

National Indian Health Board



2024 LEGISLATIVE AND POLICY AGENDA FOR INDIAN HEALTH

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INTRODUCTION

The National Indian Health Board (NIHB) Board of Directors set forth the **2024 NIHB Legislative and Policy Agenda** to advance the organization’s mission and vision. This agenda provides a blueprint for ensuring that all American Indian and Alaska Native (AI/AN) people and communities can achieve the highest level of health and well-being. The **2024 Legislative and Policy Agenda** guides the work of NIHB as we strive to identify and advance national Tribal health priorities. Our objectives are to educate policymakers about Tribal priorities, advocate for and secure resources, build Tribal health and public health capacity, and support Tribally led efforts to strengthen Tribal health and public health systems. Our goal is to ensure that AI/ANs receive the health care and public health services necessary to achieve the best possible health outcomes. Throughout this agenda, several key ideas remain foundational no matter the priority or subject area. All policy priorities adhere to these overarching principles: upholding the federal trust responsibility, promoting Tribal health equity, full funding for health services, advancing Tribal sovereignty and self-determination, and incorporating traditional healing practices.

I. HONORING TREATIES, TRUST, AND THE GOVERNMENT-TO-GOVERNMENT RELATIONSHIP

To strengthen Tribal sovereignty and the government-to-government relationship, NIHB will pursue the following priorities:

A. *Ensure the Development and Implementation of Meaningful, Robust, and Tribally Driven Tribal Consultation Policies*

Tribal consultation is a necessary part of the federal trust responsibility. To honor Tribal sovereignty, the U.S. Department of Health and Human Services (HHS) and its operating divisions must consult with Tribal leaders to develop and implement Tribal consultation policies that honor Tribal sovereignty and self-determination and are meaningful, thorough, and consistent across HHS.

B. *Support and Strengthen the White House Council on Native American Affairs*

The White House Council on Native American Affairs (WHCNAA) and the annual White House Tribal Nations Summit are critical opportunities for the heads of governments to come together, share concerns, generate ideas and solutions, negotiate their roles and responsibilities, and agree on a course of action. However, federal officials must engage more with Tribal leaders to facilitate meaningful dialogue and input. WHCNAA should seat a Tribal Advisory Committee (TAC) to regularly provide input to the WHCNAA to ensure it is responsive to the needs of Tribal nations. This means supporting WHCNAA with adequate funding and empowering them to make policy recommendations that are fully considered by senior White House and other administration staff. Additionally, continuity and distinct points of contact are necessary for meaningful and consistent improvement in the government-to-government relationship and trust responsibility. NIHB will advocate for greater transparency and accountability. The WHCNAA should have regular “All Tribes Calls” to provide updates, track progress, and hear feedback.

**C. Elevate the IHS Director to Assistant Secretary for Indian Health**

The Indian Health Service (IHS), within HHS, is the principal federal entity charged with fulfilling the federal trust responsibility for Indian health care. Elevating the IHS Director to an Assistant Secretary for Indian Health would raise the priority and presence of Indian health matters.

D. Increase Tribal Representation in All HHS Operating Divisions and Appoint a Senior Advisor to the Secretary of HHS

Every HHS operating division has an obligation to fulfill the trust responsibility, and doing so requires mechanisms for Tribal representation and input into policymaking and program development. This representation also includes appointing officials with extensive federal Indian law and policy background in the immediate office of the Secretary and Department agencies. Elevating Tribal offices within each agency to report directly to principal would raise the priority of Indian health matters and ensure that agency leadership are knowledgeable about the unique needs and context of Tribal nations. Inadequate representation creates a disconnect between the agencies and Indian Country, resulting in ineffective policies, delayed delivery of services, and inattention to critical Tribal priorities. Furthermore, Tribal liaison offices should not be the only office that has responsibility for Tribal nations. For example, the Centers for Disease Control and Prevention (CDC) works with state governments across all its centers, and it should be the same for Tribes.

E. Expand and Strengthen Tribal Self-Governance Throughout HHS

Tribal self-determination and self-governance honor and affirm inherent Tribal sovereignty. A self-governance program model promotes efficiency, accountability, and best practices in managing Tribal programs and administering federal funds at the Tribal level. Because Tribes can tailor programs according to the communities' needs, self-governance results in more responsive and effective programs. The *Indian Self-Determination and Education Assistance Act* (ISDEAA) provides the mechanisms to achieve this. However, ISDEAA is not applied to all IHS programs or applicable throughout the HHS. Additional legislation and administrative action are needed to expand and strengthen Tribal self-determination and self-governance in HHS health programs. NIHB supports the introduction of legislation establishing a demonstration project to implement Title VI of ISDEAA across HHS. NIHB will advocate with HHS officials to support and provide technical assistance to implement self-governance Department-wide, consistent with the directives found in Executive Order 14112.

