

The background features a green geometric design with overlapping triangles and polygons in various shades of green, creating a modern, abstract look.

FY 2020 Indian Health Service Facilities Budget Background Information from the Facilities Appropriation Advisory Board (FAAB)

Presented by:

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California FAAB Representative**

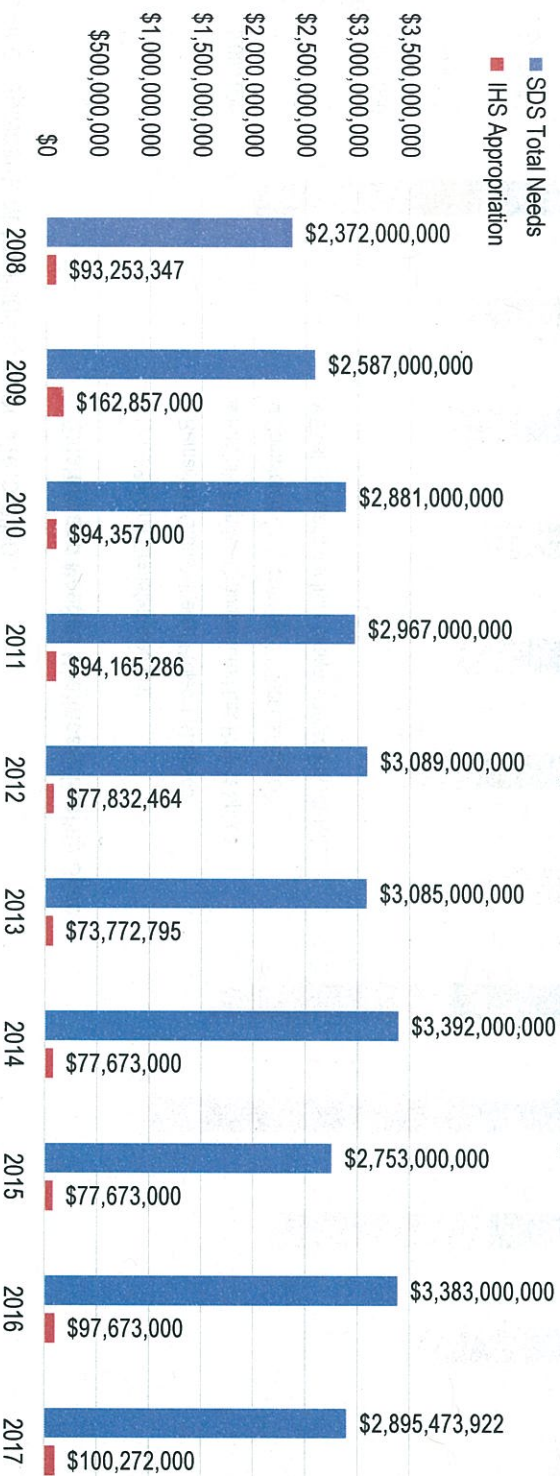
Background

- ▶ Established as a standing committee of 12 Tribal (1 from each IHS Area) and 2 IHS representatives;
- ▶ The primary purpose of the FAAB is to make recommendations to the Director, IHS on matters involving all Office of Environmental Health and Engineering (OEHE) programs.
- ▶ The FAAB has a Facilities Appropriations Information Package with explanations of the various OEHE programs, needs, and appropriation history.
- ▶ The OEHE operates programs funded under the Facilities Appropriation of the IHS budget:
 - ▶ Health Care Facilities Construction (HCFC)
 - ▶ Sanitation Facilities Construction
 - ▶ Equipment
 - ▶ Maintenance and Improvement (M&I)
 - ▶ Facilities and Environmental Health Support



Sanitation Facilities Construction

American Indian/Alaska Native Sanitation Facility Needs vs. SFC Project Appropriation

