March 29, 2019

The Honorable Betty McCollum
Chairwoman
Subcommittee on Interior, Environment, and Related Agencies
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable David Joyce
Ranking Member
Subcommittee on Interior, Environment, and Related Agencies
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

Dear Chairwoman McCollum and Ranking Member Joyce:

Thank you for your commitment to urban Indian health and the strong support you have showed for the 42 Urban Indian Organizations (UIOs) UIO across the country. We request that you continue this commitment and support by addressing the chronic underfunding of urban Indian health and work to increase the urban Indian health line item to $116 million. Although this increase would be a mere 2% of the Indian Health Service (IHS) budget, appropriate funding levels would honor the United States’ trust responsibility and support urban Indian health care needs. At a minimum, we request your support for the Tribal recommendation to increase the urban Indian line item to at least $81 million. The Indian Health Services funding is authorized under the Indian Health Care Improvement Act (IHCIA) [25 U.S.C. § 160 et seq.] amended and permanently reauthorized by the Patient Protection and Affordable Care Act (ACA) [P.L. 111-148].

However, unlike IHS and federally recognized Tribes who receive funding from all IHS line items, UIOs only receive funding from one source within the IHS budget - the urban Indian line item. UIOs provide culturally-competent healthcare to approximately 70% of American Indians and Alaska Natives (AI/AN) living in urban settings. UIOs are on the front lines in assisting the federal government in providing for the health and well-being of urban Indians. Urban Indians have greater rates of mortality from chronic disease compared to all other ethnic groups living in urban areas. Yet, urban Indians are also less likely to receive preventive care and are less likely to have health insurance. Despite these significant health care disparities, UIOs receive only $401 per patient even though urban Indians comprise over two-thirds of the total American Indian and Alaska Native population.

UIOs are an integral part of the Indian health system, which is comprised of the IHS, federally recognized Tribes, tribal organizations, and urban Indian organizations (I/T/Us). Currently, UIOs receive less than 1% of the IHS budget, and the IHS budget is currently underfunded at less than 50% of need creating serious budget constraints. UIOs do not have access to many of the critical cost saving programs available to the other facets of the I/T/U system.
For instance, UIOs do not receive Federal Tort Claims Act (FTCA) coverage or 100% Federal Medical Assistance Percentages (FMAP). They have no access to other federal line items like hospitals and health clinics money, purchase and referred care dollars, IHS dental services dollars and are not eligible for facilities funding.

Additionally, there is a substantial risk for Medicaid reimbursements to be significantly cut considering the Centers for Medicare & Medicaid Services’ recent decision to depart from settled law and narrow the definition of American Indian/Alaska Native in its approval of an Arizona Medicaid waiver. The result will hinder access to care in urban Indian communities and further burden an already overwhelmed and underfunded Indian health system.

The solution to address the unmet needs of urban Indians is not to take money from Tribes; but rather to increase the overall IHS budget. A budget increase would allow UIOs to hire more staff, pay appropriate wages, expand vital services, programs, and maintain functional facilities. This would enable UIOs to provide services to the growing demand of health care for urban Indians.

We greatly appreciate the Subcommittee’s past support of urban Indian health. We urge you to, continue to support this critical investment in Urban Indian Health Programs to provide culturally-competent healthcare by increasing the funding to a minimum of $81 million or maximum amount of $116 million for the Indian Health Services (IHS) urban Indian healthcare line item, constituting 2% of the total IHS budget.

Thank you for your continued support in urban Indian health and strengthening the federal trust responsibility for urban Indians.

Sincerely,

Raúl M. Grijalva
Member of Congress

Ben Ray Luján
Member of Congress

Sharice Davids
Member of Congress

Mark DeSaulnier
Member of Congress

Diana DeGette
Member of Congress
Earl Blumenauer  
Member of Congress

Tom O'Halleran  
Member of Congress

Don Bacon  
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Ruben Gallego  
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Ro Khanna  
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Doris Matsui  
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Jimmy Gomez  
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