Written Testimony of Francys Crevier, Executive Director
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Before the House Ways and Means Committee
"The Disproportionate Impact of COVID-19 on Communities of Color"

On behalf of the National Council of Urban Indian Health (NCUIH) and the Urban Indian organizations (UIOs) we represent, I would like to thank the House Ways and Means Committee for this opportunity to testify on the Disproportionate Impact of COVID-19 on UIOs and their American Indian and Alaska Native (AI/AN) patients. My name is Francys Crevier and I am the Executive Director of NCUIH. NCUIH represents 41 UIOs providing health care services pursuant to a grant or contract with the Indian Health Service (IHS) under title V of the Indian Health Care Improvement Act. UIOs see tribal members from all 574 federally recognized tribes and urban Indians as a part of the Indian Health Service System which consists of IHS, Tribally operated facilities and Urban Indian Health Programs, or I/T/U. UIOs were created by Congress after the Relocation era in recognition that the trust obligation for healthcare follows Indians off reservations and wherever they go. UIOs operate 74 health facilities in 22 states. These facilities ensure that the 70% of AI/AN population that reside in cities receive culturally competent health care. To that end, UIOs provide a range of services to AI/ANs residing in urban areas, including primary care, behavioral health services, social and community services, and traditional healing and medicine services. All of these services provided by UIOs are funded by a single line item in the IHS budget which constitutes less than 1% of the total IHS budget. This longstanding and chronic underfunding has left UIOs with limited resources, which is significantly exacerbated during national emergencies and creates barriers to addressing the novel coronavirus (SARS-CoV-2) pandemic.

As an initial matter, the term "urban Indian" refers to any American Indian or Alaska Native who resides in an urban area. As of the 2010 census, more than 70% of AI/AN people reside in urban or suburban areas – many as a result of forced U.S. government policies (relocation, assimilation, termination) or due to economic or education opportunities. The disproportionate impact COVID-19 has on AI/ANs, like the federal obligation to AI/AN people, does not stop at the borders of a reservation. AI/ANs in urban areas are more likely than other populations to have diseases that increase the risk of serious illness or death due to COVID-19. For instance, compared to non-Hispanic whites, urban Indians are 3 times more likely to have diabetes, 1.5-1.8 times more likely to have been hospitalized for asthma or respiratory infections in the past, and 1.5-1.8 times more likely to have coronary heart disease. The Centers for Disease Control and Prevention has identified these conditions as risk factors for severe illness due to COVID-19. In addition to being more likely to experience severe illness or death from COVID-19, urban Indians are also more susceptible to catching and spreading COVID-19 because they are more likely than the general population to live in multifamily rentals. Living in multifamily rentals makes it more difficult to effectively social distance or to quarantine individuals who have contracted the disease, therefore increasing the risk of spread of the

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disease. Moreover, many AI/ANs reside in urban areas that have been experiencing severe outbreaks. For example, one UIO facility in San Jose, California has reported a 13% positive test rate, higher than the national average. Urban Indians are especially vulnerable to COVID-19 and as a result, UIOs have been presented with unique challenges when trying to provide health care services, especially as costs increase from falling third-party reimbursements.

During the novel coronavirus pandemic, UIOs have been in a fight for survival. Since the beginning of the pandemic, 4 UIOs have had to entirely shut down. A March 2020 NCUIH survey found that 83% of UIOs have had to reduce their services. UIOs have also had to lay off workers, 76 in April and a predicted 181 in May. The pandemic has forced these already chronically underfunded facilities are to make extremely difficult decisions, with service and staff reductions occurring during a time when more health care services are needed, not less. UIOs are often located far from IHS and Tribal health organizations so when UIOs close or reduce services, urban AI/ANs are in many cases left without any access to the care they are guaranteed under the United States government's trust responsibility.

In order to prevent further facility closures and service reductions, UIOs need access to facilities appropriations to increase their capacity to respond to COVID-19. UIOs are extremely appreciative of the funding that has been allocated to UIOs during this pandemic, this money has helped UIOs stay open and begin testing urban AI/ANs in their communities. However, even if UIOs have access to tests, decades of chronic underfunding of UIOs has imposed a barrier to essential facilities and infrastructure upgrades, the lack of which are exacerbated by the novel coronavirus. A March 2020 survey of UIOs found that 28% of facilities do not have space for triaging patients. What's more, UIOs do not have the money to expand their facilities in order to perform coronavirus tests while maintaining social distancing. UIOs need to expand their facilities significantly to accommodate the pandemic because the IHS Care Model requires providers and patients to be close to each other, which is incompatible with current social distancing requirements. Furthermore, UIOs need to equip their facilities with air purifiers, negative pressure rooms, and trailers for quarantining new residential treatment patients. Despite these significant needs, UIOs are unable to fund these facilities changes because UIOs do not have access to IHS facilities funding, unlike the rest of the IHS system. UIOs need a specific facilities line item of at least $80 million in future budgets, as well as the flexibility to use COVID-19 related funds to upgrade facilities to meet coronavirus guidelines for health centers.

