Written Testimony of National Council of Urban Indian Health
U.S. House Committee on Natural Resources
Subcommittee on Indian and Insular Affairs
"Modernizing the Implementation of 638 Contracting at the Indian Health Service"

The National Council of Urban Indian Health (NCUIH), a national representative for the 41 Urban Indian Organizations (UIOs) contracting with the Indian Health Service (IHS) under the Indian Health Care Improvement Act (IHCIA) and the American Indian and Alaska Native patients they serve. On behalf of NCUIH and these 41 UIOs, we would like to thank Chairman Hurd, Ranking Member Leger Fernandez, and Members of the Subcommittee for your leadership to improve health outcomes for urban Indians and for the opportunity to provide written testimony regarding the Subcommittee's recent hearing entitled "Modernizing the Implementation of 638 Contracting at the Indian Health Service". We are particularly appreciative that the Subcommittee is engaging in the critical issue of the proposed IHS realignment of the agency.

The hearing highlighted that there is a clear consensus that Tribal self-governance in healthcare is a transformational and highly successful federal policy. NCUIH respects and supports Tribal sovereignty and the unique government-to-government relationship between our Tribal Nations and the United States, and supports actions to strengthen this relationship.

NCUIH supports modernizing IHS and ensuring that IHS is removed from the Government Accountability Office (GAO) "High Risk" list. We request that IHS continue to prioritize and consider the needs of UIOs throughout the modernization process.

Urban Indian Organizations Play a Critical Role in Providing Health Care for American Indian and Alaska Native People

UIOs were created by urban American Indian and Alaska Native people with the support of Tribes, starting in the 1950s in response to severe problems with health, education, employment, and housing. 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 American Indian or Alaska Native people live in urban areas.[1] IHS funded 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, behavioral health, and social and community services, to patients from over 500 Tribes in 38 urban areas across the United States.[2]

Need for a Permanent IHS Director

The IHS is currently operating without a permanent, Senate-confirmed director or a formal nominee for the role. The agency is currently operating without even an interim director, opting instead to delegate leadership responsibilities to the Chief of Staff. [3] Despite this leadership vacuum, the IHS is proceeding with a significant operational realignment. We believe that implementing such sweeping changes without a director's oversight is

[1] *Profile: American Indian/Alaska Native*, U.S. DEP'T OF HEALTH & HUMAN SERV. OFF. OF MINORITY HEALTH, https://minorityhealth.hhs.gov/node/8/revisions/685/view (last visited June 10, 2025).
[2] Indian Health Serv., *IHS National Budget Formulation Data Reports for Urban Indian Organizations* (2023), https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/IHS_National_Budget_Formulation_Reports_Calendar_Year_2021.pdf.
[3] https://www.ihs.gov/newsroom/pressreleases/2025-press-releases/ihs-chief-of-staff-clayton-fulton-assumes-delegable-duties-of-agency-director/

a disservice to the communities the IHS serves and leaves the agency vulnerable to litigation regarding proper administrative procedure.

Information from IHS Urban Confer on Realignment

On July 28, 2025, the IHS convened its first Urban Confer regarding the realignment. During the session, UIO leaders shared concerns that the agency lacked a sufficiently developed plan and warned that losing area office staff would hinder their contracting efforts. Furthermore, leaders emphasized that UIOs' needs may be ignored without a commitment to more meaningful, sustained engagement.

