



National Council of
Urban Indian Health

ADVOCACY IMPACTS

Urban American Indian and Alaska Native (AI/AN) Community



POLICY ACHIEVEMENTS



Health Care Access for Urban Native Veterans Act Enacted



Key Medicaid Parity of 100% Federal Medical Assistance Percentage (FMAP)



\$500 Million in Urban Indian Health Funding for the COVID-19 Pandemic



Urban Indian Health Confer Act (H.R. 5221)



Federal Tort Claims Act (FTCA) Coverage



Urban AI/AN healthcare included in All Major COVID-19 Packages



Missing and Murdered Indigenous Women and People (MMIWP)



Increased Appropriations for Indian Health and Urban Indian Health



Urban Indian Health Facility Fix



Truth and Healing Commission on Indian Boarding School Policies
Act (H.R. 5444/S. 2907) Introduced



ADVOCACY IMPACTS

URBAN AMERICAN INDIAN AND ALASKA NATIVE (AI/AN) COMMUNITY

POLICY ACHIEVEMENT

HEALTH CARE ACCESS FOR URBAN NATIVE VETERANS ACT ENACTED

NCUIH'S ROLE

The National Council of Urban Indian Health (NCUIH) wrote the Health Care Access for Urban Native Veterans Act and shepherded it through Congress. NCUIH was able to get this bill approved by the House Natural Resources Committee and discharged by the Energy and Commerce Committee to pave the way for consideration on the House suspension calendar. This bill was deemed noncontroversial due to advocacy that NCUIH did to ensure that Indian Country was on board through passage of a resolution in support of this bill at the National Congress of American Indians (NCAI). With our relationships with Congressional leadership, NCUIH was able to get the bill on the House suspension calendar where it passed under unanimous consent. Ultimately, the provision was included in the final Consolidated Appropriations Act, 2021, (H.R. 133). This authorizes the Department of Veterans Affairs (VA) and the Department of Defense to enter arrangements for the sharing of medical facilities and services with urban Indian organizations (UIOs), increasing access to care for AI/AN veterans living in urban areas.

IMPACT IN THE COMMUNITY

Native Americans serve in the military at higher rates than any other group. Data also shows that Native American veterans prefer to receive culturally competent care through the Indian health system. Indigenous veterans will now have increased access to these culturally competent services and UIOs will be able to provide more veteran tailored services.

The passage of this bill has freed up appointments at the VA Medical Centers in Detroit, MI and Fresno, CA.

This bill strengthens the relationship between the VA and UIOs in Detroit and Fresno which leads to stronger communication and more comprehensive health care for AI/AN veterans.

This bill reduces barriers to healthcare access for urban AI/AN veterans in Detroit and Fresno by providing co-pay exemptions.

This bill also enables the VA tribal advisory committee to have its first-ever UIO representative. This allows UIO clinics to inform government on critical issues so policymakers can create systems or structures to improve care for the community.



POLICY ACHIEVEMENT

KEY MEDICAID PARITY OF 100% FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP)

NCUIH'S ROLE

Due to NCUIH advocacy, 26 Members of Congress requested inclusion of full FMAP for UIOs in the American Rescue Plan (ARP) Act. After 20 years of leadership on this issue, the ARP included a temporary increase in FMAP for UIOs. NCUIH advocated to include this provision by working with Congressman Ruiz, and continues to work with Members of Congress to ensure permanent 100% FMAP reimbursement for UIOs.

IMPACT IN THE COMMUNITY

This policy will reinvest millions of dollars into the local UIO, exponentially increasing the number of staff and services the UIO can provide. This will provide more services and resources to UIO patients.

During the pandemic especially, state health care systems have experienced high volumes of patients and by reinvesting dollars back into the Medicaid system, more patients can be served and burdens on hospitals are reduced.

POLICY ACHIEVEMENT

\$500 MILLION IN URBAN INDIAN HEALTH FUNDING FOR THE COVID-19 PANDEMIC

NCUIH'S ROLE

NCUIH successfully advocated for UIOs to receive explicit funding from every major COVID-19 package. This has totaled more than \$500 million. Compared to the H1N1 pandemic in 2009, this is an increase of over \$500 million as UIOs did not receive any relief or supportive funding during the H1N1 pandemic.

IMPACT IN THE COMMUNITY

Helps UIOs to provide timely and relevant care throughout the COVID-19 pandemic. This support allowed UIOs such as American Indian Health & Family Services (Detroit, MI) and Fresno American Indian Health Project (Fresno, CA) access to COVID-19 testing kits and the COVID-19 vaccine. Without this critical funding, UIOs would not have had access to resources needed to keep their communities safe.

This funding provided UIOs access to vaccines, resulting in AI/ANs being the most vaccinated population in the U.S. Additionally, this funding allowed UIOs to expand vaccine efforts to the entire community (for example, teachers, health care providers, those experiencing homelessness, among others).

