



NATIONAL COUNCIL *of*
URBAN INDIAN HEALTH

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 Indians and Alaska Natives (AI/ANs) 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

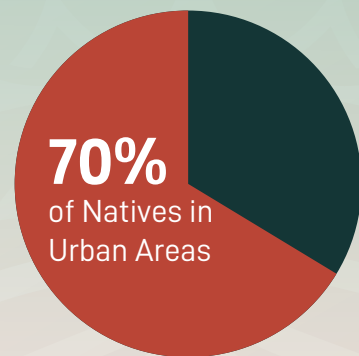
NCUIH hosted five focus groups to identify UIO policy priorities for 2023, as they relate to Indian Health Service (IHS)-designated facility types (full ambulatory, limited ambulatory, outreach and referral, and outpatient and residential). NCUIH worked with UIOs to identify policy priorities in 2023 under three themes: Upholding the highest health status of all American Indians and AI/ANs, parity in the Indian Health System, and improving the IHS. This document provides a summary of the 2023 Policy Priorities as identified, for the Executive and Legislative branches of the federal government.

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

"Congress declares that it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."

NCUIH Mission

NCUIH is a National 501(c)(3) organization devoted to the support and development of quality, accessible, and culturally-competent health services for American Indians and Alaska Natives living in urban settings.



URBAN INDIAN ORGANIZATIONS



On the 2020 Census, 3.4M AI/AN people lived in areas served by UIOs.¹



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 healthcare required by the federal government's trust and treaty responsibilities.



38 urban areas, 22 states, and 87 facilities.

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

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

- ▶ Support the Tribal Budget Formulation Work Group request of \$51.42 billion for IHS and \$973.59 million for the Urban Indian Line Item for FY 2024.
- ▶ Support Participation and Continued Inclusion of UIOs in the IHS Budget Formulation Process.

Improving Behavioral Health for All American Indians and Alaska Natives

- ▶ Appropriate \$80 Million for Behavioral Health and Substance Use Disorder Resources for Native Americans.
- ▶ Ensure Critical Resources and Funding Opportunities Related to Behavioral Health and Substance Use Disorder are Inclusive of Urban Native Communities and the UIOs that Help Serve Them.

Protect Funding for Native Health from Political Disagreements

- ▶ Maintain Advance Appropriations for IHS to Insulate the Indian Health System from Government Shutdowns and to Protect Patient Lives.
- ▶ Transition IHS from Discretionary to Mandatory Appropriations.

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

- ▶ Increase Federal Agency Engagement with UIOs through Urban Confer Policies.
- ▶ Identify the Needs of and Develop Strategies to Better Serve Urban Native Populations.

Improving Health Outcomes Through Traditional Healing and Culturally-Based Practices

- ▶ Improve Funding Access for UIOs to Expand Traditional Healing and Culturally Based Practices.

Improving Native Veteran Health Outcomes

- ▶ Establish an Urban Confer Policy at the Department of Veterans Affairs (VA).
- ▶ Engage with UIOs to Successfully Implement the Interagency Initiative to Address Homelessness for Urban Native Veterans.
- ▶ Increase Urban Native Access to VA Resources that Address Social Determinants of Health (SDOH).

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 Natives Today.

Fulfilling the Trust Responsibility

- ▶ Support Native Communities by Fully Honoring the Federal Trust Responsibility to Provide Healthcare to Native People.
- ▶ Permanently Reauthorize and Increase Funding for the Special Diabetes Program for Indians (SDPI) at a Minimum of \$250 Million Annually.

Tackling the Stigma and Advancing HIV Support Efforts in Native Communities

- ▶ Increase Innovative Resources to Reduce Stigma and Fear around HIV in Native Communities and Increase Behavioral Health Support Resources at UIOs for Natives Living with HIV.

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 Native Communities and the UIOs that Help Serve Them.
- ▶ Increase UIO Access to Fresh Produce and Other Traditional Foods for AI/ANs Through the IHS Produce Prescription Pilot Program.

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

- ▶ Reauthorize the Family Violence Prevention and Services Act (FVPSA) and Pass the BADGES for Native Communities Act.
- ▶ Honor Executive Order 14053: Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing or Murdered Indigenous People by Including UIOs in Prevention and Intervention Efforts.

Improving Native Maternal and Infant Health

- ▶ Include a Tribal and UIO Health Provider Representative on the Advisory Committee on Infant and Maternal Mortality to Complement the Work of the Standing IHS Ex-officio Member.
- ▶ Increase the Health Resource Services Administration's Engagement with UIOs through Urban Confer and UIO Listening Sessions Regarding the Provision of Healthcare to Native Mothers and Infants.

POLICY PRIORITIES 2023

Achieving Parity in the Indian Health System

Increasing Resources to Support More Comprehensive Care for Medicaid-IHS Beneficiaries

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

Improving the Indian Health Workforce

- ▶ Inclusion of UIOs in the National Community Health Aide Program (CHAP).
- ▶ Improve the Medicaid workforce through the Inclusion of UIOs in the VA's Pilot Program on Graduate Medical Education and Residency Program (PPGMR).
- ▶ Permit U.S. Public Health Service Commissioned Officers to be Detailed to UIOs.

Improving the Indian Health Service

Accurately Account for Provider Shortages

- ▶ Engage with the Health Resources and Services Administration (HRSA) so that UIOs Receive Health Professional Shortage Area (HPSA) Scores that Accurately Reflect the Level of Provider Shortage for UIO Service Areas.

Data is Dollars: Improving Data in Indian Health

- ▶ Re-Introduce the Tribal Health Data Improvement Act.
- ▶ Improve Reporting for UIO Data.
- ▶ Improve Health Information Technology/Electronic Health Records.

Continuity in UIO Support from the Indian Health System

- ▶ Improve Area Office Consistency with Respect to Oversight and Management.
- ▶ Improve Communication at the IHS Area Level.

