National Indian Health Board

2025 LEGISLATIVE AND POLICY AGENDA FOR INDIAN HEALTH

Priority Areas:

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Mission of the National Indian Health Board

Established in 1972 by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

Introduction to the 2025 Legislative and Policy Agenda

The National Indian Health Board (NIHB) Board of Directors set forth the ***2025 NIHB Legislative and Policy Agenda*** to advance the organization's mission. This agenda guides the work of NIHB as we work to advance national Tribal health priorities and provides a blueprint for ensuring that all American Indian and Alaska Native (AI/AN) people can achieve the highest level of health and well-being. Tribal Nations are distinct domestic sovereign governments. The United States Constitution, Supreme Court decisions, and numerous laws and treaties recognize this status and distinction. The United States has executed hundreds of treaties with Tribal Nations in which millions of acres of Tribal lands and natural resources were ceded, often involuntarily, in exchange for the resulting federal trust obligations and responsibilities that exist in perpetuity, including, but not limited to, health care for American Indians and Alaska Natives (AI/AN). These obligations and responsibilities are part of a nation-to-nation agreement. The federal government has committed to honoring and advancing Tribal sovereignty, fulfilling treaty promises, and upholding the trust responsibility to Tribes. This relationship requires that the federal government acts transparently, respectfully, and consistently on a government-to-government basis with Tribes across Indian Country.

Throughout this agenda, all policy priorities adhere to these overarching principles: upholding the federal trust responsibility, promoting the highest health status possible for Tribal citizens, full funding for health services, advancing Tribal sovereignty and self-determination, and incorporating traditional healing practices.

Priority Areas

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

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

A. Preserve Funding for the Indian Health Service and other Tribal Health Programs at the Department of Health & Human Services to meet the Trust and Treaty Obligations to Tribes

The resources and programs at the U.S. Department of Health and Human Services (HHS) and the Indian Health Service (IHS) specifically meet the Trust and Treaty Obligations to Tribal Nations. The U.S. government must ensure that these programs are preserved to continue to meet its legal obligations to Tribes and their citizens for healthcare.

B. Ensure the Development, Implementation, and Maintenance of Meaningful, Robust, and Tribally Driven Tribal Consultation Policies

Tribal consultation is a fundamental part of the federal trust responsibility. The HHS and its operating divisions must consult with Tribal leaders to develop and implement meaningful, thorough, and consistent Tribal consultation policies that honor Tribal sovereignty and self-determination.

C. 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, the White House and federal agency officials must engage regularly with Tribal leaders to facilitate meaningful dialogue and input. The WHCNAA should be provided with adequate funding and the power to make policy recommendations that senior White House and other administration staff respect and consider to the fullest extent.

D. Elevate the IHS Director to Assistant Secretary for Indian Health

The 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.

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

Every HHS operating division has a legal obligation to fulfill the trust responsibility, which 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 the principal would raise the priority of Indian health matters and ensure that agency leadership is 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.

F. 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 currently 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.

G. Establish Interagency Agreements Between HHS Operating Divisions and IHS

In the 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 expediently.

H. 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 COMPREHENSIVE FUNDING FOR INDIAN HEALTH

To ensure Indian health receives adequate 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.

B. Secure Full Funding and Mandatory Appropriations for Indian Health

Congress has continuously reaffirmed the United States' trust responsibility to safeguard Tribal rights, lands, and resources – including a duty to provide for Indian health care. 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 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* (IHCIA). However, many provisions of IHCIA 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 section 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 the highest health status possible for Tribal citizens, 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 mark a historic step toward the federal government upholding its legal obligation to provide healthcare to AI/ANs. However, the inclusion of advance appropriations each year is not guaranteed and does not cover the full IHS budget. 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

The trust responsibility extends to all agencies within the HHS, therefore funding from these agencies should be set aside and directed to Tribal Nations. In contrast, the existing framework forces Tribes to compete for these funds through grants, 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 federal 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 and Indirect Cost Rate Caps 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 also a direct violation of the federal trust responsibility to Tribal Nations. Instead, Congress should eliminate federal matching requirements for Tribes in all federal programs. In addition, imposing arbitrary caps on indirect cost (IDC) recovery does not account for differences in operational capacity and structures across different types of institutions, and risks leaving Tribes with funding gaps that could threaten the continuation of essential programs. Congress should provide clarity that federal agencies must respect negotiated IDC rates and not impose caps on IDC recovery.

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

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 preserve this funding and 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 the resources currently provided 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 current public health crises without fully funding the construction of health care facilities. 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 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 IHCIA.

