



Northwest Portland Area Indian Health Board

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**Testimony of Greg Abrahamson
The Northwest Portland Area Indian Health Board
Before**

**House Appropriations Subcommittee on Interior, Environment, and Related Agencies
Public Witness Hearing – FY 2021
February 11, 2020**

Good morning Chairwoman McCollum and Ranking Member Joyce, and Members of the Subcommittee. My name is Greg Abrahamson, and I serve as Vice Chair on the Spokane Tribal Council, as Portland Area Representative on the IHS National Tribal Budget Formulation Workgroup, Portland Area Representative and Vice Chair on the Direct Service Tribal Advisory Committee, and as Secretary of the Northwest Portland Area Indian Health Board. (NPAIHB or Board). I thank the Subcommittee for the opportunity to provide testimony on the FY 2021 Indian Health Service (IHS) budget to the Subcommittee.

The Northwest Portland Area Indian Health Board is a tribal organization, established in 1972, under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, that advocates on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. The Board's mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in the delivery of culturally appropriate, high quality health care. "Wellness for the seventh generation" is the Board's vision. This Subcommittee is critical to making this a reality. We thank the Subcommittee for continuing to support increased funding for IHS every year.

Within the past 40 years Portland Area Tribes have made progress to improve the health status of Indian people through the development of preventative, primary care, and public health services. However, funding has been inadequate to fully address health disparities in our area. From 2014 to 2016, the leading causes of death for American Indians and Alaska Natives in the Northwest were cardiovascular disease, cancer, unintentional injury, chronic lower respiratory disease, chronic liver disease and cirrhosis, diabetes, suicide, Alzheimer's disease, influenza and pneumonia, and nephritis.¹ Tribes have never received enough funding to address all of these disparities.

FY 2020 Funding. For FY 2020, I thank the Subcommittee for its continued support of funding for the Health Education and the Community Health Representative (CHR) programs. The CHR program is important to the direct service tribes in our area. The overall increase to the IHS budget of \$243 million or 4% above FY 2019 is just a drop in the bucket to what is needed especially when the increase includes \$89 million for Self-Determination Education Assistant Act Section 105(l) lease costs.

Provide Indefinite Discretionary Appropriation for ISDEAA Section 105(l) Leases. Portland Area Tribes are concerned about the rising costs of Section 105(l) leases and the long-term impact on services. Our area supports tribes receiving funding for the Section 105(l) leases; however, IHS's reprogramming of services funding to cover the cost of the leases reduces much needed program increases for tribes in our area to maintain current services. For this reason, we request that Section 105(l) leases be made an indefinite discretionary appropriation.

¹ IDEA-NW, Northwest Tribal Epidemiology Center, Portland, OR (November 2019).

Fund IHS to Maintain Current 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. As it is, following the final FY 2013 sequestration, the IHS appropriation lost \$175.7 million and tribes were never made whole from this loss. There must be continued growth of funding for the base programs for tribes to maintain current services. For FY 2021, I request this Subcommittee fund \$200 million above FY 2020 to cover population growth and medical inflation.

Full Funding for IHS. I serve as the Portland Area representative on the National Tribal Budget Formulation Workgroup. The Workgroup recommended, and our area supports, the request of \$9.1 billion for IHS in FY 2021 to get IHS up to full funding of \$37.6 billion.² Funding IHS in FY 2021 at \$9.1 billion, a \$3 billion increase over FY 2020, will move us towards ending the growing health disparities and urgent health care needs at IHS, tribal and urban Indian facilities.

Provide Advance Appropriations for IHS. The 2019 partial government shutdown caused undue hardship to Northwest Tribes – from federal employees not receiving a paycheck to clinics cutting down their hours. Some Northwest Tribes were even considering closing their clinics due to lack of funding. Our people’s lives are impacted by the shut downs. This is unforgivable treatment and must be prevented in the future. For this reason, NPAIHB requests support for Advance Appropriations in recognition of trust and treaty obligations to tribes.

Increase Purchased and Referred Care (PRC) by \$50 million. In FY 2020, PRC received no increase. Portland Area does not have an IHS hospital so IHS/Tribal facilities in our area must purchase all specialty and inpatient care. The PRC program makes up over one-third of the Portland Area budget so when there is no increase and no consideration of population growth, Northwest Tribes are forced to cut health services. Areas with IHS hospitals can absorb these costs more easily because of their infrastructure and large staffing packages. For FY 2021, I request a \$50 million increase for PRC above FY 2020.

Increase Funding for Mental Health by \$40 million and Substance Use by \$40 million. Our youth are precious to our communities and the carriers of our Northwest traditions and culture. I want to ensure that they have all the services that they need to grow and develop into future leaders for our tribes. In our area, suicide is the second leading cause of death for our Native youth. Our tribes have prioritized the need for Youth Residential Treatment Centers that provide aftercare and transitional living for both substance use and mental health. While there are two facilities in the Portland Area, the Healing Lodge of the Seven Nations in Spokane and NARA Northwest in Portland, more are needed with expanded services.

In addition, the Indian Health Care Improvement Act (IHCA) allows for expanded behavioral health services that have not been fully funded since enacted. Increased funding would allow for implementation of IHCA Section 702 to expand behavioral health care for prevention and treatment and Section 704 to provide more comprehensive care through detox, psychiatric hospitalization and community-based education and rehabilitation programs. The Portland Area tribes would also like IHCA Section 705 funded to expand the usage and dissemination of a Mental Health Technician Program to better serve patients in their communities, as well as Section 715 to expand Behavioral Health research grants to allow tribes to find more innovative

² National Tribal Budget Formulation Workgroup Recommendation, *FY 2021 Summary Recommendations*, https://www.nihb.org/legislative/budget_formulation.php (last visited Jan. 15, 2020).

and effective approaches to address issues like Indian youth suicide. NPAIHB recommends a \$40 million increase for mental health and \$40 million increase for substance use.