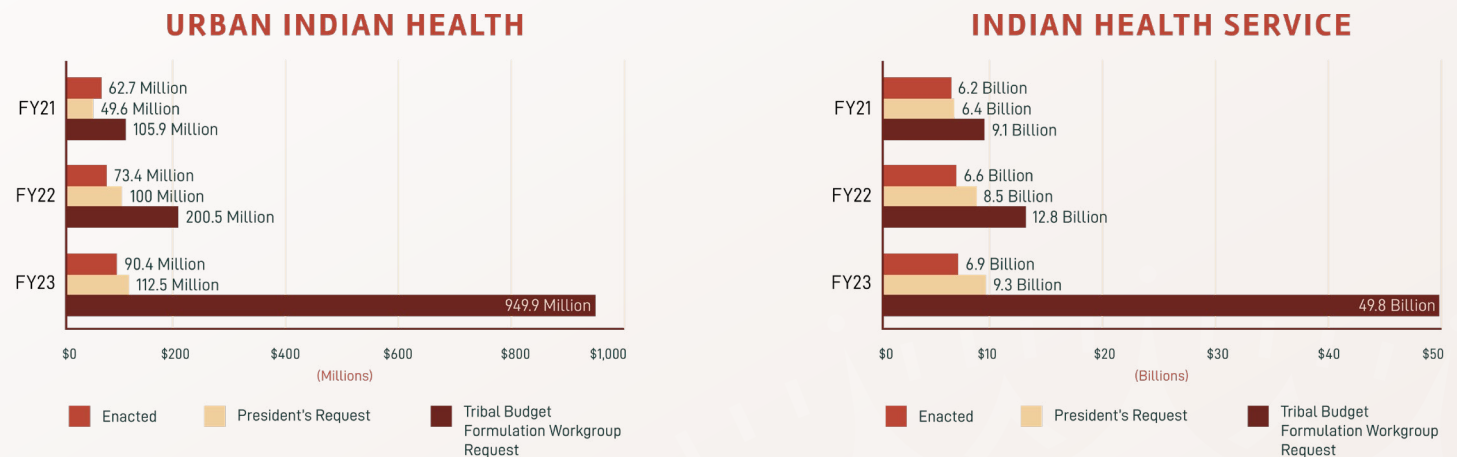
Elevate the Health Care Needs of American Indians and Alaska Natives Within the Federal Government

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

FULLY FUND THE INDIAN HEALTH SERVICE (IHS) AND URBAN INDIAN HEALTH AT THE AMOUNTS REQUESTED BY TRIBES

POLICY PRIORITIES
2023

Support the Tribal Budget Formulation Work Group request of \$51.42 billion for IHS and \$973.59 million for the Urban Indian Line Item for FY 2024



Overview

- ▶ IHS is historically underfunded. This problem is particularly acute for the UIOs who serve Native people living in urban areas.
- ▶ UIOs are a critical part of the Indian health system, commonly referred to as 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.
- ▶ Over 70% of AI/ANs live in urban areas, yet historically 1% of IHS funding is allotted for the health care of urban Indians.
- ▶ UIOs receive direct funding primarily from one line-item – urban Indian health – and 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.
- ▶ 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 \$973.59 million in FY 2024 to address the growing health needs of urban AI/AN communities.
- ▶ For FY 2024, the TBFWG recommends the following funding for IHS: IHS (overall) request: \$51.42 billion. Urban Indian Health request: \$973.59 million.
- ▶ IHS (overall) request: **\$51.42 billion.**
- ▶ Urban Indian Health request: **\$973.59 million.**

Recommendations

CONGRESSIONAL

- Sign letters requesting enactment of the TBFWG's funding recommendations for IHS (51.42 billion) and urban Indian health (\$973.59 Million for UIOs).
- Appropriate full funding for the Indian Health Service.

FEDERAL

- ▶ Submit a President's Budget which requests full funding for IHS and urban Indian health.

FULLY FUND THE INDIAN HEALTH SERVICE (IHS) AND URBAN INDIAN HEALTH AT THE AMOUNTS REQUESTED BY TRIBES

POLICY PRIORITIES
2023

Support Participation and Continued Inclusion of UIOs in the IHS Budget Formulation Process

Overview

- ▶ UIOs are funded in large part through grants and contracts from the IHS under Title V of the Indian Health Care Improvement Act (IHCIA). Therefore, the allocation of IHS funds directly affects the ability of UIOs to maintain and expand services for AI/ANs 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 Federal Government's trust responsibility and to fulfill the national policy of the United States as outlined in the IHCIA¹ and the IHS's urban confer policy as outlined in the Indian Health Manual.^{2,3}

Federal Recommendations

- ▶ Continue to honor the national policy of the United States and the requirements of the Indian Health Manual by ensuring UIOs are included in the IHS Budget Formulation process.
- ▶ Ensure all relevant federal agencies, such as HHS and OMB, engage directly with UIOs on Budget Formulation to ensure that funding is inclusive of the entire Indian Health Service/Tribal/Urban Indian Organization (I/T/U) system.

INDIAN HEALTH CARE
SOURCE 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/ihs/pc/part-5/p5c26/>

IMPROVING BEHAVIORAL HEALTH FOR ALL AMERICAN INDIANS AND ALASKA NATIVES

POLICY PRIORITIES
2023

Appropriate \$80 million for Behavioral Health and Substance Use Disorder Resources for Native Americans

Overview

- ▶ In the FY23 Omnibus, Congress authorized \$80 million to be appropriated for the Behavioral Health and Substance Use Disorder Resources for Native Americans provision.¹
- ▶ Native people experience serious mental illnesses at a rate 1.58 times higher than the national average, and have high rates of alcohol and substance abuse.²
- ▶ Between 1999 and 2015, the drug overdose death rates for Native populations increased by more than 500%.³
- ▶ Inadequate funding requires UIOs to depend on every dollar of federal funding and find creative ways to stretch already limited resources.
- ▶ 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.”⁴
- ▶ Urban AI/AN youth face are “at greater risk for serious mental health and substance abuse problems, suicide, increased gang activity, teen pregnancy, abuse, and neglect.”⁵
- ▶ Until the committee appropriates funding for this program, critical healthcare programs and services cannot operate to their full capability, putting Native lives at risk.

