



Northwest Portland Area Indian Health Board

2121 S.W. Broadway, Suite 300 • Portland, OR 97201 • Phone: (503) 228-4185
www.npaihb.org

Testimony of Nickolaus Lewis The Northwest Portland Area Indian Health Board Before

House Appropriations Subcommittee on Interior, Environment, and Related Agencies American Indian and Alaska Native Public Witness Hearing – FY 2024 March 9, 2023

Greetings Chairman Simpson and Ranking Member Pingree, and Members of the Subcommittee. My name is Nickolaus Lewis, and I serve as a Council Member on the Lummi Indian Business Council, the elected governing body of the Lummi Nation, and as Chair of the Northwest Portland Area Indian Health Board (NPAIHB or Board). I thank the Subcommittee for the opportunity to provide testimony on the fiscal year (FY) 2024 Indian Health Service (IHS) budget to the Subcommittee.

NPAIHB was established in 1972 and is a tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, that advocates on behalf of the 43 federally-recognized Indian tribes in Idaho, Oregon, and Washington on specific health care issues. The Board's mission is to eliminate health disparities and improve the quality of life for American Indians and Alaska Natives (AI/AN) by supporting Northwest Tribes in the delivery of culturally-appropriate, high-quality health care. "Wellness for the seventh generation" is the Board's vision. This Subcommittee is critical to making this a reality. We thank the Subcommittee for continuing to support increased funding for IHS every year.

Given that advance appropriations have already been enacted for IHS in FY 2024, the discussions in the Subcommittee's hearings this week differ from those under a regular budget cycle in past years where Congress would begin debating agency funding in the spring before it would become available at the beginning of the new fiscal year in the fall. NPAIHB acknowledges that this change may impact the ability of Congress to affect the overall funding level and distribution of funds across programs in the IHS budget on a more immediate basis. With this in mind, I provide the following testimony to address our long-standing needs in the Northwest.

Provide Advance Appropriations for IHS on an Ongoing Basis. Following the FY 2013 government shutdown, legislation has been introduced in each Congress that would authorize advance appropriations for the IHS, but it was not until the passage of the FY 2023 Omnibus spending package that for the first time in history, the United States agreed to provide federal funding for AI/AN health services through advance appropriations. We thank Members of the Subcommittee for their support in upholding the federal government's commitments and assuring we will not face the negative impacts of budget uncertainty in FY 2024. Advance appropriations provide predictable funding to enable IHS, tribes, and urban Indian organization leaders to effectively manage budgets, coordinate care, and improve outcomes for AI/ANs with peace of mind that health care for their patients will not be interrupted. However, the inclusion of advance appropriations each year is uncertain, and the solution in the FY 2023 Omnibus is far from perfect. We support expanding IHS advance appropriations to all areas of the IHS budget and including increases from year to year that adjust for inflation, population growth, and necessary program increases. NPAIHB requests that Members of the Subcommittee prioritize full, mandatory advance appropriations for IHS and work with their House colleagues to ensure that House rules and Congressional budget resolutions do not stand in the way of a permanent solution.

Provide Mandatory, Full Funding for IHS. Advance appropriations will resolve some of the challenges presented by annual discretionary funding but will not address the issue of funding adequacy. At the core of Indian health policy are the federal government's trust responsibility and

treaty obligations. To address unfulfilled trust and treaty obligations towards tribes and end unacceptable health disparities of AI/AN people, the IHS needs full and mandatory funding. Determining a figure for full funding that meets the true level of need deserves a thoughtful, measured, and tribally-driven approach that keeps pace with population growth and both medical and non-medical inflation. The National Tribal Budget Formulation Workgroup recommended, and our Area supported, the request of \$51.42 billion to fully fund the IHS in FY 2024.¹ Looking ahead to FY 2025, the National Tribal Budget Formulation Workgroup met in February 2023 and recommended \$53.9 billion to fully fund the IHS in FY 2025.

Provide Mandatory Appropriation for ISDEAA Section 105(l) Leases and Contract Support Costs (CSC). Although we are appreciative of the Subcommittee's support in securing an indefinite appropriation for 105(l) lease agreements and CSC, we need 105(l) leases and CSC to be moved to mandatory appropriations accounts to ensure that these appropriations are funded year after year without impacting programmatic increases to IHS and tribal health facilities. Tribes in the Northwest have been relentless advocates for Tribal Self-Determination and Self-Governance, which is one of the most successful programs funded by the IHS. However, the *Cook Inlet* decision is destabilizing and threatens our indirect cost recovery to support tribal health program operations. We urgently request the Subcommittee to support a legislative fix to the Indian Self-Determination and Education Assistance Act (ISDEAA) to restore the longstanding interpretation of ISDEAA so that audited and reimbursable CSC will no longer be denied by the IHS.

