

Seattle Indian Health Board

# Bridging the Infrastructure Gap

Improving infrastructure for Urban Indian Organizations

## Recommendations

To address infrastructure gaps for Urban Indian Organizations, Seattle Indian Health Board recommends:

**Amend the Indian Health Care Improvement Act** to remove facilities restrictions for UIOs contracting with Indian Health Service (IHS).

**Conduct an infrastructure assessment every 5 years** for UIOs to document infrastructure quality and unmet needs.

## What is an Urban Indian Organization (UIO)?

Following the Indian Relocation Act of 1956,<sup>1</sup> American Indians and Alaska Natives banded together to create programs and organizations for the purpose of improving living conditions for urban Natives. These Native-led organizations were built on the premise of extending tribal sovereignty and treaty rights to Native people regardless of their location. In 1976, Congress passed the Indian Health Care Improvement Act (IHCIA) which established the status of UIOs.<sup>2</sup> Today, there are 41 UIOs that operate 74 health facilities in 22 states and offer services to over 2 million American Indian and Alaska Native people in select urban areas.

## How do UIOs receive funding for infrastructure?

Currently, UIOs do not have a dedicated federal line-item for infrastructure. UIOs receive funding from one IHS account, the Urban Indian Health line-item, and are ineligible to receive funding from the IHS facilities account including construction, maintenance, leasehold improvements, renovation, and equipment.<sup>3</sup> Creating additional federal funding avenues for UIO infrastructure renovation and modernization would enhance quality of care, accessibility to care, and improve health outcomes for American Indian and Alaska Native people.

## How are UIO infrastructure needs documented?

Currently, there is no national data or reports on UIO infrastructure needs. In the FY 2020 Appropriations, \$1 million was set aside in the IHS budget to conduct an infrastructure study for UIO facilities through the Office of Urban Indian Health Programs. This report will be the first assessment of infrastructure needs in the 45 years of the UIOs.

## What can Congress do to address the infrastructure needs of UIOs?

Legislative action can support the immediate and long-term needs of UIOs. Congress can amend the IHCIA to remove facilities restrictions for UIOs; thereby increasing flexibility for contract funds to be used for infrastructure improvements including facility construction, maintenance and improvement, equipment, sanitation. To address data gaps and align with existing requirements for IHS and tribally operated facilities, Congress can require a detailed assessment of UIO facilities and unmet needs every 5 years.

## How have UIOs used supplemental COVID-19 resources to address healthcare infrastructure?

The COVID-19 pandemic has exacerbated the crumbling infrastructure of UIOs. In response, the IHS, HRSA, and SAMHSA have allowed some flexible use of funds for COVID-19 prevention and response efforts. UIOs have been able to fund testing equipment, vaccine freezers, ultra-violet (UV) ventilation systems, plexi-glass barriers, telehealth services, and minor facility renovations to accommodate social distancing in treatment rooms, common areas, and vaccine distribution sites.

## References

1. Indian Relocation Act of 1956, Pub. L. 84-959. Accessed 2021. Retrieved from: <https://www.govinfo.gov/content/pkg/STATUTE-70/pdf/STATUTE-70-Pg986.pdf>.
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3. Indian Health Service. 2021. FY 2023 National Tribal Budget Formulation Work Session. Accessed 2021. Retrieved from: [https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display\\_objects/documents/FY2023NationalTribalBudgetFormulationWorkSessionMaterials.pdf](https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display_objects/documents/FY2023NationalTribalBudgetFormulationWorkSessionMaterials.pdf), pp 11

