



NATIONAL COUNCIL *of*
URBAN INDIAN HEALTH

2024

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.

OVERVIEW AND OBJECTIVE

NCUIH hosted five focus groups to identify UIO policy priorities for 2024 as they relate to Indian Health Service (IHS)-designated facility types (full ambulatory, limited ambulatory, outreach and referral, and outpatient and residential). NCUIH worked with UIOs to identify policy priorities for 2024. This document provides a summary of the 2024 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 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."¹

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.

¹ 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.¹

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.²

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

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

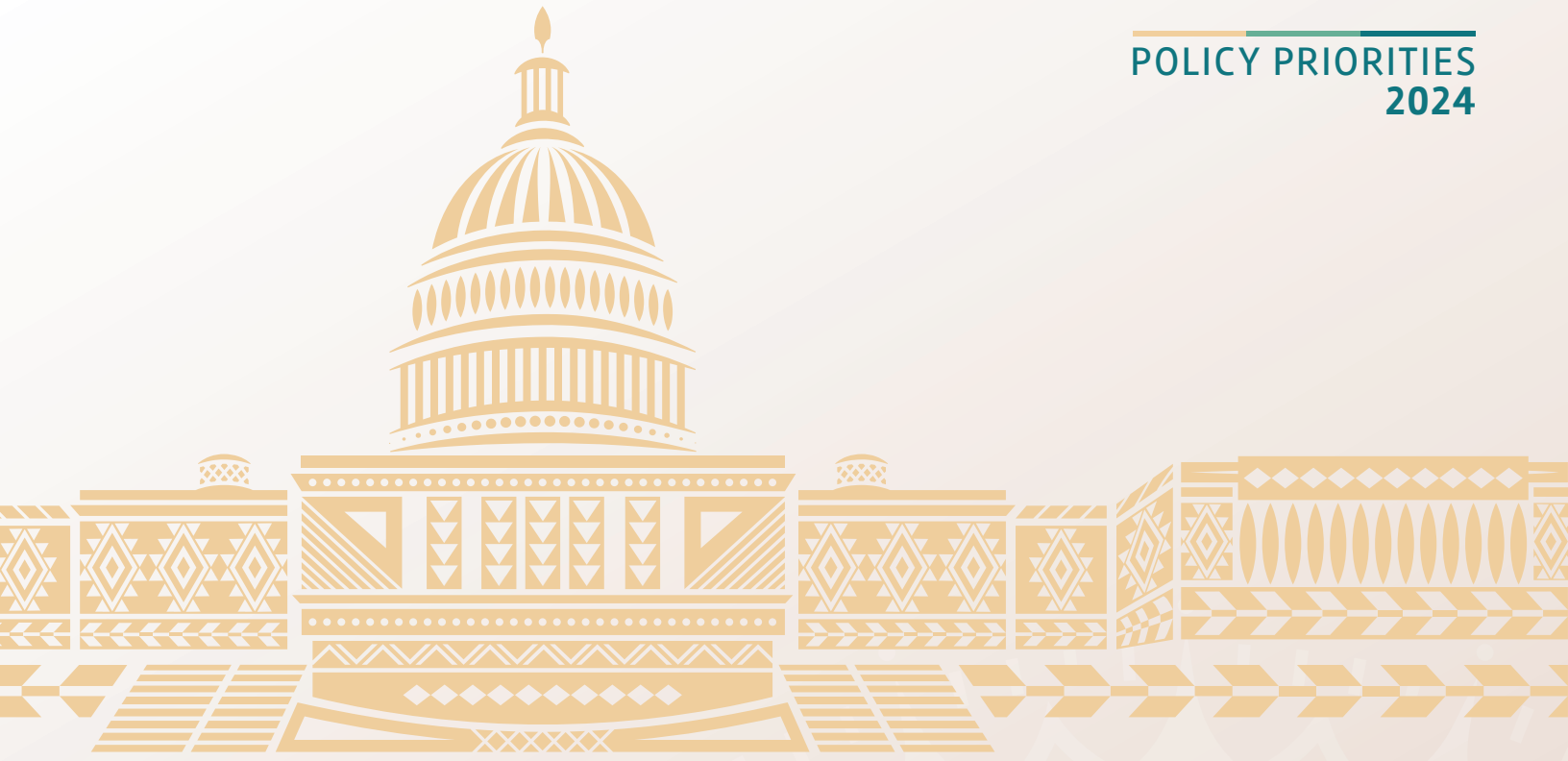
- ▶ Improve Reporting for Urban Indian Organization Data.

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.



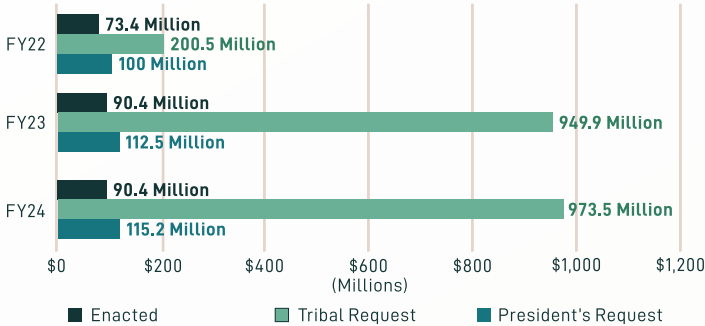
FULL FUNDING FOR NATIVE HEALTH INITIATIVES



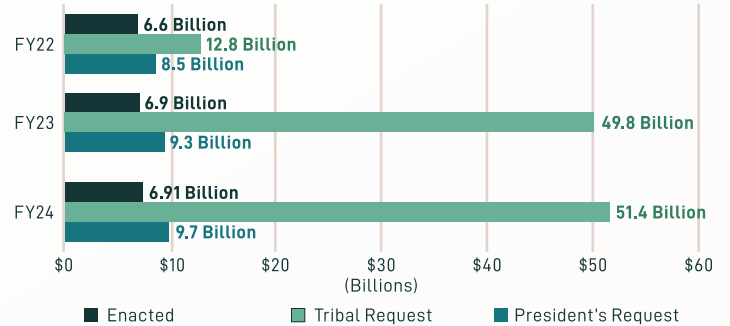
Fully Fund the Indian Health Service (IHS) and Urban Indian Health at the Amounts Requested by Tribes

Support the Tribal Budget Formulation Workgroup request of \$53.85 billion for IHS and \$965.25 million for the Urban Indian Line Item for FY25

Urban Indian Health Funding



IHS Funding



Overview

- ▶ Urban Indian Organizations (UIOs) are a critical part of the Indian health system, commonly called the Indian Health Service/Tribal/UIO (I/T/U) system. The *Indian Health Care Improvement Act* authorizes the IHS to enter into contracts with UIOs to fulfill the United States' trust responsibility to Native people living in urban areas.
- ▶ IHS is historically underfunded, which impacts UIOs that serve Native people living in urban areas.
- ▶ Nationwide, UIOs serve patients from over 500 federally recognized Tribes.¹ In 2021, approximately 96.1% of IHS-eligible patients served at UIOs were citizens of federally recognized Tribes.²
- ▶ UIOs receive direct funding primarily from one line item – Urban Indian Health – and generally do not receive direct funding from other distinct IHS line items, such as the facilities line item. Increasing the Urban Indian Health line item is necessary for UIOs to expand services.
- ▶ Annual appropriations for the Urban Indian Health line item have historically only made up around 1% of the IHS budget.
- ▶ Even with recent increases to the Urban Indian Health line item, the federal government has failed to keep pace with medical inflation. Despite the Urban Indian Health line item nominally doubling between FY 2000 and FY 2020, the line item only increased by 3.7% in real dollars.³
- ▶ The Tribal Budget Formulation Workgroup (TBFWG), a national workgroup that identifies annual Tribal funding priorities, recommended increasing the Urban Indian Health line item from \$90.4 million to \$965.25 million in FY 2025 to address the growing health needs of urban American Indian and Alaska Native communities as part of an overall request of \$53.85 billion for the IHS.

Congressional Recommendations

- ▶ Sign letters to Appropriators requesting enactment of the TBFWG's funding recommendations for IHS (53.85 billion) and urban Indian health (\$965.25 million for UIOs).
- ▶ Appropriate full funding for IHS and the Urban Indian Health line item at the amount requested by Tribal leaders.

Federal Recommendation

- ▶ Submit a President's budget that requests full funding for IHS, including the Urban Indian Health line item at the amount requested by Tribal leaders.

1 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

2 *Id.*

3 National Council of Urban Indian Health, Is Funding to Urban Indian Organizations (UIOs) Actually Increasing?, https://ncuih.org/wp-content/uploads/Is-Fundingto-UIOs-Actually-Increasing_D045_V3.pdf

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

Support Participation and Continued Inclusion of Urban Indian Organizations in the IHS Budget Formulation Process

Overview

- ▶ Urban Indian Organizations (UIOs) are funded in large part through grants and contracts from the IHS pursuant to the *Indian Health Care Improvement Act* (IHCA). Therefore, the allocation of IHS funds directly affects the ability of UIOs to maintain and expand services for Native people in urban areas.
- ▶ UIOs' participation in the budget formulation process provides IHS and Tribes with critical information concerning areas of the IHS budget that directly or indirectly affect UIO facilities, services, and, ultimately, their patients.
- ▶ UIO involvement in the larger budget formulation process provides UIOs with a forum to connect and communicate with Tribes on the needs of their respective service populations and coordinate broad-scale budget priorities.
- ▶ Continued involvement of UIOs in the Budget Formulation process is essential to uphold the United States trust responsibility and to fulfill the national policy of the United States "to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities"¹ and the IHS's urban confer policy as outlined in the Indian Health Manual.^{2,3}

Federal Recommendations

- ▶ Ensure UIOs are meaningfully included throughout the entire IHS Budget Formulation process.
- ▶ Advertise all Area Budget Formulation meetings publicly on the IHS website with a minimum of two weeks advance notice.
- ▶ All relevant federal agencies, such as the Department of Health and Human Services and the Office of Management and Budget, should engage directly with UIOs on Budget Formulation to ensure that funding is inclusive of the entire Indian health system.

INDIAN HEALTH CARE RESOURCE CENTER OF TULSA



¹ See 25 U.S.C. § 1602(3).

² 25 U.S.C. § 1660d(b).

³ See Indian Health Manual, Chapter 26, Part 5 (2014), available at <https://www.ihs.gov/ihtm/pc/part-5/p5c26/>.

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

Overview

- ▶ Historically, Congress has funded the Indian Health Service (IHS) through the regular appropriations process, which has left the Indian health system subject to government shutdowns, automatic sequestration cuts, and continuing resolutions.
- ▶ The FY24 appropriations packaged provided \$5.19 billion in advance appropriations to IHS for FY25.¹
- ▶ Maintaining advance appropriations is critical to providing certainty to the Indian health system and ensuring unrelated budget disagreements do not risk lives.
- ▶ Advance appropriations allow UIOs to make strategic long-term budgetary plans and strengthen staff retention, which improves the care they provide to their communities.
- ▶ Advance appropriations also ensure that continuing resolutions and shutdowns do not generate harmful impacts on IHS and destabilize the continuity of care for patients.²
- ▶ *The Indian Program Advance Appropriations Act* (H.R. 4832/S.2424) authorizes advance appropriations for IHS, Contract Support Costs, Payments for Tribal Leases, Indian Health Facilities, Operation of Indian Programs, Operation of Indian Education, and several other critical Indian Services Accounts.

Congressional Recommendation

- ▶ Co-sponsor and pass the *Indian Advance Appropriations Act of 2023* (H.R. 4832/S.2424).

Federal Recommendation

- ▶ All relevant federal agencies, such as IHS, the Department of Health and Human Services, and the Office of Management and Budget, should work to ensure continued inclusion of advance appropriations for the IHS in the President's Budget.

¹ Sen Appro, H. RES. LI 118TH CONGRESS (2024)

² Advancing Health Equity Through the Federal Funding for the Indian Health Service and Strengthening Nation-to-Nation Relationships.2022. The National Budget Formulation Workgroup.

Protect Funding for Native Health from Political Disagreements

Transition the Indian Health Service from Discretionary to Mandatory Appropriations

Overview

- ▶ The federal government cannot fulfill its trust responsibility to provide health care when the Indian Health Service (IHS) continues to be subject to annual appropriations; mandatory funding is essential to upholding the trust responsibility.¹
- ▶ According to IHS “[w]hile advance appropriations resolve some of the challenges presented by annual discretionary funding like the instability caused by continuing resolutions and lapses in appropriations, they do not address issues of adequacy or predictability in funding.”²
- ▶ Mandatory funding for the IHS, including the Urban Indian Health line item, is necessary and long overdue to ensure stable and predictable funding for American Indian and Alaska Native health care exempt from the political process.
- ▶ Stable funding will allow Urban Indian Organizations (UIOs) to maintain consistent services regardless of Congressional budget disagreements and will save Native lives.
- ▶ At the minimum, Congress must reclassify 105(l) leases and contract support costs as mandatory funding.
- ▶ Since 2014, the Appropriations Committees have recognized that “[t]ypically obligations of this nature are addressed through mandatory spending, but in this case, since they fall under discretionary spending, they have the potential to impact all other. . . equally important tribal programs.”
- ▶ On July 12, 2023, the National Council of Urban Indian Health (NCUIH) joined the National Indian Health Board (NIHB) and 21 Tribal Nations and Native partner organizations in sending a letter to House and Senate leadership stating their support for the President’s FY 2024 proposal to reclassify Contract Support Costs (CSC) and Section 105(l) Tribal Lease Payments as mandatory appropriations and to increase program administration staff.

