



### Essential Urban Indian Health Requests

#### Appropriations Requests for UIOs

1. Provide a minimum of \$161 million for UIOs as an IHS urban Indian line item
2. Establish an \$80 million urban Indian facilities line item for expansion, renovation, and enhancements
3. Establish a \$1.7 billion Emergency Third-Party Reimbursement Relief Fund for IHS, Tribal Programs, and UIOs

#### Federal or State Cost Savings Requests

1. 100% FMAP for UIOs (S.1160 / H.R. 2316) (Bipartisan, bicameral support)

New Section

SEC. 1. EXTENSION OF FULL FEDERAL MEDICAL ASSISTANCE PERCENTAGE TO URBAN INDIAN ORGANIZATIONS.

Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended by striking “Indian Health Care Improvement Act)” and inserting “Indian Health Care Improvement Act) or through an Urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act), pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act”.

2. Parity in Medical Malpractice Liability to Stretch Limited Federal Dollars (FTCA) (H.R. 6535)

Title V of the Indian Health Care Improvement Act (25 U.S.C. 1651) is amended by adding at the end the following: “SEC. 519. DEEMING AN URBAN INDIAN ORGANIZATION AND EMPLOYEES THEREOF TO BE A PART OF THE PUBLIC HEALTH SERVICE FOR THE PURPOSES OF CERTAIN CLAIMS FOR PERSONAL INJURY.

“Section 102(d) of the Indian Self-Determination and Education Assistance Act shall apply—  
“(1) to an Urban Indian organization to the same extent and in the same manner as such section applies to an Indian tribe, a tribal organization, and an Indian contractor; and  
“(2) to the employees of an Urban Indian organization to the same extent and in the same manner as such section applies to employees of an Indian tribe, a tribal organization, or an Indian contractor.”.

3. Inclusion of UIOs in National Community Health Aide Program

25 U.S.C. §1616l(d)(2) is amended to read as )follows:

**(2) Requirement; exclusion**

Subject to paragraphs (3) and (4), in establishing a national program under paragraph (1), the Secretary —

- (A) shall not reduce the amounts provided for the Community Health Aide Program described in subsections (a) and (b);
- (B) shall exclude dental health aide therapist services from services covered under the Program; and
- (C) shall include urban Indian organizations.

25 U.S.C. §1616l(d)(3) is amended by striking “or tribal organization” each place it appears and inserting “, tribal organization, or urban Indian organization”.

25 U.S.C. §1616l(e) is amended striking “or a tribal organization,” and inserting “a tribal organization, or an urban Indian organization”.

#### No Cost Technical Fixes

1. Confer Policy for HHS

Section 514 of the Indian Health Care Improvement Act (25 U.S.C. §1660d) is amended in subsection (b) by:

- striking “the Service confers” and inserting “both the Department and Service confer”.

Adding after subsection (b) the following: “The Secretary shall include a representative of a national urban Indian health organization on any Indian health Tribal Advisory Committees or Tribal Workgroups as a voting member of such committee or group.”



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### 2. Inclusion of UIOs in Advisory Committees with Focus on Indian Health

#### UIOs Included in FACA

Section 204 of the Unfunded Mandates Reform Act (2 U.S.C. §1534(b)) is amended by adding after and below paragraph (2) the following:

“The inclusion of a representative of a national urban Indian organization in such meetings shall not affect the nonapplication of, or an exemption from, the Federal Advisory Committee Act (5 U.S.C. App.) to such meetings.”

#### UIO Representation for Facilities Appropriation Advisory Board

Section 301 of the Indian Health Care Improvement Act (25 U.S.C. §1631) is amended—

At subsection (c) by striking “and tribal organizations” each place it appears and inserting “, tribal organizations, and urban Indian organizations”.

At subclause c(2)(A)(i)(I) by inserting after “tribes” the following: “, 1 member representing urban Indian organizations,”.

