Written Testimony of Verné Boerner
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Before the House Committee on Natural Resources
Subcommittee for Indigenous Peoples of the United States
Legislative Hearing entitled "*Advance Appropriations: Protecting Tribal Communities from the Effects of a Government Shutdown*"

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Good afternoon Chairman Gallego, Ranking Member Cook, and Distinguished Members of the Subcommittee. My name is Verné Boerner and I am the President and CEO of the Alaska Native Health Board (ANHB or the Board). Established in 1968, ANHB serves as the statewide voice of the Alaska Tribal Health System (ATHS) on Alaska Native health issues. ANHB represents 229 federally recognized Alaska Tribes that provide health services to over 175,000 Alaska Native people. The ATHS is a true system of care that is comprised of 180 Small Community Primary Care Centers; 25 Sub-Regional, Mid-Level Care Centers; six Regional Hospitals; four Multi-Physician Health Centers; and the Alaska Native Medical Center.

First and foremost, on behalf of the Board, I would like to thank Congresswoman McCollum and Congressman Young respectively for introducing HR 1128 and HR 1135 in a bipartisan manner. I also thank Senator Udall and Senator Murkowski for introducing S 229 and S 2541 respectively. I would like to particularly thank Congressman Young for his leadership for having introduced Indian Health Service (IHS) advance appropriations bills in 2013, 2015, 2017 and 2019. ANHB applauds the efforts to authorize advance appropriations for these essential and lifesaving services funded by the federal government resulting from its Federal Indian Trust Responsibility. Federal health services to maintain and improve the health of Alaska Natives and American Indians are consonant with and required by the federal government's historical and unique legal relationship with, and resulting responsibility to, the Alaska Native and American Indian (AN/AI) people.

Small tribes and tribal programs are the most vulnerable and most greatly impacted by continuing resolutions (CR) and government shutdowns. For example, during the most recent government shutdown, the Ninilchik Traditional Council on the Kenai Peninsula of Alaska felt the impact of funding shortages due to the shutdown. Most of the tribe's operations are healthcare related. The tribe runs a clinic, a behavioral health service program, and a health and wellness club, among other services. By the time that this year's government shutdown ended, Ninilchik was having to consider furlough of employees and which services they might have to cut.[1] These issues were not exclusive to Alaska, and this was further highlighted in a

[1] Gross, Renee. "Shutdown Puts Strain on Some Alaska Native Tribes and Tribal Organizations." KTOO. January 24, 2019. Accessed: https://www.ktoo.org/2019/01/23/shutdown-puts-strain-on-some-alaska-native-tribes-and-tribal-organizations/.

September 2018 Government Accountability Office report that identified the challenges of the current IHS appropriations process, the delivery of healthcare services to AN/AIs, and how advance appropriations can alleviate these challenges.[2]

Providing advance appropriations to the IHS would not only protect against or mitigate adverse effects of a government shutdown, it would protect against the wasteful and detrimental impacts inherent with managing via CRs. In all but four of the last 40 fiscal years, Congress has enacted CRs. Since FY 1999, CRs have varied greatly in their number and duration; the number of CRs enacted in each year ranged from two to 21. This process creates administrative waste in that each CR results in its own apportionment process, which then requires reconciliation efforts by both the Agency and the tribes. This means that tribes completed between two and 21 reconciliations in every year CRs were used to keep programs open. Advance Appropriations will eliminate this waste and these precious resources could instead be directed to health services and patient care. CRs also bring uncertainty in their duration which has ranged from one to 187 days. This uncertainty of funding duration has led to lower credit ratings and thusly to higher interest rates on loans needed to support construction and/or operations.

Late funding in general has resulted in significant challenges to tribal and IHS programs in the following areas: (1) budgeting; (2) recruitment and retention; (3) provision of services; and (4) facility maintenance and construction efforts, among other areas. This creates the need for tribes and tribal health organizations (THOs) to shift program funding to support the most critical, life-saving services and prevents tribes from planning or moving forward entirely with critically needed facilities improvements and expansions. In Alaska, many of these decisions are further compounded by climate and geography. Ultimately, tribal health programs, whose purpose is to protect life and health, are left to make long-term decisions, with only short-term money guarantees.