Congressional Recommendations

- ▶ Authorize mandatory direct appropriations for IHS at the amount recommended by the Tribal Budget Formulation Workgroup and with automatic adjustments for inflation and population growth.
- ▶ Reclassify Contract Support Costs and 105(l) Leases to mandatory spending to allow for the growth of critical Indian health programs.

Federal Recommendations

- ▶ All necessary federal agencies, including IHS, the Department of Health and Human Services, and the Office of Management and Budget, should work with each other and Tribal and UIO partners to develop a plan to transition IHS to mandatory appropriations.
- ▶ Propose mandatory funding for IHS in the President's budget at the amount recommended by the Tribal Budget Formulation Workgroup and with automatic adjustments for inflation and population growth.

¹ Advancing Health Equity Through the Federal Funding for the Indian Health Service and Strengthening Nation-to-Nation Relationships.2022. The National Budget Formulation Workgroup.

² U.S. Dep't of Health and Human Services, Fiscal Year 2024 Indian Health Service Justification of Estimates for Appropriations Committees (Mar. 10, 2023), https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display_objects/documents/FY2023BudgetJustificaton.pdf.

Enact the Urban Indian Health Parity Act to Ensure Permanent Full (100%) Federal Medical Assistance Percentage for Services Provided at Urban Indian Organizations (100% FMAP for UIOs)

Overview

- ▶ The cost of Medicaid services is usually split between state governments and the federal government. The federal government's share is referred to as the federal medical percentage (FMAP).
- ▶ Generally, the FMAP for Medicaid services provided to Indian Health Service (IHS)/Medicaid beneficiaries at IHS and Tribal 638 facilities at 100%.¹
- ▶ When Congress first authorized 100% FMAP for the Indian health system in 1976, it did so because it recognized that "Medicaid payments are . . . a much-needed supplement to a health care program which has for too long been insufficient to provide quality health care to" American Indian and Alaska Native people and because "the Federal government has treaty obligations to provide services to Indians, it has not been a State responsibility."²
- ▶ Unfortunately, Congress failed to include UIOs in the original 100% FMAP authorization, and, as a result, Urban Indian Organizations (UIOs) are reimbursed at lower rates for services provided to Medicaid-IHS beneficiaries when compared to IHS and Tribal providers.
- ▶ In March 2021, Congress temporarily authorized eight quarters of 100% FMAP for UIOs. Unfortunately, this provision expired in March 2023.
- ▶ The eight fiscal quarters of 100% FMAP for UIOs allowed some states to increase funding to their UIOs through increased reimbursement rates or a grant program to pass on the state-realized savings due to 100% FMAP. This in turn, allowed those UIOs to utilize these increased financial resources to expand services for American Indian and Alaska Native Medicaid beneficiaries.
- ▶ Amending the SSA to provide permanent 100% FMAP for UIOs would require the federal government to bear the cost of Medicaid services provided to all American Indian and Alaska Native beneficiaries, no matter which facet of the Indian health system they utilized, as is required by the trust responsibility.
- ▶ This amendment is supported by the National Congress of American Indians (NCAI)³, the National Indian Health Board (NIHB)⁴, and the Centers for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG).⁵

Congressional Recommendation

- ▶ Pass and co-sponsor the *Urban Indian Health Parity Act* (H.R. 6533).

Legislative Text

Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended by inserting after "by an Indian tribe or tribal organization (as defined in section 4 of the Indian Health Care Improvement Act)" the following: ", or through an urban Indian organization (as defined in section 4 of such Act) pursuant to a grant or contract with the Indian Health Service under the Indian Health Care Improvement Act."

Federal Recommendation

- ▶ Propose a legislative fix amending the SSA to provide permanent 100% FMAP for services provided to Medicaid beneficiaries at UIOs in the President's Budget.

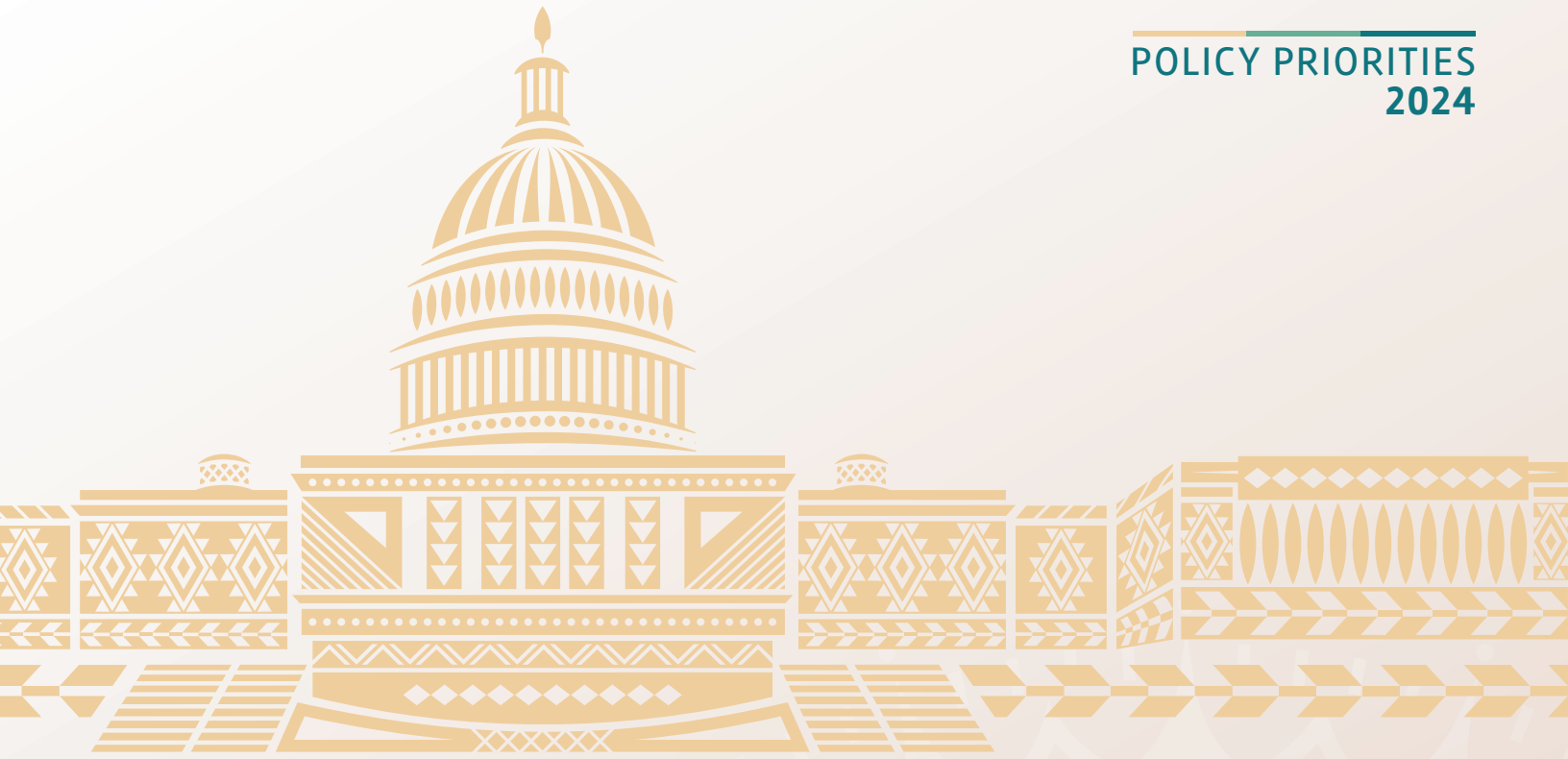
¹ 42 U.S.C. § 1396d(b).

² National Congress of American Indians Resolution #NO-23-037.

³ National Congress of American Indians Resolution #NO-23-037.

⁴ National Indian Health Board Resolution 17-06.

⁵ TTAG letter to CMS. Retrieved from: https://www.nihb.org/tribalhealthreform/wp-content/uploads/2023/06/TTAG-Letter-to-CMS_Tribal-Priorities-w-Text.pdf



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

Overview

- ▶ It is the national policy of the United States “to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities.”¹
- ▶ However, many agencies throughout the Department of Health and Human Services (HHS) that provide or support the provision of health care to American Indians and Alaska Natives fail to adequately include Urban Indian Organizations (UIOs) in the direction of those services.
- ▶ An urban confer is an open and free exchange of information and opinions that leads to mutual understanding and comprehension and emphasizes trust, respect, and shared responsibility.²
- ▶ Urban confer policies are a response to decades of deliberate federal efforts (i.e., forced assimilation, termination, relocation) that contributed to over 70% of American Indian and Alaska Native people living in urban areas, thus making urban confer integral to addressing the care needs of American Indian and Alaska Native people.
- ▶ UIOs need avenues for direct communication with all the agencies charged with overseeing the health of their American Indian and Alaska Native patients.
- ▶ It is important to note that urban confer policies do not supplant or otherwise impact Tribal consultation and the government-to-government relationship between Tribes and the United States.

Congressional Recommendations

- ▶ Co-sponsor and pass the *Urban Indian Health Confer Act* (H.R.630).
- ▶ Introduce legislation to direct non-HHS agencies who provide or support the provision of health care services to American Indian and Alaska Native people to create and implement urban confer policies.

Federal Recommendations

- ▶ Ensure the Office of Urban Indian Health Programs (OUIHP) is actively involved at every level of American Indian and Alaska Native health policy development decision-making to ensure UIO interests and issues are adequately accounted for and addressed.
- ▶ Increase agency engagement with UIOs and develop policies to facilitate communication between UIOs and other agencies that provide or support the provision of health care services to American Indian and Alaska Native people, including services that address social determinants of health.

¹ 25 USC § 1602.

² U.S.C. § 1660d.

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

Establish an Urban Confer Policy at the Department of Veterans Affairs (VA)

Overview

- ▶ An urban confer is an open and free exchange of information and opinions that leads to mutual understanding and comprehension and emphasizes trust, respect, and shared responsibility.¹
- ▶ Urban confer is an established mechanism for dialogue between federal agencies and Urban Indian Organizations (UIOs). They are a response to decades of deliberate federal efforts (forced assimilation, termination, relocation) that contributed to over 70% of American Indian and Alaska Native people living in urban areas. This has made urban confer integral to addressing the care needs of American Indian and Alaska Native people.
- ▶ American Indian and Alaska Native people have historically served in the U.S. military at a higher rate than any other population and have served in every major armed conflict in the nation's history.
- ▶ UIOs are essential partners in serving American Indian and Alaska Native Veterans and are vital to the Veterans Health Administration's (VHA) mission to improve care and access to services for American Indian and Alaska Native Veterans because of their deep ties to the American Indian and Alaska Native communities in urban areas.
- ▶ UIOs provide essential services to Native Veterans throughout the country, including primary care, mental health, traditional healing, and social services.
- ▶ UIOs currently serve seven of the ten urban areas with the largest American Indian and Alaska Native Veteran populations, including the following areas: Phoenix, Los Angeles, Dallas, Oklahoma City, New York City, and Chicago.
- ▶ An urban confer policy will help the VA better understand the needs and perspectives of urban Native American Veterans and work collaboratively to provide them with effective, culturally competent services.

Congressional Recommendation

- ▶ Introduce legislation to establish a confer policy at the Department of Veteran Affairs.

¹ 25 U.S.C. § 1660d.



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

Better Serve Urban Native Populations by Establishing an Urban Indian Organization Interagency Workgroup

Overview

- ▶ Included in the FY24 Senate Interior Appropriations Committee Bill is the direction for the Indian Health Service (IHS) to establish an Urban Indian Organization (UIO) interagency workgroup to identify the needs and develop strategies to better serve urban Native populations.
- ▶ The workgroup would help identify federal funding strategies to better address the needs of urban American Indian and Alaska Native people, 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 the Department of Health and Human Services (HHS) and associated agencies, and ensure that UIOs can regularly meet with federal agencies to address relevant topics of concern.
- ▶ The intended goals of the proposed interagency workgroup include improving the effectiveness of federal investment in urban American Indian and Alaska Native communities, increasing the impact of federal resources in infrastructure development, improving the provision of health care to American Indian and Alaska Native people living in urban areas, and developing urban confer policies at HHS and associated agencies.
- ▶ These goals align with the mission set forth for the White House Council on Native American Affairs (WHCNA) in E.O. 13647, making it an ideal forum to house the interagency workgroup.

