



January 31, 2025

The Honorable Mike Johnson
Speaker of the House
H-232 U.S. Capitol Bldg.
Washington, D.C., 20515

The Honorable John Thune
Senate Majority Leader
S-230 U.S. Capitol Bldg.
Washington, D.C., 20510

The Honorable Hakeem Jeffries
Minority Leader
H-204 U.S. Capitol Bldg.
Washington, D.C., 20515

The Honorable Charles E. Schumer
Senate Minority Leader
S-221 U.S. Capitol Bldg.
Washington, D.C., 20510

On behalf of the National Indian Health Board (NIHB), National Council of Urban Indian Health, and the 574+ Tribal Nations and 41 urban Indian organizations (UIOs) we serve, we write to communicate to Congress our concerns about the impacts of the recent Office of Management and Budget (OMB) memorandum (M-25-13). While this memorandum was rescinded under OMB M-25-14, we are concerned about future freezes that may impact the Indian health system.

The U.S. Government has trust and treaty obligations to Tribal Nations, built on the unique government-to-government relationship between our sovereigns. This relationship has been repeatedly upheld in the Constitution, statutes, Supreme Court cases, and other legal precedents. The Indian Health Care Improvement Act (IHCIA), established that “Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government’s historical and unique legal relationship with, and resulting responsibility to, the American Indian people.”¹ Additionally, it declares: “[I]t is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians -- to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.”² This remains the national policy of the United States today. Appropriations Chairman and Chair of the Native American Caucus Tom Cole states, “[...] the federal government must comply with its trust and treaty obligations. That requires Washington to appropriately fund healthcare, education, infrastructure and law enforcement in Indian Country.”³ As such, appropriations for healthcare must be protected.

This past week, the Indian health system, experienced the freezing of resources that provide for the operation of Tribal health care and UIO facilities, which work to provide

¹ Indian Health Care Improvement Act of 1976, (P.L. 94-437), sec. 2.

² Indian Health Care Improvement Act of 1976, (P.L. 94-437), sec. 3.

³ <https://cole.house.gov/issues/tribal-relations>

critically needed health care services to American Indian and Alaska Native (AI/AN) people in fulfillment of the trust responsibility and national policy. The loss of resources created large amounts of confusion for Tribal leaders, UIO leaders, and Tribal citizens, as they sought to understand the guidance issued by OMB. When grant and loan contracted services and programs are disrupted, it results in penalties for the Tribe or UIO providing those services and programs and perpetuates government waste in spending. This has had numerous impacts, including a need to reschedule appointments at Indian health care facilities nationwide when payment and verification systems were down. Tribal programs and UIOs facing funding uncertainty had to prepare to make staffing decisions, suspend programmatic services, and close offices. The confusion also led to concern that Indian healthcare facilities might be closed indefinitely.

Historically, any disruptions to the Indian health system have resulted in the mortality of American Indian and Alaska Native (AI/AN) people. For example, during the 2019 government shutdown, several Tribes and UIOs had to reduce services or close their doors entirely, forcing them to leave their patients without adequate care. One UIO had multiple opioid overdoses in their community after they were forced to close their doors, several of which were fatal. Therefore, even a temporary halt in funding could immediately deprive people and communities of their life-saving services. While we do not believe that this week's actions were intended to impact Tribal Nations and the Indian health system, the lack of clarity and resulting confusion resulted in the disruptions described above. To avoid such confusion and disruptions in the future, we urge Congress to communicate and work with Administration officials on the unique relationship Tribal Nations have and the role of federal resources in meeting the trust and treaty responsibility to Tribes. Guidance should be clear and precise on its impact to implement the new Administration's policies, and should include a broad Tribal exemption from any future funding restrictions or pauses, covering all accounts paying to Tribes and Tribal entities serving Tribal citizens, including the Indian health system.

We offer our assistance to support Congress in this endeavor, and we look forward to working with Congress and the Administration to meet the promises of the Tribal Nations.



William Smith, Valdez Native Tribe
Chairperson
National Indian Health Board



Walter Murillo, Choctaw
Board President
National Council of Urban Indian Health

CC: House Natural Resources Committee, House Appropriations Committee, Senate Committee on Indian Affairs, Senate Committee on Appropriations