



Statement by

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Before the

**House Natural Resources Subcommittee for
Indigenous Peoples of the United States**

Legislative Hearing

H.R. 4153, Health Care Access for Urban Native Veterans Act

September 19, 2019

Good afternoon, Chairman Gallego, Ranking Member Cook, and Members of the Subcommittee. I am RADM Chris Buchanan, Deputy Director of the Indian Health Service (IHS), an agency within the Department of Health and Human Services (HHS). Thank you for the opportunity to testify on H.R. 4153, the Health Care Access for Urban Native Veterans Act. The IHS mission is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. The IHS provides comprehensive primary health care and disease prevention services to approximately 2.6 million American Indians and Alaska Natives from 573 federally recognized tribes in 37 states, through a network of over 605 hospitals, clinics and health stations. The IHS also enters into agreements with 41 Urban Indian Organizations (UIOs). These 41 UIOs are 501(c)(3) non-profit organizations that provide culturally appropriate and quality health care and referral services for Urban Indians throughout the United States in 22 states.

In the late 1980's, the IHS and the Department of Veterans Affairs began to explore the feasibility of entering into an arrangement for sharing of medical facilities and services, as required by the Indian Health Care Improvement Act (IHCIA)¹. The Patient Protection and Affordable Care Act of 2010 permanently reauthorized the IHCIA, authorizing IHS to enter into (or expand) arrangements for the sharing of medical facilities and services between IHS, Indian Tribes, and Tribal Organizations and the Department of Veterans Affairs (VA) and the Department of Defense (DOD)². The law also directs the VA or the DOD (as the case may be) to reimburse the IHS, Indian Tribe, or Tribal Organization for the services provided to eligible

¹ 25 U.S.C. § 1680f, Indian Health Service and Department of Veterans Affairs health facilities and services sharing.

² 25 U.S.C. § 1645, Sharing arrangements with Federal agencies.

beneficiaries of either Department in the respective facility. While the law clearly extends this authority to IHS, Indian Tribes and Tribal Organizations, it does not mention UIOs.

In March 2012, as Federal agencies worked to implement this new authority, IHS and VA jointly engaged in Tribal consultation on a draft national agreement for VA to reimburse IHS for direct healthcare services provided to eligible American Indian and Alaska Native Veterans at IHS federally-operated facilities.

On December 5, 2012, VA's Veterans Health Administration (VHA) and IHS executed an agreement for reimbursement for direct health care services under which VA reimburses IHS for covered healthcare services provided to eligible American Indian and Alaska Native Veterans that receive services at IHS facilities. The IHS and VHA have amended the VHA-IHS reimbursement agreement three times – to extend the period of agreement and to clarify the extent to which pharmaceuticals are reimbursable under the agreement. The most recent amendment extends the terms of the agreement through June 30, 2022.

VA also has individual reimbursement agreements with Tribal health programs (THP) under which VA reimburses THP for direct healthcare services provided by THP to eligible American Indian and Alaska Native Veterans.

Since implementing the reimbursement agreements, to date, VA has reimbursed IHS and THPs over \$94 million for direct care services covering over 10,100 eligible American Indian and Alaska Native Veterans.

Aside from the statutory exception that designates and treats two UIOs as federal service units,³ the law does not authorize the VA to enter into individual reimbursement agreements with UIOs and reimburse UIOs for providing direct health care services to eligible American Indian and Alaska Native VHA beneficiaries. This requires a change to law.

H.R. 4153 proposes to amend the IHCIA provision for Sharing Arrangements with Federal Agencies (25 U.S.C. § 1645), which authorizes the HHS Secretary to enter into arrangements with VA or DoD, to reference the UIOs along with IHS, Indian tribes, and tribal organizations.

Approximately 71 percent of the American Indian and Alaska Native population now live in urban areas. The IHS-funded UIOs expressed the need for developing sharing arrangements for the sharing of health care services with other Departments, here VA and DoD, for the American Indian and Alaska Native population in urban settings. H.R. 4153, if passed by Congress, would authorize reimbursement to a UIO by the VA or DoD for services provided to eligible American Indian and Alaska Native beneficiaries under an arrangement between the UIO and VA or DoD, as the case may be.

We remain firmly committed to improving quality, safety, and access to health care for American Indians and Alaska Natives, in collaboration with our sister Federal agencies. We appreciate all your efforts in helping us provide the best possible health care services to the people we serve.

³ Treatment of certain demonstration projects – Tulsa Clinic and Oklahoma City Clinic (25 U.S.C. § 1660b).

Thank you, and I am happy to answer any questions you may have.