March 17, 2026
Written Testimony of Robyn Sunday-Allen (NCUIH)
House Committee on Appropriations
Subcommittee on Interior, Environment, and Related Agencies

My name is Robyn Sunday-Allen. I am a citizen of the Cherokee Nation and the President-Elect of the National Council of Urban Indian Health, a national representative advocating for the Urban Indian Organizations (UIOs) contracting with the Indian Health Service (IHS) under the Indian Health Care Improvement Act (IHCIA) and the American Indians and Alaska Native patients they serve. On behalf of NCUIH and these 41 UIOs, I would like to thank Chairman Simpson, Ranking Member Pingree, and Members of the Subcommittee for your leadership to improve health outcomes for urban Indians and for the opportunity to testify today. We respectfully request the following:

- Protect Funding for the Indian Health Service and fund Urban Indian Health at $106 million for FY27
- Maintain Advance Appropriations for the Indian Health Service, until mandatory funding is achieved
- Request: Include Urban Indian Organizations in the Behavioral Health Pilot Program

A Brief History on Urban Indian Organizations:

As a preliminary issue, "urban Indian" refers to any American Indian or Alaska Native (AI/AN) person who is living in an urban area, either permanently or temporarily. UIOs were created by urban American Indians and Alaska Natives with the support of Tribes, starting in the 1950s in response to severe problems with health, education, employment, and housing caused by the federal government's forced relocation policies.[1] 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 AI/AN people live in urban areas. 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, oral care, behavioral health, and social and community services, to patients from over 500 Tribes in 38 urban areas across the United States. UIOs also work closely with Tribal and law enforcement partners to address the Missing and Murdered Indigenous People's (MMIP) crisis.

Request: Protect Funding for the Indian Health Service and fund Urban Indian Health at $106 million for FY27

[1] Relocation, National Council for Urban Indian Health, 2018. 2018_0519_Relocation.pdf(Shared)- Adobe cloud storage

We want to first acknowledge that your leadership was instrumental in the first increase in three years for urban Indian health in the final FY26 appropriations bill and for maintaining advance appropriations. It is important that we continue in this direction to build on our successes.

The federal government owes a trust obligation to provide adequate healthcare to AI/AN people. It is the policy of the United States "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."[2] This requires that funding for Indian health be significantly increased if the federal government is to finally fulfill its trust responsibility.

We thus request the Committee honor its trust obligation by appropriating the maximum amount possible for IHS and $106 million for Urban Indian Health, which is in line with the House proposed amount for FY26. According to the Tribal Budget Formulation Workgroup (TBFWG), a workgroup comprised of Tribal leaders representing all twelve IHS service areas and serving all 574 federally recognized Tribes, "Only a significant increase to the Urban Indian Health line item will allow UIOs to increase and expand services to address the needs of their Native patients, support the hiring and retention of culturally competent staff, and open new facilities to address the growing demand for UIO services." If urban Indian health does not continue to receive increases to keep pace with inflation, it will continue to contribute to the severe health challenges. In fact, according to a recent survey from the National Council of Urban Indian Health, over half of surveyed UIOs report they would be unable to sustain operations beyond six months without federal funding.[3]

The Department of Health and Human Services (HHS) Secretary Kennedy Jr. recently announced that HHS will be transferring $1 billion from the HHS Nonrecurring Expenses Fund (NEF) to help support facilities infrastructure programs at IHS. These funds are not accessible to UIOs. In fact, UIOs generally do not receive direct funds from any other distinct IHS accounts, including the Hospital and Health Clinics, Indian Health Care Improvement Fund, Health Education, Indian Health Professions, or any of the line items under the IHS Facilities account. UIOs can only use their line item funding for any facilities improvements and without an increase to the urban Indian line item will have limited budgets to implement much needed improvements to their facilities to fully address the needs of their patients.

While UIOs have historically received only 1% of the IHS budget, they have been excellent stewards of the funds allocated by Congress and are effective at ensuring that increases in appropriations correlate with improved care for their communities. Additionally, UIOs are critical in providing robust culturally competent care for all American Indian and

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[2] 25 U.S.C. § 1601(1)

[3] Impact of Federal Funding Pauses on Urban Indian Organizations. National Council of Urban Indian Health. 2025. https://ncuih.org/wp-content/uploads/Fed-Funding-Pause_NCUIH-D562_F3.pdf

Alaska Native people living in urban areas. Every dollar invested in Urban Indian Health translates directly into expanded services, new jobs, and measurably better health outcomes for Native communities across 38 urban areas.

