



NATIONAL COUNCIL *of*  
URBAN INDIAN HEALTH

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# 2022 POLICY PRIORITIES

Upholding the Trust Responsibility to All American Indians and Alaska Natives





## 2022 POLICY PRIORITIES

Upholding the Trust Responsibility to All American Indians and Alaska Natives

The Declaration of National Indian Health Policy in the Indian Health Care Improvement Act States:

*"Congress declares that it is the policy of this Nation, 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."*

### 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<sup>1</sup>

EST.  
1976

Established in  
1976 by Tribes who  
advocated for treaty  
health rights for off-  
reservation AI/ANs

77

38 urban areas,  
22 states, and 77  
facilities

1. Decennial Census P.L. 94-171 Redistricting Data." US Census Bureau, last revised 10-8-2021, <https://www.census.gov/data/datasets/2020/dec/2020-census-redistricting-summary-file-dataset.html>





## Upholding the Highest Health Status for All American Indians and Alaska Natives (AI/ANs)

### Fully Fund the Indian Health Service (IHS) and Urban Indian Health at the Amounts Requested by Tribes

- ▶ FY 2023 Request for IHS: \$49.8 billion.
- ▶ FY 2023 Request for the Urban Indian Line Item: \$949.9 million.

### Improving Behavioral Health for All American Indians and Alaska Natives

- ▶ Enact the Native Behavioral Health Access Improvement Act (H.R. 4251/S. 2226) to Provide at Least \$200 million Annually to Indian Health Care Providers.
- ▶ Enact the State Opioid Response Grant Authorization Act of 2021 (H.R. 2379) to Provide Critical Investments to Tribes, Tribal Organizations, and UIOs to Fight the Opioid Epidemic.

### Attain Advance Appropriations for Indian Health and Improve Funding Certainty

- ▶ Enact the *Indian Programs Advance Appropriations Act* (H.R. 5567/S. 2985) and *Indian Health Service Advance Appropriations Act* (H.R. 5549) to Insulate Indian Health Care Providers from Shutdowns.
- ▶ Allow UIOs to Receive all Funds at the Start of a Continuing Resolution (Exception Apportionment).

### “Nothing About Us Without Us”: Improving Health Outcomes Through Dialogue

- ▶ Enact the *Urban Indian Health Confer Act* (H.R. 5221) to Establish an Urban Confer for the Department of Health and Human Services (HHS).
- ▶ Include UIOs in Advisory Committees that Focus on Indian Health.
- ▶ Establish an Urban Indian Interagency Work Group to Identify the Needs and Develop Strategies to Better Serve Urban AI/AN Populations.

### Improving Native Veteran Health Outcomes

- ▶ Establish an Urban Confer for the Department of Veterans Affairs (VA).
- ▶ Enact the *STRONG Veterans Act of 2022* (H.R. 6411).

### Special Diabetes Program for Indians: A Proven Case of Decreased Diabetes Prevalence and Improved Health Outcomes for AI/AN People

- ▶ Permanently Reauthorize Special Diabetes Program for Indians (SDPI) at a Minimum of \$250 Million Annually.

### Healing from Federal Boarding Schools

- ▶ Enact the *Truth and Healing Commission on Indian Boarding School Policies in the United States Act* (H.R. 5444/S. 2907).

### Ending the Pandemic of Missing and Murdered Indigenous Peoples (MMIP)

- ▶ Enact the *Violence Against Women Act Reauthorization Act of 2022* (S. 3623).





## Improving Data in Indian Health

- ▶ Enact the *Tribal Health Data Improvement Act* (H.R. 3841).

## Improving the Response to the COVID-19 Pandemic for AI/ANs

- ▶ Enact the *Tribal Medical Supplies Stockpile Access Act of 2022* (H.R. 6372/S. 3444).

## Tackling the Stigma and Advancing HIV Efforts in AI/AN Communities

- ▶ Increase Innovative Resources to Reduce Stigma and Fear Around HIV in AI/AN Communities.
- ▶ Increase Behavioral Health Support Resources at UIOs for AI/ANs Living with HIV.

