Madam Chair, thank you for scheduling my bill, HR 442, the Southeast Alaska Regional Health Consortium land transfer act, for consideration today. The Consortium provides comprehensive healthcare to Native communities throughout Alaska's panhandle. The Consortium delivers healthcare on behalf of the federal government through self-determination compacting.

The Consortium operates Mount Edgecumbe Hospital in Sitka, which is a 25- bed critical access facility. The hospital was constructed towards the end of World War II and is in dire need of updates due to its age and condition.

In order for the Consortium to secure financing for the project, they need to have land on the hospital's campus, which is currently held by IHS, conveyed by warranty deed. My bill would simply transfer two parcels of land of federal land, totaling 10.87 acres to the Consortium, allowing for them to begin the process of constructing a new hospital to better provide healthcare services for Alaska Natives.

The 10.87 acres of land that is transferred is currently occupied by the Mt. Edgecumbe hospital and community health services building.

From the 112th through the 116th Congress, four of my bills that authorized similar federal land transfers were signed into law with nearly identical language to H.R. 442.

I look forward to hearing testimony from Michael Douglas, who is the Senior Vice President and Chief Legal Officer of the Consortium. Michael is Haida and is an enrolled member with the Central Council Tlingit and Haida Indian Tribes of Alaska and his family originates from Hydaburg, AK. Michael has been with SEARHC for the past 9 years.

The second bill on our agenda, HR 3496, would amend current law to allow Urban Indian health Organizations to use funding from the Urban Indian health program line item for renovations, construction or expansion of health facilities. The bill also would remove a provision requiring UIOs to use these funds to get a specific accreditation.

Thank you, Madam Chair, I yield back.