NPAIHB

Northwest Portland Area Indian Health Board

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Testimony of Nickolaus Lewis
The Northwest Portland Area Indian Health Board
Before
House Appropriations Subcommittee on Interior, Environment, and Related Agencies
American Indian and Alaska Native Public Witness Hearing – FY 2025
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Greetings Chairman Simpson and Ranking Member Pingree, and Members of the Subcommittee. My name is Nickolaus Lewis, and I serve as a Council Member on the Lummi Indian Business Council, the elected governing body of the Lummi Nation, and as Chair of the Northwest Portland Area Indian Health Board (NPAIHB or Board). I thank the Subcommittee for the opportunity to provide testimony on the fiscal year (FY) 2025 Indian Health Service (IHS) budget to the Subcommittee.

NPAIHB was established in 1972 and is a tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, that advocates on behalf of the 43 federally-recognized Indian tribes in Idaho, Oregon, and Washington on specific health care issues. The Board's mission is to eliminate health disparities and improve the quality of life for American Indians and Alaska Natives (AI/AN) by supporting Northwest Tribes in the delivery of culturally-appropriate, high-quality health care. "Wellness for the seventh generation" is the Board's vision. This Subcommittee is critical to making this a reality. We thank the Subcommittee for continuing to support increased funding for IHS every year.

In August 2023, the NPAIHB organized a National Tribal Opioid Summit that convened over 1,000 Tribal leaders, providers, community member, including federal and state officials, to discuss opioid prevention, care and treatment, data, and law and justice policy priorities in Tribal communities.

Based on the Summit, we make the following Indian Health Service funding recommendations related to opioids and substance use:

Increase Funding for Substance Use, including Prevention Services. Portland Area Tribes have long recognized how deeply opioid and substance use disorders impact their tribal communities and the healing that can occur when our relatives receive effective treatment and support on their recovery journeys. IHS and Tribally operated programs must support an integrated behavioral health approach to collaboratively reduce the incidence of substance use disorders in AI/AN communities. IHS substance use funding is used to provide a comprehensive array of preventive, educational, and treatment services that are community-driven and culturally competent. These collaborative activities strive to integrate substance use treatment into primary care. Additional funding focusing on harm reduction and peer support is desperately needed. For FY 2025, the IHS Tribal Budget Formulation Workgroup recommends $4.86 billion for Substance Use subaccount.

Increase facilities funding, including for medical facility construction, dual-diagnosis facilities, and medically supervised withdrawal / detoxification for adults and youth. The need for new healthcare facility construction at IHS was estimated to be $23 billion in 2021 (up 59% from 2016). There is an additional $1.5 billion backlog in maintenance to existing IHS facilities. IHS facilities are often not appropriate or available for the current needs of the patient population when it comes to opioid use disorder (OUD) and substance use disorder (SUD). In FY 2025, this Subcommittee should allocate $5 billion for Health Care Facilities Construction specific to OUD services such as detox facilities.

Increase funding for Tribal data analytics at Tribes and of TECs. Many Tribes do not have sufficient funding to employ health data analysts, biostatisticians, or epidemiologists. The priority is the provision of clinical services rather than data analysis. In FY 2025, more funding is needed for Tribes to hire analysts to evaluate data and drive community-based recommendations using Tribal specific data. In addition to funding staff at Tribes to do this work, each Tribal Epidemiology Center would benefit from stable ongoing funding to support substance use disorder and behavioral health analytics.

For FY 2025, we also make the following ongoing recommendations from Portland Area Tribes:

Provide Mandatory, Full Funding for IHS. Advance appropriations will resolve some of the challenges presented by annual discretionary funding but will not address the issue of funding adequacy. At the core of Indian health policy are the federal government's trust responsibility and treaty obligations. To address unfulfilled trust and treaty obligations towards tribes and end unacceptable health disparities of AI/AN people, the IHS needs full and mandatory funding. Determining a figure for full funding that meets the true level of need deserves a thoughtful, measured, and tribally-driven approach that keeps pace with population growth and both medical and non-medical inflation. The National Tribal Budget Formulation Workgroup recommended, and our Area supported, the request of $53.85 billion to fully fund the IHS in FY 2025.[1] Looking ahead to FY 2026, the National Tribal Budget Formulation Workgroup met in February 2024 and recommended $63 billion to fully fund the IHS in FY 2026.

