

Good afternoon, or if you're out West, good morning. Welcome to our virtual legislative hearing.

First, I would like to note a change in our Subcommittee roster. Representative Lowenthal has switched out of this Subcommittee so that our newly elected colleague – my Nueva Mexicana hermana - Representative Melanie Stansbury can join. Welcome, Melanie. We will miss Mr. Lowenthal, but I'm thrilled to have another strong New Mexican voice representing tribal communities on this Subcommittee.

As stated earlier, today's legislative hearing will cover two bills. H.R. 442 – The Southeast Alaska Regional Health Consortium Land Transfer Act, sponsored by Ranking Member Don Young, and H.R. 3496 – The Urban Indian Health Providers Facilities Improvement Act, sponsored by Representative Ruben Gallego.

These bills focus on ensuring quality health care for American Indian and Alaska Native communities. As we begin to look beyond the COVID-19 pandemic, it is important to note that quality healthcare in the Indian Health Care Service will remain a critical issue for this Subcommittee.

Our first bill - The Urban Indian Health Providers Facilities Improvement Act would amend the Indian Health Care

Improvement Act to grant direct funding to urban Indian organizations for the renovation and maintenance of health care facilities.

Currently, urban Indian organizations do not have access to facilities funding under the current Indian Health Service budget. This means that there was no funding available for urban Indian organizations for facilities, maintenance and improvement, sanitation, equipment, and other essential projects throughout the COVID-19 pandemic.

Although section 509 of the Indian Health Improvement Act permits the Indian Health Service to make funds available for urban Indian organizations, this is only available if the organization maintains accreditation standards of The Joint Commission - or TJC. This sounds simple, but in practice it is a much different story.

Currently, only one out of the 41 urban Indian organizations across the country maintains TJC accreditation. Most urban Indian organizations hold accreditation through the Accreditation Association for Ambulatory Healthcare (AAHC), the Commission on Accreditation of Rehabilitation Facilities (CARF), and Patient Centered Medical Homes (PCMH), all of which are reputable accreditations.

H.R. 3496 fixes this problem by ensuring that urban Indian organizations receive the funding they need to construct, maintain, and renovate their facilities, whether they have TJC accreditation or not.

Next, we will review the Southeast Alaska Regional Health Consortium Land Transfer Act, sponsored by Ranking Member Don Young. H.R. 443 will convey a 10.87-acre parcel of land in Sitka, Alaska, currently owned by the Department of Health and Human Services (Indian Health Service) to the Southeast Alaska Regional Health Consortium.

The Southeast Alaska Regional Health Consortium is one of the oldest and largest Native-run health organizations in the U.S. that delivers care on behalf of the federal government through self-determination compacting. This legislation will allow the Consortium to begin construction and renovation activities on the medical facilities it operates on two parcels of land.

With that, I look forward to hearing more about the bills from each sponsor and our witnesses, who I want to thank very much for being here today.

I would now like to recognize Ranking Member Young for his opening statement as well as an opportunity to speak on behalf of his bill.