National Council of Urban Indian Health – Sonya Tetnowski, (Makah Tribe), President-Elect

My name is Sonya Tetnowski, I am an enrolled member of the Makah Tribe and currently serve as the President-Elect of the National Council of Urban Indian Health (NCUIH) and CEO of the Indian Health Center of Santa Clara Valley. On behalf of NCUIH, the national advocate for health care for the over 70% of American Indians and Alaska Natives (AI/ANs) living off-reservation and the 41 Urban Indian Organizations (UIOs) that serve these populations, I would like to thank Chairwoman Pingree, Ranking Member Joyce, and Members of the Subcommittee for your leadership to improve health outcomes for urban Indians, especially in the COVID-19 response. We respectfully request the following:

- $49.8 billion for the Indian Health Service and $949.9 million for Urban Indian Health for FY23 (as requested by the Tribal Budget Formulation Workgroup)
- Advance appropriations for the Indian Health Service (IHS)
- Support of the President's proposal for mandatory funding for IHS
- UIOs be insulated from unrelated budgetary disputes through a spend faster anomaly so that critical funding is not halted

Current Status of COVID-19 in Indian Country

UIOs provide a range of services and are primarily funded by a single line item in the annual Indian health budget, which constituted less than 1% of the total IHS annual budget prior to FY 2020. There have been vast improvements from where we were two years ago with regards to the availability of supplies, tests, and vaccines, but despite improvements, the situation facing Natives has not relented. AI/ANs are 3.2 times more likely to be hospitalized for COVID-19 and 2.2 times more likely to die from the virus.[1] Due to the disproportionate impacts of the pandemic, we are asking Congress to prioritize Indian Country and for the government to truly honor its trust obligation through the full funding of IHS and UIOs.

With the funding and resources from Congress, UIOs have been extremely successful at their vaccine rollouts. As of February 2022, AI/ANs have some of the highest vaccination administration rates in the U.S with 70.6% of AI/ANs having received at least one dose of the COVID-19 vaccine, according to CDC Vaccine Administration Data.[2] UIOs have played a critical role in achieving these high vaccination rates, however, in order to fully provide health care for the over 70% of AI/ANs residing in urban areas, UIOs need a consistent baseline of regular funding.

With COVID relief funding, UIOs have also been able to purchase PPE and medical supplies, hire behavioral health staff, upgrade electronic health records to accurately and effectively enter vaccine and testing data, install a new HVAC system, provide new training for staff, purchase a new building, lease mobile units to expand their services, and expand behavioral health and victim services. With increased funding, UIOs will be better equipped to immediately respond to future pandemics.

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[1] https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

[2] https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends

Request: $49.8 billion for the Indian Health Service and $949.9 million for urban Indian health

While your leadership was instrumental in providing the greatest investments ever for Indian health and urban Indian health, it is important that we continue in this direction to build on our successes. The national average for health care spending is around $12,000 per person, however, Tribal and IHS facilities receive only around $4,000 per patient. Furthermore, UIOs receive just $672 per IHS patient – that is only 6 percent of the per capita amount of the national average. That's what our organizations must work with to provide health care for urban Indian patients.

The federal trust obligation to provide health care to Natives is not optional, and we thus request Congress honor the Tribal Budget Formulation Workgroup (TBFWG) FY23 recommendations of $49.8 billion for IHS and $949.9 million for urban Indian health. That number is much greater than the FY21 enacted amount of $63.7 million, which truly demonstrates how far we have to go to reach the level of need for urban Indian health. At an IHS Area Report meeting where Tribal leaders presented their budget requests, one Oklahoma Tribal leader stated that "There are inadequate levels of funding to address the rising urban Indian population." Congress must do more to fully fund the IHS in order to improve health outcomes for all Native populations at the amount requested.

In 2018 the Government Accountability Office (GAO-19-74R) reported that from 2013 to 2017, IHS annual spending increased by roughly 18% overall, and roughly 12% per capita. In comparison, annual spending at the Veterans Health Administration (VHA), which has a similar charge to IHS, increased by 32% overall, with a 25% per capita increase during the same period. Similarly, spending under Medicare and Medicaid increased by 22% and 31% respectively. In fact, even though the VHA service population is only three times that of IHS, their annual appropriations are roughly thirteen times higher.

Currently, the entire Eastern seaboard is without any full-ambulatory UIOs due to lack of funding. The IHS has deemed the two remaining UIOs on the East Coast to be outreach and referral only, with a combined less than two-million-dollar budget. Unfortunately, the pandemic has shown that two outreach and referral UIOs to serve all urban Indians on the entire East Coast of the country is a failure to uphold the federal trust obligation. It is evident the UIO line item is insufficient to allow IHS to authorize our East Coast UIOs to open fully operational clinics. Native American Lifelines is actually two programs run in both Boston and Baltimore with an annual budget for both cities of $1.6 million. During the height of the pandemic, that meant Native people living in urban areas on the East Coast had to go back to reservations to get their vaccine to take advantage of the IHS authority that would give them the vaccine early and hopefully not become a mortality statistic.

