Seattle Indian Health Board

For the Love of Native People

TESTIMONY OF ESTHER LUCERO

CHIEF EXECUTIVE OFFICER

SEATTLE INDIAN HEALTH BOARD

TO

HOUSE APPROPRIATIONS COMMITTEE

SUBCOMMITTEE ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES

TUESDAY MAY 16, 2017

Chairman Calvert, ranking member McCollum, members of the House Appropriations Committee's Subcommittee on Interior, Environment, and Related Agencies, my name is Esther Lucero. I am the Chief Executive Officer for the Seattle Indian Health Board (SIHB). I am of Navajo and Latina descent. I strongly identify as an urban Indian, as I am the third generation in my family to live outside of our reservation. I appreciate the opportunity to present testimony today.

The Seattle Indian Health Board is a contractor and grantee as an Urban Indian Health Program (UIHP) with the Indian Health Service (IHS) under authority of the Indian Health Care Improvement Act (IHCIA) as well as a HRSA 330 funded Federally Qualified Health Center (FQHC). Our goal is to improve the health of American Indians and Alaska Natives (AI/ANs) living in cities through the provision of culturally relevant health and human services. The Health Board has been in continuous operation since 1970. We offer a comprehensive array of primary health care services including medical, dental, mental health, substance abuse, nutrition, pharmacy, and traditional health services to more than 4,000 AI/AN people annually who represent more than 250 different Indian tribes. We operate the Thunderbird Treatment Center, a 65-bed residential treatment center, one of the largest in Washington State.

Beyond our clinical services, the Health Board operates an AI/AN, ACGME accredited family medicine physician residency training program. We also manage the Urban Indian Health Institute (UIHI), one of the IHS' 12 tribal epidemiology centers (TECs), and the only one with a focus on the health of urban Indians providing services to UIHPs across the nation.

I would like to thank the Subcommittee for maintaining your commitment to holding tribal witness day hearings, particularly given the time constraints in expediting the Fiscal Year 2018 Budget request. This opportunity to provide testimony regarding UIHPs is never taken for granted.

I am acutely aware of the Subcommittee's demonstrated commitment to improving the health and wellness of American Indian and Alaska Native (AI/AN) people. Last year was my introduction to this committee. I was

taken aback by how you intently listened to some of the key issues in our community including; the 40% homelessness experienced by members of our elder program, and how the Opioid addiction crisis impacts Urban AI/AN communities in Seattle. I would especially like to thank you for the $232 million increase to the IHS budget, and for the $3 million increase for the UIHPs in FY 2017. These increases will be beneficial in increasing the impact of IHS Hospitals, Tribal 638 Clinics, and the Urban Indian Health Programs, which, together make up the I/T/U system of care for AI/AN people.

Thank you for ensuring the completion of the Report to Congress entitled: *New Needs Assessment of the Urban Indian Health Program and the Communities It Serves.* Some of the highlights of this report include the suggestion that the percentage AI/AN living in urban environments is increasing beyond the 71% I cited in my testimony last year. It gives examples of increased collaborations between UIHPs and Tribal Communities, clearly an effort to bridge past resource allocation hardships, maximize current resources and leverage services to best meet the needs of AI/AN people. It also identified the need for expansion of the UIHP to meet the ever-growing urban AI/AN population. Still, this report would have been more impactful if it moved beyond demographics, health disparities, and program assessments to define clear recommendations and follow-up measures to be monitored by this committee to ensure that not only are we assessing UIHPs, but also taking clear steps to build upon their successes and minimize their struggles to reach and better the health outcomes of our AI/AN community.

Despite the Subcommittee's continued commitment to improve the I/T/U system of care, I am here today seeking your support for increased funding for the Urban Indian Health Program and the entire I/T/U, because even with the increases we have received over the last 3 years, the UIHP line-item is still less than one-percent of the overall IHS budget. We have an increasing need for services, and we are still trying to address a lifetime of a grossly underfunded system. This is of concern given the movement to repeal and replace the Affordable Care Act (ACA), which currently houses the IHCIA and the permanent reauthorization for UIHP funding, and names Tribal Epicenters as Public Health Authorities. The threats to our culturally relevant system of care grow exponentially with the targeted effort to reduce/eliminate funding for Medicaid and Medicaid Expansion, two resources that have provided supplemental revenue for UIHPs that are lucky enough to also be FQHCs. For us, Medicaid dollars allowed us to launch a pilot Opioid Addiction program that includes 5 waivered primary care providers to prescribe Suboxone, mental health professionals to conduct group mental health visits, provide increased access to outpatient chemical dependency treatment, and offer access to traditional health services. A $10 million increase in FY 2018 would bring us to a place where $5 million would bring us closer to meeting the growing need for services and another $5 million to meet capacity and infrastructure demands to meet that need. This increase, coupled with protections from sequestration, might provide UIHPs with some sense of stability. In addition, if Medicaid and Medicaid Expansion were preserved and UIHPs became eligible for 100% FMAP, then we are looking at expanded and impressive programs to support a population that historically has provided significant returns on investment.

In conclusion, we thank the committee for recognizing that there is a funding disparity in the IHS budget to address the health needs of AI/ANs living in urban areas. We would like to reconcile the discrepancy between

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$8,517 average spent per capita for health care per American citizen versus the $3,136 spend on AI/ANs in the IHS system of care. As UIHPs, we are a vital component to the I/T/U system of care, it is very important that we are given the opportunity to work with our tribal communities to best meet the needs of all AI/AN people, particularly when they migrate or relocate to urban environments. We ask that the budget formulation process better reflect the health care needs of the urban AI/AN community and that a feasible budget is established to adequately combat the health disparities experienced by our AI/AN population regardless of where they reside.

Thank you for your consideration of these requests.

Sincerely,

Esther Lucero, Chief Executive Officer

Cc: Congresswoman Betty McCollum, Ranking Member

Congressman Derek Kilmer

Congressman Tom Cole

Congressman Mike Simpson

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