

February 18, 2025
Written Testimony of Francys Crevier (NCUIH)
House Committee on Appropriations
Subcommittee on Interior, Environment, and Related Agencies

My name is Robyn Sunday-Allen, I am a citizen of the Cherokee Nation and the President-Elect of the National Council of Urban Indian Health, a national representative advocating for the Urban Indian Organizations (UIOs) contracting with the Indian Health Service (IHS) under the Indian Health Care Improvement Act (IHCIA) and the American Indians and Alaska Native patients they serve. On behalf of NCUIH and these 41 UIOs, I would like to thank Chairman Simpson, Ranking Member Pingree, and Members of the Subcommittee for your leadership to improve health outcomes for urban Indians and for the opportunity to testify today. We respectfully request the following:

- Protect Funding for the Indian Health Service and fund Urban Indian Health at \$100 million for FY26
- Maintain Advance Appropriations for the Indian Health Service, until mandatory funding is achieved, and protect IHS from sequestration.
- Request: Ensure Federal Policies Uphold Trust Obligations to American Indian and Alaska Native Communities

We want to acknowledge that your leadership was instrumental in providing the greatest investments ever for Indian health and urban Indian Health, especially the inclusion of advance appropriations. It is important that we continue in this direction to build on our successes.

A Brief History on Urban Indian Organizations:

As a preliminary issue, "urban Indian" refers to any American Indian or Alaska Native (AI/AN) person who is living in an urban area, either permanently or temporarily. UIOs were created by urban American Indians and Alaska Natives with the support of Tribes, starting in the 1950s in response to severe problems with health, education, employment, and housing caused by the federal government's forced relocation policies.¹ Congress formally incorporated UIOs into the Indian Health System in 1976 with the passage of the Indian Health Care Improvement Act (IHCIA). Today, over 70% of AI/AN people live in urban areas. UIOs are an integral part of the Indian health system, comprised of the Indian Health Service, Tribes, and UIOs (collectively I/T/U), and provide essential healthcare services, including primary care, oral care, behavioral health, and social and community services, to patients

¹ Relocation, National Council for Urban Indian Health, 2018. [2018_0519_Relocation.pdf\(Shared\)- Adobe cloud storage](#)

from over 500 Tribes in 38 urban areas across the United States. UIOs also work closely with Tribal and law enforcement partners to address the Missing and Murdered Indigenous People's (MMIP) crisis.

Request: Protect Funding for the Indian Health Service and fund Urban Indian Health at \$100 million for FY26

The federal government owes a trust obligation to provide adequate healthcare to AI/AN people. It is the policy of the United States “to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.”² This requires that funding for Indian health be significantly increased if the federal government is to finally fulfill its trust responsibility. At a minimum, funding must be maintained and protected as budget-cutting measures are being considered.

We thus request Congress honor its trust obligation by appropriating the maximum amount possible for IHS and \$100 million for Urban Indian Health, which is in line with the House proposed amount for FY25. The Tribal Budget Formulation Workgroup (TBFWG) report states, “Only a significant increase to the Urban Indian Health line item will allow UIOs to increase and expand services to address the needs of their Native patients, support the hiring and retention of culturally competent staff, and open new facilities to address the growing demand for UIO services.” If urban Indian health funding continues to be funded at its current pace, it will continue to contribute to the severe health disparities.

The lack of federal funding is deeply impactful for UIOs who are on the front lines in working to provide for the health and well-being of American Indians and Alaska Natives living outside of Tribal jurisdictions. In fact, a recent survey from the National Council of Urban Indian Health, over half of surveyed UIOs report they would be unable to sustain operations beyond six months without federal funding.³

Without an increase to the urban Indian health line item, UIOs will continue to be forced to operate on limited and inflexible budgets, that limit their ability to fully address the needs of their patients. While UIOs historically only receive 1% of the IHS budget, they have been excellent stewards of the funds allocated by Congress and are effective at ensuring that increases in appropriations correlate with improved care for their communities. Additionally, UIOs are critical in providing robust culturally competent care for all American Indian and Alaska Native people living in urban areas. Increased investments in Urban Indian Health will continue to result in the expansion of health care services, increased jobs, and improvement of the overall health in urban Native communities.