Provides urban AI/AN community access to more healthcare services, more staffing to serve patients, better equipment, and expands telehealth. Additionally, this funding helps UIOs provide more community events such as Gathering of Native Americans (GONA), a substance abuse prevention curriculum that centers around healing from historical and cultural trauma.



POLICY ACHIEVEMENT

URBAN INDIAN HEALTH CONFER ACT (H.R. 5221)

NCUIH'S ROLE

NCUIH has long advocated for the importance of facilitating confer between numerous federal branches within the Department of Health and Human Services (HHS) and UIO-stakeholders without any resolve. H.R. 5221 would require all agencies and departments within HHS to confer with UIOs on policies and initiatives related to healthcare for urban AI/AN. Currently, only the Indian Health Service (IHS) has a legal obligation to confer with UIOs. The failure of HHS to communicate with UIOs about healthcare policies that impact urban Indian communities is contrary to sound public health policy inconsistent with the federal trust responsibility.

IMPACT IN THE COMMUNITY

The federal government has a trust and treaty obligation to AI/ANs, and they are required to make the best decisions on behalf of Native communities, but there is no formal mechanism to keep the government accountable. Through this mechanism, UIOs will be able to lift the voices of their patients directly to the federal government agencies. This will help ensure the federal government is meeting their obligations to provide quality healthcare to urban AI/AN.

For example: Key information regarding vaccine distribution for the initial COVID-19 vaccine rollout at the end of last year was poorly communicated to UIOs. HHS addressed initial communications only to Tribes and did not direct it to the UIO component of the IHS system. When HHS was asked about whether UIOs needed to similarly decide between an IHS or state vaccine allocation, it was unclear for weeks as to whether they were expected to make such a decision. Eventually, HHS asked UIOs to decide between receiving their vaccine distribution from either their state jurisdiction or IHS the same day as the initial deadline (which thankfully HHS subsequently extended for several days). Some UIOs were informed of the deadline by their Area office with no formal national communication. As a result, many AI/ANs experienced delays in vaccine rollout. This flawed process could have been avoided with an urban confer policy.

POLICY ACHIEVEMENT

FEDERAL TORT CLAIMS ACT (FTCA) COVERAGE

NCUIH'S ROLE

NCUIH advocates for parity for UIOs. To address one of the biggest parity issues UIOs currently face, NCUIH wrote and facilitated the passage of a bill that would extend Federal Tort Claims Act (FTCA) coverage to UIOs in December 2020.

IMPACT IN THE COMMUNITY

Underfunded UIOs can now take the thousands they were sending to Insurance companies and re-invest it into patient care and services. Prior to FTCA passage, UIOs had to divert scarce resources away from health care to pay exorbitant insurance costs. This extension of coverage allows UIOs to redirect funds to other critical areas of need by no longer having to pay for insurance coverage.



POLICY ACHIEVEMENT

URBAN AI/AN HEALTHCARE INCLUDED IN ALL MAJOR COVID-19 PACKAGES

NCUIH'S ROLE

NCUIH successfully advocated for urban AI/AN healthcare included in all major COVID-19 packages. As mentioned previously, during prior pandemics urban AI/AN were not included in relief bills.

IMPACT IN THE COMMUNITY

UIOs and their communities were able to receive federal funding for PPE, COVID-19 testing, COVID-19 vaccines, telehealth support, behavioral health support, among other critically needed healthcare services.

There was significant flexibility in the use of the funding. This allowed UIOs to determine where the resources would be most beneficial to their patients instead of being dictated how to spend it.

For example, flexibility in spending allowed UIOs to allocate federal funding to critically needed infrastructure updates to keep healthcare staff and patients safe during the pandemic. This included updating HVAC systems and expanding space between patients to allow for social distancing.

Inclusion in every major COVID-19 relief package allowed UIOs to continue to operate throughout the pandemic. For comparison on the significance of this advocacy work, during the H1N1 pandemic several UIOs were forced to close or significantly reduce services.

POLICY ACHIEVEMENT

MISSING AND MURDERED INDIGENOUS WOMEN AND PEOPLE (MMIWP)

NCUIH'S ROLE

NCUIH takes a public health approach to Missing and Murdered Indigenous People (MMIP) and advocates to build the capacity of UIOs to contribute to local MMIP efforts and prevention. In 2019, NCUIH hosted a Moment of Silence in partnership with the National Caucus of Native American State Legislators (NCNASL) in partnership with the Administration for Native Americans at the U.S. Department of Health and Human Services, and Members of Congress on the steps of Capitol Hill to raise awareness about this important issue.

IMPACT IN THE COMMUNITY

NCUIH's work equips UIO facilities and patients with the resources necessary to prevent MMIP in the future. This includes family services, counseling, job access, parenting classes, legal services, human trafficking prevention, among other services.