Congressional Recommendation

- ▶ Ensure that House and Senate appropriators include language establishing the workgroup in the final appropriations bill.

Senate Report Language

The Committee is committed to improving the health and well-being of American Indians and Alaska Natives [AI/AN] living in urban Indian communities. Despite the excellent efforts of Urban Indian Organizations, AI/AN populations continue to be left out of many Federal initiatives. Therefore, the Committee directs the Indian Health Service to continue to explore the formation of an interagency working group to identify existing Federal funding supporting Urban Indian Organizations [UIOs] and determine where increases are needed, where funding is lacking, or what programs should be amended to allow for greater access by UIOs; to develop a Federal funding strategy to build out and coordinate the infrastructure necessary to pilot and scale innovative programs that address the needs and aspirations of urban AI/ANs in a holistic manner; develop a wellness centered framework to inform health services; and meet quarterly with UIOs to address other relevant issues. In addition to the Indian Health Service, the working group should consist of the U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, U.S. Department of Agriculture, U.S. Department of Justice, U.S. Department of Education, U.S. Department of Veteran Affairs, U.S. Department of Labor, the Small Business Administration, the Economic Development Agency, FEMA, the U.S. Conference of Mayors, and others as identified by UIOs.

Protect and Expand Access to Voting by Reintroducing the Native American Voting Rights Act

Overview

- ▶ American Indian and Alaska Native people face unique barriers to voting that have historically caused low voter turnout. Some of these barriers include a lack of traditional addresses, lack of access to required identification forms, cultural and political isolation, and difficulties reaching the polls.
- ▶ The Native American Voting Rights Coalition estimates that approximately 1,000,000 eligible American Indian and Alaska Native voters are not currently registered to vote.¹
- ▶ In 2021, the House introduced the *Frank Harrison, Elizabeth Peratrovich, and Miguel Trujillo Native American Voting Rights Act of 2021*. This bill would expand the types of facilities that can be used as voter registration sites, validate Tribal identifications for voting and voter registration, increase accessibility to polling sites, and expand requirements for bilingual voting accessibility.
- ▶ In March 2023, President Biden signed Executive Order 14019 to promote access to voting. This included a provision for the Indian Health Service to promote access to voting in Indian Country by “piloting high-quality voter registration services to patients across five IHS facilities by the end 2023.”²

Congressional Recommendations

- ▶ Reintroduce and pass the *Native American Voting Rights Act* to protect and expand access to voting in Indian Country.
- ▶ Pass the *John R. Lewis Voting Rights Act of 2023* (H.R. 14).

Federal Recommendation

- ▶ All appropriate federal agencies should work together to efficiently implement Executive Order 14019 to promote access to voting, including expanding voter registration sites at IHS facilities.



¹ The Native American Rights Fund, *Native Voter Impact: A Potent but Untapped Political Force*, Native American Rights Fund (2020), https://vote.narf.org/wp-content/uploads/2020/06/obstacles_voter_impact_summary.pdf (last visited Feb 23, 2024).

² The White House, *FACT SHEET: The Biden-Harris Administration Continues to Promote Access to Voting*, THE White HOUSE (2023), <https://www.whitehouse.gov/briefing-room/statements-releases/2023/03/05/fact-sheet-the-biden-harris-administration-continues-to-promote-access-to-voting/> (last visited Feb 23, 2024).

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

Overview

- ▶ Even when Congress specifically lists Urban Indian Organizations (UIOs) as eligible entities when appropriating funding for grants and other funding opportunities, agencies within HHS will forget to list UIOs in the Notice of Funding Opportunity (NOFO).
- ▶ Failure to explicitly include UIOs in legislative and/or NOFO language often effectively prohibits UIOs from accessing the related funding, even if the legislation and NOFO did not intentionally exclude UIOs. Many agencies assume that UIOs fall within the "Tribal Organization" designation for funding, but this is incorrect.
- ▶ While UIOs may fall within some general terms, such as "non-profit organization," it is most effective to explicitly include UIOs in grant and NOFO language when funding is intended to be inclusive of UIOs to ensure UIOs receive it.
- ▶ Additionally, there are times when a general grant to non-profits is not appropriate, but a grant to UIOs would be. For example, if the grant is intended to serve Indian health care facilities, including UIOs in grant funding would be appropriate, while including non-profit organizations would generally not be.

Congressional Recommendation

- ▶ Ensure UIOs are included as eligible entities in relevant funding legislation intended to be inclusive of UIOs. Funding should always be sufficient to meet the needs of the entire Indian health care system.

Federal Recommendation

- ▶ Ensure inclusion of UIOs in NOFOs when they are eligible entities for federal funding.



Overview

- ▶ Urban Indian Organizations (UIOs) report inconsistent oversight and management among Indian Health Service (IHS) Areas in subjects of critical importance such as funding processes, IT support, on-site review, and more.
- ▶ For example, during the height of the COVID-19 public health emergency, funds from various supplemental packages were disbursed irregularly across IHS Areas, with few standard practices across area offices. This meant that UIOs could not collaborate to establish best practices for accessing and using this funding to combat the COVID-19 pandemic.
- ▶ Staff turnover at area offices can be a source of inconsistency. New staff may not have the necessary understanding of essential aspects of the relationship between UIOs and the IHS, such as the nature of UIO contracts and budget communications.
- ▶ Some UIOs report differences in messaging from the Office of Urban Indian Health Programs (OUIHP) and their area staff, as well as differences in messaging between IHS Areas.
- ▶ Inconsistencies in area communication limit UIOs' ability to work together to develop best practices and standardized processes. This means that IHS cannot progress towards its stated objective to "build, strengthen, and sustain collaborative relationships" within the Indian health system.¹
- ▶ While several UIOs have reported these inconsistencies, many UIOs have reported strong working relationships with their area offices.
- ▶ These positive relationships should be used as examples to identify best practices, serve as models for implementation, and include a goal or objective aimed at improving oversight and management consistency with area offices.

Federal Recommendations

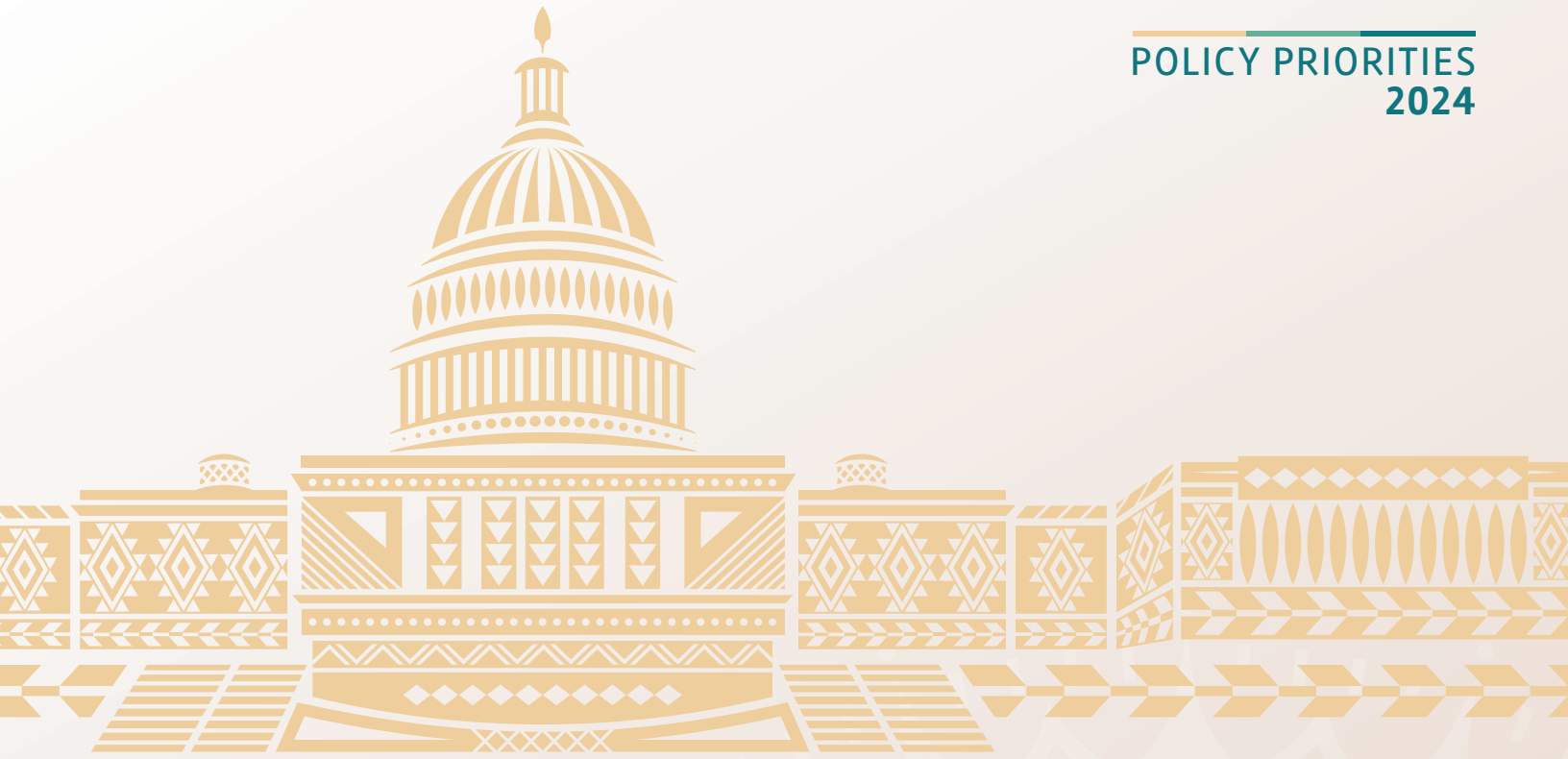
- ▶ IHS should provide OUIHP with sufficient resources to fulfill OUIHP's Strategic Plan's Pillar 1,² which seeks to provide effective, timely, and transparent communication.
- ▶ IHS should ensure that OUIHP is able to provide all IHS Area coordinators with the resources, technical assistance, and training to strengthen and support the role of UIOs in the Indian health system to fulfill Strategic Pillar 2 of the OUIHP Strategic Plan,³ which seeks to improve OUIHP operations oversight and management through training and development across IHS Areas.
- ▶ Ensure that IHS headquarters and OUIHP work with UIOs to develop standardized guidance for area offices on best practices for working with UIOs, including Title V contracts, budget consultations, program administration, and funding distribution to ensure consistency across area offices consistent with Strategic Pillar 2, Goal 2,⁴ which seeks to continue to standardize contract templates.

¹ IHS Strategic Plan: Goal 1, INDIAN HEALTH SERVICE, <https://www.ihs.gov/strategicplan/goal-1/> (last accessed Feb. 23, 2024).

² 2023-2027 Office of Urban Indian Health Programs Strategic Plan, INDIAN HEALTH SERVICE (Jan. 2023), https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2023_Letters/DTLL_DUIOLLL_060523_Enclosure.pdf

³ *Id.* Strategic Pillar 2.

⁴ *Id.*



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

Overview

- ▶ American Indian and Alaska Native people are disproportionately at risk for infant and maternal mortality, preterm birth, and low birth weight, and they are also disproportionately impacted by the comorbidities associated with these outcomes and the physical and social environments that often do not support optimal health.¹
- ▶ Formed in 1991, the Advisory Committee on Infant and Maternal Mortality (ACIMM) advises the Secretary of Health and Human Services (HHS) on department activities, partnerships, policies, and programs directed at reducing infant mortality, maternal mortality, and severe maternal morbidity, and improving the health status of infants and women before, during, and after pregnancy.
- ▶ The ACIMM consists of public and private members and provides advice on coordinating governmental efforts to improve infant mortality, related adverse birth outcomes, and maternal health, as well as influence similar efforts in the private and voluntary sectors.
- ▶ ACIMM focuses on underlying causes of the disparities and inequities seen in birth outcomes for women and infants, and the HHS Secretary on the health, social, economic, and environmental factors contributing to the inequities and proposes structural, policy, and/or systems-level changes.
- ▶ While the ACIMM currently has a standing IHS ex-officio member, there are no members who represent Tribal or urban Indian health care providers.

Federal Recommendations

- ▶ Include a Tribal and an Urban Indian Organization (UIO) health provider representative on the ACIMM to complement the work of the standing IHS ex-officio member.
- ▶ Encourage ACIMM to collaborate with UIOs to gather accurate data on urban American Indian and Alaska Native infant and maternal health.
- ▶ Improve American Indian and Alaska Native representation on the ACIMM by creating two seats: a Tribal and a UIO seat so that ACIMM can receive a variety of viewpoints regarding the provision of health care to diverse American Indian and Alaska Native communities.
- ▶ Create an ACIMM subcommittee dedicated to addressing American Indian and Alaska Native infant and maternal health disparities.



