**TESTIMONY OF DR. DONNA GALBREATH ON BEHALF OF SOUTHCENTRAL FOUNDATION**
**BEFORE THE HOUSE COMMITTEE ON APPROPRIATIONS**
**SUBCOMMITTEE ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES**
**REGARDING FY 2020 APPROPRIATIONS**
**FOR THE INDIAN HEALTH SERVICE**
March 6, 2019

My name is Donna Galbreath and I am the Senior Medical Director of Quality Assurance for the Southcentral Foundation (SCF). SCF is the Alaska Native tribal health organization designated by Cook Inlet Region, Inc. and eleven Federally-recognized Tribes – the Aleut Community of St. Paul Island, Igiugig, Iliamna, Kokhanok, McGrath, Newhalen, Nikolai, Nondalton, Pedro Bay, Telida, and Takotna – to provide healthcare services to beneficiaries of the Indian Health Service (IHS) pursuant to a government-to-government contract with the United States under authority of the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638. SCF is a two-time recipient of the Malcolm Baldridge National Quality Award for health (2011 and 2017).

SCF, through our 2,300 employees, provides critical health services, including pediatrics, obstetrics and gynecology, Native men's wellness, dental, behavioral health and substance abuse treatment to over 65,000 Alaska Native and American Indian patients. This includes 52,000 people living in the Municipality of Anchorage, the Matanuska-Susitna Borough to the north, and 13,000 residents of 55 rural Alaska Native villages. Our service area encompasses over 100,000 square miles, an area the size of Wyoming. More so than any other affiliation of tribes, Alaska Native people have assumed the broadest responsibilities under the ISDEAA to own and manage healthcare systems which, together with the Alaska Public Health System, serve 150,000 Alaska Native and American Indian people and thousands of non-Native residents in rural Alaska.

I want to thank this Subcommittee for its continued leadership in securing significant increases in federal appropriations for the Indian Health Service. The recent Consolidated Appropriations Act of 2019's increase of total appropriations for IHS to $5.804 billion, a $266.4 million increase over the FY 2018 enacted level represents continued movement in the right direction. My remarks today are simple: continue to increase federal appropriations for IHS programs and services until health disparities between Alaska Native and American Indian people and other Americans are extinguished. At present, IHS per capita spending on healthcare for Alaska Native and American Indian people is about one-third of the average national per capita healthcare spending level. Today, we are also fighting an opioid epidemic which is taking a disproportionate toll on Alaska Native people. As Chairwoman McCollum has noted: "the opioid epidemic has devastated communities and torn apart families across our country." This is just as true in our communities in Alaska. With a service population of 65,000, our resources are wholly insufficient in comparison to the crisis.

We are extremely troubled by the current Administration's continued comments and actions that seek to undermine the sovereign status of Alaska Native and American Indian tribes. We therefore ask that the Subcommittee reject any efforts by the Administration to eliminate or cut appropriations to Indian healthcare programs. Investing in Native healthcare will only improve the health of the Nation's first peoples, and we applaud this Subcommittee's commitment to that goal.

1. **Reduce the Disparity in Federal Healthcare Expenditures for Alaska Native and American Indian People**

We recommend that Subcommittee prioritize general program increases which are shared equally by all tribal programs. We are pleased to see that in FY 2019 appropriations for the IHS, Congress included significant increases such as a $102 million increase for Hospitals and Health Clinics, an $8 million increase for Indian health professions, a $2 million increase for Urban Indian Health, and a $4.1 million increase for Public Health Nursing. We do note, however, that Congress only moderately increased the appropriations for Purchased/Referred Care by $2.1 million and did not increase the amounts available for Facilities Maintenance and Improvement, which are critical budget items in need of increased resources. By the estimate of the National Indian Health Board (NIHB), IHS funding is only about 1/5 of the total tribal needs budget of $30 billion. So long as appropriations for the Indian Health Service reside within the Interior, Environment and Related Agencies, this Subcommittee will always be challenged to appropriate sufficient funds to address the healthcare disparities between Alaska Native and American Indian people and the rest of the population. We appreciate your efforts in tackling that challenge.

2. **Continue to Support Increases for Section 105(*l*) Lease Payments**

We recommend that the Subcommittee create within the Direct Operations account a new subaccount to pay required Section 105(*l*) lease payments to tribes and tribal organizations that make tribally-owned or leased facilities available for IHS-financed health programs. Even in the face of two Federal court decisions addressing IHS's legal obligation to fund Section 105(*l*) leases, the Administration has repeatedly asked Congress for statutory text, included in the Administrative Provisions concerning the IHS, to legislatively override Section 105(*l*), and the courts, and insert a "notwithstanding" clause which would make all lease payments by the Secretary entirely discretionary on the part of the IHS. In short, the IHS would secure the right to use tribal facilities to operate IHS-funded programs without paying for them which they had been doing for years by short-funding Village Built Clinic leases.

We urge the Subcommittee to again reject IHS's efforts to repeal a key provision of the ISDEAA through the appropriations process. This Subcommittee fully appreciates the challenges we face to build and maintain hospitals and clinics in unforgiving climates. Too often, lack of funds shortens the useful life of these vitally important structures. The cost to replace a hospital or clinic in Alaska is staggering. If tribes and tribal organizations are to extend the useful life of hospitals and clinics, we must be given the resources to properly operate and maintain them. Facilities worth having are worth maintaining.