Increase Funding for Purchased and Referred Care (PRC). Northwest Tribes have to purchase all specialty and inpatient care because there is no IHS hospital in the Portland IHS Area. The PRC program makes up over one-third of the Portland IHS Area budget. When there is no increase or consideration of population growth and medical inflation, Northwest Tribes are forced to cut health services. Areas with IHS hospitals can absorb these costs more easily because of their infrastructure and large staffing packages. Substantial PRC funding is a top priority for us. As long as the PRC program remains severely underfunded, the ability for AI/ANs to access specialty and inpatient health care will be threatened. Every year PRC is the second rated funding priority of the National Tribal Budget Formulation Workgroup – a top priority of Northwest Tribes - and receives only nominal annual increases. PRC must be a top funding priority in FY 2024.

Increase Funding for Mental Health and Substance Use. Northwest Tribes have long recognized how deeply opioid and substance use disorders impact their tribal communities and the healing that can occur when our relatives receive effective treatment and support on their recovery journeys. The opioid crisis in our communities is at a breaking point. NPAIHB has initiated planning for the first-ever National Tribal Opioid Summit, which will be held in Washington state in August 2023. The concept for the summit was born from the voices of tribal leaders who have spoken compellingly about the extent to which opioid and substance use disorders are impacting their communities, with fentanyl being a pressing concern. In our Area and nationwide, there are high rates of depression, anxiety, and relapses because of isolation during the pandemic. Our tribes need funding to address mental health provider shortages and expand services. NPAIHB is particularly concerned about our AI/AN youth. Suicide is the second leading cause of death for AI/AN adolescents and young adults. AI/AN suicide mortality in this age group (10-29) is 2-3 times greater, and in some communities 10 times greater, than that for non-Hispanic whites. Significant funding increases in FY 2024 for mental health and substance use, with targeted funding to address the fentanyl crisis, will save lives. In addition, we recommend that all IHS

¹ National Tribal Budget Formulation Workgroup Recommendation, *Indian Health Service Fiscal Year 2023 Budget*, [FINAL FY2023 Budget \(nihb\)](#) (last visited Mar. 2, 2023).

behavioral health initiatives² provide an option for tribes to receive funds through ISDEAA Title I and Title V compacts and contracts. Tribes know how to manage and maximize funds to best meet the behavioral health needs of their tribal members.

Fund Expansion of Community Health Aide Program. NPAIHB has successfully established a Community Health Aide Program (CHAP) in the Portland IHS Area, working closely with tribes to set up the Portland Area CHAP Certification Board and to build education programs. Students are attending our Dental Health Aide Therapists (DHAT) and Behavioral Health Aides (BHA) education programs, and Community Health Aide education program is in development. Stable funding is necessary to ensure that the programs are accessible to our students and can best meet the health care needs of the tribes they will serve. For FY 2024, we request \$60 million for continuation of the national expansion with \$10 million for Portland Area to continue to expand CHAP.

Fund Behavioral Health Facilities Construction. Northwest Tribes have prioritized the need for Youth Regional Treatment Centers (YRTC) to address the ongoing issues of substance abuse and co-occurring mental health issues among AI/AN youth through the provision of clinical services, post-treatment follow-up services, and transitional living. While there are two tribal facilities providing enhanced behavioral health services to adults in the Portland IHS Area, the Healing Lodge of the Seven Nations in Spokane and Native American Rehabilitation Association of the Northwest in Portland, more facilities are needed. An expansion of facilities to specifically address behavioral health services is needed not just in the Northwest but across Indian Country.

Increase Small Ambulatory Program and Joint Venture Construction Program Funding. Portland Area Tribes do not support funding for new facilities construction under the current IHS Healthcare Facilities Construction Priority System because the structure of the existing system does not benefit Northwest Tribes nor equitably benefit Areas nationally. For FY 2024, the National Tribal Budget Formulation Workgroup recommended a continuation of vital resources for the Small Ambulatory Program (SAP) with funding at \$25 million and also recommended expansion of the Joint Venture Construction Program (JVCP) with funding for staffing and equipment. NPAIHB requests that the Subcommittee provide future increases accordingly.

