SALT RIVER
PIMA-MARICOPA INDIAN COMMUNITY

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April 10, 2023

The Honorable Harriet Hageman
Chairwoman
House Natural Resources Committee
Subcommittee on Indian and Insular Affairs
1324 Longworth House Office Building
Washington, D.C. 20515

RE: Oversight hearing on Improving Healthcare Delivery in Tribal Communities

Dear Chairwoman Hageman,

On behalf of the Salt River Pima-Maricopa Indian Community ("SRPMIC") I am pleased to submit this letter to be made part of the hearing record of the Subcommittee on Indian and Insular Affairs ("the Committee") for the oversight hearing conducted on March 29, 2023 on the topic of Improving Healthcare Delivery in Tribal Communities. As a Tribal nation located in the State of Arizona in the Phoenix metropolitan area we are making tremendous progress to improve the healthcare system and delivery for not only the membership of our Community but also for area urban Native Americans. The Community's River People Health Center ("RPHC") is central to this mission and is tribally operated by Self-Governance Compact with the Indian Health Service ("IHS") under Title V of the Indian Self-Determination and Education Assistance Act ("ISDEAA."). Based in our newly constructed 200,000 square foot state of the art health center, RPHC is creating a Community of Care offering a robust health and services delivery model that addresses the 5 Determinants of Health: Social, Behavioral Health, Clinical, Environmental and Genetics. As such, I want to share with the Committee the SRPMIC views on how IHS funding decisions impact healthcare delivery in our Community paired with recommendations for how Congress can help IHS improve its service to Tribal Organization.

- **Continue Advance Appropriations for the Indian Health Service ("IHS").** In the FY 2023 Consolidated Appropriations Act, Congress in a historic move, finally provided advance appropriations for the IHS for FY 2024. Going forward, we urge that all necessary steps be taken to continue advance appropriations for the IHS for FY 2025 and beyond, which would bring IHS in alignment with the U.S. Department of Veterans Affairs' eligibility for advance appropriations.

- **Fully fund critical IT infrastructure investments.** In FY 2023 Electronic Health Record modernization was funded at $217 million, which was an increase of $72.5 million (50%) over FY 2022. We need the same kind of increase in this critical line item for FY 2024 to ensure that full implementation of interoperable Electronic Health Records (EHR) and tele-health occurs. For Tribes and Tribal health organizations who have committed their own resources to move away from RPMS and making their systems functional, IHS should take this into consideration with any new resources and ensure these programs are not only interoperable, but compensated accordingly.

- **Mandatory Funding for Contract Support Costs and 105(*l*) lease payments.** We appreciate the continuing commitment to ensure that Contract Support Costs (CSC) and 105(*l*) lease costs are fully funded by including an indefinite discretionary appropriation in recent years for both of these accounts. We strongly support the transition of these accounts to mandatory funding. This change would bring the appropriations process into line with the clear legal requirements of the authorizing statute. CSC and 105(*l*) lease funds are already an entitlement under substantive law that enables the ISDEAA to function as intended by Congress. It is legally contradictory and operationally problematic to appropriate funding for CSC on a discretionary basis. A simple amendment to a permanent appropriations statute could solve this challenge.

- **In some IHS Regions, CSC funding decisions take an adversarial position rather than advocate for Tribal Self-Determination and Self-Governance.** We remain concerned with recent actions of the IHS that effectively impede the efforts of the SRPMIC and other Tribes to expand and improve healthcare services. The IHS often bars access to the very CSC resources that this Committee seeks to provide Tribes. There have been no substantive amendments to the ISDEAA in recent years, yet the new IHS administration has shifted its CSC award determinations and negotiation positions so dramatically they no longer align with longstanding IHS policy and practice over the last 20 years. These recent CSC determinations and positions also fail to align with the mission of IHS, or even its newly established commitments identified in the IHS 2023 Agency Work Plan. The SRPMIC would welcome the opportunity to talk with the Committee in further detail regarding our experiences assuming operation of the RPHC in the Scottsdale / Phoenix, AZ area.

- **Amend Indian Self-Determination and Education Assistance Act to Clarify CSC provisions.** We also request assistance to amend the ISDEAA to clarify that when agency funding paid to a tribe for program operations is insufficient for contract and compact administration, CSC will remain available to cover the difference. In the recent court decision *Cook Inlet Tribal Council, Inc. v. Dotomain*, a federal appeals court held that costs for activities normally carried out by IHS are ineligible for payment as CSC—even if IHS transfers insufficient, or even no, funding for these activities in the Secretarial amount. Under this new ruling, if facility costs are higher for a Tribe than for IHS, the Tribe is forced to cover the difference by diverting scarce program dollars. Recently, this serious misinterpretation of the ISDEAA was applied to one Tribal organization resulting in the threat of a 90% reduction of CSC reimbursement. A

legislative fix is urgently needed to clarify the intent of Congress for this matter and ensure consistency with precedent.

- **Extend Self-Governance Funding Options to the Special Diabetes Program for Indians (SDPI) and increase funding to $250 million/year.** We appreciate that Congress included a three-year reauthorization of SDPI in the Consolidated Appropriations Act, 2021 (P.L. 116-260). SDPI's success rests in the flexibility of its program structure that allows for the incorporation of culture and local needs into its services. SDPI needs to be reauthorized in a manner that ensures participants have the option of receiving their federal funds through either a grant (as currently used) or self-governance funding mechanisms under ISDEAA. Additionally, SDPI has not had an increase in funding since FY 2004. SDPI should be permanently reauthorized at a minimum of $250 million per year with annual adjustments for inflationary increases.

In closing, I want to thank you for conducting the oversight hearing on Improving Healthcare Delivery in Tribal Communities. Your consideration of the SRPMIC recommendations is greatly appreciated. If you have any questions please contact Mr. Gary Bohnee, Office of Congressional and Legislative Affairs, Gary.Bohnee@srpmic-nsn.gov.

Sincerely,

Martin Harvier
President