Congressional Recommendation

- Appropriate \$80 million for Behavioral Health and Substance Use Disorder Resources for Native Americans, which was authorized in the FY23 omnibus.

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

2 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>

3 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>

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

5 Id.

IMPROVING BEHAVIORAL HEALTH FOR ALL AMERICAN INDIANS AND ALASKA NATIVES

POLICY PRIORITIES
2023

Ensure Critical Resources and Funding Opportunities Related to Behavioral Health and Substance Use Disorders are Inclusive of Urban Native Communities and the UIOs that Help Serve Them

Overview

- ▶ Even when Congress specifically lists 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 Notice of Funding Opportunity (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 Healthcare facilities, including UIOs in grant funding would be appropriate, while including non-profit organizations generally would not be.

Federal Recommendation

- ▶ Ensure Inclusion of UIOs in Notice of Funding Opportunities (NOFOs) for Behavioral Health and Substance Use Disorder Programs.

Congressional Recommendation

- Ensure UIOs are included as eligible entities in relevant funding legislation intended to be inclusive of UIOs.

PROTECT FUNDING FOR NATIVE HEALTH FROM POLITICAL DISAGREEMENTS

POLICY PRIORITIES
2023

Maintain Advance Appropriations for IHS to Insulate the Indian Health System from Government Shutdowns and to Protect Patient Lives

Overview

- ▶ Longstanding use of regular appropriations for IHS has left the Indian Health Service/ Tribal/UIO system (I/T/U system) subject to government shutdowns, automatic sequestration cuts, and continuing resolutions.
- ▶ Disruptions in federal funding quite literally put Native lives at risk.
- ▶ During the 35-day government shutdown at the start of Fiscal Year 2019, UIOs were forced to take drastic measures by laying off staff, slashing hours, reducing services, and even shuttering their doors due to a lack of funding.
- ▶ One UIO had seven opioid overdoses after they were forced to close their doors, five of which were fatal.
- ▶ For the first time, advance appropriations for IHS was included in the final FY23 appropriations package.¹
- ▶ The FY23 Appropriations package provided \$5.1 billion in advanced appropriations to IHS for FY24, but the IHS budget will once again be subject to discretionary appropriations starting in FY25.²
- ▶ Maintaining advance appropriations is critical to provide certainty to the I/T/U system and ensure unrelated budget disagreements do not risk lives.
- ▶ Advance Appropriations ensure that continuing resolutions and shutdowns do not generate harmful impacts on IHS and ultimately destabilize the continuity of care for patients.³

Congressional Recommendation

- Maintain Advance Appropriations for IHS until IHS is transferred to Mandatory Funding.

¹ Text - H.R.2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023, H.R.2617, 117th Cong. (2022), <https://www.congress.gov/bills/117th-congress/house-bill/2617/text>

² See Id.

³ 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

POLICY PRIORITIES
2023

Transition IHS from Discretionary to Mandatory Appropriations

Overview

- ▶ The COVID-19 pandemic highlighted the devastating effects of the federal government's longstanding neglect of the I/T/U system.
- ▶ Despite the provision of healthcare being a core element of the trust responsibility, I/T/U facilities were not equipped to respond to the pandemic, and Native people suffered disproportionate losses.
- ▶ Before FY23 when IHS secured advanced appropriations until FY25, IHS was the only major federal healthcare provider subject to the discretionary appropriations process.
- ▶ Longstanding use of regular appropriations for IHS has left the I/T/U system subject to government shutdowns and continuing resolutions in the event that Congress cannot reach a timely budget agreement.
- ▶ The federal government cannot fulfill its trust responsibility to provide healthcare when IHS continues to be subject to annual appropriations; mandatory funding is essential to upholding the trust responsibility.¹
- ▶ Mandatory funding is especially important to UIOs, who experience funding disruptions every time there is a budget disagreement in Washington.
- ▶ Stable funding will allow UIOs to maintain consistent services regardless of Congressional budget disagreements and will save Native lives. It will also allow UIOs to make long-term budgetary plans that will ultimately allow them to better serve their patients.
- ▶ The President's Budget must protect the lives of AI/ANs the same way it does for other recipients of federal health services and not condemn them to die due to disagreements.

Congressional Recommendation

- Transition IHS from discretionary to mandatory appropriations.

Federal Recommendation

- ▶ All necessary federal agencies, including IHS, HHS, and OMB, should work with each other and Tribal and UIO partners to develop a plan to transition IHS to mandatory appropriations.
- ▶ Include mandatory funding for IHS in the President's budget.

¹ See Id.



"NOTHING ABOUT US WITHOUT US": IMPROVING HEALTH OUTCOMES THROUGH DIALOGUE

POLICY PRIORITIES
2023

Increase Federal Agency Engagement with UIOs 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 HHS as well as other agencies that provide or support the provision of health care to American Indians and Alaska Natives fail to adequately include 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 have resulted in 70% of AI/AN people living outside of Tribal jurisdictions, thus making Urban Confer integral to address the care needs of most AI/AN persons.
- ▶ UIOs need avenues for direct communication with all the agencies charged with overseeing the health of their AI/AN 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 federal agencies.

Congressional Recommendation

- Co-sponsor and pass the Urban Indian Health Confer Act in Congress.
- Introduce legislation to direct non-HHS agencies who provide or support the provision of healthcare services to American Indians and Alaska Natives to create and implement Urban Confer Policies.

Federal Recommendation

- ▶ Ensure the Office of Urban Indian Health Programs (OUIHP) is actively involved at every level of AI/AN 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 healthcare services to AI/ANs, including services that address social determinants of health.



¹ 25 USC § 1602.

² 25 U.S.C. § 1660d.

