Health Care

Indian Country won a substantial victory in 2010 with the passage and permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) as part of the Patient Protection and Affordable Care Act (PPACA). American Indians and Alaska Natives realized a number of positive provisions in the overall PPACA legislation. As such, Indian Country strongly supports health care reform and seeks to ensure that the Indian health care delivery system is strengthened so that Indian people and Indian health programs benefit from reformed systems. In order to achieve these results, fundamental components are necessary to fully implement IHCIA and PPACA in Indian Country. Without them, the Indian health care delivery system will be severely hampered, and the rights of Indian people and our sovereign governments will be undermined.

The budget context in Indian Country is defined by the fact that in ceding millions of acres of land, American Indians and Alaska Natives have already paid for their health care coverage. Failure to acknowledge that Native people are different from other groups needing health care coverage will result in either an abrogation of the federal trust responsibility or denial of the right of Native people to fully participate in health reform. Indian health care providers, who form a crucial system of care

in some of the most remote communities in the country, must receive the funding necessary to operate Indian Health Service (IHS) facilities and fund community-based programs on which tribal communities rely.

Underfunding results in atrocious medical practices, poor facility conditions, and unreliable management. Overall improvements in IHS will protect the future of tribal nations and fulfill the government's treaty responsibility.

Implementing our Values in the Federal Health Care Budget[vii]

The National IHS Tribal Budget Formulation Workgroup (Workgroup) recognizes that the president's budget is not only a fiscal document. It demonstrates the Administration's core values and, in the case of IHS, its commitment to addressing the health care needs of Indian Country. The budget request for IHS determines the extent to which the United States is honoring its sacred responsibility to American Indians and Alaska Natives.

This Administration's powerful commitment to Indian Country has been confirmed in the FY2010 and FY2011 budget requests—requests that were consistent with many of the Workgroup's priorities. Building on this commitment, the Workgroup requests a minimum $735 million increase to the IHS budget for FY2012. Such a budget will carry forward the trust responsibility and support tribal self-determination as a key element of health care reform while continuing the Administration's partnership with tribes to improve Indian health.

The Workgroup also calls for a longer-term plan that brings Native American health care into parity with the general American population. Despite notable increases in FY2010 and FY2011, IHS remains severely underfunded. Full funding at $21.12 billion is needed to achieve parity. For the IHS budget to grow sufficiently to meet the true and documented needs of Indian Country over even a 10-year period would require the federal government to commit an additional $1.7 billion per year. This request was forwarded in FY2011. A more direct approach would be to achieve parity within seven years, requiring dedicated funding of $2.7 billion dollars per year. This is a critical priority for the future of Indian health and fulfilling the United States' trust responsibility to Indian tribes.

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

Key Recommendations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Interior, Environment Appropriations Bill

Indian Health Service (IHS)

- Provide a $735 million increase to Indian Health Service funding.

The FY2012 tribal budget request of $735 million above the president's FY2011 budget reflects a 16.6 percent increase in funding to meet current services (Table A). Nearly half of that increase is necessary simply to maintain current services. This is the top priority for tribes. The remainder of the requested budget increase is to fund specific programs (Table B).

CURRENT SERVICES

Maintaining current services is a fundamental budget principle. Failure to do so would result in cuts in health care services and delivery. However, to address the state of emergency that IHS faces, budget increases are necessary.

Table A – FY2012 Current Services Increases

Tribal Pay Costs	$13,000,000
Federal Pay Costs	$12,000,000
Inflation	$63,300,000
Additional Medical Inflation	$54,800,000
Population Growth	$42,900,000
Contract Support Costs	$145,000,000
Health Care Facilities Construction	$66,000,000
Total Current Services	**$397,000,000**

CURRENT SERVICES INCREASES

Contract Support Costs: The IHS Budget Formulation Workgroup requests a $145 million increase to fully fund Contract Support Costs (CSC) in FY2012. The tribal self-determination and self-governance initiatives have been widely recognized as the single greatest contributor to improved health care in American Indian and Alaska Native communities. The tribes' choice to operate their own health care systems and thrive depends on CSC funding being available to cover fixed costs. This model promotes self-care management, leading to improved outcomes that target health promotion and disease prevention objectives. Absent full funding, tribes are forced to

reduce direct service monies by leaving direct service positions vacant to cover the government's shortfall in required payments.

