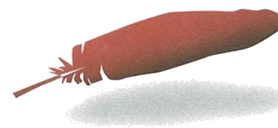


National Indian Health Board



TESTIMONY OF THE NATIONAL INDIAN HEALTH BOARD

Cathy Abramson, Chairperson

HOUSE COMMITTEE ON NATURAL RESOURCES

Subcommittee on Indian and Alaska Native Affairs

Legislative Hearing on H.R. 3229; H.R. 4546; H.R. 4867; and S. 1603

Chairman Young, Ranking Member Hanabusa, and Members of the Committee, thank you for holding this important hearing on the proposed legislation. All of these proposed bills address issues of paramount importance to Indian Country and we sincerely appreciate the attention that this committee has given to the discussion of these key concerns. On behalf of the National Indian Health Board (NIHB)¹ and the 566 federally recognized Tribes we serve, I submit this testimony for the record, specifically addressing H.R. 3229 – Indian Health Service Advance Appropriations Act.

First, I would like to emphasize the importance of the Federal Trust responsibility, when it comes to the health of American Indian/Alaska Native (AI/AN) people. The United States assumed this responsibility in a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. The Snyder Act of 1921 (25 USC 13) legislatively affirmed this trust responsibility. To facilitate upholding its responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to AI/ANs. Since its creation in 1955, IHS has worked toward fulfilling the federal promise to provide health care to Native people. In passing the Affordable Care Act, Congress also reauthorized and made permanent the Indian Health Care Improvement Act (IHCIA). In renewing the IHCIA, Congress reaffirmed the duty of the federal government to American Indians and Alaska Natives, declaring that “it 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.”

Despite this responsibility, AI/ANs still experience greater health disparities than other races. For instance, the AI/AN life expectancy is 4.2 years less than the rate for the U.S. all races population. According to IHS data from 2006-2008, AI/AN people die at higher rates than other Americans from chronic liver disease and cirrhosis (368% higher), diabetes (177% higher),

¹ The National Health Board (NIHB) is a 501(c) 3 not for profit, charitable organization providing health care advocacy services, facilitating Tribal budget consultation and providing timely information and other services to all Tribal Governments. Whether Tribes operate their own health care delivery systems through contracting and compacting or receive health care directly from the Indian Health Services (IHS), NIHB is their advocate. Because the NIHB serves all federally-recognized tribes, it is important that the work of the NIHB reflect the unity and diversity of Tribal values and opinions in an accurate, fair, and culturally-sensitive manner. The NIHB is governed by a Board of Directors consisting of representatives elected by the Tribes in each of the twelve IHS Areas. Each Area Health Board elects a representative and an alternate to sit on the NIHB Board of Directors.

unintentional injuries (138% higher), homicide (82% higher) and suicide (65% higher). Additionally, AI/ANs suffer from higher mortality rates from cervical cancer (1.2 times higher); pneumonia/influenza (1.4 times higher); and maternal deaths (1.4 times higher).

Sadly, these statistics have become all too familiar in our communities. IHS is currently funded at only 59 percent of total need. In 2013, the IHS per capita expenditures for patient health services were just \$2,849, compared to \$7,717 per person for health care spending nationally. Medicare spending per patient was over \$12,000 and Medicaid spending was over \$6,000/per person. Clearly, the federal government is not doing a good job of fulfilling its legal and moral obligations to Indian Country. Additionally, Medicare and Medicaid are mandatory spending accounts, meaning that the health delivery to these groups is known well in advance of the actual care needed.

This is why the NIHB strongly supports H.R. 3229 – The Indian Health Service Advance Appropriations Act and the Senate companion bill S. 1570. An advance appropriation is funding that becomes available one year or more after the year of the appropriations act in which it is contained. For example, if the FY 2016 advance appropriations for the IHS were included in the FY 2015 appropriations bills, those advance appropriations would not be counted against the FY 2015 funding allocation but rather, against the FY 2016 allocation.²

While H.R. 3229 will not solve the severe lack of funding that the agency experiences, advance appropriations would allow IHS, Tribal, and urban (I/T/U) health programs to effectively and efficiently manage budgets, coordinate care, and improve health quality outcomes for AI/ANs. This change in the appropriations schedule creates an opportunity for the federal government to come closer to meeting the trust obligation owed to Tribal governments and bring parity to federal health care system by bringing IHS in line with other federal health programs.

Funding Delays and Impact on Care

Since FY 1998, there has been only one year (FY 2006) when the Interior, Environment, and Related Agencies budget, which contains the funding for IHS, has been enacted by the beginning of the fiscal year. The lateness in enacting a final budget during that time ranges from 5 days (FY 2002) to 197 days (FY 2011). In FY 2014, there was a 108 day delay on the enactment but it was 140 days before the FY 2014 operating plan which allocates specific accounts was known. These delays make it very difficult for Tribal health providers and IHS to adequately address the health needs of AI/ANs. Even once appropriations is enacted, there is an administrative process of apportionment involving the Office of Management and Budget that causes delay in actually getting funding down to the local level. Advance appropriations will allow IHS and Tribal health professionals time to plan and tackle many other administrative hurdles, thereby improving access to care. Additionally, it will result in costs savings through lower administrative costs as significant staff time, at all levels, is required each time Congress decides to pass a continuing resolution.