NCUIH sent comments with the following recommendations in response to the issues raised by UIO leaders:

- IHS should consider the following as part of the realignment:
    - Protect the Urban Health line item
    - Maintain a dedicated focus on urban Indian health
        - Maintain a dedicated branch of IHS for urban Indian health
        - Clarify the role of the 2023-2027 Office of Urban Indian Health Programs Strategic Plan
        - Strengthen funding streams for UIOs by advocating for 100% Federal Medical Assistance Percentage (FMAP) for UIOs
    - Ensure meaningful engagement with UIOs during the realignment process through additional Urban Confer sessions
    - Engage with the U.S. Department of Health and Human Services (HHS) to develop a Department Urban Confer policy
- When evaluating what is working well and making adjustments that might be helpful, consider adjustments that benefit patient care:
    - Strengthening Area Offices' relationships with Indian Health System facilities
    - Filling vacancies within IHS
- Preserve IHS' Tribal advisory groups

Enclosure: NCUIH Comment to IHS on IHS Realignment

August 28, 2025

P. Benjamin Smith, Acting Director
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Submitted electronically via: urbanconfer@ihs.gov

RE: IHS Strategic Realignment

Dear Acting Director Smith,

On behalf of the National Council of Urban Indian Health (NCUIH) and the 41 Urban Indian Organizations (UIOs) for which we serve,[1] we hereby submit our written comments and recommendations in response to the Indian Health Service's (IHS) June 13, 2025, Dear Tribal Leader and UIO Leader letter (DTLL/DULL) and July 28, 2025, virtual Urban Confer on the IHS Strategic Realignment.[2]

Background

Founded in 1998, NCUIH was created to support the development of quality, accessible, and culturally sensitive health care programs for American Indian and Alaska Native people living in urban communities. NCUIH serves the 41 UIOs receiving grants under the Indian Health Care Improvement Act (IHCIA). Pursuant to IHCIA, UIOs are American Indian and Alaska Native controlled organizations that deliver health care and referral services for American Indian and Alaska Native people residing in the urban centers in which the UIO is located. UIOs provide critically needed primary care, behavioral health services, social and community services, and Traditional Healing and Medicine to American Indian and Alaska Native people living in urban areas.

Comment

NCUIH appreciates the opportunity to provide comments and recommendations to IHS regarding the IHS Strategic Realignment. As a general matter, NCUIH is concerned that the IHS Strategic Realignment will divert focus from the needs of UIOs and the urban American Indian and Alaska Native populations they serve. The United States has a trust obligation to provide "health services to maintain and improve the health of" American Indian and Alaska Native people.[3] Congress has also found that a "major national goal of the United States is to . . . encourage the maximum participation of Indians in the planning and management of those [health] services"[4] and made clear that it is the United States' national policy "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."[5] The United States owes this trust obligation to American Indian and Alaska Native people no matter where they live[6] and contracts with UIOs to fulfill this trust responsibility in urban areas.[7]

[1] NCUIH advocates for the 41 Urban Indian Organizations receiving grants from the Indian Health Service pursuant to the Indian Health Care Improvement Act (25 U.S.C. §1651 et seq.).
[2] Letter from P. Benjamin Smith, Acting Dir., Indian Health Serv., to Tribal Leaders and Urban Indian Organizations Leaders (June 13, 2025), https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2025_Letters/DTLL_DUIOLL_06132025.pdf.
[3] 25 U.S.C. § 1601(1).
[4] 25 U.S.C. § 1601(3).
[5] 25 U.S.C. § 1602(3).
[6] S. Rep. No. 100-508 at 25 (stating that "The responsibility for the provision of health care . . . does not end at the borders of an Indian reservation. Rather, government relocation policies which designated certain urban areas as relocation centers for Indians, have in many instances forced Indian people who did not which to leave their reservations to relocate in urban areas, and the responsibility for the provision of health care services follows them there.").
[7] See 25 U.S.C. § 1652.

Accordingly, NCUIH makes the following comments and recommendations in response to the June 13, 2025, DTLL/DULL and July 28, 2025, virtual Urban Confer on the IHS Strategic Realignment.

