



RIVERSIDE - SAN BERNARDINO COUNTY
INDIAN HEALTH, INC.

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Testimony of Teresa Sanchez, President of the Board of Directors of
Riverside-San Bernardino County Indian Health, Inc.
Submitted to the House Committee on Appropriations Subcommittee on
Interior, Environment, and Related Agencies

March 17, 2026

Good afternoon, Chairman Simpson, Ranking Member Pingree, and members of the Subcommittee. I am Teresa Sanchez, Tribal representative for the Morongo Band of Mission Indians and President of the Board for Riverside-San Bernardino County Indian Health, Inc. I appreciate the opportunity to discuss the funding and other needs of Tribal Health Programs in the California IHS Area.

Founded on the Morongo reservation in 1968, Riverside-San Bernardino County Indian Health, Inc., has grown from a local effort into a major health network serving multiple Tribes across Riverside and San Bernardino Counties. Our evolution from a single clinic to a key provider reflects our dedication to enhancing healthcare quality and access for Native American communities in Southern California.

We thank the subcommittee for allocating funds in the IHS budget for several years to help Tribal Health Programs secure emergency generators. These generators allow clinics to function and safely store medications during power outages caused by wildfires, public safety power shut offs, or other emergencies, which are essential for patient care.

We thank the subcommittee for directing IHS to study access to hospital and specialty care in Purchased and Referred Care (PRC) Dependent Areas, like California. This study will reveal challenges faced by clinics and patients due to inadequate PRC funding, underscoring the need for increased resources in underserved regions.

The California IHS Area lacks IHS-sponsored clinics, affecting health services for Tribes. Congressional action is needed to provide services equivalent to those in other Areas. Tribal entities depend on loans and limited third-party revenue for clinic construction and staffing, while IHS often fails to uphold its legal trust obligation to California Tribes.

I request that the subcommittee include language in the appropriations bill authorizing IHS to build health clinics in the California Area, as it has done in other Areas. This is urgent for

California Tribes. Additionally, I urge the appropriation of federal funding to staff these facilities, given that existing Tribal Health Programs were built with Tribal resources.

The California IHS Area lacks IHS-sponsored hospitals, resulting in a critical need for more PRC resources. Tribal Health Programs rely on PRC funding for specialty and non-primary care services. However, the California Area receives the sixth-lowest PRC funding per Indian patient, even less than some areas with IHS hospitals. This leads to care rationing, as funds often deplete before the fiscal year ends, increasing patient risk. Boosting PRC funding for the California Area would better align it with other PRC-dependent regions and support essential services.

The FY26 enacted PRC budget is flat-funded at \$996 million, with the California IHS Area's share around \$58 million. I urge the subcommittee to increase resources for this Area to \$82.9 million. The proposal would provide around \$940 per Indian patient, potentially saving more American Indian and Alaska Native lives. California Tribes are working with Congressman Kevin Kiley and other Representatives to advance this initiative.

The IHS Facilities Support Account (FSA) is underfunded, affecting services such as Master Plan updates and technical assistance for Tribal Health Programs. The California Area receives only \$2.7 million for 1.1 million square feet of clinical space, which is about \$2.30 per square foot, significantly less than \$9.00 in similar areas and \$14.50 in better-funded regions. This funding shortfall leaves California Tribal Health Programs with unmet facility needs and inadequate support, hindering their competitiveness for IHS resources.

I request that the subcommittee include provisions in the appropriations bill to ensure equitable FSA funding for the California IHS Area, ideally mandating parity in funding between Tribal Health Programs and IHS facilities.

Regarding the IHS realignment proposal, the vast majority of California Tribes oppose it. We need our local IHS Area Office to keep functioning as it has historically, especially in making decisions about local operations.

On behalf of Riverside-San Bernardino County Indian Health, Inc., and our member Tribes and patients, thank you for this important hearing on IHS and related programs. I urge your support for my outlined requests and look forward to discussing them further. Thank you.