The Klamath Tribal Wellness Center in Oregon, like some health centers in Indian Country, offers a range of medical, dental, and pharmaceutical services. Availability of services range from tribe to tribe.

Credit: Ex_Magician.

Health Care

Implementing Our Values in the Federal Health Care Budget[21]

The federal budget is not only a fiscal document, but also demonstrates the United States' core values and, in the case of the Indian Health Service (IHS), commitment to addressing the health care needs of Native peoples. The budget for IHS determines the extent to which the United States is honoring its legal responsibility to American Indians and Alaska Natives. The budget for IHS should carry forward the trust responsibility and support tribal self-determination as a key element of health care reform while continuing the government's partnership with tribes to improve Indian health.

The National Indian Health Service Tribal Budget Formulation Workgroup (Workgroup) calls for a long-term plan that brings American Indian and Alaska Native health care into line with that of the rest of the American population. This is necessary because, despite notable increases in FY 2010 and FY 2011, IHS remains severely underfunded. For the IHS budget to grow sufficiently to meet the true and documented needs of Indian Country over a 10-year period would require the federal government to commit an additional $1.7 billion per year. This increase would fully fund IHS at the $21.12 billion amount required for Native peoples to achieve health care parity with the rest of the American population. This request was forwarded in Fiscal Year 2011.

A more direct approach would be to achieve parity within seven years, requiring dedicated funding of $2.7 billion per year. Developing and implementing a plan to achieve parity is critical to the future of Indian health and to the fulfillment of the United States' trust responsibility to tribal nations.

The Workgroup requests listed below focus on specific increases to the IHS that reflect both the priorities of tribal leaders from the 12 IHS Areas and the Agency-wide goals expressed by IHS Director, Dr. Yvette Roubideaux to: "build and sustain healthy communities, provide accessible, quality health care, and foster collaboration and innovation across the Indian health system."

The budget for IHS determines the extent to which the United States is honoring its legal responsibility to American Indians and Alaska Natives.

Key Recommendations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

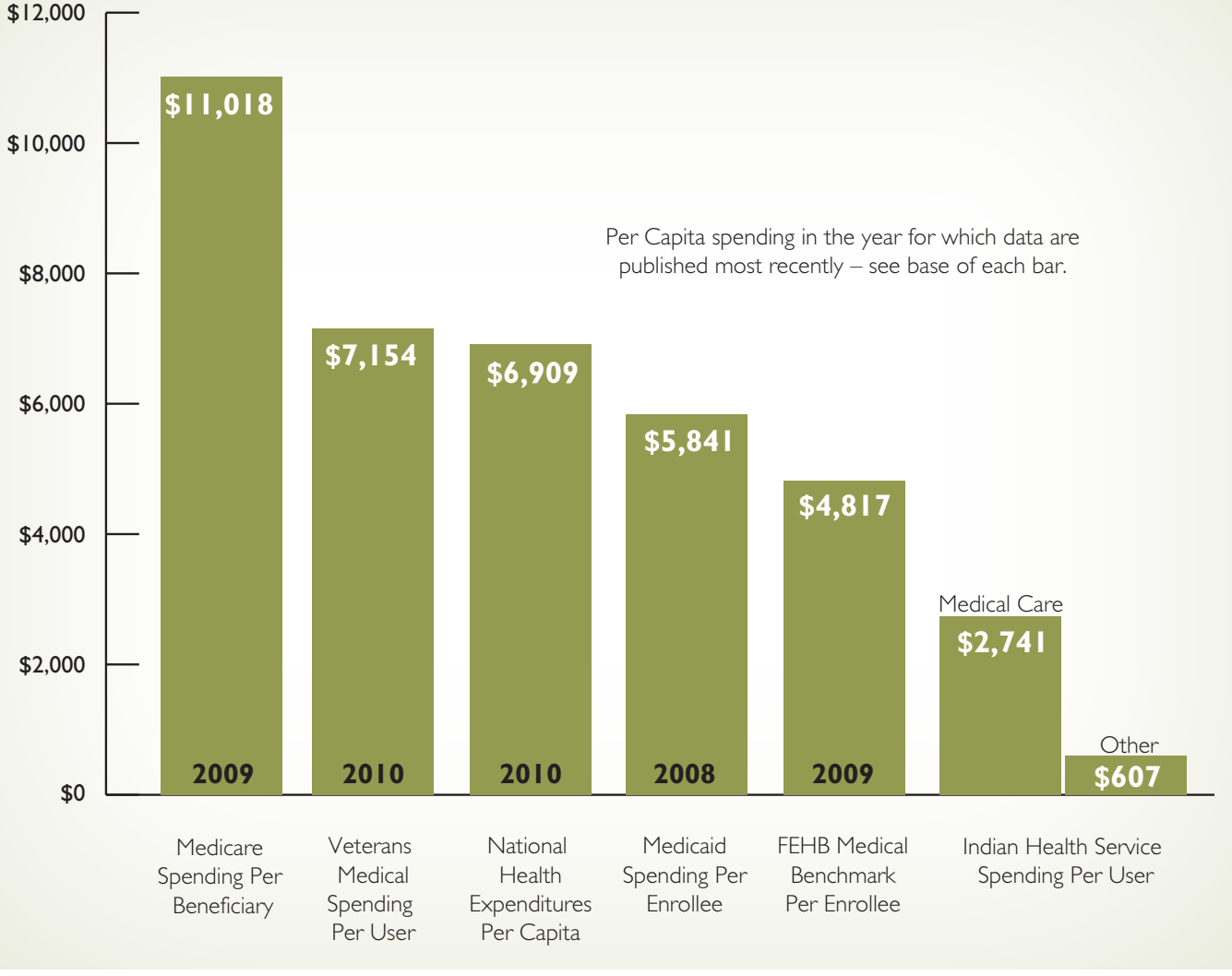
Interior - Environment Appropriations Bill

