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MEMORANDUM

July 17, 2014

To: Health Clients

From: HOBBS, STRAUS, DEAN & WALKER, LLP

Geoff Strommen (by TAE)

Re: ***Hearing on HR 3229, Legislation to Authorize Advance Appropriations for the IHS***

On July 15, 2014, the House Natural Resources Subcommittee on Indian and Alaska Native Affairs held a hearing on four bills, one of which was Subcommittee Chairman Don Young's bill (HR 3229) to authorize advance appropriations for the Indian Health Service. Testifying on the Indian Health Service Advance Appropriations Act of 2013 (testimony attached) were:

- Elizabeth Fowler, Deputy Director, Operations Management, Indian Health Service
- Cathy Abramson, Chairperson, National Indian Health Board
- Timothy Schuerch, President and CEO, Maniilaq Association

The Administration has not taken a formal position on HR 3229 (or its companion bill S 1570), and Elizabeth Fowler followed suit. She neither supported nor opposed the bill. Fowler noted that cash flow is critical for tribal and urban Indian health care programs and that continuing resolutions affect these programs' continuity. Her testimony did not include IHS-administered health care programs as being similarly affected. Her statement recognized that tribes are supportive of the effort to provide advance appropriations for the IHS. She made the unrelated points that advance appropriations do not address the issues of the adequacy of appropriations or of sequestration; nor would it force Congress to enact appropriations bills on time.

Cathy Abramson of NIHB testified in strong support of the bill and noted other Indian organizations with formal resolutions of support – NCAI, USET, California Rural Indian Health Board, Alaska Native Health Board; Midwest Alliance of Sovereign Tribes; Northwest Portland Area Indian Health Board; Oklahoma City Area Inter-Tribal Health Board; Inter Tribal Council of the Five Civilized Tribes; and Three Affiliated Tribes. She also noted the recent resolution of support from the American Medical Association. Abramson drew comparisons between the IHS discretionary funding

compared to mandatory funding for Medicare and Medicaid and the comparison with Veterans Administration health funding which is provided on an advance appropriations schedule.

Timothy Schuerch of the Maniilaq Association testified in strong support of the bill and addressed the problems caused by the chronic lateness of funding for the IHS, providing specific examples, i.e., needing to arrange lines of credit or bridge loans and then having to repay at a high rate of interest; not being able to buy heating fuel in bulk and thus paying more than should have been necessary. He said that providing advance appropriations to the IHS will bring stability; it is something Congress can do to improve the efficiency and quality of health care provided by tribes and the IHS.

Subcommittee Chairman Don Young and Representative Raul Ruiz (D-CA and a cosponsor of HR 3229) each spoke in favor of the bill, saying it would provide stability and certainty which would be good for the IHS and for tribes. Rep. Young said that patient care cannot be put on hold while Congress works out a budget, and he urged tribes and tribal organizations to work with the two other committees with jurisdiction over HR 3229: the House Budget Committee and the Energy and Commerce Committee.

Testimony for the Record Due July 29

The Natural Resources Subcommittee on Indian and Alaska Native Affairs will accept written comments for the record through July 29. It can be sent electronically to naturalresources@mail.house.gov. We encourage you to do so. Please let us know if we may be of assistance.

Conclusion

Inquiries regarding IHS advance appropriations issues may be addressed to Geoff Strommer (at gstrommer@hobbsstrauss.com or 503-242-1745) or Karen Funk (at kfunk@hobbsstrauss.com or 202-822-8282).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF

**ELIZABETH FOWLER,
DEPUTY DIRECTOR FOR
MANAGEMENT OPERATIONS,
INDIAN HEALTH SERVICE**

BEFORE THE

UNITED STATES HOUSE OF REPRESENTATIVES

COMMITTEE ON NATURAL RESOURCES

Subcommittee on Indian and Alaska Native Affairs

Hearing on

**H.R. 3229 – To amend the Indian Health Care
Improvement Act to Authorize Advance Appropriations
for the Indian Health Service by Providing 2-Fiscal Year
Budget Activity, and for Other Purposes**

July 15, 2014

STATEMENT OF THE INDIAN HEALTH SERVICE

I am Elizabeth Fowler, Deputy Director for Management Operations, Indian Health Service (IHS). I am pleased to provide this statement on H.R. 3229, a bill to amend the Indian Health Care Improvement Act to authorize advance appropriations for the IHS.

The IHS is an agency within the Department of Health and Human Services (HHS) that provides a comprehensive health care delivery system for approximately 2.1 million American Indians and Alaska Natives from 566 federally recognized Tribes in 35 states. The IHS system consists of 12 Area Offices, which are further divided into 168 Service Units that provide care at the local level. Health services are provided directly by the IHS, through Tribally-contracted and operated health programs, through services purchased from private providers, and through urban Indian health programs.

When appropriations are not enacted on time and the government is either shut down or funded in increments, continuity of patient care is impacted, particularly in Tribal and urban health programs. Federal programs operate on an obligations-based system against levels of budget authority, but for Tribal and urban health programs, cash flow is critical to support the operation of their programs. It is primarily for this reason that Tribes have expressed support for advance appropriations for the IHS.

While advance appropriations could address some of the challenges of uncertain timing of annual appropriations, they would not address the more urgent issues of 1) adequately funding IHS within discretionary levels that are sufficient to support critical investments, as proposed by the President, and 2) completing annual appropriations by the beginning of the fiscal year. The impact of sequestration and tight discretionary budget caps have been clearly felt in Indian country. In FY 2013, the Joint Committee sequestration reduced IHS funding by over \$200 million. No amount of planning can mitigate the effect of these cuts. Furthermore, the long-term impact of tight discretionary caps on the health and well-being of American Indians and Alaska Natives could be severe. Health care services through IHS and tribal facilities

would decrease over time, further harming a disproportionately sick and poor population. The FY 2015 Budget requests \$200 million for IHS as part of the proposed Opportunity, Growth, and Security Initiative, which is fully paid for through a set of mandatory spending reforms and tax loophole closers.

IHS appreciates the Sub-Committee's desire to address some of the fiscal challenges faced by IHS-funded programs that arise from the temporary and often recurrent nature of Continuing Resolutions and threat of possible future government shutdowns. As a Deputy Director of IHS I am not the Administration's authority or decision-maker on matters related to the structure of the Federal budget process. I am, however, acutely aware of the challenges posed by any forms of funding uncertainty to Indian Country and the impact such uncertainty can have on patients and providers.

Thank you and I am happy to answer questions.

Maniilaq Association
P.O. Box 256
Kotzebue, Alaska 99752
907-442-3311

Timothy Schuerch, President and Chief Executive Officer

Testimony Presented to the House Natural Resources Subcommittee on
Indian and Alaska Native Affairs
Regarding HR 3229
Legislation to Authorize Advance Appropriations for the Indian Health Service

July 15, 2014

The Maniilaq Association is an Alaska Native regional non-profit organization representing twelve tribes in Northwest Alaska, providing health services through an Indian Self-Determination Act Self-Governance agreement with the Indian Health Service (IHS). We have been active for some time in advocating for legislation that would bring stability and certainty to the Indian Health Service budget by changing its funding to an *advance appropriations* basis, and thus we support H.R. 3229, legislation that would make this possible. This is what Congress has done with regard to the Veterans Administration medical accounts, and we ask for comparable treatment with regard to the IHS. We prepared in 2012 a white paper on the issue of IHS advance appropriations and attach it.

We are so proud and thankful to our Alaska delegation – Representative Young and Senators Murkowski and Begich for introducing legislation, H.R. 3229 and S. 1570, to authorize advance appropriations for the IHS.

There is momentum in Indian Country in recognizing and supporting advance appropriations for the IHS and point to resolutions in support of it by the National Indian Health Board, National Congress of American Indians, United South and Eastern Tribes, the American Medical Association, and a steadily increasing number of individual tribes enacting supportive resolutions.

