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**TESTIMONY OF MELANIE FOURKILLER, SENIOR POLICY ANALYST  
CHOCTAW NATION OF OKLAHOMA  
ON THE FISCAL YEAR 2021 BUDGETS FOR IHS AND BIA  
SUBMITTED TO THE U.S. HOUSE COMMITTEE ON APPROPRIATIONS  
SUBCOMMITTEE ON INTERIOR, ENVIRONMENT AND RELATED AGENCIES  
February 12, 2020**

On behalf of the Choctaw Nation of Oklahoma, I am providing testimony on the FY 2021 budgets for the Indian Health Service (IHS) and the Bureau of Indian Affairs (BIA). This testimony identifies health care funding priorities and budget issues important to the Choctaw Nation and its citizens. First, and foremost, the Choctaw Nation requests that Congress exempt Tribal Government Services and Program Funding from sequestrations, unilateral rescissions and budget cuts in all future appropriations. We request that Congress direct that the tenets of Self-Governance, the trust responsibility and treaty obligations to American Indians and Alaska Natives be honored.

The Nation would like to express appreciation for the Subcommittee's continued support of the *Joint Venture Construction Project (JVCP)*. As a Self-Governance Tribe since 1995, the Nation has been solely responsible for managing all aspects of our health care delivery operations. The JVCP has been a very successful partnership that has contributed to the success of the Nation's health system.

The Nation would also like to thank the Committee for *advance appropriations* language in the FY 2020 report accompanying H.R. 3052 directing the IHS to examine changes needed to develop and manage an advance appropriation and report to the Committee within 180 days of enactment [of this Act] on the processes needed and whether additional Congressional authority is required in order to develop the processes. IHS and Tribal leadership have testified before Congress about the benefits of advance appropriations to achieve parity between Federal health service agencies.

**The Choctaw Nation of Oklahoma**

The Choctaw Nation of Oklahoma is the third largest Native American Tribal government in the United States with over 230,000 members. The Choctaw Nation territory consists of all or part of 13 counties in Southeast Oklahoma, and we are proudly one of the state's largest employers. The Nation operates a hospital at Talihina, Oklahoma, and a system of eight (8) outpatient health facilities serving a user population of approximately 63,000 active patients, along with a broad range of ancillary services.

The Nation also administers referred specialty care and sanitation facilities construction; higher education; Johnson O'Malley program; housing improvement; child welfare and social services; law enforcement; realty and natural resources and many other programs and services. The Choctaw Nation has operated under the Self-Governance authority with DOI since 1994 and in the Department of Health and Human Services' IHS since 1995. As a Self-Governance Tribe, the Nation can re-design programs to meet Tribally specific needs without diminishing the United States' trust responsibility and obligations to our citizens and communities.

### **Indian Health Service Budget Priorities**

- 1. *Special Diabetes Program for Indians* – Permanently Reauthorize the Special Diabetes Program for Indians and Increase Funding to \$200 million per year, plus annual inflationary increases** - SDPI has had positive clinical and community outcomes including: the average blood sugar level (A1c) decreased from 9.0% in 1996 to 8.1% in 2010 and has held steady at this improved average for 7 years; the average LDL ("bad" cholesterol) declined from 118 mg/dL in 1998 to 95 mg/dL in 2010; and more than 80% of SDPI grant programs now use recommended public health strategies to provide diabetes prevention activities and serves for AI/ AN children and youth. Permanent reauthorization of SDPI is a common-sense approach that will support a proven, highly successful program.
- 2. *Purchased and Referred Care (PRC)* - +\$485.7 million** The Purchased/Referred Care (PRC) program pays for urgent and emergency, specialty care and other critical services that are not directly available through IHS and Tribally-operated health programs when no IHS direct care facility exists, or the direct care facility cannot provide the required emergency or specialty care, or the facility has more demand for services than it can currently meet. Although the Nation operates a hospital facility, the hospital is in a very rural area, we are the only provider in the community and services are limited. In fact, our hospital does not have an intensive care unit, which requires patients to be flown to another facility using PRC. Therefore, PRC is significant in order for the Nation to provide intensive care and tertiary care, as well as emergency transportation.
- 3. *IHS Mandatory Funding (Maintaining Current Services)* - +\$257 million** In FY 2021, this level is needed to keep pace with population growth, inflation and the like, or the result is similar to a reduced budget with less purchasing power. Mandatories are unavoidable and include medical and general inflation, pay costs, contract support costs, phasing in staff for recently constructed facilities, Indian Health Care Improvement Fund distributions and population growth. If these mandatory requirements are not funded, Tribes have no choice but to reduce health services.
- 4. *Workforce Development – permanent funding for Graduate Medical Education and Tax Exemption for Loan Repayment*** – The Choctaw Nation has operated an