UIOs are also facing severe staffing shortages and need future coronavirus funding to be flexible and allow for hiring new staff and compensating staff that are working additional hours due to the pandemic. Many of the recent COVID-19 funding packages do not provide funding for hiring additional staff. UIOs operate on extremely thin financial margins and all of their current staff are needed to continue providing health services. New employees and contractors need to be hired so that UIOs can continue providing routine health care services while also testing urban AI/ANs for coronavirus. Additional staff are also needed to handle the added

administrative burden that previous funding packages have created. Some of these grants require daily reports and new employees are needed so that current employees are not kept from working on COVID-19 efforts. UIOs require the flexibility to use allocated funding to serve the needs of their unique communities, not funding that comes with bureaucratic restrictions that keep UIOs from providing COVID-19 relief.

It is NCUIH's experience that UIOs become a very low priority when measured against local urban hospitals. UIOs have been left out when needed equipment has been distributed and UIOs are currently facing significant equipment shortages. 66% of surveyed UIOs did not have access to testing kits, 11% had no N-95 masks, 16% had no masks at all, and 22% did not have any gowns. 20% of all UIOs surveyed said that without assistance they would run out of N-95 and other face masks within a week. 80% of UIOs say that they cannot find these products for sale. UIOs are not provided access to Abbott ID Analyzers from IHS. These devices would allow UIOs to quickly test for COVID-19 in their facilities. UIOs need assistance from Congress, the White House, and agencies such as IHS, to gain access to essential equipment. UIOs respectfully request access to the federal strategic stockpile, so that UIOs have access to scarce health equipment. The federal government has a trust responsibility to provide health care to urban Indians, and as the sole component of the Indian health system designed to provide health services to AI/ANs residing in urban areas, the United States has an obligation to provide UIOs with the equipment necessary to stop the spread of COVID-19.

UIOs also need additional funding for telehealth to continue providing health care services to urban Indians during the pandemic. Congress and multiple executive agencies have acknowledged that telehealth is a necessity during this pandemic. However, many UIOs do not have the capability to provide telehealth services. Because UIOs operate on limited resources, many do not have the hardware and software necessary to conduct telehealth sessions while maintaining patient privacy, despite being located in urban areas. UIOs need everything from broadband to computer monitors in order to transition to telehealth to adequately and safely serve their patients during the pandemic. UIOs also need resources to provide urban AI/ANs with the technology that makes it possible for them to receive care. Many UIOs serve high populations of low income individuals, and many urban Indians, especially elders, cannot access telehealth services because they lack access to computers and phones. IHS has allocated $95 million for telehealth capacity building for IHS, Tribal Health Providers, and Urban Indian Health Providers, however, UIOs have not received any of this funding.

Although many UIOs have ramped up testing in order to combat COVID-19, most UIO facilities are losing money and cutting programs because they are unable to collect third-party reimbursements for services provided. The money to operate UIO facilities has effectively stopped coming in, but the need for health care is growing. 75% of UIOs have cut cultural programs, 58% have cut elder and youth programs and 17% have cut domestic violence and homelessness services. Since COVID-19 prevents UIOs from providing these programs, they

are unable to collect money from third-party sources such as private insurance, Medicare, and Medicaid – an essential source of the funding UIOs depend on to serve their patients. In fact, revenue from program service reimbursements is more than three times the amount the IHS allocates to UIOs from annual appropriations. A NCUIH survey found that as of March, UIOs had experienced an average of approximately $500,000 in losses due to COVID-19, with larger, full ambulatory UIOs reporting losses already exceeding $1.5 million by March. The funding that UIOs receive from IHS is not nearly enough to provide healthcare to the 70% of AI/ANs living in urban areas. In order to continue providing culturally competent care, UIOs request that Congress allocates funding to supplement losses of third-party reimbursements. NCUIH thanks House Democrats for including funding to UIOs for lost third-party reimbursements in the HEROES Act, however, we urge Congress to include the full amount of $1.7 billion as recommended by the coalition of national Native organizations, including NCUIH.

In addition, to combat the novel coronavirus and ensure health parity with the general population, UIOs need access to critical cost-saving measures that IHS and Tribal health providers are already eligible for. Even when UIOs are able to provide services during the epidemic, UIOs are unable to fully recover their costs because the services are not reimbursed to the state at 100% Federal Medical Assistance Percentage (FMAP). In the I/T/U system, only UIOs have been excluded from the 100% FMAP rate. In effect, the federal government only covers 100% of the cost of Medicaid services for AI/ANs receiving those services at an IHS or tribal facility and skirts full responsibility if an individual happens to receive the service in an urban area. This is a dereliction of the trust obligation to urban Indians and significantly reduces the rate UIOs receive from states for Medicaid services – leading to considerably less funding for UIOs as compared to their counterparts in the IHS system. The HEROES Act would temporarily authorize 100% FMAP for services at UIOs during the pandemic, however, the need for 100% FMAP is continuous and does not end when the pandemic ends. Moreover, UIOs also need reimbursement parity with IHS and Tribal Health Providers when providing care to Native Veterans. This would allow UIOs to be fully reimbursed for providing healthcare to AI/AN Veterans. Most AI/AN Veterans live in urban areas and would benefit from the culturally competent care provided at UIOs. Studies have shown veterans are more likely to receive care if they can choose where the care is received – and UIOs provide the only culturally competent care available in many communities. UIOs also need coverage under the Federal Torts Claims Act (FTCA), which would enable millions of dollars of funding. IHS and Tribal health providers are already covered under the FTCA, allowing them to free up funds to use for increasing capacity and preparing for pandemics such as COVID-19. UIOs are currently not covered under the FTCA and spend hundreds thousands of dollars a year each on medical malpractice insurance. Extending FTCA coverage to UIOs would allow them to devote more resources to providing COVID-19 tests, purchasing PPE, making infrastructure improvements, and caring for their patients and generally improve care and services available to AI/ANs residing in urban areas. Enacting the aforementioned cost-saving measures would ensure parity for UIOs as a part