¹ HHS Office of Minority Health. Infant Mortality and American Indians and Alaska Natives. 2023. [Infant Mortality and American Indians/Alaska Natives - The Office of Minority Health \(hhs.gov\)](https://www.hhs.gov/omh)

Increase Federal Engagement with Urban Indian Organizations Through Urban Confer on the Provision of Health Care to Native Mothers and Infants

Overview

- ▶ According to the Department of Health and Human Services (HHS) Office of Minority Health, American Indian and Alaska Native infants have almost twice the infant mortality rate as non-Hispanic whites. Additionally, American Indian and Alaska Native infants are also almost three times more likely than non-Hispanic white infants to die from accidental deaths before the age of one year. They are fifty percent more likely to die from complications related to low birthweights as compared to the same group.¹
- ▶ Among the factors that negatively impact maternal and infant health outcomes in American Indian and Alaska Native communities are difficulty accessing health insurance and health care services, discrimination, homelessness, pollution, environmental degradation, high levels of sexual and interpersonal violence, and intergenerational trauma resulting in behavioral health problems.

Federal Recommendations

- ▶ Establish an HHS Urban Confer Policy to ensure that urban American Indian and Alaska Native people can provide pertinent guidance to HHS on department activities, partnerships, policies, and programs directed at reducing infant and maternal mortality, severe maternal morbidity, and improving the health status of infants and women before, during, and after pregnancy.
- ▶ Encourage the Health Resource Services Administration's (HRSA) Maternal and Child Health Bureau to collaborate with Urban Indian Organizations (UIOs) as well as state and local research organizations to develop a framework to address limitations in data gathering and eventually reduce these health disparities.
- ▶ Establish an Urban Confer Policy with HRSA to assist the agency and UIOs in providing services, access to valuable and accurate data, and improved care for mothers and infants.

¹ State & Territory Minority Health and IHS Offices - The Office of Minority Health, <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=6> (last visited Mar 16, 2023).

Ensure Critical Investments in Native Maternal Health by Passing the Black Maternal Health Momnibus Act (H.R. 3305/S.1606)

Overview

- ▶ Data from 2019 showed that American Indian and Alaska Native mothers were 3x as likely to receive late or no prenatal care when compared to non-Hispanic white mothers.¹
- ▶ A study of American Indian and Alaska Native people in Urban Indian Organization (UIO) service areas found that while birth rates, in general, were lower in the urban Native population (12.8 and 16.5 per 1,000 population, respectively), premature birth rates for both urban and non-urban American Indian and Alaska Native people were higher than those of all other races and ethnicities combined.²
- ▶ Over half of UIOs provide care for maternal health, infant health, prenatal, and/or family planning.³
- ▶ The *Black Maternal Health Momnibus Act* (H.R. 3305/S.1606) makes critical investments to address social determinants of health, provide funding for community-based organizations, grow and diversify the perinatal health workforce, expand access to maternal mental health care, address the effects of climate change on maternal and infant health, and improve data collection processes.⁴
- ▶ UIOs are eligible to receive funding to promote health equity for urban Native mothers through many of the Act's proposed programs.

Congressional Recommendation

- ▶ Co-sponsor and Pass the *Black Maternal Health Momnibus Act* (H.R. 3305/S.1606).



¹ Mathews TJ, Driscoll AK, Trends in infant mortality in the United States, 2005–2014, (2017) available at: <https://www.cdc.gov/nchs/data/databriefs/db279.pdf>

² Castor ML, Smyser MS, Tauli MM, Park AN, Lawson SA, Forquera RA. "A nationwide population-based study identifying health disparities between American Indians/ Alaska Natives and the general populations living in select urban counties." *Am J Public Health*, 2006;96(5)

³ See Id

⁴ [In Honor of Mother's Day, Adams, Booker, Underwood Reinroduce the Momnibus to End America's Maternal Health Crisis | Congresswoman Alma Adams \(house.gov\)](#)

Overview

- ▶ Since 2015, there has been a 30 percent increase in homelessness and a 61 percent increase in unsheltered homelessness for American Indian and Alaska Native people, including urban American Indian and Alaska Native people.¹
- ▶ Urban Indian Organizations (UIOs) report that patients are struggling to find stable housing, and housing insecurity is highest among patients facing behavioral health issues.
- ▶ Housing support is being increasingly requested of UIOs by their patients, even though it is often outside their scope of practice. UIOs need resources to help improve housing security in their communities.

Congressional Recommendation

- ▶ Ensure Urban Indian Organization inclusion in grants and programs relating to housing support intended to help Native communities.

Federal Recommendation

- ▶ Ensure that the Department of Housing and Urban Development engages with UIOs.



¹ State of Homelessness: 2023 Edition, NATIONAL ALLIANCE TO END HOMELESSNESS, <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/> (last visited Dec 11, 2023).

Increase Access to the United States Department of Agriculture Resources and Funding Opportunities for Urban American Indian and Alaska Native Communities

Overview

- ▶ Urban American Indian and Alaska Native people are more than three times more likely to die from diabetes than their White peers and have higher death rates attributable to heart disease than urban White people. Diabetes and heart disease are among the top five leading causes of death for Native people who live in urban areas.¹
- ▶ These chronic health conditions are a direct result of federal policy and programs that systematically distanced American Indian and Alaska Native people from their traditional lands, ways of interacting with the natural world, food cultivation practices, and diets.
- ▶ Urban Indian Organizations (UIOs) have actively engaged in effective efforts and activities to mitigate and eliminate food insecurity in urban American Indian and Alaska Native communities.
- ▶ UIOs incorporate cultural knowledge into their offerings to support efforts to reinvigorate traditional practices in healthy eating and physical activity.
- ▶ Many UIOs operate programs or provide resources to specifically address food security and nutrition, including food banks and meal services; community gardens, cooking, and nutrition classes; exercise resources – community workout groups, facilities, and events; counseling or classes tailored specifically toward diabetes prevention and care.
- ▶ Despite these programs, American Indian and Alaska Native people, including those in urban settings, face high levels of food insecurity and diseases related to lack of access to healthy foods, like diabetes and heart disease.²

Congressional Recommendation

- ▶ Ensure the Farm Bill incorporates Urban Indian Organizations where appropriate to provide additional resources to improve food security in urban Native communities.

Federal Recommendations

- ▶ Ensure UIOs can access and are eligible for appropriate funding and resources available through United States Department of Agriculture (USDA) and Food Nutrition Services programs to address food insecurity and healthy food access issues among urban American Indians and Alaska Native populations.
- ▶ Support UIO programs addressing food security and nutrition through consistent agency engagement.
- ▶ Support efforts to identify, conduct, and/or disseminate research on food security and nutrition that is inclusive of urban American Indian and Alaska Native populations.

¹ Jasmine L. Jacobs-Wingo, David K. Espey, Amy V. Groom, et al., *Causes and Disparities in Death Rates Among Urban American Indian and Alaska Native Populations, 1999–2009*, AM. J. PUBLIC HEALTH. 906, 906–14.

² Jasmine L. Jacobs-Wingo et al., *Causes and Disparities in Death Rates Among Urban American Indian and Alaska Native Populations, 1999–2009*, 106 AM J PUBLIC HEALTH 906 (2016).

Improving Food Security for Urban American Indians and Alaska Natives

Increase Urban Indian Organizations' Access to Fresh and Traditional Foods Through Increased Funding for the Indian Health Service Produce Prescription Pilot Program

Overview

- ▶ Urban Indian Organizations (UIOs) help to provide essential access to nutrition, food, and health resources for the more than 70 percent of American Indian and Alaska Native people living in urban areas.
- ▶ On September 27, 2022, the Biden-Harris Administration released the National Strategy on Hunger, Nutrition, and Health that included a commitment that IHS will implement and evaluate a national Produce Prescription Pilot Program, in which UIOs are eligible to participate.¹
- ▶ Produce prescriptions are "fruit and vegetable prescriptions or vouchers provided by medical professionals for people with diet-related diseases or food insecurity" and can "effectively treat or prevent diet-related health conditions and reduce food insecurity."²
- ▶ The FY 2023 funding bill authorized \$3 million for the Indian Health Services (IHS) to create Produce Prescription Pilot Program in coordination with Tribes and UIOs to increase access to produce and other traditional foods for American Indian and Alaska Native people.³
- ▶ Despite UIOs applying to this program, none of the UIOs who applied received any funding, highlighting the need to increase funding for the program.

Congressional Recommendation

- ▶ Ensure increased and continued funding for the IHS Produce Prescription Pilot Program.



¹ Biden-Harris Administration National Strategy on Hunger, Nutrition, and Health. The White House.2022. [White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf](#)

² See Id.

³ Text - H.R.2471 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2022, H.R.2471, 117th Cong. (2022), <https://www.congress.gov/bills/117th-congress/house-bill/2471/text>.

Increase Innovative Resources to Reduce Stigma Around HIV in Native Communities

Overview

- ▶ American Indian and Alaska Native people have the highest rate of undiagnosed HIV cases compared to other racial/ethnic groups in the U.S.,¹ and according to the Indian Health Service (IHS), as many as 34 percent of the American Indian and Alaska Native people living with HIV infection do not know it.^{2,3}
- ▶ Stigma and fear around HIV within American Indian and Alaska Native communities are significant barriers for Urban Indian Organizations (UIOs) when addressing HIV, leading to American Indian and Alaska Native people being diagnosed with HIV at later stages.
- ▶ While UIOs have made significant strides in tackling HIV /AIDS, they require more funding to procure the additional resources necessary to fully address this issue within their American Indian and Alaska Native communities.
- ▶ UIOs need increased funding for treatment services, hiring full-time employees (including medical providers), providing housing with support services, and expanding mental health care services for individuals living with HIV at their facilities.
- ▶ HIV funding is being threatened due to political disputes.
- ▶ FY24 Congressional proposals could cut nearly \$500 million across multiple programs, such as \$238.5 million from the Ryan White HIV/AIDS Program, \$226 million from the National Center for HIV, Viral Hepatitis, STD and TB Prevention at the Centers for Disease Control and Prevention, \$119.3 million from the SAMSHA Minority AIDS Initiative, and \$32 million from the Minority HIV/AIDS Fund.⁴

Congressional Recommendations

- ▶ Increase funding for the Ending the HIV Epidemic in the U.S. to support work toward the elimination of HIV and hepatitis C in Indian Country.
- ▶ Ensure UIO inclusion in legislation addressing the HIV epidemic.

This is made possible, in part, by the Minority HIV/AIDS Fund through the Indian Health Service.



1 IHS Awards New Cooperative Agreements for Ending the HIV and HCV Epidemics in Indian Country. (2022, September 27). Retrieved January 5, 2023, from https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/HIV-Funding-PressRelease09272022.pdf

2 Indian Health Service, HIV/AIDS in American Indian and Alaska Native Communities. Retrieved August 8, 2023, from: <https://www.ihs.gov/hivaids/hivaian/#:~:text=The%20IHS%20National%20HIV%2FAIDS,Get%20tested%20for%20HIV.>

3 Centers for Disease Control and Prevention. (2019, March 21). Vital signs: HIV transmission along the continuum of care - United States, 2016. Morbidity and Mortality Weekly Report (MMWR). Retrieved January 5, 2023, from https://www.cdc.gov/mmwr/volumes/68/wr/mm6811e1.htm?s_cid=mm6811e1_w

4 Warren, G., Proposed Cuts to HIV Programs Would Make Ending HIV Epidemic More Difficult, AIDS UNITED (2023), <https://aidsunited.org/proposed-cuts-to-hiv-programs-would-make-ending-hiv-epidemic-more-difficult/> (last visited Dec 11, 2023).

Overview

- ▶ Currently, 31 UIOs receive Special Diabetes Program for Indians (SDPI) funds.
- ▶ SDPI's integrated approach to diabetes health care and prevention programs in Indian Country has become a resounding success and is one of the most successful public health programs ever implemented.
- ▶ For example, due to the SDPI program, 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.¹
- ▶ Despite these successes, American Indian and Alaska Native people continue to have the highest diabetes prevalence rate of all racial and ethnic groups in the United States, including those living in urban areas. The CDC reports that 14.5 percent of American Indian and Alaska Native adults living in urban areas are diagnosed with diabetes.²
- ▶ SDPI is a necessary program to continue to address disparately high rates of diabetes among American Indian and Alaska Native people.
- ▶ SDPI has been funded at \$150 million since 2004, despite significant inflation and increases in health care expenditures over the past twenty years.
- ▶ The lack of an increase in funding to account for inflation and increased costs have effectively reduced the amount of funding for SDPI over the years.
- ▶ This has placed the onus on Indian health care providers to make up the funding difference to ensure the continued success of SDPI.

