Questions from Rep. Gallego for Ms. Francys Crevier, Chief Executive Officer, NCUIH:

1. *In the hearing we discussed the challenges Urban Indian Organizations face in using funds allocated to them to make facilities upgrades or do construction. Is a permanent amendment to the Indian Health Care Improvement Act necessary to remove this barrier? Why?*

A permanent amendment to the Indian Health Care Improvement Act (IHCIA) is needed to allow UIOs to use existing and future funds for any facilities upgrades and construction. Section 509 of IHCIA (25 USC 1659) has been interpreted by the Indian Health Service (IHS) as a prohibition on UIOs for making facilities upgrades under their IHCIA contracts. UIOs do not receive one dollar of facilities funding through annual appropriations and, in fact, are unable to currently use IHS funding, outside of the very recent COVID bills, to make necessary improvements on their buildings. We were able to secure provisions in the Consolidated Appropriations Act and the American Rescue Plan to allow UIOs to use those particular supplemental funds for COVID-19-related facility updates. However, these were temporary, limited-in-scope fixes to a longstanding issue and a permanent need remains essential to enable UIOs to make critical updates. For instance, some UIOs operate facilities in buildings that are almost 100 years old with asbestos that need serious remediation.

2. *What are some examples of facilities and construction projects UIOs could fund if this barrier was permanently lifted?*

As of March 2021, 75% of UIOs reported the need for new construction as they adapt spaces for proper social distancing to serve clients. For example, due to social distancing guidelines, one Outpatient and Residential facility had to reduce their capacity to 20% of patients previously served. Unfortunately, the need for behavioral health has skyrocketed in the pandemic and they require more space to accommodate the community needs.

The following are just some of the many projects that UIOs would like to pursue:

- New urgent care facility with social distance space
- Youth behavioral health service area
- Space for dental, primary care, and traditional healing
- Extension and renovation of sober living facility
- New facility for non-emergent care
- Upgrades for no-contact care
- Infectious disease wing

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- Isolation rooms for contagious patients
- Renovation of business operations center
- Sanitation system upgrade
- Restoration and remediation of current clinic

3. *If this barrier was not in place in IHCIA, would UIOs have been able to respond more quickly to COVID-19 in terms of replacing HVAC units and investing in drive-thru testing facilities, and other construction and renovation needs?*

Yes, because UIOs would have been able to immediately use funds to do facilities improvements. With the impact of COVID-19, UIO facility improvements became more pressing than ever. In a study conducted in Spring of 2020 by NCUIH, 86% of UIOs reported the need to make renovations or updates for COVID-19. Unfortunately, IHS indicated that Section 509 of IHCIA prohibited UIOs from using their IHS funds for any renovations or construction needs, even for the purposes of COVID-19. Several UIOs had inspections to prepare for, mitigate, and respond to the pandemic. Inspections highlighted the need for renovations like significant changes to ventilation systems and reconfiguring existing spaces consistent with social distancing recommendations, among other infrastructure-related updates. Many facilities were unable to make improvements for an entire year, including those made necessary by the pandemic, until January 2021 because the restriction even applied to the COVID-19 funds that UIOs received. These restrictions unnecessarily impeded UIOs' responses to the Public Health Emergency as they added additional barriers (i.e. by requiring third-party financing).

For example, over 50% of UIOs reported the need to update their security systems and add triage space to safely receive patients. Many UIOs purchased tents to allow for open-air patient care but could not be approved to outfit those tents with heaters, generators, or other weatherization equipment. For UIOs in California, this was especially challenging when air quality rates from wildfires prevented outdoor care. In Utah and California, several UIOs reported brownouts but were unable to receive approval to buy backup generators. Other UIOs faced barriers in upgrading their HVAC systems for proper ventilation to prevent the spread of COVID-19.