Adequate CSC funding assures that tribes, under the authority of their contracts and compacts with IHS, have the resources necessary to administer and deliver the highest quality health care services to their members without sacrificing program services. Tribal programs have demonstrated increased quality and service over IHS-operated direct service programs.

Population Growth: It is requested that $42.9 million be provided to meet the growing demand on the IHS system. The National Center for Health Statistics estimates that the American Indian and Alaska Native population is increasing at approximately 1.5 percent per year. 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.

Staffing for New Facilities: In FY2012, $25 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.

Table B – FY2012 Program Services Increases

HEALTH ACCOUNTS	
New Staffing for New/Replacement Facilities	$25,000,000
Hospitals and Clinics	$90,000,000
Indian Health Care Improvement Fund (subset of H&C)	$15,000,000
Dental	$10,000,000
Mental Health	$4,000,000
Alcohol and Substance Abuse	$10,000,000
Urban Indian Health	$9,000,000
Contract Health Services	$118,000,000
FACILITIES	
Maintenance and Improvement	$10,000,000
Sanitation Facilities Construction	$14,000,000
Facilities and Environmental Health Support	$0
Health Care Facilities Construction	$18,000,000
Small Ambulatory	$10,000,000
Equipment	$5,000,000
TOTAL PROGRAM INCREASES	**$338,000,000**

PROGRAM SERVICES INCREASES

Dental Health: It is recommended that an additional $10 million be provided for the Dental Health sub-account. American Indians and Alaska Natives have the highest rates of tooth decay and gum disease in the United States. Dental services are extremely limited, and routine procedures such as root canals and dentures services are generally unavailable. It is not uncommon for facilities to ration or defer dental care when funds are low. In 2008, the IHS GPRA Summary Report indicated that only 25 percent of American Indians and Alaska Natives had access to dental care. This falls substantially below the Workgroup's Healthy People 2010 goal of 40 percent.

Mental Health: It is requested that an additional $4 million be provided for increased mental health services. Behavioral health services are inadequate to meet the present and growing needs of patients with mental health disorders. Psychological services that are culturally relevant are necessary to improve outreach, education, crisis intervention, and the treatment of mental illness.

Alcohol and Substance Abuse Program: It is requested that an additional $10 million be provided for alcohol and substance abuse programs and community-based prevention activities. Despite recent increased services and community interventions, there remains an overwhelming demand for alcoholism and substance abuse treatment and aftercare prevention. Aggressively addressing this disease has direct implications for reducing injuries, accidental deaths, domestic violence, suicide, cirrhosis, and other chronic health and social problems.

Urban Indian Health Program: It is requested that an additional $9 million be provided for the Urban Indian Health Program (UIHP). Often, UIHP clinics are the only health care providers in urban centers that provide culturally appropriate health services to urban Indians. Without this program American Indians and Alaska Natives living in urban centers have no choice but to return to their home reservations to seek care—oftentimes delaying care for months or years.

Contract Health Services: It is requested that an additional $118 million be provided for Contract Health Services (CHS). This is a very modest increase since it is estimated that the unfunded need in the CHS program exceeds *$1 billion.* At present, less than half of the CHS need is being met, leaving too many Indian people without access to key medical services.

Equipment: It is requested that an additional $5 million be provided to fund equipment requirements at newly constructed tribal joint-venture projects. These equipment requirements are necessary for clinical diagnosis and effective therapeutic procedures in new facilities.

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).

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, mental health promotion, 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 of our 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.