# Parity in the Indian Health System

## Increasing Resources Supporting Medicaid-IHS Beneficiaries

- ▶ Enact the *Urban Indian Health Parity Act* (H.R. 1373 or H.R. 1888) to Ensure Permanent Full (100%) Federal Medical Assistance Percentage (FMAP) for Services Provided at UIOs.

## Improving the Indian Health Workforce

- ▶ Inclusion of UIOs in National Community Health Aide Program (CHAP).

# Improving the Indian Health Service

## Data is Dollars: Ensuring Accurate Data Collection in the Indian Health System

- ▶ Health IT/Electronic Health Record (EHR) Improvement and IHS National Data Warehouse Reporting.

## Continuity in the Indian Health System

- ▶ Improve Area Office Consistency.

## Elevate the Health Care Needs of Native Americans Within the Federal Government

- ▶ Enact the Stronger *Engagement for Indian Health Needs Act* (H.R. 6406) to elevate the IHS Director to Assistant Secretary for Indian Health.







## Upholding the Highest Health Status for All American Indians and Alaska Natives (AI/ANs)

### Fully Fund the Indian Health Service (IHS) and Urban Indian Health at the Amounts Requested by Tribes

#### Overview

- ▶ IHS is considerably under-resourced, and historically under-funded. Over 70% of AI/ANs live in urban areas, however, less than 1% prior to FY 2020 of IHS funding was provided for the health care of urban Indians.
- ▶ Fully fund IHS in accordance with the IHS Tribal Budget Formulation Workgroup (TBFWG).
  - ▶ FY 2023 line item ask for IHS: \$49.8 billion
  - ▶ FY 2023 line item for urban Indian health: \$949.9 million
- ▶ Of the \$949.9 million necessary for urban Indian health, UIOs report needing at least \$200 million to fund construction and renovation projects.
  - ▶ Note: Due to the passage of the Infrastructure Bill in 2021, UIOs can now use the urban Indian health line item to make improvements to their facilities.

#### Recommendation

The TBFWG recommends a \$749.4 million increase above the FY 2022 planning base which would change the urban Indian health line item to \$949.9 million overall for urban Indian health. UIOs receive direct funding from primarily the one-line item – urban Indian health – and do not receive direct funds from other distinct IHS line items. The TBFWG recommends a total of \$49.8 billion for IHS in FY 2023.

**Sign Letter or Submit Request  
to Appropriations Committee requesting \$949.9 Million for UIOs and \$49.8 billion for IHS**

### Additional Background on Need for Facilities Funding

#### Overview

- ▶ [UIO Facilities Needs 2021](#)
- ▶ [History of Funding for UIO Health Facilities](#)
- ▶ UIOs are not eligible for the IHS Facilities or Sanitation line items.
- ▶ IHS has a facilities priority list for Tribal and IHS facilities. UIOs do not have the ability to be placed on the list.





## OVERVIEW OF CURRENT URBAN INDIAN ORGANIZATION NEEDS<sup>1</sup>

**90%** UIOs need facility upgrades  
to improve health care services



## EXAMPLE PROJECTS

- Sanitation (water supply, sewage system, sanitary solid waste)
- Maintenance, repair, restoration of existing facilities
- Hazmat abatement and remediation
- New primary, behavioral, dental, infectious disease areas
- Expansion and improvement for Traditional services
- New in-house pharmacy services
- New urgent care center
- New mobile health units for specialty services
- New waiting rooms and isolation rooms for infectious disease patients

1. Based on a NCUIH survey of 37 of 41 UIOs in April 2020 – April 2021



## Improve Behavioral Health for all AI/ANs

### Enact the *Native Behavioral Health Access Improvement Act* (H.R. 4251 / S. 2226) to Provide at Least \$200 Million Annually to Indian Health Care Providers

#### Overview

- ▶ UIOs do not receive direct funds from the Mental Health, or Alcohol and Substance Abuse line items and instead must use the urban Indian health line item to account for these essential services.
- ▶ Even before the pandemic, AI/ANs residing in urban areas faced significant behavioral health disparities – for instance, 15.1% of urban AI/ANs report frequent mental distress as compared to 9.9% of the general public and the AI/AN youth suicide rate is 2.5 times that of the overall national average.