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 selected Oracle /Cerner to replace RPMS. Sufficient funding to complete the health IT modernization project is critical to ensure the project can continue, that already invested resources are not wasted, and that patient care does not suffer from outdated systems. NIHB supports continuous engagement from IHS with Tribes which 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 across Indian

Country further widens the gap of health disparities that Tribes experience. While Congress has provided significant resources for Tribal broadband in recent years, the burdening applications limit Tribal participation and often do not account for the long-term maintenance costs of broadband infrastructure. This digital divide illuminates Tribes' inability to access 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 exists.

E. Support Access to Transportation for Accessing Health Services

Indian Country is rural, and transportation to health services can represent a significant barrier to care. Parts of Indian Country can be deserts for certain types of care such as maternal health. High transportation costs, especially during tourist seasons, can drain Purchased/Referred Care dollars for American Indian/Alaska Native communities. NIHB supports full funding for the Indian health system, which necessarily includes transportation for accessing health services.

IV. PROMOTING THE HIGHEST HEALTH STATUS POSSIBLE

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

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

Current research on social determinants of health is missing an Indigenous perspective. In 2023, NIHB, with other Indigenous health policy experts, produced the Indigenous Determinants of Health (IDH) report. It was adopted in early 2024 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. Achieving the highest health status for AI/AN people will advance with a Tribally created Indigenous model of social and structural determinants of health. This model will identify root causes of health disparities 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 from this lens.

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

High-quality, meaningful AI/AN health data is essential for identifying disparities, setting priorities, designing strategies, and highlighting successes related to health. 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 AI/AN populations – 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. Without high-quality data, data-driven decision-making often overlooks the needs of Indian Country. 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, including honoring Tribal data sovereignty as a crucial step to undo the centuries of AI/AN erasure contributing to the ongoing health disparity in Tribal communities. Tribes and TECs must have full access to data to be able to respond to public health emergencies in their jurisdictions.

H. 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 helps prevent illness and improve general well-being. Contaminated drinking water, harmful air pollutants, destruction of natural habitats, 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. Addressing these threats and protecting environmental resources supports Tribal self-determination by ensuring land-based food and resources are sustainable. NIHB will advocate policies and funding to address environmental issues.

I. Address Housing and Homelessness in Indian Country

Access to housing greatly impacts health, and all Tribal members should have access to stable, safe, sanitary, and affordable housing. Many communities in Indian Country experience disparate access to housing, leading to multiple generations and families sharing the same homes. During the COVID-19 pandemic, we saw 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 for critical utilities such as water and sanitation is insufficient, leaving many homes without connection to running water or modern sanitation. Such Tribal housing issues and challenges exacerbate the health disparities and lower health status experienced by AI/AN communities. NIHB supports the reauthorization of the Native American Housing Assistance and Self-Determination Act of 1996 (NAHASDA) and advocates for additional resources for Tribal housing needs.

J. 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 received necessary legislation through Savanna's Act and the Not Invisible Act. However, the MMIP crisis and situation remain severe. The violence involved in MMIP is a significant public health concern that impacts individual and community wellbeing. MMIP extends across intimate partner violence, murder, human trafficking, child abuse, Elder abuse, and sexual violence. Addressing the MMIP crisis is challenging 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.

K. 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, exempt from sequestration. NIHB supports 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. NIHB also supports 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.

L. Support the Native Farm Bill Coalition's Policy Priorities for Nutrition Programs for Indian Country

In 2025, 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.

M. Address the Maternal Health Crisis in Indian Country

AI/AN women are three to four times more likely than white women to die of pregnancy and/or childbirth complications. Moreover, AIAN 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. Native-led organizations have addressed these challenges by emphasizing cultural values through whole-person care, access to doulas and midwives, and new parenting classes to support mothers from pregnancy to post-partum. To address this crisis, NIHB will advocate for adequate and appropriate funding, including Tribal set-asides 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.

N. Address Sexually Transmitted Disease (STD) and Syphilis Outbreak

The syphilis and congenital syphilis outbreak within AI/AN populations demonstrates the limited federal resources invested in Tribal health facilities and public health infrastructures to respond to public health emergencies. According to the Great Plains Tribal Epidemiology Center, syphilis rates among AI/AN individuals in the Great Plains skyrocketed by 1,865% from 2020 to 2022, which is ten times greater than the national increase of 154%. The same report found that one in every forty AI/AN babies born in 2022 were diagnosed with congenital syphilis, constituting 2.5% of all AI/AN births. NIHB supports Tribes' access to CDC and IHS data to monitor outbreaks and deploy prevention and response efforts. NIHB also supports Tribes' access to U.S. Public Health Service Commission Corp and the Strategic National Stockpile to address these outbreaks.

