



## **2025 April Legislative Report**

### **EXECUTIVE SUMMARY**

All eyes are on [May 14, when the Governor's May Revision](#) will be released—expected to outline a two-year spending plan with deep cuts across health and human services. CCUIH is monitoring closely for impacts to Urban Indian health, especially in behavioral health, workforce, and prevention. At the federal level, IHS announced it will maintain competitive behavioral health grant funding through FY27, continued its PATH EHR rollout, and included UIOs in revenue cycle planning. Meanwhile, the Trump administration's upcoming budget proposal is expected to target Medicaid, IHS, and non-defense discretionary programs. In April, CCUIH testified on AB 1113, tracked 74 active state bills, and held nine congressional meetings during the NCUIH Annual Conference to defend UIO funding and share patient impact stories. The policy team also advanced coalition efforts with CPCA, CPEHN, DHCS, Cal Wellness, and others to shape state and federal policy for AI/AN health equity.

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### **INDIAN HEALTH SERVICE (IHS) UPDATES**

- **[DUIOLL: Behavioral Health Grant Funding Maintained](#)**  
that it will continue using a **competitive grant funding model** for seven behavioral health initiatives through FY27, rather than transitioning to a Tribal share allocation model.
  - **Impact to UIOs:** Of the \$59.5 million allocated annually, \$43.9 million is available to Tribes, Tribal Organizations, and Urban Indian Organizations (UIOs) through competitive grants. While this ensures continued access, it also preserves administrative barriers for smaller UIOs lacking grant writing capacity.
- **Health IT Modernization: PATH EHR System**  
IHS continued progress on the Health Information Technology Modernization Program, focused on the rollout of the PATH Electronic Health Record (EHR) system. A Tribal Consultation and Urban Confer is scheduled for May 15. Register [here](#).
  - **Impact to UIOs:** UIOs are invited to engage in design and governance conversations. Key considerations include readiness, training, and infrastructure support for implementation.
- **Revenue Cycle Strategy Discussion**  
The IHS National Business Office Committee (NBOC) held its spring meeting April 8–10, covering third-party billing systems across IHS, Tribal, and Urban programs.

- o **Impact to UIOs:** Topics included billing compliance, staff training, and strategies to improve revenue processing. These discussions reflect IHS's inclusion of UIOs in operational financial planning.

#### Upcoming:

- [IHS Tribal Consultation & Urban Confer – PATH EHR](#)  
May 15, 2025 (Virtual)  
Update on Four Directions Warehouse and data migration into PATH EHR.
- [CMS/ITU Outreach & Education Training – CA Region](#)  
May 20–21, 2025 (California)  
Training on Medicare, Medicaid, CHIP, and Marketplace enrollment for ITU programs.

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## CALIFORNIA STATE UPDATES

### State Budget Update

The **Governor's May Revision** is expected to be released on **May 14, 2025**. This update to the proposed budget will likely include a **two-year spending framework** and significant **cuts across health, human services, and public programs** due to the state's multi-billion-dollar shortfall. CCUIH is closely monitoring for impacts to Urban Indian health funding, including behavioral health initiatives, workforce investments, and public health infrastructure.

CCUIH is actively tracking **74 California bills** impacting healthcare access, behavioral health, Medicaid, workforce development, telehealth, and Tribal policy. As bills move through committee hearings this month, CCUIH remains engaged to ensure that the needs and voices of **Urban Indian Organizations (UIOs)** and **AI/AN communities** are prioritized in the legislative process.

### Key Bills

- [AB 1113 \(Gonzalez\)](#) **Federally qualified health centers: mission spend ratio.**— Requires community health centers to report a “mission spend ratio” and submit strategic plans aligned with state equity goals.
  - o **UIO Impact:** May impose administrative burdens that divert limited resources away from patient care. CCUIH provided written and verbal testimony urging clarification, stronger implementation guardrails, and exemptions for small or culturally specific providers.
    - **Testimony Highlight:** [On April 29, Virginia Hedrick testified](#) before the Assembly Health Committee, warning that AB 1113 could unintentionally penalize safety-net clinics like UIOs. She emphasized the need for equity investments to be additive—not redistributive—from those already doing the work.