² Advance appropriations *differs from* “forward funding,” which allows funds to become available beginning late in the budget year and is carried into at least one following fiscal year. Forward funding is counted against the same budget year. Advance appropriations is counted only in the budget year for which the appropriated dollars will be spent.

Nothing underscores this need more clearly than the federal government shutdown at the start of FY 2014. Not only did this period prevent Tribal and IHS facilities from providing care, it came at a time when programs were already operating with minimal budgets due to the draconian, and irresponsible FY 2013 across-the-board sequestration cuts. The two week government shutdown forced Tribally-run health programs to close their doors and deny care to thousands of AI/ANs. The Crow Nation furloughed 300 Tribal employees during this time. Others were only able to treat “life or limb” cases due to the lack of an operating budget. As a result, AI/AN population experienced additional suffering. In a testimony submitted to the Senate Committee on Indian Affairs, on November 14, 2013 the Chairwoman of the Mississippi Choctaw stated:

“...the uncertainty caused by the combination of sequestration and the government shutdown interrupted many hospital and health department operations. Final payments were slow to reach us with payments distributed erratically, even down to the last few days of September 2013. Such an unpredictable stream of income for a small reservation hospital in rural Mississippi that provides services to more than 10,000 eligible users limits the tribe’s ability to plan for such services and execute the contracts that are necessary to operate our facility.”

Other Americans do not have to live with this reality. The First people of the United States should not be last in line when it comes to receiving their health care.

Even without events as extreme as a federal government shutdown, funding delays contribute to other health risks for AI/ANs. Sadly, it is often a saying in our communities, “Don’t get sick after June 1” because this is often when dollars to treat patients through the Purchased/Referred Care program run out. However, if Tribal and IHS programs had advance appropriations, they could better plan their patients’ care over a longer period of time. Currently, when funding becomes scarce, I/T/U medical professionals often prescribe treatments that address only symptoms, and not the disease. This ‘Band-Aid’ type of care contributes to a wide variety of other medical risks that are more costly and can be detrimental to the person over the long term. Advance appropriations would mean better ability to plan programmatic activity over several years, thereby leading to better health outcomes for AI/AN people and decreased long-term healthcare costs.

Funding delays also often impact recruitment and retention of IHS medical professionals. Many IHS and Tribal health facilities are located in remote, rural areas where staff recruitment is especially difficult. This is true throughout the rural United States, not just in Indian Country. However, it becomes impossibly difficult to recruit staff if it is not known whether a position will be funded in two months. Giving medical professionals attractive job opportunities that spans longer than a year benefits Tribal communities by providing stability for AI/ANs and the quality that comes with medical professionals familiar with their patients. Additionally, these professionals can provide a higher level of cultural competency which is learned over a sustained amount of time.

Veterans Administration Advance Appropriations

NIHB Testimony, July 15, 2014

In FY 2010, the Veterans Health Administration (VHA) achieved advance appropriations. IHS, like the VHA provides direct medical care to fulfill legal promises made by the federal government. In the 111th Congress, which ultimately enacted the advance appropriations for the VHA, the House bill (H.R. 1016) had 125 bi-partisan cosponsors. The Senate bill (S. 423) had 56 co-sponsors. Importantly, the Congressional Budget Office ruled at the time that the act “would not affect direct spending or revenues.”

IHS, like the VHA, provides direct care to patients as a result of contractual obligations made by the federal government. To NIHB and Tribes, enacting H.R. 3229 is a civil rights issue and a matter of equality. Like Veterans, Tribal communities have made sacrifices for this country, both historically and contemporarily. However, under the current funding mechanism, AI/ANs do not have the same stability in the care they are provided.

Outside support and Unity in Indian Country

Tribes and organizations across the country support advance appropriations for IHS. In June 2014, the American Medical Association’s House of Delegates passed a resolution supporting Advance Appropriations for the Indian Health Service. Attached to this testimony are resolutions and letters from the National Indian Health Board, National Congress of American Indians; United South and Eastern Tribes; the California Rural Indian Health Board; Alaska Native Health Board; Midwest Alliance of Sovereign Tribes; the Northwest Portland Area Indian Health Board; the Oklahoma City Area Inter-Tribal Health Board; the Inter Tribal Council of the Five Civilized Tribes; and the Three Affiliated Tribes. NIHB will continue to share these supportive documents with the committee as they are received.

It should also be noted that Tribes are ready and willing to engage with the government in advance consultation for the IHS budget should H.R. 3229 be enacted. The IHS Tribal Budget Formulation Workgroup already proposes its budget two years in advance, so this transition would not be difficult for Tribes. IHS officials have also stated publicly that they are engaged in conversations with the VHA on how this budgeting mechanism would work.

Conclusion

Medicare and Medicaid provide health care to millions of Americans, but these individuals do not have to worry on September 30 of each year if they will be treated on October 1 because they are considered “mandatory spending.” The VHA provides care through discretionary spending, but still knows its budget a year in advance. Despite being founded on contractual treaty obligations and federal law, the requirement to fund the IHS is still discretionary. Our people must still wait on the whims of Congress before they can know if their health care is funded. Advance appropriations will be one important step forward toward improving the health of AI/ANs.