The Need for Indian Health Service Advance Appropriation. The Federal health services to maintain and improve the health of American Indians and Alaska Natives are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian and Alaska Native people. Since FY 1998 there has been only one year (FY 2006) when the Interior, Environment and Related Agencies appropriations bill has been enacted by the beginning of the fiscal year. The lateness in enacting a final budget during that time ranges from 5 days (FY 2002) to 197 days (FY 2011). In the last four fiscal years, the IHS appropriations have been signed into law far beyond the beginning of

the fiscal year by -- 197 days late for FY 2011; 84 days late for FY 2012; 178 days late for FY 2013 and 109 days late for FY 2014.

Even after enactment of an appropriations bill, there is an apportionment process involving the Office of Management and Budget and then a process within the IHS for allocation of funds to the IHS Area Offices and then to the tribes and tribal organizations.

Late funding causes the IHS and tribal health care providers great challenges in planning and managing care for American Indians and Alaska Natives. It significantly hampers tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts. Receipt of funds late also severely impacts Maniilaq's ability to invest the funds and generate interest which can be used to offset the chronic underfunding of the region's health programs. Providing sufficient, timely, and predictable funding is needed to ensure the Government meets its obligation to provide health care for American Indian and Alaska Native people.

In the case of the Maniilaq Association, we draft our budget for the coming fiscal year in the Spring – a budget which must be reviewed, amended, and approved during the ensuing months. However, if we find out that come October, as has been the case for far too many years, that Congress has not enacted an IHS appropriations bill, we are in limbo and must spend considerable staff time re-doing our budget, perhaps multiple times. We—and all tribes and tribal organizations—are hampered by the uncertainty as to whether Congress will provide funding for built-in costs, including inflation and pay increases, what amount of funding we might have with regard to signing outside vendor/and or medical services contracts, ordering supplies, and making crucial hiring decisions.

Advance Appropriations Explanation. As you know, an advance appropriation is funding that becomes available one year or more *after* the year of the appropriations act in which it is contained. For instance, if FY 2016 advance appropriations for the IHS were included in the FY 2015 Interior, Environment and Related Agencies Appropriations Act, those advance appropriations would not be counted against the FY 2015 Interior Appropriations Subcommittee's funding allocation but rather would be counted against its FY 2016 allocation. It would also be counted against the ceiling in the FY 2016 Budget Resolution, not the FY 2015 Budget Resolution.

To begin an advanced appropriations cycle there must be an initial transition appropriation which contains (1) an appropriation for the year in which the bill was enacted (for instance, FY 2015) and (2) an advance appropriation for the following year (FY 2016). Thereafter, Congress can revert to appropriations containing only one year advance funding. If IHS funding was on an advance appropriations cycle, tribal health care providers, as well as the IHS, would know the funding a year earlier than is currently the case **and** would not be subject to Continuing Resolutions. We note that advance appropriations are subject to across-the-board reductions.

The Veterans Administration Experience. In FY 2010 the Veterans Administration (VA) medical care programs achieved advance appropriations. This came after many years of veterans' organizations advocating for this change, including enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81) which authorized advance appropriations and specified which appropriations accounts are to be eligible for advance appropriations. The Act required the Secretary to include in documents submitted to Congress in support of the President's budget detailed estimates of the funds necessary for the medical care accounts of the Department for the fiscal year following the fiscal year for which the budget is submitted.

The fact that Congress has implemented advance appropriations for the VA medical 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 policies. Just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of the VA to properly plan and manage its resources, tribes and tribal organizations have those concerns about the IHS health system. We also note that there is legislation (HR 813) pending in this Congress that would expand advance appropriations to the VA beyond its medical accounts.

We thus request this Committee's approval for legislation to authorize IHS advance appropriations, to protect such funding from a point of order in the Budget Resolution, and to appropriate the necessary funds.

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Indian Health Service Advance Appropriations

October 2012

Prepared by:

The Maniilaq Association

Indian Health Service Advance Appropriations

I. Need for Indian Health Service Advance Appropriations

The Federal health services to maintain and improve the health of American Indians and Alaska Natives are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian and Alaska Native people. Since FY 1998 appropriated funds for medical services and facilities through the Indian Health Service (IHS) have not been provided before the commencement of the new fiscal year, causing the IHS and tribal health care providers great challenges in planning and managing care for American Indians and Alaska Natives. Late funding has significantly hampered tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts. Providing sufficient, timely, and predictable funding is needed to ensure the Government meets its obligation to provide health care for American Indian and Alaska Native people.

II. History of Late Funding

Since FY 1998 there has been only one year (FY 2006) when the Interior, Environment and Related Agencies budget, which contains the funding for IHS, has been enacted by the beginning of the fiscal year. The lateness in enacting a final budget during that time ranges from 5 days (FY 2002) to 197 days (FY 2011). Even after enactment of an appropriations bill, there is an apportionment process involving the Office of Management and Budget and then a process within the IHS for allocation of funds to the IHS Area Offices. Unfortunately FY 2013 IHS funding will likewise be funded under a Continuing Resolution.

III. Advance Appropriations Explained

An advance appropriation is funding that becomes available one year or more *after* the year of the appropriations act in which it is contained. For instance, if FY 2014 advance appropriations for the IHS were included in the FY 2013 Interior, Environment and Related Agencies Appropriations Act, those advance appropriations would not be counted against the FY 2013 Interior Appropriations Subcommittee's funding allocation but rather would be counted against its FY 2014 allocation. It would also be counted

against the ceiling in the FY 2014 Budget Resolution, not the FY 2013 Budget Resolution.¹

To begin an advanced appropriations cycle there must be an initial transition appropriation which contains (1) an appropriation for the year in which the bill was enacted (for instance, FY 2013) and (2) an advance appropriation for the following year (FY 2014). Thereafter, Congress can revert to appropriations containing only one year advance funding. If IHS funding was on an advance appropriations cycle, tribal health care providers, as well as the IHS, would know the funding a year earlier than is currently the case and would not be subject to Continuing Resolutions. Advance appropriations are, however, subject to across-the-board reductions.

IV. The Veterans Administration Experience

In FY 2010 the Veterans Administration (VA) medical care programs achieved advance appropriations. This came after many years of veterans' organizations advocating for this change, including enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81) which authorized advance appropriations and specified which appropriations accounts are to be eligible for advance appropriations.² The Act required the Secretary to include in documents submitted to Congress in support of the President's budget detailed estimates of the funds necessary for the medical care accounts of the Department for the fiscal year following the fiscal year for which the budget is submitted.

The fact that Congress has implemented advance appropriations for the VA medical 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 policies. Just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of the VA to properly plan and manage its resources, tribes and tribal organizations have those concerns about the IHS health system.

¹ A Budget Resolution includes, among other things, spending limits for discretionary spending for the upcoming fiscal year and at least five ensuing fiscal years. It does not have the effect of law but its aggregate spending allocations, including limitations on the amount of advance appropriations, are enforceable through points of order and other procedural mechanisms.

² The three VA accounts which receive advance appropriations are Medical Services, Medical Support and Compliance, and Medical Facilities. Their total appropriation is approximately \$50 billion.

V. Required Steps

Achieving advance appropriations for the IHS requires the following three steps:

A. Enactment of Legislative Authorizing Language

The first step in providing for IHS advance appropriations would be to enact legislation adding the following language in **bold** to § 825 of the Indian Health Care Improvement Act, 25 U.S.C. § 1680o, authorizing appropriations. Paragraph (a) is the current language in § 825. Paragraphs (b) and (c) would be added to authorize advance appropriations.³ A draft bill is attached.