#### Recommendation

Authorize a special behavioral health program for Indians funded at \$200 million

Co-sponsor and enact the *Native Behavioral Health Access Improvement Act*

### Enact the *State Opioid Response Grant Authorization Act of 2021* (H.R. 2379) to Provide Critical Investments to Tribes, Tribal Organizations, and UIOs to Fight the Opioid Epidemic

#### Overview

- ▶ The Act would amend the 21st Century Cures Act to reauthorize and expand a grant program for State response to the opioid use disorders crisis, and for other purposes. This bill authorizes funding at \$1.75 billion for each of fiscal years 2022 through 2027 with a five percent set-aside for Indian Tribes, Tribal organizations, and UIOs.
- ▶ AI/ANs had the second-highest rate of opioid overdose out of all U.S. racial and ethnic groups in 2017, and the second and third highest overdose death rates from heroin and synthetic opioids, respectively, [according](#) to the Centers for Disease Control and Prevention.

Co-sponsor and enact the *State Opioid Response Grant Authorization Act of 2021*





## Attain Advance Appropriations for Indian Health and Improve Funding Certainty

Enact the *Indian Programs Advance Appropriations Act* (H.R. 5567/S. 2985) and *Indian Health Service Advance Appropriations Act* (H.R. 5549) to Insulate Indian Health Care Providers from Shutdowns

### Overview

- ▶ When limited UIO funding is delayed or cut off during events such as a government shutdown, there are devastating effects upon a UIOs ability to provide health care.
- ▶ UIOs are so chronically underfunded that during the 2018-2019 shutdown, several UIOs had to reduce services, lose staff, or close their doors entirely, forcing them to leave their patients without adequate care.
- ▶ In a UIO shutdown survey, 5 out of 13 UIOs indicated that they could only maintain normal operations for 30 days.
- ▶ Ensure IHS is exempted from shutdowns, sequestration and hiring freezes.

### Legislative Text

*Section 825 of the Indian Health Care Improvement Act (25 U.S.C. 1680o) is amended— (1) by inserting “(a)” before “There are authorized”; and (2) by adding at the end the following: “(b) For each fiscal year, beginning with the first fiscal year that starts during the year after the year in which this subsection is enacted, discretionary new budget authority provided for the Indian Health Services and Indian Health Facilities accounts of the Indian Health Service shall include advance discretionary new budget authority that first becomes available for the first fiscal year after the budget year. “(c) The Secretary shall include in documents submitted to Congress in support of the President’s budget submitted pursuant to section 1105 of title 31, United States Code, for each fiscal year to which subsection (b) applies detailed estimates of the funds necessary for the Indian Health Services and Indian Health Facilities accounts of the Indian Health Service for the fiscal year following the fiscal year for which the budget is submitted.” (b) Submission Of Budget Request.—Section 1105(a) of title 31, United States Code, is amended by adding at the end the following new paragraph: “(40) information on estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for the following accounts of the Indian Health Service: “(A) Indian Health Services. “(B) Indian Health Facilities.”.*

Co-sponsor and enact the Indian Programs Advance Appropriations Act & Indian Health Service Advance Appropriations Act





## Allow UIOs to Receive all Funds at the Start of a Continuing Resolution (Exception Apportionment)

### Overview

- ▶ IHS is the only federal healthcare delivery system that is not exempt from Continuing Resolutions (CRs) and government shutdowns, forcing the Indian health care system to continue operating without an enacted budget under a stopgap measure.
- ▶ UIOs are so chronically underfunded that during the 2018-2019 shutdown, several UIOs had to reduce services, lose staff or close their doors entirely, forcing them to leave their patients without adequate care.
- ▶ Exception apportionment for UIOs is a top priority to avoid a disruption in operations and to lift the unnecessary administrative burden that comes with these recurring CRs.