of the IHS system and would allow UIOs the fiscal freedom to respond to COVID-19 and to prepare for future pandemics.

The coronavirus pandemic has also caused health and safety concerns for UIO staff and patients. Multiple UIOs have reported an increase in security concerns, however, there has not been a corresponding increase in funding. The closure of homeless shelters in urban areas due to COVID-19 has resulted in homeless individuals crowding into facilities, compromising employee and patient safety because social distancing cannot be maintained. UIOs have experienced break-ins and UIOs have had to hire additional security guards and install cameras. Their thin funding margins makes the implementation of additional security precautions an expense they cannot afford without receiving additional appropriations, lest money be redirected from patient care. The risk to staff safety, as well as additional hours, and the risk of contracting COVID have caused significant mental stress among UIO staff. Staff report feeling burned out and have had to take mental health days to manage the increased stress. UIOs request that Congress create a mental health fund for health providers and that they explicitly include UIO staff in that fund. UIO staff need to be safe and mentally healthy in order to care for those with COVID-19.

UIOs are also concerned about the increase in domestic violence that has been reported during this pandemic. However, their abilities to respond to the domestic violence crisis due to a lack of funding. To make matters worse, the 16 UIOs that currently receive domestic violence grants from IHS will run out of funding this year because the appropriation that funds domestic violence programs has not been renewed. NCUIH strongly urges Congress to renew funding for this program in order to prevent a domestic violence crisis amid the coronavirus pandemic.

Finally, it is imperative that Congress appropriate funds for UIOs to address the significantly increased need for behavioral health services. UIOs do not receive direct funds from the Mental Health or Alcohol and Substance Abuse line items and instead must use the urban Indian health line item to fund these essential services. Limited funding in the urban Indian health line item means that one UIO with clinics in Baltimore and Boston receives only $691 a year for behavioral health services in both facilities, this is not enough to provide comprehensive behavioral health care. Even before the pandemic, AI/ANs residing in urban areas faced significant behavioral health disparities – for instance, 15.1% of urban AI/ANs report frequent mental distress as compared to 9.9% of the general public and the AI/AN youth suicide rate is 2.5 times that of the overall national average. Urban Indians are also more likely to experience societal factors which contribute to the need for behavioral health services, including job loss and high unemployment, poor physical health, and Post Traumatic Stress Disorder. The COVID-19 pandemic and its unprecedented impacts on society have exacerbated the need for behavioral health services among urban AI/AN communities. For example, more individuals are seeking treatment due to distress caused by COVID-19, requiring the hiring of additional staff; however, stay-at-home orders and social distancing have instead led to the reduction of services

at 83% of UIO facilities. Telehealth would allow UIOs to continue offering behavioral health services during the pandemic, however, UIOs need funding to acquire the hardware and software necessary to fully expand tele-behavioral health services to meet increased need. COVID-19 has also increased the cost of providing residential substance abuse treatment as new patients need to be quarantined from other patients for fourteen days in order to prevent the spread of COVID-19. This requires UIOs to employ creative solutions, like paying for trailers or hotel rooms in order to house new patients during their quarantines. Some UIOs that cannot afford trailers or hotel rooms have stopped admitting new patients, resulting in a build-up of urban AI/ANs who need treatment. Additional funding will be required in order to build areas for quarantining new patients as well as funding to accommodate an increased patient load after social distancing orders lapse. This, along with the already significant behavioral health disparities among urban AI/ANs, threatens to overwhelm the system without additional resources. In order to respond to the ongoing mental health crisis, NCUIH urges Congress to appropriate funds for behavioral health at UIOs for the next 3 years and provide essential behavioral health support to UIOs.

These requests are essential to ensure that urban Indians are properly cared for, both during this crisis and in the critical times following. It is the obligation of the United States government to provide these resources for AI/AN people residing in urban areas. We urge Congress to take this obligation seriously and provide UIOs with all the resources necessary to protect the lives of the entirety of the AI/AN population. If Congress fails to enact these critical policy fixes in future legislation, many AI/ANs will be left without adequate health care simply based on their status of living off-reservation.