

May 1, 2017

Talking Points: Indian Health Appropriations

IHS Funding is fulfillment of the federal trust responsibility

- The United States assumed this responsibility through 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.
- For American Indians and Alaska Natives, the federal budget is not just a fiscal document, but also a moral and ethical commitment. The budget request for Indian health care services reflects the extent to which the United States honors its promises of justice, health, and prosperity to Indian people.

Thank you for all your work to preserve Indian health funding over the last several years

- Indian health budgets are seeing major improvements due to the investments made by Congress and Indian health is seeing much-needed attention in other federal budgets

Recent Increases to the IHS Appropriation over the last several years have been important, but not really for expanded services

- While the IHS annual appropriated budget has increased by \$1.2 billion (about 25%) since FY 2008 most of this increase has been for the rightful full funding of contract support costs (\$451 million increase) and maintaining current services.
- This leaves little extra money for actually making marked improvements in health services for AI/ANs.

Increase funding to \$7.1 billion in FY 2018

- +\$169.1 million for full funding of current services
- +\$171.9 million for binding fiscal obligations
- +\$1.6 billion for program expansion increases

Health Funding for Indian Country has been hurt by sequestration and government shutdown

- In FY 2013, sequestration cuts devastated Tribal communities throughout the United States. In a health care delivery system that has been chronically underfunded for decades, this was pure disaster for clinics across Indian Country.
- IHS should be permanently, fully exempt from sequestration in FY 2017 and beyond as the treaties that govern IHS funding are promises made.

The cornerstone of any future budget should be transparency and accountability

- The Indian Health Service should provide a detailed breakdown of how spending is allocated at the national and area level to Congress and Tribes each year.
- IHS, in partnership with Tribes, should update the level of need funded for the agency and dedicate specific technical staff to keep this figure current.

Non-IHS programs

Competitive Grants are no Substitute for the Federal Trust Responsibility

- As discussed previously, the federal government's trust responsibility for health has long be the policy of the United

Sates. However, forcing Tribes to compete with other state and local governments and other private institutions results in patchwork funding that is inconsistent and unpredictable, which does allow for lasting change that is needed to reduce health disparities.

- Creating “set-asides” for Indian Country on federal grants would ensure that specific funding goes to Tribal communities each year, as has been the intention indicated by Congress.
- For example, State governments receive base operational systems and programmatic funding through the large flagship federal grants and the Public Health and Health Services Block (PHHS) grant program,
 - Tribes are either not eligible to compete for the funding or are woefully underrepresented in the grantee pool.
 - This leads to rampant unpredictability and inconsistency among Tribal public health initiatives, and leaves Indian Country with little public health infrastructure.
 - Therefore, we **recommend that Congress create base funding for Tribal communities through the PHHS grant program** by allocating at least 5 percent to Indian Tribes directly, annually.