



# 2026 LEGISLATIVE AND POLICY AGENDA FOR INDIAN HEALTH

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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, the National Indian Health Board 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 2026 Legislative and Policy Agenda

The National Indian Health Board (NIHB) Board of Directors set forth the **2026 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 and treaty obligations and responsibilities that exist in perpetuity, including, but not limited to, health care for 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 and treaty obligations to Tribal Nations. This relationship requires that the federal government acts transparently, respectfully, and consistently on a government-to-government basis with Tribal Nations across Indian Country.

Throughout this agenda, all policy priorities adhere to these overarching principles: upholding the federal trust and treaty obligation, 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, the 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 Tribal Nations***

The resources and programs at the US Department of Health and Human Services (HHS) and the Indian Health Service (IHS) specifically meet the Trust and Treaty Obligations to Tribal Nations. The US government must ensure that these programs are preserved to continue to meet its legal obligations to Tribal Nations 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 aspect of the federal trust and treaty obligations. The HHS and its operating divisions must robustly consult with Tribal leaders to develop and implement meaningful, thorough, and consistent Tribal consultation policies that honor Tribal sovereignty and respect the government-to-government relationship.

#### **C. *Support and Strengthen Effective Interagency Collaboration***

The NIHB will support mechanisms that promote efficient collaboration between federal agencies and reduce bureaucratic barriers that cause duplication and hinder efforts to accomplish mutual goals. The NIHB will support the staffing of the Domestic Policy Council with individuals who are knowledgeable about federal Indian law and the unique context of Tribal Nations. The NIHB will also support federal efforts to coordinate interagency bodies, such as the White House Council on Native American Affairs (WHCNA), to provide a crucial platform that connects Tribal leaders with federal officials, and that allows for federal decision-makers to address Tribal priorities while enhancing government efficiency.

#### **D. *Create an Assistant Secretary for Indian Health and Ensure Continuity Within IHS Leadership***

The IHS is the principal federal entity charged with fulfilling the federal trust and treaty obligations for Indian health care. Before the creation of the Senior Advisor to the Secretary, the IHS Director served as the most senior Tribal-specific employee within the agency.

However, Tribal Nations are served by programs across HHS which require coordination and collaboration to ensure efficiency. HHS should create an Assistant Secretary for Indian Health, a Senate-confirmed position, to ensure that HHS leadership has a clear and present voice on behalf of Indian country, coordinating between sub-agencies. In turn, the IHS Director should no longer be a Senate-confirmed position, ensuring that the primary leadership is consistently filled with a knowledgeable and trust career official.

***E. Increase Tribal Representation Across all HHS Operating Divisions and Expand Support for the Senior Advisor to the Secretary of HHS***

Every HHS operating division has a legal obligation to fulfill federal trust and treaty obligations, which requires mechanisms for Tribal representation and input into policymaking and program development. HHS has appointed a Senior Advisor for Tribal Affairs within the Office of the Secretary of HHS. Increasing staffing and support for the Senior Advisor to the Secretary for Tribal Affairs is essential to ensure effective coordination with Tribal Nations and to ensure Tribal voices are reflected across agency activities and decisions. Ensuring this coordination also requires increasing representation across HHS through appointing officials with extensive federal Indian law and policy background throughout 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 Tribal Nations.

***F. Establish Interagency Agreements Between HHS Operating Divisions and IHS***

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

***G. Strengthen and Expand Tribal Advisory Committees***

Tribal Advisory Committees (TACs) and Tribal technical assistance (through technical advisors) and technical support (through convening) from Tribal Nations 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, narrow interpretations of the *Unfunded Mandates Reform Act's (UMRA) Federal Advisory Committee Act (FACA)* exemption prevent effective communication and collaboration between federal agencies and Tribal leaders.

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, codifying TACs ensures consistency in their work and oversight, empowering Tribal Nations and strengthening the Nation-to-Nation relationship. NIHB will work to ensure that TACs have consistent access to subject matter expertise and push to ensure codification of TACs across federal agencies to or engage proactively with federal or Administration personnel.

#### ***H. Expand and Strengthen Tribal Self-Governance Throughout HHS***

Tribal self-determination and self-governance honor and affirm inherent Tribal sovereignty. Self-governance programs promote efficiency, accountability, and best practices in managing Tribal programs and administering federal funds at the Tribal level. Because Tribal Nations can tailor programs according to their 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 nor applicable throughout HHS. Additional legislation and administrative action are needed to expand and strengthen Tribal self-determination and self-governance in HHS programs. The NIHB supports the introduction and passage of legislation to implement Title VI of ISDEAA across HHS. The NIHB will advocate with HHS officials to support and provide technical assistance to implement self-governance Department-wide.