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4. *Would amending Section 509 of the Indian Health Care Improvement Act (25 USC 1659) by striking "minor" before "renovations" and by striking ", to assist" through "standards" be sufficient to legislatively remove this barrier and fix this problem?*

Yes, it would remove the restrictive interpretation of Section 509, in turn enabling UIOs to use funds already appropriated through their IHCIA contracts for necessary facility and infrastructure updates. This provision was actually meant to expand opportunities for UIOs by providing them with grants to obtain or maintain accreditation. Instead, it has hamstrung them from using their already extremely limited federal annual appropriations to make even minor updates to their facilities. Absent this restriction, UIOs would have been better positioned to serve patients during the pandemic because they would have been able to make regular infrastructure updates. Instead, no IHS funding for facilities has ever been provided to UIOs. We encourage this Committee to also explore a long-term solution to provide UIOs with designated facilities funding in IHCIA.

Questions from Rep. Raúl M. Grijalva for Ms. Francys Crevier, Chief Executive Officer, NCUIH:

1. *Last year, you testified before the United States Commission on Civil Rights regarding COVID-19's impact on Indian Country. In the months since then, have you observed any new or emerging issues in the urban Indian health sphere?*

Since COVID-19 began, we have seen increasingly high rates of domestic violence and substance use disorder in urban areas. The pandemic exacerbated behavioral health disparities among American Indians and Alaska Natives. A need for coordinated telehealth psychiatric services for complex cases with multiple medications is crucial to patient care. Funds are needed to support infrastructure development and capacity in tele-behavioral health, workforce development and training, recruitment, and staffing, integrated and trauma-informed care, long-term and after-care programs, screening, asset-based approaches, and community education programs. Mental health program funding supports community-based clinical and preventive mental health services including outpatient counseling, crisis response and triage, case management services, community-based prevention programming, outreach, and health education activities, as well as addresses adverse childhood events.

2. *What has been most challenging in your experience when providing quality healthcare to tribal citizens in an urban setting amid the COVID-19 pandemic?*

The Indian Health Service (IHS) has never been adequately funded and that is what makes it hard for our partners at IHS. For example, due to the paltry funding for UIOs, IHS has deemed certain UIOs as outreach and referral only including all 3 facilities on the entire Eastern seaboard. Beyond that, there are additional cities with high Native populations that are beyond the reach of the IHS system. IHS didn't fail by not deeming the facilities worthy of a fully operational clinic, Congress did by failing for decades to provide even close to adequate health care funding for the more than 70% of American Indians and Alaska Natives (AI/ANs) in the country that reside in urban areas.

The Tribal Budget Formulation Workgroup (a group of tribal leaders and public health officials) has determined that IHS needs a minimum of $12 billion for FY22 to begin to effectively serve Natives in the US ,with $200.5 million for Urban Indian Organizations (UIOs). Urban Indian health FY20 funding was under $60 million. $60 million for 41 programs to serve 70% of the Natives who reside in urban areas reflects chronic underfunding and wholly insufficient resources that pre-dated the pandemic. Our people have shown we are resilient, but we gravelly fear for our future should we continue on this trajectory. It is time for Congress to take bold action to rectify this horrific shortcoming and begin to fully fund the system you gave us. Fix the facilities restrictions, establish urban confer policies with federal agencies, give urban Indians a seat at the table, and fully fund the Indian health system.

3. *Your testimony also expresses your organization's frustration with the lack of follow through surrounding tribal leader and organization feedback from the previous administration's consultation sessions. In your opinion, what role has tribal consultation played in the federal government's COVID-19 response efforts and how might it be improved? a. In a similar vein, how have Urban Indian Organizations (UIOs) been accounted for in the U.S. Department of Health and Human Services' urban confer sessions?*

Currently, only IHS has a legal obligation to confer with UIOs. In other words, there exists no urban confer outside of IHS, and therefore **no other agency (including HHS, VA, CDC, etc.) holds urban confer sessions, leaving UIOs entirely unaccounted for.** It is imperative that the many branches and divisions within HHS and all agencies under its purview establish a formal confer process to facilitate dialogue with UIOs on policies that impact them and their Native patients. The lack of an urban confer policy regularly imposes unnecessary burdens that impact the provision of health care services. For instance, in the fall, HHS directed tribes to decide between IHS or state COVID-19

vaccine allocation. All national HHS communications were only directed to tribes, yet UIOs were similarly expected to make this determination. This resulted in many UIOs having to make last minute decisions on something extremely important – COVID-19 vaccine allocation.

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