Northwest Portland Area Indian Health Board
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Testimony of Chairman Andrew Joseph, Jr.
The Northwest Portland Area Indian Health Board
Before
House Appropriations Subcommittee on Interior, Environment, and Related Agencies
Public Witness Hearing
March 6, 2019

Good morning Chairwoman McCollum and Ranking Member Joyce, and Members of the Subcommittee. My name is Andy Joseph, Jr., and I serve as Vice Chair on the Colville Business Council, as a Co-Chair of the IHS National Tribal Budget Formulation Workgroup, and as Chairman of the Northwest Portland Area Indian Health Board. (NPAIHB). I thank you for the opportunity to provide testimony on the FY 2020 Indian Health Service (IHS) budget to the Subcommittee.

Established in 1972, the NPAIHB is a tribal organization established under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, advocating on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. NPAIHB operates the Northwest Tribal Epidemiology Center (NWTEC) and a variety of important health programs on behalf of our member tribes and national programs that serve Indian country. For twenty-eight years, NPAIHB has conducted an annual detailed analysis of the IHS budget.[1] It is an honor to present you with our recommendations for FY 2020.

Indian Health Disparities

The Indian Health Care Improvement Act (IHCIA) declares our Nation's policy is to elevate the health status of the American Indian/Alaska Native (AI/AN or Indian) people to a level at parity with the general U.S. population. Over the last thirty-six years the IHS and Tribes have made great strides to improve the health status of Indian people through the development of preventative, primary care, and public health services. Examples are seen in the reductions of certain mortality rates for AI/ANs between 1972-1974 and 2007-2009: maternal mortality reduced by 19 percent, infant mortality rate reduced by 67 percent and age-adjusted death rate for all causes of death between 1972-1974 and 2007-2009 decreased by 52 percent.[2] While Tribes have been successful at reducing some mortality rates, there is strong evidence that many diseases continue to impact Indian people. For example, national data for Indian people compared to the U.S. all races rates indicate they are 520 percent more likely to die from alcoholism, 450 percent greater to die from tuberculosis, 368 percent more likely to die from chronic liver disease and cirrhosis, 177 percent greater to die from diabetes complications, 60 percent greater to die from suicide, and 37 percent more likely to die from pneumonia and influenza.[3] In the Portland Area, AI/ANs leading cases of death are cardiovascular disease, cancer, unintentional injury, chronic liver disease and cirrhosis, chronic lower respiratory diseases, diabetes, suicide, Alzheimer's disease, influence and pneumonia, and viral hepatitis.[4] These data document the fact that despite the considerable gains that Tribes have made at addressing health disparities more must be done to ameliorate these health disparities.

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[1] NPAIHB Resource Library, available at: http://www.npaihb.org/resource-lib/ (last visited Feb. 26, 2019).
[2] Trends in Indian Health, 2014 Edition, Indian Health Service, available at: https://www.ihs.gov/dps/publications/trends2014/ (last visited Feb 26, 2019).
[3] *Id*.
[4] IDEA-NW, Northwest Tribal Epidemiology Center, Portland, OR (May 2018).

FY 2019 Enacted Level Funding for IHS

In FY 2019, IHS received an overall increase of $162 million or 3.4% above FY 2018 enacted level for program and services, not including mandatory Contract Support Costs (CSC) of $104 million. In our annual analysis for FY 2019, we determined that a $268 million increase was needed above FY 2018 enacted level to cover population growth and medical inflation for current services (not including CSC).[5] The final appropriated amount for FY 2019 fell short by $106 million. The IHS budget has not received adequate annual increases, with a few exceptions, to maintain the costs of current services (inflation, population growth, and pay act increases). The consequence of this is that the IHS budget is diminished and IHS and Tribal health programs purchasing power has continually been eroded over the years.