O. Ensure Access to Services for People with Disabilities

AI/AN communities have disproportionately high rates of disability. Access to healthcare for people with disabilities is doubly important: not only are more healthcare services often needed to maintain health status, but documentation from healthcare providers is also necessary for receiving critical accommodations for all other types of services, impacting significant social drivers of health. However, recent federal actions have undermined and limited services for people with disabilities. To reach the highest health status for our people, NIHB will advocate to ensure people with disabilities are able to access appropriate accommodations in healthcare facilities, needed health care services, and health information resources. In addition, Medicare, Medicaid, and Administration for Community Living programs play critical roles in enabling access to services specifically related to disabilities, so preventing cuts to eligibility or benefits is a high priority. The Americans with Disabilities Act is a foundational civil rights law that protects people with disabilities, so proper enforcement is a critical part of ensuring access to services.

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 Indigenous ways of knowing. To reduce AI/ANs behavioral health disparities 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 its partners developed policy recommendations. NIHB will support the advancement of these policy recommendations in 2025 with Congress and the Trump 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. Despite AI/ANs having a higher sobriety rate than White populations, the lack of resources available to address SUD often impact AI/ANs timely access to outpatient and in-patient services. The federal government must support developing priorities that include evidence-based practices and culturally respectful practice-based evidence to support healing for Tribal citizens. 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. Strengthen Behavioral Health Services for Native Veterans

The federal government owes a special duty of care to Native veterans, in light of both repayment of their service to the country and the federal trust responsibility. Native veterans experience devastatingly high rates of behavioral health disorders and deaths, including from suicide, overdose, and alcohol related deaths. Specialized behavioral health services are needed that are appropriate both for the unique needs and experiences of veterans and are culturally competent. NIHB will advocate for expanded access to traditional healing services and additional investment in culturally competent behavioral health services for Native veterans. In addition, NIHB will continue to support the ability of IHS and Tribal facilities to bill VHA for behavioral health services, including traditional healing, that are provided to Native veterans.

D. Promote Culturally Centered Traditional Healing and Tribally Driven Behavioral Health Policy and Programs

AI/AN cultures serve as key protective factors and primary prevention of many mental health concerns and SUDs. Historically, traditional healing and culturally centered ways of living provided holistic mental wellness. As mentioned above, government policies and programs have 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 supports 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 monitoring the implementation of Medicaid reimbursement for traditional healing practices through Section 1115 waivers.

E. 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 such as appropriating reoccurring funding for a Special Behavioral Health Program for Indians. NIHB will also work to address behavioral health concerns for native youth.

F. 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, 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 and lack of culturally informed workforce, 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 healthcare workforce, IHS and Tribal programs need investment from the federal government to educate, recruit, and expand the pool of qualified medical professionals. IHS provides scholarship opportunities to AI/AN students to enter health professions and 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. NIHB supports Congressional action to move the IHS scholarship and 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 also supports legislative action to allow scholarship and loan repayment recipients to work on a half-time basis to recruit a wider group of individuals and to provide loan repayment opportunities to those in health support positions such as Administrators, coders, 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. Burnout of healthcare providers contributes significantly to the ongoing workforce shortage; ensuring a sustainable workforce therefore also requires adequate investment in the health, wellbeing, and safety of healthcare staff.

B. Exempt the Indian Health Service and All Tribal-Serving Programs from any Federal Staffing Reduction Policies, Including E.O. 14210 Reduction in Force

The White House has stated that reducing the Federal workforce is an Administration priority, signing Executive Order (EO) 14210, *Implementing The President's "Department of Government Efficiency" Workforce Optimization Initiative*. The E.O. includes requirements for a Reduction in Force (RIF) for most federal programs. IHS has an existing 30 percent vacancy rate. Any RIF to Tribal health programs is untenable, and Indian Country cannot afford emergency rooms and clinics being forced to shut down or significantly downsize, eliminating critical access to care. In the past, IHS has been provided exemptions for staffing freezes, reductions, and other personnel actions, recognizing both the agency's direct provision of care and its significant role in meeting trust and treaty obligations. NIHB

will strongly advocate for the Administration to exempt from any workforce reductions all employees of the Indian Health Service (IHS), Bureau of Indian Affairs (BIA), Bureau of Indian Education (BIE), and all Tribal offices throughout all Federal agencies, as well as other Federal employees whose role is to deliver services or funding to Tribal Nations or their citizens or communities.