### Recommendation

Appropriations Committee: Include a spend-faster anomaly in any budget packages to ensure funds will continue to be available to provide critical health services to AI/AN people.







## “Nothing About Us Without Us”: Improving Health Outcomes Through Dialogue

Enact the *Urban Indian Health Confer Act* (H.R. 5221) to Establish an Urban Confer for the Department of Health and Human Services (HHS)

### Overview

- ▶ Currently, only IHS has a legal obligation to confer with UIOs, which has been very problematic due to the COVID-19 pandemic requiring inter-agency cooperation.
- ▶ Agencies have been operating as if only IHS has a trust obligation to AI/ANs, and that causes an undue burden to IHS to be in all conversations regarding Indian Country in order to talk with agencies during the COVID-19 pandemic.
- ▶ UIOs need avenues for direct communication with agencies charged with overseeing the health of their AI/AN patients, especially during the present health crisis.
- ▶ Urban confer policies do not supplant or otherwise impact tribal consultation and the government-to-government relationship between tribes and federal agencies.
- ▶ Despite scores of attempts, NCUIH has been unsuccessful at facilitating dialogue between numerous federal agencies and UIO-stakeholders. This is not only inconsistent with the government's responsibility, but is contrary to sound public health policy.

### Recommendation

Establish a confer policy at HHS

Co-sponsor and enact the Urban Indian Health Confer Act





## Include UIOs in Advisory Committees that Focus on Indian Health

### Overview

- ▶ When UIOs are not expressly included within statute to participate in tribal advisory workgroups or committees, they are prohibited from participating in a voting role or excluded altogether.
- ▶ UIO inclusion in critical advisory committees on Indian health is necessary to reflect the reality of the majority of the AI/AN population, as more than 70% of AI/ANs live in urban centers today.
- ▶ Without explicit inclusion of UIO representation in statute, workgroups using the Federal Advisory Committee Act (FACA) intergovernmental exemption exclude UIO leaders in their charters by default.
- ▶ For UIO leaders to participate in advisory committees without impacting the intergovernmental exemption to FACA, Congressional action is needed.

### Legislative Text

#### Unfunded Mandates Reform Act:

*Section 204 of the Unfunded Mandates Reform Act (2 U.S.C. §1534(b)) is amended by adding after and below paragraph (2) the following: "The inclusion of a representative of a national urban Indian organization in such meetings shall not affect the nonapplication of, or an exemption from, the Federal Advisory Committee Act (5 U.S.C. App.) to such meetings."*

#### Facilities Appropriation Advisory Board:

*Section 301 of the Indian Health Care Improvement Act (25 U.S.C. §1631) is amended— At subsection (c) by striking "and tribal organizations" each place it appears and inserting ", tribal organizations, and urban Indian organizations". At subclause c(2)(A)(i)(I) by inserting after "tribes" the following: ", 1 member representing urban Indian organizations,".*

#### Indian Health Care Improvement Act:

*Section 514 of the Indian Health Care Improvement Act (25 U.S.C. §1660d) is amended in subsection (b) by Adding after subsection (b) the following: "The Secretary shall include a representative of a national urban Indian health organization on any Indian health Tribal Advisory Committees or Tribal Workgroups as a voting member of such committee or group."*

#### Support efforts to:

**Add UIOs to exemptions under the Federal Advisory Committee Act**

**Add UIO representative to Facilities Appropriation Advisory Board**







## Establish an Urban Indian Interagency Work Group to identify the Needs and Develop Strategies to Better Serve Urban AI/AN Populations

### Overview

- ▶ On February 3, 2022, a group of Senators sent a [letter](#) to the Biden Administration requesting the establishment of an Urban Indian Interagency Work Group to identify the needs and develop strategies to better serve urban AI/AN populations.
- ▶ The Work Group would help identify federal funding strategies to better address the needs of urban AI/ANs, advance the development of a wellness centered framework to inform health services, strengthen support for practice-based traditional healing approaches, improve Urban Confer policies at Health and Human Services and associated agencies, and ensure that UIOs can regularly meet with federal agencies to address relevant topics of concern.