NIHB would like to again thank Chairman Young for introducing this important legislation and for holding this hearing on H.R. 3229. We urge the Subcommittee to markup and favorably report this critical bill as quickly as possible.

Thank you.

National Indian Health Board



National Indian Health Board Resolution 11 - 03

Support for Alternative Funding Options

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs and for the fulfillment of the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the Federal government of the United States has a unique and special relationship with AI/ANs to provide health care as established through the U.S. Constitution, Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, the Federal government carries out its trust responsibility to provide health care and other Federal benefits through a government to government relationship with Indian Tribes as established by Presidential Executive Order 13175; and

WHEREAS, the Indian Health Service (IHS), an agency within the Department of Health and Human Services, administers health care to 1.9 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA); and

WHEREAS, approximately 50% of the Indian health programs are operated by Tribes or Tribal organizations under the ISDEAA; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, NIHB believes that there are three (3) options from which IHS could choose, which include the following: a two-year funding cycle, advance appropriations, or forward funding; and

WHEREAS, NIHB believes that moving to any one of these alternative funding options will help protect the Tribes from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation.



NOW THEREFORE BE IT RESOLVED, that the NIHB requests that Congress amend the Indian Health Care Improvement Act to allow for a two-year funding cycle, advance appropriations or forward funding; and

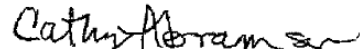
BE IT RESOLVED, that the NIHB requests that Congress include our recommendation for a two-year funding cycle, advance appropriations, or forward funding into the Budget Resolution; and

BE IT RESOLVED, that the NIHB requests that Congress include in the enacted appropriations bill a two-year funding cycle, advance appropriations or forward funding; and

BE IT FINALLY RESOLVED, that the NIHB requests that IHS change their funding to either a two-year cycle, an advance appropriations cycle, or a forward funding cycle, as any of these options will stabilize and advance the ability to provide services through IHS compact or contract.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 25th day of September, 2011.



Chairperson, Cathy Abramson

ATTEST:



Secretary, H. Sally Smith



NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians Resolution #ANC-14-007

TITLE: Advance Appropriations for the Indian Health Service

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Haliwa-Saponi Indian Tribe

SOUTHERN PLAINS
Stephen Smith
Kiowa Tribe of Oklahoma

SOUTHWEST
Manuel Heart
Ute Mountain Ute Tribe

WESTERN
Arlan Melendez
Reno Sparks Indian Colony

EXECUTIVE DIRECTOR
Jacqueline Johnson Pata
Tlingit

NCAI HEADQUARTERS

1516 P Street, N.W.
Washington, DC 20005
202.466.7767
202.466.7797 fax
www.ncai.org

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, the Federal government of the United States has a unique and special relationship with American Indians and Alaska Natives (AI/ANs) to provide health care as established through the U.S. Constitution Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, although the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 56 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, the Indian Health Service, an agency within the Department of Health and Human Services, administers health care to 2.2 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the budgetary solution to this failure to uphold the Federal trust responsibility, and the one which does not require the Congressional appropriations committees to count Advanced Appropriations against their spending cap is Advanced Appropriations; and

WHEREAS, the NCAI believes that moving to the Advanced Appropriations process protect the Tribes and the IHS direct service units from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized Advanced Appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA which is also a federally-funded provider of direct health care.

NOW THEREFORE BE IT RESOLVED, that the NCAI requests that Congress amend the Indian Health Care Improvement Act to authorize Advanced Appropriations; and

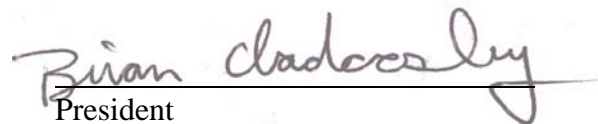
BE IT FURTHER RESOLVED, that the NCAI requests that Congress include our recommendation for IHS Advanced Appropriations in the Budget Resolution; and

BE IT FURTHER RESOLVED, the NCAI requests that Congress include in the enacted appropriations bill IHS Advanced Appropriations; and

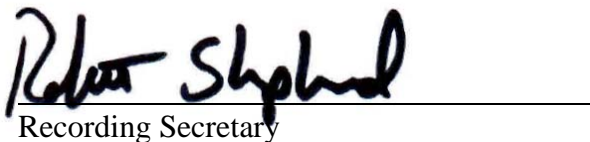
BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2014 Mid-Year Session of the National Congress of American Indians, held at the Dena'ina Civic & Convention Center, June 8-11, 2014 in Anchorage, Alaska, with a quorum present.


President

ATTEST:


Recording Secretary



United South and Eastern Tribes, Inc.