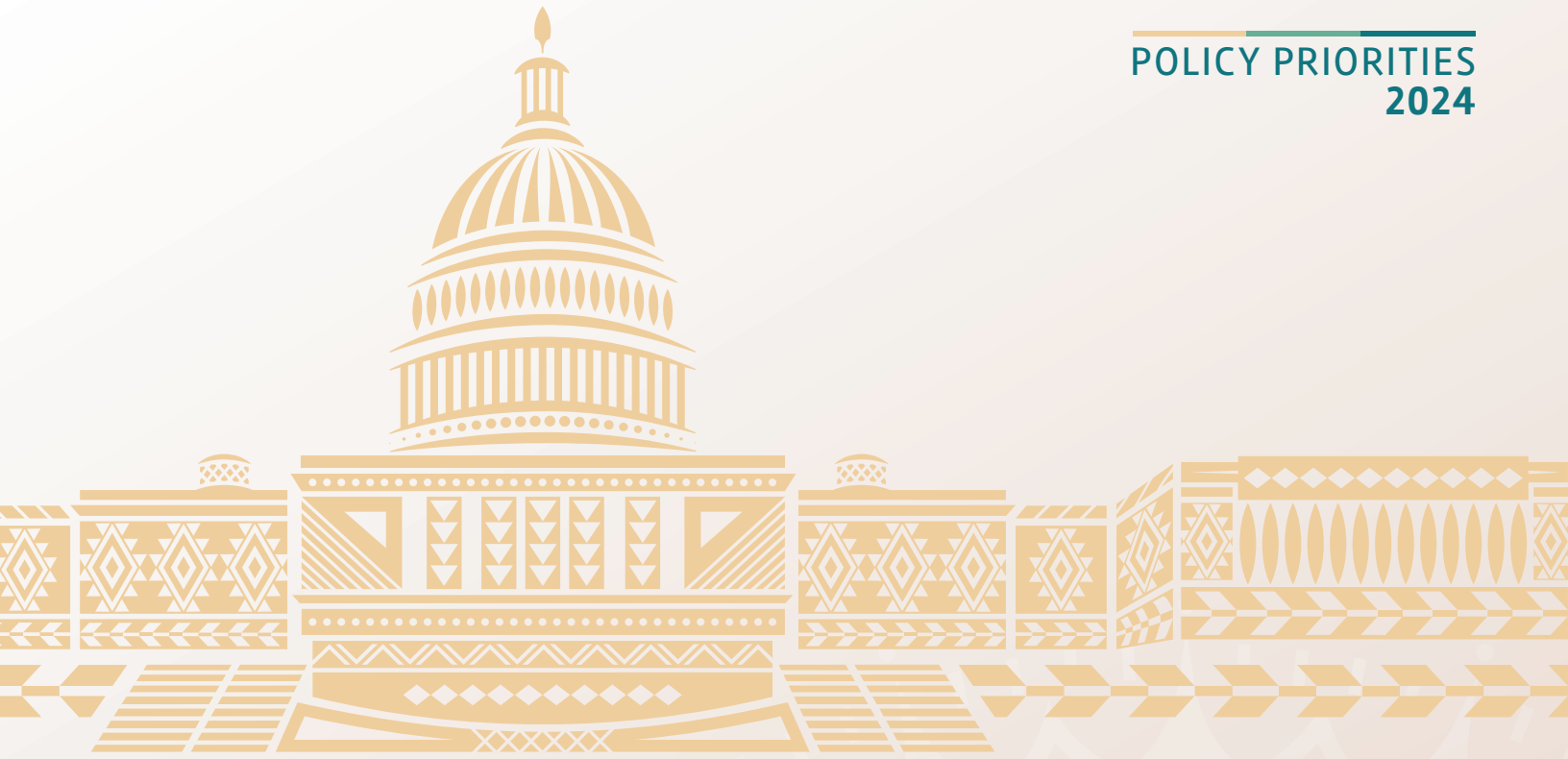
Congressional Recommendation

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



¹ The Special Diabetes Program for Indians: Estimates of Medicare Savings, ASPE (2019), <https://aspe.hhs.gov/reports/special-diabetes-program-indians-estimates-medicare-savings> (last visited Jan 30, 2024).

² Centers for Disease Control and Prevention. National Diabetes Statistics Report website. 2022. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>



HONORING THE PROMISES TO NATIVE VETERANS



Support the Unique Health Care Needs of Native Veterans by Passing the Elizabeth Dole Home Care Act (H.R. 542/S. 141)

Overview

- ▶ The *Elizabeth Dole Home Care Act* (H.R. 542/S.141) would strengthen federal programs to improve accessibility and quality of health care provided to Veterans through the Department of Veterans Affairs (VA) and its partners, including Urban Indian Organizations (UIOs).
- ▶ Specifically, the bill includes:
 - ▶▶ The Veteran-Directed Care Program provides Veterans with a flexible budget to hire friends, family, and neighbors to help with activities of daily living, such as bathing, or instrumental activities of daily living, such as making meals;
 - ▶▶ The Homemaker and Home Health Aide Program allows the VA to contract with a community partner that employs home health aides to care for Veterans in their homes, providing skilled services, case management, help with daily living, or ease caregiver burnout;
 - ▶▶ The Home-Based Primary Care Program allows for a VA physician to supervise a health care team that provides care in the Veteran's home for a Veteran who has difficulty traveling or is isolated; and,
 - ▶▶ The Skilled Home Health Care Program allows the VA to contract with a community health agency to provide in-home care for Veterans with higher levels of need, such as wound care, speech therapy, or skilled nursing.
- ▶ UIOs are essential partners in serving American Indian and Alaska Native Veterans and are vital to improving care and access to services for American Indians and Alaska Native Veterans because of their deep ties to the American Indian and Alaska Native communities in urban areas.

Congressional Recommendation

- ▶ Pass and co-sponsor 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

Overview

- ▶ During the White House Tribal Nations Summit on December 1, 2022, the Department of Veterans Affairs (VA) Secretary McDonough announced that the VA, in partnership with the Department of Health and Human Services (HHS), Housing and Urban Development (HUD), and the White House Committee on Native American Affairs are launching an interagency initiative to increase access to care and services for American Indian and Alaska Native Veterans experiencing or at risk of homelessness in urban areas.
- ▶ The VA and various Urban Indian Organizations (UIOs) collaborated on Stand Down events in Phoenix, Los Angeles, and Albuquerque. These one-to-three-day events bring VA staff and volunteers together to provide food, clothing, and health screenings to homeless and at-risk Veterans and receive referrals for health care, housing solutions, employment, substance use treatment, mental health counseling, and other essential services.
- ▶ This initiative is critical given that NCUIH estimates that there are about eight American Indian and Alaska Native Veterans experiencing homelessness per 1000 Veterans, compared to about 1.5 White Veterans per 1000 Veterans.
- ▶ Without consistent access to stable housing for every Native Veteran will remain at risk of the health disparities associated with unstable housing.
- ▶ UIOs currently serve seven of the ten urban areas with the largest American Indian and Alaska Native Veteran populations, including the following areas: Phoenix, Los Angeles, Seattle, Dallas, Oklahoma City, New York City, and Chicago.
- ▶ UIOs are uniquely positioned to assist agencies, such as HHS and HUD, in improving housing access for American Indian and Alaska Native Veterans.

Federal Recommendations

- ▶ Relevant federal agencies must host consistent and frequent listening sessions with UIOs regarding this initiative.
- ▶ Relevant federal agencies must collaborate with UIOs to ensure UIOs are partners at Stand Down events.

Increase Urban American Indians and Alaska Natives Access to Veterans Affairs Benefits and Resources that Address Social Determinants of Health (SDOH)

Overview

- ▶ Department of Veterans Affairs (VA) data currently indicates that American Indian and Alaska Native Veterans use Veterans Benefits Administration benefits or services at a lower percentage than other Veterans.¹
- ▶ Outside of VA health care benefits, access to other VA benefits may positively impact social determinants of health (SDOH) that affect American Indian and Alaska Native Veterans' health and well-being.²
- ▶ For example, the GI Bill and other VA education and training benefits can help American Indian and Alaska Native Veterans access higher education and training opportunities and improve job access. Research shows that people with access to higher education tend to live longer and healthier lives.³
- ▶ Similarly, VA pension benefits, disability compensation, and other similar benefits may result in American Indian and Alaska Native Veterans being better able to pay for food, housing, and health care improving their economic stability and ultimately their health and well-being.⁴
- ▶ It is particularly crucial for urban American Indian and Alaska Native Veterans to be provided with information on the full scope of benefits available to them. For example, American Indian and Alaska Native Veterans in urban areas may not have the opportunity to live on Trust land, so providing them with information only on the Native American Direct Loan program will leave them unaware of the general VA Home Loan Program.

Federal Recommendation

- ▶ VA should engage with UIOs, including encouraging collaboration between local Veterans Benefits Administration offices and UIOs, to carry out directed outreach to ensure Native Veterans have access to the full range of Veterans' benefits.

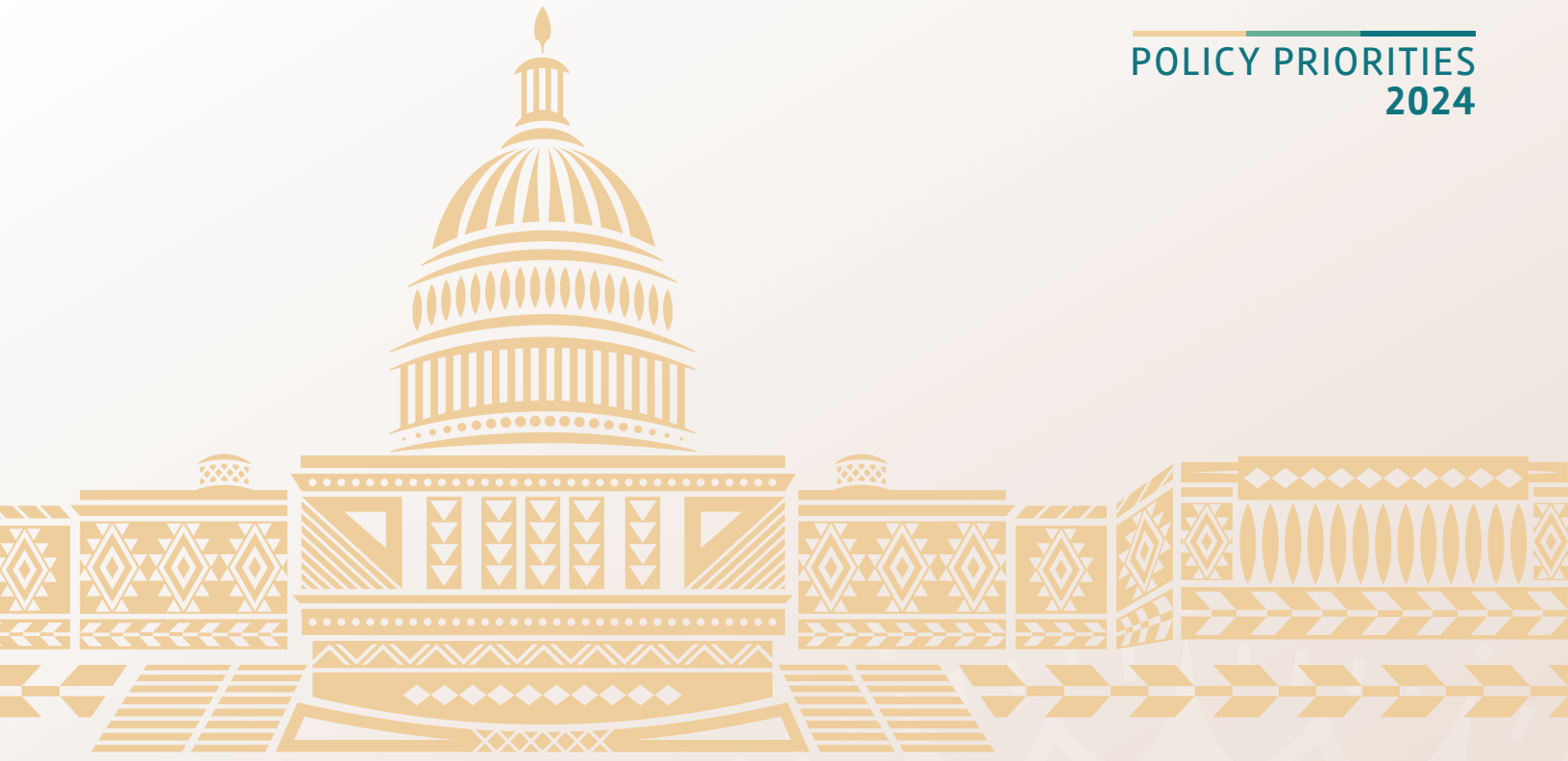


¹ <https://www.va.gov/vetdata/docs/SpecialReports/AIAN.pdf>

² See Department of Health and Human Services, Social Determinants of Health, <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.

³ See Department of Health and Human Services, Education Access and Quality, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

⁴ See Department of Health and Human Services, Economic Stability, <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>.



