Good afternoon and miigwech (thank you) Chairman Calvert, Ranking Member McCullom, and Members of the Subcommittee for allowing me this opportunity to consult and provide testimony on behalf of the St. Croix Chippewa Indians of Wisconsin's funding allocation experience with you.

Boozhoo, Naawaakamaagookwe Biidishbiikiwibidaanikwe Niindizhinakaaz. St. Croix Chippewa Indians of Wisconsin niindoonjibaa. Hello, my name is Sarah Taylor-Cormell. I am the Secretary of Health and Human Services for the St. Croix Chippewa Indians of Wisconsin located in rural northwestern Wisconsin. Our service area is spread out over five counties--Barron, Burnett, Polk, Washburn, and also includes a small community just over the Minnesota/Wisconsin border overlapping Pine/Burnett counties. We have approximately 1200 enrolled members and thousands of descendants living in Wisconsin and throughout the United States. Our patient/consumers include other tribes' members living in our service area. We numbered over 283,000 service contacts for fiscal year 2014 throughout the various departments and services offered at our Health Clinic-the medical home for our community members and tribal social services.

Our Tribe offers many essential services to our members and descendants, in addition to our health services; including housing, education programs, family service programs, elder services, tribal court and law enforcement services. The needs are numerous and despite inadequate funding and shortfalls, we maximize on utilization of funding we do receive through Indian Health Services, BIA/BIE, Impact Aid, AINH Housing Block Grants, SAMHSA, AoA, ACF, Federal and State Grants, private grants, and tribal revenue to do all we can to address the overwhelming social and health needs of our people.

We are thankful for the leadership and support you have provided to tribes in this effort. We recognize the collective guidance, research, direction, and collaboration necessary to implement the changes and increases we have seen over the years through congressional work and leadership. It is because of this working relationship that we also know that if we were to make you aware of the devastating impacts of sequestration cut backs, delayed payments through continuing resolutions percentage payouts, and shortfalls in proposed appropriations, you would surely do all you could do to remedy the circumstances to ensure that past efforts are not undermined by current funding protocols and delivery processes.

Funding Practice Impact

The United States' trust responsibility is a legal obligation to provide services to American Indians, such as healthcare, housing, education. This responsibility and obligation is guaranteed through treaties, executive orders, legal cases, and congressional acts. However, there is a long-standing history of underfunding of Indian Health Services and other federal programs that has led to significant challenges and barriers in providing quality, accessible, and reliable health care and social services.

We have expressed our concerns along with other tribes over contracting and compacting for services that are chronically and significantly underfunded in the past, but more recently have

shared the disturbing impact of sequestration that resulted in across the board cuts to all federal programs that tribes are reliant on to ensure access to services for our communities.

Underfunding

Federal funding allocations are proposed each fiscal year based on historical allocations and demonstration of need as defined by area population numbers in comparison to FEHB standards; however, historical approaches to funding ensure that funding is not adequate to meet true contemporary need. As with any population group we grow. and as with any professional business we need to be responsive to the assessment of growth and needs of the population we serve. Historical numbers are not reflective of need. Further percentage increases for appropriations on top of the historical funding base are so miniscule that by the time it trickles down to the individual tribe it could not possibly keep pace with inflation rates for goods and services or cost of living increases for professionals and workforce development.

Although there are trends in health and social service needs for American Indians, each of the 565 federally recognized tribes within the 12 areas of the Indian Health Service have a service population and needs that are unique to their tribe. Our members and descendants pursue their goals and dreams outside of our borders and communities, however they often call back home for supportive services, assistance in paying for service costs, or come home for healthcare. Although heart disease, diabetes, cancer, substance abuse, and lack of nutrition/fitness concerns are still very high and leading causes of death in Indian Country over all, the numbers vary and interventions vary in priority per tribe.

The Bemidji Area has the highest unmet funding disparity of any Area Office in Indian Health Service. Our area is comprised of Minnesota, Wisconsin, and Michigan and funds 3 service units, 34 tribal hospital and clinics, and 4 urban centers. The 34 tribes in our IHS area compete to demonstrate need to get every penny we can to maintain and grow our services to meet those tribally measured and demonstrated needs through area distributions. We also compete to access additional grant funds through various federal agencies to grow services. However, IHS is not guaranteed funding due to being subject to budget overhauls, and if 120 competitive grants are awarded to tribes nationally, we shortchange 445 other tribes.

