



Questions from Rep. Grijalva for Ms. Francys Crevier, CEO, National Council of Urban Indian Health(H.R. 630)

1. Once a Department-wide urban confer policy is passed into law, day-to-day, how will this policy help UIOs better address the healthcare needs of urban Indian populations?

An urban confer requirement will allow UIOs to regularly engage with all agencies and operating divisions within the Department of Health and Human Services (HHS) that impact the provision of healthcare to American Indians and Alaska Natives in urban areas, such as the Center for Medicare and Medicaid Services (CMS), Health Resources and Services Administration(HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA). The federal government has a trust responsibility to provide health care services to all American Indians and Alaska Natives regardless of where they live. Additionally, Congress, in the Indian Health Care Improvement Act, has stated that a “major national goal of the United States...to encourage the maximum participation of Indians in the planning and management of those services.”¹ Because HHS, “through its operating divisions, carries out health and human service programs for American Indians and Alaska Natives,”² it is consistent with both the trust responsibility and stated national policy to require HHS agencies and offices to engage in Urban Confer on matters that affect the health and healthcare of American Indians and Alaska Native living in urban areas. When the Department of Health and Human Services and its operating divisions implement programs and policies that affect the health and health care of American Indians and Alaska Natives living in urban areas without meaningfully engaging with these populations to understand their needs, limitations, priorities, and requirements, then the implementing agency has not done its due diligence. This bill will ensure that HHS is able to meet the needs of urban Native populations and will allow us to serve your constituents better.

¹ 25 U.S.C §1602(3).

² Department of Health and Human Services, Office of Inspector General, Indian Health and Human Services, [Indian Health and Human Services | HHS-OIG](#)





2. What is the current process for UIOs to communicate with offices and agencies at the Department of Health and Human Services? How is this different from UIO communications with the Indian Health Service?

There is currently no Urban Confer policy between HHS and any of its operating divisions and Urban Indian Organizations outside of the Indian Health Service (IHS). HHS and its operating divisions argue that because only IHS has a statutory duty to conduct Urban Confer, they need a similar direction from Congress. UIOs have worked for many years to engage in Urban Confer with HHS without a statutory requirement. However, despite these efforts, no HHS agency has formally engaged in Urban Confer without IHS facilitation. Because of this, UIOs have no option other than to pursue legislation, such as the Urban Indian Health Confer Act, to enable them to effectively engage with these critical healthcare agencies in furtherance of the trust responsibility.

By contrast, IHS has been statutorily required to confer with Urban Indian Organizations since 2010 and has developed a robust Urban Confer policy to carry out this requirement.³ Urban Confer in the context of IHS has proven to be an invaluable venue for UIOs to share feedback, recommendations, and testimony on the unique health needs of American Indians and Alaska Natives living in urban areas. The confer requirement provides UIOs with a formal mechanism to engage with IHS on matters that relate to urban Indian health and to ensure that the needs of their specific patient populations are appropriately accounted for. It also requires IHS to initiate confer with UIOs on any IHS programs and policies that affect urban Indian health and healthcare.⁴ Since the IHS requirement to confer with UIOs has become law, it has not affected IHS's ability to consult with Tribal governments, nor has it negatively affected the nature of the government-to-government relationship between Tribes and IHS.

However, IHS is not the only branch of HHS that supports the provision of healthcare to American Indians and Alaska Natives in urban areas. For example, many UIOs are also Federally Qualified Health Centers (FQHC) or FQHC look-a-likes. The FQHC program, including certification and funding, is run by HRSA, but UIOs have no mechanism to communicate directly with HRSA regarding the ways in which the FQHC program could be improved to better serve American Indians and Alaska Natives in urban areas. Similarly, a significant number of American Indians and Alaska

³ Pub. L. 111-148, title X, §10221(a).

⁴ Indian Health Service, Indian Health Manual, Chapter 29: Urban Confer, <https://www.ihs.gov/ihtm/pc/part-5/p5c26/#5-26.1A>





Natives in urban areas are Medicaid beneficiaries⁵. As a result, UIOs serve many Medicaid beneficiaries but are unable to directly engage with CMS regarding issues that may arise for both American Indian and Alaska Native beneficiaries and UIO providers in the Medicaid program. A department-wide Urban Confer policy will give UIOs a necessary mechanism to help HHS to improve all of the services it provides to American Indians and Alaska Natives in fulfillment of the trust responsibility.

3. How do you anticipate H.R. 630 affecting your relationship with HHS and how do you hope to see it improve?

HHS “through its operating divisions, carries out health and human service programs for American Indians and Alaska Natives.”⁶ An HHS Urban Confer requirement will help coordinate care between UIOs and HHS, including the relevant agencies and Departments within HHS that have a trust responsibility to provide care to American Indians and Alaska Natives no matter where they live. It will also help HHS fulfill the United States’ national policy, set forth by Congress, “to ensure maximum Indian participation in the direction of health care services so as to render the persons administering such services and the services themselves more responsive to the needs and desires of Indian communities.”⁷ Meeting regularly with UIOs through Urban Confers will help HHS make sure that American Indians and Alaska Natives living in urban areas can voice their needs and priorities to HHS, including how HHS can support health and wellness, access to care, and coordination between providers, public health systems, and community services for American Indians and Alaska Natives in urban areas.

⁵ In 2019, Medicaid covered 1.3 million urban AI/ANs, including 30% of urban AI/AN adults under age 65. NCUIH analysis of American Community Survey (ACS) data for AI/AN alone or in combination. SDA - 2019 ACS sample. (n.d.). IPUMS ONLINE DATA ANALYSIS SYSTEM. Retrieved November 19, 2022, from <https://sda.usa.ipums.org/sdaweb/analysis/?dataset=us2019a>

⁶ Department of Health and Human Services, Office of Inspector General, Indian Health and Human Services, [Indian Health and Human Services | HHS-OIG](#)

⁷ 25 U.S.C. § 1602(3).