Also of note is that Continuing Resolutions explicitly prohibit the IHS from initiating during the CR timeline new initiatives supported and funded by Congress, initiatives intended to improve healthcare delivery.

Here are two examples of how advance appropriations are tied to Alaska's geography, climate and transportation challenges. Alaska spans over 660,000 square miles with over 80% of our communities off the road system and therefore clinics rely on large bulk purchases of items such as heating fuel to support operations. Without the ability to purchase heating oil in bulk for the winter season when the barges are running, heating oil would have to be flown in to communities in small bush planes at exorbitant cost. For the same reasons, and even more so, the transport of construction materials must be transported to the villages via the barge system when rivers are not frozen over. Without this advanced planning and the ability to purchase

[2] U.S. Government Accountability Office. *Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs.* GAO-19-74R Indian Health Service. Washington, DC, 2018. Accessed: https://www.gao.gov/assets/700/695871.pdf

construction materials, our rural clinics and communities could and do go without the clinic spaces they sorely need. Advance appropriations of IHS Facilities would allow for planning to support timely construction and maintenance, which would optimize use of the limited resources Tribes and THOs have.

The fact that Congress has implemented advance appropriations for the Veterans Health Administration's (VHA) programs provides a compelling argument for tribes and tribal organizations to be given equivalent status with regard to IHS funding. Both systems provide direct medical care and both are the result of federal legal and moral obligations. According to HHS' contingency plans for agency operations in the absence of appropriations, activities that involve the safety of human life and protection of property are to be continued, such activities t include the IHS because the IHS has a substantial direct service component. During the most recent shutdown, 9,015 IHS staff members—roughly 60 percent of the total IHS staff—were retained for the provision of direct medical care and to protect the safety of human life.[3] In Alaska, this represented 304 IHS and Public Health Service's Commissioned Corps staff who worked through the shutdown, while also incurring increased personal costs, added stress, and uncertainty.[4] It is because of the similar fundamental purpose of the VHA and IHS to protect the safety of human life that we ask Congress to authorize advance appropriations for IHS as these two bills do.

Should HR 1135 or HR 1128 be enacted we ask the Subcommittee members to then advocate for the Budget Committee and the Appropriations Committee to support actual provision of the advance appropriations. The pending bills are the authorization for this, but it still requires the support of those other two committees. We note that HR 1135 would provide for advance appropriations for both IHS Services and Facilities Accounts, while HR 1128 would not include the IHS Facilities account. We support funding for both the Services and Facilities Account. Contract Support Costs (CSC) are currently funded at "such sums as may be necessary" in the House Appropriations bill, and we support the continuation of that language to fund CSC.

In conclusion, the life and livelihoods of Alaska Natives and American Indians and the programs which protect them and lift them up is at the whim of federal funding cycles. Advance appropriations would help stem this cycle, allowing for our communities to plan for the future. As Congress has done for the VHA in advance appropriations, all we ask is for parity to allow for the protection of our sick through the life-saving programs which the IHS and tribal health programs provide. Thank you for your time, and for this opportunity to address the committee and answer your questions.

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[3] U.S. Department of Health and Social Services*, FY 2019 HHS Contingency Staffing Plan for Operations in the Absence of Enacted Annual Agriculture and Interior Appropriations,* https://www.hhs.gov/about/budget/fy-2019-hhs-contingency-staffing-plan/index.html#summary-of-activities

[4] Boots, MT, A DeMarban, & A Zak. " In week 3 of the government shutdown, some federal workers in Alaska feel the squeeze." Anchorage Daily News. January 7, 2019. Accessed: https://www.adn.com/alaska-news/2019/01/08/heading-into-week-3-of-government-shutdown-some-federal-workers-in-alaska-feel-the-squeeze/.