

**HOUSE OF REPRESENTATIVES COMMITTEE ON APPROPRIATIONS  
SUBCOMMITTEE ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES**

**WRITTEN TESTIMONY OF CHANTEL GREENE OF THE NEZ PERCE TRIBE**

**February 11, 2020**

Honorable Chairwoman and members of the Subcommittee, my name is Chantel Greene and I serve as Secretary of the Nez Perce Tribal Executive Committee. Thank you for the opportunity to provide this testimony on behalf of the Nez Perce Tribe (Tribe) as the Committee evaluates and prioritizes FY 2021 appropriations in relation to the needs of tribal nations, for the Indian Health Service (IHS), and, in particular, the Community Health Aide Program (CHAP). On behalf of the Nimiipuu people, I want to acknowledge and thank this Subcommittee for your efforts, on a longstanding, bipartisan basis, to understand the needs of Indian Country and advocate for increased appropriations to the many programs in your jurisdiction that benefit our citizens, our tribal governments, and all members of our communities. We are deeply grateful that the many funding increases to tribal programs across the final FY 2020 appropriations will build on increases Congress provided in FY 2017, in FY 2018, and in FY 2019.

Like any government, the Tribe performs a wide array of work and provides a multitude of services to our tribal membership as well as the community at large. The Tribe has a health clinic that provides a wide range of services including medical, behavioral health, optometry, dental, pharmacy and radiology. These programs are vital for the Tribe to properly care for the enrolled members within its service area.

The Tribe has long been a proponent of self-determination for tribes and believes our primary obligation is to protect the Treaty-reserved rights of the Tribe and our members. All of the Tribe's work is guided by this principle. The Tribe's clinic works extensively with many agencies and proper funding for those agencies and their work with, for, and through tribes is of vital importance. Therefore, the Tribe believes the recent report of the U.S. Commission on Civil Rights titled *Broken Promises*, is an important tool to be used in evaluating current programs and funding for those programs.

Community Health Aide Programs (CHAP)

CHAP was established over 40 years ago to help expand access to care in Indian Country in areas such as behavioral health, dental health, and primary and emergency care. The Tribe believes the CHAP model is an important tool for tribal health programs that should be provided the financial resources to allow it to properly expand. CHAP is beneficial to tribes in many ways as it allows for a more efficient use of funds, creates education pathways and professional wage jobs for tribal members, increases tribal based practices and knowledge, and allows for more efficient use of staff.

The Tribe appreciates the Committee's support of broadening the program by providing \$5 million in FY2020 for expansion. The Tribe feels this successful program is needed and ready to be duplicated in the Northwest. As a result, the Tribe supports the Northwest Portland Area Indian Health Board's effort to be designated a demonstration site by IHS so that certification of these health care assets can move forward. In that regard, the Tribe recommends the Committee provide \$20 million in FY 2021 for continued expansion of CHAP.

### Indian Health Service

The Tribe operates Nimiipuu Health, a healthcare clinic on the Nez Perce Reservation in Lapwai, Idaho, and its satellite facility located 65 miles away in Kamiah, Idaho. Nimiipuu Health provides services to approximately 4,000 patients each year. Annually, this computes to at least 40,000 medical/dental provider visits which does not include pharmacy or laboratory visits. Our expenditure total of federal funds in FY 2019 was \$18,015,415, an increase of \$1.6 million from that in FY 2018. Purchased/Referred Care (P/RC) costs for outpatient services in FY 2019 totaled \$5,030,527, an increase of \$690,000 from FY 2018.

For FY 2021, the Tribe recommends, at a minimum, maintaining the \$6.05 billion in funding enacted for IHS in FY 2020. However, it should be noted that this funding amount will not cover the costs the Nez Perce and other tribes have in order to maintain current services because we also have to ensure that programs and facilities keep pace with medical and non-medical inflation and with population growth. Recommendations of substantially increasing this funding to as high as \$9 billion has been supported by the Tribe.

The Tribe also supports an increase in funding for P/RC since one was not provided in FY 2020. The Tribe recommends that this \$964.8 million allocation be increased by up to \$20 to \$50 million to continue to meet the P/RC spending needs of tribal health facilities. For example, the Nez Perce Tribe is facing a severe shortfall in P/RC funding in this current fiscal year as a local hospital is no longer accepting the insurance provided by the Tribe for its employees. If the Tribe is unable to bill private insurance for the P/RC services provided by the hospital, our P/RC costs will substantially increase. Unfortunately, the local hospital is the only one in the area that provides certain treatments. As a result, the Tribe will be having to use this facility at an increased cost to P/RC or in the alternative, refer tribal patients to other facilities including ones that are between 45 to 115 miles away from the Nez Perce Reservation.

The Tribe supports full funding for contract support costs in FY 2021 and the inclusion of bill language to classify this appropriation as indefinite so that, if needed, additional funds may be provided as they were in prior years. The Tribe appreciates that Congress chose to fully fund contract support costs in FY 2020 at \$820 million – as it should, per any agreement. In addition, the Tribe supports reclassifying contract support costs for IHS, as well as the Bureau of Indian Affairs as mandatory and not discretionary. However, this change in funding should not be accomplished or be offset by reducing other funding for these agencies that would adversely affect services or programs. This funding should not be reduced by excessive set-asides for administration.

The Tribe recommends permanent, mandatory funding of the Special Diabetes Program at no less than \$150 million per fiscal year. In that regard, similar levels of funding are recommended for mental health and substance abuse treatment. The \$10 million annual allocation for mental health and substance abuse, while very important, falls well below the financial needs to provide adequate care and treatment on reservations.

Finally, the Tribe would like to express our support for the budget recommendations of the Northwest Portland Area Indian Health Board including, but not limited to recommendations on 105(l) lease costs, population growth and medical inflation costs, loan repayments for Indian health professionals, small ambulatory programs, and funds for updating technology and patient files.

As you can see, the Tribe does a tremendous amount of work in a variety of areas. It is important that the U.S. continue to fund this work and uphold and honor its trust obligations to tribes.

Thank you for the opportunity to testify today.