“NOTHING ABOUT US WITHOUT US”: IMPROVING HEALTH OUTCOMES THROUGH DIALOGUE

POLICY PRIORITIES
2023

Identify the Needs of and Develop Strategies to Better Serve Urban Native Populations

Overview

- ▶ On February 3, 2022, a group of Senators sent a letter to the Biden Administration requesting the establishment of an Urban Indian Interagency Workgroup to identify the needs and develop strategies to better serve urban AI/AN populations.¹
- ▶ The Workgroup would help identify federal funding strategies to better address the needs of urban AI/ANs, advance the development of a wellness-centered framework to inform health services, strengthen support for practice-based traditional healing approaches, improve Urban Confer policies at 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 AI/AN communities, increasing the impact of federal resources in infrastructure development, improving the provision of healthcare to AI/ANs 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 (WHCNAA) in E.O. 13647, making it an ideal forum to house the Interagency Workgroup.

Federal Recommendation

- ▶ Establish an Urban Indian Interagency Workgroup within the WHCNAA.



¹ Urban Intragency Workgroup. Sign-on Letter to President Biden and Vice President Kamala Harris. 2022. <https://acrobat.adobe.com/Link/review?uri=urn:aaid:scds:US:1a9dfba2-82f8-33cf-9225-7d267e8f5c67>

IMPROVING HEALTH OUTCOMES THROUGH TRADITIONAL HEALING AND CULTURALLY-BASED PRACTICES

POLICY PRIORITIES
2023

Improve Funding Access for UIOs to Expand Traditional Healing and Culturally-Based Practices

Overview

- ▶ UIOs continuously stress the importance of offering traditional healing and culturally based practices to patients. UIOs fill an essential gap in care for AI/AN 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 AI/AN patients.
- ▶ In addition, Medicaid, the Children’s Health Insurance Program and Medicare programs, which are key sources of health insurance coverage for AI/ANs, 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 that 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 Recommendation

- ▶ HHS should review its existing policies concerning the use of federal funding, especially in the area of 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 CMS should engage with the I/T/U system and state partners to support the expansion of traditional healing in the Medicaid and Medicare programs.⁴



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/Medicaids-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.

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

IMPROVING NATIVE VETERAN HEALTH OUTCOMES

POLICY PRIORITIES
2023

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 UIOs. They are a response to decades of deliberate federal efforts (forced assimilation, termination, relocation) that have resulted in 70% of Native people living outside of Tribal jurisdictions. This has made Urban Confer integral to addressing the care needs of most Native people.
- ▶ AI/ANs 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 AI/AN veterans and are vital to the VHA's mission to improve care and access to services for AI/AN veterans because of their deep ties to the AI/AN community 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 AI/AN veteran populations, including the following areas: Phoenix, Arizona; Los Angeles, CA; Dallas, Texas; Oklahoma City, Oklahoma; New York City, New York; and Chicago, Illinois.
- ▶ 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 VA.

¹ 25 U.S.C. § 1660d.

IMPROVING NATIVE VETERAN HEALTH OUTCOMES

POLICY PRIORITIES
2023

Engage with UIOs to Successfully Implement the Interagency Initiative to Address Homelessness for Urban 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 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 (AI/AN) veterans experiencing or at risk of homelessness in urban areas.
- ▶ This initiative is critical given that the National Council of Urban Indian Health (NCUIH) estimates that there are about 8 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, who has answered the call to make the ultimate sacrifice on behalf of this Nation, they will remain at risk of the health disparities associated with unstable housing.
- ▶ UIOs are essential partners in serving AI/AN veterans and are vital to this initiative to improve care and access to services for AI/AN veterans because of their deep ties to the AI/AN community in urban areas.
- ▶ UIOs currently serve seven of the ten urban Areas with the largest AI/AN veteran populations, including the following areas: Phoenix, Arizona; Los Angeles, California; Seattle, Washington; Dallas, Texas; Oklahoma City, Oklahoma; New York City, New York; and Chicago, Illinois.
- ▶ UIOs are uniquely positioned to assist agencies, such as HHS and the Department of Housing and Urban Development (HUD), in improving housing access for AI/AN veterans.

Federal Recommendation

- ▶ Host consistent and frequent listening sessions with UIOs regarding this Initiative.



IMPROVING NATIVE VETERAN HEALTH OUTCOMES

POLICY PRIORITIES
2023

Increase Urban Native Access to VA Benefits and Resources that Address Social Determinants of Health

Overview

- ▶ VA data currently indicates that AI/AN 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 AI/AN veterans' health and well-being.²
- ▶ For example, GI Bill and other VA education and training benefits can help AI/AN veterans access to 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 AI/AN veterans being better able to pay for food, housing, and health care which would improve their economic stability and ultimately their health and well-being.⁴

Federal Recommendation

- ▶ Encourage VA to focus on ensuring that Native veterans have access to the full range of veterans' benefits.
 - ▶▶ This is particularly crucial for urban AI/AN veterans. For example, AI/AN 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.



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>.

HEALING FROM FEDERAL BOARDING SCHOOLS

POLICY PRIORITIES
2023

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

Overview

- ▶ Between 1819 through the 1970s 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 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 then territories.⁴
- ▶ The Truth and Healing Commission on Indian Boarding School Policies Act 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 work in collaboration with other agencies to develop recommendations for the Federal Government on how to acknowledge this trauma and help Native communities heal.
 - ▶▶ Unfortunately, despite significant support in Congress and throughout Indian Country the bill did not pass.

Congressional Recommendation

- Re-Introduce and Co-sponsor the Truth and Healing Commission on Indian Boarding School Policies in the United States Act.

EVERY
CHILD
MATTERS

ORANGE SHIRT DAY

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

HEALING FROM FEDERAL BOARDING SCHOOLS

POLICY PRIORITIES
2023

Study and Incorporate Findings of the Public Health Impact of Indian Boarding Schools on Urban Natives Today

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 AI/AN populations living in urban settings. Among assimilation practices, boarding schools stand out as especially damaging to AI/AN 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 these disruptive historical events, like boarding schools. These traumas are collective, affecting not only individual survivors but also their families and 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 AI/AN people has failed due to the resilience and resistance of AI/AN communities. Nonetheless, boarding schools have had profound effects on AI/AN people and communities, including urban AI/AN communities.
- ▶ UIOs are essential in providing AI/ANs living in urban areas with the care and resources they need to not only address physical health, but also provide patients with culturally competent behavioral, social, and cultural services listed on this site.
- ▶ UIOs have noted that these services are critical in assisting their patients who may be experiencing trauma and intergenerational trauma in some cases related to federal Indian boarding school policies.

