

# POLICY PRIORITIES

## *Upholding the Trust Responsibility to All American Indians and Alaska Natives*

### ABOUT NCUIH

The National Council of Urban Indian Health (NCUIH) serves as a resource center for individuals and organizations dedicated to improving the health of American Indian and Alaska Native people living in urban areas. NCUIH provides advocacy, education, technical assistance, training, leadership, and connections to Urban Indian Organizations (UIOs) and others who share our important mission.

### SUPPORT FOR TRIBAL SOVEREIGNTY

NCUIH respects and supports Tribal sovereignty and the unique government-to-government relationship between our Tribal Nations and the United States. NCUIH works to support those federal laws, policies, and procedures that respect and uplift Tribal sovereignty and the government-to-government relationship. NCUIH does not support any federal law, policy, or procedure that infringes upon, or in any way diminishes, Tribal sovereignty or the government-to-government relationship.

### TRUST RESPONSIBILITY

The United States has a trust responsibility to provide “federal health services to maintain and improve the health” of American Indians and Alaska Natives. 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.”<sup>1</sup>

In fulfillment of the National Indian Health Policy, the Indian Health Service provides funding for three health programs to provide health care to American Indian and Alaska Native people: IHS sites, Tribally-operated health programs, and Urban Indian Organizations (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 Indians and Alaska Natives. 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.

<sup>1</sup> 25 U.S.C. § 1601(1).



## 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>

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>

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)

## FULL FUNDING FOR NATIVE HEALTH INITIATIVES

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

- ▶ Support the Tribal Budget Formulation Workgroup Request of \$53.85 billion for IHS and \$965.25 million for the Urban Indian Line Item for FY 2025.
- ▶ 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 the Indian Health Service to Insulate the Indian Health System from Government Shutdowns and to Protect Patient Lives.
- ▶ Transition the Indian Health Service from Discretionary to Mandatory Appropriations.

### Meeting the Trust Obligation for IHS–Medicaid Beneficiaries Receiving Services at Urban Indian Organizations

- ▶ Enact the *Urban Indian Health Parity Act* (H.R. 6533) to Ensure Permanent Full (100%) Federal Medical Assistance Percentage (FMAP) for Services Provided at UIOs (100% FMAP for UIOs).

### Supporting Native Communities

- ▶ Support Native Communities by Passing the *Honoring Promises to Native Nations Act*.

## ELEVATING NATIVE VOICES AND FOSTERING DIALOGUE

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

- ▶ Increase the Department of Health and Human Services Engagement with Urban Indian Organizations through Urban Confer Policies.
- ▶ Establish an Urban Confer Policy at the Department of Veterans Affairs (VA).
- ▶ Better Serve Urban Native Populations by Establishing an Urban Indian Organization Interagency Workgroup.

### Make All Native Voices Heard: Ensuring Equitable Access to Voting

- ▶ Protect and Expand Access to Voting by Reintroducing the *Native American Voting Rights Act*.

### 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.

### Continuity in Urban Indian Organization Support from the Indian Health System

- ▶ Improve Area Office Communication and Consistency.

## **BUILDING HEALTH EQUITY: 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.
- ▶ Increase the Federal Engagement with Urban Indian Organizations through Urban Confer on the Provision of Health Care to Native Mothers and Infants.
- ▶ Ensure Critical Investments in Native Maternal Health by Passing the *Black Maternal Health Omnibus Act* (H.R. 3305/S.1606).

### **Addressing the Housing Crisis for Urban Natives**

- ▶ Improve Funding Access for Urban Indian Organizations to Expand Housing Services.

### **Improving Food Security for Urban American Indians and Alaska Natives**

- ▶ Increase Access to U.S. Department of Agriculture (USDA) Resources and Funding Opportunities for Urban American Indians 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 Indian Health Service Produce Prescription Pilot Program.

### **Tackling the Stigma and Advancing HIV Support Efforts in Native Communities**

- ▶ Increase Innovative Resources to Reduce Stigma Around HIV in Native Communities.

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

## **HONORING THE PROMISES TO NATIVE VETERANS**

### **Improving American Indian and Alaska Native Veteran Health Outcomes**

- ▶ Support the Unique Health Care Needs of Native Veterans by Passing the *Elizabeth Dole Home Care Act* (H.R. 542/S. 141).
- ▶ Engage with Urban Indian Organizations to Successfully Implement the Interagency Initiative to Address Homelessness for Urban American Indians and Alaska Native Veterans.
- ▶ Increase Urban American Indians and Alaska Native Access to the Department of Veterans Affairs Resources that Address Social Determinants of Health (SDOH).

## REVITALIZING NATIVE HEALTH: EMBRACING TRADITIONAL HEALING AND BEHAVIORAL WELLNESS

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

- ▶ 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.

### 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.
- ▶ Study and Incorporate Findings of the Public Health Impact of Indian Boarding Schools on Urban American Indian and Alaska Native People Today.

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

- ▶ Pass the *Bridging Agency Data Gaps and Ensuring Safety (BADGES) for Native Communities Act* (H.R. 1292/S. 465).
- ▶ 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

- ▶ Inclusion of Urban Indian Organizations in 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 of 2023* (H.R. 3046/S. 1403).
- ▶ 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* (S. 3022).
- ▶ Increase Tax Fairness for Loan Repayment for Urban Indian Organization Staff by Reintroducing the *Indian Health Service Health Professions Tax Fairness Act*.
- ▶ Permit U.S. Public Health Service Commissioned Officers to be Detailed to Urban Indian Organizations.

## 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

## Data is Dollars: Improving Data in Indian Health

- ▶ Improve Reporting for Urban Indian Organization Data.

## 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 Indians and Alaska Natives Within the Federal Government

- ▶ Pass the *Stronger Engagement for Indian Health Needs Act* (H.R. 2535) to elevate the IHS Director to Assistant Secretary for Indian Health.