- IHS should consider the following as part of the realignment:
  - Protect the Urban Health line item
  - Maintain a dedicated focus on urban Indian health
    - Maintain a dedicated branch of IHS for urban Indian health
    - Clarify the role of the 2023-2027 Office of Urban Indian Health Programs Strategic Plan
    - Strengthen funding streams for UIOs by advocating for 100% Federal Medical Assistance Percentage (FMAP) for UIOs
  - Ensure meaningful engagement with UIOs during the realignment process through additional Urban Confer sessions
  - Engage with the U.S. Department of Health and Human Services (HHS) to develop a Department Urban Confer policy
- When evaluating what is working well and making adjustments that might be helpful, consider adjustments that benefit patient care:
  - Strengthening Area Offices' relationships with Indian Health System facilities
  - Filling vacancies within IHS
- Preserve IHS' Tribal advisory groups

Protect the Urban Health Line Item

NCUIH requests that IHS ensure that the proposed reorganization will not impact the current Urban Indian Health line item, either by diverting funds or altering the existing funding mechanisms that may impact funding available to UIOs. Further, NCUIH requests that IHS ensure that urban Indian health programs continue to receive the necessary financial support to meet their distinct needs under the realignment and confirm whether there will be any changes to how funding is allocated to UIOs under the realignment. Protecting the Urban Indian Health line item is a top concern for NCUIH, as UIOs are already chronically underfunded. Even with recent increases to the Urban Indian Health line item, the United States has failed to keep pace with medical inflation.[8] UIOs continue to be chronically underfunded. While UIOs receive some grant funding from federal agencies, the Urban Indian Health line item is the only line item dedicated to funding UIOs. Thus, protecting the Urban Indian Health line item is critical as IHS moves forward with the Strategic Realignment.

Maintain a Dedicated Focus on Urban Indian Health

NCUIH requests that IHS ensure that urban Indian heath remains a distinct priority within IHS during development and implementation of the Strategic Realignment. Specifically, NCUIH requests that IHS fulfill its commitment to urban Indian health by maintaining a dedicated branch for urban Indian health programming, clarifying the role of the 2023-2027 Office of Urban Indian Health Programs Strategic Plan (hereinafter OUHIP 2023-2027 Strategic Plan), and requesting 100% Federal Medical Assistance Percentage (FMAP) for UIOs.

Maintain a Dedicated Branch for Urban Indian Health Programming

NCUIH requests that IHS maintain a dedicated branch within IHS for urban Indian health. This request is consistent with the IHCIA which establishes an Urban Health Programs Branch within IHS. The IHCIA provides a mandate to elevate urban American Indian and Alaska Native health. Urban American Indian and Alaska Native populations have unique needs and issues relating to health and health care access. UIOs are essential to responding to this mandate and addressing the health needs of urban American Indian and Alaska Native communities by providing culturally sensitive and community-focused care options. UIOs "are an important support to Native families and individuals seeking to maintain their values and ties with each other and with their culture," which

[8] *Is Funding to Urban Indian Organizations (UIOs) Actually Increasing?*, NAT'L COUNCIL OF URBAN INDIAN HEALTH (2021), https://ncuih.org/wp-content/uploads/Is-Funding-to-UIOs-Actually-Increasing_D045_V3.pdf.

exist to provide "a wide range of culturally sensitive programs to a diverse clientele."[9] A dedicated branch within IHS focused on urban Indian health ensures that UIOs have the necessary support and leadership to ensure that urban American Indian and Alaska Native priorities and perspectives are accounted for. As IHS plans and implements the Strategic Realignment, this responsibility must remain central to its decisions.

Clarify the Role of the OUIHP Strategic Plan

As part of maintaining a dedicated focus on urban Indian health, NCUIH requests that IHS provide clarity on how IHS will accomplish the goal and objectives within the OUHIP 2023-2027 Strategic Plan[10] under the IHS Strategic Realignment. This is crucial for assuaging concerns that urban Indian health will not be a priority for IHS as the agency moves forward with the realignment. OUIHP has been essential in addressing the unique healthcare programming challenges UIOs face. However, neither the June 13, 2025, DTLL/DULL nor the July 28, 2025, Urban Confer addressed how this plan will be affected by the IHS Strategic Realignment, raising concerns about the continuity of these efforts. We appreciate that IHS committed to integrating urban programs into the overall IHS strategic plan and ensuring that the IHS strategic plan and urban Indian health programming are interconnected during the July 28, 2025, Urban Confer. Incorporating the OUHIP 2023-2027 Strategic Plan into IHS' strategic plan is critical to ensuring that urban Indian health programming is integrated properly into IHS' strategic plan. Doing so is also consistent with the IHCIA.

