

**Yakutat Tlingit Tribe**  
John Buller, Chairman  
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Testimony submitted to the House and Senate Appropriations Subcommittees on Interior,  
Environment and Related Agencies

Concerning FY 2019 Funding for the Indian Health Service  
April 27, 2018

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The Yakutat Tlingit Tribe (hereinafter “YTT” or “Tribe”) makes the following requests for the FY 2019 Indian Health Service (IHS) appropriations:

- Appropriate funds to fully cover Section 105(l) leases for health care facilities.
- Continue funding for the IHS Joint Venture Program and ensure that funds for staffing packages for completed programs are timely made available.
- Put in place a plan to achieve full funding for the IHS, including increases for the Indian Health Care Improvement fund and the Purchased/Referred Care program.
- Support funding for telecommunications connectivity in rural areas.
- Continue funding the Special Diabetes Program for Indians through mandatory, multi-year appropriations and continue funding other critical health programs, such as health education and Community Health Representatives.
- Continue to fully fund Contract Support Costs.

The Yakutat Tlingit Tribe appreciates the opportunity to submit testimony on the FY 2019 appropriations for several important programs. The Tribe is a federally recognized Indian tribe located on the eastern shores of the Gulf of Alaska in the City and Borough of Yakutat, Alaska. We are in a very remote area 225 miles northwest of Juneau and 220 miles southeast of Cordova, Alaska, and can be accessed only by boat or air travel. Because of our geographic isolation, we believe it is absolutely critical that we are able to provide high quality health services in Yakutat. We currently operate the Yakutat Community Health Center (YCHC), at which we provide a substantial and increasing number of community health care, counseling and prevention services.

The YCHC is funded in part through a community health center grant with the Health Resources and Services Administration, and we are a co-signer to the Alaska Tribal Health Compact under which we receive funding from the IHS under the Indian Self-Determination and Education Assistance Act self-governance program. Other funding comes to us through the State of Alaska and third-party collections such as Medicaid and private health insurance, and we have for many years received funding from the Universal Service Administration Company to support our information technology needs to provide health services and maintain critical connectivity, including our tele-health services and coordination with tribal health programs throughout Alaska. The City and Borough of Yakutat operates a volunteer Emergency Medical Services squad, but the YCHC is the only health care provider in the community. The Yakutat Borough is

in a Medically Underserved Area and is designated as a Health Professional Shortage Area for medical, dental and mental health.

**Fund Section 105(l) Health Facility Leases** . While the YTT does not currently have in place a Section 105(l) lease with the IHS, we believe that being able to exercise that authority under the ISDEAA is imperative to our and other tribes and tribal organizations to being able to carry out health programs in a safe and effective environment. Tribes and tribal organizations are increasingly relying on Section 105(l) leases to address chronically underfunded facilities operation, maintenance, and replacement costs. This is not just an issue in Alaska, as there are tribes outside of Alaska who also desperately need funding for their health care facilities.

However, the Administration is again asking this year that Congress amend the ISDEAA so that the IHS does not have to fully fund such leases. The IHS's proposed bill language, which appears in the IHS Administrative provisions, would effectively overturn the federal court's decision in *Maniilaq Association v. Burwell*, 170 F. Supp. 3d 243 (D.D.C. 2016), in which the court found that Section 105(l) of the ISDEAA requires full compensation for leases of tribal facilities used to carry out ISDEAA agreements. Funding such leases should not be placed wholly in IHS's discretion as it proposes. We thus ask that the IHS's proposed amendment to the ISDEAA not be included in the FY 2019 appropriations bill, and that it be rejected just as it was when the Administration made the same request last year.

**Fund the IHS Joint Venture Program** . The YTT is currently working toward building a new health care facility using its own tribal funds. We are doing so under the IHS Joint Venture Program, authorized by Section 818(e) of the Indian Health Care Improvement Act. The program involves a competitive pool of tribes and tribal organizations who agree to construct, acquire or renovate a tribal health care facility while IHS commits to funding the initial equipment and a staffing package for the operation and maintenance of the new facility. We were selected for the program among a competitive pool of applicants, and has not only committed to constructing the new facility, but also to providing equipment funding. The IHS will thus be responsible under the program for providing recurring funding for staffing on completion of the construction project.

The new, 11,000 square foot facility will be built on land owned by the Tribe in Yakutat, Alaska. The facility will allow the Tribe to provide improved and increased health service delivery in our remote area, and we intend to expand our primary care services and dental care. We will also have space available for visiting specialty providers to use, as well as space for our health aides, behavioral health care providers, preventive care and our administrative staff.

The Tribe asks the Subcommittees to support the continued funding for the IHS Joint Venture Program, and in particular asks that staffing funds be appropriated and made available to the IHS on a timely basis, so the Tribe can afford to open and staff the new facility on completion of construction without delay. Tribes like YTT have to commit far in advance to the construction costs and rely heavily on the funding for staffing to be available to them as quickly as possible on completion of the facility. Otherwise, it would be impossible for YTT to plan for and operate the new health care facility once it is complete. We need the security of knowing that the funding for staffing will be made available to us on a timely basis, so that we can advertise for

and select new health care professionals and other staff needed for the expanded services, and to allow them time to relocate to Yakutat, Alaska.