² 25 U.S.C. § 1601(1)

³ Impact of Federal Funding Pauses on Urban Indian Organizations. National Council of Urban Indian Health. 2025. https://ncuih.org/wp-content/uploads/Fed-Funding-Pause_NCUIH-D562_F3.pdf

Request: Maintain Advance Appropriations for the Indian Health Service until Mandatory Funding is Enacted and Protect Against Sequestration

We are grateful to Chair Simpson and this Committee for including advance appropriations in the FY24 Omnibus, maintaining advance appropriations for FY25. This is a crucial step towards ensuring long-term, stable funding for IHS. Previously, the I/T/U system was the only major federal health care provider funded through annual appropriations. It is imperative that this Committee retain advance appropriations and ensure that IHS is protected from sequestration.

The GAO cited a lack of consistent funding as a barrier for IHS. In 2022, the Congressional Research Service stated that advance appropriations would lead to cost savings yet continuing resolutions (CRs) “prohibits the agency from making longer-term, potentially cost-saving purchases.”⁴ Advance appropriations improves accountability and increases staff recruitment and retention at IHS. When IHS distributes their funding on time, our UIOs can consistently pay their doctors and providers.

It is imperative to shield and protect the IHS from cuts that force Indian health-providers to make difficult decisions about the scope of healthcare services they can offer to Native patients. For example, the sequestration of \$220 million in IHS’ budget authority for FY 2013 resulted in an estimated reduction of 3,000 inpatient admissions and 804,000 outpatient visits for American Indian and Alaska Native patients.⁵ UIOs provide essential healthcare services to their patients, including primary care, urgent care, and behavioral health services, and are on the front lines in working to provide for the health and well-being of American Indian and Alaska Natives living in urban areas, many of whom lack access to the health care services that it is the federal government’s trust responsibility to provide. Any reduction in funding would reduce UIOs’ ability to provide these essential services to their patients and communities, delaying care and reducing UIO capacity to take on additional patients. Therefore, we request that you exempt IHS from sequestration in an amendment to Sec. 255 of the Balanced Budget and Emergency Deficit Control Act and other budget-cutting measures as is required by the trust responsibility.

Finally, while advance appropriations are a step in the right direction to avoid disruptions during government shutdowns and CRs, mandatory funding is the only way to assure fairness in funding and fulfillment of the trust responsibility. Until authorizers act to move IHS to mandatory funding, we request that Congress continue to provide advance appropriations to the Indian health system to improve certainty and stability.

⁴ Congressional Research Services, [Advance Appropriations for the Indian Health Service: Issues and Options for Congress](#), 2022

⁵ Contract Support Costs and Sequestration: Fiscal Crisis in Indian Country: Hearings before the Senate Committee on Indian Affairs.(2013) (Testimony of The Honorable Yvette Roubideaux)

Request: Ensure Federal Policies Uphold Trust Obligations to American Indian and Alaska Native Communities

We acknowledge and appreciate the recent steps taken by the Departments of Health and Human Services (HHS), Interior, and the Office of Personnel Management (OPM) to clarify that actions should not interfere with the United States' commitment to fulfilling its trust obligations to American Indian and Alaska Native communities. However, we remain concerned that potential future actions may fail to adequately consider this unique relationship.

Therefore, we respectfully request that the Committee take necessary steps to ensure these directives are implemented in a manner consistent with the unique political status of American Indian and Alaska Native people under U.S. law, as well as the federal government's legal obligation to uphold its trust responsibilities. Specifically, we request the Committee pass legislative text that explicitly exempts IHS from similar policies being applied across the federal government to safeguard the delivery of critical services to American Indian and Alaska Native people.

Conclusion

These requests are essential to ensure that urban Indians are appropriately cared for, in the present and in future generations. The federal government must continue to work towards its trust and treaty obligation to maintain and improve the health of American Indians and Alaska Natives. We urge Congress to take this obligation seriously and provide UIOs with all the resources necessary to protect the lives of the entirety of the Native population, regardless of where they live.