### Recommendation

Establish an Urban Indian Interagency Work Group.





## Improving Native Veteran Health Outcomes

### Establish an Urban Confer for the Department of Veterans Affairs (VA)

#### Overview

- ▶ A VA Urban Confer Policy is especially important given the significant portion of AI/AN veterans who live in urban areas. NCUIH estimates that 67 percent of the veteran population identifying as AI/AN alone lives in metropolitan areas.
- ▶ UIOs currently serve six of the ten urban counties with the largest veteran AI/AN alone populations, including Maricopa County, Arizona; Los Angeles County, California; San Diego County, California; Bernalillo County, New Mexico; Oklahoma County, Oklahoma; and Tulsa County, Oklahoma.
- ▶ Problems during the development of the UIO and Tribal Reimbursement Agreement Templates clearly demonstrates the need to establish a VA Urban Confer Policy.
  - ▶ The VA has engaged in two unequal procedures when developing the VA-UIO Reimbursement Agreement template and the VA-IHS/Tribal Health Program (THP) Reimbursement Agreement template. While the VA held two separate consultations with tribal leaders, it held only one poorly advertised session with UIOs.
  - ▶ Further, while the VA set forth a set comment period for the VA-IHS/THP Reimbursement Agreement template, there was no similarly set period for written comments on the VA-UIO Reimbursement Agreement Template.

#### Recommendation

Establish a confer policy at the VA.





## Enact the *STRONG Veterans Act of 2022* (H.R.6411)

### Overview

- ▶ This legislation gives the VA important new authorities and resources to support veterans' mental health and well-being through increased training, outreach, mental health care delivery, and research.
- ▶ The bill includes a provision that would mandate that every VA medical facility have a minority veteran coordinator and that every minority veteran coordinator is trained in the delivery of culturally competent mental health care for Native veterans.

Co-sponsor and enact the **STRONG Veterans Act of 2022**





# Special Diabetes Program for Indians: A Proven Case of Decreased Diabetes Prevalence and Improved Health Outcomes for AI/AN People

## Permanently Reauthorize Special Diabetes Program for Indians (SDPI) at a Minimum of \$250 Million Annually

### Overview

- ▶ 30 UIOs currently receive SDPI funds.
- ▶ SDPI is one of the most successful public health programs ever implemented.
- ▶ Because of SDPI, rates of End Stage Renal Disease and diabetic eye disease have dropped by more than half. A report from the Assistant Secretary for Preparedness and Response found that SDPI is responsible for saving Medicare \$52 million per year.
- ▶ Despite its great success, SDPI has been flat funded at \$150 million since 2004 and has lost over a third of its buying power to medical inflation.

### Recommendation

Permanently reauthorize SDPI at a minimum of \$250 million automatic annual funding increases tied to the rate of medical inflation.





## Healing from Federal Boarding Schools

### Enact the *Truth and Healing Commission on Indian Boarding School Policies in the United States Act* (H.R. 5444/S. 2907)

#### Overview

- ▶ The United States Government Indian Boarding School Policy authorized the forced removal of hundreds of thousands of Native children, as young as 5 years old, relocating them from their homes in Tribal communities to one of the 367 Indian Boarding Schools across 30 States. Between 1869 and the 1960s, the United States federal government stole Native children from their families to destroy their indigenous identities, beliefs, and traditional languages to assimilate them into white American culture through federally funded Christian-run schools.
- ▶ This bill would create a Truth and Healing Commission on Indian Boarding School Policies in the United States that will be 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.
  - ▶▶ The Commission would work in collaboration with other agencies to develop recommendations for the federal government on how to acknowledge the trauma and help Native communities heal.