F. Establish Interagency Agreements Between HHS Operating Divisions and IHS

In absence of the expansion of self-governance and non-competitive, direct funding, IHS and other HHS operating divisions should establish interagency agreements to ensure that there is a mechanism for distributing funding directly to Tribes equitably and expeditiously.

G. Expand Technical Assistance Support to Tribal Advisory Committees

Tribal Advisory Committees (TACs) and Tribal technical assistance (through technical advisors) and technical support (through convening) from Tribes and national, regional, and intertribal organizations play an important role in communicating Tribal priorities to federal partners in the policy process. TACs are one of the primary venues through which this occurs. While TACs are not a substitute for Tribal consultation,



TACs play an indispensable role in government-to-government relationships. However, erroneously narrow interpretations of the [Unfunded Mandates Reform Act's \(UMRA\) Federal Advisory Committee Act \(FACA\)](#) exemption have prevented effective communication and collaboration between federal agencies and Tribal leaders. The current interpretation of UMRA's FACA provision results in Tribal leaders not having adequate technical assistance in meetings where federal partners rely heavily on non-executive staff and expertise. Tribal leaders, as part of their sovereign prerogative, should be able to have adequate technical assistance from technical advisors during TAC meetings and other government-to-government meetings with federal partners.

Therefore, Congress and the Administration must act to clarify and expand the UMRA exemption to allow Tribal leaders serving on TACs to freely utilize, without limitations, technical and subject matter experts in the execution of their duties. Further, HHS and its operating divisions must support and resource the work of Tribal organizations, such as NIHB, which play an important convening and support role which ensures that Tribal leaders have access to the subject matter expertise that helps them prepare to provide meaningful feedback to or engage proactively with federal or Administration personnel.

II. ACHIEVING EQUITABLE AND COMPREHENSIVE FUNDING FOR INDIAN HEALTH

To ensure Indian health receives equitable and comprehensive funding, the NIHB will pursue the following priorities:

A. Establish a Tribally Driven Process to Determine Full Funding for Indian Health

The full funding level deserves a thoughtful, measured, and Tribally driven approach to developing appropriate recommendations. The four walls of the IHS budget formulation work are systemically limited to current conventions of need based on IHS and subsequent Health Delivery systems, including geographic limitations. The true need easily far exceeds current estimates. NIHB will work to secure funding to facilitate a nationwide and Tribally driven process in collaboration with HHS and Office of Management and Budget (OMB) to determine the true funding level required to support Indian health care service delivery. NIHB will further work to ensure the Administration's implementation of Executive Order 14112 is consistent with a Tribally driven process to identify shortfalls in funding.

B. Phase in Full Funding and Mandatory Appropriations for Indian Health

Through its coerced acquisition of land and resources and genocide destruction of cultures and peoples the United States formed a fiduciary relationship with Tribal nations whereby it has created a trust relationship to safeguard Tribal rights, lands, and resources. As part of this coerced exchange, Congress has continuously reaffirmed its duty to provide for Indian health care. Unfortunately, Tribal nations face an ongoing health crisis directly resulting from the federal government's chronic underfunding of Indian health care for decades. This contributes to ongoing health and persistent inequities and disparities. Mandatory appropriations for the IHS are consistent with the trust responsibility and treaty obligations reaffirmed by the United States in the *Indian Health Care Improvement Act* (IHCA). Even today, many provisions of IHCA remain unfunded and without implementation. Full and mandatory funding must include the full and



efficient implementation of all authorized IHCIA provisions. Additionally, NIHB will continue to support transitioning Contract Support Costs (CSC) and 105(l) leases to mandatory funding until full mandatory funding is achieved.

C. Fully Fund all Provisions of the Indian Health Care Improvement Act

Congress permanently reauthorized IHCIA in 2010, yet many provisions of this law remain to be funded and implemented. Most notably, the law enhances workforce development, health services and facilities, water and sanitation operation and maintenance, behavioral health, access to health care services, and new authorities for long-term and home-based services. To achieve Tribal health equity, NIHB will continue to advocate to fully fund all provisions of IHCIA.

D. Protect and Expand Advance Appropriations for Indian Health

Advance appropriations for the IHS marks a historic paradigm shift in the nation-to-nation relationship between Tribal nations and the United States. With advance appropriations, AI/ANs will no longer be uniquely at risk of death or serious harm caused by delays in the annual appropriations process. However, the inclusion of advance appropriations each year is not guaranteed and does not cover the full IHS budget. NIHB will work to promote the smooth implementation of this policy and ensure that IHS advance appropriations are expanded and included each year, as we continue to collaborate with Tribal leadership for the advancement of mandatory direct appropriations for the IHS. We support expanding IHS advance appropriations to all areas of the IHS budget and including increases from year to year that adjust for inflation, population growth, and necessary program increases. NIHB supports advance appropriations until full, mandatory appropriations are achieved.