Indian Health Service (IHS)

- *Provide a $367.6 million increase to Indian Health Service to maintain current services and a $634 million increase for program services.*

The FY 2013 tribal budget request above the President's FY 2012 Budget addresses funding disparities between the IHS and other federal health programs (Figure 3) while still providing current services (Table 1). Nearly one-half of that increase is necessary simply to maintain current services, a top priority for tribes. The remainder of the requested budget increase is to fund specific programs (Table 2).

Figure 3: 2010 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita



Source: US Department of Health and Human Services, National Tribal Budget Formulation Workgroup. (2011). National tribal budget recommendation for the Indian Health Service: Fiscal year 2013 budget. Washington, DC: Author.

CURRENT SERVICES

Maintaining current funding levels so that current services can still be provided is a fundamental budget principle. Funding decreases would result in cuts in health care services and delivery. To address the state of emergency that IHS faces, budget increases are necessary.

Table 1: FY 2013 Current Services Increases

Tribal Pay Costs	$13,417,000
Federal Pay Costs	$10,935,000
Inflation (Medical and Non-Medical)	$59,977,000
Population Growth	$52,466,000
Contract Support Costs	$212,592,000
Health Care Facilities Construction	$18,200,000
TOTAL CURRENT SERVICES	**$367,587,000**

CURRENT SERVICES INCREASES

Contract Support Costs: The Workgroup recommends a $212 million increase to fully fund Contract Support Costs (CSC) in FY 2013. The choice of tribes to operate their own health care systems and their ability to be successful in this endeavor depend upon the availability of CSC funding to cover fixed costs. Absent full funding, tribes are forced to reduce direct services in order to cover the CSC shortfall. Adequate CSC funding assures that tribes, under the authority of their Self-Determination Act contracts and Self-Governance compacts with IHS, have the resources necessary to administer and deliver the highest quality healthcare services to their members without sacrificing program services and funding.

Population Growth: The request for $52.4 million will address the increased services need arising from the growth in the American Indian and Alaska Native population, which is increasing at an average rate of 1.3 percent. This increase translates to approximately 30,000 new patients entering the Indian health care system annually. Failure to fund medical costs related to population growth translates into real erosion of existing health care dollars to meet current demand for services.