REVITALIZING NATIVE HEALTH: EMBRACING TRADITIONAL HEALING AND BEHAVIORAL WELLNESS



Increase Funding for Behavioral Health and Substance Use Disorder Resources for American Indian and Alaska Native People

Overview

- ▶ American Indian and Alaska Native people experience serious mental illnesses at a rate 1.58 times higher than the national average and high rates of alcohol and substance abuse.¹
- ▶ Studies suggest that the impact of family separation and historical trauma due to the federal government's forced assimilation of American Indian and Alaska Native children in federally funded church-run residential boarding schools and placement in non-American Indian and Alaska Native homes has led to higher rates of alcohol and drug use and incarceration among American Indian and Alaska Native people.²
- ▶ According to the Indian Health Service (IHS), "[u]rban Indians not only share the same health problems as the general Indian population, their health problems are exacerbated in terms of mental and physical hardships because of the lack of family and traditional cultural environments."³
- ▶ Urban American Indian and Alaska Native youth face are "at greater risk for serious mental health and substance abuse problems, suicide, increased gang activity, teen pregnancy, abuse, and neglect."⁴
- ▶ In the FY23 Omnibus, Congress authorized \$80 million to be appropriated for the Behavioral Health and Substance Use Disorder Resources for Native Americans program.⁵
- ▶ Until the committee appropriates funding for this program, critical health care programs and services cannot operate to their full capability, putting Native lives at risk.

Congressional Recommendations

- ▶ Appropriate \$80 million for Behavioral Health and Substance Use Disorder Resources for Native Americans program
- ▶ Reintroduce and co-sponsor the *Native Behavioral Health Access Improvement Act*, which authorizes a special behavioral health program for Indians.
- ▶ Pass the President's supplemental funding request of \$250 million for the Indian Health Service (IHS) fight against opioids and addiction in America.

Federal Recommendation

- ▶ Relevant federal agencies like the Substance Abuse and Mental Health Services Administration (SAMHSA) should engage with UIOs on the development of behavioral health and substance use disorder programs, like the Behavioral Health and Substance Use Disorder Resources for Native Americans (BHSUDRNA) program.

¹ Joint Tribal Organization Letter to OMB: Re Native Behavioral Health Resources Program, National Indian Health Board, 2023. <https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:3bc6efe5-b84b-390a-9356-adc33d4485d7>

² Substance Use and Race and Ethnicity - New ASPE Issue Brief | The Academy, <https://integrationacademy.ahrq.gov/news-and-events/news/substance-use-and-race-and-ethnicity-new-aspe-issue-brief> (last visited Jan 30, 2024).

³ Indian Health Service, Urban Indian Health Program Fact Sheet Background, Oct. 2018. <https://www.ihs.gov/newsroom/factsheets/uihp/>

⁴ Id.

⁵ Text - H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023, H.R.2617, 117th Cong. (2022), <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>.

Improving Behavioral Health for All American Indians and Alaska Natives

POLICY PRIORITIES
2024

Respond to the Significant Increase in Overdose Deaths in Indian Country

Overview

- ▶ Between 1999 and 2015, the drug overdose death rates for Native populations increased by more than 500 percent.¹
- ▶ In 2022, the CDC reported that the American Indian and Alaska Native populations had the highest rate of overdose deaths in the United States. They reported 56.6 deaths per 100,000 persons in 2021.²
- ▶ Additionally, a 2020 report from the CDC highlighted that American Indians and Alaska Natives living in rural and urban areas need substance use disorder (SUD) treatment at virtually the same rate.³
- ▶ First responders are critical to addressing the opioid and fentanyl crisis in the United States. They are often the first on the scene and can provide lifesaving care to individuals experiencing an overdose.
- ▶ The *Safer Response Act* (S. 2933/ H.R. 4089) would invest in grant programs that will train and provide resources to first responders who treat individuals who have overdosed.

Congressional Recommendation

- ▶ Co-sponsor and pass the *Safer Response Act* (S. 2933/H.R. 4089).

1 Joint Tribal Organization Letter to OMB: Re Native Behavioral Health Resources Program, National Indian Health Board, 2023. <https://acrobat.adobe.com/link/review?uri=urn:aai:d:sdds:US:3bc6efe5-b84b-390a-9356-adc33d4485d7>

2 IHS Supports Tribal Communities in Addressing the Fentanyl Crisis | May 2023 Blogs, NEWSROOM (2023), (last visited Dec 1, 2023).

3 See Merianne Rose Spencer et al., Urban-Rural Differences in Drug Overdose Death Rates, 2020, NAT'L CENTER FOR HEALTH STAT. (July 2022), <https://www.cdc.gov/nchs/data/databriefs/db440.pdf>.

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

Overview

- ▶ Urban Indian Organizations (UIOs) continuously stress the importance of offering patients traditional healing and culturally based practices. UIOs fill an essential gap in care for American Indian and Alaska Native people living off reservations by providing culturally sensitive and community-focused care options, including traditional healing services and programs.
- ▶ According to the Minnesota Department of Health, “[r]esearch consistently points to the value of traditional healing practices designed and delivered by American Indians, for American Indians,” and “[t]raditional healing for American Indians has outcomes equivalent to conventional interventions in other populations.”¹
- ▶ Either explicitly or implicitly, most UIOs incorporate the “Culture is Prevention” model, where utilization of culturally based experiences and activities are provided to improve the physical, spiritual, emotional, and/or mental health of a patient as well as that patient’s community.
- ▶ Currently, most federal grants impose funding restrictions that limit the capacity of UIOs to provide cultural and traditional healing services to American Indian and Alaska Native patients.
- ▶ In addition, Medicaid, the Children’s Health Insurance Program, and Medicare programs, which are key sources of health insurance coverage for American Indian and Alaska Native people, do not adequately cover culturally competent services provided at many UIOs.²
- ▶ Programs like Medicaid and Medicare generally do not permit UIOs to bill for traditional healing and other cultural practices.³
- ▶ Incorporating traditional healing practices as an allowable billing expense and creating more flexibility in funding grants are necessary to ensure UIOs can expand culturally relevant traditional healing options to combat physical and mental health challenges.

Congressional Recommendation

- ▶ Remove funding restrictions in grants for Indian health to allow for traditional healing services at UIOs.

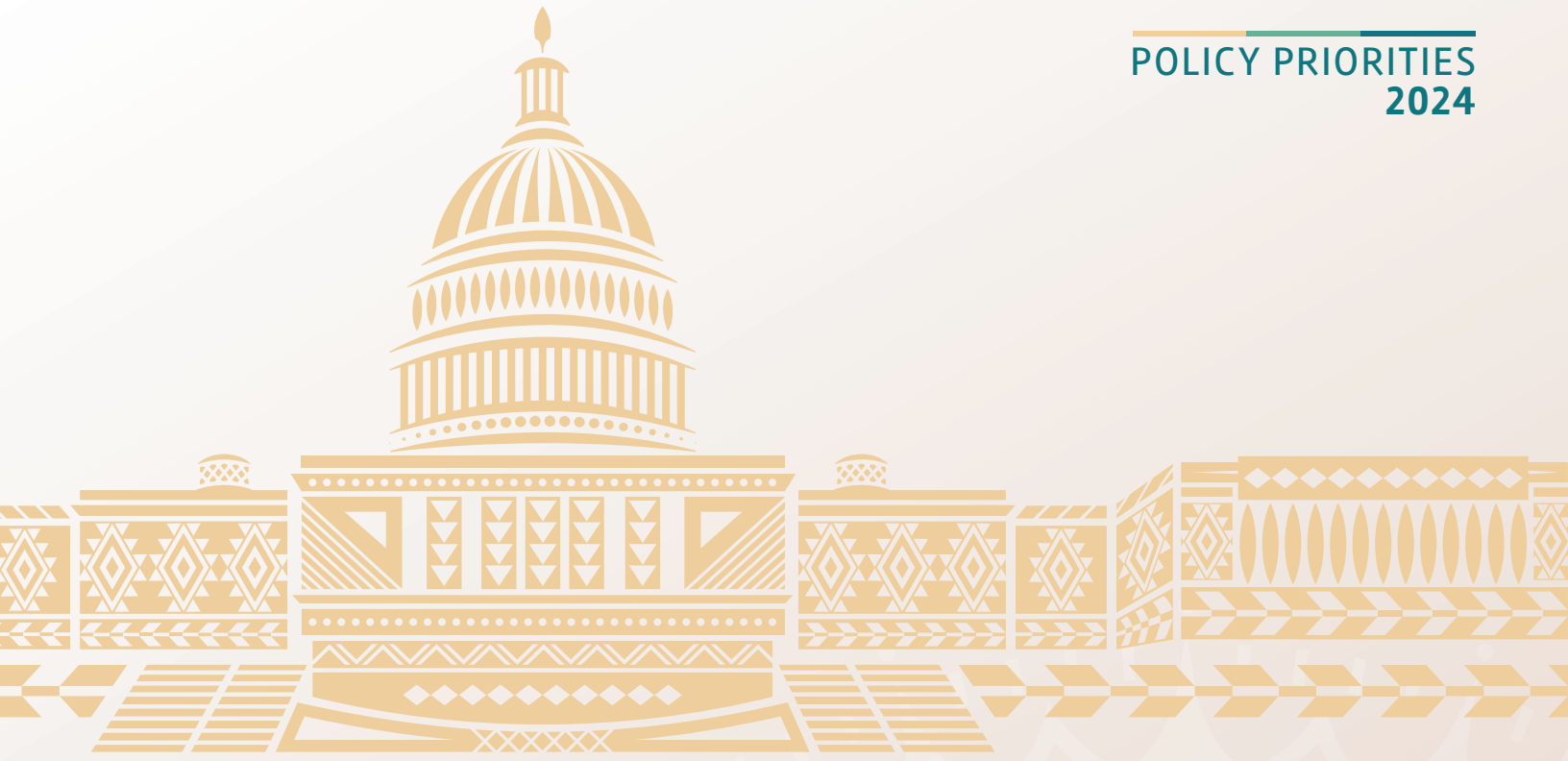
Federal Recommendations

- ▶ The Department of Health and Human Services (HHS) should review its existing policies concerning the use of federal funding, especially in behavioral health, and use every existing flexibility in its power to ensure that UIOs can use federal funding to provide traditional healing to patients.
- ▶ Pertinent federal agencies like the Centers for Medicare & Medicaid Services (CMS) should engage with the Indian health system and state partners to support the expansion of traditional healing in the Medicaid and Medicare programs.
- ▶ CMS should approve Arizona’s Section 1115(a) demonstration waiver seeking Medicaid reimbursement for traditional healing services at I/T/U facilities.

¹ Minnesota Department of Human Services, Traditional Healing for Native Communities, (Aug. 2020), https://mn.gov/dhs/assets/traditional-healing-native-communities_tcm1053-450682.pdf.

² See Medicaid and CHIP Payment and Access Commission, Issue Brief: Medicaid’s Role in Health Care for American Indians and Alaska Natives, (Feb. 2021), <https://www.macpac.gov/wp-content/uploads/2021/02/Medicoids-Role-in-Health-Care-for-American-Indians-and-Alaska-Natives.pdf> (stating that “Researchers, advocates, and state and federal officials have also called for Medicaid to improve its ability to provide culturally competent services to AIAN beneficiaries. . . . Even so, traditional healing services are not a Medicaid covered service.”).

³ See e.g. Letter from the State of Arizona Office of the Governor, Doug Ducey, to Alex Azar II, (Dec. 21, 2020), https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AZ_Final_1115WaiverRenewalPacket.pdf.



“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

POLICY PRIORITIES
2024

Overview

- ▶ Between 1819 and the 1970s, the United States Government implemented policies establishing and supporting Indian boarding schools across the nation.¹
- ▶ These policies authorized the forced removal of hundreds of thousands of American Indian and Alaska Native children as young as 5 years old away from their homes in Tribal communities to federally funded church-run residential boarding schools.²
- ▶ The purpose of Indian boarding schools was to culturally assimilate Native children into White American culture by removing them from their families and into a distant residential facility where their Native identities, language, religion, and culture were to be forcibly suppressed.³
- ▶ During this time, 408 federal Indian boarding schools operated across 37 states and territories.⁴
- ▶ The *Truth and Healing Commission on Indian Boarding School Policies Act* (S.1723/H.R. 7227) would create a Truth and Healing Commission on Indian Boarding School Policies in the United States tasked with investigating and documenting Indian boarding school policies and better understanding the resulting historical and ongoing trauma.
- ▶ The Commission would provide an environment for Native people to speak about their personal experiences and will provide recommendations to the government.
- ▶ The Commission would collaborate with other agencies to develop recommendations for the federal government on how to acknowledge this trauma and help Native communities heal.

Congressional Recommendation

- ▶ Co-sponsor and pass the *Truth and Healing Commission on Indian Boarding School Policies in the United States Act* (S. 1723/H.R. 7227).
- ▶ Support Urban Indian Organization representation on the Truth and Healing Commission.

¹ Federal Indian Boarding School Initiative | Indian Affairs, <https://www.bia.gov/service/federal-indian-boarding-school-initiative> (last visited Mar 16, 2023).