E. Establish a 10 Percent Set-Aside, Non-Competitive, Direct Funding for Tribes in all Available HHS Operating Divisions and Funding Streams

Since the trust responsibility extends to all agencies within the HHS, funding from these agencies should be dedicated and directed to Tribal nations. The existing framework forces Tribes to compete for these funds, pitting them against states and local governments with greater grant writing capacity. As a result, Tribes regularly lose out on funding. Further, some federal grants and programs pass through states and local governments before Tribes can even apply for funding. Tribes should not have to go through states to access federal funds. Direct funding eliminates the administrative burden imposed by the grant process for both agencies and Tribes, and sends funds directly to Tribes. Therefore, agencies should use all available authorities to create Tribal set-aside funding and work with Congress to establish set-aside funding in the annual appropriations for each HHS operating division. Additionally, NIHB will support these funds being available through an interagency agreement with the IHS until full self-governance at HHS is achieved.

F. Eliminate Federal Match Requirements for all Federal Programs Serving Indian Country

Too often, federal grant programs require match requirements by the local government or receiving entity. This is not only often a financial burden that puts these necessary dollars out of reach for many Tribal communities, but it is a direct violation of the federal trust responsibility to Tribal nations. Instead, Congress should eliminate federal matching requirements for Tribes in all federal programs.

**G. In Coordination with Tribal Nations, Enact and Implement a “Marshall Plan” for Tribal Nations**

Over time, the United States has impeded Tribal sovereignty and taken Tribal homelands and resources to generate its land base, wealth, and strength. Through these takings, the United States has assumed unique trust and treaty obligations to Tribal nations and Native people. However, it has consistently failed to live up to these obligations. Much like the U.S. investment in the rebuilding of European nations following World War II via the Marshall Plan, the legislative and executive branches should commit to the same level of responsibility to assist in the rebuilding of Tribal nations. Current conditions in Indian Country are, in large part, directly attributable to the shameful acts and policies of the United States. NIHB extends its support to a Marshall Plan for Tribal nations.

III. BUILDING INNOVATIVE AND SUSTAINABLE INFRASTRUCTURE

To build an innovative and sustainable infrastructure to support Indian health, the NIHB will pursue the following priorities:

A. Support the Tribal Water and Sanitation Infrastructure Investments

Water is the foundation of all life on Earth and its preservation is essential to human survival. Human health depends on safe water, sanitation, and hygienic conditions. The *Infrastructure Investment and Jobs Act* (IIJA), enacted in November 2021, provided \$3.5 billion for the IHS Sanitation Facilities Construction program to address the known sanitation deficiencies in Tribal communities. The implementation and any evolving or additional costs (such as operations and maintenance or newly identified deficiencies) must be monitored and addressed appropriately in subsequent annual budget requests and be provided for by Congress. Congress should also address untenable limitations on the administrative caps outlined in the IIJA that make it impossible to implement in many areas of Indian Country.

B. Prioritize Support for Health Care Facilities Construction, Maintenance, and Improvements

The Indian health system is plagued by antiquated and deficient health care facilities that are largely unequipped to respond to current community needs and other public health crises. With currently provided resources to build new facilities, it is projected that many of our facilities will need to last for over 250 years. There is significant concern that the Indian health system cannot respond to these crises without fully funding the health care facility construction. Additionally, multiple regions do not have any IHS hospitals. NIHB will work to establish the resources and authorities to construct facilities for all IHS Areas, including resources for fair and proportionate facilities support account funding for all IHS Areas regardless of the absence of IHS facilities. IHS and Tribes need equitable and flexible funding to increase hospital and clinic capacity and related costs such as maintenance, improvement, and equipment. Funding must also be available to construct and maintain public health facilities. NIHB additionally calls upon the IHS to implement and for Congress to fund all construction authorities and demonstration projects authorized by IHCA.

**C. Modernize Health Information Technology in Indian Country**

The IHS Resource and Patient Management System (RPMS) is outdated and poses significant interoperability issues. Due to increasing interoperability issues and failure to meet the needs of many Tribal health systems, many Tribes, at their own expense, have moved away from the outdated RPMS to better, more interoperable systems. In 2023, IHS announced that it has selected Oracle /Cerner to replace RPMS. NIHB supports continuous engagement from IHS with Tribes who will operate this new system. NIHB will also advocate for broad-based funding to Tribes and Tribal organizations for EHR replacement and increased cybersecurity support, including reimbursing Tribes and Tribal organizations that have invested their dollars.