Fund Special Behavioral Health Pilot Program for Indians at \$150 million. I thank the Subcommittee for the \$10 million in FY 2020 for the Special Behavioral Health Pilot Program for Indians to address the opioid epidemic. Besides the high rates of opioid related deaths among American Indians and Alaska Natives in our area, alcohol and methamphetamine use also still an issue for many of our people. The Special Behavioral Health Program for Indians is a promising program that may be able to comprehensively address all substance use issues as well as co-occurring mental health issues and should not be restricted to opioids only. FY 2021, NPAIHB recommends that the Special Behavioral Health Pilot Program for Indians be funded at \$150 million to address all substance use and mental health issues with an option for tribes to receive funds in ISDEAA Title I and Title V compacts and contracts. In addition, we recommend that \$5 million be 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 Funding by \$10 million. Given the recruitment and retention issues of health care providers in many of our Northwest Tribal communities, NPAIHB supports 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.³ For FY 2021, NPAIHB requests a program increase of \$10 million for Indian Health Professions.

No Increase to New Healthcare Facilities Construction; Increase Small Ambulatory Program (SAP) by \$25 million and Increase Joint Venture Construction Program (JVCP). Portland Area Tribes do not support funding for facilities construction and related staffing packages because IHS Healthcare Facilities Construction Priority System does not benefit Northwest Tribes. Additionally, the funding does not equitably benefit Areas nationally. This Committee must request 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. In addition, for FY 2021, 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 Demonstration Projects at \$25 million. The Portland Area Facilities Advisory Committee (PAFAC) completed a pilot study over 10 years ago to evaluate the feasibility of regional referral centers in the IHS system. The PAFAC recommended that the first specialty referral center be constructed as a demonstration project under IHCIA Section 143. This innovative facility would provide services such as medical and surgical specialty care, specialty dental care, audiology, physical and occupational therapy as well as advanced imaging, and outpatient surgery. It is anticipated that this facility could provide services for approximately 50,000 users within the regional service area as well as an additional 20,000 in telemedicine consults. We request demonstration projects under ICHIA Section 143 be funded at \$25 million for FY 2021.

Fund Information Technology Modernization at \$25 million.

IHS was funded at \$8 million for IHS IT Modernization. RPMS is now a legacy system and is inconsistent with emerging architectural electronic health record standards. RPMS cannot meet

³ NPAIHB Resolution18-03-07.

evolving needs. Portland Area recognizes that the Veterans Administration's (VA) decision to move to a new Health Information Technology solution will create a gap for the parts of RPMS that are dependent on core coding from the VA. Substantial investment in IT infrastructure and software is needed to maintain RPMS. For FY 2021, NPAIHB recommends funding at \$25 million for planning and phased-in maintenance of RPMS with ongoing tribal consultation and funding for support and technical assistance, with consideration of tribes that have purchased commercial off the shelf systems.

Fund Expansion of Community Health Aide Program at \$25 million. NPAIHB has made great progress on establishing the framework in the Portland Area for Community Health Aide Program Expansion. We have 12 Dental Health Aide Therapists working within our tribes and one more to graduate from the Alaska program in June. We have two Behavioral Health Aide students in the Alaska education program and we expect to send six more Behavioral Health Aide students in August. We are working on a Dental Health Aide Therapist education program in Washington state with the first cohort in students in FY 2021. We are also developing a Behavioral Health Aide education program with our tribes in both Oregon and Washington. We thank the Subcommittee for the \$5 million for the national Community Health Aide Program Expansion in FY 2020. In FY 2021, we request \$20 million for continuation of the national expansion with \$5 million for Portland Area to continue work to establish certification boards and to sustain the training program.

Fund HIV at \$25 million. From 2013 through 2017 rates of new diagnosis of HIV for American Indian and Alaska Native people increased to 7.8 per 100,000 – although rates of new HIV diagnosis decreased or stayed stable for all other racial and ethnic groups. Without intervention many more American Indian/Alaska Native people will be newly diagnosed over the next 10 years – despite the available tools to prevent infections. On February 5, 2019, President Trump in his State of the Union announced his Administration's goal to end the HIV epidemic in the United States within 10 years. No funding was appropriated to IHS for FY 2020 for HIV. We are deeply concerned that lack of funding for Ending the HIV in Indian Country will likely lead to continued HIV health disparities and poor health outcomes for American Indian and Alaska Native people. For FY 2021, NPAIHB requests \$25 million for the Ending the HIV Epidemic.

Fund HCV at \$25 million. Chronic Hepatitis C Virus (HCV) is the leading cause of cirrhosis, liver cancer, and liver transplants in the United States. American Indians and Alaska Natives have more than double the national rate of HCV-related mortality, and the highest rate of acute HCV infection. According to the IHS National Data Warehouse, it is estimated that there are at least 40,000 American Indian and Alaska Native people with a current HCV infection being served by IHS, tribal and urban Indian facilities, that do not have access to life-saving medications. We estimate that \$600 million is needed for IHS to provide the life-saving HCV drugs to the 40,000 American Indians and Alaska Natives with HCV. NPAIHB requests \$25 million in FY 2021 to begin to provide life-saving medications to our people with HCV being served at I/T/Us.

Thank you for this opportunity to provide recommendations on the FY 2021 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.⁴

⁴ For more information, please contact Laura Platero, NPAIHB, at lplatero@npaihb.org or (503) 416-3277.