Federal Recommendation

- ▶ Establish an Urban Confer Policy at DOI.
- ▶ Support the development of a study that addresses the public health impact of boarding schools on urban AI/ANs today.
- ▶ Support UIO representation on the Truth and Healing Commission.
 - ▶ Study and incorporate the public health impact of boarding schools on urban AI/ANs today.
 - ◆ This includes not only the impact on the survivors of these schools but also the lasting impact of the intergenerational trauma caused by the 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.

Support Native Communities by Fully Honoring the Federal Trust Responsibility to Provide Healthcare to Native People

Overview

- ▶ In 2018, the U.S. Commission on Civil Rights released a report documenting the challenges facing Indian Country titled, Broken Promises: Continuing Federal Funding Shortfalls for Native Americans.
- ▶ One of the Commission's most significant recommendations in the Report was "for Congress to honor the federal government's trust obligations and pass a spending package to fully address unmet needs, targeting the most critical needs for immediate investment."
- ▶ The Honoring Promises to Native Nations Act would strengthen federal programs to support Native Communities through guaranteed mandatory, full, and inflation-adjusted funding that can support healthcare, education, housing, and economic development.
- ▶ Last session, the bill received endorsements from national Native organizations such as the National Council of Urban Indian Health (NCUIH), the National Congress of American Indians, and the National Indian Health Board.

Congressional Recommendation

- ▶ Re-Introduce and Co-sponsor the Honoring Promises to Native Nations Act.



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

Overview

- ▶ Currently, 31 UIOs receive Special Diabetes Program for Indians (SDPI) funds.
- ▶ SDPI's integrated approach to diabetes healthcare 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.
- ▶ Despite these successes, Natives 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% of Native adults living in urban areas are diagnosed with diabetes.¹
- ▶ SDPI is a necessary program to continue to address disparately high rates of diabetes among AI/ANs.
- ▶ SDPI has been funded at \$150 million since 2004, despite significant inflation and increases in healthcare 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 healthcare 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.

Federal Recommendation

- ▶ Increase engagement with federal agency partners, such as IHS, HHS, and the Office of Management and Budget (OMB), and improve SDPI Funding and Program Sustainability.



¹ Centers for Disease Control and Prevention. National Diabetes Statistics Report website. 2022. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>.

TACKLING THE STIGMA AND ADVANCING HIV SUPPORT EFFORTS IN NATIVE COMMUNITIES

POLICY PRIORITIES
2023

Increase Innovative Resources to Reduce Stigma and Fear Around HIV in Native Communities and Increase Behavioral Health Support Resources at UIOs for Natives Living with HIV

Overview

- ▶ Stigma and fear around HIV within AI/AN communities are significant barriers for UIOs when addressing HIV, leading to AI/ANs in Native communities being diagnosed with HIV at later stages.
- ▶ UIOs reported the need for more behavioral health support resources to prevent substance abuse and suicide associated with the stigma of HIV.
- ▶ UIOs also requested 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.

Congressional Recommendation

- Increase resources to address HIV stigma and increase HIV behavioral health resources.
- Introduce and Co-sponsor PrEP Access and Coverage Act with the Inclusion of UIOs.

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



IMPROVING FOOD SECURITY FOR URBAN AMERICAN INDIANS AND ALASKA NATIVES

POLICY PRIORITIES
2023

Increase Access to USDA Resources and Funding Opportunities for Urban Native Communities and the UIOs that Help Serve them

Overview

- ▶ Urban Native communities disproportionately experience food insecurity and disease related to a lack of access to healthy foods.
- ▶ Urban 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 Native people from their traditional lands, ways of interacting with the natural world, food cultivation practices, and diets. Especially for urban Natives, who are most likely to get the least exposure to traditional foods and teachings that create a barrier to incorporating these foods into their modern lifestyles.²
- ▶ UIOs have already actively been engaged in effective efforts and activities to mitigate and eliminate food insecurity in urban AI/AN 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 specifically tailored toward diabetes prevention and care.
- ▶ Despite these programs, 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.



Federal Recommendation

- ▶ Ensure UIOs can access and are eligible for appropriate funding and resources available through USDA and Food Nutrition Services programs to address food insecurity and healthy food access issues among urban AI/AN 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 AI/AN 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 Traditional Food Knowledge Among Native Americans, AMERICAN FEDERATION OF TEACHERS (2021), https://www.aft.org/hc/fall2020/secrest_hipp (last visited Mar 17, 2023).

IMPROVING FOOD SECURITY FOR URBAN AMERICAN INDIANS AND ALASKA NATIVES

POLICY PRIORITIES
2023

Increase UIO Access to Fresh Produce and Other Traditional Foods for AI/ANs Through the IHS Produce Prescription Pilot Program

Overview

- ▶ UIOs help to provide essential access to nutrition, food, and health resources for the more than 70 percent of AI/ANs living off-reservation.
- ▶ On September 27, 2022, the Biden-Harris Administration released the National Strategy on Hunger, Nutrition, and Health that included a commitment that the 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 IHS to create a Produce Prescription Pilot Program in coordination with Tribes and UIOs to increase access to produce and other traditional foods for AI/ANs.³
- ▶ One UIO, the American Indian Health and Family Services (AIHFS) located in Detroit, Michigan is already operating a produce prescription program, Fresh RX.⁴



Congressional Recommendation

- ▶ Ensure continued funding for the IHS Produce Prescription 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. 2617 - 117th Congress (2021-2022): Consolidated Appropriations Act, 2023, H.R. 2617, 117th Cong. (2022), <https://www.congress.gov/bills/117th-congress/house-bill/2617/text>

⁴ Fresh RX - AIHFS, <https://aihfs.org/fresh-rx/>.