² *See Id*

³ *See Id*

⁴ *See Id*



Overview

- ▶ On June 22, 2021, Department of Interior (DOI) Secretary Haaland issued a memorandum directing DOI to prepare a report addressing the “intergenerational trauma, cycles of violence and abuse, disappearance, premature deaths, and other undocumented bodily and mental impacts.”¹ Secretary Haaland noted that to “promote spiritual and emotional healing in [AI/AN] communities, we [DOI] must shed light on the unspoken traumas of the past...no matter how hard it will be.”
- ▶ Government-run boarding schools have been identified as having long-lasting and intergenerational effects on the physical and mental well-being of American Indian and Alaska Native populations living in urban settings. Among assimilation practices, boarding schools stand out as especially damaging to American Indian and Alaska Native people and their relatives.
- ▶ Many children who attended boarding schools suffered physical, sexual, psychological, and spiritual abuse, which has had enduring effects, including health problems, substance abuse, high mortality/suicide rates, criminal activity, and disintegration of families and communities.²
- ▶ Intergenerational trauma, often referred to as “historical trauma,” is trauma resulting from the effects of disruptive historical events, like boarding schools. These traumas are collective, affecting individual survivors, their families, and their communities.³
- ▶ Recent findings also suggest that the effects of the boarding school system are indeed intergenerational, with children of attendees demonstrating poorer health status than children of non-attendees.⁴
- ▶ Forced assimilation of American Indian and Alaska Native people has failed due to the resilience and resistance of American Indian and Alaska Native communities. Nonetheless, boarding schools have had profound effects on American Indian and Alaska Native people and communities, including urban American Indian and Alaska Native communities.
- ▶ Urban Indian Organizations (UIOs) are essential in providing American Indian and Alaska Native people living in urban areas with the care and resources they need to address physical health and provide patients with culturally competent behavioral, social, and cultural services.
- ▶ UIOs have noted that these services are critical in assisting their patients who may be experiencing trauma and, in some cases, intergenerational trauma related to federal Indian boarding school policies.

Federal Recommendations

- ▶ Ensure that boarding school survivors and their descendants living in urban areas are represented in federal efforts to study and address the ongoing impacts of boarding schools.
- ▶ Ensure that boarding school survivors and their descendants living in urban areas have access to federal resources addressing the ongoing impacts of boarding schools.

¹ <https://www.doi.gov/sites/doi.gov/files/secint-memo-esb46-01914-federal-indian-boarding-school-truth-initiative-2021-06-22-final508-1.pdf>

² National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders, Boarding School: Historical Trauma among Alaska's Native People, Oct. 2005, available at: <https://www.theannainstitute.org/American%20Indians%20and%20Alaska%20Natives/Boarding%20School%20Hist%20Trauma%20Alaska%20Native.pdf>

³ Evans-Campbell T, Walters KL, Pearson CR, Campbell CD. Indian boarding school experience, substance use, and mental health among urban two-spirit American Indian/Alaska natives. *Am J Drug Alcohol Abuse*. 2012;38(5):421-7.

⁴ *Id.*

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

Overview

- ▶ Missing and murdered Indigenous peoples (MMIP) is a crisis that refers to the disproportionate amount of violence and abuse that affects Native people in the United States.
- ▶ 68 percent of missing American Indian and Alaska Native children were missing from foster care or group homes.¹
- ▶ This crisis was recognized in a report entitled "Not One More" by the Not Invisible Act Commission, urging Congress and the Biden Administration to take action to address the related crises of MMIP and human trafficking of Indigenous persons.
- ▶ The Not Invisible Act Commission was established as part of the passage of the *Not Invisible Act* legislation in October 2020.
- ▶ The *Bridging Agency Data Gaps and Ensuring Safety (BADGES) for Native Communities Act* (H.R. 1292/S.465) would require federal law enforcement to report on cases of missing or murdered Indians and for other purposes.
- ▶ Specifically, this legislation could allow Urban Indian Organizations (UIOs) to nominate a Tribal liaison to establish better working relationships with Tribes, Tribal organizations, and police authorities.
- ▶ Also, this could allow UIOs to establish and grow programs to assist in developing coordinated responses and investigations for MMIP.

Congressional Recommendation

- ▶ Co-sponsor and pass the *BADGES for Native Communities Act* (H.R. 1292/S. 465).



¹ NCUIH MMIP Fact Sheet. National Council of Urban Indian Health. 2022. [NCUIH-MMIP-Fact-Sheet.pdf](#)

Honor Executive Order 14053: Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Murdered Indigenous People by Including Urban Indian Organizations in Prevention and Intervention Efforts

Overview

- ▶ On November 15, 2021, President Biden signed Executive Order 14053 (E.O. 14053) on Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing and Murdered Indigenous People (MMIP) during the White House Tribal Nations Summit.
- ▶ E.O. 14053 is a landmark pledge "to strengthen public safety and criminal justice in Indian Country and beyond, to reduce violence against Native American people, and to ensure swift and effective federal action that responds to the problem of missing or murdered indigenous people."¹
- ▶ E.O. 14053 specifically directed the federal government to "build on existing strategies to identify solutions directed toward the particular needs of urban Native Americans" because "approximately 70 percent of American Indian and Alaska Natives live in urban areas, and part of this epidemic of violence is against Native American people in urban areas."²
- ▶ E.O. 14053 also instructed the federal government to "work closely with Tribal leaders and community members, Urban Indian Organizations, and other interested parties to support prevention and intervention efforts that will make a meaningful and lasting difference on the ground."³
- ▶ On November 1, 2023, the Not Invisible Act Commission published a report entitled "Not One More," urging Congress and the Biden Administration to take immediate action to address the related crises of MMIP and human trafficking of Indigenous persons.⁴ The Commission specifically recognized the impact of federal policies on Native people living in urban areas.⁵

Federal Recommendations

- ▶ Ensure all necessary agencies meet and collaborate with Urban Indian Organizations (UIOs) to ensure compliance with E.O. 14053.
- ▶ All necessary agencies must fully incorporate UIOs into the policies, procedures, and projects outlined in E.O. 14053.
- ▶ Ensure the Department of Justice and the Department of the Interior respond to and take action to address the Not Invisible Act Commission's report.

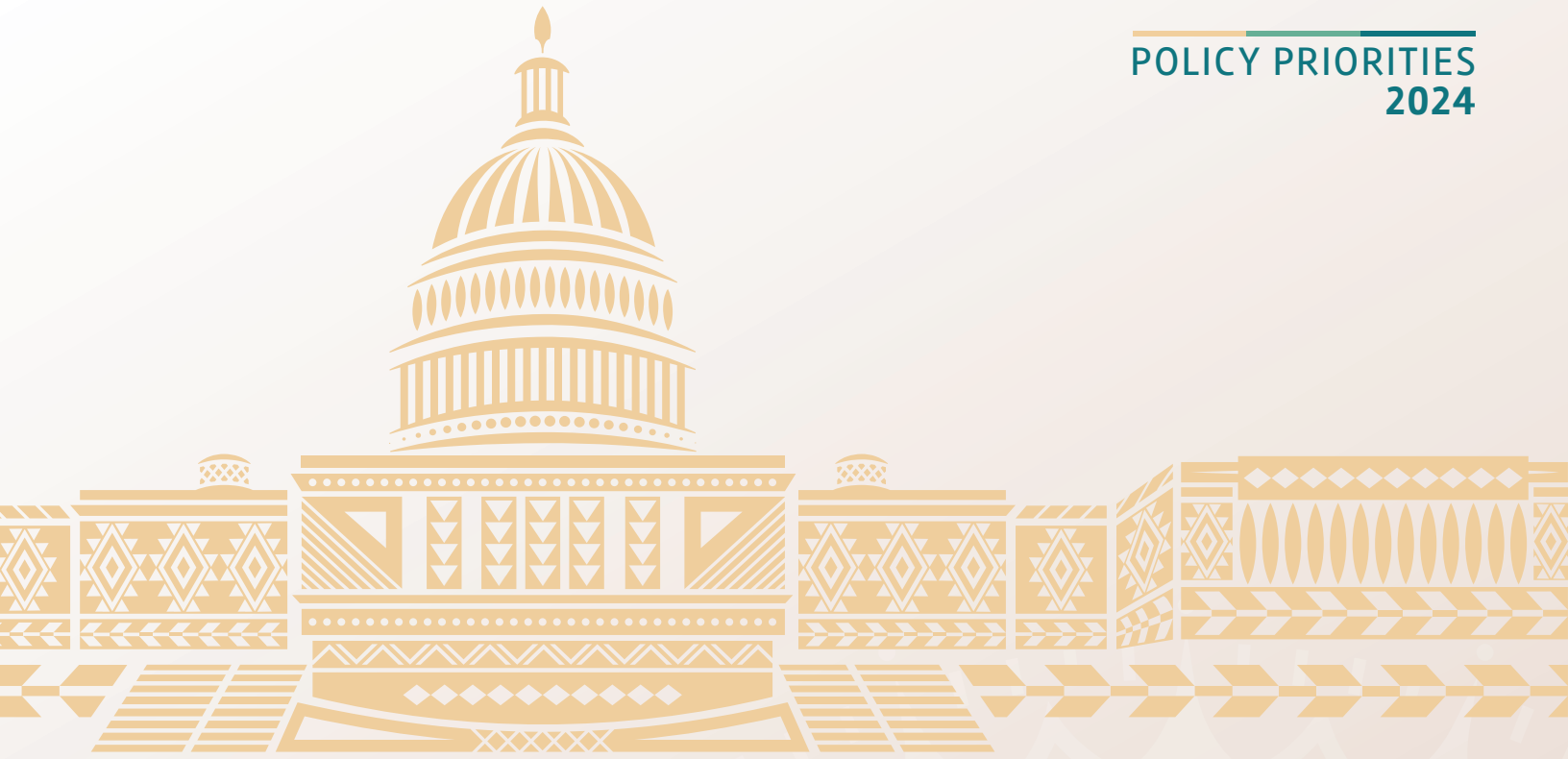
¹ Exec. Order No. 14053, 86 Fed. Reg. 64337 (Nov. 15, 2021), <https://www.govinfo.gov/content/pkg/FR-2021-11-18/pdf/2021-25287.pdf>

² *Id.*

³ *Id.*

⁴ See The Not Invisible Act Commission, Not One More: Findings and Recommendations of the Not Invisible Act Commission, (Nov. 1, 2023), https://www.justice.gov/d9/2023-11/34%20NIAC%20Final%20Report_version%2011.1.23_FINAL.pdf

⁵ See *id.* at 166



ADDRESSING WORKFORCE RECRUITMENT AND RETENTION



Overview

- ▶ Although the Indian Health Service (IHS) initially determined Urban Indian Organizations (UIOs) to be 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 2016,¹ IHS changed its position in 2018² 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.

Congressional Recommendation

- ▶ Amend IHCIA to extend CHAP to UIOs.

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."

1 Dear Urban Leader Letter. Retrieved from: https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2016_Letters/55744-1_CHAP_DUIOLL.pdf

2 IHS Dear Urban Leader Letter. Retrieved from: https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2018_Letters/DUIOLL_CHAP_08242018.pdf

Improving the Indian Health Workforce

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)

Overview

- ▶ Congress authorized the Department of Veterans Affairs (VA) Pilot Program on Graduate Medical Education and Residency (PPGMER) under Section 403 of the VA *MISSION Act of 2018*.
- ▶ The PPGMER seeks to provide high-quality, culturally sensitive health care options by expanding Veterans' access to medical care and enabling Veterans to seek quality health care outside of VA facilities.
- ▶ The placement of residents in Urban Indian Organizations (UIOs) through this program is essential to building a highly trained, culturally competent medical workforce to provide equitable access to high-quality health care for the American Indian and Alaska Native Veterans living in urban areas.¹

Federal Recommendation

- ▶ Seek advice from the VA Advisory Committee on Tribal and Indian Affairs regarding the placement of residents at Indian health care facilities.

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)

Overview

- ▶ Chronic underfunding of the Indian Health Service (IHS) has created challenges for Urban Indian Organizations (UIOs) to recruit and retain providers.
- ▶ UIOs face challenges in maintaining a culturally competent and skilled workforce due to an already limited workforce with experience serving in American Indian and Alaska Native communities.
- ▶ There is a need for health care professionals equipped with the knowledge and sensitivity to bridge practice gaps and ensure culturally sensitive and respectful care delivery to diverse patient populations.
- ▶ The *Medical Student Education Authorization Act of 2023* (H.R. 3046/S.1403) creates a Medical Student Education (MSE) Program that would provide grants to public institutions of higher education to expand or support graduate education for physicians in states with the most severe primary care provider shortages.²
- ▶ Strategic partnerships between UIOs and higher education institutions will increase the number of health care providers with experience working with American Indian and Alaska Native communities in urban areas.

Congressional Recommendation

- ▶ Co-sponsor and pass the *Medical Student Education Authorization Act* (H.R. 3046/S. 1403).

