

100% FMAP for Urban Indian Organizations

Overview

- Congress recognizes the obligation of the federal government to pay for health services to Indians as IHS beneficiaries at the full cost of their care as Medicaid beneficiaries (See H.R. REP. No. 94-1026, pt. III, at 21 (1976). This is in fulfillment of the trust and treaty responsibilities to Indian Country.
- Currently, Urban Indian Organizations are the only part of the 3-part Indian Health system (IHS, Tribal Organizations, and UIOs) not reimbursed for services provided to IHS-Medicaid beneficiaries at the full rate.
- Providing UIOs equal reimbursement for Medicaid services through the full federal share of costs will better ensure these frontline health care providers can serve more families now.
- The savings from full federal reimbursement will equip these health programs to better serve vulnerable AI/AN populations living in urban areas and free up resources for states.
 - Strengthens the trust and treaty responsibilities fulfilled by the US obligation
 - Broadly supported by Indian Country
 - Included in the National Congress of American Indians, National Indian Health Board, and NCUIH COVID Priority Lists (Letter from 4/2020)
 - Included in the Biden-Harris Plan for Tribal Nations
 - Included in the House HEROES Act
 - Included in the Native American Caucus COVID Priority List (Letter from 7/2020)
 - Rectifies a parity issue within the Indian Health System
 - Cost-effectively pours federal resources directly back into states
 - Supports resources going into the Indian Health System, thus <u>expanding quality care</u> to Indian Country

Legislative Text

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 or as a permanent program within the IHS direct care program."