Co-sponsor and enact the *Truth and Healing Commission on Indian Boarding School Policies in the United States Act*





## Ending the Pandemic of Missing and Murdered Indigenous Peoples (MMIP)

Enact the *Violence Against Women Act (VAWA) Reauthorization Act of 2022* (S. 3623)

### Overview

- ▶ In February, Senators Dick Durbin (D-IL), Dianne Feinstein (D-CA), Lisa Murkowski (R-AK), and Joni Ernest (R-IA), joined by a bipartisan group of Senator co-sponsors, introduced the reauthorization of the bipartisan VAWA with historic inclusions to help all AI/ANs, including the over 70% who do not reside on reservations.
- ▶ The bill, which would reauthorize VAWA through 2027, includes several provisions affecting UIOs such as inclusion in youth and children victim grant programs and IHS/Tribal health programs/UIO funding set asides for programs expanding access to unified care and demonstration grants for comprehensive forensic training.
- ▶ UIOs are active in the work regarding MMIP, as many UIOs conduct home visits and are at the front-line to identify domestic violence and other risk factors for MMIP.

Co-sponsor and enact the *Violence Against Women Act (VAWA) Reauthorization Act of 2022*

**Note:** The *VAWA Reauthorization Act of 2022* was enacted on March 15, 2022, as part of the *Consolidated Appropriations Act, 2022*.





## Improving Data in Indian Health

### Enact the *Tribal Health Data Improvement Act* (H.R. 3841/S. 1397)

#### Overview

- ▶ Public health surveillance data systems at the Federal, State, and local levels indicate high rates of misclassification and under sampling of AI/ANs.
- ▶ The ***Tribal Health Data Improvement Act*** would require:
  - ▶▶ The Department of Health and Human Services to give tribes, tribal epidemiology centers, and the Indian Health Service access to public health surveillance programs and services.
  - ▶▶ The Centers for Disease Control (CDC) to give technical assistance to tribes and tribal epidemiology centers and to engage in tribal consultations on AI/AN birth and death records.
  - ▶▶ CDC to enter cooperative agreements with tribes, tribal organizations, UIOs, and tribal epidemiology centers to address misclassification of AI/AN birth and death records and public health surveillance information.
  - ▶▶ Encourage states to enter into data sharing agreements with tribes and tribal epidemiology centers.

Co-sponsor and enact the *Tribal Health Data Improvement Act*







## Improving the Response to the COVID-19 Pandemic for AI/ ANs

Enact the *Tribal Medical Supplies Stockpile Access Act of 2022* (H.R. 6372/S. 3444)

### Overview

- ▶ This bill would guarantee that IHS, tribal health authorities, and UIOs have access to the Strategic National Stockpile (SNS), a federal repository of drugs and medical supplies that can be tapped if a public health emergency could exhaust local supplies.
- ▶ Currently, IHS and tribal health authorities' access to the SNS is limited and is not guaranteed in the SNS statute. In contrast, states' and large municipalities' public health authorities have ready, direct access to the SNS.

Co-sponsor and enact the *Tribal Medical Supplies Stockpile Access Act of 2022*





## Tackling the Stigma and Advancing HIV Efforts in AI/AN Communities

### Increase Innovative Resources to Reduce Stigma and Fear Around HIV in AI/AN Communities and Increase Behavioral Health Support Resources at UIOs for AI/ANs Living with HIV

#### Overview

- ▶ Stigma and fear around HIV within their communities is a significant barrier for UIOs when addressing HIV, leading to AI/ANs in their area being diagnosed with HIV at later stages.
- ▶ UIOs reported the need for more behavioral health support resources to prevent substance abuse and suicide associated with the stigma of HIV.

#### Recommendation

Support efforts to improve resources around HIV stigma and increase HIV behavioral health resources.