- (a) There are authorized to be appropriated such sums as are necessary to carry out this Act for fiscal year 2010 and each fiscal year thereafter, to remain available until expended.
- (b) **For each fiscal year, beginning with fiscal year ____, discretionary new budget authority provided in appropriations accounts for Indian Health Services and Indian Health Facilities shall include advance discretionary new budget authority that first becomes available for the first fiscal year after the budget year.**
- (c) **The Secretary shall include in documents submitted to Congress in support of the President's budget submitted pursuant to section 1105 of title 31, United States Code, detailed estimates of the funds necessary for the Indian Health Services and Indian Health Facilities accounts for the fiscal year following the fiscal year for which the budget is submitted.**

The legislation would also amend the Congressional Budget Act governing the President's budget submission to require the President to submit estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for the IHS. This would be accomplished by adding the following paragraph at the end of 31 U.S.C. § 1105(a):

() information on estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for the following accounts:

(A) Indian Health Services, and

³ The legislative language is taken from the VA advance appropriations statute except for obvious changes needed to reflect the IH CIA and the IHS appropriations accounts.

(B) Indian Health Facilities.

B. Inclusion of IHS Advance Appropriations in a Budget Resolution

House and Senate budget resolutions, which are under the jurisdiction of the Budget Committees, are not signed into law but rather express the views of the House and Senate on overall spending, revenue, deficits and debt. They express priorities for funding although the Appropriations Committees, while bound by the overall spending level, are not bound by the Budget Resolutions specific priorities. Of significance is that in most years since 2003, the Budget Resolution limits how much—and for what purpose—advance appropriations may be made. Because the Budget Resolution often sets a cap on advance appropriations it is important to include the Indian Health Services and the Indian Health Facilities appropriations accounts in the list of advance appropriations which are authorized by the Budget Resolution. Otherwise, advance appropriations would be subject to a point of order objection.

As an illustration, the Budget Resolution for FYs 2011-2012, S. Con. Res. 60, stated the Senate could *not* consider any legislation that would provide an advance appropriation, but then went on to provide exceptions as follows:

- (b) EXCEPTIONS- Advance appropriations may be provided-
- (1) for fiscal years 2012 and 2013 for programs, projects, activities, or accounts identified in the joint explanatory statement of managers accompanying this resolution under the heading "Accounts Identified for Advance Appropriations" in an aggregate amount not to exceed \$28,852,000 in new budget authority each year;
 - (2) for the Corporation for Public Broadcasting; and
 - (3) for the Department of Veterans Affairs for Medical Services, Medical Support and Compliance, and Medical Facilities accounts of the Veterans Health Administration.

We would want language added to include the IHS advance appropriations in this list of exceptions.

C. Enactment of the Advance Appropriations in the Interior, Environment and Related Agencies Appropriations Bill, Initially for a Transition Year and Thereafter as an Advance Appropriation Each Year

Lastly, achieving IHS advanced appropriations would require new legislative language for the Interior, Environment and Related Appropriations Act providing for advance appropriations for the Indian Health Services and the Indian Health Facilities

accounts. For the transition year, the following language **in bold** could be added to the introductory language of the Indian Health Services appropriation:

For expenses necessary to carry out the Act of August 5, 1954 (68 Stat. 674) . . . \$ _____, of which \$ _____ shall become available on October 1, _____ [the beginning of the first fiscal year after the budget year] and remain available until September 30, _____ [the last day of the first fiscal year after the budget year]

Similar language **in bold** could be added to the introductory language of the Indian Health Facilities appropriation whose funds are available until expended.

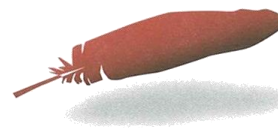
For construction, repair, maintenance, improvement, and equipment for health and related auxiliary facilities, include quarters for personnel; preparation of plans, specifications, and drawings; and purchases of trailers; and for provision of domestic and community sanitation facilities for Indians, as authorized by section 7 of the Act of August 5, 1954 (42 U.S.C. 2004a . . .) \$ _____, to remain available until expended, of which \$ _____ shall become available on October 1, _____ [the beginning of the first fiscal year after the budget year] and remain available until expended: . . .

For fiscal years after the transition year, only the advance appropriation would be provided in both appropriation accounts.

VI. Conclusion

Late funding for medical services and facilities through the IHS has significantly hampered tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts. The steps outlined above, including the introduction and enactment of legislation amending the IHCA to authorize the needed advanced appropriations must be followed to ensure the Government meets its obligation to provide health care for American Indian and Alaska Native people.

National Indian Health Board



TESTIMONY OF THE NATIONAL INDIAN HEALTH BOARD

Cathy Abramson, Chairperson

HOUSE COMMITTEE ON NATURAL RESOURCES

Subcommittee on Indian and Alaska Native Affairs

Legislative Hearing on H.R. 3229; H.R. 4546; H.R. 4867; and S. 1603

Chairman Young, Ranking Member Hanabusa, and Members of the Committee, thank you for holding this important hearing on the proposed legislation. All of these proposed bills address issues of paramount importance to Indian Country and we sincerely appreciate the attention that this committee has given to the discussion of these key concerns. On behalf of the National Indian Health Board (NIHB)¹ and the 566 federally recognized Tribes we serve, I submit this testimony for the record, specifically addressing H.R. 3229 – Indian Health Service Advance Appropriations Act.

First, I would like to emphasize the importance of the Federal Trust responsibility, when it comes to the health of American Indian/Alaska Native (AI/AN) people. The United States assumed this responsibility in a series of treaties with Tribes, exchanging compensation and benefits for Tribal land and peace. The Snyder Act of 1921 (25 USC 13) legislatively affirmed this trust responsibility. To facilitate upholding its responsibility, the federal government created the Indian Health Service (IHS) and tasked the agency with providing health services to AI/ANs. Since its creation in 1955, IHS has worked toward fulfilling the federal promise to provide health care to Native people. In passing the Affordable Care Act, Congress also reauthorized and made permanent the Indian Health Care Improvement Act (IHCIA). In renewing the IHCIA, Congress reaffirmed the duty of the federal government to American Indians and Alaska Natives, declaring that “it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians -- to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy.”

Despite this responsibility, AI/ANs still experience greater health disparities than other races. For instance, the AI/AN life expectancy is 4.2 years less than the rate for the U.S. all races population. According to IHS data from 2006-2008, AI/AN people die at higher rates than other Americans from chronic liver disease and cirrhosis (368% higher), diabetes (177% higher),

¹ The National Health Board (NIHB) is a 501(c) 3 not for profit, charitable organization providing health care advocacy services, facilitating Tribal budget consultation and providing timely information and other services to all Tribal Governments. Whether Tribes operate their own health care delivery systems through contracting and compacting or receive health care directly from the Indian Health Services (IHS), NIHB is their advocate. Because the NIHB serves all federally-recognized tribes, it is important that the work of the NIHB reflect the unity and diversity of Tribal values and opinions in an accurate, fair, and culturally-sensitive manner. The NIHB is governed by a Board of Directors consisting of representatives elected by the Tribes in each of the twelve IHS Areas. Each Area Health Board elects a representative and an alternate to sit on the NIHB Board of Directors.

unintentional injuries (138% higher), homicide (82% higher) and suicide (65% higher). Additionally, AI/ANs suffer from higher mortality rates from cervical cancer (1.2 times higher); pneumonia/influenza (1.4 times higher); and maternal deaths (1.4 times higher).

Sadly, these statistics have become all too familiar in our communities. IHS is currently funded at only 59 percent of total need. In 2013, the IHS per capita expenditures for patient health services were just \$2,849, compared to \$7,717 per person for health care spending nationally. Medicare spending per patient was over \$12,000 and Medicaid spending was over \$6,000/per person. Clearly, the federal government is not doing a good job of fulfilling its legal and moral obligations to Indian Country. Additionally, Medicare and Medicaid are mandatory spending accounts, meaning that the health delivery to these groups is known well in advance of the actual care needed.

