

Duckwater Shoshone Tribe
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Testimony submitted to the House and Senate Appropriations Subcommittees on Interior,
Environment and Related Agencies

Concerning the FY 2018 Funding for the Indian Health Service and Bureau of Indian Affairs

May 17, 2017

The requests of the Duckwater Shoshone Tribe (hereinafter “Tribe”) for the FY 2018 Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) appropriations are as follows:

- Fully Fund Contract Support Costs for the IHS and BIA.
- Protect the IHS budget from sequestration.
- Permanently reauthorize the Special Diabetes Program For Indians.
- Appropriate additional funding to the IHS Hospitals and Clinics line item, and direct the IHS to allocate such additional funding specifically for pharmacy programs and physician services.
- Increase funding for Road Maintenance in the BIA budget.
- Increase funding for the Office of Indian Energy and Economic Development (funded by the Community and Economic Development activity in the Indian Affairs budget).
- Increase funding for Welfare Assistance in the BIA budget.

The Duckwater Shoshone Tribe is a federally recognized Indian Tribe located in a remote, high desert valley in the State of Nevada, in the very northern tip of Nye County. We are approximately 72 miles southwest of Ely and 40 miles southwest of Eureka. The Tribe is governed by a democratically elected, five-member tribal council and is primarily an agricultural community. We offer a range of services to our tribal members, including health care and natural resources and environmental health programs. The Tribe operates a tribal health clinic under a self-governance agreement with the Indian Health Service (IHS) under Title V of the Indian Self-Determination and Education Assistance Act.

Fully Fund Contract Support Costs (CSC)

The Tribe wishes to thank the Subcommittees for their leadership in making funding of IHS and BIA contract support costs for FY2016, and now FY 2017, an indefinite amount and also making it a separate account in the IHS and BIA budgets. This shift makes an enormous difference in helping ensure that the Indian Self-Determination and Education Assistance Act (ISDEAA) is fully funded and implemented as Congress intended. It also significantly enhances the federal-tribal government-to-government relationship. The Tribe is also thankful that the Subcommittees listened to tribal comments about how the bill proviso in the FY 2016 enacted bill effectively denied the CSC carryover authority authorized by the ISDEAA, and appreciates that the proviso was absent from the Consolidated Appropriations Act for FY 2017.

The Tribe nevertheless believes it is important that the indefinite appropriation of CSC funding be mandatory and permanent. Under the ISDEAA, the full payment of CSC is not discretionary, but is a legal obligation of the federal government which has been affirmed by the U.S. Supreme Court. Funding of CSC on a discretionary basis has in the very recent past placed the House and Senate Appropriations Committees, in their own words, in the “untenable position of appropriating discretionary funds for the payment of any legally obligated contract support costs.” The Tribe is determined to work together with the appropriate Congressional committees to find a solution for achieving this goal.

Exempt IHS From Sequestration

The Tribe is asking for this Subcommittee's support, and the support of your colleagues, for amending the Balanced Budget and Emergency Deficit Control Act to exempt the IHS from potential sequestration of funds. We are glad that Congress has seen its way fit to fully exempt Veterans Health Administration's programs from sequestration and to limit state Medicaid grants and Medicare payments to a 2 percent reduction. However, we do not see why Indian health, as a federal trust responsibility, is not afforded this same treatment. Indeed, a number of members of this Subcommittee and other members of Congress have publicly stated that it was an oversight that IHS was not included in the exempt category when the Balanced Budget and Emergency Deficit Control act was enacted.

The Tribe is also greatly concerned that the current FY 2018 funding cap for non-defense discretionary spending is lower than the FY 2017 spending cap. When put into the context of the President's "skinny" FY2018 budget outline proposal, which raises defense spending by \$54 billion and lowers non-defense discretionary spending by a like amount, the Tribe fears that the stage is set for significant sequestration of funds. Whatever the outcome, Indian health should be made exempt from sequestration.

Special Diabetes Program for Indians (SDPI)

The Tribe, like others throughout Indian Country, continue to support a permanent reauthorization and increased funding for the SDPI, which provides crucial support for diabetes prevention and treatment programs. While we understand that an SDPI reauthorization bill is not under purview of this Subcommittee, the SDPI and the programs carried out with SDPI funding

certain affect the scope and range of our health care efforts and our IHS programs, which this Subcommittee funds. The Tribe would greatly appreciate any help the Interior Appropriations Subcommittee members can provide with your colleagues on this matter.