- [AB 403 \(Ortega; Coauthors: Carrillo, Mark Gonzalez, Schiavo\)](#) **Medi-Cal: community health worker services.**– Expands Medi-Cal reimbursement for Community Health Worker (CHW) services and directs DHCS to issue program guidance.
  - UIO Impact: Strengthens sustainability for UIO-based CHWs delivering culturally grounded services. CCUIH is monitoring guidance to ensure UIOs are explicitly included in eligibility and implementation.
- [AB 96 \(Jackson\)](#) **Community Health Workers**– Establishes a statewide CHW certification program through the California Department of Public Health.
  - UIO Impact: Certification could help expand the Indigenous health workforce. However, CCUIH continues to advocate for alternate pathways that acknowledge lived experience, traditional knowledge, and cultural alignment.
- [AB 29 \(Arambula\)](#) – **Expands Medi-Cal coverage for Adverse Childhood Experiences (ACEs) trauma screenings.**
  - UIO Impact: Aligns with UIO prevention and behavioral health work. CCUIH is urging implementation to include culturally adapted screening tools and providers trusted by AI/AN families.
- [SB 4 \(Cervantes; Principal Coauthor: Ramos; Coauthor: Schiavo\)](#) – **Expands California’s Missing and Murdered Indigenous Persons (MMIP) Justice Program**, strengthening statewide coordination and Tribal law enforcement engagement.
  - UIO Impact: While Tribal-focused, CCUIH is advocating for the inclusion of urban Native communities in data collection, victim support services, and prevention efforts. Urban AI/AN women and families are often overlooked in statewide responses to the MMIP crisis.

## Looking Ahead – May 2025 Hearings

### California Assembly Hearings

- **Assembly Committee on Health**
  - *Tuesday, May 6* – Informational Hearing: *Kaiser Permanente’s Behavioral Health Care System*  
Chair: Assemblymember Bonta | 1:30 p.m. | 1021 O Street, Room 1100
  - *Wednesday, May 28* – *Joint Hearing with Privacy & Consumer Protection*  
Topic: *Generative AI in Health Care: Opportunities, Challenges, and Policy Implications*  
Chairs: Assemblymembers Bonta and Bauer-Kahan | 9:00 a.m. | 1021 O Street, Room 1100

### California Senate Hearings

- **Senate Public Safety Committee**
  - *Thursday, May 15* – *Joint Hearing with Budget Subcommittee No. 5*  
Chairs: Senators Richardson and Arreguín | 9:30 a.m. or upon adjournment | 1021 O Street, Room 1200
- **Senate Budget and Fiscal Review Hearings**

- o *Subcommittee No. 3 on Health and Human Services*  
Thursday, May 8 | Chair: Weber Pierson | 9:30 a.m. or upon adjournment | 1021 O Street, Room 1200
  - o *Subcommittee No. 5 on Corrections, Public Safety, Judiciary, Labor, and Transportation*  
Thursday, May 8 | Chair: Richardson | 9:30 a.m. or upon adjournment | State Capitol, Room 112
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## **NCUIH Annual Conference**

April 22–25, 2025 | Washington, DC

- **California UIO/CCUIH Presentations:** Sonya Tetnowski, Angel Galvez, Virginia Hedrick, and Nanette Star presented on key topics including Traditional Healing, policy strategy and messaging, and the Urban Indian Health system in action.
  - **California Participation:** 25 individuals representing **CCUIH and member UIOs** from across California attended the NCUIH Annual Conference.
  - **Congressional Meetings:** Participants conducted 9 visits with congressional offices to:
    - o Build Relationships:
      - Share how UIOs are improving patient and family outcomes through culturally grounded care.
      - Discuss the risks of federal funding cuts and the existing challenges UIOs face.
    - o Drop off contact information, CCUIH Policy Priorities, and Cuts to Medicaid impacts
  - **Call to Action:** UIO staff are encouraged to:
    - o Share patient or family stories that illustrate the success and necessity of UIOs.
    - o Report any challenges in accessing federal funding or grants so CCUIH can follow up directly with the agency and congressional contacts.
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## **FEDERAL UPDATES**

The federal landscape remains in flux as Congress and the Trump administration move toward a full FY2026 budget proposal. While the current stopgap budget funds the government through **September 30, 2025**, debates over long-term spending levels, program cuts, and agency restructuring are intensifying. CCUIH continues to track how these changes may affect Urban Indian Organizations (UIOs), Medicaid access, and public health infrastructure.