## **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 levels for Indian health deserve a thoughtful, measured, and Tribally driven approach to developing appropriate recommendations. The IHS budget formulation work is currently limited to understanding of need based on IHS' and Tribal health systems present scope, rather than calculating the full scope of Tribal citizens' need, regardless of geography or Tribal health programs' capacity. The true need far exceeds current estimates. The 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 and treaty obligations to provide for Indian health care. Tribal Nations face an ongoing health crisis directly resulting from the federal government's decades-long underfunding of the Indian health system. Chronic underfunding contributes to ongoing, persistent health gaps. Mandatory appropriations for the IHS would fulfill what was guaranteed in treaty and is the best way to meet the trust responsibility, reaffirmed by the United States in the *Indian Health Care Improvement Act* (IHCIA).

Mandatory funding is especially necessary for Contract Support Costs (CSC) and Section 105(l) Leases, which are already mandatory in nature, and therefore have the potential to cut away from the rest of the IHS discretionary budget. 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, and new authorities for long-term and home-based care services. To achieve the highest health status possible for Tribal citizens, the NIHB will advocate to fully fund all provisions of IHCIA. Full and mandatory funding for Indian health must include the full and efficient implementation of all authorized IHCIA provisions.

### ***D. Protect and Expand Advance Appropriations for Indian Health***

Advance Appropriations for the IHS is 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. Further, advance appropriations currently only covers IHS services and does not cover the full IHS budget. NIHB will continue to support expanding IHS Advance Appropriations to all accounts in the IHS budget and including increases from year to year that adjust for inflation, population growth, and necessary program increases. NIHB will support Advance Appropriations until full, mandatory appropriations are achieved.

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

Trust and treaty obligations extend to all operating divisions within the HHS. Therefore, funding from these operating divisions should include dedicated funding streams for Tribal Nations. In contrast, the existing funding framework forces Tribal Nations to compete for these funds through grants, pitting them against states and local governments with greater grant writing capacity. As a result, Tribal Nations regularly lose out on funding.

Many federal grants and programs first passthrough states and local governments before Tribal Nations can even apply for funding. Tribal Nations 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 Tribal Nations. All HHS operating divisions 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, the NIHB will support these funds being available through an interagency agreement with the IHS until full self-governance at the 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 receiving entity. This is often a financial burden that puts these necessary dollars out of reach for many Tribal Nations and Organizations. It is also a direct violation of the federal trust and treaty obligations to Tribal Nations. Instead, Congress should eliminate federal matching requirements for Tribal Nations across 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 Tribal Nations 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. Continue Tribal Water and Sanitation Infrastructure Investments***

Full health depends on access to safe water, sanitation, and hygienic conditions. The NIHB will continue to support efforts to address known sanitation deficiencies in Tribal communities. This includes monitoring the implementation of the Infrastructure Investment and Jobs Act (IIJA), which provided \$3.5 billion, over five years, for the IHS Sanitation Facilities Construction program to address the known sanitation deficiencies in Tribal communities. The NIHB will continue to advocate for yearly maintenance funding to address evolving or additional costs, such as such as operations and maintenance or newly identified deficiencies. Congress should preserve this funding and should also address untenable limitations on the administrative caps outlined in the Infrastructure Investment and Jobs Act and 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 Tribal Nations 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 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 Tribal Nations, 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 Tribal Nations which will operate this new system. NIHB will also advocate for broad-based funding to Tribal Nations and Tribal organizations for EHR replacement and increased cybersecurity support, including reimbursing Tribal Nations 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 presents further barriers to accessing healthcare for Tribes. 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 Tribal Nations' 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 gaps and promote the highest health status possible in Indian Country, the NIHB will pursue the following priorities:

***A. Support and Invest in Indigenous Models for Understanding Health and Wellbeing  
Current research on factors that impact health and wellness 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 health and wellness. This model will identify main causes of health gaps 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.

***B. Improve Federal Standards for Data Collection and Reporting to Improve AI/AN  
Visibility and Better Measure Health Outcomes***

High-quality, meaningful AI/AN health data is essential for identifying gaps, setting priorities, designing strategies, and highlighting successes related to health. However, misclassification, missing data, and other quality issues impede the inclusion 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—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 Tribal Nations 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 identifiers.

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. The 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 unique circumstances that impact health in Tribal communities. Tribal Nations and TECs must have full access to data to be able to respond to public health emergencies in their jurisdictions.

***C. 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. The NIHB will advocate policies and funding to address environmental issues.

#### ***D. 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 barriers to accessing 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 gaps 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.

#### ***E. 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 increased attention through Tribally informed legislative efforts. 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. The NIHB will continue to advocate for solutions and support resources for MMIP.

#### ***F. 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 Tribal Nations 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.

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

Congress has released updated text for Farm Bill reauthorization, updating the legislation from 2018. The Farm Bill contains many critical nutrition programs that are necessary for improving the health of AI/ANs. The NIHB supports the requests 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. The NIHB will support increasing the use of native and traditional foods as a matter of healing and health.

***H. 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, AI/AN women experience a higher rate of severe maternal morbidity. 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, the NIHB will advocate for adequate and appropriate funding, including Tribal set-asides and expanded access to maternal health coverage for AI/AN women. Additionally, the 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.