Recommendation: **Maintain Current IHS Services**

The fundamental budget principle for Northwest Tribes is that the basic health care program must be preserved by Congress. Preserving the IHS base program by funding the current level of health services should be a basic budget principle by Congress. Otherwise, unmet needs will never be addressed. We estimate for FY 2020 that in order to maintain current services a minimum of $195 million over FY 2019 enacted level is needed to cover medical inflation and population growth. Unfortunately, IHS and Tribal health programs will suffer consequences if IHS appropriations do not include inflation, population growth and pay act increases. For FY 2020, NPAIHB recommends that IHS be funded at least $195 million to cover population growth and medical inflation to maintain current services with commitment that appropriate program increases be designated for IHS and Tribal health programs and not reprogramed for other purposes by IHS.[6]

Recommendation: Full Funding for IHS Phased in Over 12 Years

Tribal leaders on the National Tribal Budget Formulation Workgroup (Workgroup), representing all twelve IHS areas, provide recommendations on the IHS budget annually through the IHS Budget Formulation process. As I previously mentioned, I serve as a co-Chair of the Workgroup and am the Portland Area representative. The Workgroup provided recommendations for FY 2020 requesting an end to the growing health disparities and urgent life-safety issues at IHS by fully funding IHS phased in over 12 years.[7] This recommendation is supported across Indian country as a recommendation that honors treaty and trust obligations of the United States to provide health care to Indian people. Consistent with the Workgroup's recommendation, NPAIHB recommends that IHS be funded at $7 billion for FY 2020 to implement phased in full funding for IHS.[8]

Recommendation: Advance Appropriations

The recent partial government shutdown caused undue hardship to AI/AN people in the Northwest – from federal employees not being able to put food on their tables to reduced patient

[5] NPAIHB, *FY 2019 Indian Health Service Budget: Analysis and Recommendations - 28th Annual Report*, http://www.npaihb.org/resource-lib/ (last visited Feb. 26, 2019).
[6] RADM Michael D. Weahkee, *Letter on decision to reprogram a portion of FY 2018 funding* (Sept. 14, 2018), https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2018_Letters/DTLL_DUIOLL_ISDEAA_09142018.pdf.
[7] National Tribal Budget Formulation Workgroup Recommendation, *FY 2020 Summary Recommendations*, https://www.nihb.org/legislative/budget_formulation.php (last visited Feb. 26, 2019).
[8] *Id*.

access to care due to clinics having to cut their hours. Some Northwest Tribes were considering closing their clinics due to lack of funding. This is unconscionable treatment of AI/AN people and must not be repeated in the future. For this reason, NPAIHB requests support for Advance Appropriations in recognition of the trust and treaty obligations.

Additional Recommendations for FY 2020

Increase Purchased and Referred Care (PRC) by $50 million. Without IHS/Tribal hospitals in the Portland Area, Northwest Tribes rely on the PRC program for all specialty and inpatient care. Because of this, the PRC program makes up over one-third of the Portland Area budget and when less than adequate inflation and population growth increases are provided, Northwest Tribes are forced to cut health services to absorb these mandatory costs. The level funding of PRC in FY 2016 further diminished the purchasing power of Northwest Tribes. Those IHS areas that have inpatient care can absorb PRC funding shortfalls more easily than PRC dependent areas with their larger size staffing packages and infrastructure.[9] For FY 2020, NPAIHB recommends a program increase of $50 million for Purchased and Referred Care (PRC).

Increase Mental Health/Substance Use by $255 million. NPAIHB is particularly concerned about the mental health of our AI/AN children and youth. Suicide is the second leading cause of death for AI/AN adolescents and young adults. AI/AN suicide mortality in this age group (10-29) is 2-3 greater than that for non-Hispanic whites. Northwest Tribes have prioritized the need for Youth Regional Residential Treatment Centers that provide aftercare and transitional living for both substance use and mental health. For FY 2020, NPAIHB recommends a $50 million increase for new youth pilot projects in other Areas and $50 million to fund critical detoxification and recovery services.

Special Behavioral Health Pilot Program for Indians, modeled after the Special Diabetes Program for Indians, was appropriated $10 million in FY 2019. Northwest Tribes support such a pilot program; however, Northwest Tribes recommend the option for Tribal shares instead of grant awards. In FY 2020, NPAIHB recommends that the Special Behavioral Health Pilot Program for Indians be funded at $150 million with an option for Tribal shares and an additional $5 million made available to Area Health Boards/Tribal Epidemiology Centers for the provision of technical assistance to Tribes and to collect and evaluate performance of the pilot program.

