National Indian Health Board

TESTIMONY OF THE NATIONAL INDIAN HEALTH BOARD
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HOUSE APPROPRIATIONS SUBCOMMITTEE,
LABOR, HHS, EDUCATION & RELATED AGENCIES
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Chairman Cole, Ranking Member DeLauro and Members of the Subcommittee, thank you for the opportunity to offer this testimony. On behalf of the National Indian Health Board (NIHB) and the 573 Tribal Nations we serve, I Stacy A. Bohlen, CEO of NIHB, submit this testimony on the FY 2019 budget for the Department of Health and Human Services (HHS).

Since the earliest days of the Republic, all branches of the federal government have acknowledged the nation's obligations to the Tribes and the special trust relationship between the United States and Tribes. In 2010, as part of the Indian Health Care Improvement Act, Congress reaffirmed the duty of the federal government to American Indians and Alaska Natives (AI/ANs), declaring that "it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians – to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy." [1] Though the Indian Health Service (IHS) was established to help the federal government fulfill the trust responsibility for health, Congress has never provided IHS with enough funding to meet the needs of Indian Country. As a result of this underfunding, historical trauma, and a federal-state centric public health system, AI/ANs suffer some of the worst health disparities in almost every category. The federal trust responsibility is the responsibility of all government agencies, including others within HHS. Agencies like the Centers for Disease Control and Prevention (CDC); Substance Abuse and Mental Health Services Administration (SAMHSA); and Centers for Medicare and Medicaid Services (CMS) all must ensure that Tribes have access to preventative and direct health services.

[1] 25 U.S.C. 1602

NIHB would first like to thank the subcommittee for the efforts to improve health for AI/ANs over the last several years. The inclusion of a $50 million Tribal set aside in the State Targeted Response to Opioid Grants as well as the $5 million Tribal set aside for the Medication Assisted Treatment Program in the FY 2018 Omnibus Appropriations Act are critical investments that will enable Tribal communities to make important progress when it comes to opioid use disorder prevention and treatment.

However, there is much work to be done. Generally speaking, Tribal health systems are simply left out of many funding streams within HHS for a variety of reasons. Federal block grants flow to states, leaving little opportunity for Tribal governments to receive this funding. Tribes are eligible to apply for many other federal grants that address public health and other issues, however, many of these programs have little penetration into Indian Country because Tribes have difficulty meeting the service population requirements, match requirements, or are under resourced to apply for the grants. Generally speaking, funding should flow through to Tribes on a recurring, formula basis, so that Tribal health programs have funds they can count on from year to year.

Centers for Disease Control and Prevention

Preventive Health and Health Services (PHHS) Block Grant: Public health infrastructure in Indian Country is one of the most severely underfunded and under developed areas of the health service delivery system. Like state and territorial governments, Tribes have both the rights and responsibilities to provide vital public health services for their communities. To do this, they must also have the tools to carry out these functions. Establishing Tribal-specific funding streams, scaled for impact, will allow Tribes to secure needed funding and design and implement public health programs that meet the specific needs of their Tribal citizens. Therefore, NIHB requests that, in FY 2019, ***Congress create base funding for Tribal communities through the PHHS grant program by allocating at least 5 percent to Indian Tribes directly, annually.***

Good Health and Wellness in Indian Country: The President's FY 2019 Budget request eliminated funding for the Good Health and Wellness in Indian Country (GHWIC) program (currently funded at $16 million). GHWIC is CDC's largest investment in the wellbeing of American Indian and Alaska Natives. The twelve Tribes

and eleven Tribal organizations in the program have utilized community-driven, culturally adapted strategies to improve public health in their communities. GHWIC is a lifeline for these communities who would otherwise have no public health investment. CDC has told Tribal leaders on March 1, 2018 that they are replacing GHWIC with the proposed "America's Health Block Grant." That funding has no indicated set aside for Tribes or epi-centers so there is zero guarantee that this funding would reach AI/AN communities. Instead, ***the Committee should reject this elimination of GHWIC and double the size of the program to $32 million in FY 2019.***

Public Health Emergency Preparedness: The Public Health Emergency Preparedness (PHEP) Cooperative Agreements at CDC provide base funding to states, territories and major cities to upgrade their ability to respond to a public health crises. But again, Tribal communities do not receive this funding directly, and few, if any, see any support from their state programs. Failure to fund Tribal communities will mean that large land areas of this country are not covered for emergency infrastructure support, causing a domino effect throughout the rest of the nation when it comes to pandemics or natural disasters. ***NIHB requests that Congress direct at least 5% of PHEP funds to Tribes so that they can develop comprehensive and achievable response plans for public health crises.***

