**Advance Appropriations: Protecting Tribal Communities from the Effects of Government Shutdowns Hearing, House Committee on Natural Resources Subcommittee For Indigenous Peoples of The United States**
**September 25, 2019, 2:00pm**

My name is Maureen Rosette and I am the President of the National Council of Urban Indian Health (NCUIH), which represents the 42 urban Indian health care organizations (UIOs) across the nation who provide high-quality, culturally-competent care to urban Indians, constituting approximately 78% of all American Indians/Alaska Natives (AI/AN). I would like to thank Chairman Gallego, Ranking Member Cook, and Members of the Subcommittee for holding this important hearing. My testimony today will focus on the needs of urban Indian organizations (UIOs).

As a preliminary issue, "**urban** Indian" refers to any AI/AN person who is not living on a reservation, either permanently or temporarily—often because of the federal government's forced relocation policy or in search of economic or educational opportunity. Congress has long recognized that the federal government's obligation to provide health care for AI/AN people follows them off of reservations. UIOs are an integral part of the Indian Health System (IHS), which is comprised of the IHS, federally recognized Tribes, tribal organizations, and urban Indian organizations (I/T/Us).

Listed are NCUIH's recommendations to the House Committee on Natural Resources Subcommittee for Indigenous Peoples of the United States regarding advanced appropriations, other related funding needs and protecting Urban Indian Organizations (UIOs) from the effects of government shutdowns.

**Shutdown Impacts with Funding Uncertainties**

Currently, UIOs receive ***less than*** 1% of the IHS budget, and the IHS budget is currently underfunded at less than 50% of need creating serious budget constraints. UIOs do not have access to many of the critical cost saving programs available to the other facets of the I/T/U system.

This underfunding means that UIOs operate on very low margins so even the most minor changes to their funding structure leads to devastating impacts on the services they provide to AI/ANs or even on their ability to keep their facilities operational. UIOs are forced to cut back on services that are not as consequential as others – services such as dental services, transportation, case management, and community outreach services. However, during the last two government shutdowns, some UIOs were forced to cut even the essential services like substance abuse services, and purchase requests for insulin and blood pressure medications and some UIOs were forced to use savings designated for other purposes to shield staff and patients from the negative impacts.

When limited UIO funding is delayed or cut off during events such as a government shutdown, UIOs suffer greatly. IHS and funded programs must receive advance appropriations. AI/AN people health care should not be held hostage by unrelated government shutdowns.

For instance, Native American Lifelines of Baltimore is a small clinic that received **three overdose patients** during the last shutdown, two of which were fatal. They only receive $922k from IHS to

operate two facilities, one in Baltimore, one in Boston. IHS only gives them **$691** for mental health services for both facilities. The Indian Health Service system (I/T/U) should be provided with funding to ensure our patients don't suffer. NCUIH as part of the National Tribal Budget Formulation Workgroup, has continuously highlighted the dire threat of sequestration. Medicare, Medicaid, the Children's Health Insurance Program, and Department of Veterans Affairs—are largely exempt from sequestration. IHS should be given the same favorable treatment. IHS may be funded through what are known as discretionary dollars, **but the federal government's responsibility for Native American health care is a trust responsibility, not discretionary.**

It is because of this historical underfunding that NCUIH advocates and supports an increase in funding to a minimum of $81 million – $116 million for the Indian Health Services (IHS) urban Indian healthcare line item, constituting 2% of the total IHS budget. The Indian Health Services funding is authorized under the Indian Health Care Improvement Act (IHCIA) [25 U.S.C. § 160 et seq.] amended and permanently reauthorized by the Patient Protection and Affordable Care Act (ACA) [P.L. 111-148]. However, unlike IHS and federally recognized Tribes, who receive funding from all IHS line items, UIOs only receive funding from one source within the IHS budget – ***the urban Indian line item***.

**Include urban Indians in language for ALL health programs**

When urban Indians are not specifically mentioned in programmatic language they are most often excluded from participating in such programs. Many programs in the Health and Human Services appropriations bills include language for Indian Tribes and Tribal organizations, but not for Urban Indian organizations. **Urban Indian Organizations are not considered Tribal organizations, which is a common misconception. Therefore, UIOs must be explicitly included to receive funding.** Behavioral health grants, suicide prevention grants, and others. It is imperative UIOs receive parity for funding as UIOs rely on less than 1% of the Indian Health Service (IHS) funds, despite urban Indians being over 78% of the AI/AN population. UIOs also do not have access to other IHS line items like IHS and Tribal facilities. UIOs **do not** receive hospitals and health clinics money, purchase and referred care dollars, or IHS dental services dollars, and are not eligible for facilities dollars. UIOs operate from one line item in the IHS budget, 42 programs with $51.3 million. We know IHS is underfunded at around $3,000 per patient, we know for urban Indian health patients that number is less than $400 per patient.

**Centers for Medicare and Medicaid Services**

<u>100% FMAP (Federal Medical Assistance Percentage) for UIOs:</u> We support the preservation of Medicaid and request the federal government extend the 100% Federal Medical Assistance Percentage (FMAP) to urban Indian health care organizations (UIOs). The Medicaid service costs paid by the federal government is set by law at 100% for IHS and Tribes, but not for UIOs, because the law was enacted at the same time that UIOs were created. UIOs were created by Congress at the urging of Tribes to ensure their tribal citizens would receive appropriate health care off of reservations. The failure to provide UIOs with 100% FMAP harms facilities that do not already have access to many other resources, severely limiting services for patients. Unfortunately, CMS needs Congress to add UIOs to Sec. 1905 (42 U.S.C. 1396[d]) of the Social Security Act to create parity. We ask that you correct this problem in FY20. Receiving 100% FMAP has a huge impact on


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the financial stability of UIOs. One of NCUIH's two Oklahoma facilities (the only two UIOs in the country that get 100% FMAP) reported that in the event of a prolonged shutdown they could remain open for over a year; whereas 6 of 13 UIO-respondents reported they could only sustain normal operations for one month or less.

