



Testimony of Aaron Hines
Chair of the Northwest Portland Area Indian Health Board
Before
House Committee on Appropriations, Subcommittee on Interior, Environment, and
Related Agencies
American Indian and Alaska Native Public Witness Hearing – Fiscal Year 2027
March 14, 2026

Chair Simpson and Ranking Member Pingree, and Members of the Subcommittee. My name is Aaron Hines and I serve as Chair of the Northwest Portland Area Indian Health Board (NPAIHB), and the Chief Executive Officer of the Yellowhawk Tribal Health Center, the P.L. 93-638 Tribally-operated clinic of the Confederated Tribes of the Umatilla Indian Reservation.

I provide the following testimony in my role as NPAIHB Chair. I extend sincere appreciation to the Subcommittee for the opportunity to provide remarks on the FY 2027 Indian Health Service (IHS) budget.

NPAIHB, established in 1972, is a tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93-638, to advocate and support the 43 Federally Recognized Tribes in Idaho, Oregon, and Washington (Portland Area Tribes) on specific health care issues. The mission of NPAIHB is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives (AI/ANs) by supporting the Portland Area Tribes in their delivery of culturally appropriate, high-quality healthcare. This Subcommittee serves as a steward of federal funding to advance NPAIHB's vision, and the vision of many Tribes across Indian country, of *health and wellness for the seventh generation*.

For Fiscal Year (FY) 2027, NPAIHB urges this Subcommittee to evaluate all IHS funding through the foundational pillars of Tribal Sovereignty, Trust Responsibility, Treaty Obligations, Tribal Self-Determination, and Tribal Self-Governance.

Honor Tribal Sovereignty. Tribal sovereignty is an inherent right that predates the formation of the United States¹, acknowledged by the Supreme Court and a political status protected by the U.S. Constitution. Tribal Nations are distinct political entities with the fundamental authority to regulate their internal affairs according to their laws and customs, which includes addressing the health and well-being of their people. The Supreme Court upholds Indian-specific legislation, recognizing Tribes' political status.²

NPAIHB calls on this Subcommittee to view FY 2027 funding through the lens of Tribal sovereignty and the government-to-government relationship. By honoring Tribal sovereignty, you are not just fulfilling a legal mandate to Tribal Nations but upholding the authority of Tribal Nations to make decisions for the health and wellness of the seventh generation to come; and by honoring the government-to-government relationship, you are ensuring that Tribal leaders are involved in decision-making related to their people.

¹ *Worcester v. Georgia*, 31 U.S. 515, 581 (1832).

² *Morton v. Mancari*, 417 U.S. 535, 555 (1974); see also *Moe v. Confederated Salish & Kootenai Tribes of Flathead Reservation*, 425 U.S. 463, 479–80 (1976); *Washington v. Washington State Commercial Passenger Fishing Vessel Ass'n*, 443 U.S. 658, 673 n.20 (1979); *United States v. Antelope*, 430 U.S. 641, 645–47 (1977); *Am. Fed'n of Gov't Employees, AFL-CIO v. United States*, 330 F.3d 513, 520-21 (D.C. Cir. 2003).

Honor Trust Responsibility and Treaty Obligations. The Federal Trust responsibility is an overarching binding doctrine established by Supreme Court cases, Executive Orders, Statutes, and Regulations. This doctrine dictates that the United States has a moral, ethical, and legal mandate to Tribal Nations. While Treaties are the contractual obligations of the United States to Tribal Nations that mandate the United States to provide health care to AI/ANs, among other agreements.