The federal government owes a trust responsibility to tribes and AI/ANs that is not restricted to the borders of reservations. Funding for Indian health must be significantly increased if the federal government is, to finally, and faithfully, fulfill its trust responsibility.

Update on Allowability of Urban Indian Health Funds for Facilities

Last year, the Committee included report language to allow the use of UIO funding for facilities – to enable UIOs to make long needed upgrades to address gaps that have been exacerbated by COVID-19. With the help of your leadership, the Bipartisan Infrastructure Framework (BIF) included the Padilla–Moran–Lankford Amendment to allow UIOs to utilize their existing contracts to upgrade their aging facilities. We want to thank the committee for your support to allow UIOs to utilize their funding to upgrade their facilities.

However, because UIOs do not receive facilities funding, unlike the rest of the IHS system, and must use their line item for this purpose, it is critical that the committee increase the funding for the urban Indian health line item. In a recent IHS Area Report meeting, the Phoenix Area prioritized urban Indian health in the IHS budget while highlighting the need for increased funding for urban Indian health facility renovation. UIOs report needing at least $200 million to fund construction and renovation projects.[3] This further supports the need to increase the UIO line item budget to the requested amount of $949.9 million.

Request: Advance Appropriations

The Indian health system, including IHS, Tribal facilities and UIOs, is the only major federal provider of health care that is funded through annual appropriations. For example, the VHA at the Department of Veterans Affairs receives most of its funding through advance appropriations. If IHS were to receive advance appropriations, it would not be subject to government shutdowns, automatic sequestration cuts, and continuing resolutions (CRs) as its funding for the next year would already be in place. According to the Congressional Research Service, since FY1997, IHS has only once (in FY2006) received full-year appropriations by the start of the fiscal year.

The lack of consistent and clear funding creates significant barriers on the already underfunded Indian health system. Three CRs have been enacted by Congress to maintain the FY2021 budget, which costs time and resources from IHS that could have been spent on pandemic response. When funding occurs during a CR, the IHS can only expend funds for the duration of a CR, which prohibits longer-term, potentially cost-saving purchases. In addition, as most of the Indian health services provided by Indian tribes and UIOs are under contracts with the federal government, there must be a new contract re-issued by IHS for every CR. IHS was forced to allocate resources to contract logistics twice in the height of the pandemic when the resources could have been better spent equipping the Indian health system for pandemic response. In addition, lapses in federal funding quite literally put lives at risk. During the most recent 35-day government shutdown at the start of FY 2019 – the Indian health system was the only federal healthcare entity that shut down. UIOs are so chronically underfunded that several UIOs had to reduce services, lose staff, or close their doors entirely, forcing them to leave their patients without adequate care. In a UIO shutdown survey, 5 out of 13 UIOs indicated that they could only maintain normal operations for 30 days without funding. Advance appropriations is imperative to provide certainty to the IHS system and ensure unrelated budget disagreements do not put lives at stake. For instance, Native American Lifelines of Baltimore is a small clinic that received seven overdose patients during the last shutdown, five of which were fatal.

Request: Spend-Faster Anomaly to Ensure UIOs Receive Funding

The decades of chronic underfunding I have mentioned to you today have not only left UIOs especially vulnerable to the current pandemic, but it also leads to dire consequences when funding is not available. Because UIOs must rely on every dollar of limited federal funding they receive (in FY 2021, $62.7 M to fund components of IHS OUIHP and 77 UIO facilities) to provide critical patient services, any disruption in these dollars has significant and immediate consequences. The pandemic has forced UIOs to stretch these funds even further and a lapse in funding during this crisis would have devastating impacts on urban Indian communities. The 2018-2019 government shutdown

[3] https://ncuih.org/wp-content/uploads/UIO-Facilities-Needs-2021_NCUIH_D169_V3-FINAL.pdf

caused three UIOs to entirely shut their doors until the government re-opened. These impacts were felt absent additional resource constraints and health service needs due to the pandemic.

Put simply, we cannot allow critical health services to go unfunded – especially in the present public health crisis. In 2019 and 2020, IHS secured an exception apportionment to enable tribal facilities to receive a full year's appropriation in the event of a shutdown – but this did not apply to the IHS or UIO components of the IHS system. NCUIH has exhausted efforts with the agency in requesting that IHS seek an exception apportionment for the entire Indian health system this year – even more essential in light of the heightened need. However, these requests have seemingly fallen on deaf ears – with a January 2020 FOIA request still unanswered to date. Other healthcare facilities are already insulated from government shutdowns and there is no reason the IHS system, and the AI/AN people that depend on it, should face closures due to unrelated budget lapses. We therefore urge Congress to include a spend-faster anomaly in any budget packages to ensure funds will continue to be available to provide critical health services to AI/AN people at a time when they are needed most.

Conclusion

These requests are essential to ensure that urban Indians are properly cared for, both during this crisis and in the critical times following. It is the obligation of the United States government to provide these resources for AI/AN people residing in urban areas. This obligation does not disappear in the midst of a pandemic, instead it should be strengthened, as the need in Indian Country is greater than ever. 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 AI/AN population, regardless of where they live.