Nashville, TN Office:

711 Stewarts Ferry Pike, Suite 100
Nashville, TN 37214
Phone: (615) 872-7900
Fax: (615) 872-7417

Washington, DC Office:

400 North Capitol Street, Suite 585
Washington, D.C., 20001
Phone: (202) 624-3550
Fax: (202) 393-5218

USET Resolution No. 2013:046

SUPPORT FOR ALTERNATIVE FUNDING OPTIONS FOR THE INDIAN HEALTH SERVICE

- WHEREAS,** United South and Eastern Tribes Incorporated (USET) is an intertribal organization comprised of twenty-six (26) federally recognized Tribes; and
- WHEREAS,** the actions taken by the USET Board of Directors officially represent the intentions of each member Tribe, as the Board of Directors comprises delegates from the member Tribes' leadership; and
- WHEREAS,** since the formation of the Union, the United States (U.S.) has recognized Indian Tribes as sovereign nations; and
- WHEREAS,** a unique government-to-government relationship exists between Indian Tribes and the Federal Government and is grounded in the U.S. Constitution, numerous treaties, statutes, Federal case law, regulations and executive orders that establish and define a trust relationship with Indian Tribes; and
- WHEREAS,** although the trust relationship requires the federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and
- WHEREAS,** since Fiscal Year 1998, appropriated funds for the provision of health care to American Indians and Alaska Natives through IHS and Tribal providers have been released after the beginning of the new fiscal year; and
- WHEREAS,** the delay in receipt of funds has most often been caused by a Congressional failure to enact prompt appropriations legislation; and
- WHEREAS,** late funding has severely hindered Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and
- WHEREAS,** identified budgetary solutions to this failure to uphold the federal trust responsibility include a two-year funding cycle, advance appropriations, and forward funding for the IHS; and
- WHEREAS,** Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the *Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81)*, which authorized advance appropriations for Veterans Administration (VA) medical care programs; and
- WHEREAS,** Congress has, pursuant to the authorization in the Veterans Health Care Budget Reform and Transparency Act, appropriated beginning with FY 2010, advance appropriations for the VA medical care accounts; and

WHEREAS, as the only other federally funded provider of direct health care, IHS should be afforded the same budgetary certainty and protections extended to the VA; and

WHEREAS, in December 2010 the United States recognized the rights of its First Peoples through its support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), whose provisions and principles support and promote the purposes of this resolution; therefore, be it

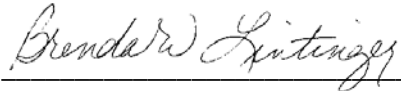
RESOLVED the USET Board of Directors calls upon the U.S. Congress to bring certainty and stability to the Indian Health Service budget by authorizing and appropriating funding for a two-year funding cycle, advance appropriations, or forward funding for the Indian Health Service.

CERTIFICATION

This resolution was duly passed at the USET Semi-Annual Meeting, at which a quorum was present, in Niagara Falls, NY, on Friday, May 17, 2013.



Brian Patterson, President
United South and Eastern Tribes, Inc.



Brenda Lintinger, Secretary
United South and Eastern Tribes, Inc.

“Because there is strength in Unity”



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

RESOLUTION NO. 108-10-13

The Tribal Governments Consultation Committee (TGCC) Urges Congress to Provide Advance Appropriations to the Indian Health Service (IHS)

- WHEREAS,** the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a tribal organization under P.L. 93-638, and is a Statewide Tribal Health Organization representing 30 Federally recognized tribes in 21 counties through its membership of 11 Indian health programs throughout California's Indian country; AND
- WHEREAS,** the Tribal Governments Consultation Committee was established in April, 1990 for the purpose of tribal consultation to the CRIHB on P.L. 93-638 tribal contracting issues; AND
- WHEREAS,** since FY 1998, appropriated funds for medical services and facilities through IHS have not been provided before the commencement of the new fiscal year, causing IHS and Tribal providers great challenges in planning and managing care for American Indians/Alaska Natives (AI/AN); AND
- WHEREAS,** although the IHS budget has increased by an historic 29% since 2008, this equates to an average of 7.25% per year, barely enough to cover medical and non-medical inflation and the cost of contract health care for our growing population and when automatic budget rescissions and sequestration are taken into account, IHS has lost \$240 million since FY 2011; AND
- WHEREAS,** both serious budgetary increases and changes to resources supporting this health care system are necessary if we are going to effectively address the growing gap in health disparities, which has resulted in early death, and preventable, expensive chronic care costs for AI/ANs of all ages; AND
- WHEREAS,** the lateness in enacting a final budget ranges from 5 days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible and health care services in particular require consistent funding to be effective; AND
- WHEREAS,** in FY 2010, the Veterans Administration (VA) medical care programs achieved advance appropriations and Congress has implemented advance appropriations for the VA medical programs demonstrates the importance of advance appropriations for direct health service agencies; AND

WHEREAS, just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of VA to properly plan and manage its resources, the National Indian Health Board, the National Congress of American Indians, the California Rural Indian Health Board, Tribes and Tribal health care providers share these concerns about the IHS health system; AND

WHEREAS, if IHS funding was on an advance appropriations cycle, Tribal health care providers, as well as the IHS, would know the funding a year earlier and their health care services would not be stymied by continuing resolutions and this would lead to greater outcomes for patients in IHS, Tribal and Urban programs; AND

WHEREAS, if advanced appropriations for IHS was allocated, hospital administrators would have the ability to continue treating patients without wondering if they had to de-fund facilities or programs and Tribal health providers would know in advance how many physicians and nurses they could hire without wondering if funding for positions would be available from month to month; AND

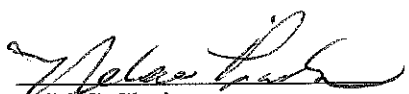
WHEREAS, a growing number of Tribes and Tribal organizations are joining the advocacy effort to build support for the provision of advance Congressional appropriations for the IHS; AND

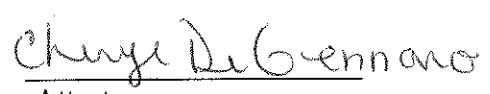
WHEREAS, these Tribal entities believe that providing appropriations one year in advance will enable the IHS to better serve AI/ANs and would help ensure that the Government meets its trust obligations to Tribes and Native people; AND

THEREFORE BE IT RESOLVED THAT the Tribal Government Consultation Committee (TGCC) of the California Rural Indian Health Board, Inc. urges Congress to appropriate advanced funding to the Indian Health Service.

