



November 13, 2018

Chairman Richard Shelby  
Senate Appropriations Committee  
304 Russell Senate Office Building  
Washington, DC 20510

Vice Chairman Patrick Leahy  
Senate Appropriations Committee  
437 Russell Senate Office Building  
Washington, DC 20510

Chairman Lisa Murkowski  
Senate Appropriations Committee  
Subcommittee on Interior, Environment and  
Related Agencies  
522 Hart Senate Office Building  
Washington, DC, 20510

Senator Tom Udall  
Senate Appropriations Committee  
Ranking Member, Subcommittee on Interior,  
Environment and Related Agencies  
531 Hart Senate Office Building  
Washington, DC 20510

**Re: Requesting Hearing on Advance Appropriations for the Indian Health Service**

Dear Chairman Shelby, Ranking Member Leahy, Chairwoman Murkowski, and Ranking Member Udall:

On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) and the National Indian Health Board (NIHB), and the Tribal Nations we serve, we write to you today to request a hearing in the Appropriations Committee on the Indian Health Service Advance Appropriations. On September 13, 2018, the Government Accountability Office (GAO) issued a report titled “Indian Health Service: Considerations Related to Providing Advance Appropriation Authority” (GAO-18-652), after the request of this Committee in House Report 114-632. This report identifies the challenges of the current IHS appropriations process has on the delivery of health to American Indians and Alaska Natives (AI/ANs) and how advance appropriations can alleviate these challenges. Given the GAO’s findings, we request that the Appropriations Committee hold a hearing on advance appropriations for IHS before the end of 2018.

Tribes and Tribal organizations across the country including NIHB, TSGAC, the National Congress of American Indians, regional Tribal organizations and the IHS Tribal Budget Formulation Workgroup have long supported allowing IHS advance appropriation authority. GAO notes in their report that the IHS budget has only been enacted by the start of the fiscal year four times in the last 40 years. This means, that IHS and Tribal health providers are left scrambling to manage budgets with only short-term funding through continuing resolutions. Advance appropriations will allow IHS and Tribal health programs the assurance of funding to effectively administer health programs, thereby increasing access and improving the quality of care provided to AI/AN people. Advance appropriations contribute to improved budgeting, retention and recruitment of health professionals, provision of services, and facility maintenance and construction efforts.

As highlighted in the “GAO Highlights” section of the report, IHS and Tribal providers have significant challenges recruiting and retaining health providers with the current system of continuing resolutions and delayed full-year appropriations. GAO also found that IHS and Tribes are given significant administrative

burdens due to the fact that the IHS has to modify hundreds of contracts each time there is a CR. In addition, the GAO found that “uncertainty resulting from recurring CRs and from government shutdowns has led to adverse financial effects on tribes and their health care programs.”

Overall, the report highlights the Tribes’ and agency comments that advance appropriations would improve the health delivery for AI/ANs. GAO noted that “IHS officials stated they believe advance appropriations could help ensure continuity of health care services through certainty of funding... Tribal representatives said the certainty of funding that would come with IHS having advance appropriations would create a sense of stability in tribal health care programs as well” (p. 14).

While GAO did identify “considerations” for lawmakers in their report, we believe that those concerns do not identify the full context of the situation, and certainly merit further discussion for a hearing. For example, GAO said:

*Advance appropriation authority reduces flexibility for congressional appropriators, because it reduces what is left for the overall budget for the rest of the government—meaning the total available for appropriations for a budget year is reduced by the amount of advance appropriations for that year, when budgets have caps. (p. 20)*

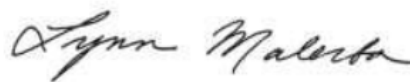
The federal trust responsibility to Tribal nations and AI/ANs is not “discretionary” and this context should be identified. Tribes prepaid for health services, so GAO’s assertion that IHS funding—which is currently far below the actual need—is somehow taking away from other programs is irrelevant. Finally, the \$5.5 billion in the fiscal year 2018 IHS budget is financially insignificant when compared with the overall federal discretionary appropriations, and any increases given to IHS (if looking at historical trends) would have a nominal impact on the federal budget. We believe Congress can plan accordingly if it decides to increase the IHS budget. Perhaps most critically, Congress providing advance appropriations, whether it be for IHS or the Veterans’ Health Administration, does not in any way constrain the federal budget: it is just that we and Congress will know one year in advance what will be attributed to the Interior Subcommittees’ allocation for the year in which the IHS funds are available.

Again, we would welcome an opportunity to discuss these considerations as well as other findings of the GAO report at a hearing before the end of the year. Should you have any questions regarding this matter or if you would like to discuss it further, please contact Stacy A. Bohlen, Chief Executive Officer, National Indian Health Board, at [sbohlen@nihb.org](mailto:sbohlen@nihb.org), or Jay Spaan, Executive Director, Self-Governance Communication & Education Tribal Consortium, at [jays@tribalselfgov.org](mailto:jays@tribalselfgov.org).

Sincerely,



Chairman Vinton Hawley  
Pyramid Lake Paiute Tribe  
Chairman, National Indian Health Board



Chief Lynn Malerba  
Mohegan Tribe of Connecticut  
Chairwoman, IHS TSGAC