This is why the NIHB strongly supports H.R. 3229 – The Indian Health Service Advance Appropriations Act and the Senate companion bill S. 1570. An advance appropriation is funding that becomes available one year or more after the year of the appropriations act in which it is contained. For example, if the FY 2016 advance appropriations for the IHS were included in the FY 2015 appropriations bills, those advance appropriations would not be counted against the FY 2015 funding allocation but rather, against the FY 2016 allocation.²

While H.R. 3229 will not solve the severe lack of funding that the agency experiences, advance appropriations would allow IHS, Tribal, and urban (I/T/U) health programs to effectively and efficiently manage budgets, coordinate care, and improve health quality outcomes for AI/ANs. This change in the appropriations schedule creates an opportunity for the federal government to come closer to meeting the trust obligation owed to Tribal governments and bring parity to federal health care system by bringing IHS in line with other federal health programs.

Funding Delays and Impact on Care

Since FY 1998, there has been only one year (FY 2006) when the Interior, Environment, and Related Agencies budget, which contains the funding for IHS, has been enacted by the beginning of the fiscal year. The lateness in enacting a final budget during that time ranges from 5 days (FY 2002) to 197 days (FY 2011). In FY 2014, there was a 108 day delay on the enactment but it was 140 days before the FY 2014 operating plan which allocates specific accounts was known. These delays make it very difficult for Tribal health providers and IHS to adequately address the health needs of AI/ANs. Even once appropriations is enacted, there is an administrative process of apportionment involving the Office of Management and Budget that causes delay in actually getting funding down to the local level. Advance appropriations will allow IHS and Tribal health professionals time to plan and tackle many other administrative hurdles, thereby improving access to care. Additionally, it will result in costs savings through lower administrative costs as significant staff time, at all levels, is required each time Congress decides to pass a continuing resolution.

² Advance appropriations *differs from* “forward funding,” which allows funds to become available beginning late in the budget year and is carried into at least one following fiscal year. Forward funding is counted against the same budget year. Advance appropriations is counted only in the budget year for which the appropriated dollars will be spent.

Nothing underscores this need more clearly than the federal government shutdown at the start of FY 2014. Not only did this period prevent Tribal and IHS facilities from providing care, it came at a time when programs were already operating with minimal budgets due to the draconian, and irresponsible FY 2013 across-the-board sequestration cuts. The two week government shutdown forced Tribally-run health programs to close their doors and deny care to thousands of AI/ANs. The Crow Nation furloughed 300 Tribal employees during this time. Others were only able to treat “life or limb” cases due to the lack of an operating budget. As a result, AI/AN population experienced additional suffering. In a testimony submitted to the Senate Committee on Indian Affairs, on November 14, 2013 the Chairwoman of the Mississippi Choctaw stated:

“...the uncertainty caused by the combination of sequestration and the government shutdown interrupted many hospital and health department operations. Final payments were slow to reach us with payments distributed erratically, even down to the last few days of September 2013. Such an unpredictable stream of income for a small reservation hospital in rural Mississippi that provides services to more than 10,000 eligible users limits the tribe’s ability to plan for such services and execute the contracts that are necessary to operate our facility.”

Other Americans do not have to live with this reality. The First people of the United States should not be last in line when it comes to receiving their health care.

Even without events as extreme as a federal government shutdown, funding delays contribute to other health risks for AI/ANs. Sadly, it is often a saying in our communities, “Don’t get sick after June 1” because this is often when dollars to treat patients through the Purchased/Referred Care program run out. However, if Tribal and IHS programs had advance appropriations, they could better plan their patients’ care over a longer period of time. Currently, when funding becomes scarce, I/T/U medical professionals often prescribe treatments that address only symptoms, and not the disease. This ‘Band-Aid’ type of care contributes to a wide variety of other medical risks that are more costly and can be detrimental to the person over the long term. Advance appropriations would mean better ability to plan programmatic activity over several years, thereby leading to better health outcomes for AI/AN people and decreased long-term healthcare costs.

Funding delays also often impact recruitment and retention of IHS medical professionals. Many IHS and Tribal health facilities are located in remote, rural areas where staff recruitment is especially difficult. This is true throughout the rural United States, not just in Indian Country. However, it becomes impossibly difficult to recruit staff if it is not known whether a position will be funded in two months. Giving medical professionals attractive job opportunities that spans longer than a year benefits Tribal communities by providing stability for AI/ANs and the quality that comes with medical professionals familiar with their patients. Additionally, these professionals can provide a higher level of cultural competency which is learned over a sustained amount of time.

Veterans Administration Advance Appropriations

NIHB Testimony, July 15, 2014

In FY 2010, the Veterans Health Administration (VHA) achieved advance appropriations. IHS, like the VHA provides direct medical care to fulfill legal promises made by the federal government. In the 111th Congress, which ultimately enacted the advance appropriations for the VHA, the House bill (H.R. 1016) had 125 bi-partisan cosponsors. The Senate bill (S. 423) had 56 co-sponsors. Importantly, the Congressional Budget Office ruled at the time that the act “would not affect direct spending or revenues.”

IHS, like the VHA, provides direct care to patients as a result of contractual obligations made by the federal government. To NIHB and Tribes, enacting H.R. 3229 is a civil rights issue and a matter of equality. Like Veterans, Tribal communities have made sacrifices for this country, both historically and contemporarily. However, under the current funding mechanism, AI/ANs do not have the same stability in the care they are provided.

Outside support and Unity in Indian Country

Tribes and organizations across the country support advance appropriations for IHS. In June 2014, the American Medical Association’s House of Delegates passed a resolution supporting Advance Appropriations for the Indian Health Service. Attached to this testimony are resolutions and letters from the National Indian Health Board, National Congress of American Indians; United South and Eastern Tribes; the California Rural Indian Health Board; Alaska Native Health Board; Midwest Alliance of Sovereign Tribes; the Northwest Portland Area Indian Health Board; the Oklahoma City Area Inter-Tribal Health Board; the Inter Tribal Council of the Five Civilized Tribes; and the Three Affiliated Tribes. NIHB will continue to share these supportive documents with the committee as they are received.

It should also be noted that Tribes are ready and willing to engage with the government in advance consultation for the IHS budget should H.R. 3229 be enacted. The IHS Tribal Budget Formulation Workgroup already proposes its budget two years in advance, so this transition would not be difficult for Tribes. IHS officials have also stated publicly that they are engaged in conversations with the VHA on how this budgeting mechanism would work.

Conclusion

Medicare and Medicaid provide health care to millions of Americans, but these individuals do not have to worry on September 30 of each year if they will be treated on October 1 because they are considered “mandatory spending.” The VHA provides care through discretionary spending, but still knows its budget a year in advance. Despite being founded on contractual treaty obligations and federal law, the requirement to fund the IHS is still discretionary. Our people must still wait on the whims of Congress before they can know if their health care is funded. Advance appropriations will be one important step forward toward improving the health of AI/ANs.

NIHB would like to again thank Chairman Young for introducing this important legislation and for holding this hearing on H.R. 3229. We urge the Subcommittee to markup and favorably report this critical bill as quickly as possible.

Thank you.

National Indian Health Board



National Indian Health Board Resolution 11 - 03

Support for Alternative Funding Options

WHEREAS, the National Indian Health Board (NIHB), established in 1972, serves all Federally recognized American Indian/Alaska Native (AI/AN) Tribal governments by advocating for the improvement of health care delivery to AI/ANs and for the fulfillment of the Federal government's trust responsibility to AI/AN Tribal governments; and

WHEREAS, the Federal government of the United States has a unique and special relationship with AI/ANs to provide health care as established through the U.S. Constitution, Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, the Federal government carries out its trust responsibility to provide health care and other Federal benefits through a government to government relationship with Indian Tribes as established by Presidential Executive Order 13175; and

WHEREAS, the Indian Health Service (IHS), an agency within the Department of Health and Human Services, administers health care to 1.9 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA); and

WHEREAS, approximately 50% of the Indian health programs are operated by Tribes or Tribal organizations under the ISDEAA; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, NIHB believes that there are three (3) options from which IHS could choose, which include the following: a two-year funding cycle, advance appropriations, or forward funding; and

WHEREAS, NIHB believes that moving to any one of these alternative funding options will help protect the Tribes from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation.