***I. Address Sexually Transmitted Infections (STIs) and Syphilis Outbreak***

Recent syphilis and congenital syphilis outbreaks within AI/AN populations demonstrate 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, 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 percent of all AI/AN births. The NIHB supports Tribal Nations' access to CDC and IHS data to monitor outbreaks and deploy prevention and response

efforts. The NIHB also supports Tribal Nations' access to US Public Health Service Commission Corp and the Strategic National Stockpile to address these outbreaks.

#### ***J. 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 drivers of health. However, recent federal actions have negatively impacted 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 improve AI/ANs behavioral health outcomes, the NIHB will pursue the following priorities:

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

In August 2023, Tribal Nations, 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 2026 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. The 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 and treaty obligations. 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. The NIHB will advocate for expanded access to traditional healing services and additional investment in culturally competent behavioral health services for Native veterans. In addition, The 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, government policies and programs have harmed Tribal Nations and created unique circumstances negatively impacting behavioral 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. The 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 behavioral health 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. The NIHB will also work to address behavioral health concerns for native youth.

#### **F. Ensure Access to Behavioral Health Services for Native Youth**

Native youth continue to experience high rates of behavioral health challenges shaped by historical trauma and limited access to culturally appropriate care. Youth centered behavioral health supports are critical to addressing persistent behavioral health gaps, and effective responses must be culturally grounded and rooted in approaches that strengthen identity, community connection, and resilience. The NIHB will advocate to expand access to comprehensive, culturally respectful behavioral health services for Native youth. This includes increasing funding for Tribally designed programs that integrate traditional healing and cultural teachings into clinic-based behavioral health. The NIHB will support efforts that elevate youth leadership and engagement in shaping behavioral health strategies, ensuring programs reflect youth driven solutions for long term wellness.

#### **G. 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. The 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 AND 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 Indian health system struggles 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. The 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. The 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. The 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. 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***

IHS has an existing 35 percent vacancy rate. Any reduction in force 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, the 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. The NIHB will strongly advocate for the Administration to exempt from any workforce reductions all employees of the 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 IHCA authorized the IHS to expand CHAP to Tribal Nations 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). The 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 Tribal Nations do not always have designated “public health” staff (e.g., staff hired solely to provide public health services). For many Tribal Nations, 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 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 must increase the number 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. The NIHB will also explore policy solutions to developing educational health infrastructure, including higher education institutions, in Tribal communities.

**G. *Ensure Sufficient Training for Federal Employees and Contractors on Working with Tribal Nations***

Tribal Nations 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 and treaty obligations, "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 Tribal Nations, HHS should develop and require robust trainings for federal employees and contractors on how to respectfully, effectively, and legally work with Tribal Nations 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 their 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). The 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 Tribal Nations and another specific to their service in the Armed Services of the US. 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. The 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' Debt***

The trust and treaty obligations for health care provision extends through the IHS's Purchased/Referred Care (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 trust and treaty obligations. 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 and expand flexibilities and timelines to ensure IHS patients are able to seek the care they need without concern.

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

With Tribal members living longer, the demand for Long-Term Services and Supports (LTSS) 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 LTSS . Since IHS and Tribal funding for LTSS is limited, in many communities, individuals who need LTSS must obtain them from non-Indian providers. The reauthorization of IHCA provides IHS-specific authorities for providing LTSS. However, IHCA only authorizes the services and provides no funding specific to long-term care. The 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 LTSS and reimbursement for such services. Finally, the 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 (CHIP) for the Indian health system and to ensure that all codified exemptions to Medicaid and CHIP program changes are implemented in accordance with Congressional intent. 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. The 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. The 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, Tribal Nations 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. The NIHB will advocate for broad-based funding for Tribal Nations, 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, Tribal Nations still cite the need for increased data capacity and support. Both Tribal Nations and TECs play a crucial role in disease surveillance and data collection to improve health outcomes for AI/ANs. The 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 gaps 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 Tribal Nations. When considering current and future CBPR endeavors, inclusion, sovereignty, cultural appropriateness, and Tribal research capacity remain areas of concern for Tribal Nations. More investment is also needed to train the next generation of AI/AN health researchers. NIHB will advocate for federal funding to allow Tribal Nations to build research capacity, increase AI/AN public health researchers, strengthen infrastructure, support traditional practices, and protect sovereignty. The NIHB will support Tribal capacity to secure research funding and provide training and TA to Tribal Nations, 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 Tribal Nations. Furthermore, many Tribal Nations are in rural or isolated areas, making them the first or only responders to emergencies or manufactured or natural disasters. Tribal Nations 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 is disproportionately impacted by the lack of access to timely data, financial resources, workforce, and lacked access to the Strategic National Stockpile to efficiently access resources to respond to and address these impacts as they arise.

***E. Support Tribal Funding for Environmental Resilience and 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 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. These impacts not only threaten the places Tribal communities live, but also food, sustenance, and traditional ways of life. Given the uniqueness of individual Tribal Nations, Tribal Nations need access to trusted community partners to provide education and response. The NIHB will advocate for additional resources and reduced administrative barriers related to preparation for and adaptation to environmental threats.