**Support funding for the Indian Health Service IHCIF and PRC** Yakutat Tlinget Tribe is one of the most disparately funded tribes within the Indian Health Service. Our per capita IHS base funding for basic medical care services is under \$700 per active user; if you add medical services provided through our regional hospital, this amount is estimated at \$1,500 well below the national 2017 spending for all other Americans of \$9,207 per person and the IHS average of \$3,332 per active user for medical care. We strongly support full funding for the IHS as requested within the National Tribal Budget Formulation FY2019 request. Until that full funding is realized, we support continuing funding for the Indian Health Care Improvement Fund which is intended to help reduce these IHS funding disparities within Indian Country for the neediest Tribes. It is unrealistic to expect our Tribe to fund our primary care services with a recurring medical services base funding from the IHS of only \$309,000; while we have been successful in supplementing these funds with grant and other resources, unlike our IHS dollars these are not guaranteed to be sustainable from year to year.

We also support increases to the Purchased/Referred Care budget. We are currently negotiating with the Alaska IHS Area Office to receive our share of PRC funding; the estimated amount we likely will receive annually is under \$300,000/year. We are concerned that this amount will not cover our annual costs for medevacs and routine referrals to the nearest Tribal hospital in Anchorage. Increasing the PRC funding will be critical to ensuring that we have funds to cover costs for these emergency and routine transports without bankrupting our budgets which provide resources needed to cover our primary care operating and facilities expenses.

**Support Telecommunications Connectivity Funding From USAC In Rural Areas**. In our testimony on the FY 2018 appropriations, we identified what we called a “potentially devastating development” related to the subsidy the Tribe receives from the Universal Service Administrative Company (USAC) for internet service. The Tribe has for many years received a subsidy from USAC that pays for our internet so that we can connect through satellite. The cost at more than \$20,000 per month in the past would be prohibitive to our tribal budget without the subsidies, which make it possible for the Tribe to instead pay around \$500 a month.

That devastating development has now come to pass—the USAC has imposed a pro-rata reduction in Rural Health Care funding due to a funding cap, which is resulting in an \$18 million unplanned shortfall for connectivity in Alaska for tribal health programs this year alone. Nationally, we understand there will be a \$50 million cut to subsidies, meaning Alaska accounts for about one-third of the entire national cuts. It is expected to double next year, so the impact on Alaska tribal programs could quickly rise to over \$35 million. Because our connectivity is our lifeline for the provision of health care in Alaska, we are faced right now with trying to find funding out of our already limited budget, which will translate into greatly reduced health care services just to cover our internet service costs.

While we understand this is not within the direct purview of these Subcommittees, and is a case that needs to be made with the Federal Communications Commission, this is such an imperative part of how we are able to carry out health care and related services in our rural community that

it will have a devastating effect on our delivery of quality health care. We ask for the Subcommittees' support for lifting the cap and fully restoring the USAC subsidies to the Tribe and other tribal health organizations throughout the State of Alaska.

**Mandatory Funding For the Special Diabetes Program For Indians (SDPI).** The Tribe very much appreciates that Congress has reauthorized the SDPI through FYs 2018 and 2019 at the mandatory funding level of \$150 million each year. The SDPI continues to provide critical funding for diabetes treatment and prevention programs for the Tribe's AI/AN patients. We continue to see significant outcomes in our community in terms of increased access to treatment and prevention services and decreased incidence of new diabetes diagnoses.

We are very concerned, however, that the President's budget for FY 2019 proposes to move SDPI funding and a lot of other funding under the Department of Health and Human Services from mandatory to discretionary status, meaning that the funding would have to come out of other appropriated funds within the Subcommittees' allocations. While the Tribe understands that this change from mandatory to discretionary funding for the SDPI would require Congress to amend the law establishing the SDPI, we are adamantly opposed to such a change. It would not only result in the loss of multi-year authorizations, which are imperative for being able to plan for and appropriately staff continued diabetes programs in our community, but would threaten the continued existence of the funding into the future. We strongly recommend that the Subcommittees reject this proposal and maintain the SDPI as mandatory funding.

The Administration proposes to discontinue funding for the IHS Community Health Representatives and Health Education programs, both of which are crucial programs throughout Indian Country. We support continued funding for those programs, as well programs outside of IHS, specifically the Low Income Home Energy Assistance Program, Community Services Block Grants, and the Supplemental Nutrition Assistance Program—all of which have direct impacts on the quality of health in tribal communities.

**Continue Full Funding of Contract Support Costs (CSC).** Again, we extend our sincere gratitude to Congress for fully funding CSC in the past three fiscal years, and for making it an indefinite amount that is in a separate account in the IHS and Bureau of Indian Affairs' budgets. The full funding of CSC has made a significant difference in our ability to successfully carry out our ISDEAA agreements and realize our rights and responsibilities under self-governance.

We object, however, to the IHS's renewed proposal to reinstate restrictions from the FY 2016 Appropriations Act, which we view as being contrary to the ISDEAA. The Administration is again proposing that the "carryover" clause be read to deny the CSC carryover authority of the ISDEAA, and that the "notwithstanding" clause be used as a basis for IHS to deny CSC for IHS grant programs, like Domestic Violence Prevention, Substance Abuse and Suicide Prevention and other grants that have been important to YTT's mission of serving its community. We appreciate that the Subcommittees did not adopt the IHS's proposal in the past two fiscal years, and request that you again reject the proposal for FY 2019.

Thank you very much for your time and consideration of the concerns and requests made by the Yakutat Tlingit Tribe.