



## 2019 National Advisory Committee and Workgroup Report

### National Council of Urban Indian Health (NCUIH)

#### PHOENIX AREA REPRESENTATIVES:

Mr. Walter Murillo  
Chief Executive Officer  
Native Health, Phoenix, AZ

#### CHARGE or PURPOSE OF National Council of Urban Indian Health (NCUIH):

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. NCUIH envisions a nation where comprehensive, culturally competent personal and public health services are available and accessible to American Indians and Alaska natives living in urban communities throughout the United States.

#### SUMMARY OF ACTIVITY, ACCOMPLISHMENTS AND/OR ACTIONS (Brief one page bulleted points):

NCUIH is the national representative of the 41 Urban Indian Organizations (UIOs) receiving grants under Title V of the Indian Health Care Improvement Act. NCUIH fulfills its mission by serving as a resource center providing advocacy, education, training, and leadership for urban Indian health care providers. Through this, NCUIH provides UIOs with training, technical assistance, and research support to help them implement and evaluate quality, accessible, and culturally appropriate healthcare services for American Indians/Alaska Natives (AI/ANs) living in urban areas. NCUIH also educates Congress and federal agencies about the health and wellness issues experienced by urban AI/ANs and the UIOs that serve them, elevating key priority issues and representing the interests of UIOs. Some of the key policy priorities for UIOs are below:

- **Increase funding for the Indian Health Service (IHS) and the urban Indian line item.**
  - IHS is considerably under-resourced and continues its historical underfunding. Although over 70% of AI/ANs residing in urban or suburban areas, less than 1% of the IHS funding is provided for the health care of urban Indians. Moreover, these limited funds are subject to unrelated budgetary disagreements – leading to irregular, delayed, inconsistent, and unknown funding amounts year to year. The 2018-2019 federal government shutdown had dire consequences for urban AI/AN health, forcing many clinics to lay off staff, reduce services, reduce critical hours, or even close their doors – leaving their AI/AN patients without a place to go.
  - NCUIH supports the increases to the IHS and urban Indian health budgets contained in the House FY-2020 appropriations bills.
    - Specifically, NCUIH asks for an increase to urban Indian health to at least \$81 million to \$118 million (~2% of the IHS budget), and is grateful that the House passed an appropriations package including this increase.



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- NCUIH supports the Indian Programs Advanced Appropriations Act (S.229/H.R.1128 and 1135), which would help ensure IHS is not so significantly impacted from shutdowns, sequestration, and hiring freezes.
- NCUIH also supports fully funding IHS in phases in accordance with the IHS Tribal Budget Formulation Workgroup recommendations. It is important to note that NCUIH does not advocate to give tribal funding to UIOs, rather to ensure full funding to IHS so the whole I/T/U system is properly funded.
- **Preserve the Medicaid program for AI/AN health care and support parity for UIOs with the 100% Federal Medical Assistance Percentage (FMAP) rate for services provided at UIOs.**
  - Currently, services provided to AI/ANs at IHS and Tribally-owned or –operated facilities are reimbursed to the state at a 100% FMAP rate. However, UIOs do not receive this enhanced rate.
  - NCUIH has worked with Congress to introduce the Urban Indian Parity Act (S.1180, H.R.2316), which would create parity for UIOs with the remainder of the I/T/U system by authorizing the 100% FMAP rate for services UIOs provide.
  - NCUIH led a 100% FMAP work group with members of IHS, the Centers for Medicare & Medicaid Services (CMS), and UIO leaders to facilitate the administrative operationalization of 100% FMAP through Care Coordination Agreements with IHS or Tribally-owned or –operated facilities, consistent with a CMS State Health Officials letter.
  - NCUIH supports a broad exemption for all AI/ANs from mandatory work requirements imposed as a condition of Medicaid eligibility. NCUIH supports this exemption through regular engagement with CMS and Members of Congress, noting that the imposition of barriers to access to health care on AI/ANs is wholly inconsistent with the federal trust obligation.
  - IHS should look into alternative ways to administratively make UIOs IHS satellite units for the purposes of 100% FMAP, the IHS-VA MOU and FTCA.
- **Provide Federal Tort Claims Act (FTCA) coverage for UIOs, thereby providing their employees with malpractice insurance, in parity with the remainder of the I/T/U system.**
  - UIOs do not receive malpractice coverage through the FTCA and are thus forced to expend considerable amounts of their limited resources to obtain this coverage – a fix to this would enable UIOs to utilize these resources for the provision of health care services to their AI/AN patients.