Increase Indian Health Professions by $10 million. Given the recruitment and retention issues of health care providers in many of our Northwest Tribal communities, NPAIHB passed a resolution supporting an increase for Indian Health Professions to fully fund scholarships for all qualified applicants to the IHS Scholarship Program and to support the Loan Repayment Program to fund all physicians, nurse practitioners, physician's assistants, nurses and other direct care practitioners (NPAIHB Resolution18-03-07). For FY 2020, NPAIHB requests a program increase of $10 million for Indian Health Professions.

No Increase to New Healthcare Facilities Construction But Increase Small Ambulatory Program (SAP) by $25 million and Increase Joint Venture Construction Program (JVCP). The 2016 IHS/Tribal Health Care Facilities Needs Assessment Report to Congress stated that the current Priority List will not be complete until 2041 and at the current rate of construction appropriations and the replacement timeline, a new 2016 facility would not be replaced for 400 years. Many tribes and tribal organizations have had to assume substantial debt to build or renovate clinics for AI/AN people to receive IHS-funded health care. For these reasons,

NPAIHB does not support funding for new Health Care Facilities Construction until the current funding mechanism is changed. NPAIHB recommends that the Government Accountability Office (GAO) be instructed to review and issue a report on the IHS Facilities Construction Priority System, including historical and current funding distribution inequities. (NPAIHB/CRIHB Joint Res No. 17-04-12). In addition, for FY 2020, NPAIHB recommends a program increase of $25 million for the Small Ambulatory Program (SAP) with funding for staffing packages; and increased funding for the Joint Venture Construction Program (JVCP).

Fund Long Term Care. Northwest Tribes are working to keep elders in the community and to improve comprehensive health and social services for elders. IHCIA provides authority for IHS to carry out hospice care, long-term care, assisted living, and home and community based services in tribal communities; however, no funding has been allocated for this purpose. For FY 2020, NPAIHB recommends at least $105.5 million in funding for hospice care, long-term care, assisted living, and home and community based services in tribal communities authorized under ICHIA.

Fund Information Technology/Electronic Health Record System Modernization. Department of Veterans Affairs (VA) is transitioning to single source contract with Cerner, which will leave the IHS's RPMS without system support**.** Northwest Tribes recognize there will need to be a substantial investment in information technology (IT) infrastructure and software in order for IHS to transition to another system. For FY 2020, NPAIHB recommends funding at $37 million for planning and phased-in replacement of the IHS RPMS with ongoing tribal consultation and funding for support and technical assistance.

Fund Expansion of Community Health Aide Program in Lower 48. Expansion of Alaska's Community Health Aide Program (CHAP) in the lower 48 would address workforce development needs with "growing our own" qualified mid-level providers -- dental health aide therapists (DHATs), community health aides, and behavioral health aides. In the past few years, Northwest Tribes have been at the forefront of training and placing DHATs in Oregon and Washington with an additional seven students graduating this year from the Alaska Native Tribal Health Consortium program. An IHS interim CHAP policy is anticipated to be finalized this Spring, 2019, and is expected to allow Areas the ability to move forward with CHAP implementation efforts but funding is needed. NPAIHB recommends phased in funding with $12 million for FY 2020.

Fund New Hepatitis C Treatment. It is estimated that there are at least 40,000 AI/AN people, served by IHS, with a current Hepatitis C infection, according to the IHS National Data Warehouse. Our Tribes support a "Treat All" policy. This policy would result in $8 billion in cost savings (treatment of 40,000 patients at a cost savings of $200,000/lifetime/individual). The Department of Veterans Affairs (VA) has made these drugs available for veterans with Hepatitis C. NPAIHB recommends that IHS be funded for five years at $120 million per year beginning in FY 2020 to eradicate Hepatitis C of AI/AN people served by IHS.

Thank you for this opportunity to provide recommendations on the FY 2020 IHS budget. I invite you to visit Portland Area tribes to learn more about the utilization of IHS funding and health care needs in our Area. I look forward to working with the Subcommittee on our requests.[10]

[10] For more information, please contact Laura Platero, NPAIHB, at lplatero@npaihb.org or (503) 416-3276.