶ This amendment would make the federal government responsible for the full cost of these services, as is required by the federal trust responsibility.
- ▶ The FMAP for Medicaid services provided at IHS and Tribal facilities is already set at 100%. This amendment would ensure that the government fulfills the trust responsibility to Native people, regardless of which facet of the Indian health system they use.

NCUIH's Role

- ▶ NCUIH is leading efforts to educate and communicate with members of Congress about this issue and achieve the bipartisan support necessary to pass this bill into law.
- ▶ NCUIH provided Congress members with technical support when drafting the legislative text and have been working across party lines to secure bipartisan support for the bill.
- ▶ Additionally, in September 2023, NCUIH published an informational report¹⁰ on the benefits of 100% FMAP for UIOs and the need to make the authorization permanent.

Why it Matters

- ▶ Permanent authorization of 100% FMAP for UIOs would provide UIOs with leverage to work with state Medicaid agencies to make the Medicaid program more responsive to their needs and the needs of the urban Native communities they serve.
- ▶ Bipartisan support for this issue is critical to achieving this necessary change, and ensuring the federal government fulfills the trust responsibility to all Native people, no matter where they live.



10. NCUIH, "STATES AGAIN SHOULD THE COST OF AN UNMET FEDERAL TRUST RESPONSIBILITY," September 15, 2023, <https://ncuih.org/wp-content/uploads/NCUIH-100-FMAP-for-UIOs-Policy-Report.pdf>.

Increased Representation of Urban Indian Leaders on Federal Advisory Committees, Ensuring Greater Awareness of Issues Impacting Urban Native People (Veterans Affairs Advisory Committee on Tribal and Indian Affairs, Department of Interior Not Invisible Act Commission)

What Happened?

- ▶ The Department of the Interior (DOI) Not Invisible Act Commission in 2022 and the VA Advisory Committee on Tribal and Indian Affairs (ACTIA) in 2021 are legally inclusive of urban Native leaders.

NCUIH's Role

- ▶ NCUIH provided technical assistance to Congress on drafting authorizing legislation that is inclusive of urban Native representatives.

Why it Matters

- ▶ NCUIH's work led to Sonya Tetnowski, NCUIH's Board President from 2022-2024 and current CEO of the Indian Health Center of Santa Clara Valley, serving on both the DOI Not Invisible Act Commission and the VA ACTIA.
- ▶ This achievement has led to the creation of an interagency initiative to address homelessness for urban Native Veterans¹¹ and the inclusion of urban Native voices in the Not Invisible Act Commission's 2023 report¹² urging Congress and the Biden Administration to take immediate action to address the crisis of MMIP.
- ▶ Increased representation of urban Native people on federal advisory committees ensures that the unique needs of and issues faced by urban Native communities are accounted for in federal policymaking.



11. NCUIH, "President Announces Interagency Initiative to Address Homelessness for Urban Native Veterans," December 9, 2022, <https://ncuih.org/2022/12/09/president-announces-interagency-initiative-to-address-homelessness-for-urban-native-Veterans/>.

12. DOI Not Invisible Act Commission, "Not One More - Findings & Recommendations of the Not Invisible Act Commission," November 1, 2023, https://www.justice.gov/d9/2023-11/34%20NIAC%20Final%20Report_version%2011.1.23_FINAL.pdf.

Special Diabetes Program for Indians Received First Increase in 20 Years, Allowing Urban Indian Organizations to Increase Services to Treat and Prevent Diabetes

What Happened?

- ▶ The Special Diabetes Program for Indians (SDPI), a federal grant program that provides grant funding to support diabetes prevention and care programming to 31 UIOs, saw its first funding increase in 20 years, going from \$150 million to \$160 million upon reauthorization for FY 2024.

NCUIH's Role

- ▶ NCUIH worked with other national Native organizations to lead advocacy efforts¹³ that resulted in the program's increase and reauthorization in the final FY 2024 spending bill, ensuring that urban Native people could access critical diabetes care resources.

Why it Matters

- ▶ SDPI's integrated approach to diabetes health care and prevention programs in Indian Country has become a resounding success and is one of the most successful public health programs ever implemented.
- ▶ As a result of the program, Native people have seen a 50% reduction in diabetic eye disease rates, drops in diabetic kidney failure, and 50% decline in End Stage Renal Disease.¹⁴
- ▶ The program's reauthorization and funding increase ensures UIOs receiving SPDI funding are able to maintain a wide range diabetes prevention and treatment services, including culturally responsive diabetes programming, for their patients.



13. NCUIH, "NCUIH Joins NIHB and 15 Tribal Partners in Letter to Congress Requesting Immediate Reauthorization of SDPI," October 3, 2023, <https://ncuih.org/2023/10/03/ncuih-joins-nihb-and-15-tribal-partners-in-letter-to-congress-requesting-immediate-reauthorization-of-sdpi/>.

14. IHS, "Special Diabetes Program for Indians 2020 Report to Congress, Changing the Course of Diabetes: Charting Remarkable Progress," https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/SDPI2020Report_to_Congress.pdf.

First Ever Inclusion of Urban Indian People in 2022 *Violence Against Women Act Reauthorization* to Expand Resources to Combat and Address the Epidemic of Missing and Murdered Indigenous Peoples

What Happened?

- ▶ The 2022 *Violence Against Women Act* (VAWA) reauthorization included urban Native communities for the first-time ever.

NCUIH's Role

- ▶ NCUIH worked with members of Congress to expand VAWA resources for urban Native communities in the 2021 Senate draft bill.¹⁵
- ▶ NCUIH also provided written comments to Senate Committee on Indian Affairs leadership to retain the provisions.
- ▶ The final reauthorization language, which was included in the FY 2022 spending bill, retained the urban Native expansion.

Why it Matters

- ▶ The VAWA reauthorization included UIOs as eligible entities in critical grant programs to support survivors of interpersonal violence and sexual assault.



¹⁵ Senate Draft Bill of VAWA Reauthorization Act of 2022, <https://www.judiciary.senate.gov/imo/media/doc/E0B849C39D8A38B26A503509BD6824E8.vawa-reauthorization-act-of-2022.pdf>.

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