NOW THEREFORE BE IT RESOLVED, that the NIHB requests that Congress amend the Indian Health Care Improvement Act to allow for a two-year funding cycle, advance appropriations or forward funding; and

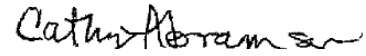
BE IT RESOLVED, that the NIHB requests that Congress include our recommendation for a two-year funding cycle, advance appropriations, or forward funding into the Budget Resolution; and

BE IT RESOLVED, that the NIHB requests that Congress include in the enacted appropriations bill a two-year funding cycle, advance appropriations or forward funding; and

BE IT FINALLY RESOLVED, that the NIHB requests that IHS change their funding to either a two-year cycle, an advance appropriations cycle, or a forward funding cycle, as any of these options will stabilize and advance the ability to provide services through IHS compact or contract.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 25th day of September, 2011.



Chairperson, Cathy Abramson

ATTEST:



Secretary, H. Sally Smith



NATIONAL CONGRESS OF AMERICAN INDIANS

The National Congress of American Indians
Resolution #ANC-14-007

TITLE: Advance Appropriations for the Indian Health Service

EXECUTIVE COMMITTEE

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Brian Cladoosby
Swinomish Indian Tribal Community

FIRST VICE-PRESIDENT
Michael O. Finley
Confed. Tribes of Coahuila Reservation

RECORDING SECRETARY
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Sisseton Walpiston Oyate

TREASURER
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Colorado River Indian Tribes

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Tanana Chiefs Conference

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Cherokee Nation

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Spirit Lake Tribe

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Aaron Payment
Sault Ste. Marie Tribe of Chippewa Indians

NORTHEAST
Randy Noka
Narragansett Tribe

NORTHWEST
Fawn Sharp
Quinault Indian Nation

PACIFIC
Rosemary Morillo
Soboba Band of Mission Indians

ROCKY MOUNTAIN
Ivan Posey
Eastern Shoshone Tribe

SOUTHEAST
Ron Richardson
Haliwa-Sapponi Indian Tribe

SOUTHERN PLAINS
Stephen Smith
Kiowa Tribe of Oklahoma

SOUTHWEST
Manuel Heart
Ute Mountain Ute Tribe

WESTERN
Arlan Melendez
Reno Sparks Indian Colony

EXECUTIVE DIRECTOR
Jacqueline Johnson Pata
Tlingit

NCAI HEADQUARTERS

1516 P Street, N.W.
Washington, DC 20005
202.466.7767
202.466.7797 fax
www.ncai.org

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, the Federal government of the United States has a unique and special relationship with American Indians and Alaska Natives (AI/ANs) to provide health care as established through the U.S. Constitution Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, although the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 56 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, the Indian Health Service, an agency within the Department of Health and Human Services, administers health care to 2.2 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the budgetary solution to this failure to uphold the Federal trust responsibility, and the one which does not require the Congressional appropriations committees to count Advanced Appropriations against their spending cap is Advanced Appropriations; and

WHEREAS, the NCAI believes that moving to the Advanced Appropriations process protect the Tribes and the IHS direct service units from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized Advanced Appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA which is also a federally-funded provider of direct health care.

NOW THEREFORE BE IT RESOLVED, that the NCAI requests that Congress amend the Indian Health Care Improvement Act to authorize Advanced Appropriations; and

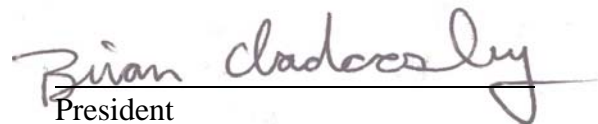
BE IT FURTHER RESOLVED, that the NCAI requests that Congress include our recommendation for IHS Advanced Appropriations in the Budget Resolution; and

BE IT FURTHER RESOLVED, the NCAI requests that Congress include in the enacted appropriations bill IHS Advanced Appropriations; and

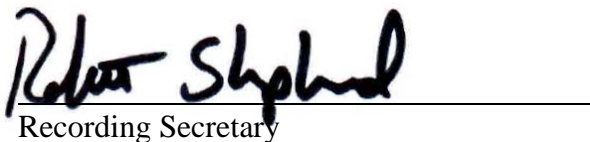
BE IT FINALLY RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the General Assembly at the 2014 Mid-Year Session of the National Congress of American Indians, held at the Dena'ina Civic & Convention Center, June 8-11, 2014 in Anchorage, Alaska, with a quorum present.


President

ATTEST:


Recording Secretary



United South and Eastern Tribes, Inc.

Nashville, TN Office:

711 Stewarts Ferry Pike, Suite 100
Nashville, TN 37214
Phone: (615) 872-7900
Fax: (615) 872-7417

Washington, DC Office:

400 North Capitol Street, Suite 585
Washington, D.C., 20001
Phone: (202) 624-3550
Fax: (202) 393-5218

USET Resolution No. 2013:046

SUPPORT FOR ALTERNATIVE FUNDING OPTIONS FOR THE INDIAN HEALTH SERVICE

- WHEREAS,** United South and Eastern Tribes Incorporated (USET) is an intertribal organization comprised of twenty-six (26) federally recognized Tribes; and
- WHEREAS,** the actions taken by the USET Board of Directors officially represent the intentions of each member Tribe, as the Board of Directors comprises delegates from the member Tribes' leadership; and
- WHEREAS,** since the formation of the Union, the United States (U.S.) has recognized Indian Tribes as sovereign nations; and
- WHEREAS,** a unique government-to-government relationship exists between Indian Tribes and the Federal Government and is grounded in the U.S. Constitution, numerous treaties, statutes, Federal case law, regulations and executive orders that establish and define a trust relationship with Indian Tribes; and
- WHEREAS,** although the trust relationship requires the federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and
- WHEREAS,** since Fiscal Year 1998, appropriated funds for the provision of health care to American Indians and Alaska Natives through IHS and Tribal providers have been released after the beginning of the new fiscal year; and
- WHEREAS,** the delay in receipt of funds has most often been caused by a Congressional failure to enact prompt appropriations legislation; and
- WHEREAS,** late funding has severely hindered Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and
- WHEREAS,** identified budgetary solutions to this failure to uphold the federal trust responsibility include a two-year funding cycle, advance appropriations, and forward funding for the IHS; and
- WHEREAS,** Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the *Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81)*, which authorized advance appropriations for Veterans Administration (VA) medical care programs; and
- WHEREAS,** Congress has, pursuant to the authorization in the Veterans Health Care Budget Reform and Transparency Act, appropriated beginning with FY 2010, advance appropriations for the VA medical care accounts; and

WHEREAS, as the only other federally funded provider of direct health care, IHS should be afforded the same budgetary certainty and protections extended to the VA; and

WHEREAS, in December 2010 the United States recognized the rights of its First Peoples through its support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), whose provisions and principles support and promote the purposes of this resolution; therefore, be it

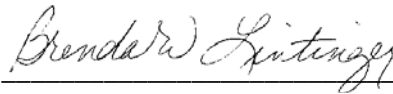
RESOLVED the USET Board of Directors calls upon the U.S. Congress to bring certainty and stability to the Indian Health Service budget by authorizing and appropriating funding for a two-year funding cycle, advance appropriations, or forward funding for the Indian Health Service.

CERTIFICATION

This resolution was duly passed at the USET Semi-Annual Meeting, at which a quorum was present, in Niagara Falls, NY, on Friday, May 17, 2013.



Brian Patterson, President
United South and Eastern Tribes, Inc.



Brenda Lintinger, Secretary
United South and Eastern Tribes, Inc.

