Muscogee (CREEK) Nation

Executive Office

U.S. House of Representatives Committee on Appropriations
Sub-Committee on Interior, Environment and Related Agencies
FY-2017 Appropriations Testimony for the

Written Testimony of
The Honorable James R. Floyd, Principal Chief of the Muscogee (Creek) Nation

March 10, 2016

On behalf of the Muscogee (Creek) Nation, I am pleased to submit this written testimony on our funding priorities and requests for the Fiscal Year (FY) 2017 Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) budgets. Funding for Indian country is appropriated in the non-defense discretionary portion of the Federal budget. We, therefore, renew our request that Congress work together to achieve a balanced approach to the budget deficit that includes raising new revenue sources and that doesn't rely solely on cuts to discretionary spending.

As you know, I believe that we all share the common interests and therefore, we can find common ground to improve the health and welfare of the American people. I want to first of all thank you for the world you all work in for making critical investments to protect the health and well-being of the American people.

The Muscogee (Creek) Nation is the third largest Tribe in Oklahoma and the fourth largest in the United States with a citizen enrollment of 80,298. We are one of 39 federally recognized tribal governments in Oklahoma. The Nation's jurisdictional areas include eleven predominately rural counties, either whole or in part, in east central Oklahoma.

Currently there are more than 39,000 registered patients within our health system that consist of Muscogee (Creek) citizens, other federally recognized tribal members and Non-Indian beneficiaries. We anticipate that our patient numbers will increase

in 2017, as we complete construction of our new 18-bed tribally funded Critical Access Hospital, and outpatient Wellness Center in Okemah later this year.

We strongly support the Administration's FY2017 Budget Proposal as it reflects an improved commitment on behalf of the Federal government to uphold treaty and trust obligations with an investment in Indian programs. The proposed budget amount is extremely important to Tribes because we rely on this funding to support our core governmental programs and critical services that promote the safety and well-being of our Tribal citizens and Indian community. I am also here to strongly advocate for the expansion of Self-Governance authority and policy to provide Tribes the full contract support costs and flexibility to redesign programs and services throughout the Federal government to better address their community needs.

Purchased/Referred Care

As you are aware, the Consolidated Appropriation Act of 2014 renamed the Contract Health Services program to the Purchased/Referred Care (PRC) program. All of the policies and practices remain the same. The PRC funds are used to supplement and compliment other health care resources available to eligible American Indians.

The PRC program funds primary and specialty health care services are not available at IHS or tribal health care facilities and services purchased from private health care providers. This can include hospital and outpatient care, as well as physician, laboratory, dental, radiology, and pharmacy services.

Increasing the PRC line item in the budget serves two purposes. It provides much needed specialty and tertiary care to native patients, and it provides a revenue stream to private sector entities, which improves private sector access for native patients, as it is not uncompensated care. The (PRC) dollars allocated to our tribe does not provide enough resources to even meet the Priority Level 1 needs of our populations. Annually, the Muscogee (Creek) Nation must supplement PRC care with tribal funds to meet even the most life-threatening conditions our people face. It is imperative that consideration be given to appropriate funds for FY2017 be increased to a level to meet Level 1, needs to ensure that our people go without life-saving care, or worse, receive care, then face personal liability for care costs they cannot pay for.

Medicaid Expansion/Section 1115 Waiver

Unfortunately, the State of Oklahoma elected not to pursue Medicaid expansion associated with the Affordable Care Act leaving thousands of our citizens in need of alternative means of healthcare coverage.

Section 1115 of the Social Security Act gives the Secretary of Health and Human

Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs. The following is how these waivers are working for the benefit for the people:

- Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
- Providing services not typically covered by Medicaid; or
- Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

Oklahoma tribes have developed an 1115 waiver program for native people across the state. This waiver would greatly expand overage for the native people in the state through the Insure Oklahoma program, which would be funded through a 100% Federal Matching Assistance Program (FMAP). This waiver would cover native people at I/T/U clinics and would compensate tertiary care facilities for services provided to these patients. I strongly urge your support in assisting Oklahoma tribes in obtaining a CMS approval for this waiver program.

Respite Care

Respite care is also a much-needed service to our people. Traditionally, our people have always supported our aging and ailing family members. However, over time this care increases the stress within a home and family. Our tribe has implemented a tribally funded program called the Caregiver Support Program which serves 80 clients annually, but it falls far short of covering the needs of our eligible citizens. Statistics from 2010 reveal that there are 218,255 Native American 65 years and older, and that for ages 21-64 177,295 Native Americans are disabled. Additional funding would expand the support that we can provide families who care for their loved ones, help keep families at home while reducing Nursing Home costs, hospital re-admission and continuity of care to our people. On behalf of the tribe I recommend this Committee consider our Respite program as an Indian Health Service Pilot Program. As such we would continue to fund and evaluate the progress of this effort and outcomes related to reduced hospital re-admissions and associated costs, wound care management and patient satisfaction related to receiving treatment in a home setting. We would gladly work with the IHS on assessing our finding and potential application nationally as an essential component of a Native health care program.

Long-term Care

70% of people turning age 65 can expect to use some form of long-term care during their lives. Long-term care is a range of services and supports you may need to meet your personal care needs. Most long-term care is not medical care, but rather assistance with the basic personal tasks of everyday life, sometimes called Activities of Daily Living.

We have discussed respite care for elders in order to keep citizens at home and close to family as long as possible. For some elder and disabled citizens, however, the need exists for more intensive assistance and care than a family can provide. Care in assisted living and nursing home settings has been an unfunded mandate for IHS, Tribal, and Urban programs for some time. But it is becoming increasingly difficult to achieve, given the 218,000 seniors and 177,000 disabled in the native population. Consideration by this committee for funding long-term care, perhaps in combination with respite care, will allow some of the most vulnerable of our citizens to receive timely and appropriate care through their disability and on into their end of life needs.

Pharmacist Recognition and Reimbursement Through CMS

Pharmacist can play a critical role in healthcare by helping providers to manage chronic disease conditions. CMS recently moved to recognize pharmacists as providers, but they have yet to give them reimbursement status. Tribes have utilized pharmacists to assist in management of high cholesterol, anti coagulation, and asthma with very promising initial outcome results.

Providing reimbursement status to pharmacists will maintain high quality outcomes, reduce overall costs, and improve access to care.

Substance Abuse

Substance abuse is a significant problem on all communities, but is particularly concerning in the Native American population. Native American rates of alcohol and other substance abuse stands 41.6% nationally, compared to 35.1% for all other races combined. This results in damage to the lives of individuals and their families, as well as billions of dollars in healthcare cost and lost work productivity. We request a 10% increase in funding to provide improved access to substance abuse treatment and rehabilitation in order to mitigate the effects of addiction and return these citizens too productive lives.