## Parity in the Indian Health System

### Increasing Resources Supporting Medicaid–IHS Beneficiaries

**Enact the *Urban Indian Health Parity Act* (H.R. 1373 or H.R. 1888) to Ensure Permanent Full (100%) Federal Medical Assistance Percentage (FMAP) for Services Provided at UIOs**

#### Overview

- ▶ Congress recognizes the obligation of the federal government to pay for health services to Indians as IHS beneficiaries at the full cost of their care as Medicaid beneficiaries (See H.R. REP. No. 94-1026, pt. III, at 21 (1976)) as part of its fulfillment of the trust and treaty responsibilities to Indian Country.
- ▶ March 10, 2021, ARPA temporarily authorized two years of 100% FMAP to UIOs for Medicaid services for IHS-beneficiaries beginning April 1, 2021.
- ▶ Prior to the authorization of ARP Section 9815, health services delivered by an IHS-eligible UIO would receive reimbursement rates at the State's FMAP percentage, ranging from 56% to 84%
- ▶ Congress must extend permanent 100% FMAP to services provided at UIOs – to ensure parity across the IHS health care system and increase available funds to help Indian Country address this COVID-19 pandemic.
- ▶ This will not only help UIOs but will inject additional funding support into states – allowing them to better handle this COVID-19 crisis.
- ▶ Supported by NCAI, NIHB, the House Native American Caucus, Biden-Harris Administration, and IHS.

#### Legislative Text

*New Section. SEC. 1. EXTENSION OF FULL FEDERAL MEDICAL ASSISTANCE PERCENTAGE TO URBAN INDIAN ORGANIZATIONS. Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended by striking "Indian Health Care Improvement Act)" and inserting "Indian Health Care Improvement Act) or through an Urban Indian Organization (as defined in section 4 of the Indian Health Care Improvement Act) pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act or as a permanent program within the IHS direct care program."*

**Co-sponsor the Urban Indian Health Parity Act**







## Improving the Indian Health Workforce

### Inclusion of UIOs in National Community Health Aide Program (CHAP)

#### Overview

- ▶ Although UIOs are eligible for the Community Health Aide Program (CHAP) under the national expansion policy authorized in the Indian Health Care Improvement Act (IHCIA) and IHS officially initiated Urban Confer with UIOs in 2016, IHS changed its position in 2018 and further excluded UIOs from the consultation and confer process.
- ▶ IHS asserts that UIOs are excluded simply because they are not explicitly included in the statutory language of the nationalization of CHAP.
- ▶ UIOs are eligible for other similarly situated programs under IHCIA, including the Community Health Representative program and Behavioral Health and Treatment Services programs.
- ▶ UIOs are explicitly named in the statement of purpose in IHCIA, included throughout its Subchapter 1 on increasing the number of Indians entering the health professions and to assure an adequate supply of health professionals involved in the provision of health care to Indian people.
- ▶ CHAP will increase the availability of health workers in AI/AN communities.
- ▶ Because the purpose of IHCIA explicitly includes UIOs, the interpretation and implementation of any policy that implements IHCIA must be read to include UIOs when they are not explicitly excluded.

#### Legislative Text

*25 U.S.C. §1616(d)(2) is amended to read as follows: (2) Requirement; exclusion Subject to paragraphs (3) and (4), in establishing a national program under paragraph (1), the Secretary— (A) shall not reduce the amounts provided for the Community Health Aide Program described in subsections (a) and (b); (B) shall exclude dental health aide therapist services from services covered under the Program; and (C) shall include urban Indian organizations.*

*25 U.S.C. §1616(d)(3) is amended by striking "or tribal organization" each place it appears and inserting ", tribal organization, or urban Indian organization".*

*25 U.S.C. §1616(e) is amended striking "or a tribal organization," and inserting "a tribal organization, or an urban Indian organization".*

#### Recommendation

Support efforts to extend CHAP to UIOs.





