



1. Could you share more on the anticipated impacts and loss of services that would occur if the FY24 enacted congressional budget reflects FY22 enacted levels for the Indian Health Service (IHS)?

IHS is chronically underfunded, and reducing its budget to the FY22 enacted levels would have a significant impact in its ability to provide care to Native patients. For example, the \$220 million reduction in IHS' budget authority for FY 2013 resulted in an estimated reduction of 3,000 inpatient admissions and 804,000 outpatient visits for AI/ANs. ¹ If Congress were to decrease the budget to FY22 enacted levels, the resulting reduction of \$360 million in IHS' budget authority would have an even greater impact on Native healthcare compared to the effects seen in 2013.

Returning to FY22 enacted levels would have a significant impact on urban Indian organizations (UIOs) as it would reflect a 19% decrease in the Urban Indian Health line item. UIOs are already underfunded, for example, in FY 2018 U.S. healthcare spending was \$11,172 per person, but UIOs received only \$672 per AI/AN patient from the IHS budget. ² This underfunding is due, in part, to the fact that UIOs receive direct funding only from the Urban Health line item and do not receive direct funds from other distinct IHS line items. As a result, UIOs rely on every penny in the Urban Health line item to provide culturally competent care to their patients.

As funding for UIOs has increased over the past few years, it has been met with expansions in services for our communities. For example, my clinic, the NATIVE Project, was able to break ground on a new wellness center focused on child and youth wellness. This new building will provide not only behavioral and mental health resources, such as therapy and wellness practices, but will also provide space for traditional Indigenous practices. Across the country, we are seeing UIOs expand services such as maternal and neonatal health, youth support services, and traditional healing services. Any reduction in the IHS budget will halt the progress made to address the needs in our communities and further constrain our ability to expand services or address facilities-related costs.

In addition to regular budgetary concerns, reducing the budget will have a direct impact on UIOs' ability to recruit and retain staff and providers. Many of our clinics have expressed difficulty in providing competitive pay, particularly compared to private or larger healthcare provider organizations in their service areas. Without more funding, UIOs cannot compete with inflation, high cost of living, or pay higher raises and hazard pay like other facilities. In a survey of UIO leaders, one leader highlighted the impact

¹ [Contract Support Costs and Sequestration](#): Fiscal Crisis in Indian Country: Hearings before the Senate Committee on Indian Affairs.(2013) (Testimony of The Honorable Yvette Roubideaux)

² Recent Trends in Third-Party Billing at Urban Indian Organizations. National Council of Urban Indian Health. 2018. [Recent-Trends-in-Third-Party-Billing-at-Urban-Indian-Organizations-1.pdf](#) (ncuih.org)





of underfunding by saying, “due to inflation and market changes, salaries have grown exponentially. It is becoming exceedingly difficult to staff the organization with high-quality employees, especially medical providers, while IHS funding stays the same year after year.”³ In the IHS Portland Area, where my UIO is located, underfunding has caused significant recruitment challenges, with 100% of Dentist positions being vacant in 2021.⁴ Without sufficient staffing levels, Native patients will go unserved and may compromise the critical care needed for their well-being and ability to thrive.

It is critical that our Native communities are appropriately cared for, in the present and in future generations. We urge Congress to take this obligation seriously and provide UIOs with all the resources necessary to protect the lives of the entirety of the Native population, regardless of where they live. The federal government must continue to work towards its trust and treaty obligation to maintain and improve the health of American Indians and Alaska Natives and ensure our budget is protected as budget-cutting measures are being considered.

³ The National Council of Urban Indian Health. 2022 Annual Policy Assessment. 2023. [Policy-Assessment-22_NCUIH_D284_V6.pdf](#)

⁴ Assistant Secretary for Planning and Evaluation, Indian Health Service. How Increased Funding Can Advance the Mission of the Indian Health Service to Improve Health Outcomes for American Indians and Alaska Natives. 2021. <https://aspe.hhs.gov/sites/default/files/documents/1b5d32824c31e113a2df43170c45ac15/aspe-ihs-funding-disparities-report.pdf>