Request 100% FMAP for UIOs

NCUIH requests that IHS strengthen funding streams for UIOs by submitting a Circular A-19 legislative proposal to amend the Social Security Act to set the FMAP at 100% for Medicaid services provided at UIOs. Without 100% FMAP, UIOs face significant hurdles to working with states to improve services for the over 40% of UIO American Indian and Alaska Native patients who are Medicaid beneficiaries. As the IHS previously acknowledged in its legislative proposal to rectify this problem in its Fiscal Year (FY) 2017 Congressional Justification, 100% FMAP will "help both the State and [UIOs] access more federal dollars to support health care[.]"[11] UIOs need IHS' support to ensure that this legislative proposal is put forth once again.

Setting FMAP at 100% for UIO services to IHS beneficiaries has widespread support throughout Indian Country and is endorsed by the National Congress of American Indians,[12] the National Indian Health Board,[13] and the Centers for Medicare and Medicaid Services' Tribal Technical Advisory Group.[14] This recommendation also aligns with the President's 2020 platform, "Putting America's First Peoples First: Forgotten No More!" (hereinafter Putting America's First Peoples First) which states that the President promises to "…increase access to quality healthcare for" American Indian and Alaska Native people[15] because increased funding for UIOs helps to ensure that urban American Indian and Alaska Native people are able to access quality healthcare. Finally, this recommendation is consistent with the policies of the Secretary for the U.S. Department of Health and Human Services (HHS) who recently voiced his support for improving health outcomes for American Indian and Alaska Native people by stating, "Indian

[9] URBAN INDIAN AMERICA: THE STATUS OF AMERICAN INDIAN & ALASKA NATIVE CHILDREN & FAMILIES TODAY, NAT'L URBAN INDIAN FAMILY COAL. 12 (2008), https://assets.aecf.org/m/resourcedoc/AECF-UrbanIndianAmerica-2008-Full.pdf.
[10] INDIAN HEALTH SERV., 2023-2027 OFFICE OF URBAN INDIAN HEALTH PROGRAMS STRATEGIC PLAN (2023), https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2023_Letters/DTLL_DUIOLLL_060523_Enclosure.pdf.
[11] DEP'T OF HEALTH & HUMAN SERV., FISCAL YEAR 2017 INDIAN HEALTH SERVICE JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES CJ-229-30 (Jan. 11, 2016), https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/documents/FY2017CongressionalJustification.pdf.
[12] Nat'l Congress of American Indians, Resolution SD-15-070 Request CMS to Extend 100% FMAP to All Services Received through the IHS or Tribal Health Facilities and Urban Indian Health Programs and to Include Services Provided through the Purchased & Referred Care Program (2015); Nat'l Congress of American Indians, Resolution NO-23-037 Calling on the United States Congress to Extend 100 Percent Federal Medical Assistance Percentage to Urban Indian Organizations for Services Rendered to Medicaid-Eligible American Indian and Alaska Native Beneficiaries (2023).
[13] Nat'l Indian Health Board, Resolution 17-06 In Support of Legislative and Administrative Efforts to Extend 100% FMAP to Urban Indian Health Programs (May 2, 2017), https://www.nihb.org/wp-content/uploads/2025/01/17-06-NIHB-Resolution.pdf.
[14] Letter from the Ctrs. for Medicare & Medicaid Serv. Tribal Technical Advisory Group to Chiquita Brooks-LaSure, Administrator, Ctrs. for Medicare & Medicaid Serv. (Mar. 17, 2023), https://legacy.nihb.org/resources/nthc2023-presentations/13_Block%203_TTAG%20Priorities_Handout_TTAG%20Letter%20to%20CMS%20Administrator%20Re_Tribal%20Priorities%20-%203.17.2023.pdf.
[15] U.S. White House, Putting America's First Peoples First: Forgotten No More!, at 1 (Oct. 20, 2020), https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:96c3a92e-e468-4441-8cac-8c41a3e134f9.