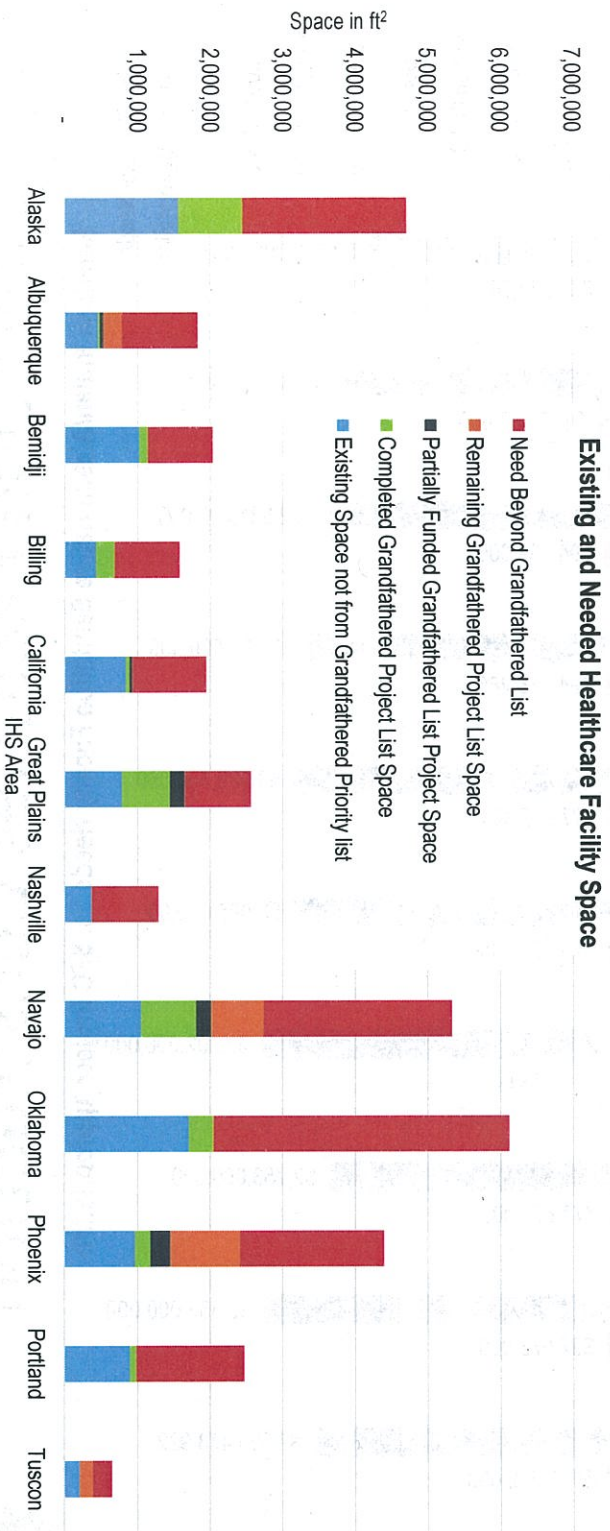


Funds appropriated for water supply and waste disposal facilities are under the Sanitation Facilities Construction (SFC) line item. Projects are cooperatively developed with and transferred to, Tribes which in turn assume responsibility for the operation of safe water, wastewater, and solid waste systems, and related support facilities. The SFC program receives funds for three types of projects:

1. Water, Wastewater, and Solid Waste facilities for *Existing* American Indian and Alaskan Native (AI/AN) Homes and/or Communities;
 - The sanitation project need for *Existing* AI/AN Homes and/or Communities in 2017 was almost \$2.9 billion
2. Water, Wastewater, and Solid Waste facilities for *New* AI/AN Homes and/or New Communities; and
 - There were over 171,200 AI/AN homes in 2017 that needed some form of sanitation facility improvement.
3. Special or Emergency projects.

Health Care Facility Construction

- At the current rate of HCFC appropriations (~\$100 million/year), a new facility in 2018 would not be replaced for 300 to 400 years.
 - To replace IHS facilities every 60 years (twice a 30 year design life), would need HCFC appropriations of ~\$700 million/annually.
 - An annual HCFC appropriations of ~\$800 million would increase capacity to 70% in 30 years with a 60-year replacement cycle.
 - IHS would need HCFC appropriation of ~\$750 million annually to match the U.S. expenditures in healthcare facility construction.
 - Without a sufficient, consistent, and re-occurring HCFC appropriation the entire IHS system is unsustainable.
- The 2016 Indian Health Service and Tribal Health Care Facilities' Needs Assessment Report to Congress total estimated cost for new and replacement facilities is over \$14.5 billion.



Maintenance and Improvement (M&I)

Maintenance and Improvement (M&I)

Actual M&I Appropriation ~1.6% of "Current Replacement Value" (CRV) or ~\$76 million annually
M&I Funding is intended to cover:

Improvements: Renovations, alterations, upgrades/replacement of primary mechanical, electrical, or other building systems; and site improvements. Improvements increase the facility's useful life and are capitalized in accordance with the accounting principles.