POLICY ACHIEVEMENT

INCREASED APPROPRIATIONS FOR INDIAN HEALTH AND URBAN INDIAN HEALTH

NCUIH'S ROLE

On October 11, 2021, the Senate Appropriations Committee released its fiscal year (FY) 2022 Interior, Environment, and Related Agencies bill, with \$92.7 million for urban Indian health. The bill would authorize \$7.61 billion for IHS for FY22, an increase of \$1.38 billion above the FY21 enacted level and \$593 million below the President's request. Other key provisions include an additional \$6.58 billion in advance appropriations to IHS for FY23 and a facilities fix to allow UIOs to use existing IHS funding for facilities improvement and renovations.

The House bill (HR 4372) included \$200.5 million for urban Indian health and was advanced by subcommittee June 28, and \$8.1 billion for the Indian Health Service. The measure was part of a seven-bill package the House passed on July 29.

NCUIH and the Tribal Budget Formulation Workgroup (TBFWG) requested \$12.759 billion for the IHS with an urban Indian health line item of \$200.5 million for FY 2022. Additionally, 28 Congressional leaders requested \$200.5 million for urban Indian health in FY 2022 from the House Appropriations Committee.

Due to NCUIH advocacy, language is also included for advance appropriations for the IHS in the Senate appropriation bill for FY22 and was included in the President's budget request.

IMPACT IN THE COMMUNITY

Appropriations: UIOs provide culturally competent health care to more than 70% of AI/AN living in cities and are primarily funded by a single line item in the annual Indian health budget, which constitutes less than 1% of the total IHS annual budget.

Advance Appropriations: Pandemics and government shutdowns should not impact the access of healthcare to urban AI/AN. AI/AN lives are at stake when access to care is interrupted. For example, during H1N1, the UIO in Baltimore, MD was forced to close. While the healthcare clinic was closed, there were seven overdoses, five of which were fatal.

UIOs are the only federal health programs that aren't protected from government shutdowns.

In the same bill, \$92.7M funding for UIOs is included as a line item for FY22 which is nearly approximately a 33% increase from the previous year. Should this pass, it will be the most funding UIOs have seen and would go directly to the care they provide for their patients. While this is exciting news, there is still more work that needs to be done for parity among healthcare clinics that serve urban AI/AN.



POLICY ACHIEVEMENT

URBAN INDIAN HEALTH FACILITY FIX

NCUIH'S ROLE

The Senate voted to pass an amendment in the bipartisan infrastructure package that will allow UIOs to use existing funds for facility improvements. NCUIH has worked closely on a bipartisan basis for the past year on this technical legislative fix to support health care for tribal members who reside off of reservations. This amendment would allow existing resources to be used to fund infrastructure projects within the Indian health system.

In May, Congressman Ruben Gallego (D-AZ) and Congressman Don Bacon (R-NE) introduced the Urban Indian Health Facilities Provider Act (H.R. 3496) in the House of Representatives which expands the use of existing IHS resources under Section 509 of the Indian Health Care Improvement Act (IHCA) (25 U.S.C. § 1659) to increase the funding authority for renovating, constructing, and expanding UIOs. Senators Alex Padilla (D-CA), James Lankford (R-OK) along with co-sponsors Moran (R-KS), Feinstein (D-CA), and Smith (D-MN) on the Senate Indian Affairs Committee introduced the identical Senate bill (S. 1797).

This fix is broadly supported in Indian Country. NCAI passed a resolution in June to “Call for Congress to Amend Section 509 of the Indian Health Care Improvement Act (IHCA) to Remove Facility Funding Barriers for Urban Indian Organizations”.

IMPACT IN THE COMMUNITY

UIOs lack access to facilities funding under the general IHS budgetary scheme, meaning there is no specifically allocated funding for UIO facilities, maintenance, sanitation, or medical equipment, among other imperative facility needs. While the whole IHS system has made the transition to telehealth, negative pressurizing rooms, and other facility renovations to safely serve patients during the pandemic, restrictions in the relevant statutory text did not allow UIOs to make those transitions. Section 509 currently permits the IHS to provide UIOs with funding for minor renovations and only in order to assist UIOs in meeting or maintaining compliance with the accreditation standards set forth by The Joint Commission (TJC).

POLICY ACHIEVEMENT

Truth and Healing Commission on Indian Boarding School Policies Act (H.R. 5444/S. 2907) Introduced

NCUIH'S ROLE

NCUIH worked on the draft bill and made sure to include urban Indians in this legislation. This NCUIH endorsed bill would create a Truth and Healing Commission on Indian Boarding School Policies in the United States.

IMPACT IN THE COMMUNITY

Tasked with investigating and documenting the Indian boarding school policies and the historical and ongoing trauma that resulted, the Commission provides an environment for Native people to speak about their personal experiences and will provide recommendations to the government. Working in collaboration with other agencies, the Commission would also develop recommendations for the federal government on how to acknowledge the trauma and help Native communities heal.



National Council of Urban Indian Health

