

# POLICY PRIORITIES

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



NATIONAL COUNCIL of  
URBAN INDIAN HEALTH





## ABOUT NCUIH

The National Council of Urban Indian Health (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.

## OVERVIEW AND OBJECTIVE

NCUIH hosted five focus groups to identify UIO policy priorities for 2025 as they relate to Indian Health Service (IHS)- designated facility types (full ambulatory, limited ambulatory, outreach and referral, and outpatient and residential). This document provides a summary of the 2025 policy priorities for the federal government's executive and legislative branches.

## 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 IHS provides funding for three health programs to provide health care to American Indian and Alaska Native people: IHS sites, Tribally operated health programs, and UIOs (collectively referred to as the I/T/U system). These Indian health care providers are on the front lines in working to provide for the health and well-being of American Indian and Alaska Native people. However, funding for Indian health must be significantly increased, and policy changes must be made if the federal government is to finally fulfill its trust responsibility.

# URBAN INDIAN HEALTH

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.<sup>1</sup>

1976

UIOs, with the support of Tribal leaders, were formally incorporated into the Indian Health Care system in 1976 to ensure off-reservation AI/ANs 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.<sup>2</sup>

POLICY PRIORITIES 2025

National Council of Urban Indian Health

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](https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/IHS_National_Budget_Formulation_Reports_Calendar_Year_2021.pdf)

# FUNDING FOR NATIVE HEALTH INITIATIVES

## Increase Funding for the Indian Health Service (IHS) and Urban Indian Health

- ▶ Appropriate the Maximum Amount Possible for IHS and at Least \$100 million for Urban Indian Health.
- ▶ Support Participation and Continued Inclusion of Urban Indian Organizations in the IHS Budget Formulation Process.

## Protect Funding for Native Health from Political Disagreements

- ▶ Maintain Advance Appropriations for IHS to Insulate the Indian Health System from Government Shutdowns and to Protect Patient Lives.
- ▶ Transition IHS from Discretionary to Mandatory Appropriations.
- ▶ Transition Contract Support Costs and 105 (l) Leases to Mandatory Appropriations.

## Meeting the Trust Obligation for IHS Beneficiaries Receiving Services at Urban Indian Organizations (UIOs)

- ▶ Pass the *Urban Indian Health Parity Act* to Ensure Permanent Full (100%) Federal Medical Assistance Percentage (FMAP) for Services Provided at UIOs (100% FMAP for UIOs).
- ▶ Ensure that All American Indian and Alaska Native People are Exempt from Medicaid Work Requirements.
- ▶ Allow for Audio-Only Telehealth Services for Medicare Beneficiaries at UIOs through the *Telehealth for Tribal Communities Act*.

## Transforming Health Care Resources in Indian Country and Beyond

- ▶ Decrease Competition and Reduce Barriers to Access to Ensure Equitable Distribution of Grant Funding.

# ELEVATING NATIVE VOICES AND FOSTERING DIALOGUE

## Inclusion of Urban Native Communities in Resource Allocation

- ▶ Ensure Critical Resource and Funding Opportunities are Inclusive of Urban Native Communities and the Urban Indian Organizations that Help Serve Them.

# STRENGTHENING HEALTH OUTCOMES: ADDRESSING SOCIAL DETERMINANTS OF HEALTH

## Improving Native Maternal and Infant Health

- ▶ Strengthen the Ability of the Advisory Committee on Infant and Maternal Mortality to Address Native Maternal and Infant Health.
- ▶ Improve Funding Access for Urban Indian Organizations to Expand Housing Services.

## Improving Food Security for Urban American Indian and Alaska Native People

- ▶ Increase Access to U.S. Department of Agriculture (USDA) Resources and Funding Opportunities for Urban American Indian and Alaska Native Communities and the Urban Indian Organizations that Serve Them.
- ▶ Increase Urban Indian Organization Access to Fresh and Traditional Foods Through Increased Funding for the IHS Produce Prescription Pilot Program.
- ▶ Permanently Reauthorize and Increase Funding for the Special Diabetes Program for Indians (SDPI) at a Minimum of \$250 Million Annually.

## Including Urban American Indian and Alaska Native People in Preparing and Protecting Their Communities

- ▶ Increase Emergency Preparedness through the Re-Introduction of the *CDC Tribal Public Health Security and Preparedness Act*.

# HONORING THE PROMISES TO NATIVE VETERANS

## Improving American Indian and Alaska Native Veteran Health Outcomes

- ▶ Engage with Urban Indian Organizations to Successfully Implement the Interagency Initiative to Address Homelessness for Urban American Indians and Alaska Native Veterans.

# REVITALIZING NATIVE HEALTH: EMBRACING TRADITIONAL HEALING AND BEHAVIORAL WELLNESS

## 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.
- ▶ Respond to the Significant Increase in Overdose Deaths in Indian Country.
- ▶ Pass the *Comprehensive Addiction Resources Emergency (CARE) Act*.

## Improving Health Outcomes Through Traditional Healing and Culturally Based Practices

- ▶ Improve Funding Access for Urban Indian Organizations to Expand Traditional Healing and Culturally Based Practices.

# “NOT ONE MORE”: HEALING GENERATIONAL TRAUMA AND PROTECTING NATIVE LIVES

## Healing from Federal Boarding Schools

- ▶ Support Federal Initiatives to Allow the Indian Health Service to Support Healing from Boarding School Policies.

## Ending the Epidemic of Missing or Murdered Indigenous Peoples (MMIP)

- ▶ Pass the *Bridging Agency Data Gaps and Ensuring Safety (BADGES) for Native Communities Act*.
- ▶ Honor Executive Order 14053: Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing or Murdered Indigenous People by Including Urban Indian Organizations in Prevention and Intervention Efforts.

# ADDRESSING WORKFORCE RECRUITMENT AND RETENTION CHALLENGES

## Improving the Indian Health Workforce

- ▶ Include Urban Indian Organizations in the National Community Health Aide Program (CHAP).
- ▶ Improve the Indian Health Workforce through the Placement of Residents at Urban Indian Organizations through the Department of Veterans Affairs Pilot Program on Graduate Medical Education and Residency Program (PPGMER).
- ▶ Enable Urban Indian Organizations to Fill Critical Workforce Needs through University Partnerships by Passing the *Medical Student Education Authorization Act*.
- ▶ Extend Federal Health Benefits to Urban Indian Organizations.
- ▶ Improve Recruitment and Retention of Physicians at Urban Indian Organizations by Passing the *IHS Workforce Parity Act*.
- ▶ Increase Tax Fairness for Loan Repayment for Urban Indian Organization Staff by Passing the *Indian Health Service Health Professions Tax Fairness Act*.
- ▶ Permit U.S. Public Health Service Commissioned Officers to be Detailed to Urban Indian Organizations.
- ▶ Improve Community Health Worker Coverage at Urban Indian Organizations through the Passage of the *Community Health Workers Access Act*.

## Accurately Account for Provider Shortages

- ▶ Engage with the Health Resources and Services Administration (HRSA) so that Urban Indian Organizations receive Health Professional Shortage Area (HPSA) Scores that Accurately Reflect the Level of Provider Shortage for Urban Indian Organization Service Areas.

# IMPROVING THE INDIAN HEALTH SERVICE

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

- ▶ Improve Health Information Technology, Including Electronic Health Records Systems.

## Elevate the Health Care Needs of American Indian and Alaska Native People Within the Federal Government

- ▶ Pass the *Stronger Engagement for Indian Health Needs Act* to elevate the IHS Director to Assistant Secretary for Indian Health.



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