

# 2024 Federal Public Health Priorities

Seattle Indian Health Board (SIHB) ensures the health and well-being of urban American Indian and Alaska Native (AI/AN) communities by providing culturally attuned healthcare and human services; conducting data research through its research division, Urban Indian Health Institute (UIHI); and collaborating with tribal, community, and local partners.

## Urban Indian Health

### Ensure tribal members have access to healthcare regardless of their location.

- Indian Health Service (IHS) Fiscal Year (FY) 2024 budget requests:
  - \$51.42 billion for IHS with 3.29% for Indian Health Professions.
  - \$973.59 million for the Urban Indian Health line item.
  - \$474.4 million for the Tribal Epidemiology Centers (TEC) line item.
- Support HR. 630/S. 460 to establish an Urban Indian Health Confer Act
- Support HR. 2376 to expand Federal benefits to tribes, tribal organizations, urban Indian organizations (UIO), and Tribal Colleges.
- Support the Centers for Medicare & Medicaid Services (CMS) reimbursement of Traditional Health Services to uphold health equity practices for AI/AN populations.\*
- Support the permanent authorization of 100% Federal Medical Assistance Percentage (FMAP) for UIOs.
- Support mandatory spending and advanced appropriations for IHS.
- Permanently extend telehealth provisions for Medicaid reimbursement.

## Supporting Priorities

### Infrastructure

- Invest \$42 million in UIO facilities to support construction, maintenance, equipment, and other facility needs.
- Invest \$250 million for the Data Modernization Initiative to improve public health surveillance programs and increase accessible data for TECs.
- Request a cost estimate and assessment on expansion of the UIOs with high densities of AI/AN people.
- Advocate for the creation of an interagency data council under HHS responsibility to establish a process for sharing public health data, create a longitudinal and sustainable program, and receive updates on federal data violations.

## Community Health Centers (CHC)

### Protect programs and services delivered by CHCs.

- Protect the 340B Program and high-priced pharmaceutical drugs from being carved out of Medicaid Managed Care.
- Ensure Federally Qualified Health Centers are allowed to contract with a Pharmacy Benefit Manager (PBM).
- Prevent pharmaceutical companies from illegally denying benefits to 340B-covered entities.
- Support HR. 2559 to provide five years of funding for CHCs and the National Health Service Corps.

\*SIHB implemented a first-of-its-kind Traditional Indian Medicine reimbursement pilot thanks to a Substance Abuse and Mental Health Services Administration (SAMHSA) block grant received by the Washington State Department of Health.

## Workforce Development

### Invest in the public health workforce.

- Support dual certification and licensing of behavioral and mental health practitioners.
- Amend the Indian Health Care Improvement Act, Sec. 111 on Community Health Aide Program (CHAP), to include UIOs as eligible participants.
- Invest in paid community-based workforce development training programs in healthcare settings.



# 2024 Federal Community Health Priorities

Seattle Indian Health Board (SIHB) ensures the health and well-being of urban American Indian and Alaska Native (AI/AN) communities by providing culturally attuned healthcare and human services; conducting data research through its research division, Urban Indian Health Institute; and collaborating with tribal, community, and local partners.

## Maternal and Infant Health

### Invest in programs and services to support AI/AN mothers and infants.

- Invest \$295 million to grow and diversify the perinatal health workforce, including \$50 million for doulas.<sup>1</sup>
- Invest \$210 million in maternal and infant health surveillance to address disparities within Native and Black communities.<sup>2</sup>
- Support the establishment of a credentialing process and Medicaid reimbursement of doulas to provide care to all pregnant and postpartum individuals.
- Support the Centers for Medicare & Medicaid Services (CMS) reimbursement of Traditional Health Services to uphold health equity practices for AI/AN populations.<sup>3</sup>

## Supporting Priorities

### Nutrition

- Permanently extend the Special Supplemental Nutrition Program for Women, Infant, and Children (WIC) flexibility waivers established during the COVID-19 pandemic.
- Increase funding for the WIC Breastfeeding Peer Counselor Program.
- Extend Tribal Self-Governance to administer the Supplemental Nutrition and Assistance Program.

## Missing and Murdered Indigenous Women and People (MMIWP)

### Address violence against Native women and people.

- Support HR. 2604 Family Violence Prevention and Services Improvement Act of 2023.
- Increase investments in the Crime Victims Fund (CVF) to support funding for the Victims of Crime Act (VOCA).
- Invest \$10 million in Tribal Epidemiology Centers to improve data and evaluate violence prevention and response to the MMIWP crisis.

## Housing for Native Communities

### Address housing disparities for AI/AN individuals and families.

- Support HR. 2918 Fair Housing for Survivors Act of 2023.
- Increase funding for culturally attuned in-patient facilities, sober beds, transitional housing, and detoxification facilities.
- Allow a Native American Housing Assistance and Self-Determination Act (NAHASDA) Tribal Housing Authority to extend Indian Preference Policy to UIOs without having to allocate Indian Housing Block Grant program funding to a housing project.

#### References:

1. U.S. House of Representatives Black Maternal Health Caucus, (2021). Black Maternal Health Caucus Celebrates Historic Passage of "Omnibus" in Build Back Better Act. Retrieved from: <https://blackmaternalhealthcaucus-underwood.house.gov/media/press-releases/black-maternal-health-caucus-celebrates-historic-passage-omnibus-build-back>

2. Ibid.

3. \*SIHB implemented a first-of-its-kind Traditional Indian Medicine reimbursement pilot thanks to a Substance Abuse and Mental Health Services Administration (SAMHSA) block grant received by the Washington State Department of Health.