CERTIFICATION

The foregoing resolution was adopted by a vote of **FOR** **AGAINST** and **ABSTAINED** at a duly called meeting of the TGCC on October 11, 2013, and shall remain in affect until rescinded.


TGCC Chairman


Attest



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

☎ 907.562.6006 ☎ 907.563.2001 · 4000 Ambassador Dr, Suite 101 · Anchorage, Alaska 99508 · www.anhb.org

Resolution 01-2013

Providing for Indian Health Service Advance Appropriations

WHEREAS, The Alaska Native Health Board, a 26-member organization established in 1968, is recognized as the statewide voice on Alaska Native health issues representing the Tribes and Tribal consortia providing health care and community services to over 135,000 Alaska Native and American Indian people in Alaska; and

WHEREAS, the Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing health services to American Indian and Alaska Native people, in addition to serving as the funding mechanism for tribes and tribal organizations carrying out these services; and

WHEREAS, the IHS carries out the federal government's obligation to ensure the health and wellbeing of Alaska Native and American Indian people and communities, a government-to-government relationship established in the Constitution and given substance through subsequent treaties, Congressional legislation, Supreme Court decisions, and Executive Orders, collectively forming the federal Trust Responsibility; and

WHEREAS, this solemn obligation is significantly compromised when funding needed by tribal and IHS health care providers is not enacted by the beginning of the fiscal year and is instead provided for through continuing resolutions; and

WHEREAS, this late funding significantly hampers tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts; and

WHEREAS, Congress recognized that the Veterans Administration has also been greatly hampered in providing health services to veterans because of late funding, and in 2010 extended via statute to the VA advance appropriations for their health care appropriation accounts; and

WHEREAS, providing sufficient, timely, and predictable funding is needed to ensure the Government meets its federal Trust Responsibility to American Indian and Alaska Native People.

NOW THEREFORE BE IT RESOLVED, the Alaska Native Health Board supports the following actions to achieve advance appropriations for the Indian Health Service:

- a. the enactment of legislation amending the Indian Health Care Improvement Act (IHCIA) to authorize IHS advance appropriations for the Indian Health Services and Indian Health Facilities appropriation accounts;

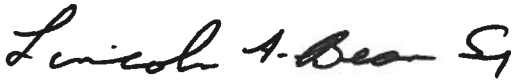
ALASKA NATIVE TRIBAL
HEALTH CONSORTIUM
ALEUTIAN PRIBILOF
ISLANDS ASSOCIATION
ARCTIC SLOPE
NATIVE ASSOCIATION
BRISTOL BAY AREA
HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER
NATIVE ASSOCIATION
COUNCIL OF
ATHABASCAN
TRIBAL GOVERNMENTS
EASTERN ALEUTIAN
TRIBES
KARLUK IRA
TRIBAL COUNCIL
KENAITZE INDIAN TRIBE
KETCHIKAN
INDIAN COMMUNITY
KODIAK AREA
NATIVE ASSOCIATION
MANILAO ASSOCIATION
METLAKATLA INDIAN
COMMUNITY
MT. SANFORD
TRIBAL CONSORTIUM
NATIVE VILLAGE
OF EKLUKNA
NATIVE VILLAGE
OF TYONEK
NINILCHIK
TRADITIONAL COUNCIL
NORTON SOUND
HEALTH CORPORATION
SELDOVIA
VILLAGE TRIBE
SOUTHCENTRAL
FOUNDATION
SOUTHEAST ALASKA
REGIONAL HEALTH
CONSORTIUM
TANANA CHIEFS
CONFERENCE
YUKON-KUSKOKWIM
HEALTH CORPORATION
VALDEZ NATIVE TRIBE

- b. the enactment of legislation amending the Congressional Budget Act to require the President to submit estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for IHS; and
- c. the inclusion of IHS advance appropriations authority in House and Senate Budget Resolutions; and
- d. the enactment of the advance appropriations in the Interior, Environment and Related Agencies Appropriations Bill for the Indian Health Services and Indian Health Facilities appropriation accounts, initially for a transition year and thereafter as an advance appropriation each year.

NOW THEREFORE BE IT FURTHER RESOLVED, the Alaska Native Health Board supports the enactment of the advance appropriations in the Interior, Environment and Related Agencies Act to achieve advance appropriations for IHS.

CERTIFICATION

I hereby certify that the above resolution was duly adopted by the Alaska Native Health Board on August 15, 2013, by unanimous consent.



