URBAN AMERICAN INDIANS AND ALASKA NATIVES
The Need for Voice and Opportunity

The urban American Indian/Alaska Native (AI/AN) population experiences documented health disparities that are exacerbated by location. Seven out of 10 AI/ANs live in urban settings, and their culturally responsive health care options are limited by the availability of only 34 Urban Indian Health Organizations throughout the nation. Because they dwell outside the areas where federally recognized tribes have jurisdiction, they are left voiceless in informing policy created for the wellbeing of the entire AI/AN population. This leaves urban AI/ANs and urban AI/AN serving organizations without opportunities for resources meant to alleviate the health and social disparities of the overall AI/AN population. The Indian Health Care Improvement Act (IHCIA) was a confirmation of the federal government’s duty to all AI/AN people, making permanent the urban Indian health program and recognizing that AI/ANs need to be served where they reside.

Indian Health Care Improvement Act
• The IHCIA must be protected to maintain UIHPs, which are often the only hope for culturally relevant care for the 1.2 million urban AI/ANs living in their service areas. The ACA was the vehicle that made the IHCIA permanent, and provides important protections for the AI/AN population. If the ACA is changed or repealed, a permanent solution for the IHCIA must be put in place.

100% FMAP
• 100% FMAP should be expanded for all eligible AI/AN seeking services at I/T/U. Unfortunately, 100% FMAP is not extended to UIHPs, requiring them to be dependent on states to pay for Medicaid services for urban AI/ANs.
• For UIHPs to receive 100% FMAP payments for their IHS eligible AI/AN population, the Social Security Act Section 1905(b) must be amended to include UIHPs as eligible sites under the IHS.

Medicaid Block Grant
• If Medicaid is made into a block grant, many costs will be shifted to the states, affecting eligibility, benefits, and provider payment rates, which will hurt I/T/Us ability to serve the AI/AN population.

Medicaid Block Grant
• Many AIAN will lose coverage if Medicaid expansion is discontinued through changes or the repeal of the ACA.

Appropriations
• UIHPs have been able to enhance third party revenue and increase quality improvement efforts, despite the fact that less than 1% of IHS funding is allocated to the urban AI/AN population. Increased appropriations for UIHPs must be made for this progress to continue.

References
1) U.S. Census Bureau. Census 2010 American Indian and Alaska Native Summary File; Table: PCT2; Urban and rural; Universe: Total Population; Population group name: American Indian and Alaska Native alone or in combination with one or more races. 2010 Census American Indian and Alaska Native Summary File, 2010.
2) Urban Indian Health Institute, Seattle Indian Health Board. About Urban Indian Health Organizations. http://www.uihi.org/about-urban-indian-health-organizations/
4) U.S. Census Bureau.