Request: Maintain Advance Appropriations for the Indian Health Service until Mandatory Funding is Enacted

We are grateful to Chair Simpson and this Committee for the historic inclusion of advance appropriations for IHS in the FY23 appropriations bill and its subsequent continuation in following FY spending packages. This action proved to be critical during the 2025 government shutdown. Prior to FY23, the I/T/U system was the only major federal health care provider funded through annual appropriations. As such, in previous shutdowns, clinic staff had to go without pay, some UIOs reduced services, while others had to shut down completely. These impacts were severe and long lasting in our communities.

With IHS receiving advance appropriations, funding was able to flow to UIOs without delay during the shutdown, ensuring that services were maintained for the community. As one UIO leader said, "The last government shutdown impacted our ability to provide full services, which resulted in 10 members of our community losing their lives. Advance Appropriations has allowed us to stay open and continue serving our people, and that stability has truly saved lives." Advance appropriations has been a crucial step towards ensuring long-term, stable funding for IHS, which improves accountability and increases staff recruitment and retention at IHS.

Unfortunately, not all line items within the IHS budget are protected under advance appropriations, notably, Sanitation Facilities Construction, the Indian Health Care Improvement Act Fund, Facilities Construction, Contract Support Costs (CSC), Section 105(l) lease payments, and Electronic Health Records. These accounts account for more than $1.3 billion in the IHS budget and should similarly be protected.[4]

Finally, while advance appropriations is a step in the right direction to avoid disruptions during government shutdowns and CRs, mandatory funding is the only way to assure fairness in funding and fulfillment of the trust responsibility. Until authorizers act to move IHS to mandatory funding, we call on Congress to continue to provide advance appropriations to the Indian health system to improve certainty and stability.

Request: Include Urban Indian Organizations in the Behavioral Health Pilot Program

[4] Continuing Appropriations and Extensions Act, H.R. 9747, 118th Cong. (2024)

Native people continue to face high rates of behavioral health issues caused by generational trauma and federal policies. These are not abstractions: in 2023, the CDC reported that the American Indian and Alaska Native people died of overdoses at a rate of 70.4 deaths per 100,000 people, which is the highest for any racial or ethnic group.[5] Native youth also experience the highest rates of suicide and depression, with the Native youth suicide rate being 2.5 times that of the national average. And among American Indian and Alaska Native people needing treatment in 2021, only 5.3% received any treatment and just 3.7% received specialty care. [6]

We were grateful to see Congress pass the committee's new behavioral health pilot program to support 10 Tribes and Tribal programs to implement special behavioral health programs. We urge the Committee to sustain this program and include funding for at least one UIO in the FY27 appropriations bill. Additionally, we request that the Committee increase funding for existing behavioral health grants, such as Native Connections, which play a significant role in reducing Native youth suicide rates. These grants ensure our communities have access to the care they need.

Conclusion

The three requests before you today are targeted and achievable: fund Urban Indian Health at $106 million, maintain advance appropriations, and include UIOs in the Behavioral Health Pilot Program. Each of these asks reflects a direct obligation this government has already acknowledged. We are simply asking you to follow through. The federal government must continue to work towards its trust and treaty obligation to maintain and improve the health of American Indians and Alaska Natives. We urge Congress to take this obligation seriously and provide UIOs with all the resources necessary to protect the lives of the Native population, regardless of where they live.

[5] Centers for Disease Control and Prevention (CDC). (2024, December 12). State Unintentional Drug Overdose Reporting System (SUDORS) Dashboard: Fatal Drug Overdose Data - Final Data. US Department of Health and Human Services. Retrieved August 15, 2025 from https://www. cdc.gov/overdose-prevention/data-research/facts-stats/sudors-dashboard-fatal-overdose-data.html.

[6] Substance Abuse and Mental Health Services Administration (SAMHSA). (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved August 14, 2025 from https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report.