Health Policy Legislative Guidance

For American Indian and Alaska Native Communities

Seattle Indian Health Board (SIHB) ensures the health and well-being of urban American Indian and Alaska Native communities by providing culturally attuned healthcare and human services, conducting data research through its research division the Urban Indian Health Institute, and collaborating with tribal, community, and state partners. SIHB developed this guidance document to be used by government officials including legislators, Congressional staff, and agency officials when crafting and implementing inclusive policies that impact the health of American Indian and Alaska Native communities.

Adopt Inclusive Legislative and Grant Eligibility Definitions

Public policies and grant eligibility requirements are often restricted to tribes and tribal organizations, thereby excluding urban Indian organizations. SIHB urges the use of the following definitions in legislation and grant eligibility requirements because they include all components of the Indian Health Service (IHS), Tribal 638, and Urban Indian Health Program (I/T/U) system of care. These definitions have broad support throughout Indian Country.

- ►"Indian" as defined by 42 C.F.R. § 447.50 (as in effect on July 1, 2010).
- ►"Indian Health Care Providers" (IHCPs) as defined by 42 CFR § 447.50.
- ►“tribes, tribal organizations and urban Indian organizations” as defined by 25 U.S.C. § 1603.
- ►“tribal epidemiology centers” as defined by 25 U.S.C. § 1621m.

Engage Communities Most Impacted Throughout the Policy Process

When developing and implementing public health policy, SIHB urges that government officials:

- ►Invest in and collaborate with tribes, tribal organizations, and urban Indian organizations to research disparities and identify policy and systems change solutions specific to the American Indian and Alaska Native community using culturally-attuned and community-led data collection, research, and evaluation methodologies.
- ►Invest in the I/T/U system of care to deliver services to address identified disparities and invest in tribal epidemiology centers to implement and evaluate policy and system change solutions and conduct continuous community engagement activities.

Include Urban Confer Policies While Respecting Tribal Sovereignty

To respect the obligation of government agencies to consult with tribes and confer with Urban Indian Health Programs (UIHP), SIHB offers this example used in Washington State under tribal consultation policies’ eligibility section for the Indian Health Service. The passage in italics outlines that UIHP inclusion does not substitute for nor invoke the rights of a tribe/sovereign nation. Inclusion of UIHPs is to advocate for our urban community as an Indian Health Care Provider and part of the I/T/U system of care:

“Urban Indian Health Programs means an Urban Indian Organization, as defined by 25 U.S.C. § 1603. In Washington State, there are two UIHPs: the Seattle Indian Health Board and the NATIVE Project of Spokane, as referenced in Appendix C. *Note: An UIHP does not represent any Indian tribe nor does it substitute for an Indian tribe in any consultation held under this policy.”*

- ►Extend the urban confer policy beyond IHS to include U.S. Department of Health and Human Services (HHS) and all agency there within to adequately address the complexity of American Indian and Alaska Native health service delivery.

Ensure Statutory Protections for American Indians and Alaska Natives

Statutory protections ensure the federal trust responsibility to American Indian and Alaska Native people is fulfilled, no matter where patients receive care. To ensure that American Indian and Alaska Native people are not required to pay cost sharing for these services, SIHB asks that government officials:

- ►Include language that affirms that, in the case of eligible American Indian and Alaska Native individuals as defined by 42 C.F.R. § 447.50 (as in effect on July 1, 2010), the provider will not, impose charges for services, including any charges or cost-sharing prohibited by § 1402(d) of the Affordable Care Act (P.L. 111-148).

Aren Sparck, MUP | Government Affairs Officer | (206) 834-4032 | arens@sihb.org | www.sihb.org | www.uihi.org