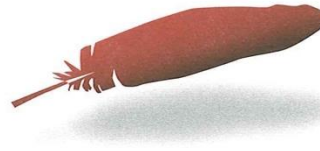


# National Indian Health Board



## National Indian Health Board Resolution 22 – 05

### Increasing Funding for the Indians Into Medicine (INMED) Program

**WHEREAS**, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the Federal government's trust responsibility to AI/AN Tribal governments; and

**WHEREAS**, Despite significant increases in appropriations to the Indian Health Service (IHS), there continues to be significant regional shortages of physicians; and

**WHEREAS**, The Indian Health Professions line item, which includes, but is not limited to, the IHS Scholarship Program (Sections 103-104), Loan Repayment Program (Section 108), and Indians Into Medicine Program (INMED) (Section 114), has seen significant increases in appropriations from FY 2014 to FY 2021 after minimal changes from FY 2010 to FY 2014<sup>1</sup>; and

**WHEREAS**, The Indians Into Medicine Program (INMED), a five-year grant supporting the recruitment, advancement, and graduation of AI/AN medical students saw no change or decreases in funding from FY 2009 to FY 2016<sup>1</sup>; and

**WHEREAS**, National exposure to INMED is limited by a low number of INMED awards (3-4) and available program funding, with most funding disproportionately directed to the University of North Dakota, the originating institution of this program<sup>1</sup>; and

**WHEREAS**, all medical schools in states with the greatest AI/AN population (i.e., California, Oklahoma, Arizona, Texas, New Mexico, Washington, New York, North Carolina, Florida, and Michigan) collectively enroll AI/AN medical students below their AI/AN state population percent<sup>2</sup>; and

**WHEREAS**, There are recognized disparities in the geographic distribution of AI/AN physicians<sup>3</sup>; and

**WHEREAS**, Physicians are more likely to practice in areas where they train or feel connected to<sup>3</sup>; and

**THEREFORE BE IT RESOLVED**, the National Indian Health Board calls upon the Indian Health Service to expand the number of Indians Into Medicine (INMED) program from 4 to 12 awards with commensurate increase in line-item funding and award parity between all competitive and non-competitive awardees; and

<sup>1</sup>Justification of Estimates for Appropriations Committees. US Department of Health and Human Services: Indian Health Committees.

<sup>2</sup>Table B-5.2: Total Enrollment by U.S. Medical School and Race/Ethnicity (Alone or In Combination), 2020-2021. Association of American Medical Colleges.

<sup>3</sup>Reshaping the Journey: American Indians and Alaska Natives in Medicine. 2019. Association of American Medical Colleges.

**THEREFORE BE IT FURTHER RESOLVED**, the National Indian Health Board calls upon the Indian Health Service to increase funding for each Indians Into Medicine (INMED) program; and

**THEREFORE BE IT FURTHER RESOLVED**, the National Indian Health Board calls upon the Indian Health Service to prioritize Indians Into Medicine (INMED) grants for medical schools in Areas with the highest Indian Health Service physician vacancy rates; and

**THEREFORE BE IT FURTHER RESOLVED**, the National Indian Health Board calls upon the Indian Health Service to require medical schools receiving Indians Into Medicine (INMED) funding to prioritize members or descendants of state, terminated, and federally recognized Tribes for admission; and

**THEREFORE BE IT FINALLY RESOLVED**, that this resolution shall be the policy of NIHB until it is withdrawn or modified by subsequent resolution.

#### **CERTIFICATION**

The foregoing resolution was adopted by the Board, with quorum present, on the 24<sup>th</sup> day of February, 2022.



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**Chairperson, William Smith**

**ATTEST:**



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**Secretary, Lisa Elgin**