D. Increase Access to Reliable High-Speed Internet

The expansion of telehealth during the COVID-19 pandemic has increased the importance of broadband as a public health issue; however, the lack of broadband access presents multiple barriers for Tribes. While Congress has provided significant resources for Tribal broadband in recent years, the applications to access these funds far exceeded the amount provided. This digital divide illuminates Tribes' inability to provide or fully realize the benefits of telehealth. In addition to public health implications, the lack of broadband access presents a barrier to economic development, particularly detrimental in an era where remote work has been necessary and will continue to be more widely adopted.

IV. PROMOTING HEALTH EQUITY IN INDIAN COUNTRY

To address chronic health disparities and promote health equity in Indian Country, the NIHB will pursue the following priorities:

A. Elevate a Tribal Perspective in Federal Health Equity Plans and Initiatives that Honor Trust and Treaty Obligations to Tribal Nations

Effective efforts for health equity in Indian Country must approach health equity plans through the lens of Tribal sovereignty, the nation-to-nation relationship, and the federal trust responsibility. In addition, these plans must conceptualize this work around understanding AI/ANs as a group with a unique political status, not as a racial minority. Health programs and initiatives need to prioritize Tribal self-determination and supporting connection to culture and community. Tribes know their people, communities, social and historical context, needs, and strengths best—Tribes are the experts in charting a path to health equity for their people. In addition, achieving health equity requires recognizing and rectifying historical injustices and providing resources according to need. NIHB will advocate that any health equity work will incorporate these principles.

B. Support and Invest in an Indigenous Model of Social and Structural Determinants of Health

Decades of research have documented health inequities experienced by AI/ANs and the powerful role played by underlying social and structural determinants of health. However, these determinants that drive health inequities for AI/ANs are often distinct and require a unique perspective and customized approach to address. Current research on social determinants of health is missing this Indigenous perspective. In



2023, NIHB with other indigenous health policy experts produced the Indigenous Determinants of Health (IDH) report. It was adopted in May by the United Nations Permanent Forum on Indigenous Issues. The 76th World Health Assembly (WHA) adopted a resolution on Indigenous Health, including developing a global action plan by 2026. Health equity for AI/ANs will advance with a Tribally created an Indigenous model of social and structural determinants of health that will identify root causes of inequities and priorities for intervention. Therefore, we call on the United States to be a worldwide leader on advancing the IDH, and provide adequate funding to advance health equity from this lens.

C. Improve Federal Standards for Data Collection and Reporting to Improve AI/AN Visibility and Better Measure Health Inequities

High-quality, meaningful AI/AN health data is essential for identifying disparities, setting priorities, designing strategies, and highlighting successes related to health equity. However, racial misclassification, missing data, and other quality issues impede the representation of AI/ANs in many data sets. With AI/AN people and communities so often missing from the data, this becomes one more form of erasure of American Indians and Alaska Natives – our experiences are not represented, our needs are not heard, and our very existence becomes invisible. States and localities often do not share data with Tribes and Tribal Epidemiology Centers (TECs) despite legal requirements to do so. In addition, the way data is reported often excludes the many AI/ANs who identify as Hispanic or with multiple racial identities. Reframing the data away from focusing on race and instead focusing on “AI/AN” as a political status is a more effective, empowering, strengths-based approach supporting Tribal self-determination. NIHB will advocate for improved data practices as a crucial step to undo the centuries of AI/AN erasure contributing to the ongoing health inequities in Tribal communities. Tribes and TECs must have full access to data to be able to respond to public health emergencies in their jurisdictions.

D. Provide Support to Improve and Sustain Environmental Health Improvements in Indian Country

The health of the environment directly impacts public health in Indian Country. Improving environmental health aids in preventing illness, disease, and general well-being. Contaminated drinking water, harmful air pollutants, destruction of natural habitats, climate change, extreme weather, and exposure to toxic heavy metals are issues that Tribal communities struggle to prevent, often with little or no support from the federal government. NIHB will advocate for environmental justice policies and funding to address these issues.

E. Address Housing and Homelessness in Indian Country

Housing is a social determinant of health, and all Tribal members should have access to stable, safe, sanitary, and affordable housing. Many communities in Indian Country experience inadequate access to housing, leading to multiple generations and multiple families sharing the same homes. We saw during the COVID-19 Pandemic how this type of cramped housing leads to the spread of communicable diseases to our most vulnerable populations. Further, even when homes are built, funding is not sufficient for final mile hook-ups to critical utilities such as water and sanitation. Such Tribal housing issues and challenges exacerbate the health disparities and lower health status experienced by AI/AN communities. NIHB will continue to support the reauthorization of the *Native American Housing Assistance and Self-Determination Act of 1996* (NAHASDA) and advocate for additional resources for Tribal housing needs.