Table 2: FY 2013 Program Services Increases

HEALTH ACCOUNTS	
New Staffing for New/Replacement Facilities	$50,000,000
Hospitals and Clinics (H&C)	$174,170,000
Indian Health Care Improvement Fund (subset of H&C)	$45,000,000
Dental	$21,000,000
Mental Health	$40,000,000
Alcohol and Substance Abuse	$40,000,000
Urban Indian Health	$7,500,000
Contract Health Services	$200,000,000
FACILITIES	
Maintenance and Improvement	$11,500,000
Sanitation Facilities Construction	$10,700,000
Facilities and Environmental Health Support	$20,000,000
Health Care Facilities Construction	$10,400,000
Small Ambulatory	$2,000,000
Equipment	$1,800,000
TOTAL PROGRAM INCREASES	$634,070,000

PROGRAM SERVICES INCREASES

Staffing for New Facilities: In FY 2013, $50 million is needed to fund staffing and operational costs at new facilities. Investments in health care facilities construction must be accompanied by the necessary resources to meet updated staffing and operating costs.

Dental Health: It is recommended that an additional $21 million be provided to support oral care, due to the high dental needs in Indian Country where dental decay among Native children between the ages of two and four is five times the national average. These funds will provide preventive and basic dental care services, as over 90 percent of the dental services provided by the IHS are basic and emergency care services. More complex rehabilitative care (root canals, crown and bridge, dentures, surgical extractions) is extremely limited, but may be provided where resources allow.

Mental Health: It is requested that an additional $40 million be provided for increased mental health services. The high incidence of mental health disorders, suicide, domestic violence, substance abuse, and behavior-related chronic diseases is well documented. Each of these serious behavioral health issues has a profound impact on the health of both individuals and communities, on and off reservation. Mental health program funding supports community-based clinical and preventive mental health services, including outpatient counseling, crisis response and triage, case management services, community-based prevention programming, outreach and health education activities.

Alcohol and Substance Abuse Program: It is requested that an additional $40 million be provided for Alcohol and Substance Abuse Programs (ASAP) and community-based prevention activities. ASAP exists as part of an integrated behavioral health program to reduce the incidence of alcohol and substance abuse in American Indian and Alaska Native communities and to address the special needs of Native people dually diagnosed with both mental illness and drug dependency. The ASAP provides prevention, education, and treatment services at both the clinic and community levels. Services are provided in both rural and urban settings, with a focus on holistic and culturally-based approaches. Youth Regional Treatment Center operations are also funded by this line item.

Urban Indian Health Program: It is requested that an additional $7.5 million be provided for the Urban Indian Health Program (UIHP). The UIHP supports contracts and grants to 34 urban Indian 501(c)(3) non-profit organizations to provide services at 41 sites, including 21 full ambulatory facilities, six limited ambulatory programs, and seven outreach and referral programs. Urban Indian health organizations provide affordable, culturally competent primary medical care and public health case management and wrap-around services for urban Natives who do not have access to the resources offered through IHS and tribally-operated health care facilities.

Contract Health Services: It is requested that an additional $200 million be provided for Contract Health Services (CHS). IHS purchases health care from outside providers when no IHS-funded direct care facility exists, when the direct care facility cannot provide the required emergency or specialty services, or when the facility has more demand for services than it can meet. CHS funds are used to purchase essential health care services, including inpatient and outpatient care, routine emergency ambulatory care, transportation and medical support services, such as diagnostic imaging, physical therapy, laboratory, nutrition, and pharmacy services. These funds are critical to securing the care needed to treat injuries, heart disease, digestive diseases, and cancer, which are among the leading causes of death for American Indians and Alaska Natives.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, Health and Human Services, Education Appropriations Bill

Behavioral Health

- *Provide $15 million to fund Substance Abuse and Mental Health Services Administration (SAMHSA) for Behavioral Health.*

This SAMHSA grant program has been authorized to award grants to Indian health programs to provide the following services: prevention or treatment of drug use or alcohol abuse, promotion of mental health, or treatment services for mental illness. To date, these funds have never been appropriated.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Labor, Health and Human Services, Education Appropriations Bill

Suicide Prevention

- *Provide a $6 million tribal set-aside for American Indian suicide prevention programs under the Garrett Lee Smith Act.*

Suicide has reached epidemic proportions in some tribal communities. The Garrett Lee Smith Memorial Act of 2004 is the first federal legislation to provide specific funding for youth suicide prevention programs, authorizing $82 million in grants over three years through SAMHSA. Currently, tribes must compete with other institutions to access these funds. To assist tribal communities in accessing these funds, a line-item for tribal-specific resources is necessary.