

**HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON INTERIOR, ENVIRONMENT AND RELATED
AGENCIES HEARING ON THE FY 2015 PRESIDENT'S BUDGET REQUEST**

**TESTIMONY OF ANGELA COX, VICE-PRESIDENT OF ADMINISTRATION
ARCTIC SLOPE NATIVE ASSOCIATION, LTD.**

Thank you for the opportunity to testify before you today regarding the FY 2015 budget for the Indian Health Service (IHS). My name is Angela Cox. I am Inupiaq from the northern-most Tribe in the United States, and I serve as the Vice President of Administration for the Arctic Slope Native Association (ASNA). We are an inter-tribal health organization located in Barrow, Alaska and we are controlled by and serve eight federally recognized Tribes situated across Alaska's North Slope.

The anchor for all of our services is the IHS Samuel Simmonds Memorial Hospital in Barrow. Last year, we opened our brand new facility on time and under budget; it is a 100,000 square foot state-of-the-art hospital that replaced the 50-year-old 25,000 square foot hospital which IHS built in 1963. We began serving patients in September 2013. We are extremely grateful for the new facility and must thank this Committee for its extraordinary work in providing the majority of the funds necessary for this project. Thanks to you our new hospital doors are open and with the staffing package we are slated to receive, we will be able to sustain the 100 new staff members we have hired within the last year and the additional new services we now have the space and capacity to provide-- including CT-scans, physical therapy, and optometry. We are also excited about the expansion of existing services, including the development of our primary care medical home model, level four trauma designation, the ability to provide chemotherapy infusions, and an increased use of tele-health – just to name a few.

Contract Support Cost Funding

I would also like to thank the committee for making full funding of contract support costs in FY 2014 and FY 2015 a reality. Contract support cost funding is critical and protects our ability to provide services. This achievement is certainly a movement in the right direction. This Congress has reaffirmed its commitment to justice for the Tribes and demonstrated a willingness to work with us, not against us.

We are proud to report that our own 10-year battle with the Indian Health Service over contract support cost underpayments has finally come to an end. Several weeks ago we resolved the last of our pending claims. We only hope that other Tribes will not have to go through what we went through, a battle that included three court of appeals decisions, a Supreme Court ruling, and then 18 months of intense and costly negotiations.

On a related note, it is important for this Committee to ensure that IHS is more transparent. The Committee can and ought to direct that all contract shortfall data will be shared among all the Tribes, both in draft form and once finalized. Distribution must not wait a year or two undergoing clearance in the Secretary's office). Greater transparency can only mean greater accuracy and greater trust.

Contract Health Services

We would also like to thank the Committee for its continued support of the Contract Health Services account, now called the Purchased/Referred Care Program. This program ensures our people receive the health care they need, even if not available inside our hospital. For example, last year, we purchased care from the Seattle Children's Hospital for 18 pediatric cardiology patients, paid for medivacs from local

villages to our facility in Barrow, and purchased Ophthalmology services for over 40 patients.

New Medical Coding System

We would also like to thank Congress for choosing to delay the implementation of the new ICD-10 medical coding system. Although not an appropriations measure, this bill will severely impact our program. IHS has indicated that this change will require 31 software patches, each of which will need time to be tested and perfected. However, IHS only planned to release the patches for the electronic health records that our program relies on in August, and thus, we would not have been able to meet the prior October deadline. We hope that IHS does not use the additional time to delay its upgrades and request that this Committee designate special funding for the agency in order to facilitate this fundamental change to our system.

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We ask this Committee to support the passage of the proposed amendments to the Indian Health Care Improvement Act, specifically House Bill 3229, which would provide for advance appropriations for IHS. We support this measure because we believe the agency will be able to better adapt to the new full funding scheme if IHS appropriations were two-year funds. Such an appropriation scheme would give the agency greater flexibility, allowing it to change the appropriation to individual Tribes if more funds are distributed at the end of the contract year, if adjustments are made to a Tribe's rate, or if a renegotiation of contract support costs occurs. This measure would ensure that Tribes actually receive the entire amount of promised contract funding, including full contract support cost funding.

I would like to end by simply saying Quyanaq, or Thanks. Thanks to your hard work, we have much to be thankful for.