

**Testimony of the Prairie Band Potawatomi Nation
Chairman Joseph P. Rupnick**

**U.S. House of Representatives Committee on Appropriations
Subcommittee on Interior, Environment and Related Agencies
Fiscal Year 2027 Appropriations Hearing**

March 18, 2026

Chair Simpson, Ranking Member Pingree, and Honorable Members of the Subcommittee on Interior, Environment, and Related Agencies, thank you for the opportunity to testify on Fiscal Year 2027 Appropriations for the Bureau of Indian Affairs (“BIA”) and the Indian Health Service (“IHS”). By way of background, the Prairie Band of Potawatomi Nation (“Prairie Band” or the “Nation”) has over 4,600 citizens, most of whom reside on or near our reservation lands in Kansas.

IHS FUNDING ISSUES

The Prairie Band operates a variety of 638 compacted programs for IHS. These include programs ranging from primary care and pharmacy services to behavioral and mental health care and home health care. While our Title V compacts provide the Nation with flexibility in the use of the associated dollars, today the compact is so severely underfunded that the Nation’s health center has been forced to supplement its basic operations from their emergency reserve funds for the past two years. This is something that it cannot afford to do.

Our problem is simple: for reasons we will never understand, the funding under the Prairie Band’s Compact is not based upon actual need. Instead it is almost exclusively based on our prior years funding. So, if that funding base was incorrect in the prior year when compared with actual need, it remains incorrect. It is a system which cannot and does not self-correct or properly account for local increases in cost. When this happens we either have to find money elsewhere, which as we have just indicated we can no longer do, or suffer cuts which result in reduced access to care, widening health disparities, and economic barriers to receiving treatments.

While the Prairie Band appreciates the various increases that this Subcommittee has provided to IHS in recent years, these funding increases have all, by existing IHS rules, been divided up amongst all of the Tribes that the IHS funds. This leaves each underfunded tribe only pennies on the dollar. The IHS’s fiscal 2026 budget of \$8 billion is a fraction of the \$63 billion that the IHS National Budget Formulation Workgroup estimated as needed to fully fund the agency. This shortfall has been acutely felt at the Nation and things will become far worse when our health center reserves are depleted. The health center has drawn \$2 million a year for the past two years from their reserve funds in order to support their programs. If the health center faces another year like this last, their reserves will be completely drained and they will face devastating program cuts.

These program cuts would hit the Nation’s most vulnerable populations the hardest. Cuts would completely eliminate our home health program, which primarily serves isolated elders who have limited or no familial support. This will leave these elders in isolation and result in declines

in elder physical and mental health, and a rise in bad health outcomes such as untreated diabetes. The effects would be particularly devastating for the multiple elders of the Nation who require around-the-clock care.

The Nation's behavioral health program would also need to be downsized. Our behavioral health team primarily serves adults, offering both mental health support and substance abuse treatment to members. A downsizing in our already understaffed behavioral health team would skyrocket wait times up to a month. This can be the difference between life and death for a person facing a mental health crisis or dealing with substance abuse.

Program cuts would also eliminate the Nation's mobile MRI. The mobile MRI program enables the health center to provide MRI scanning on-site to patients once a week. Eliminating the program would mean that patients who need MRIs would have to travel off reservation to Topeka, or even the almost 100 miles to Kansas City. Many patients won't get MRIs if they don't have easy access to them. Cutting the Nation's mobile MRI program would likely mean that a lot of necessary MRIs simply won't happen. It also will be more expensive in the long term. Without the mobile MRI program, the health clinic would have to send uninsured patients out for treatment under the Nation's Purchased Referred Care ("PRC") program. PRC referrals to outside medical and dental care providers drains our already limited (and irrationally constrained geographically) PRC budget. Having the mobile MRI available means the clinic can bill insurance for their covered patients, helping to recoup some of the costs of the scan.

Lack of access to timely scans like MRIs means worsening health outcomes across a variety of areas. MRIs are a vital component of early tumor detection. No MRI means it is much less likely that a tumor will be detected early. Late tumor detection means more Nation members dealing with more severe and potentially terminal diseases, including cancer. MRIs are also vital for orthopedic health and treatment. Prior to starting the mobile MRI program, the health clinic had a patient whose knee had worsened over the course of two years to the extent that the patient needed a total knee replacement. If the clinic had had access to an MRI and was able to run a scan sooner, the patient may not have needed such drastic treatment. In this case, the Nation's PRC program had to take the full cost of the knee replacement as the patient was uninsured. This one case cost our referral account approximately \$15,000 for the replacement, not including the roughly \$6,000 in post-surgery rehabilitation that the patient had to travel off-reservation for. If an MRI had been more readily available, these costs likely would not have been incurred.