***F. Identify, Enact, and Resource Solutions for the Crisis of Missing & Murdered Indigenous People***

Over the past decade, the crisis of missing and murdered Indigenous people (MMIP) has gained renewed national attention. The crisis has been ongoing for decades, and the situation remains severe. The violence involved in MMIP is a significant public health concern where discussions of violence prevention efforts touch upon intimate partner violence, child abuse, Elder abuse, and sexual violence. However, addressing the MMIP crisis also presents its own unique set of additional challenges because of the sheer scope of the crisis and its required engagement across multiple professional disciplines and different legal jurisdictions. NIHB will continue to advocate for solutions and support resources for MMIP.

G. Establish Permanency, Increased Funding, and Self-governance authority for the Special Diabetes Program for Indians

Congress established the Special Diabetes Program for Indians (SDPI) in 1997 to address the disproportionate impact of type 2 diabetes in AI/AN communities. This program has grown and become our nation's most strategic and effective federal initiative to combat diabetes in Indian Country. NIHB will advocate for the permanent reauthorization of SDPI at a minimum of \$250 million annually, with automatic annual funding increases matched to the rate of medical inflation. Additionally, NIHB will continue to support Tribal priorities, which include amending SDPI's authorizing statute, the Public Health Service Act, to permit Tribes and Tribal organizations to receive SDPI funds through self-determination and self-governance contracts and compacts, and advocating for IHS programs, including SDPI, to be protected from mandatory sequestration. Congress must also repay funds taken from SDPI through mandatory sequestration thus far.

H. Support the Native Farm Bill Coalition's policy priorities when it comes to nutrition programs for Indian Country

In 2024, Congress will update and modernize the 2018 Farm Bill. This legislation contains many critical nutrition programs that are necessary for improving the health of AI/ANs. NIHB will support the request of the Native Farm Bill Coalition to expand and improve these programs, by supporting Tribal sovereignty and self-determination and increasing flexibility for Tribal communities for these programs. NIHB will support increasing the use of native and traditional foods as a matter of healing and health.

I. Address the Maternal Health Crisis in Indian Country

AI/AN women are experiencing an alarming rate of maternal mortality: they are three to four times more likely than white women to die of pregnancy and/or childbirth complications. Moreover, AI/AN women experience a higher rate of severe maternal morbidity. Adverse maternal health outcomes are partly due to the historical trauma of systemic racism, colonization, genocide, forced migration, reproductive coercion, and cultural erasure. To address this crisis, NIHB will advocate for adequate and appropriate funding for IHS and expanded access to maternal health coverage for AI/AN women. Additionally, NIHB will work to develop deeper knowledge about AI/AN women's maternal health outcomes through strategic collaborations and will support federal policies that are responsive to the needs of AI/AN women.



V. IMPROVING ACCESS TO BEHAVIORAL HEALTH IN TRIBAL COMMUNITIES

Any policies or initiatives designed to improve Tribal behavioral health must be grounded in culture, tradition, language, and native ways of knowing. To that end, in order to reduce AI/AN behavioral health inequity and improve health outcomes, the NIHB will pursue the following priorities:

A. Support the Policy Recommendations of the National Tribal Opioid Summit

In August 2023, Tribes, Tribal organizations, federal and state government officials, law enforcement, survivors, and others gathered in Tulalip, Washington to discuss key challenges facing Indian Country when it comes to substance use disorder and opioid use disorder. As a result of this meeting, NIHB and partners developed policy recommendations. NIHB will support the advancement of these policy recommendations in 2024 with Congress and the Biden administration.

B. Address Historical and Intergenerational Trauma

Substance use disorders (SUDs) are among the many health problems worsened by discrimination and oppression, both historical and current. Research has directly linked historical trauma to substance use among AI/AN peoples. Additionally, the detrimental, intergenerational harm from boarding school policies is associated with increased SUDs, mental illness, and numerous chronic health conditions. As we examine our past, we must continue to look to the future to identify and address the impact of these policies on our communities. The federal government must support developing priorities that include evidence-based practices and culturally respectful practice-based evidence to support healing for Tribal members. NIHB will advance Tribal and federal strategic efforts and programs to provide existing pathways to build or expand strategies that more effectively address healing from trauma.

C. Promote Culturally Centered and Tribally Driven Behavioral Health Policy and Programs

AI/AN cultures serve as key protective factors and primary prevention of many mental health and substance use disorders. Historically, traditional healing and culturally centered ways of living provided holistic mental wellness. Forced assimilation policies and programs harmed Tribes and created behavioral health disparities and negative health outcomes. Just as federal policy and programs once sought to eradicate AI/AN identity, there must be an equally vigorous contemporary response that assists in reconnection and revitalization of identity. NIHB will work to advance funding and provision for culturally centered and Tribally driven behavioral health policies and programs that protect identity and promote holistic mental wellness. NIHB will advocate that funding for these programs should be available through self-governance contracts and compacts. This includes advocating for approval of Medicaid reimbursement for traditional healing practices through a Section 1115 Waiver.