ENDING THE EPIDEMIC OF MISSING OR MURDERED INDIGENOUS PEOPLE (MMIP)

POLICY PRIORITIES
2023

Reauthorize the Family Violence Prevention and Services Act (FVPSA) and Pass the Bridging Agency Data Gaps and Ensuring Safety (BADGES) for Native Communities Act

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.
 - ▶ 97% of AI/AN women and 90% of AI/AN men reported that they had a non-AI/AN assaulter(s) in their lifetime.
 - ▶ 68% of missing Native American children were missing from foster care or group homes.¹
- ▶ The Family Violence Prevention and Services Act (FVPSA) appropriates money to ensure the provision of emergency shelter and other non-shelter support services, such as victim advocacy, crisis counseling, safety planning, support groups, information and referrals, legal aid, and housing assistance to address domestic violence and dating violence.
- ▶ 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 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

- Reappropriate funds to the Family Violence Prevention and Service Act (FVPSA).
- Pass the BADGES for Native Communities Act.



NATIONAL DAY OF AWARENESS FOR Missing and Murdered Indigenous Women

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

ENDING THE EPIDEMIC OF MISSING OR MURDERED INDIGENOUS PEOPLE (MMIP)

POLICY PRIORITIES
2023

Honor Executive Order 14053: Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Murdered Indigenous People by Including UIOs 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

Federal Recommendation

- ▶ Ensure all necessary agencies engage in consistent and clear communication with UIOs by hosting Urban Confers with UIO leaders to ensure compliance with E.O. 14053.
- ▶ Fully incorporate UIOs into the policies, procedures, and projects outlined in E.O. 14053.
- ▶ Establish Urban Confer policies with the Department of Justice (DOJ) and the Department of the Interior (DOI).
- ▶ Increase access to technical assistance to UIOs for sexual assault nurse training.
- ▶ Support UIOs in developing victim advocacy programs.

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.

IMPROVING NATIVE MATERNAL AND INFANT HEALTH

POLICY PRIORITIES
2023

Include a Tribal and a UIO Health Provider Representative on the Advisory Committee on Infant and Maternal Mortality to Complement the Work of the Standing IHS Ex-officio Member

Overview

- ▶ Not only are AI/AN people disproportionately at risk for infant and maternal mortality, preterm birth, and low birth weight, but 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 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 how to coordinate 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 can adequately represent Tribal or Urban Indian healthcare providers.

Federal Recommendation

- ▶ Advise the Secretary of HHS to lead the establishment of an Urban Confer policy to ensure that urban AI/ANs 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.
- ▶ Include a Tribal and a UIO health provider representative on the ACIMM to Complement the Work of the Standing IHS Ex-officio Member.
- ▶ Collaborate with UIOs to gather accurate data on urban AI/AN infant and maternal health.
- ▶ Improve AI/AN 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 AI/AN communities.
- ▶ Create an ACIMM subcommittee dedicated to addressing AI/AN 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/infant-mortality-and-american-indians-and-alaska-natives)

IMPROVING NATIVE MATERNAL AND INFANT HEALTH

POLICY PRIORITIES
2023

Increase the Health Resource Services Administration's engagement with UIOs through Urban Confer and UIO Listening Sessions Regarding the Provision of Healthcare to Native Mothers and Infants

Overview

- ▶ According to the HHS Office of Minority Health, AI/AN infants have almost twice the infant mortality rate as non-Hispanic whites. Additionally, AI/AN infants are also almost three (3) times more likely than non-Hispanic white infants to die from accidental deaths before the age of one year and are fifty (50) percent more likely to die from complications related to low birthweights as compared to the same group.¹
- ▶ Data from 2019 showed that AI/AN mothers were almost three times as likely to receive late or no prenatal care as compared to non-Hispanic white mothers.²
- ▶ Among the factors which negatively impact maternal and infant health outcomes in AI/AN 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 Recommendation

- ▶ Encourage HRSA to collaborate with 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 the provision of services, access to valuable and accurate data, and improved care for mothers and infants.

Congressional Recommendation

- ▶ Ensure UIO inclusion in grants and programs relating to Native Maternal and Infant Health.

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).

² Id.



INCREASING RESOURCES TO SUPPORT MORE COMPREHENSIVE CARE FOR MEDICAID-IHS BENEFICIARIES

POLICY PRIORITIES
2023

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

Overview

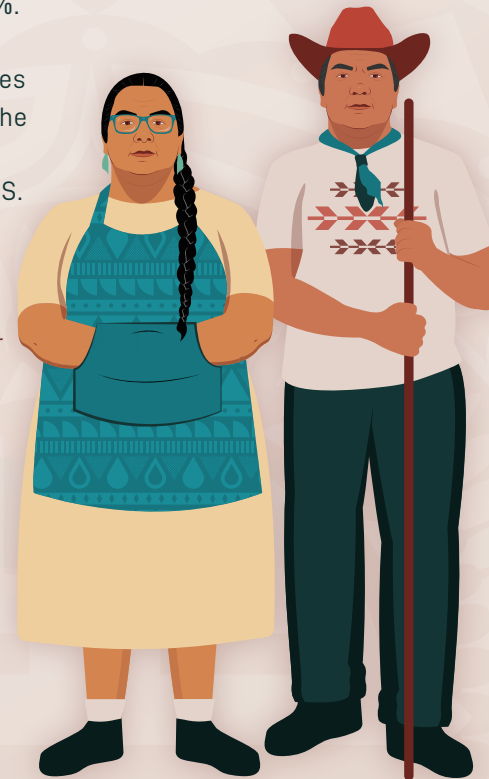
- ▶ When Congress first authorized 100% FMAP for the Indian health system in 1976, it did so because it recognized that "Medicaid payments are . . . a much-needed supplement to a health care program which has for too long been insufficient to provide quality health care to" AI/ANs and because "the Federal government has treaty obligations to provide services to Indians, it has not been a State responsibility."¹
- ▶ Unfortunately, Congress failed to include UIOs in the original 100% FMAP authorization, and, as a result, UIOs are reimbursed at lower rates for services provided to Medicaid-IHS beneficiaries, when compared to IHS and Tribal providers.
- ▶ On March 10, 2021, the American Rescue Plan Act (ARPA) temporarily authorized two years of 100% FMAP to UIOs for Medicaid services for IHS- beneficiaries beginning April 1, 2021.
- ▶ Before the authorization of ARPA, health services delivered by an IHS-eligible UIO would receive reimbursement rates at the State's FMAP percentage, ranging from 56% to 84%.
- ▶ This provision expired in March of 2023.
- ▶ Congress must enact legislation to provide permanent 100% FMAP for Medicaid services provided at UIOs to ensure parity across the IHS healthcare system and further fulfill the federal trust obligation.
- ▶ This legislation is supported by NCAI, NIHB, the House Native American Caucus, and IHS.

