TITLE: Call for Congress to Amend Section 509 of the Indian Health Care Improvement Act to Remove Facility Funding Barriers for Urban Indian Organizations

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States and the United Nations Declaration on the Rights of Indigenous Peoples, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, in 1955, Congress created the Indian Health Service (IHS) in order to help fulfill its trust responsibility to protect the interests of tribal nations through the provision of health care to American Indian and Alaska Native (AN/AN) people; and

WHEREAS, the term "Urban Indian" refers to an (AN/AN) person who is not living on tribal land, either permanently or temporarily, often because of the federal government's historical forced relocation policy or because they are in search of economic or educational opportunity; and

WHEREAS, in 1976, Congress passed the Indian Health Care Improvement Act, which authorized federal funding for urban Indian organizations to provide health services to (AI/AN) located in urban centers; and

WHEREAS, Congress declared in the Indian Health Care Improvement Act that “it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians...to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy”; and

WHEREAS, Congress has long recognized that the federal government’s obligation to provide health care for (AI/AN) people still applies when they live outside of tribal lands; and
WHEREAS, most of the (AI/AN) population today live in urban areas, with over 70 percent living off tribal lands; and

WHEREAS, urban Indian organizations are integral to the federal government’s fulfillment of its trust responsibility to provide health care to (AI/AN) people; and

WHEREAS, Section 509 of the Indian Health Care Improvement Act places a combination of specific restrictions on facilities funding to urban Indian organizations, stating that funding may only be available “for minor renovations… to assist such contractors or grant recipients in meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards;” and

WHEREAS, JCAHO is only 1 of many accrediting bodies used by Indian Health Care Providers and contemporary forecasts predict that only 1 out of the 41 urban Indian organizations will maintain JCAHO accreditation in the future; and

WHEREAS, there has not technically been a “Joint Commission for Accreditation of Health Care Organizations” in existence since the organization changed its name on January 7, 2007, further illustrating the obsolescence of Section 509 of the Indian Health Care Improvement Act; and

WHEREAS, unlike IHS and tribal health care facilities, urban Indian organizations do not have access to funding under the IHS Indian Health Facilities Account for maintenance, improvement, sanitation, and medical equipment; and

WHEREAS, the COVID-19 pandemic has exacerbated urban Indian organizations’ issues with failing and outdated infrastructure, requiring them to cover facility costs with funds that could be better directed toward the provision of health services; and

NOW THEREFORE BE IT RESOLVED, that NCAI urges Congress to amend Section 509 of the Indian Health Care Improvement Act at 25 U.S.C. § 1659, in order to remove the language restricting facilities funding availability only to minor renovations in furtherance of meeting or maintaining accreditation standards. The language to be removed is the reference to “minor” renovations and the requirement that the funding “assist such contractors or grant recipients in meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards.” This change would not impact the Indian Health Service facilities budget structure for tribal health programs. Removing these barriers will ensure that urban Indian organizations can make critical facility updates necessary to meet changing health care delivery needs; and

BE IT FURTHER RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.
CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2021 Mid Year Conference of the National Congress of American Indians, held June 20, 2021 - June 24, 2021, with a quorum present.

ATTEST:

Fawn Sharp, President

Juana Majel Dixon, Recording Secretary