D. Strengthen Tribal Behavioral Health Systems

Many barriers impact access, quality, and availability of health, behavioral health, and related services for AI/AN people. These issues include provider and personnel shortages, limited resources, and obtaining services without traveling great distances. Additionally, there are concerns related to funding, such as amounts, distribution mechanisms, allocations, sufficiency, and reporting requirements. Without appropriate treatments early, behavioral health concerns can become compounding comorbidities putting further strain on both the behavioral and medical health resources on which our communities depend. NIHB



will continue to advocate for adequate resources to address the chronic behavioral health needs of Indian Country. NIHB will also work to address behavioral health concerns for native youth.

E. Advance Comprehensive Tribal Prevention, Treatment, and Recovery Services to Address the Opioid, Fentanyl and Suicide Crises in Indian Country

The lived experiences of AI/AN historical trauma and adversity have contemporary descriptions and diagnoses: adverse childhood experiences, post-traumatic stress disorder, substance use disorders (SUDs), and suicidal ideation—all of which have accompanying strategies for prevention, treatment, and recovery. Following an intervention, services should provide ongoing, comprehensive support for treatment, recovery, and prevention and an established continuum of care. NIHB will work to strengthen and assess the availability of critical services, gaps in services, and opportunities for improvement to meet community needs. Further, efforts must be made to prevent fraudulent schemes from exploiting unhoused AI/ANs experiencing SUDs, and adequately resource providers and treatment to connect vulnerable populations with appropriate care.

VI. SUPPORTING AN EMPOWERED & CULTURALLY INFORMED HEALTH WORKFORCE

To address the chronic Tribal health workforce shortages, the NIHB will pursue the following priorities:

A. Ensure a Sustainable and Culturally Informed Tribal Health Care Workforce

The IHS and Tribal health care providers continue to struggle to find qualified medical professionals to work in facilities serving Indian Country. To strengthen the health care workforce, IHS and Tribal programs need investment from the federal government to educate, recruit, and expand the pool of qualified medical professionals. IHS currently provides scholarship opportunities to AI/AN students to enter health professions. IHS also provides loan repayment opportunities for those who work in the Indian health system. However, both programs are severely underfunded. Congress should increase appropriations for both IHS scholarship and loan repayment consistent with the request from the IHS Tribal Budget Formulation Workgroup. In addition, NIHB will support Congressional action to move IHS loan repayment program to a tax-exempt status to increase the dollars available for the program, similar to other Public Health Service workforce initiatives. NIHB will also support legislative action to allow scholarship loan repayment recipients to work on a half-time basis as a means to recruit a wider group of individuals. NIHB will also advocate for IHS to provide loan repayment opportunities to those in health support positions such as Administrators, coders, and billers and other mid-level providers. The IHS should also receive increased “Title 38” authority to increase pay for critical medical personnel as described in the FY 2024 Congressional budget justification.

B. Support and Expand the Community Health Aide Program and the Dental Health Aide Program

Since the 1960s, the Community Health Aide Program (CHAP) has empowered frontline medical, behavioral, and dental providers to serve Alaska Native communities, successfully expanding access in these communities to urgently needed health and dental services. CHAP is now a crucial pathway for AI/AN



peoples to become health care providers. The IHCA authorized the IHS to expand the CHAP to Tribes outside Alaska. Based on the IHCA and the CHAP's success in Alaska, IHS developed CHAP expansion policies from 2016 to 2020. NIHB will continue to advance the Tribal priorities for CHAP, Behavioral Health Aides, and Dental Health Aide Therapists (DHATs). NIHB will advocate for swift implementation of the CHAP program nationally.

C. Develop an Empowered and Culturally Informed Public Health Workforce

Workforce is a core component of public health service delivery. Public health employees are integral in delivering critical public health services and activities within Tribal communities. However, the makeup of the public health workforce in Tribal communities is widely variable as Tribes do not always have designated "public health" staff (e.g., staff hired solely to provide public health services). For many Tribes, significant overlap exists between their health care and public health systems, with some essential staff bridging both functions. Tribal communities need an empowered health workforce that understands and celebrates the unique cultural elements of Tribal communities. Currently, the IHS scholarships are funded at lower levels than comparable workforce development programs at other federal agencies. Investments to educational and training programs must increase to grow the number of AI/AN people in the workforce. Additionally, AI/AN people must be included in the creation of educational curricula.