NCUIH appreciates Chairman Gallego's recent cosponsorship, along with all the other cosponsors of *H.R. 2316, the Urban Indian Health Parity Act.* Since the devastating relocation era, Indian Country has been fighting for parity of urban Indian Health Programs in alignment with the trust responsibility of the U.S. government, this simple administrative fix to give urban programs the same 100% FMAP rate IHS and Tribal facilities receive, corrects a legislative oversight and is a win for states and Indian Country that will allow for expanded access to medical and community health-related services for urban Indians

Exempt AI/AN from work requirements: Medicaid is vital for Indian Country, accounting for roughly 13% of the overall IHS budget. Moving Medicaid to a block grant system, as proposed in the FY 2020 Budget Request, would devastate Indian health systems. We urge Congress to require CMS use the Medicaid definition of AI/AN as well as ensure AI/ANs are exempt from any mandatory work requirements in the Medicaid program. If the work requirements proposed in the FY 2020 Budget Request are applied to AI /ANs, it in turn, would deprive the IHS system of Medicaid resources in direct contrary to Congressional intent in Section 1911 of the Social Security Act and frustrate the purpose of the Medicaid statute for Indian health. NCUIH urges Congress to maintain the program while expanding its reach and availability for AI/ANs.

**SAMHSA**

Tribal Behavioral Health Grants: We are pleased UIOs were included in the increased funding for FY2019. These grants have allowed Indian Country to address mental and substance abuse. We request the Committee double the size of the TBHG program to $80 million total.

Opioid Funding: SAMHSA has awarded grants of approximately $50 million to American Indian and Alaska Native tribes to address the opioid overdose epidemic in tribal communities due to the high rates of overdose seen in comparison to other races/ethnic groups and NCUIH is happy Congress provided Tribes with a set-aside for opioid funding. These concerns are also seen in urban Indian communities, with many states undercounting these numbers due to missed data collection processes. Unfortunately, these funding sources to support treatment in a culturally appropriate way were not available to UIOs, as the eligibility was not explicit to include them. In FY20 it is imperative that funding for UIO efforts to combat this epidemic are put in place to increase access to mental health services and meet unmet needs, request at least $3 million in opioid dollars be directed for UIOs with continued support and additional funding for Tribes and Tribal organizations. **AI/AN experience the second highest opioid overdose rates.**

**Health Resources & Services Administration (HRSA)**

11 out of the 42 UIOs are HRSA facilities. More UIOs would like to become HRSA facilities but do not want to lose their identity as a UIO. Because UIOs were created as part of the trust obligation-Tribes, Tribal organizations and UIOs should be allowed to exclusively see AI/AN patients and

qualify as a HRSA facility. HRSA exemptions are too narrow. NCUIH requests Tribes, Tribal organizations, and Urban Indian Organizations become a third exemption, in line with the trust obligation.

340B Program: The Administration is currently considering revamping this program, with indications it will restrict its application. Tribes, Tribal organizations and UIOs should be held harmless, as it could provide a significant barrier to access to care for urban AI/ANs

**HHS**

HHS Tribal Consultation Policy: HHS is currently reviewing its Tribal Consultation Policy. Department of Health and Human Services – which, with the exception of IHS, is not required to specifically consider or confer urban Indian organizations. NCUIH requests Congress create a HHS Confer Policy similar to IHS.

**Centers for Disease Control**

Good Health and Wellness in Indian Country (GHWIC): The GHWIC program is CDC's single largest investment in Indian Country. The program funds a total of 35 Tribes and Tribal organizations to improve chronic disease prevention efforts, expand physical activity, and reduce commercial tobacco use. The FY 2020 President's Budget proposes elimination of this program. NCUIH requests the Committee reject elimination of GHWIC and increase funding to $30 million for FY 2020. **NCUIH requests UIOs be directly eligible for the grants**.

Opioid Funding: NCUIH appreciates Congress' efforts to combat opioid abuse by providing over $60 million to Tribes and Tribal organizations. However, UIOs were erroneously left out. We echo NIHB's recommendations for an increase in Tribal funding as well as ask for $10 million for UIOs, as over 78% of AI/AN live in urban settings.

Funding for HIV, Viral Hepatitis, and Sexually Transmitted Infections: **NCUIH requests Tribes, Tribal organizations, and Urban Indian Organizations have a 10% set aside of funding.**

CDC Prioritizing AI/AN Data: Request that AI/ANs to be oversampled in all primary data collection efforts to ensure a large enough sample size to report findings. CDC has repeatedly shared that AI/AN sample sizes are too small to be statistically significant and therefore left out of local, regional, and national data reports. AI/ANs face stark health disparities and without the data, CDC, Congress, the Administration and others cannot ensure adequate resources are allocated.

We thank the committee for its efforts towards prioritizing funding to Indian Country and for holding this important hearing. The staff at NCUIH is available to follow up on any future inquires related to my testimony or other urban Indian health care issues of policy or service.


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