## Improving the Indian Health Service

### Data is Dollars: Ensuring Accurate Data Collection in the Indian Health System

#### Health IT/Electronic Health Record (EHR) Improvement and IHS National Data Warehouse Reporting

##### Overview

- ▶ Over the past few years, IHS identified a need for modernization of Health Information Technologies (HIT) within their agency and moved forward with their HIT modernization project to improve interoperability with the EHR software. However, over half of UIOs do not use IHS' current Resource and Patient Management System (RPMS) for their EHR systems and request better direction from IHS on how to streamline data reporting.<sup>1</sup>
- ▶ UIOs also noted that because few programs are on the RPMS system, IHS' HIT support is cumbersome and does not address their unique systems. UIOs reported a need for technical assistance for their various EHR systems and require funding to access this support from their current system providers.<sup>2</sup>
- ▶ According to a UIO survey, the average percentage of the UIO's total patient population accurately reported by the NDW or IHS portal is 63.84 percent. UIOs expressed that they have consistently observed discrepancies between the health records data they submit to IHS and what the NDW reports back. UIOs cited that there is little support from their Area Offices with regards to improving the data discrepancies. UIOs expressed concern that funding is tied to data and if the data is inaccurate, then the funds are not being appropriately allocated.

##### Recommendation

- ▶ IHS must develop a UIO-specific plan for HIT modernization and improve technical assistance provided to UIOs for off-the-shelf EHRs.
- ▶ IHS must develop a task force to improve UIO user data to more accurately represent patients served by UIOs.

1. 2021 NCUIH Policy Assessment

2. Ibid





## Continuity in the Indian Health System

### Improve Area Office Consistency

#### Overview

- ▶ There are 4 types of UIO facilities as designated by IHS:
  - ▶▶ Full Ambulatory (n=23)
  - ▶▶ Limited Ambulatory (n=6)
  - ▶▶ Outreach and Referral (n=6)
  - ▶▶ Outpatient and Residential (n=6)
- ▶ From the 2021 Policy Assessment, "UIOs mentioned a pressing issue of the lack of consistency amongst IHS Area Offices. Staff turnover at Area Offices is often the source of this inconsistency and has a significant impact on UIOs. Some UIOs reported that the shifting in contract officers at their Area Offices is a "real threat", as the new contract officers do not quite understand the nature of Title V contracts and their facilities. UIOs noted that who their Area urban coordinator is, how engaged they are with the UIOs, and how familiar they are with urban programs carries weight in their experience with their Area Office. Some UIOs expressed that Area Offices do not have a strong understanding of how UIOs work. This is exhibited in Area site reviews, where some site visits are not adapted to the UIO or their facility type. One limited ambulatory UIO was cited by their Area Office in their annual site review for not having a Community Health Representative (CHR) and did not receive a response from their Area urban coordinator when inquiring about where it was in their funding agreement that they were required to have a CHR. Overall, there were echoed sentiments among UIOs that there is no uniformity in the way they are being assessed by their Area Offices. Meanwhile, other UIOs expressed that their Area Office does well with adjusting their site review to accurately reflect their unique facility types and services provided. It should also be noted that many UIOs felt they had strong, positive relationships with their Area Offices and were grateful for their work."

#### Recommendation

- ▶ IHS should improve processes to ensure all area coordinators are properly trained on the work of a UIO and the role of UIOs in the IHS system.
- ▶ The IHS must develop a site visit review process catered to the different types of UIO facilities.





## Elevate the Health Care Needs of Native Americans Within the Federal Government

Enact the *Stronger Engagement for Indian Health Needs Act* (H.R. 6406) to elevate the IHS Director to Assistant Secretary for Indian Health

### Overview

- ▶ This bill would elevate the IHS Director to Assistant Secretary for Indian Health within HHS, increasing their authority within the federal government on the health care needs of the AI/AN population.
- ▶ The Assistant Secretary would work to enhance the government-to-government relationship between Indian tribes and the United States, increase access and collaboration among agencies within HHS as Indian health policy and budgets are developed, bring much needed parity to Indian health care needs, and ensure these issues are a priority in current and future administrations.

Co-sponsor and enact the *Stronger Engagement for Indian Health Needs Act*





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