The SDPI program has been funded at \$150 million for many years and we often come to the brink of the expiration of its short authorization period before it is extended. It is set to expire again on September 30, 2017. A permanent reauthorization with annual funding of \$200 million would provide stability for our diabetes programs in terms of planning and recruiting and retaining personnel. The program is required to track outcomes, and it has shown identifiable significant outcomes – both in terms of access to treatment and prevention.

Increased IHS Funding For Pharmacy and Physician Services

Pharmacy programs within the IHS, and the funding the Tribe receives through its Hospitals and Clinics funding for carrying out a pharmacy program, are woefully inadequate for serving the needs of the Tribe's pharmacy patients. The funding has failed to keep up with the skyrocketing costs of prescription drugs, even with access to discounted goods and services on Federal Supply Schedules (FSS) and the McKesson Prime Vendor contract. The Tribe previously used its buy back authority to procure pharmacy services from the IHS through McKesson, which was extremely expensive, and moreover, McKesson has been experiencing a limited supply of pharmaceuticals. The Tribe's current funding is insufficient to keep up with rising pharmacy costs. The Tribe has a similar concern about the funding made available through the IHS that the Tribe can then allocate to procuring physician services. The Tribe has been experiencing great difficulty over the past several fiscal periods in recruiting and retaining physicians for carrying out its primary health care programs.

While the Tribe has authority under its ISDEAA self-governance agreement to redesign its compacted programs and reallocate funding in any manner in which the Tribe deems to be in the best interests of the health and welfare of its own tribal community, the reality is that there is just not enough funding for the Tribe to provide necessary services and still have adequate funding for pharmaceuticals and to pay physicians to locate to our remote area. We thus ask for the Subcommittees' support for increasing the IHS appropriation for Hospitals and Clinics funding, and to direct the IHS to allocate additional funding toward pharmacy and physician services.

Funding For Road Maintenance

“Road Maintenance,” which is funded under the “Tribal Government” activity in the BIA budget, is critically important to our Tribe. We are located in a rural area with few resources, few well-paved state or county connecting roads, and limited Tribal Transportation Program formula funds. As the Indian Affairs FY 2017 Budget Justification explains, “The amount received in the TPA [Tribal Priority Allocation] portion of the budget has been approximately \$24 million per year, which is less than 9% of the deferred maintenance of \$289 million for FY 2015.” As has been noted in any number of Congressional hearings, written testimony, and federal reports, the roads in Indian Country are some of the most dangerous and poorly funded roads in the Nation. We consider Road Maintenance funding to be a matter of public safety and

we respectfully ask the Subcommittee to increase appropriations for this critical budget sub activity.

Economic Development

Being a rural Tribe means that our members have less access to both employment and job creation opportunities. We also struggle with high energy prices both for individual members and for our tribal government buildings. These conditions are two factors hampering our ability to thrive as a community and we have been exploring a number of options to alleviate them. Through targeted studies, we have determined that we have viable wind and solar resources that can be developed. Developing these resources would provide our Tribe with greater energy certainty, lower energy prices, and economic opportunities for our tribal members. We ask that this Subcommittee increase funding for the Office of Indian Energy and Economic Development which is funded through the “Community and Economic Development” activity in the Indian Affairs budget, particularly the “Job Placement and Training” sub activity, which funds technical and vocational training, and the “Minerals and Mining” sub activity, which promotes and provides technical assistance for the development of renewable energy, conventional energy, and mineral resources. If we in Indian Country are to build a strong economic future for our communities, we must pursue an all of the above energy strategy which for us, includes wind and solar.

Adult Welfare Assistance

Rural areas, both in Indian Country and in non-tribal areas, often experience higher than average rates of unemployment due to a lack of opportunities. As a Tribe, we are working hard to help create opportunities for our Members both in terms of job placement and job creation. Unfortunately, there are some circumstance when welfare assistance is temporarily needed for some tribal members. The “Welfare Assistance” sub activity funded under the “Human Services” activity in the BIA budget provides these critical resources for our people. We, like the BIA and Congress, believe that welfare assistance should be a temporary safety net and ultimately, a bridge to better circumstances and opportunities, but we believe that it must exist. We ask the Subcommittees to increase funding for Welfare Assistance as a way to strengthen and stabilize families so that they are able to pursue opportunities and ultimately become self-sufficient.

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Thank you for your consideration of the concerns and requests of the Duckwater Shoshone Tribe.