Substance Abuse and Mental Health Services Administration

Nowhere is the issue of lack of solid infrastructure support more acute than when it comes to mental and behavioral health services. AI/AN children and communities grapple with complex behavioral health issues at higher rates than any other population. Destructive federal Indian policies and unresponsive or harmful human service systems have left AI/AN communities with unresolved historical and generational trauma, leading to contemporary trauma.[2]

State Targeted Response to Opioid Grants (STR): As noted above, Tribes were glad to see a $50 million Tribal set-aside for the State targeted response to opioid grants in the FY 2018 Omnibus Appropriations Act. We request that the Committee expand and improve this set-aside for FY 2019. The CDC reports that AI/ANs

[2] Braveheart, M. Y. A., & DeBruyn, I. M. (1998). The American Indian Holocaust: healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research, 8*(2).

consistently had the highest drug overdose death rate by race every year from 2008-2015, and the highest percentage increase in drug overdose deaths from 1999-2015 at 519%.[3] Therefore, we believe that it is critical to provide at least a 10% Tribal set aside for STR grants. With a larger pool of money, funding could also be distributed in a formula basis, instead of competitive grants which force Tribes to compete against each other and creates two classes of Tribes – those with grant writing capability, and those without.

Mental Health Service Block Grant: Access to behavioral health services for AI/ANs would be improved if Tribes had access to the Mental Health Service Block Grant. Without this critical funding, comprehensive mental health services are not reaching Tribal communities, though states are awarded these funds. IHS has limited mental health funding, but has always been underfunded to provide sustained mental health infrastructure. ***Congress should dedicate funding to Tribes directly for the Mental Health Services Block Grant.***

Tribal Behavioral Health Grants (TBHG): At SAMHSA, several programs specifically target Tribal communities. TBHG designed to address the high incidence of substance use and suicide among AI/AN populations and it is a vital component of ensuring that behavioral health challenges are addressed across Indian Country. In FY 2019, NIHB requests ***funding of $50 million for the TBHG program***.

Circles of Care: The SAMHSA Circles of Care Program offers three-year infrastructure/planning grants and seeks to eliminate mental health disparities by providing AI/AN communities with tools and resources to design and sustain their own culturally competent system of care approach for children. ***In FY 2019, we recommend increasing Circles of Care funding to $8.5 million.***

Substance Abuse Block Grant: The purpose of the SAMHSA Substance Abuse Block Grant (SABG) is to implement activities to treat and prevent substance abuse throughout the country. Few places are more seriously in need than Indian Country when it comes to these issues. However, SABG is operated by state governments, which means that Tribal communities are often left out. We ***recommend that the Committee***

[3] Mack KA, Jones CM, Ballesteros MF. Illicit Drug Use, Illicit Drug Use Disorders, and Drug Overdose Deaths in Metropolitan and Nonmetropolitan Areas — United States. MMWR Surveill Summ 2017;66(No. SS-19):1–12. DOI: http://dx.doi.org/10.15585/mmwr.ss6619a1

allocate specific funding for SABG directly to Tribal communities so that there can be sustained funding to help address long-term substance abuse issues in Tribal communities.

Centers for Medicare and Medicaid Services: The Medicaid system is a critical lifeline in Tribal communities. Moving Medicaid to a block grant system, as proposed in the President's FY 2019 Budget Request, will have major fiscal impacts on Tribal health reimbursements, and would devastate Tribal health. This puts an unequal burden on the IHS budget which is so reliant on these resources to make up our funding shortfalls. We also urge Congress to ensure that AI/ANs are exempt from any burdens put on Medicaid like work requirements, so that fiscal strain doesn't unintentionally fall back to the IHS. AI/ANs already have access to health care through the IHS, so work requirements only serve to inhibit the use of Medicaid in Tribal communities, and thereby reduce alternative resources.

Expansion of Self-Governance at HHS: For over a decade, Tribes have been advocating for expanding self-governance authority to programs at HHS. Self-governance represents efficiency, accountability and best practices in managing and operating Tribal programs and administering Federal funds at the local level. This proposal was deemed feasible by a Tribal/federal HHS workgroup in 2011. Therefore, we request that the Appropriations Committee direct HHS to enter into pilot projects for self-governance at the agency in FY 2019.

Thank you again for the opportunity to offer to participate in the Public Witness Hearing for FY 2019. As noted above, the federal trust responsibility for health extends beyond the IHS to all agencies of the federal government. We thank the committee for the efforts it has put forward to prioritize this issues at the Department of Health and Human Services. Please do not hesitate to contact our offices directly if you have any questions or if you require additional information.