

Questions for the Record

Indian Health Service

House Natural Resources Subcommittee for Indigenous Peoples of the United States Legislative Hearing on H.R. 4153 – Health Care Access for Urban Native Veterans Act

Questions for the Record from Rep. Gallego

1. Can you provide more details on the statutory exception in the VA’s reimbursement agreement that designates two urban Indian organizations as federal service units?

- **What does this mean in the framework of the VA’s reimbursement agreement?**

IHS Response:

The Tulsa and Oklahoma City Urban Clinics were formally acknowledged by Congress in 1992 as demonstration programs under section 503 of Public Law 102-573 (codified at 25 U.S.C. § 1660b). In legislative language accompanying Public Law 102-573, Congress describes the clinics as “participating in a special demonstration effort to examine the viability of operating as quasi-Service Units under the Hospitals and Clinics program” (See S. Rep. 102-392). Thus, Congress provided that both programs “shall be treated as service units in the allocation of resources and coordination of care” [Public Law 102-573, § 503 (codified at 25 U.S.C. § 1660b)]. In 2010, Congress made this designation permanent, and the clinics are now “permanent programs within the Service’s direct care program” that “continue to be treated as Service Units and operating units in the allocation of resources and coordination of care.” 25 U.S.C. § 1660(b) (as amended by Public Law 111-48). We believe this provision clearly authorizes, if not directs the Indian Health Service (IHS) and the Department of Veterans Affairs (VA) to treat the Tulsa Clinic and Oklahoma City Clinic as IHS Service Units for the purpose of participating in the reimbursement agreement entered into between the agencies in December 2012.

2. Can you elaborate more on the 2012 joint IHS-VA consultations with Tribes regarding the drafting of a VA reimbursement agreement?

- **Were urban Indian health organizations included in the conversation then? If not, why?**

IHS Response:

In 2012, IHS began consultation on a draft Policy on Conferring with Urban Indian Organizations (UIOs) to carry out the Indian Health Care Improvement Act. This was at the same time IHS was consulting with IHS/VA/Tribes on drafting the VA reimbursement agreement. The policy on conferring with UIOs did not get finalized until 2014. Since the implementation of the policy on conferring with UIOs, IHS confers with UIOs on the National and Area levels on a variety of issues/topics including the UIOs’ desire to be incorporated into the VA reimbursement agreement.

On September 4, 2019, IHS initiated Tribal Consultation and Urban Confer to seek input on the memorandum of understanding (MOU) and related performance measures between the VA and IHS. UIOs were invited to participate in the first event held on September 16, 2019, in Pechanga, California, to discuss the VA-IHS MOU. The meeting was an opportunity for the

Tribes and UIOs to learn about the MOU and related performance measures, ask questions, and provide input to Federal officials. This session is the first of several joint consultation and confer sessions.

Questions for the Record by Rep. Bishop

1. Does the Administration support H.R. 4153?

IHS Response:

The Department of Health and Human Services has not taken a position on this bill; however, we would be happy to provide technical assistance on the bill to the subcommittee.

2. Do urban Indian health organizations provide the same level of service as Veterans Administration or Indian Health Service facilities or is there a high rate of referrals?

IHS Response:

UIOs provide a range of health care services to their current caseload of American Indian and Alaska Native Veterans, which may be similar to the VA, IHS, and tribal facilities. Most American Indian and Alaska Native Veterans seek health care services at UIOs based on accessibility and access to an integrated culturally competent health care delivery system whose mission is to meet their health care needs. In addition to providing culturally competent health care, UIOs provide access to traditional cultural practices and services to address social determinants of health that are important to improving health outcomes for American Indian and Alaska Native Veterans. This includes culturally-based approaches to treatment to better serve American Indian and Alaska Native Veterans. The health care services UIOs provide vary from full and limited ambulatory care, outreach and referral, and residential substance abuse treatment programs. Except for residential substance abuse treatment programs, none of the UIOs currently offer inpatient care. UIOs may potentially serve as health care access points for American Indian and Alaska Native Veterans needing higher levels of care through the VA, IHS, or tribal health care systems.