### 3. Access to the National Stockpile (S. 3514 / H.R. 6352)

(a) STRATEGIC NATIONAL STOCKPILE.—Section 4 319F–2(a)(3)(G) of the Public Health Service Act (42 5 U.S.C. 247d–6b(a)(3)(G)) is amended by inserting “, and, in the case that the Secretary deploys the stockpile under this subparagraph, ensure, in coordination with the applicable States and programs and facilities, that appropriate drugs, vaccines and other biological products, medical devices, and other supplies are deployed by the Secretary directly to health programs or facilities operated by the Indian Health Service, an Indian tribe, a tribal organization (as those terms are defined in section 4 of the Indian Self Determination and Education Assistance Act (25 U.S.C. 5304)), or an inter-tribal consortium (as defined in section 501 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5381)) or through an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act), while avoiding duplicative distributions to such programs or facilities” before the semicolon.

(b) DISTRIBUTION OF QUALIFIED PANDEMIC OR EPIDEMIC PRODUCTS TO IHS FACILITIES.— Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by inserting after section 319F–4 the following: “SEC. 319F–5. DISTRIBUTION OF QUALIFIED PANDEMIC OR EPIDEMIC PRODUCTS TO INDIAN PROGRAMS AND FACILITIES.

“In the case that the Secretary distributes qualified pandemic or epidemic products (as defined in section 319F–3(i)(7)) to States or other entities, the Secretary shall ensure, in coordination with the applicable States and programs and facilities, that, as appropriate, such products are distributed directly to health programs or facilities operated by the Indian Health Service, an Indian tribe, a tribal organization (as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)), or an inter-tribal consortium (as defined in section 501 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5381)) or through an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act), while avoiding duplicative distributions to such programs or facilities.”.

### 4. IHS-VA MOU fix for UIOs (Current Bills: H.R. 4153/ S.2365) - Bipartisan, bicameral with IHS and VA Support

Section 405 of the Indian Health Care Improvement Act (25 U.S.C. 1645) is amended—

(1) in subsection (a)(1), by inserting “urban Indian organizations,” before “and tribal organizations”; and

(2) in subsection (c)—

(A) by inserting “urban Indian organization,” before “or tribal organization”; and

(B) by inserting “an urban Indian organization,” before “or a tribal organization”.



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<b>5. Access to the Public Health Emergency Program (Current Bills: H.R. 6274/ S. 3486)</b>	
<p>Excerpts:  Section 319C–1 of the Public Health Service Act (42 U.S.C. 247d–3a) is amended—  (2) in subsection (b)— . . .  (B) in paragraph (2)— . . .  (iii) in subparagraph (G), by striking “and tribal” and inserting “tribal, and urban Indian organization”; and (iv) in subparagraph (H), by inserting “, Indian tribes, and urban Indian organizations” after “public health”;  (3) in subsection (e), by inserting “Indian tribes, tribal organizations, urban Indian organizations,” after “local emergency plans,”; (4) in subsection (h)— (A) in paragraph (1)(A)— (i) by striking “through 2023” and inserting “and 2020”; and (ii) by inserting before the period “; and \$690,000,000 for each of fiscal years 2021 through 2023 for awards pursuant to paragraph (3) (subject to the authority of the Secretary to make awards pursuant to paragraphs (4) and (5)) and paragraph (8), of which not less than \$5,000,000 shall be reserved each fiscal year for awards under paragraph (8)”</p>	
<b>6. Amend Facilities Renovation (25 U.S.C. 1659) to include other accreditations</b>	
25 U.S.C. 1659 is amended by adding at the end the following: “Accreditation Association for Ambulatory Health Care, or other necessary accreditations.”	
<b>Unfunded Indian Health Provisions in the Indian Health Care Improvement Act (IHCA)</b>	
<b>1. Establish a Current and Future Facilities Assessment for the urban health line item in IHS and fund at \$570,000 (25 U.S.C. 1656)</b>	
Provide \$570,000 to conduct a two year survey of all facilities used by contractors under title V of the Indian Health Care Improvement Act conducted by a national organization representing urban Indian health with a board made of UIO facility leaders around the country.	
<b>2. Establish an Urban Indian Health Community Health Representatives in IHS and fund at \$3.05 million (25 U.S.C. 1660f)</b>	
Provide \$3.05 million for the establishment of a Community Health Representative program at urban Indian organizations to train and employ Indians to provide health care services.	
<b>3. Establish UIO Health Information Technology line item in IHS and fund at \$20 million (25 U.S.C. 1660h)</b>	
Provide \$20 million for grants and contracts with urban Indian organizations to develop Health Information Technology systems and provide technical assistance for the same	