Also, despite the obligation of the IHS to fully fund 105(*l*) leases, we have found the IHS to be slow to finalize these leases because they are not given enough money to fund all of the leases they are now clearly required to pay for. We continue to urge you to increase appropriations for Section 105(*l*) leases.

### 3. Provide Advance Appropriations for the Indian Health Service

Calls from Tribes and Tribal organizations for advance appropriations for Indian programs, including the Indian Health Service are not new, but the recent 35-day government shutdown has underscored the need for this change. The delays in funding had deeply-felt impacts in Alaska Native and American Indian communities across the country. As Chairwoman McCollum has said, "[d]uring the government shutdown, basic everyday needs like health clinics, tribal justice services, and social services for children, families, and seniors went unfunded, putting Native American communities at risk". We completely agree that "[t]hese programs are critical to life, health, and safety in these communities, and the federal government has a legal and moral responsibility to ensure funding for our trust and treaty responsibilities is not interrupted. Advance appropriations for Indian Country is a promising avenue for making good on our commitments to our Native American brothers and sisters."

Much has been said in this Subcommittee, year after year, about how the programs and departments subject to this appropriations process are reflections of the trust relationship the Federal Government has with American Indian and Alaska Native people. The problems that arise from shutdowns and other delays in the context of a *lack* of advance appropriations exacerbate the problems caused by the funding shortfalls and disparities discussed above.

We therefore applaud Chairwoman McCollum and Ranking Member Joyce, as well as Representatives Young, Cole, Haaland, Luján, Mullin, Ruiz, Watson Coleman, and Titus for their sponsorship of measures in the current Congress to provide advance appropriations for IHS.

### 4. Continue to Provide Increases for Behavioral Health Programs

We cannot note strenuously enough how important it is to increase available funds for behavioral health. Alaska Native and American Indian people are disproportionately represented in substance abuse, especially opioid addiction, and suicide statistics. According to the Centers for Disease Control (CDC), and confirmed by IHS Chief Medical Officer, Rear Admiral Michael E. Toedt, Alaska Native and American Indian people "had the highest drug overdose death rates in 2015 and the largest percentage increase in the number of deaths over time from 1999-2015 compared to other racial and ethnic groups." During that time, deaths rose more than 500% among Alaska Native and American Indian people. The CDC also found that the suicide rate among Alaska Native people is almost four times the U.S. general population rate and at least six times the national average in some parts of the State.

The recent Consolidated Appropriations Act contained a combined $17.7 million increase in FY 2019 for the Mental Health and Alcohol and Substance Abuse program (to $245.5 million), a 5% increase over the FY 2018 enacted level. In addition, the measure also includes an increase of $10 million to combat the opioid epidemic with direction to use the additional funds to create a "Special Behavioral Health Pilot Program modeled after the Special Diabetes Program for Indians." These are steps in the right direction, and we urge the Subcommittee to build on this effort and increase these programs by at least 15% above the FY 2019 enacted level. Behavioral health funds are critical to our most vulnerable population – our youth. SCF runs several programs that provide mental health care for Alaska Native youth which focus on building academic, vocational and

leadership skills through culturally-appropriate methods. It is our firm conviction that only by addressing the root causes that drive individuals to drug misuse and addiction – domestic and child abuse, poverty and unemployment – can we help them heal.

We also support specific appropriations for an Opioid Prevention, Treatment and Recovery program for Alaska Native and American Indian people. We recommend that these funds be distributed among tribes and tribal organizations as additions to our self-governance compacts and contracts. Alaska Native healthcare providers, like SCF, recognize that the size of the opioid and substance abuse problem in Alaska demands resources. However, with insufficient funds to address behavioral health challenges, we cannot reach those who suffer from substance abuse, those struggling with PTSD, our military veterans, or victims of violent crime. Prevention, education, and timely medication-assisted treatment (MAT) programs remain our most potent tools to raise a new generation of Alaska Native people who practice positive, life-affirming behavioral traits and who will, in turn, pass on these life skills to their children and grandchildren.

With our available funds, we established The Pathway Home, a voluntary, comprehensive, and individualized mental health program for adolescents aged 13 to 18 years. The Pathway Home teaches life skills to these Alaska Native youths so that they discontinue harmful behavior. Many of these youths have already experienced childhood trauma or seen family members struggle with drug and alcohol dependency, which puts them at greater risk of turning to drugs and alcohol. The Pathway Home creates a loving and supportive community environment and it is heartwarming to see how proud the graduates of this program are to go back out into the world with these new skills and new hope.

### 5. Contract Support Costs

With regards to Contract Support Costs, we appreciate Congress' use of an indefinite appropriation.

In recent years, we have witnessed the IHS making unilateral policy changes concerning its CSC policy, already an overly complicated process. It requires tribes to submit additional documentation to IHS and engage in two separate CSC negotiations each year. We urge the Subcommittee to direct the agency to simplify its CSC policy and not attempt to reduce the award of CSC funds to tribes through an unnecessarily complex methodology.

Thank you again for the opportunity to provide testimony on behalf of Southcentral Foundation and the people we serve.