

INDIAN HEALTH CENTER OF SANTA CLARA VALLEY

1333 Meridian Avenue, San Jose, CA 95125

Statement of Sonya Tetnowski, CEO of Indian Health Center of Santa Clara Valley Submitted to the U.S. House of Representatives Committee on Appropriations Subcommittee on Interior, Environment and Related Agencies

Good morning, Chairman Murkowski, Ranking Member Udall, and Subcommittee Members. My name is Sonya Tetnowski, and I am the Chief Executive Officer of the Indian Health Center of Santa Clara Valley, an Urban Indian Health Program in San Jose, California. I am also an enrolled member of the Makah Tribe. I would first like to thank the Subcommittee for holding these tribal witness hearings.

In addition to my role as CEO of IHC, I also serve as the President of the California Consortium for Urban Indian Health (CCUIH). CCUIH is an alliance of California UIHPs representing nearly 1/3rd of the UIHP nationwide. California's 10 UIHPs represent the full spectrum of the Urban Indian health delivery system and collectively the California UIHPs serve nearly 70,000 patients per year.

IHC has been serving the American Indian community for over 40 years! We provide medical, dental, mental health, traditional and community wellness services to our more than 22,000 patients throughout Santa Clara County, where more than 26,000 American Indian and Alaska Natives (AIANs) reside. Of all the patients served by the IHC, 73% fall within the Poverty line threshold. We are committed to serving American Indian people no matter where they live. IHC has a core mission to serve the AIAN community in Santa Clara and the surrounding areas; to serve tribal people living off reservations and tribal lands.

Parity for UIHP in the Indian health Service Delivery System

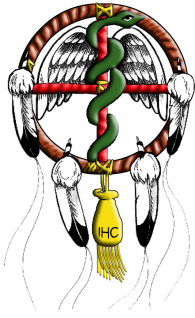
There is a persistent lack of understanding of the history of Urban Indian communities and the complexity of the Indian health delivery system. As a result, UIHPs have been consistently excluded from laws intended to benefit AIAN served by the IHS delivery system.

Advanced Appropriations

Parity for Urban Indian Health programs cannot fully be achieved without first stabilizing the Indian Health Service. It is critical that the Indian Health Service receive advanced appropriations alongside of our partners at the VA. For years, Indian Health Programs and Tribes have advocated that IHS funding would be appropriated a year in advance to avoid crises like what occurred during the recent partial government shutdown. Now is the time for Congress to enact IHS advance appropriations so that AIAN people do not continue to suffer from the unstable discretionary appropriations process.

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Due to the recent lack of appropriations and the partial government shutdown, the Board of Directors and leadership team at IHC prepared to lay off staff, reduce services and begin a process to scale back programming to the AIAN community. Further, all California UIHP felt the impact of the shutdown in their ability to do conduct business, including contract and lease negotiations, construction, hiring, etc. While none of our California UIHPs shutdown, the immense stress felt by staff, patients and the community we serve can not adequately be calculated. It is unreasonable that while IHS clinics and facilities faced shutdowns and diminishing programs, other federally funded programs such as HRSA and VA continued to provide uninterrupted services.

100% FMAP Protections for Urban Indian Health Programs:

In recognition of the Federal Trust responsibility, AIAN healthcare belongs to the federal government, not the states, it is my position that UIHPs should receive 100% federal match for Medicaid services ("FMAP"), a protection already enjoyed by IHS and Tribal facilities. UIHP direct service clinics in California are heavily reliant on Medicaid revenue, and a large portion of the patient population are Medicaid beneficiaries. UIHPs are a critical part of the I/T/U health delivery system and should be included in the 100% FMAP protection. Fulfilling this request for 100% FMAP would require a small legislative change to the Social Security Act Sec. 1905 (42 U.S.C. 1396d) or inclusion of UIHPs as 100% FMAP eligible in future Indian Medicaid legislation.

Inclusion in Federal Tribal Opioid Response Dollars for Urban Indian Health Programs:

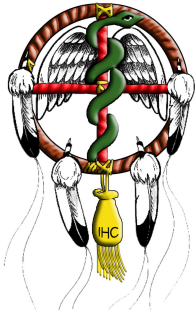
The opioid epidemic is one of the biggest challenges facing America's healthcare system today and is disproportionately affecting AIAN people in both Tribal and Urban Indian environments. While we acknowledge the incredible efforts of the Substance Abuse and Mental Health Services Administration to release Tribal Opioid Response Grants, Urban Indian Health were not eligible to apply. UIHPs, including our residential treatment facilities, are working on innovative and culturally responsive programming to confront the opioid epidemic and should have access to opioid response service funds allocated to AIAN people.

Inclusion in the IHS-VA MOU for Urban Indian Health Programs:

In 2010, IHS and VA signed a memorandum of understanding (MOU) to promote inter-agency collaboration. Authority for the MOU comes from Section 405 of the Indian Health Care Improvement Act (IHCIA) which provides the Secretary of Health and Human Services with the authority to enter into or expand arrangements for the sharing of medical facilities and services between the IHS, Indian Tribes, tribal organizations, and the Departments of Veterans Affairs and Defense. Section 405 allows IHS and Tribes to better serve AIAN people while ensuring that limited medical and financial resources are provided to a greater number of AIAN patients;

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UIHP are not referenced. We maintain that this was a simple oversight and not a deliberate attempt to preclude Title V UIHP from participating in the benefits of Section 405. I myself am a Native American Veteran, and know that our people serve in the military at higher rates than any other race and should have access to culturally competent health care wellness services furnished by the I/T/U systems.. As Urban Indian Veteran I ask for the inclusion of UIHPs in the IHS-VA MOU.

Federal Tort Claims Act Coverage for Urban Indian Health Programs:

UIHPs, unlike IHS and Tribal health programs and 330-FQHCs, are excluded from the protections of the Federal Tort Claims Act. Consequently, UIHPs are required to spend thousands of program dollars each year to purchase malpractice insurance for their providers. Given the extremely sparse funding that is appropriated to serve AIAN in urban areas, UIHPs should not be required to divert limited resources to private insurance companies – especially since IHS, tribal, and 330-FQHC programs are exempt from this burden.

Support for the Urban Indian Line Item:

Although more than 70% of AIANs reside off reservations and in urban areas (90% in California), according to the most recent census, less than 1% of IHS' budget is spent on Urban Indian health care. In fact, while we are appreciative of a increase, according to the recent enacted IHS FY 2019 budget, the increase in funding for Urban Indian healthcare from FY2018's enacted amount of \$49,315,000 to FY19's enacted amount of \$51,315,000 does not even keep up with healthcare inflation. We support a request to increase the line item to at least 2% of the IHS budget. Further, UIHPs, unlike IHS and tribal providers, are unable to access Purchased/Referred Care funding or any other category of funding in IHS' budget. The permanently reauthorized Indian Health Care Improvement Act made it a national policy of the United States to address the health disparities suffered by AIAN, including those living in urban areas. It is my position that achieving meaningful progress toward this goal is impossible without a renewed commitment to Urban Indian healthcare.

In conclusion, the Indian Health Center of Santa Clara Valley appreciates our partnership with the IHS and look forward to working with this committee. As you know, we are at a critical juncture in healthcare delivery for American Indians and there is much important work to be done on behalf of the population we serve. Through partnership and parity, I believe together we can stabilize the I/T/U system of care to meet the requirements of the Indian Health Care Improvement Act (Public Law 94-437) to provide culturally competent care to every American Indian and Alaska Native.

Sonya M. Tetnowski Chief Executive Officer Indian Health Center of Santa Clara Valley