



October 5, 2021

House Subcommittee for Indigenous Peoples of the United States

Legislative Hearing on H.R. 5221

Testimony of Walter Murillo (*Choctaw Nation of Oklahoma*), President, National Council of Urban Indian Health (NCUIH)

Chairman Leger Fernández, Ranking Member Young, and Members of the House Subcommittee for Indigenous Peoples of the United States, thank you for the opportunity to testify today on urban confer policies. My name is Walter Murillo, I am a member of the Choctaw Nation of Oklahoma, and currently the President of the National Council of Urban Indian Health (NCUIH), which represents the 41 Urban Indian Organizations (UIOs) with 77 facilities that provide high-quality, culturally competent care to the more than 70% of American Indians and Alaska Natives (AI/ANs) that reside in urban areas. I also serve as the Chief Executive Officer of NATIVE HEALTH in Phoenix, Arizona. NATIVE HEALTH provides culturally sensitive services including medical, dental, behavioral health, and community health and wellness programs to our patients.

I testify today in support of the *Urban Indian Health Confer Act*, H.R. 5221, which would require agencies and offices within the U.S. Department of Health and Human Services (HHS) to confer with UIOs on policies and initiatives related to healthcare for urban AI/ANs. This legislation would enable UIOs to engage in important dialogue with all divisions within HHS so urban Indian communities can be aware of important healthcare policies, especially during the current public health crisis. I will speak to you today about the importance of this bipartisan legislation and how it would improve communication between federal agencies and UIOs on healthcare issues, and in turn, improve health care access for the more than 70% of AI/AN people that reside in urban areas.

For the reasons stated herein, we urge the Members of this Subcommittee to act on their commitment to improving urban Indian health and cosponsor H.R. 5221. In addition, we respectfully request a markup on this bill as soon as possible to allow for floor consideration.

Background

UIOs are a critical part of the Indian Health Service (IHS) system, which includes IHS facilities, Tribal Programs, and UIOs. This is commonly referred to as the I/T/U system. Unfortunately, UIOs experience significant parity issues as compared to the other components of the I/T/U system as well as other federally funded health care systems, which greatly impact our services and operations. This includes the lack of clear communication and urban confer policies between UIOs and federal agencies.



Urban confer policies are a response to decades of deliberate federal efforts, such as forced assimilation, termination, relocation, that have resulted in 70% of AI/AN people living outside of Tribal jurisdictions, thus making urban confer integral to address the care needs of most AI/AN persons.

Currently, only IHS has a legal obligation to confer with UIOs. It is crucial that HHS and all agencies it operates establish a formal confer process to communicate with UIOs on policies that impact them and their AI/AN patients living in urban centers. Urban confer policies do not supplant or otherwise impact tribal consultation and the government-to-government relationship between tribes and federal agencies. Lack of urban confer has enabled HHS agencies outside of IHS to ignore the needs of urban Indians and neglect the federal obligation to provide health care to all AI/ANs.

Support for confer with UIOs is strong among stakeholders in Indian Country. Recently, the National Congress of American Indians (NCAI) passed a resolution to “Call for the U.S. Department of Health and Human Services Secretary to Implement an Urban Confer Policy Across the Department and its Divisions.” We are grateful for the support of NCAI and Indian Country on this critical parity issue for UIOs in the I/T/U system.

Establish Urban Confer Between HHS Agencies and UIOs

I applaud Representatives Raúl Grijalva, Betty McCollum, Tom Cole, Don Young, Karen Bass, and Delegate Eleanor Holmes Norton for introducing the *Urban Indian Health Confer Act* (H.R. 5221) to allow a formal path of communication between UIOs and federal agencies.

Specifically, this bill will require HHS agencies to confer with UIOs on healthcare issues affecting AI/ANs and provides a forum for important feedback from AI/AN stakeholders. A clear communication pathway between federal health agencies and UIOs is imperative, especially during the COVID-19 pandemic when policies are constantly changing and AI/ANs are hit the hardest. Missed opportunities for awareness and information provided to UIOs regarding AI/AN healthcare can be avoided through a confer process. For instance, key information regarding vaccine distribution for the initial COVID-19 vaccine rollout at the end of last year was poorly communicated to UIOs and created unnecessary hardship. HHS addressed initial communications only to Tribes and did not direct it to the UIO component of the IHS system. When HHS was asked about whether UIOs needed to similarly decide between an IHS or state vaccine allocation, it was unclear for weeks as to whether they were expected to make such a decision. Eventually, HHS asked UIOs to



decide between receiving their vaccine distribution from either their state jurisdiction or IHS the same day as the initial deadline (which thankfully HHS subsequently extended for several days). Some UIOs were informed of the deadline by their Area office with no formal national communication. As a result, many of our clinics experienced delays in vaccine rollout. Had this critical request and deadline been communicated directly with UIOs in a timely manner, UIOs would not have been forced to rush their jurisdiction selection. This flawed process could have been avoided with an urban confer policy.

Conclusion

H.R. 5221 is an essential parity issue for UIOs that ensures that AI/ANs residing in urban areas continue to have access to high quality, culturally competent health services. We must move past the notion that only IHS has a trust obligation to AI/ANs, as the federal government as a whole has a responsibility to provide health care for all AI/AN people. Urban confer must be established across HHS to further improve healthcare delivered to urban Indian patients.

We therefore urge the Subcommittee to pass this necessary legislation and continue to prioritize urban Indian health, thereby enabling UIOs to continue providing high quality, culturally competent care to AI/AN people, regardless of where they live.