“Because there is strength in Unity”



CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

RESOLUTION NO. 108-10-13

The Tribal Governments Consultation Committee (TGCC) Urges Congress to Provide Advance Appropriations to the Indian Health Service (IHS)

- WHEREAS,** the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a tribal organization under P.L. 93-638, and is a Statewide Tribal Health Organization representing 30 Federally recognized tribes in 21 counties through its membership of 11 Indian health programs throughout California's Indian country; AND
- WHEREAS,** the Tribal Governments Consultation Committee was established in April, 1990 for the purpose of tribal consultation to the CRIHB on P.L. 93-638 tribal contracting issues; AND
- WHEREAS,** since FY 1998, appropriated funds for medical services and facilities through IHS have not been provided before the commencement of the new fiscal year, causing IHS and Tribal providers great challenges in planning and managing care for American Indians/Alaska Natives (AI/AN); AND
- WHEREAS,** although the IHS budget has increased by an historic 29% since 2008, this equates to an average of 7.25% per year, barely enough to cover medical and non-medical inflation and the cost of contract health care for our growing population and when automatic budget rescissions and sequestration are taken into account, IHS has lost \$240 million since FY 2011; AND
- WHEREAS,** both serious budgetary increases and changes to resources supporting this health care system are necessary if we are going to effectively address the growing gap in health disparities, which has resulted in early death, and preventable, expensive chronic care costs for AI/ANs of all ages; AND
- WHEREAS,** the lateness in enacting a final budget ranges from 5 days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible and health care services in particular require consistent funding to be effective; AND
- WHEREAS,** in FY 2010, the Veterans Administration (VA) medical care programs achieved advance appropriations and Congress has implemented advance appropriations for the VA medical programs demonstrates the importance of advance appropriations for direct health service agencies; AND

WHEREAS, just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of VA to properly plan and manage its resources, the National Indian Health Board, the National Congress of American Indians, the California Rural Indian Health Board, Tribes and Tribal health care providers share these concerns about the IHS health system; AND

WHEREAS, if IHS funding was on an advance appropriations cycle, Tribal health care providers, as well as the IHS, would know the funding a year earlier and their health care services would not be stymied by continuing resolutions and this would lead to greater outcomes for patients in IHS, Tribal and Urban programs; AND

WHEREAS, if advanced appropriations for IHS was allocated, hospital administrators would have the ability to continue treating patients without wondering if they had to de-fund facilities or programs and Tribal health providers would know in advance how many physicians and nurses they could hire without wondering if funding for positions would be available from month to month; AND

WHEREAS, a growing number of Tribes and Tribal organizations are joining the advocacy effort to build support for the provision of advance Congressional appropriations for the IHS; AND

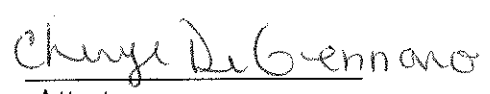
WHEREAS, these Tribal entities believe that providing appropriations one year in advance will enable the IHS to better serve AI/ANs and would help ensure that the Government meets its trust obligations to Tribes and Native people; AND

THEREFORE BE IT RESOLVED THAT the Tribal Government Consultation Committee (TGCC) of the California Rural Indian Health Board, Inc. urges Congress to appropriate advanced funding to the Indian Health Service.

CERTIFICATION

The foregoing resolution was adopted by a vote of **FOR** **AGAINST** and **ABSTAINED** at a duly called meeting of the TGCC on October 11, 2013, and shall remain in affect until rescinded.


TGCC Chairman


Attest



Alaska Native Health Board

THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

☐ 907.562.6006 ☐ 907.563.2001 · 4000 Ambassador Dr, Suite 101 · Anchorage, Alaska 99508 · www.anhb.org

Resolution 01-2013

Providing for Indian Health Service Advance Appropriations

WHEREAS, The Alaska Native Health Board, a 26-member organization established in 1968, is recognized as the statewide voice on Alaska Native health issues representing the Tribes and Tribal consortia providing health care and community services to over 135,000 Alaska Native and American Indian people in Alaska; and

WHEREAS, the Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing health services to American Indian and Alaska Native people, in addition to serving as the funding mechanism for tribes and tribal organizations carrying out these services; and

WHEREAS, the IHS carries out the federal government's obligation to ensure the health and wellbeing of Alaska Native and American Indian people and communities, a government-to-government relationship established in the Constitution and given substance through subsequent treaties, Congressional legislation, Supreme Court decisions, and Executive Orders, collectively forming the federal Trust Responsibility; and

WHEREAS, this solemn obligation is significantly compromised when funding needed by tribal and IHS health care providers is not enacted by the beginning of the fiscal year and is instead provided for through continuing resolutions; and

WHEREAS, this late funding significantly hampers tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts; and

WHEREAS, Congress recognized that the Veterans Administration has also been greatly hampered in providing health services to veterans because of late funding, and in 2010 extended via statute to the VA advance appropriations for their health care appropriation accounts; and

WHEREAS, providing sufficient, timely, and predictable funding is needed to ensure the Government meets its federal Trust Responsibility to American Indian and Alaska Native People.

NOW THEREFORE BE IT RESOLVED, the Alaska Native Health Board supports the following actions to achieve advance appropriations for the Indian Health Service:

- a. the enactment of legislation amending the Indian Health Care Improvement Act (IHCIA) to authorize IHS advance appropriations for the Indian Health Services and Indian Health Facilities appropriation accounts;

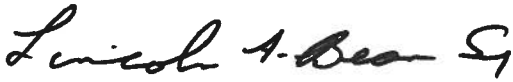
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION
ARCTIC SLOPE NATIVE ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION
COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS
EASTERN ALEUTIAN TRIBES
KARLUK IRA TRIBAL COUNCIL
KENAITZE INDIAN TRIBE
KETCHIKAN INDIAN COMMUNITY
KODIAK AREA NATIVE ASSOCIATION
MANILAO ASSOCIATION
METLAKATLA INDIAN COMMUNITY
MT. SANFORD TRIBAL CONSORTIUM
NATIVE VILLAGE OF EKLUKNA
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL
NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTHCENTRAL FOUNDATION
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION
VALDEZ NATIVE TRIBE

- b. the enactment of legislation amending the Congressional Budget Act to require the President to submit estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for IHS; and
- c. the inclusion of IHS advance appropriations authority in House and Senate Budget Resolutions; and
- d. the enactment of the advance appropriations in the Interior, Environment and Related Agencies Appropriations Bill for the Indian Health Services and Indian Health Facilities appropriation accounts, initially for a transition year and thereafter as an advance appropriation each year.

NOW THEREFORE BE IT FURTHER RESOLVED, the Alaska Native Health Board supports the enactment of the advance appropriations in the Interior, Environment and Related Agencies Act to achieve advance appropriations for IHS.

CERTIFICATION

I hereby certify that the above resolution was duly adopted by the Alaska Native Health Board on August 15, 2013, by unanimous consent.



Lincoln Bean, Sr.
Chairmen, Alaska Native Health Board

9-3-2013

Date



Verné Boerner
ANHB President/CEO

9/3/2013

Date

MIDWEST ALLIANCE OF SOVEREIGN TRIBES

Resolution No. 3-14

Advance Appropriations for the Indian Health Service

WHEREAS, the Midwest Alliance of Sovereign Tribes (MAST) is an intertribal organization representing the thirty-three (33) federally recognized tribe and four (4) intertribal organizations in the States of Minnesota, Wisconsin, Michigan, Indiana and Iowa, each having sovereign authority to govern their own affairs; and

WHEREAS, the Federal government of the United States has a unique and special relationship with American Indians and Alaska Natives (AI/ANs) to provide health care as established through the U.S. Constitution Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, although the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 56 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, the Indian Health Service, an agency within the Department of Health and Human Services, administers health care to 2.2 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act ; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the budgetary solution to this failure to uphold the Federal trust responsibility, and the one which does not require the Congressional appropriations committees to count advance appropriations against their spending cap is advance appropriations; and

WHEREAS, The Midwest Alliance of Sovereign Tribes believes that moving to the advance appropriations process protects the Tribes and IHS direct service units from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized advance appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA which is also a federally-funded provider of direct health care; and

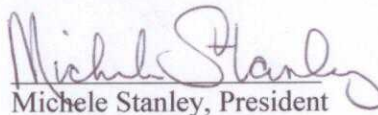
NOW THEREFORE BE IT RESOLVED, that The Midwest Alliance of Sovereign Tribes requests that Congress amend the Indian Health Care Improvement Act to authorize advance appropriations; and

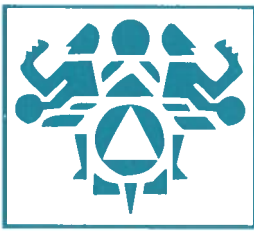
BE IT FURTHER RESOLVED, that The Midwest Alliance of Sovereign requests that Congress include our recommendation for IHS advance appropriations in the Budget Resolution; and

BE IT FINALLY RESOLVED, The Midwest Alliance of Sovereign requests that Congress include in the enacted appropriations bill IHS advance appropriations; and

CERTIFICATION

As President of the Midwest Alliance of Sovereign Tribes, I do hereby Certify that the foregoing Resolution No. 3-14 was passed on March 25, 2014, at a duly called meeting at which a quorum was present with 18 voting for, 0 voting against, and 0 abstaining.


