

December 4, 2025

The Honorable Robert F. Kennedy Jr.
Secretary
Department of Health and Human Services
200 Independence Ave SW
Washington, D.C. 20201

Dear Secretary Kennedy:

We are writing to express our concern regarding the status of grant funding for Tribes, Tribal Organizations, and Urban Indian Organizations (UIOs), and the serious impact that any loss of federal funding would have on delivering high-quality, culturally appropriate health care to American Indian and Alaska Native People (AI/AN). We respectfully urge the Department of Health and Human Services (HHS) to ensure that grant funding intended for Tribes, Tribal Organizations, and Urban Indian Organizations is fully funded and maintained within the Department.

The Indian Health Service (IHS), Tribal Health Services, and Urban Indian Health Programs (I/T/U) are essential for fulfilling treaty and trust responsibilities to provide quality health care to AI/AN communities, and UIOs play a key part of the IHS I/T/U direct health service system, focused on delivering comprehensive and culturally sensitive health care to all the communities and patients they serve, approximately 87 percent of whom reside in urban areas nationwide¹.

Despite the high percentage of AI/AN people in urban areas, the urban Indian health line-item makes up only about 1 percent of the IHS budget and for some UIOs, IHS funding covers less than half of their budget. Because of this, UIOs rely heavily on other federal grants from multiple HHS agencies to carry out their functions. Cuts or changes to these grants will disproportionately impact UIOs ability to carry out their mission and serve their patients. Certain UIOs face budget shortfalls of 10 to 25 percent due to the elimination of grants like those administered through Substance Abuse and Mental Health Services Administration, Health Resources and Services Administration, and Centers for Disease Control and Prevention. These cuts threaten important, cost-effective programs that save money in the long run.

As a result of HHS's restricting, we are concerned that UIOs are now at risk of losing eligibility for funding streams that were previously available to the entire I/T/U system because the language used in some grant eligibility criteria only mentions "tribes and tribal organizations" as eligible entities². We believe this is an unintentional oversight caused by the mistaken belief that UIOs are considered Tribal Organizations, which they are not. UIOs are non-profit, IHS-contracted agencies—a key component in the I/T/U system and exist as an extension of treaty rights to provide direct health services to citizens of federally recognized Tribes. As such, we

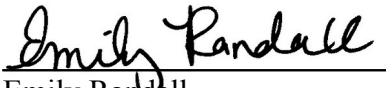
¹ Office of Urban Indian Health Programs. (n.d.). About urban Indian organizations. Indian Health Service. https://www.ihs.gov/Urban/aboutus/about-urban-indian-organizations/#:~:text=*,Please%20note%3A,-The%20above%20data

² U.S. Department of Health and Human Services Application Guide. U.S. Department of Health and Human Services. (2025, March 6). <https://www.hrsa.gov/sites/default/files/hrsa/grants/application-guide.pdf>

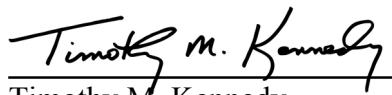
urge you to use the language of “tribes, tribal organizations and urban Indian organizations” defined by 25 U.S.C. § 1603 for Requests for Applications for grants designed for the I/T/U or for which the I/T/U system should be eligible.

We look forward to working with you to ensure that UIOs have the funding and resources necessary to carry out their important role in providing health care for their patients.


Sincerely,



Emily Randall
Member of Congress

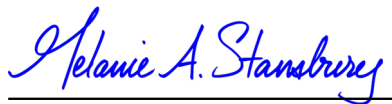

Yassamin Ansari
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Darren Soto
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Greg Stanton
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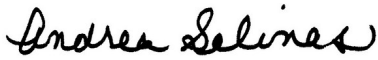

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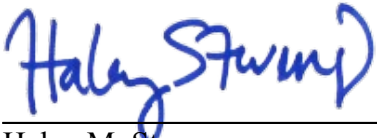
Bonnie Watson Coleman
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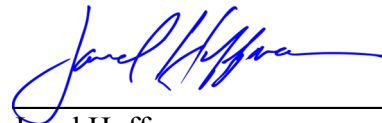
Julia Brownley
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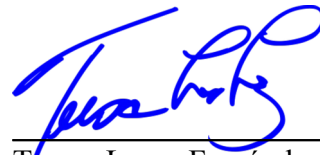
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