Country is not just a concern of mine—it is a top priority. We cannot Make America Healthy Again without making Native health a central focus."[16]

Ensure Meaningful Engagement with UIOs

NCUIH would like to emphasize that the IHCIA requires IHS to confer with UIOs "to the maximum extent practicable" on matters relating to carrying out the Act.[17] Further, the Indian Health Manual requires that IHS confer with UIOs whenever an "event or issue that significantly affects one or more UIOs" arises.[18] IHS' Strategic Realignment falls well within the scope of the IHS Urban Confer requirement. UIOs should be meaningfully involved in any changes that impact their operations and the delivery of services to urban Indian populations. NCUIH appreciates that IHS is engaging with UIOs and Tribes at the beginning of the realignment process and is planning to hold additional opportunities for engagement later this year. Holding additional Urban Confers will allow UIOs to provide adequate, well-informed feedback on the IHS Strategic Realignment. Only through additional Urban Confer can IHS fully understand the best path forward for the realignment.

NCUIH is concerned that IHS' proposed realignment timeline will not provide IHS with the time to adequately consider all feedback gathered through the engagement process and written comment period. Thus, NCUIH requests that IHS clarify how it will ensure that UIO feedback is adequately incorporated into the final realignment plan, and that IHS hold additional Tribal Consultations and Urban Confers on the Strategic Realignment, ensuring regular engagement similar to the cadence used in IHS's Urban Confers on Health Information Technology (HIT) Modernization.[19] This will allow IHS to gather ongoing feedback from both Tribes and UIOs throughout the realignment development process, ensuring their meaningful involvement in shaping decisions that impact the IHS operational oversight of UIO facilities.

NCUIH is a strong supporter of Tribal sovereignty and the government-to-government relationship between Tribal Nations and the United States. We wish to make clear that we request further engagement with UIOs only to provide IHS with the information and technical expertise it needs to serve urban American Indian and Alaska Native communities as the agency plans and implements the Strategic Realignment, and that further planning can only take place in accordance with the wishes of Tribes.

Engage with HHS to Develop an Urban Confer Policy within HHS

HHS is also currently undertaking its own reorganization process.[20] NCUIH believes this is a good opportunity for the agency to establish its own Urban Confer policy, similar to IHS' policy. Therefore, NCUIH requests IHS work with colleagues in HHS to establish a Department Urban Confer policy to ensure HHS has a mechanism to solicit and receive feedback from UIOs. Additionally, NCUIH requests IHS provide HHS with technical assistance in developing and establishing an Urban Confer policy for the proposed Administration for a Healthy America (AHA).

Without an Urban Confer policy, HHS will not have a mechanism within the agency to require input from UIOs to learn how the Department's policies and actions directly impact urban American Indian and Alaska Native people. Further, because the proposed AHA is intended to consolidate several agencies that work directly with UIOs to support the provision of health care services to urban American Indian and Alaska Native people, it is important that, once established, IHS work with AHA to develop and establish an Urban Confer policy for AHA. Establishing an Urban Confer policy is consistent with Secretary Kennedy's priority of making American Indian and Alaska Native health a central focus in the Make America Healthy Again (MAHA) initiative. It is also consistent with "Putting America's First Peoples First."

