



# 2020 Federal Health Priorities

Seattle Indian Health Board (SIHB) ensures the health and well-being of urban American Indian and Alaska Native communities by providing culturally attuned healthcare and human services, conducting data research through its research division the Urban Indian Health Institute (UIHI), and collaborating with tribal, community, and federal partners.

## Urban Indian Health Appropriations Priorities

### Ensure all tribal citizens have access to healthcare and services.

Seventy-one percent of the American Indian and Alaska Native population live in urban areas<sup>1</sup>, yet often less than one percent of the Indian Health Service budget is allocated to Urban Indian Health Programs.<sup>2</sup>

- ▶ **Support S. 229/H.R. 1128 and H.R. 1135** for advanced appropriations of the Indian Health Service (IHS).
- ▶ **Appropriate \$95 million in the Urban Indian Health Program (UIHP) line item in the IHS budget** to move towards full funding of the IHS Direct, Tribal 638, UIHP (I/T/U) system of care.
- ▶ **Appropriate \$24 million in the Hospitals and Clinics: Tribal Epidemiology Centers (TEC) line item in the IHS budget** to perform essential public health functions and improve data driven health care decision making in American Indian and Alaska Native communities.
- ▶ **Prioritize investments in Indian Health Care Providers**, ensuring the majority of IHS funding is allocated to I/T/U service providers.
- ▶ **Support S. 192** to reauthorize the Special Diabetes Program for Indians (SDPI).

## Healthcare System Priorities

### Address healthcare system disparities.

The Indian Health Service has a healthcare expenditure of \$3,851 per capita vs. a national healthcare expenditure of \$10,348 per capita<sup>3</sup>, contributing to high rates of health disparities among American Indian and Alaska Native citizens.

- ▶ **Amend Social Security Act 1905(b) to include UIHPs** which would allow 100% Federal Medical Assistance Percentages (FMAP) for American Indian and Alaska Native encounters at UIHPs.
- ▶ **Eliminate Medicaid Institutions for Mental Diseases (IMD) exclusions** for UIHPs administering substance use disorder services.
- ▶ **Authorize cross-state credentialing** for the entire I/T/U system of care.
- ▶ **Implement an urban confer policy** across United States Department of Health and Human Services (HHS) agencies.

## Missing and Murdered Indigenous Women and Girls Priorities

### Allocate funding to address issues of violence against Native women.

According to an Urban Indian Health Institute report, in 2016 there were 5,712 reports of missing American Indian and Alaska Native women and girls, yet only 116 of these cases were logged in federal databases.<sup>4</sup>

- ▶ **Invest \$10 million in TECs to create indigenous methodologies** designed to inform, improve, and mandate the collection of demographic data by local, state and federal law enforcement agencies.
- ▶ **Permanently reauthorize Violence Against Women Act (VAWA).**
- ▶ **Invest \$5 million in indigenous approaches to ending gender-based violence**, such as VAWA formulary and discretionary funding programs for urban American Indian and Alaska Native organizations without impacting funding for tribal programs.

## American Indian and Alaska Native Status Priorities

### Honor sovereignty and uphold Federal Trust Responsibility.

The United States Constitution and hundreds of years of legislation and jurisprudence hold that because American Indians and Alaska Natives are enrolled citizens of sovereign nations, any preference provided by statute is by virtue of their political status and not a racial classification.<sup>5</sup>

- ▶ Preserve American Indian and Alaska Native as a **political status within Centers for Medicare & Medicaid and across all federal policy.**
- ▶ **Uphold the Federal Trust Responsibility by Eliminating the Medicaid work requirements for American Indian and Alaska Native people** ensuring the provision of healthcare to Native people.
- ▶ **Defend the Indian Child Welfare Act (ICWA)** goal of protecting the political status of federally recognized Tribes and the unique cultural considerations of their children when placed in foster care.
- ▶ **Adopt a clean Carcieri Fix** confirming the Secretary of the Interior's authority to acquire lands in trust for **any** federally recognized Tribe at the time of trust application.

Sources:

1. Urban Indian Health Institute. (2013, February). *U.S Census Marks Increase in Urban American Indians and Alaska Natives*. Retrieved from: [http://www.uihi.org/wp-content/uploads/2013/09/Broadcast\\_Census-Number\\_FINAL\\_v2.pdf](http://www.uihi.org/wp-content/uploads/2013/09/Broadcast_Census-Number_FINAL_v2.pdf)
2. U.S Department of Health and Human Services: Indian Health Service. (2017). *Indian Health Service Office of Urban Indian Health Programs Strategic Plan 2017-2021*. Retrieved from: [https://www.ihs.gov/urban/includes/themes/newihstheme/display\\_objects/documents/IndianHealthServiceOfficeofUrbanIndianHealthProgramsStrategicPlan.pdf](https://www.ihs.gov/urban/includes/themes/newihstheme/display_objects/documents/IndianHealthServiceOfficeofUrbanIndianHealthProgramsStrategicPlan.pdf)
3. Indian Health Service. (2018 July). *Indian Health Service Profile*. Retrieved from: <https://www.ihs.gov/newsroom/factsheets/ihsprofile/>
4. Urban Indian Health Institute. (2018, November). *Missing and Murdered Indigenous Women and Girls*. Retrieved from: <http://www.uihi.org/wp-content/uploads/2018/11/Missing-and-Murdered-Indigenous-Women-and-Girls-Report.pdf>
5. *Morton V. Mancari, 417 U.S. 535*. (1974). Retrieved from: <https://www.loc.gov/item/usrep417535/>