

**Vice-President Sonya Tetnowski for the National Council of Urban Indian Health
Testimony for the House Indigenous Peoples of the United States Subcommittee
Legislative Hearing on H.R. 4153
September 25, 2019**

My name is Sonya Tetnowski, I am a member of the Makah tribe, a U.S. Army Paratrooper Veteran, and the Chief Executive Officer of the Indian Health Center of Santa Clara Valley in California. I'm also the Vice President of the National Council of Urban Indian Health (NCUIH), which represents 41 Title V Urban Indian Health Organizations (UIOs) across the nation, as well as the President of the California Consortium for Urban Indian Health (CCUIH). UIOs provide high-quality, culturally competent care to urban Indian populations, which constitute more than 78% of all American Indians and Alaska Natives (AIANs). I would like to thank Chairman Gallego, Ranking Member Cook, Representative Ro Khanna and other distinguished members of the subcommittee for holding this important hearing. It is my pleasure to testify today regarding H.R. 4153, the Health Care Access for Urban Native Veterans Act.

The single most important thing that the Department of Veterans Affairs (VA) can do to improve healthcare to AIAN Veterans, is to fully implement the VA and Indian Health Services' Memorandum of Understanding (VA-IHS MOU) and Reimbursement Agreement for Direct Health Care Services. This would allow UIOs to be reimbursed for providing culturally competent care to AIAN Veterans residing in urban areas. Despite an embattled history between tribal people and the United States government, and as an inherited responsibility to safeguard the lands of their ancestors, AIANs serve this country at a higher rate than any other group in the nation. Many of these Veterans live in urban areas and seek out the high-quality, culturally competent care at their local UIO.

UIOs were formally recognized by Congress following the end of the Termination Era in 1976 under the Indian Health Care Improvement Act to fulfill the federal government's health care-related trust responsibility to Indians who live off the reservations. Each UIO is led by a Board of Directors that must be majority Indian. They are collectively represented by the National Council of Urban Indian Health (NCUIH), which is a 501(c)(3), member-based organization devoted to the development of quality, accessible, and culturally sensitive healthcare programs for AIANs living in urban communities. UIOs are a critical part of the Indian Health Service (IHS), which uses a three-prong approach to provide health care: Indian Health Services, Tribal Programs, and Urban Indian Organizations commonly referred to as the I/T/U.

VA-IHS MOU Historical Background

In 2010, the VA and IHS signed an MOU. The very first paragraph of the MOU states:

“ the intent of this MOU (is) to facilitate collaboration between IHS and VA, and **not limit initiatives, projects, or interactions between the agencies in any way.** The MOU recognizes the importance of a coordinated and cohesive effort on a national scope, while also acknowledging that the implementation of such efforts requires local adaptation to meet the needs of individual tribes, villages, islands, and communities, as well as local VA, IHS, Tribal, and **Urban Indian health programs.**”

In December 2012, the two agencies signed a reimbursement agreement allowing the VA to financially compensate IHS for health care provided to AIANs that are part of the VA's system of patient enrollment. While this MOU has been implemented for IHS and Tribal providers, it has not been implemented for UIOs, despite the fact that UIOs are explicitly mentioned in the original language of the 2010 MOU, and provide healthcare within IHS's own I/T/U system. Leaving out UIOs is a violation of the MOU since the agencies agreed to “not limit initiatives, projects, or interactions between the agencies in

any way.” Not reimbursing UIOs for services provided to Native Veterans is limiting this vulnerable, underserved population from the healthcare they need and deserve. NCUIH and UIO leaders have been testifying before Congress for years that the MOU is not being recognized for UIOs. Members have said this is an “easy fix,” and “an oversight,” so we are happy to see that there is now a bill to address this issue once and for all. We maintain that as part of the I/T/U, the VA already has the authority to reimburse title V UIOs, but we are happy Congress is taking the next step to address this important issue.

Between 2012 and 2015, the VA reimbursed over \$16.1 million for direct services provided by IHS and Tribal Health Programs covering 5,000 eligible Veterans under the IHS-VA MOU. In spite of the federal trust responsibility to AIANs, the VA had decided to deem UIOs ineligible to enter into the reimbursement agreement under the IHS-VA MOU. For context, UIOs are already extremely underfunded and receive less than \$400 per patient from IHS, versus national health expenditure rates of almost \$10,000 per patient. In 2018, UIOs received a total of \$51.3 million to support 41 programs, and that is before IHS’s administrative costs are removed. UIOs only receive one line-item appropriation in the IHS budget- the urban Indian health line item. UIOs don’t receive purchase and referred care dollars, Federal Tort Claims Act coverage, 100% FMAP, or facilities funding. In fact, a few UIOs temporary closed during the shutdown due to the lack of parity within the IHS system. VA reimbursement, even half of the \$16.1 million, would drastically help our facilities. It is time to fix this issue for good.

The VA’s position is that UIOs are not identified in 25 U.S.C. §1645(c) as one of the organizations it may reimburse. However, it is important to note that two UIOs are covered under the IHS-VA MOU because VA officials report that those programs function as a service unit as defined in 25 U.S.C. §1603(20).

Both the legislative and executive branches **strongly** support efforts to increase timely access of healthcare for Veterans. Recognition of the MOU for UIOs and urban Indian Veterans would be highly consistent with those efforts. NCUIH has worked closely with the National Congress of American Indians who recently passed a resolution in support of our efforts to ensure parity for UIOs. This resolution is being submitted as a part of my testimony today.

In Conclusion

We strongly recommend that the VA reimburses UIOs for services rendered to Native Veterans. These reimbursements must be accompanied by outreach and advocacy resources to ensure that Native Vets are aware of all the health care options available to them in their communities. The VA is known for its challenging wait times, yet we all agree access to care for Veterans is a priority. UIOs can provide excellent, culturally competent primary care, dental, and behavioral health services to Veterans, while reducing the burden on the VA and allowing it to focus on the specialty services it provides best.

Our national interest of serving Veterans will be best carried out when we extend the collaborative arrangements already agreed to by the VA and IHS to include the bulk of our nation's Native American Veterans— who either are or could be served by a UIO. NCUIH strongly recommends, pursuant to **Section 405(c) of the Indian Health Care Improvement Act**, that the VA-IHS MOU be expanded to include reimbursement for care provided by the UIOs. Thank you for holding this hearing today and for the Committee's support of urban Indian healthcare issues. We strongly support H.R. 4153 and look forward to working with Congress to serve as an expert resource regarding this legislation.