Lincoln Bean, Sr.
Chairmen, Alaska Native Health Board

9-3-2013

Date



Verné Boerner
ANHB President/CEO

9/3/2013

Date

MIDWEST ALLIANCE OF SOVEREIGN TRIBES

Resolution No. 3-14

Advance Appropriations for the Indian Health Service

WHEREAS, the Midwest Alliance of Sovereign Tribes (MAST) is an intertribal organization representing the thirty-three (33) federally recognized tribe and four (4) intertribal organizations in the States of Minnesota, Wisconsin, Michigan, Indiana and Iowa, each having sovereign authority to govern their own affairs; and

WHEREAS, the Federal government of the United States has a unique and special relationship with American Indians and Alaska Natives (AI/ANs) to provide health care as established through the U.S. Constitution Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, although the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 56 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, the Indian Health Service, an agency within the Department of Health and Human Services, administers health care to 2.2 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act ; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the budgetary solution to this failure to uphold the Federal trust responsibility, and the one which does not require the Congressional appropriations committees to count advance appropriations against their spending cap is advance appropriations; and

WHEREAS, The Midwest Alliance of Sovereign Tribes believes that moving to the advance appropriations process protects the Tribes and IHS direct service units from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized advance appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA which is also a federally-funded provider of direct health care; and

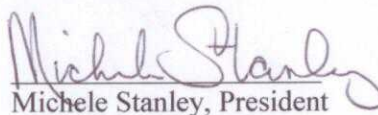
NOW THEREFORE BE IT RESOLVED, that The Midwest Alliance of Sovereign Tribes requests that Congress amend the Indian Health Care Improvement Act to authorize advance appropriations; and

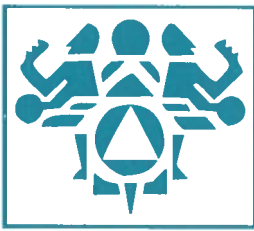
BE IT FURTHER RESOLVED, that The Midwest Alliance of Sovereign requests that Congress include our recommendation for IHS advance appropriations in the Budget Resolution; and

BE IT FINALLY RESOLVED, The Midwest Alliance of Sovereign requests that Congress include in the enacted appropriations bill IHS advance appropriations; and

CERTIFICATION

As President of the Midwest Alliance of Sovereign Tribes, I do hereby Certify that the foregoing Resolution No. 3-14 was passed on March 25, 2014, at a duly called meeting at which a quorum was present with 18 voting for, 0 voting against, and 0 abstaining.


Michele Stanley, President



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Suislaw &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispel Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshone Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinalt Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

**Resolution #14-01-02
Support Advance Appropriations for the Indian Health Service**

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the Northwest Portland Area Indian Health Board is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the Federal health services to maintain and improve the health of AI/AN are consonant with and required by the Federal Government's historical and unique legal relationship with and resulting responsibility to the AI/AN people; and

WHEREAS, since FY1998 there has been only one year (FY2006) when the Interior, Environment and Related Agencies appropriations bill has been enacted by the beginning of the fiscal year, in order for Indian health programs to receive their funds at the beginning of the fiscal year; and

WHEREAS, the lateness in enacting a final budget during that time ranges from five days (FY2002) to 197 days (FY2011) causes the IHS and tribal health care providers great administrative challenges in planning and managing care programs such as budgeting, recruitment and hiring, retention, provision of health services, facility maintenance and construction effort; and

WHEREAS, providing sufficient, timely and predictable funding is needed to ensure the Government meets its obligation to provide health care for AI/AN people and providing IHS funding in an advance appropriation cycle would help to address the administrative challenges associated with receiving late appropriations; and

WHEREAS, in FY2010 Congress authorized the Veterans Administration (VA) medical care programs to receive advance appropriations to address the same challenges that the Indian health system experience with late appropriations; and

WHEREAS, Congressmen Don Young and Ray Lujan have introduced H.R. 3229 and Senators Mark Begich, Tom Udall, Lisa Murkowski have introduced S. 1570; both bills to authorize advance appropriations for the Indian Health Service.

NOW THEREFORE BE IT RESOLVED that the NPAIHB supports and recommends that Congress pass H.R. 3229 and/or S. 1570 to authorize advance appropriations for the Indian Health Service.

CERTIFICATION

NO. 14-01-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 32 for, _____ against, _____ abstain on October 23, 2013.

Andrew C. Joseph
Chairman

10-23-13
Date

Cheryl A. Egan
Secretary



Uniting for One Cause

OKLAHOMA CITY AREA INTER-TRIBAL HEALTH BOARD

P.O. Box 5826 • Edmond, OK 73083 • www.ocaithb.org • (405) 652-9200 • Fax (405) 840-7052

Absentee Shawnee Tribe
Alabama Quassarte Tribal Town
Apache Tribe of Oklahoma
Caddo Tribe of Oklahoma
Cherokee Nation of Oklahoma
Cheyenne & Arapaho Tribes
Chickasaw Nation
Choctaw Nation of Oklahoma
Citizen Potawatomi Nation
Comanche Nation
Delaware Nation
Delaware Tribe of Indians
Eastern Shawnee Tribe
Fort Sill Apache Tribe
Iowa Tribe of KS & NB
Iowa Tribe of Oklahoma
Kaw Nation
Kialagee Tribal Town
Kickapoo Tribe in Kansas
Kickapoo Tribe of Oklahoma
Kickapoo Tribe of Texas
Kiowa Tribe of Oklahoma
Miami Tribe of Oklahoma
Modoc Tribal Council
Muscogee (Creek) Nation
Osage Nation
Otoe-Missouria Tribe
Ottawa Tribe
Pawnee Nation
Peoria Tribe
Ponca Tribe of Oklahoma
Prairie Band Potawatomi Nation
Quapaw Tribe of Oklahoma
Sac & Fox Tribe of Missouri
Sac & Fox Nation of Oklahoma
Seminole Nation of Oklahoma
Seneca-Cayuga Tribe
Shawnee Tribe of Oklahoma
Thlopthlocco Tribal Town
Tonkawa Tribe of Oklahoma
United Keetoowah Band of Cherokees
Wichita & Affiliated Tribes
Wyandotte Nation