Legislative Text

Section 1905(b) of the Social Security Act (42 U.S.C.1396d(b)) is amended in the third sentence—(1) by striking "for the 8 fiscal year quarters beginning with the first fiscal year quarter beginning after the date of the enactment of the American Rescue Plan Act of 2021,"; and (2) by striking "for such 8 fiscal year quarters."

Congressional Recommendation

- Introduce and co-sponsor the Urban Indian Health Parity Act.



¹ See H.R. REP. NO. 94-1026, pt. III, at 21 (1976))

IMPROVING THE INDIAN HEALTH WORKFORCE

POLICY PRIORITIES
2023

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

Overview

- ▶ Although IHS initially determined 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, IHS changed its position in 2018 and further excluded UIOs from the consultation and confer process.
- ▶ IHS asserts that UIOs are excluded simply because they are not explicitly included in the statutory language of the nationalization of CHAP.
- ▶ UIOs are eligible for other similarly situated programs under IHCIA, including the Community Health Representative program and Behavioral Health and Treatment Services programs.

Legislative Text

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

Congressional Recommendation

- Amend IHCIA to extend CHAP to UIOs.

IMPROVING THE INDIAN HEALTH WORKFORCE

POLICY PRIORITIES
2023

Improve the Medicaid Workforce Through the Inclusion of UIOs in the VA's Pilot Program on Graduate Medical Education and Residency Program (PPGMER)

Overview

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

Federal Recommendation

- ▶ Ensure UIOs are included as covered facilities in 38 C.F.R. 17.245 consistent with legislative intent and flexibility provided under Section 403 of the MISSION Act.
- ▶ Extend eligibility criteria for covered facilities to consortia of I/T/U healthcare facilities under Section 403(a)(2)(F) of the Mission Act.
- ▶ Residency consortia represent a unique opportunity to train physicians on the intricacies of the Indian healthcare system and the provision of culturally sensitive health services across the I/T/U system. Develop a consortium for residencies focusing on the I/T/U system.
- ▶ Utilize the VA Tribal Advisory Committee on Tribal and Indian Affairs to support the placement of residents at I/T/U facilities.



¹ Colin Thompson, 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/>.

IMPROVING THE INDIAN HEALTH WORKFORCE

POLICY PRIORITIES
2023

Permit U.S. Public Health Service Commissioned Officers to be Detailed to UIOs

Overview

- ▶ Due to chronic underfunding, many UIOs grapple with hiring and retaining skilled, culturally competent health service providers, an issue that was magnified by the COVID-19 pandemic.
- ▶ Detailing U.S. Public Health Service (USPHS) Officers to UIOs would help UIOs address workforce shortages and increase collaboration across the federal healthcare system.
- ▶ Unfortunately, while federal law permits HHS to detail USPHS Officers for particular enumerated purposes to specified entities, including nonprofit institutions, UIOs do not currently meet the eligibility requirements because they are not "nonprofit 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."¹

Congressional Recommendation

- 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.
 - ▶▶ This recommendation aligns with the USPHS' mission to "protect, promote, and advance the health and safety of the nation."



¹ 42 USC § 215(c).

ACCURATELY ACCOUNT FOR PROVIDER SHORTAGES

POLICY PRIORITIES
2023

Engage with the Health Resources and Services Administration (HRSA) so that UIOs receive Health Professional Shortage Area (HPSA) Scores that Accurately Reflect the Level of Provider Shortage for UIO Service Areas

Overview

- ▶ HRSA auto-generates HPSA scores to reflect the level of provider shortage for a service area.
- ▶ UIOs have particularly highlighted how they are negatively impacted by the way their HRSA's HPSA scores affect their ability to hire and retain staff participating in various loan repayment programs.
- ▶ UIOs generally receive lower HPSA scores than appropriate because HRSA calculates the score based on general data, rather than data specific to the Indian healthcare system.

Federal Recommendation

- ▶ Ensure IHS engages with HRSA on this issue so that UIOs receive HPSA scores that accurately reflect their level of need.



DATA IS DOLLARS: IMPROVING DATA IN INDIAN HEALTH

POLICY PRIORITIES
2023

Re-Introduce the Tribal Health Data Improvement Act

Overview

- ▶ Public health surveillance data systems at the Federal, State, and local levels indicate high rates of misclassification and under-sampling of AI/ANs.
- ▶ The lack of complete and accurate data for AI/AN populations creates difficulties in tracking demographic trends of who is dying from preventable deaths, where, and what resources are needed to address these problems.¹
- ▶ The Tribal Health Data Improvement Act would require:
 - ▶ HHS to give Tribes, Tribal epidemiology centers, and the Indian Health Service access to public health surveillance programs and services.
 - ▶ The Centers for Disease Control (CDC) provide technical assistance to Tribes and Tribal epidemiology centers and engage in Tribal consultations on AI/AN birth and death records.
 - ▶ The CDC is to enter cooperative agreements with Tribes, Tribal organizations, UIOs, and Tribal epidemiology centers to address the misclassification of AI/AN birth and death records and public health surveillance information.
 - ▶ Encourage states to enter into data-sharing agreements with Tribes and Tribal epidemiology centers.

Congressional Recommendation

- ▶ Re-Introduce and Co-sponsor the *Tribal Health Data Improvement Act*.