## FY2026 Budget & Appropriations Process

- **Trump Administration Budget Proposal Expected:** The full FY2026 budget request is expected this month. Early signals point to **deep cuts to non-defense discretionary spending**, which could impact IHS, SAMHSA, HRSA, and Medicaid-related funding that supports UIOs.
- **House–Senate Disagreement:** As of early May, there is **no agreed-upon budget reconciliation framework**. Lawmakers remain divided on how much to cut and **which programs are off-limits**—a debate cutting across both parties.
- **Stopgap Budget Expiration:** The current continuing resolution (CR) funds the government only through **September 30, 2025**. Without a full appropriations bill or extension, essential health programs could face disruptions.

## Key Actions & Implications for UIOs

- **Medicaid Work Requirements:** Proposals to add **work requirements to Medicaid eligibility** are resurfacing. While previous versions exempted Tribal members, current drafts **do not guarantee protections** for UIO patients. CCUIH is engaging partners to defend AI/AN access.
- **Potential Cuts to Indian Health Services:** With no immunity from across-the-board cuts, **IHS and UIO discretionary funding** are at risk. CCUIH is preparing federal comment strategies and working with allies to safeguard funding.
- **Public Health Emergency Preparedness:** Federal restructuring may shift preparedness dollars away from community-based providers. UIOs could see reduced support for health emergency infrastructure unless explicitly included.

## Health & Human Services (HHS) Reorganization

- **Reorganization Plans:** Discussions continue around consolidating agencies such as **HRSA, SAMHSA, and parts of ACF** under a larger HHS overhaul.
- **What's Next:** A plan must be agreed upon by both House and Senate committees and would likely require FY2026 legislative authority or administrative rulemaking. CCUIH is monitoring closely for UIO-specific implications in agency missions, funding authorities, and eligibility.

## Executive & Judicial Branch Developments

- **Executive Orders in Progress:** Additional orders may affect **Medicaid, traditional healing, tribal consultation, and racial equity policies**. The administration has signaled intent to roll back key Obama-era and Biden-era provisions.
- **Legal Challenges:** Multiple lawsuits have been filed against recent executive actions, particularly the **rescission of DEI initiatives** and reinterpretation of civil rights regulations in healthcare and education. These cases may influence how equity-focused funding and programs operate going forward.

## What to Expect

- FY2026 budget proposal from the White House (anticipated this month)
- Continued House–Senate budget negotiations
- Medicaid eligibility rule changes and potential litigation
- HHS agency restructuring proposals (including new budget lines or program eliminations)
- Ongoing court decisions related to DEI rollbacks and tribal policy

**CCUIH is working closely with national partners to respond to budget threats, track the evolving HHS landscape, and defend UIO access to federal programs.**

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## **SHAPING AI/AN HEALTH POLICY: Where We've Been**

The CCUIH policy team has been actively engaged in key advocacy, strategy, and policy discussions shaping AI/AN health. This month's activities included:

- **Federal Engagement**
  - Participated in the **NCUIH Annual Conference** and **Day on the Hill** in Washington, D.C.
  - Conducted **9 congressional meetings** alongside UIO representatives to discuss Medicaid threats, MMIP, and behavioral health funding priorities.
- **State Advocacy & Testimony**
  - **Virginia Hedrick testified on AB 1113** before the Assembly Health Committee, elevating concerns about administrative burden on UIOs.
  - Provided hearing prep and analysis for state budget and policy developments.
  - **Virginia Hedrick participated in 2026 gubernatorial candidate interviews** coordinated through CPCA and advocacy partners.
- **Coalition, Steering Committee, & Partner Engagement**
  - Collaborated with:
    - **CPCA** (Leg/Reg Committee, Executive Committee, Q2 Board, CEO Peer Network)
    - **CPEHN** (Health Equity Policy Roundtables)
    - **Cal Wellness** (Behavioral health and workforce convenings)
    - **DHCS** (Traditional Healing and Indian Health Program updates)
    - **NACHC, RAC/CPG, and CA Tribal Advisory Group (TAG)** CAB on Traditional Health Practices (THCP)