Protect and Expand Tribal Self-Governance. Portland Area Tribes support the expansion of Tribal self-governance and self-determination through ISDEAA. ISDEAA has provided us with the flexibility to tailor health care services to the meet the needs of our people and communities. Since ISDEAA was first enacted, 13 Portland Area Tribes have entered Title I Contracts and 27 have entered Title V Compacts with the IHS or 93% have entered Contracts or Compacts.³

Portland Area Tribes have repeatedly requested the option to receive Special Diabetes Program for Indians (SDPI) and IHS Behavioral Health Initiative (BHI) grant funding through their Contracts or Compacts. Integrating this funding directly into Contracts or Compacts will eliminate burdensome red tape, streamline the delivery of care, and maximize every dollar to ensure the specific needs of our communities are met. In 2018 and 2024, IHS initiated Tribal consultation on the funding mechanism for the IHS Behavioral Health Initiatives and determined that it would continue using the competitive grant process despite numerous comments requesting a change. We again respectfully request that this Subcommittee direct the IHS to engage in formal meaningful Tribal consultation focused on creating an option for Tribes to receive SDPI or BHI funding through their Contract or Compact.

Protect Direct Service Tribes Nations from Harm. While many Northwest Tribes have moved to ISDEAA Contracts or Compacts to operate programs, functions, services and activities, some Northwest Tribes continue to rely on the IHS to provide direct health care to their people. We request that this Subcommittee direct IHS to conduct meaningful Tribal consultation with Portland Area Direct Service Tribes to identify needed legislative and administrative changes that will allow Direct Service Tribes the ability to request that funding be moved across IHS accounts and subaccounts at their facilities. This will ensure that funds allocated to Direct Service Tribes' facilities will be spent and not returned to IHS Headquarters or U.S. Department of the Treasury.

Uphold Meaningful Tribal Consultation. This Subcommittee must ensure that the Department of Health and Human Services (HHS) and IHS are engaging in meaningful Tribal consultation on all IHS initiatives impacting AI/AN people. Since June 13 2025, IHS has conducted two phases of Tribal consultation on the IHS realignment with phase 2 closing on February 27, 2026. Despite the open consultation period, last fall IHS began making and implementing major systemic changes. Portland Area Tribes have opposed the changes while Tribal consultation was still open. For example, IHS moved Portland Area Lead Negotiators to IHS Headquarters, without consultation, which has resulted in year-long delays for some Tribes to finalize their Agreements.

Protect Medicaid -- It Protects Funding for IHS and Tribally-Operated Facilities. Exempt the IHS, Tribes and Tribal Organizations from any funding threats, including decreases being considered for IHS or HHS programs related to programs (e.g., Medicaid, etc.) that support Tribal Nations and AI/AN people in any budget resolutions and/or budget reconciliation processes.

NPAIHB's Recommendations for FY 2027

For FY 2027 IHS funding, NPAIHB makes the following recommendations:

³ Indian Health Service, Portland Area Office (accessed Mar 11, 2026).

Protect Funding to IHS and AI/AN people. For decades, the IHS has been subjected to debilitating funding shortfalls that fail to meet the Federal government’s Trust responsibility to Tribal Nations. In FY 2026, the IHS was funded at \$8.05 billion when the actual need was identified as \$73 billion by the IHS National Tribal Budget Formulation Workgroup.^{4,5} This has resulted in poor health and significant health disparities among AI/AN people. For FY 2027, funding to IHS-operated facilities and Tribally-operated facilities must not be reduced. We also request that this Subcommittee commit to protect annual IHS appropriations that include medical inflation, population growth, and program increases.

Full Funding for IHS. We also support the IHS National Tribal Budget Formulation Workgroup's recommendation of \$73 billion to fully fund the IHS in FY 2027.⁶

Expand Advance Appropriations to All IHS Accounts. We also request continued support for Advanced Appropriations in FY 2027 for FY 2028 with expansion of Advance Appropriations to every account in the IHS budget and with inclusion of adjustments for medical inflation, population growth and program increases.

Move Contract Support Costs (CSC) and 105(l) Lease Costs to Mandatory. The rising costs of CSC and 105(l) Lease costs continue to decrease any increases to the IHS budget overall. This shortfall will continue unless CSC and 105(l) Lease costs are moved from discretionary to mandatory. For FY 2027, we request that this Subcommittee prioritize this request.