Provide Mandatory Appropriation for ISDEAA Section 105(l) Leases and Contract Support Costs (CSC). Although we are appreciative of the Subcommittee's support in securing an indefinite appropriation for 105(l) lease agreements and CSC, we request that this Subcommittee commit to moving 105(l) leases and CSC to mandatory appropriations accounts to ensure that these appropriations are funded year after year without impacting programmatic increases to IHS and tribal health facilities. Portland Area Tribes are experiencing decreases in funding annually due to the rising annual cost of 105(l) leases and CSC.

Increase Funding for Purchased and Referred Care (PRC). Portland Area Tribes have to purchase all specialty and inpatient care because there is no IHS hospital in the Portland IHS Area. The PRC program makes up over one-third of the Portland IHS Area budget. When there is no increase or consideration of population growth and medical inflation, Portland Area Tribes are forced to cut health services. Areas with IHS hospitals can absorb these costs more easily because of their infrastructure and large staffing packages. Substantial PRC funding is a top priority for us. As long as the PRC program remains severely underfunded, the ability for AI/ANs to access specialty and inpatient health care will be threatened. Every year PRC is the second rated funding priority of the National Tribal Budget Formulation Workgroup – a top priority of Portland Area Tribes - and receives only nominal annual increases. In FY 2025, we request that this Subcommitee honor the request of the National Tribal Budget Formulation Committee and fund PRC at $9.14 billion.

Fund Expansion of Community Health Aide Program. NPAIHB has successfully established a Community Health Aide Program (CHAP) in the Portland IHS Area, working closely with tribes to set up the Portland Area CHAP Certification Board and to build education programs. Students are attending our Dental Health Aide Therapists (DHAT) and Behavioral Health Aides (BHA) education programs, and Community Health Aide education program is in development. Stable

[1] National Tribal Budget Formulation Workgroup Recommendation, *Indian Health Service Fiscal Year 2025 Budget*, FINAL_FY2025 Budget (nihb) (last visited Apr. 12, 2024).

funding is necessary to ensure that the programs are accessible to our students and can best meet the health care needs of the tribes they will serve. For FY 2025, we request $60 million for continuation of the national expansion with $10 million for Portland Area to continue to expand CHAP.

Increase Funding for Mental Health In our Area and nationwide, there are high rates of depression and anxiety in our communities. Portland Area Tribes need funding to address mental health provider shortages and expand services. NPAIHB is particularly concerned about our AI/AN youth. Suicide is the second leading cause of death for AI/AN adolescents and young adults. AI/AN suicide mortality in this age group (10-29) is 2-3 times greater, and in some communities 10 times greater, than that for non-Hispanic whites. For FY 2025, the IHS Tribal Budget Formulation Workgroup recommends $4.46 billion for Mental Health subaccount.

Fund Behavioral Health Facilities Construction. Northwest Tribes have prioritized the need for Youth Regional Treatment Centers (YRTC) to address the ongoing issues of substance abuse and co-occurring mental health issues among AI/AN youth through the provision of clinical services, post-treatment follow-up services, and transitional living. While there are two tribal facilities providing enhanced behavioral health services to adults in the Portland IHS Area, the Healing Lodge of the Seven Nations in Spokane and Native American Rehabilitation Association of the Northwest in Portland, more facilities are needed. In FY 2025, this Subcommittee must fund an expansion of facilities to specifically address the need for behavioral health services not just in the Portland Area but across Indian Country.