---

[16] Robert F. Kennedy, Jr. (@SecKennedy), X (June 20, 2025, 4:46 PM), https://x.com/SecKennedy/status/1936163775167844362.
[17] 25 U.S.C. § 1660d(b).
[18] INDIAN HEALTH SERV., *Conferring with Urban Indian Organizations*, *in* INDIAN HEALTH MANUAL, https://www.ihs.gov/ihm/pc/part-5/p5c26/.
[19] IHS hosted quarterly joint Tribal Consultation and Urban Confer sessions on HIT Modernization in 2023, 2024, and 2025. *Events*, INDIAN HEALTH SERV., https://www.ihs.gov/hit/events/ (last visited Aug. 7, 2025).
[20] Letter from Darcie L. Johnston, Principal Deputy Dir. Off. of Intergovernmental and External Aff., Indian Health Serv., to Tribal Leaders (June 23, 2025), https://image.connect.hhs.gov/lib/fe4515707564047b741472/m/1/e20e7516-a21c-4494-8b14-4a3d09ae7d09.pdf.

Engage in Adjustments that Benefit Patient Care

NCUIH requests that IHS, when evaluating what is working well and making adjustments that might be helpful, consider adjustments that benefit patient care including strengthening Area Offices' relationships with Indian Health System facilities and filling vacancies within IHS.

Strengthen Area Offices' Relationships with Indian Health System Facilities

NCUIH's understanding of the Strategic Realignment is that IHS is moving aspects of IHS from the direct control of the Area Directors to the regional control of the two Deputy Directors. NCUIH requests that IHS instead facilitate strengthening IHS Area Offices' relationships with facilities within the Indian Health System, which is comprised of IHS, Tribal health facilities, and UIOs (collectively I/T/U/ system). Further, NCUIH requests that IHS clarify whether UIO contracts will continue to be administered at the area level. Several UIO leaders commented on the importance of positive working relationships with Area Offices during the July 28, 2025, Urban Confer. For example, one UIO leader stated that their community has all three elements of the I/T/U system serving the American Indian and Alaska Native population, but budget constraints result in the I/T/U facilities struggling to meet the real health needs of their patient population. The UIO leader suggested that the Strategic Realignment focus on local control and the working relationship between I/T/U facilities and Area offices to be more reactive to meet the needs of patients. By working together, Area Offices and I/T/U facilities can collaborate on patient services and shortcomings due to lack of funding and the current hiring freeze to benefit patient care.

Fill Vacancies within IHS

NCUIH appreciates that IHS has already received exemptions from the federal civilian hiring freeze and that IHS is working to increase the exemptions as reported during the July 24, 2025, Tribal Self-Governance Advisory Committee (TSGAC) meeting. NCUIH supports these efforts and requests that IHS continue to employ strategies to fill vacancies within IHS, such as requesting broader exemptions from the current hiring freeze, as part of the Strategic Realignment. These exemptions should include all IHS positions, including those that are essential personnel for oversight and continuity of care. This recommendation is consistent with policies from the first Trump administration. For example, IHS Congressional Justifications during President Trump's first term highlighted the "recruitment and training efforts to strengthen the IHS health professions workforce."[21] In fact, addressing workforce needs was prevalent through all the IHS Congressional Justifications during President Trump's first term.[22]

IHS must request this broad exemption from the hiring freeze. During a December 16, 2024, TSGAC meeting session, then-IHS Director, Roselyn Tso, shared that IHS' vacancy rate was 29-30%. For mental health/behavioral health, the vacancy rate was 40%. Additionally, 22% of IHS employees were eligible for retirement, which then-Director Tso said put IHS in "crisis mode." As recently as July 24, 2025, IHS acknowledged staffing continues to be an issue. Allowing these vacancies to remain will create public health issues and exacerbate the already intolerable situation.