March 27, 2014

The Honorable John Tester
Chairman, Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Tester:

On behalf of the **Oklahoma City Area Inter Tribal Health Board** we offer this letter of support for S. 1570, the Indian Health Service Advance Appropriations Act of 2013 which provides advance appropriations for the Indian Health Service (IHS), and urge you to co-sponsor this legislation. The Oklahoma City Area Inter Tribal Health Board believes that providing appropriations one year in advance will enable the IHS to better serve American Indian/Alaska Native (AI/AN) communities and would help ensure that the Government meets its trust obligation to native people. Specifically, IHS and Tribally run programs would benefit from improved budgeting, retention, recruitment provision of services, facility maintenance and construction efforts.

Since FY 1998, appropriated funds for medical services and facilities through IHS have not been provided before the commencement of the new fiscal year, causing IHS and Tribal providers great challenges in planning and managing care for AI/ANs. Although the IHS budget has increased by an historic 29% since 2008, this equates to an average of 7.25% per year, barely enough to cover medical and non-medical inflation and the cost of contract health care for our growing population. Additionally, when automatic budget rescissions and sequestration are taken into account, IHS has lost \$240 million since FY 2011. Both serious budgetary increases and changes to resources supporting this health care system are necessary if we are going to effectively address the growing gap in health disparities, which has resulted in early death, and preventable, expensive chronic care costs for AI/ANs of all ages.

The lateness in enacting a final budget ranges from five days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible. Health care services in particular require consistent funding to be effective. In FY 2010, the Veterans Administration (VA) medical care programs achieved advance appropriations. The fact that Congress has implemented advance appropriations for the VA medical programs demonstrates the importance of advance appropriations for direct health service agencies. Just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of VA to properly plan and manage its resources, Tribes and Tribal organizations have those concerns about the IHS health system.

If IHS funding was on an advance appropriations cycle, Tribal health care providers, as well as the IHS, would know the funding a year earlier and their health care services would not be stymied by continuing resolutions. This would lead to greater outcomes for patients in IHS, Tribal and Urban (I/T/U) programs. For example, hospital administrators would have the ability to continue treating patients without wondering if they had to de-fund facilities or programs. Additionally, IHS administrators would not waste valuable resources in an agency funded at only 56 percent of need by re-allocating the budget each time Congress passed a continuing resolution. Tribal health providers would know in advance how many physicians and nurses they could hire without wondering if funding for positions would be available from month to month.

Please remember in the war of words concerning healthcare appropriations, it is our American Indian people dying at an outstanding rate! Continuing appropriations delays can be considered a contributor. This legislation is a step in the right direction to reinforce continuity of healthcare to a needy population habitually underfunded.

We appreciate the opportunity to offer this letter of support for S. 1570. Should you have questions or need additional information, please do not hesitate to contact Chair Diana Autaubo at dautaubo@ocaithb.org.

Sincerely,

Diana Autaubo by 

Diana Autaubo, Chair
Oklahoma City Area Inter Tribal Health Board

The INTER-TRIBAL COUNCIL of the FIVE CIVILIZED TRIBES

A Resolution Requesting Advance Appropriations for the Indian Health Service

Resolution No. 14-05



Bill John Baker
Principal Chief



Bill Anoatubby
Governor



Gregory Pyle
Principal Chief



George Tiger
Principal Chief



Leonard M. Harjo
Principal Chief

WHEREAS, the Inter-Tribal Council of the Five Civilized Tribes (ITC) is an organization that unites the Tribal governments of the Cherokee, Chickasaw, Choctaw, Muscogee (Creek), and Seminole Nations, representing over 500,000 Indian people throughout the United States; and,

WHEREAS, the federal government has a solemn, legal responsibility to provide American Indians with health care as established through the U.S. Constitution, treaties with Indian Tribes, U.S. Supreme Court decisions and federal legislation; and,

WHEREAS, the Indian Health Service (IHS) has long been underfunded at only 56 percent of need annually; and,

WHEREAS, American Indians suffer from among the lowest health status nationally; and, Tribal health care delivery; and,

WHEREAS, the lateness in enacting a final budget ranges from five days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible, this Council requests that IHS process the payments to Tribes in a timely manner; and,

WHEREAS, since 1998, there has only been one year (FY2006) in which the Interior, Environmental and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and,

WHEREAS, the clearest budgetary solution to this failure to uphold the federal trust responsibility is advance appropriations; and,

WHEREAS, IHS should be afforded the same budgetary certainty which covers the Department of Veterans Affairs, which is another federally-funded provider of health care; and,

WHEREAS, this Council asserts that moving to the advance appropriations process would protect tribes and IHS from cash flow problems that chronically occur at the start of the federal fiscal year due to delays in enactment of appropriation legislation and last-minute budget cuts like those caused by sequestration and disastrous government shutdowns; and,

The INTER-TRIBAL COUNCIL of the FIVE CIVILIZED TRIBES

NOW THEREFORE BE IT RESOLVED, that the Inter-Tribal Council of the Five Civilized Tribes requests that Congress include our recommendation for IHS advance appropriations in the Budget Resolution and that Congress include in the enacted appropriations bill IHS advance appropriations.