Increase Funding for Purchased and Referred Care (PRC). Every year, the IHS National Tribal Budget Formulation Workgroup (Workgroup) identifies PRC as the second highest rated funding priority. This recommendation was again confirmed in the FY 2027 recommendation by the Workgroup. For Portland Area Tribes, PRC is the number one funding priority in the IHS budget formulation process. Because there is no IHS or Tribally-operated hospital in the Portland Area, Tribes must purchase all specialty and inpatient care. In fact, PRC makes up one-third of the Portland Area IHS budget. Annually, the PRC subaccount has received nominal increases (or no increase) which decreases a Tribes buying power for services. Portland Area Tribes are forced to reduce access to specialty care and inpatient care because they cannot stretch PRC dollars to meet increased needs at their facility.

In FY 2027, we request that this Subcommittee honor the request of the Workgroup by ensuring that PRC is the second highest funded subaccount by this Subcommittee or by funding PRC at \$12.6 billion, the specific request of the Workgroup.⁷

Increase Funding for Alcohol and Substance Use, including Prevention Services.

Portland Area Tribes have 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 Alcohol and Substance Use funding is used to provide a comprehensive array of preventive, educational, and treatment services that are community-

⁴ National Tribal Budget Formulation Workgroup Recommendation. *Indian Health Service Fiscal Year 2027 Budget*. https://www.nihb.org/resources/FY2025_IHS_National_Tribal_Budget_Formulation_Workgroup_Requests.pdf *The Federal Trust Responsibility to Tribal Nations: A Strategy to Advance Indian Health Care*. (Last visited Mar 11, 2026).

⁵ P.L. 119-74, [Commerce, Justice, Science; Energy and Water Development; and Interior and Environment Appropriations Act, 2026](#). (Accessed Mar 11, 2026)

⁶ Ibid.

⁷ Ibid.

driven and Tribally-specific. These collaborative activities strive to integrate substance use treatment into primary care. However, not enough funding has been allocated to this subaccount to allow IHS and Tribally-operated facilities to fully address the needs in their communities.

In addition, more funding must be focused on substance use prevention services upstream. Focusing on creating healthy children and youth, as demonstrated in the Icelandic Prevention Model, has reduced substance use among Icelandic youth. In Washington, five Tribes are currently implementing this model so increased prevention funding must be available to support their prevention efforts long-term.

For FY 2027, Portland Area Tribes support the request of the Workgroup for Alcohol and Substance Use subaccount at \$4.2 billion.

Increase Funding for Mental Health In our Area and nationwide, there are high rates of depression and anxiety in our communities. Mental health provider shortages and limited mental health services due to lack of funding at many IHS and Tribally-operated facilities create a service vacuum. NPAIHB is particularly concerned about AI/AN youth with suicide being the second leading cause of death of Native adolescents and young adults. For FY 2027, Portland Area Tribes support the FY 2027 request of the Workgroup to fund the Mental Health subaccount at \$5.4 billion.

Fund Expansion of Community Health Aide Program. NPAIHB and Portland Area Tribes have successfully established a Community Health Aide Program (CHAP). CHAP is one of the solutions to addressing workforce shortages at IHS and Tribally-operated facilities. However, stable funding with significant annual increases is necessary to sustain Portland Area education programs, sustain financial support to new and current students, develop and sustain the infrastructure for new providers, and operate the Portland Area certification Board. For FY 2027, we request \$60 million for national CHAP expansion with \$10 million for Portland Area to sustain and operate its program, as well as to provide technical assistance and support to other areas working on CHAP expansion.

Increase Small Ambulatory Program and Joint Venture Construction Program Funding. For FY 2027, Portland Area Tribes recommend continuation of vital resources for the Small Ambulatory Program (SAP) and recommend expansion of the Joint Venture Construction Program (JVCP) with funding for staffing and equipment.

Thank you for this opportunity to provide recommendations on the FY 2027 IHS budget. I invite you to visit IHS, tribal health programs, and Tribal organizations in the Portland Area 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.⁸

⁸ For more information, please contact Hilary Edwards, NPAIHB, at hedwards@npaihb.org or (971) 484-2731.