

**Committee on Natural Resources**  
**Subcommittee for Indigenous Peoples of the United States**  
**Remote Oversight Hearing - Cisco WebEx**  
**June 17, 2021**  
**12:00 p.m.**

**Oversight Hearing on “*Examining Federal Facilities in Indian Country*”**

**Questions from Rep. Gallego** for Randy Grinnell, Deputy Director for Management Operations, IHS

1. Mr. Grinnell, in your testimony you state that “the total need for the Health Care Facilities Construction (HCFC) Program is approximately \$14.5 billion for expanded and active authority facility types according to the 2016 Indian Health Service and Tribal Health Care Facilities’ Needs Assessment Report to Congress. An update to the needs assessment report to Congress is in progress. Early drafts report an increase in the need up to approximately \$22 billion amount.” I have two questions in response:
  - a. First does the \$22 billion referenced in your testimony include needs at UIO facilities?
  - b. Second, what is the timeline for IHS releasing the report on UIO infrastructure required in the FY21 appropriations package?
2. It is my understanding that because of the way the Indian Health Care Improvement Act is written, some of the COVID-19 relief passed for UIOs – including all of the CARES Act money – was not able to be spent on renovation and construction projects unless it met the narrow accreditation standard in statute. If the accreditation language is struck from IHCA as your budget request proposes, will IHS be able to retroactively allow UIOs with unspent funds under the CARES Act or ARPA spend that money on construction projects?
3. Thank you for your testimony regarding the needs at Phoenix Indian Medical Center. Your testimony states that the total cost of replacing the facility would be \$674 million. Is there a current timeline for this replacement?
4. Your testimony also mentions \$120 in Essential Maintenance and Repair backlog at PIMC. If PIMC were replaced sooner rather than later, would these costs be saved?