Statement for the Record

House Natural Resources Subcommittee on Indigenous Peoples of the United States Legislative Hearing

H.R. 3496 - Urban Indian Health Providers Facilities Improvement Act

H.R.442 - Southeast Alaska Regional Health Consortium Land Transfer Act

July 20, 2021

Statement for the Record on H.R. 3496, Urban Indian Health Providers Facilities Improvement Act and H.R. 442, Southeast Alaska Regional Health Consortium Land Transfer Act.

The Indian Health Service (IHS) is an agency within the Department of Health and Human Services (HHS) and our mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. This mission is carried out in partnership with American Indian and Alaska Native Tribal communities through a network of over 687 Federal and Tribal health facilities and 41 Urban Indian Organizations (UIOs) that are located across 37 states and provide health care services to approximately 2.6 million American Indian and Alaska Native people annually.

H.R. 3496

H.R. 3496, Urban Indian Health Providers Facilities Improvement Act, would amend the Indian Health Care Improvement Act (IHCIA), at 25 U.S.C. § 1659, to expand the funding authority for renovating, constructing, and expanding urban Indian organization (UIO) facilities. The bill would delete from existing law the requirement that UIOs may only use IHS funding for renovation, construction, or expansion of facilities to meet or maintain specific accreditation standards.

Current federal law at 25 U.S.C. § 1659 permits the IHS to make funds available to UIOs with contracts or grants with IHS under Title V of the IHCIA to make minor renovations to facilities or construction or expansion of facilities, including leased facilities, but only to assist UIOs in meeting or maintaining accreditation standards of The Joint Commission (TJC). Because of the specificity of the language in Section 1659, the IHS cannot award funds to an UIO to make minor renovations, construct or expand facilities, unless the UIO is doing so to meet or maintain accreditation specifically from TJC.

The IHS enters into limited, competing contracts and grants with 41 501(c)(3) non-profit organizations to provide health care and referral services for Urban Indians throughout the United States. An UIO is defined by 25 U.S.C. § 1603(29) as a nonprofit corporate body situated in an urban center, governed by an Urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the

activities described in 25 U.S.C. § 1653(a). UIOs provide unique access to culturally appropriate and quality health care for Urban Indians.

Currently, UIOs seek and maintain accreditation from several health care accreditation organizations, including TJC, Accreditation Association for Ambulatory Healthcare (AAAHC), and Commission on Accreditation of Rehabilitation Facilities (CARF). Some UIOs have also achieved recognition as Patient Centered Medical Homes (PCMH), with additional UIOs currently working towards PCMH recognition, as well as AAAHC accreditation. In addition, some UIOs must meet standards from the Centers for Medicare & Medicaid Services and/or their respective state departments of health.

Currently, only 1 out of the 41 UIOs maintain TJC accreditation. Expanding the current authority to be consistent with the authority for other government contractors, rather than limiting it under Section 1659 to only TJC accreditation, would allow UIOs to make renovations, construction, or expansion of facilities necessary to improve the safety and quality of care provided to Urban Indian patients.

A large proportion of Urban Indians live in or near the poverty level and thus face multiple barriers to accessing high quality, culturally relevant health care services in urban centers. They must overcome additional barriers to receiving appropriate care such as lack of culturally appropriate care, lack of respect, lack of visibility, transportation issues, and communication obstacles that often interfere with the delivery of high-quality health care to Urban Indians. Providing UIOs with broader authority, similar to other Federal Acquisition Regulation contractors, to improve their health care facilities will assist in providing the high quality, safe, and culturally relevant health care for the Urban Indian population.

H.R. 442

H.R. 442, Southeast Alaska Regional Health Consortium Land Transfer Act, would convey land in Sitka, Alaska, to the Southeast Alaska Regional Health Consortium (SEARHC) by warranty deed. H.R. 442 would provide conveyance, by warranty deed, of certain property to the SEARHC, a tribal organization that provides IHS-funded health care services under the authority of the Indian Self-Determination and Education Assistance Act (ISDEAA). The federal property described in H.R. 442 would be used in connection with existing health programs in Sitka, Alaska. Under H.R. 442, SEARHC would not provide the Federal Government with any consideration for the property and the Federal Government would not be able to impose any obligation, term, or condition on the SEARHC with regard to the property. In addition, the Federal Government would not retain any reversionary interest in the property. It also would require completing the conveyance no later than 2 years from enactment of the bill. H.R. 442 would free SEARHC of any liability that it otherwise would have assumed for any environmental contamination that may have occurred on or before the date of the transfer.

We have seen several bills of this sort move through Congress in recent years mandating transfer by warranty deed rather than by quitclaim deed, including S. 825, the Southeast Alaska Regional Health Consortium Land Transfer Act of 2017. As with previous bills, HHS is concerned about the details of H.R. 442. Specifically, HHS does not prefer to make ISDEAA transfers by

warranty deed as such deeds create the potential for liability if a competing property interest is subsequently discovered. In addition, barring retention of a reversionary interest (as is the standard practice with transfers of property for ISDEAA purposes) deprives HHS a means to ensure the property will continue to be used for health services in furtherance of the purposes of this bill. With these concerns in mind, HHS supports the purposes of the bill to convey the property to SEARHC in order to facilitate providing improved health services to Alaska Natives.

We look forward to continuing our work with Congress on these bills and welcome the opportunity to provide technical assistance as requested by the Subcommittee or its Members. We are committed to working closely with our stakeholders and understand the importance of working with partners to address the needs of American Indians and Alaska Natives.