



## United South and Eastern Tribes, Inc.

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## Testimony of United South and Eastern Tribes Submitted to Senate Committee on Indian Affairs Regarding S. 1570, to Authorize Advance Appropriations For the Indian Health Service April 2, 2014

The United South and Eastern Tribes, Inc. (USET) is pleased to provide the Senate Committee on Indian Affairs with the following testimony in support of S. 1570, legislation that would authorize advance appropriations for the Indian Health Service (IHS). Advance appropriations is funding that becomes available one year or more after the year of the appropriations act in which it is contained, allowing for increased certainty and continuity in the provision of services.

USET is a non-profit, inter-tribal organization representing 26 federally recognized Indian Tribes from Texas across to Florida and up to Maine.<sup>1</sup> Both individually, as well as collectively through USET, our member Tribes work to improve health care services for American Indians. Our member Tribes operate in the Nashville Area of the IHS, which contains 36 IHS and Tribal health care facilities. Tribal members may receive health care services at IHS facilities, as well as in Tribally operated facilities operated under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

### **Background**

As recognized in statute and upheld through the courts, the United States government has a trust responsibility to provide for the health and welfare of federally recognized American Indian Tribes. The IHS is the primary agency tasked with ensuring that the federal government fulfills its promise to provide health care to American Indians and Alaska Natives (AI/AN). Unfortunately, as this Committee well knows, the IHS remains funded at only 56% what is required to fulfill its mission. Although the IHS budget has grown 29% since Fiscal Year (FY) 2008, this funding is barely able to meet non-medical inflation rates and is completely unable to meet the rates of medical inflation.

In addition to chronic underfunding, the Agency and the Tribes operating facilities under ISDEAA face the problem of discretionary funding that is almost always delayed. In fact, since FY 1998, there has only been one year (FY 2006) in which appropriated funds for the IHS were released prior to the beginning of the new fiscal year.

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<sup>1</sup> USET member Tribes include: Eastern Band of Cherokee Indians of North Carolina, Chitimacha Tribe of Louisiana, Mississippi Band of Choctaw Indians, Cayuga Nation of New York, Coushatta Tribe of Louisiana, Miccosukee Tribe of Florida, Saint Regis Mohawk Tribe of New York, Passamaquoddy Tribe at Pleasant Point of Maine, Passamaquoddy Tribe at Indian Township of Maine, Penobscot Indian Nation of Maine, Seminole Tribe of Florida, Seneca Nation of New York, Houlton Band of Maliseet Indians of Maine, Poarch Band of Creek Indians of Alabama, Tunica-Biloxi Tribe of Louisiana, Narragansett Indian Tribe of Rhode Island, Mashantucket Pequot Indian Tribe of Connecticut, Wampanoag Tribe of Gay Head (Aquinnah) of Massachusetts, Alabama-Coushatta Tribe of Texas, Oneida Nation of New York, Aroostook Band of Micmac Indians of Maine, Catawba Indian Nation of South Carolina, Jena Band of Choctaw Indians of Louisiana, Mohegan Tribe of Connecticut, Mashpee Wampanoag Tribe of Massachusetts and the Shinnecock Indian Nation of New York.

Delays range from 5 days in FY 2002 to 197 days in FY 2011. Appropriations for this year, FY 2014, were over three months late and precipitated by a full government shutdown. As the Committee is aware, delays are most often caused by a Congressional failure to enact prompt appropriations legislation.

### **Consequences of Delayed Appropriations**

Late funding has severely hindered IHS and Tribal health care providers' ability to administer the care to which AI/AN are legally entitled. Budgeting, recruitment, retention, the provision of services, facility maintenance, and construction efforts all depend on annual appropriated funds. IHS and Tribal facilities must continue to operate while Congress engages in philosophical debates about federal spending. However, they are forced to do so at a severely reduced capacity. In a world where it is not unusual to exhaust funding before the end of the Fiscal Year, surgeries are delayed, services are reduced, and employment is in jeopardy.

USET Tribes report tangible impacts from longer delays, including the suspension of transportation services and youth programs, and having to lay off staff. Facilities with limited or no funds remaining in purchased/referred care programs must defer care for many Tribal citizens who are truly in need of services; those in need of joint replacement, for example. In these cases, patients are given prescription pain medication and told to wait. By the time funding is finally appropriated, our people have become sicker and in some cases, dependent on prescription drugs.

### **Parity with the Veteran's Administration**

Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle. When it became clear that our nation's veterans were not able to receive the quality health care earned in the protection of this country due to funding delays, advance appropriations were enacted for the Veterans Administration (VA) medical care accounts. Advance appropriations serve to mitigate the effect of delayed and, at times, inadequate funding for the VA. As the only other federal provider of direct health care and a consistently underfunded agency, IHS should be afforded this same consideration and certainty.

### **Conclusion**

Funding for Indian health care should not fall victim to Congress' inability to successfully pass appropriations, as the lives of AI/AN across the country quite literally hang in the balance. USET strongly supports S. 1570, which presents a no-cost<sup>2</sup> solution to the effects of delayed funding on the Indian Health System. With certainty in funding, IHS and Tribal facilities are able to plan and budget appropriately, allowing for a greater focus on patients and the continuity of care that they deserve.

We thank the Committee for holding a hearing on S. 1570 and the many Members of the Committee who support the bill. As always, please count USET as a willing partner in your efforts to see that advance appropriations for the Indian Health Service are enacted. Together, we can help raise the health status of and provide healthier futures for our nation's first people.

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<sup>2</sup> CBO Cost Score, H.R. 1016, Veterans Health Care Budget Reform and Transparency Act of 2009, June 16, 2009.