¹ National Council of Urban Indian Health, Racial Misclassification of American Indian and Alaska Natives on Death Certificates: The Role of Funeral Directors in Policy and Prevention, 2019, [Final_Racial_Misclassification_prepub.pdf](#) (live-ncuih.pantheonsite.io)

DATA IS DOLLARS: IMPROVING DATA IN INDIAN HEALTH

POLICY PRIORITIES
2023

Improve Reporting for UIO Data

Overview

- ▶ According to a UIO survey, the average percentage of the UIO's total patient population accurately reported by the National Data Warehouse(NDW) or IHS portal is 55.45 percent.
- ▶ In particular, UIOs report that they are significantly disadvantaged by inaccurate patient counts as a result of misattribution of patient visits and misclassification of patient identity.
- ▶ As one UIO mentioned during a NCUIH-led discussion session, "When UIO patient counts look small, it is hard to justify increased budgets."
- ▶ The IHS Strategic Plan also 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 I/T/U system.

Federal Recommendation

- ▶ Support and improve equitable reporting of patient identity and calculation of I/T/U 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.").

DATA IS DOLLARS: IMPROVING DATA IN INDIAN HEALTH

POLICY PRIORITIES
2023

Improve Health Information Technology/Electronic Health Records

Overview

- ▶ Over the past few years, IHS identified a need for the modernization of Health Information Technologies (HIT) within their agency and moved forward with their HIT modernization project to improve interoperability with the Electronic Health Records (EHR) software.
- ▶ IHS's current Resource Patient Management System (RPMS) has been in use for nearly 40 years and has developed significant issues and deficiencies during this time, especially in recent years as HIT systems have rapidly advanced in sophistication and usefulness.
- ▶ 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."
- ▶ Without timely HIT modernization and maintenance of Indian Health Service/Tribal/ UIO (I/T/U) HIT systems at the highest level, the United States will fail in its trust responsibility to maintain and improve the health of AI/ANs and its national goal to raise the health status of AI/ANs to the highest possible level.
- ▶ Because over half of UIOs do not use RPMS, IHS must prioritize and support interoperability and health information exchange.

Congressional Recommendation

- Engage with IHS to address budgetary constraints and fiscal law restrictions blocking reimbursement of HIT modernization costs to Tribes and UIOs.

Federal Recommendation

- ▶ 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.
- ▶ Ensure IHS supports all software and hardware related to the modernization process beyond RPMS replacement.
- ▶ Ensure IHS consistently engages with all I/T/U providers of all facility types to establish and maintain transparency with UIOs and responsiveness to concerns across the I/T/U system.

CONTINUITY IN UIO SUPPORT FROM THE INDIAN HEALTH SYSTEM

POLICY PRIORITIES
2023

Improve IHS Area Office Consistency with Respect to Oversight and Management

Overview

- ▶ There are 4 types of UIO facilities as designated by IHS:
 - ▶ Full Ambulatory
 - ▶ Limited Ambulatory
 - ▶ Outreach and Referral
 - ▶ Outpatient and Residential
- ▶ UIOs report inconsistent oversight and management among Areas in subjects of critical importance like funding processes, IT support, on-site review, and more.
- ▶ For example, during the height of the COVID-19 health emergency, funds from various supplemental packages were disbursed across IHS Areas irregularly, with few standard practices across Area Offices. These inconsistencies also make knowledge sharing more challenging and hinder UIOs' ability to coordinate services.
- ▶ Staff turnover at Area offices is often the source of inconsistency. New staff generally do not have the necessary understanding of essential aspects of the UIO/federal relationship, such as the nature of our Title V contracts and budget communications.

Federal Recommendation

- ▶ Ensure IHS improves processes to ensure all Area coordinators are properly trained on the work of a UIO and the role of UIOs in the I/T/U system.
- ▶ Ensure OUIHP commits to enhancing the transparency of IHS' management of resources for UIOs and providing assistance to Area Offices to enhance their ability to work together with UIOs.
- ▶ Ensure that IHS headquarters 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.
- ▶ 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.



CONTINUITY IN UIO SUPPORT FROM THE INDIAN HEALTH SYSTEM

POLICY PRIORITIES
2023

Improve Communication at the IHS Area Level

Overview

- ▶ Some UIOs report differences in messaging they receive from OUIHP and their Area staff, as well as differences in messaging between Areas.
- ▶ Inconsistencies in Area communication limit UIOs' ability to work together to develop best practices and standardized processes. This means that IHS is unable to make progress towards its stated objective to "build, strengthen, and sustain collaborative relationships," within the I/T/U system.¹
- ▶ This became especially clear throughout the COVID-19 pandemic, which revealed differences in the way Areas communicated the processes for UIO funding.
- ▶ For instance, funding from the American Rescue Plan Act was not distributed in the same way and at the same times by each Area. This meant that UIOs could not collaborate to establish best practices for accessing and using this funding to combat the COVID-19 pandemic, which impacted AI/ANs more drastically than most other groups in the United States.²

Federal Recommendation

- ▶ Ensure OUIHP is committed to improving communication at every level of IHS, including the Area offices.



¹ Indian Health Service, IHS Strategic Plan: Goal 1, <https://www.ihs.gov/strategicplan/goal-1/> (last accessed Dec. 12, 2022).

² <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-raceethnicity.html>

ELEVATE THE HEALTH CARE NEEDS OF AMERICAN INDIANS AND ALASKA NATIVES WITHIN THE FEDERAL GOVERNMENT

POLICY PRIORITIES
2023

Pass the Stronger Engagement for Indian Health Needs Act to Elevate the IHS Director to Assistant Secretary for Indian Health

Overview

- ▶ *The Stronger Engagement for Indian Health Needs Act* 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 AI/AN population.
- ▶ The Assistant Secretary would work to enhance the government-to-government relationship between Indian Tribes and the United States, increase access and collaboration among agencies within HHS as Indian health policy and budgets are developed, bring much-needed parity to Indian health care needs, and ensure these issues are a priority in current and future administrations.

Congressional Recommendation

- ▶ Co-sponsor and Pass the Stronger Engagement for Indian Health Needs Act.