CERTIFICATION

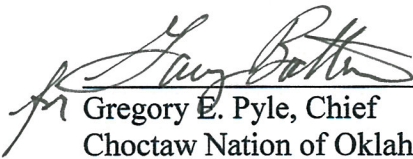
The foregoing resolution was adopted by the Inter-Tribal Council of the Five Civilized Tribes meeting in Shawnee, Oklahoma on this 10th day of January, 2014, by a vote of 21 for 0 against and 0 abstentions.



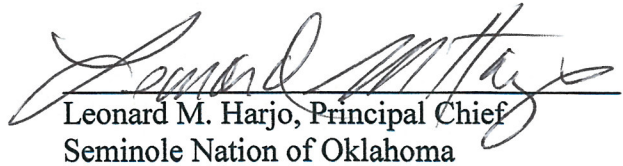
Bill John Baker, Principal Chief
Cherokee Nation



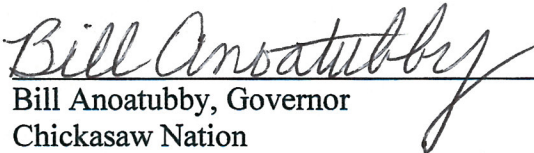
George Tiger, Principal Chief
Muscogee (Creek) Nation



Gregory E. Pyle, Chief
Choctaw Nation of Oklahoma



Leonard M. Harjo, Principal Chief
Seminole Nation of Oklahoma



Bill Anoatubby, Governor
Chickasaw Nation



MANDAN, HIDATSA, & ARIKARA NATION

Three Affiliated Tribes • Fort Berthold Indian Reservation
404 Frontage Road • New Town, North Dakota 58763-9402

OFFICE OF THE CHAIRMAN
TEX "RED TIPPED ARROW" HALL
(701) 627-8122
FAX (701) 627-3503

March 25, 2014

The Honorable Jon Tester
Chairman Senate Indian Affairs Committee
Hart Senate Office Building, Room 724
2nd & C Streets, NE
Washington, DC 20510

Re: Letter in Support of S. 1570 providing Advanced Appropriations for IHS.

Dear Chairman Tester,

On behalf of the MHA Nation we offer this letter of support for the provision of advance appropriations for the Indian Health Service (IHS) as address in S. 1570 that will be heard before the Senate Indian Affairs Committee on April 2, 2014. MHA believes that providing appropriations one year in advance will enable the IHS to better serve American Indian/ Alaska Native (AI/AN) communities and would help ensure that the Government meets its trust obligation to native people. Specifically, IHS and Tribally run programs would benefit from improved budgeting, retention, recruitment provision of services, facility maintenance and construction efforts.

Since FY 1998, appropriated funds for medical services and facilities through IHS have not been provided before the commencement of the new fiscal year, causing IHS and Tribal providers great challenges in planning and managing care for AI/ANs. Although the IHS budget has increased by an historic 29% since 2008, this equates to an average of 7.25% per year, barely enough to cover medical and non-medical inflation and the cost of contract health care for our growing population. Additionally, when automatic budget rescissions and sequestration are taken into account, IHS has lost \$240 million since FY 2011. Both serious budgetary increases and changes to resources supporting this health care system are necessary if we are going to effectively address the growing gap in health disparities, which has resulted in early death, and preventable, expensive chronic care costs for AI/ANs of all ages.

The lateness in enacting a final budget ranges from five days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible. Health care services in particular require consistent funding to be effective. In FY 2010, the Veterans Administration (VA) medical care programs achieved advance appropriations. The fact

that Congress has implemented advance appropriations for the VA medical programs demonstrates the importance of advance appropriations for direct health service agencies. Just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of VA to properly plan and manage its resources, Tribes and Tribal organizations have those concerns about the IHS health system.

If IHS funding was on an advance appropriations cycle, Tribal health care providers, as well as the IHS, would know the funding a year earlier and their health care services would not be stymied by continuing resolutions. This would lead to greater outcomes for patients in IHS, Tribal and Urban (I/T/U) programs. For example, hospital administrators would have the ability to continue treating patients without wondering if they had to de-fund facilities or programs. Additionally, IHS administrators would not waste valuable resources in an agency funded at only 56 percent of need by re-allocating the budget each time Congress passed a continuing resolution. Tribal health providers would know in advance how many physicians and nurses they could hire without wondering if funding for positions would be available from month to month.

We appreciate the opportunity to offer this letter of support for the advance appropriations for the IHS. Should you have questions or need additional information, please do not hesitate to contact me at my tribal offices 701.627.4781.

Sincerely,



Tex G. Hall
Chairman

CC: Senator John Barrasso, Vice Chairman, Senate Committee on Indian Affairs