



Congress of the United States
House of Representatives
Washington, DC 20515-5200

Written Testimony for Congresswoman Aumua Amata Coleman Radewagen
American Samoa
Committee on Energy and Commerce
Subcommittee on Health
Averting a Crisis: Protecting Access to Health Care in the U.S. Territories
March 17, 2021

Talofa Lava! Hello and good afternoon.

Thank you, Chairwoman Eshoo and Ranking Member Guthrie, for soliciting the views of American Samoa on our Medicaid program.

And thank you for consideration of mine and my colleagues bill on improving the insular areas Medicaid programs, the Insular Areas Medicaid Parity Act, which will provide stable permanent funding, lift the caps, and maintain an increased FMAP for the territories.

I know every state and every territory has their unique challenges as do we.

But Factually, we are the most remote U.S. jurisdiction in the Medicaid program at 7000 miles away -south of the equator- and have not had ANY commercial air service to our territory in almost one year.

Not since March 23, 2020 –that was the last commercial flight from Honolulu to American Samoa. Hundreds are still stranded and going through a month-long quarantine process- 2 weeks in Hawaii and 2 weeks in American Samoa—just to get home after being restricted elsewhere in the Country.

We have had 2 of 6 emergency charters from our local government completed with 4 more scheduled over the next 3 months.

Our health services and only hospital simply cannot handle a sudden influx of thousands of new arrivals at this time.

Our newly elected Governor, Lemanu Mauga and Lieutenant Governor Talauega Ale, have made a submission thru their Medicaid Director providing updated data on the current capacities, utilization and program integrity efforts to the Committee and will be providing additional information in the days and weeks ahead.

We appreciate the temporary increase in our FMAP, which has been helpful, but we need improvement to our only hospital, which is 50 years old, in order to expand and improve services and attract broader physician services. And we need more reliable and stable funding than just every 2 years.

Our residents and veterans face challenging logistics and most often need to travel to Hawaii for more serious care—and the pandemic has shown us that has become a limited and option to our sick during this crisis, so improvements to our local hospital are needed.

In normal circumstances our people have only 2 flights per week to get to Hawaii; that limitation would be recognized alone as an emergency in most jurisdictions. Some of my constituents who are stranded, are stranded because they were off island, receiving care that could not get in the territory so services were reduced due to our closed border policy –but that policy saved lives and prevented COVID from arriving in American Samoa.

So, I ask the committee to maintain our *current* emergency matching level and eliminate the annual ceiling on federal financial participation, referred to as the Section 1108 cap or Section 1108 allotment.

Congress needs to address the funding cliff for the territories, not doing so would spell financial and medical disaster to our people.

During the pandemic emergency we have been adjusted like other jurisdictions with an additional 6.2% federal cost share, so we are at an 89.2% FMAP.

This has been welcome as we are indeed very much in a continued emergency state—and I would argue our program and hospital capabilities have been in an emergency state long before the pandemic.

The Army Corps of Engineers recently did a study and report to Congress on the state of the hospital indicating that it needed a substantial, if not wholesale, modernization, update, or total replacement. The Army Corps found our LBJ hospital in a state of failure and disrepair due to age and projected repair and replacement costs between \$161-900 million depending on minimum modernization or total replacement.

American Samoa's Section 1108 Medicaid allotment for Fiscal Years 2020 and 2021 was raised substantially from about \$12.5 to \$86 million.

With the temporary FMAP increase from 55-45 to almost 90-10, we were able to stretch our local matching funds.

With an improved hospital infrastructure, we could utilize even more and potentially reach and exceed our current cap in the next few years. Stable multi-year program funding with caps raised will be key to that progress.

We do not have sizable tourism or diversified businesses and economies like the other territories.

The local government and the tuna cannery account for nearly half of local jobs and our small businesses have taken a huge hit with the island closed off.

But our young people continue to serve in record numbers in the armed services with record per capita enlistments in the Army.

And our veterans give so much back to our community we need to carry them through with an improved hospital/ VA facility.

I look forward to working with the Members of the Energy and Commerce Committee on our critical Medicaid and hospital funding needs this year.

Sincerely,

A handwritten signature in blue ink that reads "Aumua Amata". The signature is written in a cursive, flowing style with a prominent flourish at the end of the second name.

Aumua Amata Coleman Radewagen
Member of Congress