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COMMISSION ON SECURITY AND COOPERATION IN EUROPE (U.S. HELSINKI COMMISSION)

Natural Resources Committee Oversight and Investigations Hearing

"The Opioid Crisis in Tribal Communities"

April 5, 2022

Congressman Steve Cohen

Statement:

Thank you, Chair Porter, Ranking Member Moore, Chairman Grijalva and Ranking Member Westerman for holding this important hearing.

The opioid crisis in our country has unfortunately affected millions. The crisis is more profound in minority communities – black, Hispanic, and Native American – than in white communities. Unfortunately, the data is not much of a surprise. Those communities have higher rates of co-morbidities and have historically received less funding for health care. The Native American Community is a prime example of the underfunding.

The Indian Health Service (HIS) has traditionally been underfunded, especially when compared to other health care programs: Medicare spends \$13,257 per beneficiary, the Department of Veterans Affairs spends, \$9,574, and Medicaid spends\$8,093. Yet, the IHS spending per user is a paltry \$3,779.

Under President Biden and a democratic majority in the House and Senate, the IHS has seen an increase in funding. In Fiscal Year (FY) 2021, it was funded at \$6.2 billion. In the FY22 Omnibus that we passed and was signed into law in March, the IHS received \$7.61 billion, an increase of \$1.38 billion, or 22% more. For FY23, President Biden's budget request recommends \$9.1 billion, a \$1.5 billion increase over the enacted level for FY22, another 20% increase. It would also move the IHS from discretionary spending to mandatory spending. Despite these increases, total IHS per beneficiary will still be at \$5,500, approximately 2/3 of what was spent per Medicaid beneficiary in 2021.

I am hopeful that Congress will find the will to continually expand the IHS so that it is more in line with other public health programs and can fulfill its mission to ensure the highest possible health status for Indians and urban Indians. It's the right thing to do.