

Dear Chairwoman McCollum and Ranking Member Joyce:

We write to thank you for your proven commitment to urban Indian health and the 41 Title V Urban Indian Organizations (UIOs) and to request you continue your support by appropriating \$106 million for urban Indian health programs in the FY 2021 Interior, Environment, and Related Agencies Appropriations Act.

UIOs, which operate 59 facilities in 22 states across the nation, are an important part of the Indian Health Service (IHS), which oversees a three-prong system for the provision of health care: Indian Health Service, Tribal Programs, and Urban Indian Organizations. This is commonly referred to as the I/T/U system. 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. Since UIOs do not have access to the additional line items in the IHS budget or parity in other funding opportunities like 100% Federal Medical Assistance Percentage (FMAP) or coverage under the Federal Tort Claims Act (FTCA), urban programs are left to provide healthcare to the approximately 70% of American Indians and Alaska Natives (AI/ANs) who live in urban settings with only the funds appropriated in this important line item.

In FY 2020, UIOs received a \$6 million increase that directly benefited the vulnerable population these programs serve. In order to build on this progress to correct chronic underfunding of urban Indian health, we are requesting a line item appropriation of \$106 million in FY 2021, which reflects the recommendation made by the Tribal Budget Formulation Working Group (TBFWG). In its report, the TBFWG states that this increase “would elevate the amount to only \$862 [per patient], which is still a small fraction of what every day Americans receive, but would make a huge difference to [UIOs] in providing care to urban AI/ANs.”

Life expectancy for AI/ANs is more than four years below the national rate and re-occurring health problems are more acute for AI/ANs living in urban areas, who suffer greater rates of chronic disease, infant mortality and suicide compared to all other populations. Additionally, AI/ANs living in urban areas are less likely to receive preventive care and are less likely to have health insurance. Yet, despite the historical acknowledgement from Congress of the significant health care disparities in Indian Country, IHS is underfunded at around \$3,000 per patient, and UIOs receive only \$400 per patient even though AI/ANs living in urban areas comprise over two-thirds of the total American Indian Alaska Native population.

In order to fulfill the federal government’s trust responsibility to all AI/ANs to provide safe and quality healthcare, funding for urban Indian health must be significantly increased. However, it is also imperative that such an increase not be paid for by diminishing funding for already hard-pressed IHS and Tribal providers, as UIOs have repeatedly pointed out in their testimony before Congress. Rather, the solution to address the unmet needs of urban Indians and all AI/ANs is an increase in the overall IHS budget. A budget increase would allow UIOs, as well as IHS and Tribally-run facilities, to hire more staff, pay appropriate wages, and expand vital services, programs, and facilities.

We appreciate the Subcommittee’s past support of urban Indian health, and we look forward to working with you to continue this critical investment in the ability of Urban Indian Health Programs to provide culturally competent healthcare to urban Indians. Thank you for your consideration of this important request.