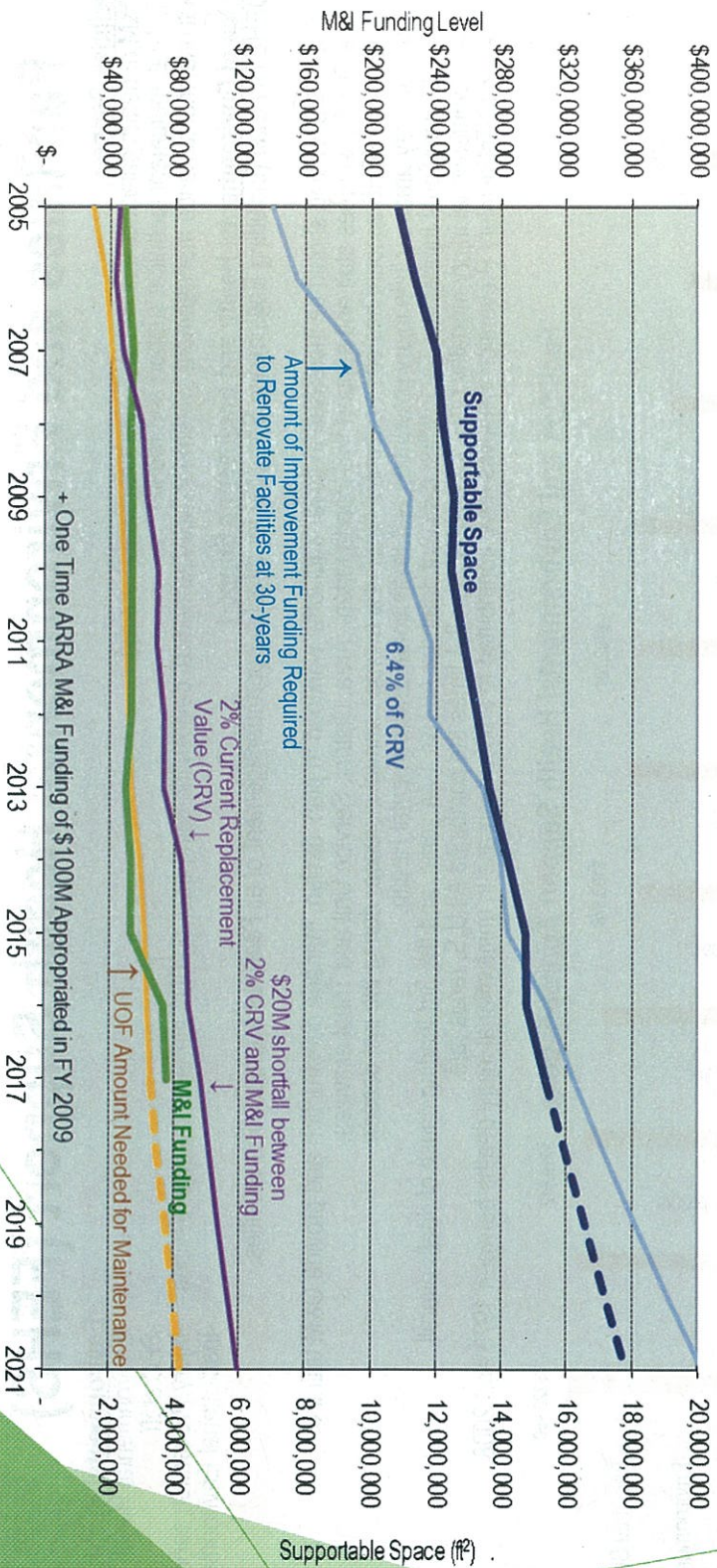
Deferred Maintenance: Maintenance not performed as scheduled and delayed to a future period. The Backlog of Essential Maintenance Alteration and Repair (BEMAR) deficiencies deferred because of a lack of staffing or funds to implement corrective measures.

Non-Routine Maintenance: Unscheduled emergency work to restore services or remove problems that could interrupt services.

Routine Maintenance: Curative work to restore or repair systems that fail due to action of the elements, fire, storm or other disasters.

Preventive Maintenance (PM): Scheduled work to preserve/restore facility (inspect, lubricate, replace components, paint, etc.).

*Based on Major Facility Renovation at 30 years, a 60-year facility replacement cycle and 5-year BEMAR Cycle



M&I Annual Need*

~6.4% of CRV = UOF+1/5 BEMAR +Improvements
= ~\$305 million annually

Assumes Major Renovation at 30 years or
~2.7% of CRV ~\$128 million

Assumes 5-year BEMAR Cycle
1/5 BEMAR or ~2.2% of CRV ~\$105 million

University of Oklahoma Formula (UOF) ~1.5% of
CRV ~\$75 million

Facilities and Environmental Health Support (FEHS)

Facilities Support

- O&M of health care facilities and staff quarters (Real Property)
- Medical equipment technical support and repair
- National maintenance management system for facilities/medical devices including tracking FDA alerts on medical devices;

Office of Environmental Health and Engineering Support

- OEHE HQ Staff (including Engineering Services) for direct support/management of all Facilities Appropriation activities.

Environmental Health Support

- Environmental Health program service/staff
- SFC staff
- Injury Prevention service/staff
- Institutional Environmental Health Support

- ▶ The FEHS funding should be increased to cover additional workload to plan, design, manage construction and provide O&M training.
- ▶ The FEHS resources staff and support IHS Headquarters, Area, District, Service Unit and Tribal activities.
- ▶ Funding for FEHS account has been essential flat (0.4% average annual increase) during the last decade.
- ▶ Two specialty areas include injury prevention and Institutional Environmental Health.
- ▶ Unintentional injuries are the leading cause of death for AI/ANs 1-44 years, and the 3rd leading cause of death overall.
- ▶ Unintentional injury mortality rates for AI/ANs are ~2.4 times the combined All U.S. rates rate.
- ▶ IHS/Tribal Injury Prevention initiatives have contributed to a 58% decrease in unintentional injury deaths between 1973 and 2008.

Facilities and Environmental Health Support Appropriations