Increase Small Ambulatory Program and Joint Venture Construction Program Funding. Portland Area Tribes do not support funding for new facilities construction under the current IHS Healthcare Facilities Construction Priority System because the structure of the existing system does not benefit Northwest Tribes nor equitably benefit Areas nationally. For FY 2025, the National Tribal Budget Formulation Workgroup recommended a continuation of vital resources for the Small Ambulatory Program (SAP) with funding at $50 million and also recommended expansion of the Joint Venture Construction Program (JVCP) with funding for staffing and equipment. NPAIHB requests that the Subcommittee provide future increases accordingly.

Create New Source of Funding for Health Care Facilities Construction at $14.5 billion. In its recommendations for FY 2025, the National Tribal Budget Formulation Workgroup recommended at least $14.5 billion in facilities construction funding be made available outside of the current IHS Healthcare Facilities Construction Priority System (HFCPS) as a new, equitable source of funding that will provide access to construction funds and demonstration projects under the Indian Health Care Improvement Act at 25 U.S.C. § 1637. The Portland Area Facilities Advisory Committee (PAFAC) completed a pilot study in 2009 to evaluate the feasibility of regional referral centers in the IHS system, and determined the Portland IHS Area needed three regional specialty referral centers. The U.S. Department of Health and Human Services partnered with IHS to identify funds to construct the first facility in Puyallup (Washington State). This innovative facility will provide services such as medical and surgical specialty care, specialty dental care, audiology, physical and occupational therapy, as well as advanced imaging and outpatient surgery. Some Tribes in our area request that the facility include inpatient mental health/substance use treatment. It is anticipated that this facility will provide services for approximately 50,000 users within the regional service area as well as an additional 20,000 in telemedicine consults. For FY 2025, funding to complete the first facility is needed in the amount of approximately $150 million. In addition, we request funding for the two remaining regional specialty referral centers to ensure these services can be accessed by IHS beneficiaries throughout the Portland IHS Area.

Make Health IT Modernization Project Funding Available to Tribes. The IHS Health Information Technology (IT) Modernization Program is a multi-year effort to modernize health IT systems for IHS, Tribal, and Urban Indian health care programs into the 21st century. The software currently supported by IHS was implemented 38 years ago. If this software was a person, it could run for President. Northwest Tribes are in a double bind – we want the IHS Health IT Modernization program to be fully funded, and the new EHR implemented because Northwest Tribes receiving services directly from IHS need health IT systems that support 21st century care for our people. Conversely, many tribes in the Northwest have made significant investments of time, talent, and cash to modernize their health IT systems because their leadership exercised their rights under self-governance and realized we cannot afford to wait when the health of our people is at stake. Tribes must be reimbursed by IHS for the funds they have spent to purchase Health IT systems, and all Tribes must have access to 21st century technology in their health care delivery systems. For FY 2025, we request that this Subcommittee hold the IHS accountable, through report language, for the prudent use of appropriated funds, and ensure funding be made available to both implement the IHS Health Technology Modernization Program as rapidly as possible and also direct IHS to reimburse and provide ongoing financial support for Tribal health facilities that have already purchased and implemented commercial off-the-shelf EHR systems.

Increase Funding for HIV and HCV Initiatives. From 2013 through 2017, rates of new diagnoses of HIV for AI/AN people increased to 7.8 per 100,000 – although rates decreased or stayed stable for all other racial and ethnic groups. Chronic Hepatitis C Virus (HCV) is the leading cause of cirrhosis, liver cancer, and liver transplants in the United States. AI/ANs have more than double the national rate of HCV-related mortality, and the highest rate of acute HCV infection. Current funding levels for HIV and Hep C initiatives will not end these epidemics in Indian Country and must be increased in FY 2025 to $25 million.

Thank you for this opportunity to provide recommendations on the Indian Health Service budget. I invite you to visit IHS, tribal health programs, and urban Indian organizations in the Northwest to learn more about the utilization of IHS funding and the health care needs in our Area. I look forward to working with the Subcommittee on our requests.[2]

[2] For more information, please contact Laura Platero, NPAIHB, at lplatero@npaihb.org or (503) 416-3277.