Create New Source of Funding for Health Care Facilities Construction at \$14.5 billion. In its recommendations for FY 2024, the National Tribal Budget Formulation Workgroup recommended at least \$14.5 billion in facilities construction funding be made available outside of the current IHS Healthcare Facilities Construction Priority System (HFCPS) as a new, equitable source of funding that will provide access to construction funds and demonstration projects under the Indian Health Care Improvement Act at 25 U.S.C. § 1637. The Portland Area Facilities Advisory Committee (PAFAC) completed a pilot study in 2009 to evaluate the feasibility of regional referral centers in the IHS system, and determined the Portland IHS Area needed three regional specialty referral centers. The U.S. Department of Health and Human Services partnered with IHS to identify funds to construct the first facility in Puyallup (Washington State). This innovative facility will provide services such as medical and surgical specialty care, specialty dental care, audiology, physical and occupational therapy, as well as advanced imaging and outpatient surgery. Some Tribes in our area request that the facility include inpatient mental health/substance use treatment. It is anticipated that this facility will provide services for approximately 50,000 users within the regional service area as well as an additional 20,000 in telemedicine consults. Funding to complete the two remaining regional specialty referral centers is necessary to ensure these services can be accessed

² These programs include the Substance Abuse and Suicide Prevention Program, the Domestic Violence Prevention Program, the Zero Suicide Initiative, and Special Behavioral Health Program (Opioid Program).

by IHS beneficiaries throughout the Portland IHS Area. A \$14.5 billion investment in a new funding source for critical health care facilities construction projects already identified by IHS³ would realize Northwest Tribes' long-standing request for regional specialty referral centers to serve the AI/AN population in Idaho, Oregon, and Washington.

Make Health IT Modernization Project Funding Available to Tribes. The IHS Health Information Technology (IT) Modernization Program is a multi-year effort to modernize health IT systems for IHS, tribal, and urban Indian health care programs through replacement of the Resource and Patient Management System (RPMS). Since FY 2020, Congress has appropriated hundreds of millions of dollars in recurring and one-time funding for the IHS Health IT Modernization Program. IHS distributed some funding for telehealth and technology needs from the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 and the American Rescue Plan Act, but tribes have yet to receive any of the funds appropriated for the Health IT Modernization Program to modernize their own health IT programs. As implementation of the Program will not begin until 2025, many tribes in the Northwest have already had to invest a significant amount of their own funds to modernize their Health IT and meet evolving healthcare delivery needs. For example, a Tribe in our area spent \$1 million on the purchase of the EPIC EHR system and continues to incur expenses for ongoing upgrades and other costs. In appropriating \$217,564,000 to IHS for EHR in the FY 2023 Omnibus package, Congress clearly stated in the Explanatory Statement that it expects the IHS to provide detailed quarterly progress updates on the obligation and expenditure of these funds as well as status updates on progress of the agency's modernization efforts. We request that Members of this Subcommittee hold the IHS accountable, through report language, for the prudent use of appropriated funds by directing IHS to reimburse and provide ongoing financial support for tribal health facilities that have already purchased and implemented commercial off-the-shelf EHR systems.

Increase Funding for HIV and HCV Initiatives. From 2013 through 2017, rates of new diagnoses of HIV for AI/AN people increased to 7.8 per 100,000 – although rates decreased or stayed stable for all other racial and ethnic groups. Chronic Hepatitis C Virus (HCV) is the leading cause of cirrhosis, liver cancer, and liver transplants in the United States. AI/ANs have more than double the national rate of HCV-related mortality, and the highest rate of acute HCV infection. Current funding levels for HIV and Hep C initiatives will not end these epidemics in Indian Country and must be increased.

Thank you for this opportunity to provide recommendations on the Indian Health Service budget. I invite you to attend the inaugural National Tribal Opioid Summit in August 2023 and while there in the Portland IHS Area, to visit IHS, tribal health programs, and urban Indian organizations to learn more about the utilization of IHS funding and the health care needs in our Area. I look forward to working with the Subcommittee on our requests.⁴

³ FY 2016 IHS and Tribal Health Care Facilities' Needs Assessment Report to Congress, available: https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/RepCong_2016/IHSRTC_on_FacilitiesNeedsAssessmentReport.pdf

⁴ For more information, please contact Laura Platero, NPAIHB, at lplatero@npaihb.org or (503) 416-3277.