Michele Stanley, President



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

- Burns-Paiute Tribe
- Chehalis Tribe
- Coeur d' Alene Tribe
- Colville Tribe
- Coos, Suislaw &
Lower Umpqua Tribe
- Coquille Tribe
- Cow Creek Tribe
- Cowlitz Tribe
- Grand Ronde Tribe
- Hoh Tribe
- Jamestown S'Klallam Tribe
- Kalispel Tribe
- Klamath Tribe
- Kootenai Tribe
- Lower Elwha Tribe
- Lummi Tribe
- Makah Tribe
- Muckleshoot Tribe
- Nez Perce Tribe
- Nisqually Tribe
- Nooksack Tribe
- NW Band of Shoshone Tribe
- Port Gamble S'Klallam Tribe
- Puyallup Tribe
- Quileute Tribe
- Quinalt Tribe
- Samish Indian Nation
- Sauk-Suiattle Tribe
- Shoalwater Bay Tribe
- Shoshone-Bannock Tribe
- Siletz Tribe
- Skokomish Tribe
- Snoqualmie Tribe
- Spokane Tribe
- Squaxin Island Tribe
- Stillaguamish Tribe
- Suquamish Tribe
- Swinomish Tribe
- Tulalip Tribe
- Umatilla Tribe
- Upper Skagit Tribe
- Warm Springs Tribe
- Yakama Nation

**Resolution #14-01-02
Support Advance Appropriations for the Indian Health Service**

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the Northwest Portland Area Indian Health Board is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the Federal health services to maintain and improve the health of AI/AN are consonant with and required by the Federal Government's historical and unique legal relationship with and resulting responsibility to the AI/AN people; and

WHEREAS, since FY1998 there has been only one year (FY2006) when the Interior, Environment and Related Agencies appropriations bill has been enacted by the beginning of the fiscal year, in order for Indian health programs to receive their funds at the beginning of the fiscal year; and

WHEREAS, the lateness in enacting a final budget during that time ranges from five days (FY2002) to 197 days (FY2011) causes the IHS and tribal health care providers great administrative challenges in planning and managing care programs such as budgeting, recruitment and hiring, retention, provision of health services, facility maintenance and construction effort; and

WHEREAS, providing sufficient, timely and predictable funding is needed to ensure the Government meets its obligation to provide health care for AI/AN people and providing IHS funding in an advance appropriation cycle would help to address the administrative challenges associated with receiving late appropriations; and

WHEREAS, in FY2010 Congress authorized the Veterans Administration (VA) medical care programs to receive advance appropriations to address the same challenges that the Indian health system experience with late appropriations; and

WHEREAS, Congressmen Don Young and Ray Lujan have introduced H.R. 3229 and Senators Mark Begich, Tom Udall, Lisa Murkowski have introduced S. 1570; both bills to authorize advance appropriations for the Indian Health Service.

NOW THEREFORE BE IT RESOLVED that the NPAIHB supports and recommends that Congress pass H.R. 3229 and/or S. 1570 to authorize advance appropriations for the Indian Health Service.

CERTIFICATION

NO. 14-01-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 32 for, _____ against, _____ abstain on October 23, 2013.

Andrew C. Joseph
Chairman

10-23-13
Date

Cheryl A. Egan
Secretary



Uniting for One Cause

OKLAHOMA CITY AREA INTER-TRIBAL HEALTH BOARD

P.O. Box 5826 • Edmond, OK 73083 • www.ocaithb.org • (405) 652-9200 • Fax (405) 840-7052

Absentee Shawnee Tribe
Alabama Quassarte Tribal Town
Apache Tribe of Oklahoma
Caddo Tribe of Oklahoma
Cherokee Nation of Oklahoma
Cheyenne & Arapaho Tribes
Chickasaw Nation
Choctaw Nation of Oklahoma
Citizen Potawatomi Nation
Comanche Nation
Delaware Nation
Delaware Tribe of Indians
Eastern Shawnee Tribe
Fort Sill Apache Tribe
Iowa Tribe of KS & NB
Iowa Tribe of Oklahoma
Kaw Nation
Kialegee Tribal Town
Kickapoo Tribe in Kansas
Kickapoo Tribe of Oklahoma
Kickapoo Tribe of Texas
Kiowa Tribe of Oklahoma
Miami Tribe of Oklahoma
Modoc Tribal Council
Muscogee (Creek) Nation
Osage Nation
Otoe-Missouria Tribe
Ottawa Tribe
Pawnee Nation
Peoria Tribe
Ponca Tribe of Oklahoma
Prairie Band Potawatomi Nation
Quapaw Tribe of Oklahoma
Sac & Fox Tribe of Missouri
Sac & Fox Nation of Oklahoma
Seminole Nation of Oklahoma
Seneca-Cayuga Tribe
Shawnee Tribe of Oklahoma
Thlopthlocco Tribal Town
Tonkawa Tribe of Oklahoma
United Keetoowah Band of Cherokees
Wichita & Affiliated Tribes
Wyandotte Nation

March 27, 2014

The Honorable John Tester
Chairman, Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Tester:

On behalf of the **Oklahoma City Area Inter Tribal Health Board** we offer this letter of support for S. 1570, the Indian Health Service Advance Appropriations Act of 2013 which provides advance appropriations for the Indian Health Service (IHS), and urge you to co-sponsor this legislation. The Oklahoma City Area Inter Tribal Health Board believes that providing appropriations one year in advance will enable the IHS to better serve American Indian/Alaska Native (AI/AN) communities and would help ensure that the Government meets its trust obligation to native people. Specifically, IHS and Tribally run programs would benefit from improved budgeting, retention, recruitment provision of services, facility maintenance and construction efforts.

Since FY 1998, appropriated funds for medical services and facilities through IHS have not been provided before the commencement of the new fiscal year, causing IHS and Tribal providers great challenges in planning and managing care for AI/ANs. Although the IHS budget has increased by an historic 29% since 2008, this equates to an average of 7.25% per year, barely enough to cover medical and non-medical inflation and the cost of contract health care for our growing population. Additionally, when automatic budget rescissions and sequestration are taken into account, IHS has lost \$240 million since FY 2011. Both serious budgetary increases and changes to resources supporting this health care system are necessary if we are going to effectively address the growing gap in health disparities, which has resulted in early death, and preventable, expensive chronic care costs for AI/ANs of all ages.

The lateness in enacting a final budget ranges from five days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible. Health care services in particular require consistent funding to be effective. In FY 2010, the Veterans Administration (VA) medical care programs achieved advance appropriations. The fact that Congress has implemented advance appropriations for the VA medical programs demonstrates the importance of advance appropriations for direct health service agencies. Just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of VA to properly plan and manage its resources, Tribes and Tribal organizations have those concerns about the IHS health system.

If IHS funding was on an advance appropriations cycle, Tribal health care providers, as well as the IHS, would know the funding a year earlier and their health care services would not be stymied by continuing resolutions. This would lead to greater outcomes for patients in IHS, Tribal and Urban (I/T/U) programs. For example, hospital administrators would have the ability to continue treating patients without wondering if they had to de-fund facilities or programs. Additionally, IHS administrators would not waste valuable resources in an agency funded at only 56 percent of need by re-allocating the budget each time Congress passed a continuing resolution. Tribal health providers would know in advance how many physicians and nurses they could hire without wondering if funding for positions would be available from month to month.