During negotiations in 2015 for FY 2016, after demonstrating need for our IHS contracted dollars, we were told that 60% of funding need was considered reasonable for allocation, so we were over "reasonable budget expectations" and would have to make cuts. The funding need we proposed was already demonstrative of cutting back our clinic operations work week from 40 to 32 hours to ensure that services we had grown were still available, even if offered only 4 days a week instead of 5 days. This proposal also represented 5 layoffs due to grants ending and tribal funding streams being unavailable. In addition, we had to decrease our Purchased Referred Care (PRC) funding, formerly Contract Health Service funding by 45% this past year and will have to maintain the cut going into the next fiscal year. PRC provides financial assistance to supplement the costs of healthcare services at outside agencies when those services are not covered by insurance and are not available within our tribal clinic. This is a substantial cut and will require us to set priorities that potentially disenfranchise and jeopardize the health and well-being of the people we serve. Approaching our fiscal year 2017 budget, in

order to stay within our anticipated funding allowance we have had to lay off an additional 12 professionals and suspend any growth or support for our in-house direct services. These suspensions impact our ability to improve patient care and remain competitive as a medical home, acts such as suspending expansion of lab services for same day diagnostics. We will have to continue sending our labs out for processing at an outside lab which results in delaying diagnosis and treatment. We also need to hold off on adding ultra sound and radiology diagnostics in house, despite having the room in place complete with lead lined walls and observation office. This, too, is inconvenient for patients who will have to drive 60-120 miles round trip to access a necessary diagnostic tool and results will take days so this will also result in delaying diagnosis and treatment.

The growth we experienced through careful planning and utilization of incremental increases, third party revenue, and tribal funding support resulted in improving access to services through adding additional staff and programming, improving care through hiring licensed and educated staff and providing access to training and education for paraprofessional staff. This allowed us to truly offer a holistic, wrap-around, one-stop shop medical home. However, this growth is not sustainable if adequate funding is not assessed and appropriated. Sixty percent of funding is far from appropriate and will never cover the unmet needs of the people who suffer the greatest health disparities in the country.

Sequestration and Continuing Resolutions

In addition to underfunding, tribes have not recovered from sequestration. Budget cuts to federal programs in the form of sequestration was a creative spending plan, however the implications in Indian Country were far reaching. Healthcare and social services were not only jeopardized, but resulted in lack of reliability and confidence in clinical and social services. Programs were suspended without patients/consumers knowing when or if they were going to be resumed, resulting in a lack of trust in an already blemished healthcare system for Indian Country. This also caused uncertainty for the professionals delivering the services, who were unsure if contracts would be honored or renewed with fair increases or if they should seek employment at a private business outside of the tribe. We have lost many staff due to the stress of financial sustainability plans and the pressures of delivery of care through public health. It seems we are always asking them to do more with less. This is an added stress to what is already a difficult task in recruiting qualified individuals to work in a very rural area.

In addition to the budget cuts, we now have the impact of the disturbing practice of continuing resolutions that piecemeal funding to tribes in the form of small percentage pay outs from an obligatory contract. This practice resembles reimbursement programs as opposed to full contract disbursements as appropriated that would allow tribes to operate with reliable funding streams from the beginning of the fiscal year to the closeout. Although our fiscal year began in October 2015, we received only 38% of our contract by February 2016. We were forced to lay off 10 staff members, suspend more programs and services, and consolidate having staff provide multiple roles to meet service expectations, while reducing payroll and operations costs. Third Party revenue and tribal funds were utilized to subsidize IHS dollars. We maintained on-going contact and requests to our area office, while we watched and waited through congressional debates on budgets, desperate for our obligatory payments. This is an unacceptable practice, that

greatly diminishes any efforts, budgetary and system gains, and strides we have made in improving patient care, access to care, and reliability of continuity of care. These practices are troubling and difficult to bear.

Honoring Trust Obligations

As stated earlier, we are thankful for the progress made thus far, however in order to fulfill the trust obligation the outlined funding shortfalls and inequities need to be assessed and remedied. Assessing how demonstration of need is calculated and what comprises disbursement formulas will be necessary to ensure that our base is fair and true reflection of need.

Indian Health Service, BIA, and other federally funded tribal programs should be made exempt from sequestration. Indian Health Service funding should not be discretionary or subject to sequestration. The St. Croix Chippewa Indians of Wisconsin recommends and fully supports the passage of S 1497 and HR 3063.

Advance appropriations would ensure that tribes have advance notice of the amount of federal appropriations available within budgetary constraints to sufficiently plan for administration of services and programs for the communities we serve. This would reduce stress and uncertainties of delayed funding and continuing resolutions. The St. Croix Chippewa Indians of Wisconsin recommends and fully supports the passage of HR 395.

Miigwech (Thank you) for the opportunity to share how appropriations impact the St. Croix Chippewa Indians of Wisconsin ability to continue the dedication and hard work to meet the social and health needs of the people we serve. We appreciate your dedication and hard work in supporting our efforts to collectively improve health outcomes for American Indians and Alaskan Natives. I look forward to answering any questions that you may have and to assist in any way I can to ensure improvements and progress.