The health center's primary care team and pharmacy are the cornerstone of the Nation's healthcare system, yet continued underfunding will necessitate cuts here as well. Cuts means that the primary care team would likely have to decrease its staff to only four providers. Under this scenario, wait times would increase to up to 60 days before patients are able to see a provider. As you are aware, this can be a death sentence for a severely ill patient.

Budget cuts would also require at least a 10% staffing cut across the health center's cleaning, administrative, and support staff. This staff addresses housekeeping needs for the clinic and the Nation's various health programs which, as you can understand, is vital to a health care facility. In total, this means a loss of between 17 and 19 staff.

The amount of funding that the Prairie Band's health center receives has steadily decreased over the past four years. In 2025, the clinic received awards in the amount of \$7,100,057. This is compared to \$7,413,962 in 2024, \$7,466,057 in 2023, and \$8,064,502. In 2025, the clinic had a budgetary shortfall of \$1,951,775. In 2024, that number was \$1,273,326. The \$2 million a year that the health center has been drawing from its' reserves to supplement its funding constitutes almost 25% of its total needs. And this reserve money is just to continue what we are currently doing. Even more will be needed if costs, which are beyond our control, continue to escalate. As previously detailed, one more year of underfunding like this will completely drain the Nation's health care emergency reserves. This would mean that 25% of the health center's funding disappears along with a number of our most vital programs.

In addition to insufficient funding, our program delivery area has left many members uncovered. This includes those who reside in Shawnee County, where a high number of the Nation's patient population resides. So our budget problems are not as a result of frivolous spending, we are already suffering its impact. Currently the Nation has 830 patients in Shawnee County who would be eligible for our referral program but are not under our current delivery area. This includes many of the Nation's members who live in Topeka. Individual insurance costs are rising nationwide and Kansas has chosen to not expand its Medicaid program like other states. This has made getting insurance even more difficult for the average patient and makes referrals even more crucial for life-saving specialty care. In 2025, the Prairie Band had 1,203 cases of denied or non-covered referrals. Of these, 739 were in Shawnee County outside of the delivery area.

Referred care payments must also be increased. We are already seeing delays, cost denials and prioritization that would not be allowed at a hospital or clinic here in Washington, D.C. This is a real problem for a facility like ours in a rural area where specialty providers are not readily available.

The IHS is integral to the fulfillment of the United States' trust responsibility towards Tribal nations and American Indians. This trust responsibility exists in the context of a long history between the U.S. government and Tribal nations, including eras of treaty-making, near-genocide, removal, assimilation, and now self-determination. This trust relationship is a part of the unique government-to-government relationship between the U.S. and Indian Tribes that has been repeatedly documented in treaties, acts of Congress, and the U.S. Constitution. Without the necessary funding for IHS to fully operate, it cannot fulfill this trust responsibility.

BIA FUNDING ISSUES

Funding is also a concern for all BIA-funded programs. A prime example of this is probate. In December of 2025, for example, the Horton Agency of the BIA requested for the Prairie Band to take over their backlog of probate cases with only \$70,000 in funding. This backlog contains over \$373,000 of probate cases for the Nation's members, cases which, as you already know, can get quite complicated and which must be handled carefully and in detail. Given our current backlog, this funding would scarcely cover a small percentage of court-related cases, at which point the Prairie Band would be left with the remaining probate backlog and the remaining costs, which we clearly cannot afford. Probate cases tie up land, money, and even child placement. It is

hard enough to lose a family member without the added burden of waiting years to have their estate resolved. For these reasons, the Nation has submitted to the BIA its letter of intent to self-determine realty and probate services.

These kinds of requests from BIA are not a sustainable solution to probate backlogs. The U.S. government cannot simply hand off its trust responsibility to Tribes with no monetary support for it. The Horton Agency's request is just one example of the consequences that funding shortages have had, with Tribes expected to step in and help pick up the pieces. The Prairie Band respectfully urges this Subcommittee to honor its' trust and treaty obligations and ensure that the BIA is funded to support its compacts with and services for Indian Nations.