D. Invest in Graduate Medical Education staffing and Infrastructure in Indian Country

The Health Resources and Services Administration (HRSA) Graduate Medical Education (GME) Program prepares residents to provide high-quality care, particularly in rural and underserved communities. Few GME programs are located in rural AI/AN communities. Most Teaching Health Centers are in Federally Qualified Health Centers (FQHCs), Rural Health Clinics, and Tribal health centers, all of which are important to creating a sustainable health workforce in Indian Country. There remains room for continued improvement in creating opportunities and incentives for medical students to work in Tribal communities, for example, by conditioning receipt of GME funds on placement in Tribal communities or by creating a separate Tribal GME program altogether. These measures would enlarge the Tribal health workforce and create a more sustainable model for recruiting providers.

E. Support measures to improve Health Professions Educational Infrastructure in Tribal Communities

To build a sustainable health workforce, Tribal nations have a need to increase the amount of providers serving our communities. This means, investing in upstream approaches such as developing and funding programs targeted at AI/AN youth into medical fields and development of Tribally operated schools of higher education for nurses, physicians, midwives, Dental therapists, and other providers. NIHB will advocate for increased funding for programs targeted at AI/AN youth. NIHB will also explore policy solutions to developing educational health infrastructure – such as schools of higher education – in Tribal communities.

VII. INCREASING ACCESS TO QUALITY HEALTH CARE

To increase access to quality health care for AI/AN people, the NIHB will pursue the following priorities:

**A. Remove Barriers that Inhibit the Integration of Traditional Practices**

Recognizing Tribal sovereignty means recognizing the sovereign right of Tribal nations to utilize traditional practices to provide for the health of their people. Traditional medicine is central to many Tribal cultures and effectively treats many chronic health issues faced by AI/AN people. Despite its effectiveness and existence from time immemorial, traditional practices are still blocked from inclusion in contemporary health care delivery. NIHB will advocate for funding of traditional health practices, including reimbursement through programs at the Centers for Medicare and Medicaid Services (CMS) and private insurance. NIHB will also support the restoration of traditional healers under the Federal Tort Claims Act.

B. Protect Access and Improve Health Services for Native Veterans

The United States has a dual responsibility to Native veterans: one obligation specific to their political status as members of federally recognized Tribes and another specific to their service in the Armed Services of the United States. Despite the bravery, sacrifice, and steadfast commitment to protecting the sovereignty of Tribal nations and the entire United States, Native veterans continue to experience some of the worst health outcomes and face the most significant challenges to receiving quality health services among all Americans. Specifically, NIHB advocates for VA to adequately implement laws that have already been passed to support co-pay elimination for Native veterans and Purchased and Referred Care (PRC) reimbursement. NIHB will also work to ensure that the U.S. Department of Veterans Affairs (VA) work seamlessly with IHS, and Tribal health programs. NIHB will support other recommendations of the VA TAC.

C. Ensure Access to Adequate Health Care and Protect Native Americans' Credit

The trust responsibility for health care provision extends through the IHS's PRC program which provides the resources for care which cannot be provided at an IHS facility to be purchased through referral to non-IHS providers. Providers routinely bill patients, when IHS is the responsible party. Too often, authorized services go unpaid by IHS, and this leaves IHS beneficiaries holding the bill for these non-IHS providers. Many IHS beneficiaries pay these bills to avoid impacts on their credit scores, which can result in severe consequences for borrowing, housing, and other vital daily activities, but many more cannot afford to pay these bills and they end up in collections. These debts belong to the IHS and are part of the federal trust responsibility. NIHB will work to ensure that IHS beneficiaries do not bear the burden of IHS's debts by advocating for protections against such medical debts related to PRC claims.

D. Expand and Strengthen Elder Health Services and Access to Long-Term Care Services and Support

With Tribal members living longer, the demand for Long-Term Care (LTC) services in Indian Country is increasing. Advances in health care in the Indian health system have led to a population living longer and experiencing more age-related, debilitating diseases requiring LTC services. Since IHS and Tribal funding for LTC is limited, in many communities, individuals who need LTC must obtain them from non-Indian providers. The reauthorization of IHCA provides IHS-specific authorities for providing LTC. However, IHCA only authorizes the services and provides no funding specific to long-term care. NIHB will work to secure and coordinate funding for LTC in Indian Country. NIHB will also partner with IHS and CMS to expand and increase access to LTC services and reimbursement for such services. Finally, NIHB will work to increase support for families and other caregivers and enhance home and community-based services to allow Elders to remain in their homes.

**E. Increase Access and Financial Support for Indian Health Through Medicaid and Support Tribal Medicaid Priorities**

Medicaid plays an integral role in ensuring access to health services for AI/AN peoples and provides essential funding support for the Indian health system overall through third-party revenues. In fact, in many places across Indian Country, reimbursements from Medicaid have enabled Indian health facilities to provide medical services previously unfunded by the annual appropriations. NIHB will advance this priority by supporting Tribal priorities for CMS programs, including CMS Tribal Technical Advisory Group (TTAG) priorities.