C. *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 people to become health care providers. The IHCIA authorized the IHS to expand CHAP to Tribes outside Alaska. Based on the IHCIA 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.

D. *Develop an Empowered and Culturally Informed Public Health Workforce*

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.

E. *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.

F. 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 encouraging AI/AN student's interest in medical careers and investing in Tribal colleges and universities (TCUs) for nurses, physicians, midwives, dental therapists, and other providers. NIHB will advocate for increased funding for programs targeted at AI/AN students. NIHB will also explore policy solutions to developing educational health infrastructure – such as schools of higher education – in Tribal communities.

G. Ensure Sufficient Training for Federal Employees and Contractors on Working with Tribes

Tribes have frequently experienced unnecessary barriers and delays to services and programs due to federal employees' inadequate understanding of Tribal sovereignty and rights, the federal trust responsibility, "AI/AN" as a political status designation, cultural protocols, and other concepts critical to the carrying out of government programs in Tribal communities. In consultation with Tribes, HHS should develop and require robust trainings for federal employees and contractors on how to respectfully, effectively, and legally work with Tribes in the course of their official duties.

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

Tribal sovereignty includes the sovereign right of Tribal Nations to utilize and integrate traditional practices into health services for their people. Traditional health care practices are central to many Tribal cultures and effectively treat many chronic health issues faced by AI/AN people. Despite its effectiveness and existence since time immemorial, traditional practices are still blocked from inclusion in contemporary health care delivery. NIHB will advocate for the full implementation of Medicaid 1115 demonstration waivers for traditional health practices provided by the Centers for Medicare and Medicaid Services (CMS). 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 from the VA TAC.

C. Protect Native Americans from Paying IHS's Debt

The trust responsibility for health care provision extends through the IHS's PRC program, which provides the resources for care that cannot be provided at an IHS facility to be purchased through referral to non-IHS providers. Providers routinely bill patients when IHS is the true responsible party. Too often, authorized services go unpaid by IHS, and this leaves IHS beneficiaries holding the bill from these non-IHS providers. While many IHS beneficiaries pay these bills anyway, often these excess bills are an unaffordable expense, and can end up unfairly 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 protection 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 IHCIA provides IHS-specific authorities for providing LTC. However, IHCIA 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. Preserve and 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 work to preserve access to the Medicaid and State Children's Health Insurance Program for the Indian health system. NIHB will also advance this priority by supporting Tribal priorities for CMS programs, including CMS Tribal Technical Advisory Group (TTAG) priorities.

F. Preserve and 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 work to preserve access to Medicare for the Indian health system. 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 2024 Public Health in Indian Country Capacity Scan (PHICCS) highlighted gaps in public health planning, Tribal public health governance, data assessment, workforce development, health education and promotion, and planning and priority setting. Future efforts in public health infrastructure should focus on building capacity at the Tribal level with sufficient investment and complete Tribal control. To improve the health status of AI/ANs, Tribes must be able to 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, Tribal organizations, and Tribal Epidemiology Centers 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. 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 disparities 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, increase AI/AN public health researchers, 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. 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. Tribes need support to build and sustain emergency management services (EMS) to meet

emergent needs in Tribal communities and on Tribal lands. Large swaths of rural America go unserved by EMS, and supporting Tribal providers of these services are lifesaving. Cross training of other staff for EMS in Tribal communities can also fill the gaps for these critical services. Indian Country was disproportionally harmed during COVID-19 and experienced the highest COVID-19 infection rates and related mortality rates, due to poor public health systems in place to support the unique needs of AI/ANs. To address COVID-19, Tribal Nations worked with the federal government to receive timely access to the National Notifiable Disease Surveillance System, workforce assistance from the U.S. Public Health Service Commission Corp, and access to the IHS National Supply Service Center and the Strategic National Stockpile. 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. The Indian health system also needs timely access to data, financial resources, and increased workforce during disasters or emergencies. 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. NIHB will advocate for the needs of Indian Country during times of manufactured or natural disasters and emergencies.

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

Tribal communities face unprecedented threats from the impacts of environmental threats. This crisis places significant strain on vulnerable Tribal communities. Due to 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 threaten the places Tribal communities live, but also food, sustenance, and traditional ways of life. Due to the uniqueness of individual Tribes, Tribes need access to trusted community partners to provide education and response. NIHB will advocate for additional resources and reduced administrative barriers related to preparation for and adaption to environmental threats.