¹ Colin Tompson, President Announces Interagency Initiative to Address Homelessness for Urban Native Veterans, NCUIH (2022), <https://ncuih.org/2022/12/09/president-announces-interagency-initiative-to-address-homelessness-for-urban-native-Veterans/>.

² Cole Leads Bipartisan Introduction of Medical Student Education Authorization Act | Representative Tom Cole (house.gov)

Overview

- ▶ H.R. 2376 from the 118th Congress would extend federal employee health benefits (FEHB) and dental and vision insurance to employees of Urban Indian Organizations (UIOs) and Tribal Colleges and Universities (TCUs).¹
- ▶ UIOs and TCUs are currently ineligible for FEHB and dental and vision insurance.
- ▶ This legislation is an important step towards fulfilling the federal trust responsibility and ensuring UIO employees have parity with all public service employees. With the passage of this bill, UIOs will have the opportunity to provide comprehensive coverage to their employees through FEHB.

Congressional Recommendation

- ▶ Co-sponsor and pass H.R. 2376

Improve Recruitment and Retention of Physicians at Urban Indian Organizations by Passing the *IHS Workforce Parity Act* (S.3022)

Overview

- ▶ The Government Accountability Office has reported that the IHS has a 25 percent vacancy rate for health care providers.²
- ▶ Many Indian Health Service (IHS) sites do not have a full-time clinician, and the current requirement for doctors to work full-time in order to access these IHS scholarship benefits discourages health care professionals from serving Tribal communities.³
- ▶ The *IHS Workforce Parity Act* (S. 3022) would allow health care providers working part-time to access IHS scholarship and loan repayment programs, bringing IHS in line with the National Health Service Corps loan and scholarship programs.

Congressional Recommendation

- ▶ Co-sponsor and pass the *IHS Workforce Parity Act* (S. 3022).

¹ H.R. 2376 retrieved from: <https://www.congress.gov/bills/118/congress/house-bill/2376?q=%7B%22search%22%3A%22H.R.+2376%22%7D&s=1&r=1>

² Indian Health Service: Agency Faces Ongoing Challenges Filling Provider Vacancies | U.S. GAO

³ Camalot Todd, N.C.F. 9 (February 9, 2024) Cortez Masto's bill would improve Indian Health Service Recruitment, Senate Panel told , Nevada Current. Available at: <https://nevadacurrent.com/briefs/cortez-mastos-bill-would-improve-indian-health-service-recruitment-senate-panel-told/>

Increase Tax Fairness for Loan Repayment for Urban Indian Organization Staff by Reintroducing the Indian Health Service Health Professions Tax Fairness Act

Overview

- ▶ In order to attract new, talented health professionals, Congress has already made the majority of federal health scholarship and repayment programs permanently tax exempt including those at the Department of Defense and the National Health Service Corps (NHSC).¹
- ▶ Unfortunately, the Indian Health Service (IHS) Loan Repayment Program (LRP) does not currently receive the same tax-exempt status.
- ▶ Removing this financial barrier will assist IHS in filling job vacancies and improve staff retention.
- ▶ The *Indian Health Service Health Professions Tax Fairness Act*, previously introduced in the 117th Congress, would provide health care professionals who receive student loan repayments from the IHS the same tax-free status enjoyed by individuals under other similar programs.

Congressional Recommendation

- ▶ Reintroduce and co-sponsor the *Indian Health Service Health Professions Tax Fairness Act*

Permit U.S. Public Health Service Commissioned Officers to Be Detailed to Urban Indian Organizations

Overview

- ▶ Due to chronic underfunding, many Urban Indian Organizations (UIOs) grapple with hiring and retaining skilled, culturally competent health service providers.
- ▶ Detailing U.S. Public Health Service (USPHS) Officers to UIOs would help UIOs address workforce shortages and increase collaboration across the federal health care system.
- ▶ Unfortunately, while federal law permits the Department of Health and Human Services (HHS) to detail USPHS Officers for particular enumerated purposes to specified entities, including non-profit institutions, UIOs do not currently meet the eligibility requirements because they are not "non-profit educational, research or other institutions engaged in health activities for special studies of scientific problems and for the dissemination of information relating to public health."²

Congressional Recommendations

- ▶ Amend 42 U.S.C § 215 to provide IHS the discretionary authority to detail officers directly to a UIO to perform work-related functions of HHS.

¹ Indian Health Service: Agency Faces Ongoing Challenges Filling Provider Vacancies | U.S. GAO

² 42 USC § 215(c).

Accurately Account for Provider Shortages

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

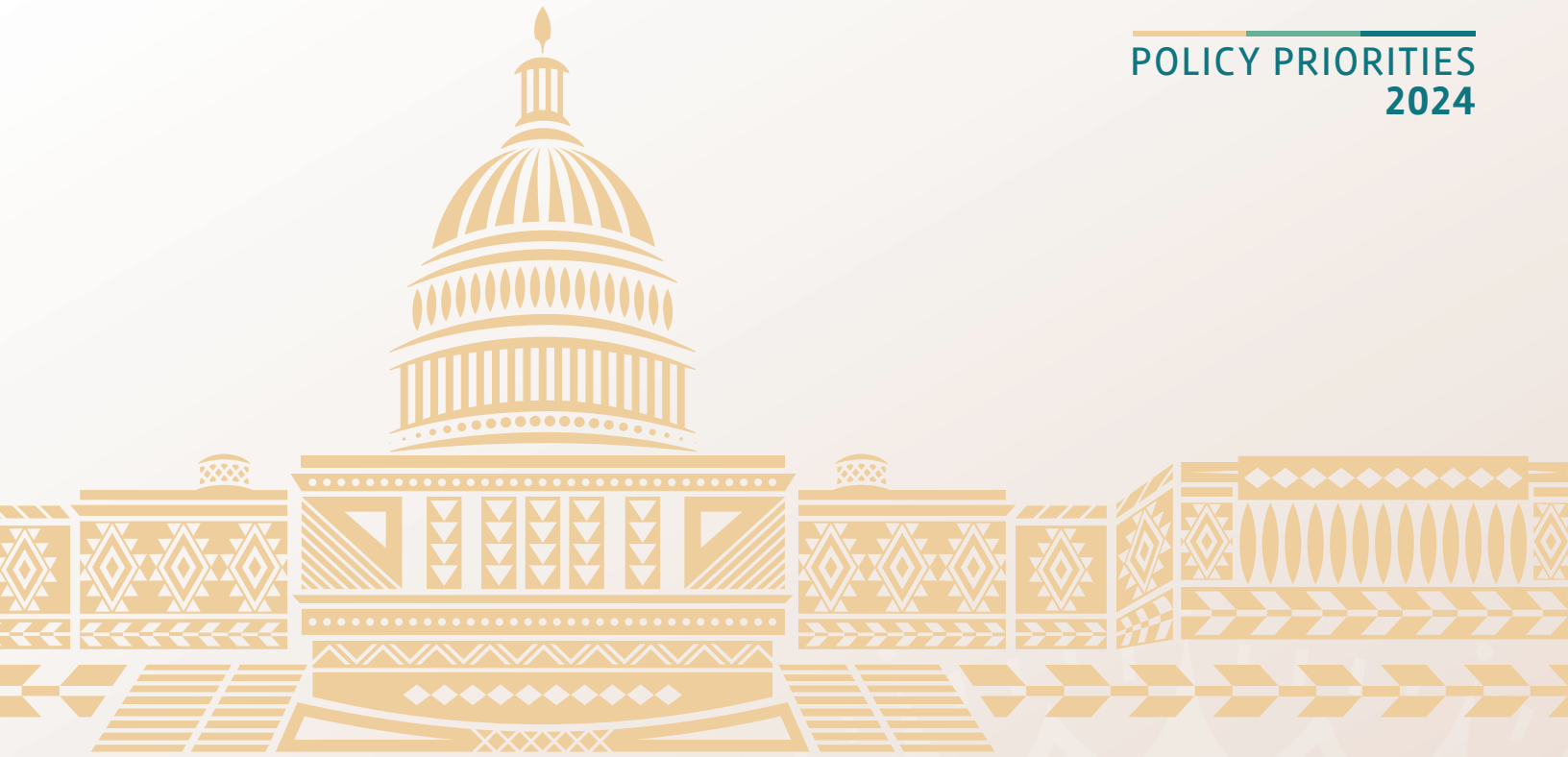
Overview

- ▶ To help fill workforce gaps, Urban Indian Organizations (UIOs) can utilize federally supported workforce programs like the Indian Health Service (IHS) and Health Resources and Services Administration (HRSA)'s loan repayment and scholarship programs.
- ▶ HRSA generates Health Professional Shortage Area (HPSA) scores to reflect the level of provider shortage for a service area.
- ▶ HRSA scholarship and loan repayment programs require eligible practitioners to serve at approved sites above a certain minimum HPSA score.¹
- ▶ Unfortunately, UIOs generally receive lower HPSA scores than appropriate because HRSA calculates the score based on general data rather than data specific to the Indian health care system.
- ▶ UIOs report difficulty leveraging HRSA scholarship and loan repayment programs due to these lower HPSA scores.

Federal Recommendation

- ▶ HRSA should work with UIOs to calculate HPSA scores that accurately reflect the community's level of need.

¹ HRSA, Review Site HPSA Score and Job Search Requirements for the NHSC Students to Service Loan Repayment Program, available at: <https://nhsc.hrsa.gov/loanrepayment/s2s/service-requirements/jobs-and-site-search> (last accessed Nov. 11, 2023).



IMPROVING THE INDIAN HEALTH SERVICE



Overview

- ▶ Urban Indian Organizations (UIOs) report that they are often disadvantaged by inaccurate patient counts as a result of misattribution of patient visits and misclassification of patient identity.
- ▶ As one UIO mentioned during a National Council of Urban Indian Health-led discussion session, “When UIO patient counts look small [due to undercounting], it is hard to justify increased budgets.”
- ▶ The Indian Health Service (IHS) Strategic Plan recognizes the importance of patient counts and data in budget formulation.¹
- ▶ The failure to fully count the Native population UIOs are directed to serve misrepresents the work UIOs are doing to fulfill the United States’ trust responsibility and deflates UIO patient counts, resulting in low UIO funding.
- ▶ UIOs need their patient counts to accurately reflect the work they are doing and the important role of UIOs within the Indian health system.

Federal Recommendation

- ▶ Support and improve accurate reporting of patient identity and calculation of Indian health patient counts at the IHS Headquarters and area office levels.



¹ Indian Health Service, IHS Strategic Plan: Goal 3, (stating in Objective 3.3 that “Timely fiscal data dissemination to all federal partners when developing budgets is necessary to accurately address health care needs of AI/AN communities.”).

Improve Health Information Technology, Including Electronic Health Records Systems

Overview

- ▶ The IHS is in the midst of a multi-year health information technology (HIT) modernization program.
- ▶ Part of this program will involve the replacement of the outdated Resource Patient Management System (RPMS), a suite of HIT applications used by all IHS and many Tribal organizations and Urban Indian Organizations.
- ▶ As the HHS Office of the Chief Technology Officer (OCTO) and IHS found in the 2019 Legacy Assessment, systemic challenges with RPMS "across all of the IHS ecosystem currently prevent providers, facilities and the organization from leveraging technology effectively."
- ▶ Because IHS failed to modernize RPMS for many years, many UIOs were forced to acquire commercial off-the-shelf (COTS) electronic health record (EHR) systems to provide high-quality care in a modern health care setting.
- ▶ In 2023, IHS announced that they have selected General Dynamics Information Technology, Inc., to build, configure, and maintain a new IHS enterprise EHR system utilizing Oracle Cerner Technology.
- ▶ Tribal organizations and UIOs will have the ability to access and use the new IHS EHR system, as they did with RPMS.

Congressional Recommendation

- ▶ Appropriate additional funding for Indian health care providers to be reimbursed for HIT modernization costs.

Federal Recommendations

- ▶ IHS should ensure that the RPMS replacement system under development is interoperable with the diversity of COTS EHR systems currently used at UIOs and Tribal facilities.
- ▶ IHS must continue to engage with all I/T/U facilities regarding the IHS HIT Modernization Program.
- ▶ IHS should work with UIOs to calculate the level of funding needed to provide dedicated IT support for UIOs at the area level and determine whether to include a request for this funding in the President's Budget through Tribal Consultation and Urban Confer.



Elevate the Health Care Needs of American Indians and Alaska Natives Within the Federal Government

POLICY PRIORITIES
2024

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

Overview

- ▶ The *Stronger Engagement for Indian Health Needs Act* (H.R. 2535) would elevate the IHS Director to Assistant Secretary for Indian Health within HHS, increasing their authority within the federal government on the health of the American Indian and Alaska Native 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 the Department of Health and Human Services (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.

Congressional Recommendation

- ▶ Pass and co-sponsor the *Stronger Engagement for Indian Health Needs Act* (H.R. 2535).



NCUIH

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

