



**National Council of Urban  
Indian Health Resolution**

**#2202-02**

**Support for Advance Appropriations for the Indian  
Health Service**

**WHEREAS** the National Council of Urban Indian Health (NCUIH) is the national representative of forty-one (41) urban Indian organizations (UIOs) receiving grants under Title V of the Indian Health Care Improvement Act (IHCIA) and the American Indians and Alaska Natives (AI/ANs) they serve;

**WHEREAS** NCUIH was established in 1998 to support the development of quality, accessible, and culturally sensitive health care programs for AI/ANs living in urban communities;

**WHEREAS** the United States has a unique and special relationship with AI/ANs as established through the U.S. Constitution, Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation;

**WHEREAS** this special relationship includes a trust responsibility to AI/AN citizens as established through Treaties with Indian Tribes, U.S. Supreme Court decisions, and Federal legislation;

**WHEREAS** the trust relationship requires the United States to provide federal health services to maintain and improve the health of AI/ANs, no matter where they live;





**WHEREAS** it is the declared policy of the United States, as provided in the ICHIA, “to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy;”

**WHEREAS** the Indian Health Service (IHS) is chronically underfunded by the federal government, and UIOs historically receive only one percent of appropriated funds for IHS;

**WHEREAS** the Indian health system, including IHS, Tribal, and UIO (I/T/U) facilities, is the only major federal provider of health care that is funded through annual appropriations;

**WHEREAS** according to the Congressional Research Service, since FY1997, IHS has only once, in FY2006, received full-year appropriations by the start of the fiscal year;

**WHEREAS** if IHS were to receive advance appropriations, it would not be subject to government shutdowns, automatic sequestration cuts, and continuing resolutions (CRs) as its funding for the next year would already be in place;

**WHEREAS** during the thirty-five (35) day government shutdown at the start of FY 2019, the Indian healthcare system was the only federal healthcare entity that was required to continue operations without appropriated funds; ;

**WHEREAS** during the FY 2019 shutdown, several UIOs did not have adequate funding to maintain normal operations, and were required to reduce services, lose staff, or close their doors entirely, putting the health and wellbeing of their patients at risk;



**WHEREAS** in a UIO shutdown survey, five (5) out of thirteen (13) UIOs indicated that they could only maintain normal operations for 30 days without federal funding;

**WHEREAS** advanced appropriations would uphold the trust responsibility by protecting the Indian healthcare system from future government shutdowns and not counting against spending caps; and

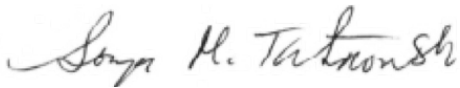
**WHEREAS** advanced appropriations are imperative to provide certainty to the Indian health system and ensure unrelated budget disagreements do not put AI/AN lives at stake.

**NOW THEREFORE BE IT RESOLVED**, that NCUIH requests that Congress amend the Indian Health Care Improvement Act to authorize Advanced Appropriation for IHS, including Tribal facilities and UIOs; and


**BE IT FURTHER RESOLVED**, that this resolution shall be the policy of NCUIH until it is withdrawn or modified by subsequent resolution.

#### **CERTIFICATION**

The foregoing resolution was adopted by NCUIH on August 22<sup>nd</sup>, 2022 with a quorum present.



Sonya Tetnowski, President



Linda Stone, Secretary