

OPENING STATEMENT

Good morning and thank you to our witnesses for travelling here – or logging in remotely – to testify at this hearing.

Today we will be hearing from witnesses on four pieces of legislation that will ensure the safety and health of Native people, including Native veterans, in the midst of a global pandemic.

First up, we have H.R. 458, the Native Youth and Tribal Officer Protection Act, introduced by my friend and colleague from Arizona, Mr. O’Halleran.

The Violence Against Women Reauthorization Act of 2013 authorized tribes to exercise criminal jurisdiction to arrest and prosecute non-Indians for domestic violence, dating violence, and violations of protection orders if certain conditions are met.

Since its passage, tribes have identified three gaps in the 2013 VAWA law that Congress must address to bolster the ability of tribal governments to protect domestic violence victims, Native children, and tribal law enforcement officers.

H.R. 958 addresses these gaps by restoring tribal jurisdiction over crimes against children - as well as crimes against tribal officials in the course of exercising tribal VAWA jurisdiction.

It also clarifies definitions to ensure tribes can prosecute threatened and attempted domestic violence.

Next, we will examine a bill I introduced with Representative Mullin of Oklahoma: H.R. 6237, the PRC for Native Veterans Act.

This bipartisan bill will ensure that Native Veterans can access high quality health care regardless of where they choose to seek it.

Access to health care is something that is promised to Native Veterans as part of our trust responsibility to Tribes and something these heroes have earned through service to our nation.

H.R. 6237 would expand the services the VA is required to reimburse to include purchased and referred care received by Native veterans through IHS and Tribally-run facilities.

Under the current system, Native veterans who arrive at IHS or Tribal facilities needing specialty care are often forced to travel extreme distances to the nearest VA facility for a redundant primary care visit and referral.

Continuing to force this vulnerable population outside of their community to seek care is especially dangerous in the era of social distancing, and could facilitate the spread of COVID-19.

Native veterans should have timely access to all the quality care they need no matter where they choose to access it.

This bill would also provide critical resources to a severely underfunded Tribal health system that is experiencing incredible strain due to the current pandemic.

I am proud that this bill was passed in the House as a provision in the Heroes Act, and I look forward to discussing it as a standalone measure today.

The second of my bills we are examining today is H.R. 6535, the Coverage for Urban Indian Health Providers Act.

This is a bipartisan measure that was supported in the President's 2021 budget proposal that would provide long overdue parity to Urban Indian Organizations under the Federal Tort Claims Act.

The other two branches of the I/T/U system – federally and tribally run health facilities – are already covered by the Federal Tort Claims Act.

This bill would extend the same coverage to UIOs, thereby ending the practice of requiring individual clinics to use their limited funds to purchase liability coverage.

This fix would save some UIOs up to \$250,000 per year in coverage costs – money that can instead be spent directly on patient care.

This is especially important during the current crisis, which has hit UIOs extremely hard, with over 80% of clinics reporting cuts to services due to resource shortages.

70% of Native Americans today live in urban settings, making our support for Urban Indian Organizations essential to ensuring that health care is accessible to all Native peoples and that our trust responsibility is upheld.

Finally, we have H.R. 7119, the Alaska Native Tribal Health Consortium Land Transfer Act of 2020, introduced by the Dean of the House, Mr. Young from Alaska.

The Consortium provides comprehensive medical services at the Alaska Native Medical Center, including: wellness programs, disease research and prevention, rural provider training, rural water and sanitation systems construction, and health education.

H.R. 7119 will allow the Consortium to gain ownership over two parcels of land that are owned by the Department of Health and Human Services (HHS) and are currently being used for maintenance and storage.

Transfer of the land will allow the Consortium to streamline its operations and construct building upgrades that will allow it to better serve Alaska Natives.

These are all great pieces of legislation that are much needed in Indian Country, and I hope that we can work together to expedite them through the Committee and to the House floor.

I look forward to hearing all the witnesses' testimony. I would now like to recognize Mr. Young for any opening remarks.