F. Increase Access and Financial Support for Indian Health Through Medicare and Support Tribal Medicare Priorities

Medicare plays an essential role in the Indian health system by providing additional coverage for AI/ANs who are elderly or have specific disabilities. Reimbursements from Medicare serve as a critically important funding source for Indian health providers and have enabled the expansion of services in many areas. Because of this, strengthening and expanding Medicare reimbursements for services can protect the financial health of the Indian health system. NIHB will advance this priority by supporting Tribal priorities for CMS programs, including providing the OMB encounter rate to IHS and Tribal health programs. NIHB will advance this priority by supporting Tribal priorities for CMS programs, including the CMS TTAG priorities.

VIII. STRENGTHENING TRIBAL PUBLIC HEALTH CAPACITY AND INFRASTRUCTURE

To strengthen Tribal public health capacity and infrastructure, the NIHB will pursue the following priorities:

A. Strengthen Tribal Public Health Agencies and Respect Tribal Public Health Authority

The [2019 Public Health in Indian Country Capacity Scan](#) (PHICCS) highlighted gaps in public health planning, assessment, quality improvement activities; accreditation; and Tribal law as a public health tool. Future efforts in public health infrastructure should focus on building capacity at a local level. With sufficient investment and complete Tribal control, Tribes can adapt their public health infrastructure to meet the unique needs of their people and circumstances. This will lead to innovation and advances that will protect public health for AI/AN people for decades to come. NIHB will advocate for broad-based funding for Tribes and Tribal organizations to support public health infrastructure.

B. Expand Surveillance and Epidemiology Capabilities and Honor Tribal Data Sovereignty

The PHICCS report cited surveillance and epidemiology capacity as an area where Tribal health organizations lag significantly behind their state/local counterparts. Having accurate, real-time data is necessary for Tribal public health officials and TECs to determine where the needs are. While the TECs, supported by the IHS and the CDC, have helped address this data gap and build public health capacity to promote health and prevent disease in AI/AN communities, Tribes still cite the need for increased data capacity and support. Both Tribes and TECs play a crucial role in disease surveillance and data collection



to improve health outcomes for AI/ANs. Additionally, NIHB will call upon all federal agencies to follow current law around this authority and include Tribal nations and TECs in access to necessary data.

C. Invest in Tribal Health Research Capacity

More community-based participatory research (CBPR) is needed to understand the causes, impacts, and interventions required related to the significant health inequities experienced by AI/AN people. However, AI/AN communities are often overlooked and not represented in research studies. Significant gaps remain in representation and resources for AI/AN health research and appropriate procedures for non-Native researchers to partner with Tribes. When considering current and future CBPR endeavors, inclusion, sovereignty, cultural appropriateness, and Tribal research capacity remain areas of concern for Tribes. More investment is also needed to train the next generation of AI/AN health researchers. NIHB will advocate for federal funding, to allow Tribes to build research capacity, strengthen infrastructure, support traditional practices, and protect sovereignty. NIHB will support Tribal capacity to secure research funding and provide training and TA to Tribes, including information on the National Institutes of Health (NIH) subdivisions, projects, and processes.

D. Improve COVID-19 Pandemic Recovery Efforts and Address Impacts of Long COVID

Despite alarming gaps in population-specific COVID-19 health disparities data, available information demonstrates that Tribal communities faced a disproportionate burden from the COVID-19 public health crisis. The Indian health system needs the tools necessary to address the disparities and underlying conditions. Moreover, as more research is being conducted on the impacts of Long COVID, Indian Country needs tools and resources to respond to and address these impacts as they arise.

E. Expand Emergency Preparedness and Response Capabilities in Indian Country

Planning for, responding to, and recovering from manufactured or natural disasters and emergencies in Tribal communities can pose unique challenges including a lack of resources, the complexity around jurisdiction, and a lack of understanding among partners working with Tribes. Furthermore, many Tribal nations are in rural or isolated areas, making them the first or only responders to emergencies or manufactured or natural disasters. Increased direct and non-competitive funding is needed to assist Tribes in increasing their emergency preparedness capacity to plan for, respond to, and recover from disasters and emergencies in Tribal communities. NIHB will also work to ensure that Tribal nations have efficient and direct access to the Strategic National Stockpile.

F. Support Tribal Funding for Climate Resilience, Climate Adaptation, First Responders Training, and Community Education.

Tribal communities face unprecedented threats from the impacts of climate change and other environmental threats. This crisis places significant strain on vulnerable Tribal communities. Due to climate and related environmental threats such as flooding, erosion, loss of permafrost, ocean acidification, increased wildfires, extended drought, and changes in seasons, Tribal homelands, and traditional ways of life are in jeopardy. This impacts not only the places Tribal communities live, but food, sustenance, and our very own way of life. NIHB will advocate for additional resources and reduced administrative barriers to preparing for and adapting to climate change and other environmental threats.