Please remember in the war of words concerning healthcare appropriations, it is our American Indian people dying at an outstanding rate! Continuing appropriations delays can be considered a contributor. This legislation is a step in the right direction to reinforce continuity of healthcare to a needy population habitually underfunded.

We appreciate the opportunity to offer this letter of support for S. 1570. Should you have questions or need additional information, please do not hesitate to contact Chair Diana Autaubo at dautaubo@ocaithb.org.

Sincerely,

Diana Autaubo by 

Diana Autaubo, Chair
Oklahoma City Area Inter Tribal Health Board

The INTER-TRIBAL COUNCIL of the FIVE CIVILIZED TRIBES

A Resolution Requesting Advance Appropriations for the Indian Health Service

Resolution No. 14-05



Bill John Baker
Principal Chief



Bill Anoatubby
Governor



Gregory Pyle
Principal Chief



George Tiger
Principal Chief



Leonard M. Harjo
Principal Chief

WHEREAS, the Inter-Tribal Council of the Five Civilized Tribes (ITC) is an organization that unites the Tribal governments of the Cherokee, Chickasaw, Choctaw, Muscogee (Creek), and Seminole Nations, representing over 500,000 Indian people throughout the United States; and,

WHEREAS, the federal government has a solemn, legal responsibility to provide American Indians with health care as established through the U.S. Constitution, treaties with Indian Tribes, U.S. Supreme Court decisions and federal legislation; and,

WHEREAS, the Indian Health Service (IHS) has long been underfunded at only 56 percent of need annually; and,

WHEREAS, American Indians suffer from among the lowest health status nationally; and, Tribal health care delivery; and,

WHEREAS, the lateness in enacting a final budget ranges from five days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible, this Council requests that IHS process the payments to Tribes in a timely manner; and,

WHEREAS, since 1998, there has only been one year (FY2006) in which the Interior, Environmental and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and,

WHEREAS, the clearest budgetary solution to this failure to uphold the federal trust responsibility is advance appropriations; and,

WHEREAS, IHS should be afforded the same budgetary certainty which covers the Department of Veterans Affairs, which is another federally-funded provider of health care; and,

WHEREAS, this Council asserts that moving to the advance appropriations process would protect tribes and IHS from cash flow problems that chronically occur at the start of the federal fiscal year due to delays in enactment of appropriation legislation and last-minute budget cuts like those caused by sequestration and disastrous government shutdowns; and,

The INTER-TRIBAL COUNCIL of the FIVE CIVILIZED TRIBES

NOW THEREFORE BE IT RESOLVED, that the Inter-Tribal Council of the Five Civilized Tribes requests that Congress include our recommendation for IHS advance appropriations in the Budget Resolution and that Congress include in the enacted appropriations bill IHS advance appropriations.

CERTIFICATION

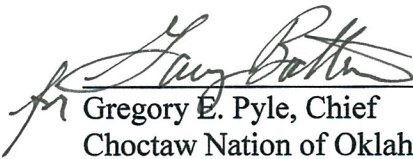
The foregoing resolution was adopted by the Inter-Tribal Council of the Five Civilized Tribes meeting in Shawnee, Oklahoma on this 10th day of January, 2014, by a vote of 21 for 0 against and 0 abstentions.



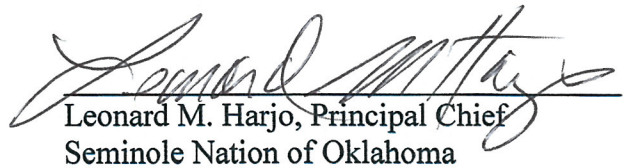
Bill John Baker, Principal Chief
Cherokee Nation



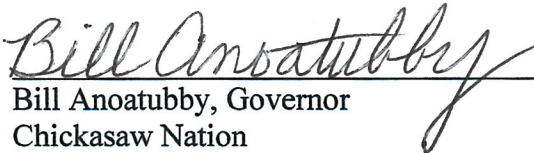
George Tiger, Principal Chief
Muscogee (Creek) Nation



Gregory E. Pyle, Chief
Choctaw Nation of Oklahoma



Leonard M. Harjo, Principal Chief
Seminole Nation of Oklahoma



Bill Anoatubby, Governor
Chickasaw Nation



MANDAN, HIDATSA, & ARIKARA NATION

Three Affiliated Tribes • Fort Berthold Indian Reservation
404 Frontage Road • New Town, North Dakota 58763-9402

OFFICE OF THE CHAIRMAN
TEX "RED TIPPED ARROW" HALL
(701) 627-8122
FAX (701) 627-3503

March 25, 2014

The Honorable Jon Tester
Chairman Senate Indian Affairs Committee
Hart Senate Office Building, Room 724
2nd & C Streets, NE
Washington, DC 20510

Re: Letter in Support of S. 1570 providing Advanced Appropriations for IHS.

Dear Chairman Tester,

On behalf of the MHA Nation we offer this letter of support for the provision of advance appropriations for the Indian Health Service (IHS) as address in S. 1570 that will be heard before the Senate Indian Affairs Committee on April 2, 2014. MHA believes that providing appropriations one year in advance will enable the IHS to better serve American Indian/ Alaska Native (AI/AN) communities and would help ensure that the Government meets its trust obligation to native people. Specifically, IHS and Tribally run programs would benefit from improved budgeting, retention, recruitment provision of services, facility maintenance and construction efforts.

Since FY 1998, appropriated funds for medical services and facilities through IHS have not been provided before the commencement of the new fiscal year, causing IHS and Tribal providers great challenges in planning and managing care for AI/ANs. Although the IHS budget has increased by an historic 29% since 2008, this equates to an average of 7.25% per year, barely enough to cover medical and non-medical inflation and the cost of contract health care for our growing population. Additionally, when automatic budget rescissions and sequestration are taken into account, IHS has lost \$240 million since FY 2011. Both serious budgetary increases and changes to resources supporting this health care system are necessary if we are going to effectively address the growing gap in health disparities, which has resulted in early death, and preventable, expensive chronic care costs for AI/ANs of all ages.

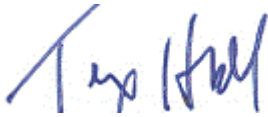
The lateness in enacting a final budget ranges from five days (FY 2002) to 197 days (FY 2011), making quality budget planning almost impossible. Health care services in particular require consistent funding to be effective. In FY 2010, the Veterans Administration (VA) medical care programs achieved advance appropriations. The fact

that Congress has implemented advance appropriations for the VA medical programs demonstrates the importance of advance appropriations for direct health service agencies. Just as the veterans groups were alarmed at the impact of delayed funding upon the provision of health care to veterans and the ability of VA to properly plan and manage its resources, Tribes and Tribal organizations have those concerns about the IHS health system.

If IHS funding was on an advance appropriations cycle, Tribal health care providers, as well as the IHS, would know the funding a year earlier and their health care services would not be stymied by continuing resolutions. This would lead to greater outcomes for patients in IHS, Tribal and Urban (I/T/U) programs. For example, hospital administrators would have the ability to continue treating patients without wondering if they had to de-fund facilities or programs. Additionally, IHS administrators would not waste valuable resources in an agency funded at only 56 percent of need by re-allocating the budget each time Congress passed a continuing resolution. Tribal health providers would know in advance how many physicians and nurses they could hire without wondering if funding for positions would be available from month to month.

We appreciate the opportunity to offer this letter of support for the advance appropriations for the IHS. Should you have questions or need additional information, please do not hesitate to contact me at my tribal offices 701.627.4781.

Sincerely,



Tex G. Hall
Chairman

CC: Senator John Barrasso, Vice Chairman, Senate Committee on Indian Affairs