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- **Fully implement the IHS/VA Memorandum of Understanding (MOU) to enable urban AI/AN veterans to elect to receive VA-covered services at high quality, culturally competent UIOs.**
  - Although the IHS and VA entered into a MOU in 2010 to promote inter-agency collaboration to help veterans receive health care services from the I/T/U system, the VA has failed to implement this for UIOs.
  - NCUIH has worked with Congress to introduce the Health Care Access for Urban Native Veterans Act (H.R.4153, S.2365), which would require the VA to reimburse UIOs for health care provided to AI/AN veterans.
  - IHS should provide assistance in ensuring the MOU's full implementation.
  
- **Preserve behavioral health funding for UIOs to enable them to continue to provide vital services to their AI/AN patients.**
  - Urban AI/ANs experience behavioral health disparities comparable to AI/ANs who reside on reservations and considerably higher than non-AI/ANs residing in urban areas. UIOs can offer programming to help reduce these disparities through a multitude of critically important services, including the provision of trauma-informed practices and more specialized behavioral health outreach and referral program. A total of 23 UIOs currently receive a combined 41 grants through IHS's essential behavioral health programs, for a total of more than \$6 million in critical funding.
  - It is vital that any changes to the distribution of IHS's behavioral health programs includes a percentage set-aside for UIOs so that they may continue to receive funds to provide critical services to their AI/AN patients.
  - The NCUIH Board of Directors, which is made up of UIO leaders who are voted on to the Board from each region around the country, passed a unanimous resolution in support of IHS's continuation of including NCUIH in its behavioral health programming.
  - IHS's behavioral health programs enable NCUIH to provide technical assistance and training to UIOs with respect to critical behavioral health issues. NCUIH is the only national organization that supports UIOs specifically, with a focus on addressing the behavioral health issues the urban AI/AN population face, and NCUIH funding must be maintained to do so.
  
- **Provide separate funding for 105(I) leases that is distinct from the limited funds UIOs receive**
  - NCUIH respectfully request that IHS ends the practice of utilizing UIO-designated funding for a purpose for which UIOs are not eligible, like 105(I) leases.
  - NCUIH also request a separate line item for 105(I) leases so it does not impact other IHS I/T/U programming.



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- **Enable participation of the entire I/T/U system in a national CHAP**
  - NCUIH notes that there is no provision in IHCA that precludes UIOs from a national Community Health Aide Program and NCUIH thus strongly opposes IHS's recent change in interpretation to now find UIOs are ineligible.
  
- **Expediently restore the permanent Director of the Office of Urban Indian Health Programs (OUIHP) position**
  - NCUIH requests that the SES position for the OUIHP director be restored and position be advertised promptly. The OUIHP office has been understaffed for more than 4 years and must be fully staffed to better meet its goal, in furtherance of the IHS mission.
  - OUIHP is currently led by an Acting Director, which is disparate from the Office of Tribal Self-Governance and the Office of Direct Service and Contracting Tribes, both of which are led by permanent Directors.
  
- **Implement effective Urban Confer policies**
  - NCUIH appreciates IHS's consideration of how potential actions will impact UIOs through actions taken in furtherance of its Urban Confer policy.
  - However, IHS is the sole agency under HHS that regularly considers impacts on UIOs in this way. IHS should assist in the establishment of a confer policy across HHS to better address Indian Country. UIOs play a vital role ensuring each administration is working with all of Indian Country and acting in consideration of AI/ANs residing in urban areas.
  - For the IHS confer policy to be fully implemented and truly achieve its purpose, UIOs should be included in advisory groups to provide technical assistance and help ensure the UIO prospective is included in any discussions that will significantly impact their operations and services as well as their AI/AN patients.