

In 1976, Congress passed the Indian Health Care Improvement Act (P.L. 94—437), which provided specific funding for Urban Indian Health Programs in Title V of this act. This title concerns “health care Services for Urban Indians.” Several more health clinics began to pop up across the country, and by 1989 there were 34 urban Indian health organizations.

1. How are Urban Indian Health Programs determined?

It is necessary to evaluate certain criteria in determining the need for an Urban Indian Health Organization in cities across the country. To be considered for funding, the entity must conduct a health needs assessment. Many factors go into the data analysis, the health status and needs, the size and population, and the accessibility to other services, more specifically:

- A. American Indian Population
- B. Percentage below poverty level
- C. Mortality rates of American Indians.
- D. Diabetes rates
- E. Death related to diabetes
- F. Alcoholism and Alcohol Abuse
- G. Proximity to IHS or Tribal Facility

NOTE** SECTION 503 OF THE INDIAN HEALTH CARE IMPROVEMENT ACT DISCUSSES THIS LANGUAGE, BASICALLY SAYING THAT IHS HAS THE AUTHORITY TO DETERMINE WHAT CITIES NEED AN URBAN PROGRAM. THEY MAY DO SO BY ASSESSING POPULATION, HEALTH STATUS, HEALTH RESOURCES, EDUCATION, HEALTH PROMOTION AND DISEASE PREVENTION, ETC.

2. What type of programs are you?

The Urban Programs are non-profit 501(c)(3) programs funded federally under Title V of Public Law 94-437 (Indian Health Care Improvement Act). Section 504 of the IHCA provides the HIS

3. Treaty and precedent on obligations to Urban Indians?

The federal government has a trust responsibility to Indians; this is set in stone in various treaties and legal precedents throughout history, first and most notably in the Snyder Act of 1921. In 1976, the Indian Health Care Improvement Act stated this fact, and provided Title V of that legislation to recognize the *Urban Indians* as part of this act. Since 1976 the act has been amended and reauthorized several times, to add clauses and sections to the seven titles of the IHCA. The Indian Education Act of 1972 also serves Indians that live in rural and urban areas. This act now reauthorized in the No Child Left Behind act under Title VII allows for these services to urban Indians. The main idea has always remained the same; the government’s responsibility extends beyond the tribes and off the reservations.

4. Who do your clinics serve?

Title V money is used in Urban clinics to serve members of federally recognized tribes. These Urban Indians who are living outside of their reservation area are generally excluded from receiving direct financial assistance from their tribes for such basic needs as medical assistance, pharmaceutical, housing, utility assistance, food assistance, transportation, etc.

5. What are the payments required?

Some of the Urban Programs do not bill for their services because they have enough resources to serve their users. Some of the Urban Programs do bill for their services or collect fees-for-services from third party payers. The dollar amount that is collected from the patients or from other third parties is very small percentage of the clinic's total funding. Also, sliding fee billing schedules are the rule at clinics that collect from patients. No one is