Requesting an exemption from the hiring freeze is consistent with the guidance in a January 20, 2025, memorandum from the Office of Management and Budget (OMB) and the Office of Personnel Management (OPM) (hereinafter OMB and OPM memorandum) which

[21] DEP'T OF HEALTH & HUMAN SERV., FISCAL YEAR 2018 INDIAN HEALTH SERVICE JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES 3 (2017), https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY2018CongressionalJustification.pdf; DEP'T OF HEALTH & HUMAN SERV., FISCAL YEAR 2019 INDIAN HEALTH SERVICE JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES 4 (2018), https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY2019CongressionalJustification.pdf.

[22] DEP'T OF HEALTH & HUMAN SERV., FISCAL YEAR 2018 INDIAN HEALTH SERVICE JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES 3 (2017), https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY2018CongressionalJustification.pdf; DEP'T OF HEALTH & HUMAN SERV., FISCAL YEAR 2019 INDIAN HEALTH SERVICE JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES 4 (2018), https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY2019CongressionalJustification.pdf; *see* DEP'T OF HEALTH & HUMAN SERV., FISCAL YEAR 2020 INDIAN HEALTH SERVICE JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES 4 (2019), https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY2020CongressionalJustification.pdf; DEP'T OF HEALTH & HUMAN SERV., FISCAL YEAR 2021 INDIAN HEALTH SERVICE JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES 4 (2020), https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY_2021_Final_CJ-IHS.pdf.

states that the head of an agency may exempt positions for national security reasons or to meet public safety responsibilities.[23] Regarding the public safety responsibilities, the OMB and OPM memorandum states that agencies may refer to a November 17, 1981 OMB memorandum, which the OMB and OPM referred to as "longstanding guidance." The examples the OMB and OPM memorandum specifically cite to concern "essential activities to the extent that they protect life and property" including "activities essential to ensure continued public health and safety."[24] Filling vacancies within the IHS – the agency tasked with fulfilling the Federal trust responsibility by raising the health status of American Indian and Alaska Native people – falls within this public health and safety exemption.

Preserve IHS' Tribal Advisory Groups

NCUIH requests that IHS ensure the continuity of all IHS Tribal advisory groups which include committees, workgroups, and boards. These Tribal advisory groups provide IHS with the opportunity to hear directly from Tribal and UIO leaders and receive expertise necessary to effectively implement programs and funding to benefit American Indian and Alaska Native health. During the July 28, 2025, Urban Confer a UIO leader expressed that Tribal advisory group meetings provide UIO leaders an opportunity to be a voice for urban American Indian and Alaska Native people and be a good relative to American Indian and Alaska Native people throughout Indian Country. Another leader commented that Tribal advisory groups can have positive impacts that benefits all American Indian and Alaska Native people because the Tribal advisory groups consist of leaders who can both implement programming and provide feedback to IHS on the impacts in real-time. Continuing IHS' Tribal advisory groups also aligns with "Putting America's First Peoples First" and the MAHA initiative.

Conclusion

NCUIH again appreciates IHS hosting the July 28, 2025, virtual Urban Confer on the Strategic Realignment. We reiterate the importance of meaningful engagement with UIOs during the realignment process. Please contact our Vice President of Policy and Communications, Meredith Raimondi, at mraimondi@ncuih.org with any questions.

Sincerely,

Francys Crevier, J.D.
Chief Executive Officer

[23] Memorandum from Matthew J. Vaeth, Acting Dir., Off. of Mgmt. and Budget, & Charles Ezell, Acting Dir., Off. of Personnel Mgmt., to Heads of Exec. Dep't & Agencies (Jan. 20, 2025), https://www.opm.gov/media/zkebfxow/omb-opm-federal-civilian-hiring-freeze-guidance-1-20-2025-final.pdf.
[24] Memorandum from David A. Stockman, Off. of Mgmt. & Budget Issuance, to Heads of Exec. Dep't & Agencies (Nov. 17, 1981), https://www.opm.gov/policy-data-oversight/pay-leave/furlough-guidance/attachment_a-4.pdf.