

National Indian Health Board



September 1, 2021

Senator Brian Schatz
Chairman
Committee on Indian Affairs
United States Senate
722 Hart Senate Office Building
Washington, DC 20510

Dear Chairman Schatz:

On behalf of the 574 Indian Tribal nations and Member Organizations the National Indian Health Board represents, we write regarding the Indian health care funding in the Budget Reconciliation measure currently being prepared for consideration by Congress. We respectfully request that this legislation increase the funding in sufficient amounts to adequately provide for Indian Health Service (IHS) and Tribal nation health care facilities and services.

We appreciate the inclusion of Indian programs in the Budget Resolution, S.Con.Res. 14, and recognize it provided instructions to increase the deficit by \$20.5 Billion for certain Senate Committee on Indian Affairs programs. However, the Indian health care needs far exceed that total amount. For example, according to the IHS, “early drafts [of the 2021 Indian Health Service and Tribal Health Care Facilities’ Needs Assessment Report to Congress] report an increase in the need up to approximately **\$22 billion....**”¹

With sufficient funding, many more Tribal communities would benefit:

- To illustrate, the attached graph shows that for facilities construction for “Active Authorities” (e.g., hospitals, joint ventures, and small ambulatory clinics), Tribal communities in **33 states** could be served if that account (including the related equipment, EHR, and health IT) were fully funded.
- In addition, the preliminary estimates on the attached table show that **every IHS Area** could benefit if the “Expanded Authorities” (e.g., long-term care, inpatient substance abuse, and dialysis facilities) were funded.

Likewise, investments in the Hospitals and Health Clinics account for health care and prevention services would also benefit these communities. Increasing the access to these critical services would save lives by helping to increase the life expectancy of American Indians and Alaska Natives which is currently “5.5 years less than the U.S. all races population, [of] 73.0 years to 78.5 years, respectively”²

¹ *Examining Federal Facilities in Indian Country Hearing Before the H. Subcomm. For Indigenous Peoples of the U.S.*, 117th Cong. 1 (2021) (statement of Randy Grinnell, Deputy Director for Management Operations, Indian Health Service, Department of Health and Human Services) (emphasis added).

² Department of Health and Human Services, FY 2022, Indian Health Service. *Justification of Estimates for Appropriations Committees*.

We understand the House of Representatives Natural Resources Committee is considering a Budget Reconciliation measure with lower figures for certain Indian health programs. We strongly urge the Senate Committee on Indian Affairs to secure much more robust investments in Indian health care.

The National Indian Health Board stands ready to work with you in securing appropriate funding levels for Indian health care. Indian Country is also united in requesting adequate funding for the many health care needs as outlined in our letter dated [June 21, 2021](#) and the Interorganizational letters dated [April 13, 2021](#) and [August 19, 2021](#).

Please contact Rhonda Harjo at rharjo@nihb.org or by cell/text at 202-830-6148 and Erin Morris at emorris@nihb.org for any questions or for further information. Thank you for your attention and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Wm Smith".

William Smith, *Valdez Native Tribe*
Chairman and Alaska Area Representative
National Indian Health Board

A handwritten signature in black ink, appearing to read "Stacy A. Bohlen".

Stacy A. Bohlen, *Sault Ste. Marie Chippewa*
Chief Executive Officer
National Indian Health Board

ATTACHMENTS

Expanded Authorities – IHS Facilities

IHS Facility Need by State		
State	New Construction and Replacement Space (ft ²)	Total Need (\$)
Alabama	30,000	\$10,760,000
Alaska	2,270,000	\$2,164,970,000
Arizona	3,220,000	\$2,084,800,000
California	1,080,000	\$528,620,000
Colorado	100,000	\$38,680,000
Connecticut	50,000	\$19,790,000
Florida	60,000	\$25,440,000
Idaho	160,000	\$69,150,000
Iowa	10,000	\$5,660,000
Kansas	110,000	\$43,920,000
Louisiana	30,000	\$10,490,000
Maine	110,000	\$42,130,000
Massachusetts	20,000	\$12,370,000
Michigan	140,000	\$65,460,000
Minnesota	460,000	\$238,620,000
Mississippi	180,000	\$8,1070,000
Montana	730,000	\$328,780,000
Nebraska	20,000	\$16,940,000
Nevada	210,000	\$91,030,000
New Mexico	2,140,000	\$1,219,220,000
New York	200,000	\$83,030,000
North Carolina	160,000	\$77,250,000
North Dakota	300,000	\$145,160,000
Oklahoma	3,950,000	\$1,744,730,000
Oregon	370,000	\$156,340,000
Rhode Island	10,000	\$5,750,000
South Carolina	40,000	\$13,850,000
South Dakota	570,000	\$305,010,000
Texas	60,000	\$20,420,000
Utah	90,000	\$32,090,000
Washington	970,000	\$414,990,000
Wisconsin	290,000	\$126,370,000
Wyoming	160,000	\$58,730,000
TOTALS	18,310,000	\$10,281,610,000

IHS Area	Inpatient MHBH/ASAP	Long-Term Care (LTC)	LTC Non-Clinical	Specialty Care Centers	Dialysis Centers	Estimated Cost
Alaska	\$178,400,000	\$109,600,000	\$71,500,000	\$179,400,000	97,100,000	\$636,000,000
Albuquerque	\$52,300,000	\$32,100,000	\$20,900,000	\$ 52,600,000	\$28,500,000	\$186,400,000
Bemidji	\$87,000,000	\$53,400,000	\$34,800,000	\$87,500,000	\$47,400,000	\$310,100,000
Billings	\$51,000,000	\$31,300,000	\$20,400,000	\$51,300,000	\$ 7,800,000	\$ 181,800,000
California	\$76,800,000	\$47,200,000	\$30,800,000	\$77,200,000	\$41,800,000	\$273,800,000
Great Plains	\$75,200,000	\$46,200,000	\$30,100,000	\$75,600,000	\$41,000,000	\$268,100,000
Nashville	\$37,500,000	\$23,000,000	\$5,000,000	\$ 37,700,000	\$20,400,000	\$ 33,600,000
Navajo	\$169,200,000	\$103,900,000	\$67,800,000	\$170,100,000	\$92,100,000	\$ 603,100,000
Oklahoma City	\$235,300,000	\$144,500,000	\$94,200,000	\$236,600,000	\$128,100,000	\$838,700,000
Phoenix	\$129,200,000	\$79,400,000	\$51,800,000	\$130,000,000	\$70,400,000	\$460,800,000
Portland	\$ 86,400,000	\$53,100,000	\$4,600,000	\$ 86,900,000	\$47,000,000	\$308,000,000
Tucson	\$17,000,000	\$10,400,000	\$6,800,000	\$17,100,000	\$ 9,300,000	\$ 60,600,000
TOTALS	\$1,195,300,000	\$734,100,000	\$478,700,000	\$1,202,000,000	\$650,900,000	\$4,261,000,000

SOURCE: The 2016 Indian Health Service and Tribal Health Care Facilities' Needs Assessment Report to Congress. Found at:

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/RepCong_2016/IHSRTC_on_FacilitiesNeedsAssessmentReport.pdf