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accredited and successful Graduate Medical Education program (GME) since receiving a grant from the Health Care Resources and Services Administration (HRSA) in 2010, in partnership with Oklahoma State University. The Nation has found the GME and loan repayment programs to be integral to our physician recruiting and retention efforts in a rural, remote area, where there is a severe lack of health care providers. The Nation's hospital is located in Talihina, Oklahoma, a town with a population of approximately 1,100. Nearly all of the Nation's GME residents remain to practice in rural Oklahoma, and a majority of the residents continue to practice in Choctaw Nation health facilities. While HRSA funding has been helpful, it is highly competitive and sporadic – often with uncertain appropriations. GME programs should be funded permanently in the Indian health system so that IHS and Tribal sites with hospitals can address some of the dire challenges in recruiting and retaining health professionals in rural areas. Finally, other agencies, such as HRSA have authority to provide loan repayment programs that are tax exempt, yet IHS and Tribal loan repayment programs are not exempt. We request parity for IHS and Tribal loan repayment programs for health professionals.

**5. Funding for Electronic Health Record Management - Health Information Technology --**

The IHS health information technology (HIT) program continues to face increased demand for systems improvements and enhancements, rising costs, and increased information technology (IT) security requirements driven in part by medical advances, and ever-growing and more complex requirements for HIT capabilities. The President's Budget for 2020 included a \$25 million request for this initiative, however only \$8 million was provided in the appropriations process. Funding is critical to stabilize RPMS and support recommended next steps for the IHS to plan for its information technology requirements and either modernize or convert RPMS. The Nation recommends that the IHS adopt a funding plan that includes resources for Tribes who have already adopted commercial off-the-shelf (COTS) systems and include planning in FY 2021 and budgetary resources for infrastructure modernization, training, and support in the FY2022 Presidential Budget Requests.

**Indian Health Service and Bureau of Indian Affairs Budget Priorities**

- 6. Contract Support Costs – (IHS and BIA)** The Nation appreciates the continued support of the Committees to fully fund CSC requirements without impacting direct Indian health programs. The Nation maintains that the practice of grant-making should be concluded and that IHS and BIA should be discouraged from requesting funds for competitive grants, but rather make these funds available under Self-Determination/Self-Governance. A permanent recurring base is a higher priority than competing grant applications or burdensome and expensive grant management processes. The Nation also requests that the Committee instruct the IHS and BIA to consult with Tribes prior to making any changes in the CSC Policy.

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7. **Funding for 105(l) Lease Obligations (IHS and BIA)** – Very much like CSC obligations, 105(l) lease obligations are not discretionary for the IHS and BIA. The Nation appreciates the Committee report directing the IHS to consider whether costs associated with these leases should be a separate line item in the budget and funded in the same manner as contract support costs and report its determination to the Committee within 90 days of enactment of this Act. Additionally, the Committee directed the IHS to submit the estimated amounts for the current fiscal year and the next fiscal year estimate at the same time the budget request is submitted. To date the IHS has reallocated inflationary increases and costs savings to cover 105(l) lease costs, which would have been otherwise distributed to IHS field operations and Tribes for direct health services. This is temporary relief only, and further erodes the gains that Tribes advocated for and to some degree have achieved. The Nation supports a separate and indefinite appropriation specifically for these obligations of IHS/BIA, based on estimates developed by Tribal and Federal experts. Self-Governance Tribes have repeatedly advocated to Congress and the Administration for an indefinite appropriation, similar to contract support costs (CSC), to avoid using existing program funds that are already insufficient for their intended purposes.
8. **New Funding Requests should include resources for all Tribes** – both IHS and BIA have requested and received additional and new funding in recent appropriations. While some Tribes or Federal sites have benefitted directly, not all Tribes have shared in these increases. The Nation urges the Committee to instruct both IHS and BIA to ensure that all new funding be made aware to Tribes and distributed fairly based on Tribal Consultation.

**Bureau of Indian Affairs – Request Report Language to Promote Continued Success**

9. **P.L. 115-93 The Indian Employment, Training and Related Services Consolidation Act of 2017** – authorized the expansion of the [477] program to twelve departments in the Federal government. The 477 program empowers Tribes to develop employment and training plans to address the unique needs of their communities. The BIA testified that the integrated assistance provided to individual program participants not only improves their likelihood of success and achieving future employment, but also increases the economic opportunities available locally to the whole community. The Nation requests that the Committee directs the Department of the Interior to educate the other departments on the success of the program and not to impose unnecessary requirements on the Tribes but instead, be flexible in allowing Tribes to exercise this authority to its fullest potential.

Thank you for accepting my written statement on behalf of the Choctaw Nation of Oklahoma.