Federal Indian Trust Responsibility: The Quest for Equitable and Quality Indian Healthcare

Presented by:
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Confederated Tribes of the Colville Reservation
Theresa Galvan
The Navajo Nation
Federal Indian Trust Responsibility:

Supreme Law of the Land...

Treaty between the United States Government and the Sauk and Fox Indians signed at Saint Louis in the District of Louisiana on November 11, 1804 (Ratified Indian Treaty #43, 7 STAT 84) National Archives Identifier 7891103

Several delegations at the White House-Sioux, Pawnee, Pottawatomis, Sac & Fox January 1, 1858
courtesy Denver Public Library

..... Federal Indian Trust Relationship
"Great Nations, like great men, should keep their word."
Supreme Court Justice Whitaker

LEGISLATIVE FOUNDATION: A Moral Obligation

- United States Constitution gives Congress authority to engage in relations with Tribes & declares Treaties as “Supreme Law of the Land”
- The Snyder Act of 1921
- The Transfer Act of 1954
- Indian Health Facilities Act & Indian Sanitation Facilities Act of 1959
- The Indian Self-Determination and Education Assistance Act (enacted 1975)
- Indian Health Care Improvement Act of 1976, made Permanent in 2010
- The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986
- The Indian Child Protection and Family Violence Prevention Act of 1990
- The Special Diabetes Program for Indians Act
- AN/AI Direct Reimbursement Act
- Tribal Law and Order Act
- Violence Against Women Act
The Quest for Quality Indian Healthcare

"And today, with this bill, we have taken a critical step in fulfilling that responsibility (to provide health services) by modernizing the Indian Health care system and improving access to health care for American Indians and Alaska Natives."

President Barack Obama, March 23, 2010

Permanent Reauthorization of Indian Health Care Improvement Act

US Supreme Court Upholds Indian Health Care Improvement Act (IHCIA) included in Affordable Care Act (ACA) Health Law

Healthy People 2020 Leading Health Indicators Framework: Health Determinants and Health Outcomes by Life Stages
The Quest for Quality Indian Healthcare

“This legislation, I believe, brings new hope for Indian health. It does represent a step forward, a step toward the goal of providing our first Americans with health care that is on par with other Americans. It is not the end all and be all. But it is a first step. And I’m encouraged that we’ve got the opportunity to produce this legislation in support of that goal. As my colleague has noted, this day has been far too long in coming.”

Senator Lisa Murkowski, January 22, 2008

IHCIA Priorities for FY2108:
Section 205: Funding for Long-term Care Services ($37 million)
Section 123: Health Professional Chronic Shortage Demonstration Project ($15 million)
Section 704: Comprehensive Behavioral Health Prevention and Treatment Program ($20 million)
Section 204: Diabetes Prevention, Treatment, and Control ($20 million)
Section 705: Mental Health Technician Program ($5 million)
Accelerating Health Gains: **TOGETHER WE CAN REVERSE COSTLY & PREVENTABLE DISEASES AND END ALARMING DISPARITIES IN HEALTH OUTCOMES**

**MORTALITY DISPARITY RATES**
American Indians and Alaska Natives (AI/AN) in the IHS Service Area 2004-2006 and U.S. All Races 2005
(Age-adjusted mortality rates per 100,000 population)
The Need to Increase Accountability & Transparency for Indian Health Service

Changing the Outcomes Will Require New Resources!

2015 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita

- Medicare spending per beneficiary: $12,179
- National health spending per capita: $8,517
- Veterans medical spending per patient: $8,760
- Medicaid spending per enrollee: $5,700
- FDI benchmark per user (inflated): $5,460
- Actual IHS spending per user: $3,136
- Medical: $524

Per Capita spending in the year for which data are available

See page 2 notes on reverse for sources. *Payments by other sources for medical services provided to AIANs outside IHS is unknown.

12/29/2015
Our Budget Recommendations for FY2018

I. $30.7B Total Tribal Needs Budget Phased-in over 12 Yrs

II. A Bold 37% increase from FY2017 President’s Proposed Budget* ($7.1B new budget base, representing a $1.912B increase)

III. Target $97 Million for new Indian Healthcare Improvement Act (IHClA) Authorities:
   • Section 205: Funding for Long-term Care Services ($37 million)
   • Section 704: Comprehensive Behavioral Health Prevention and Treatment Program ($20 million)
   • Section 204: Diabetes Prevention, Treatment, and Control ($20 million)
   • Section 123: Health Professional Chronic Shortage Demonstration Project ($15 million)
   • Section 705: Mental Health Technician Program ($5 million)

IV. Permanent Exemption from Sequestration

V. Support Advance Appropriations for the Indian Health Service

*includes placeholder estimates for CSC, Staffing for new facilities & new Tribes
Phase In Full Funding of IHS: $30.7 Billion Over 12 Years

FY 2018 Tribal Needs Based Budget % of Increases Needed to Achieve Full Funding in 12 Years - $30.7 billion

National Tribal Budget Recommendations to DHHS - FY2018
37% Increase over FY2017 IHS
President’s Budget: +$1.912 Billion

Represents a Total Budget Request of $7.1 Billion for IHS

<table>
<thead>
<tr>
<th>Increases:</th>
<th>Recommended:</th>
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<tbody>
<tr>
<td><strong>Fully Fund Current Services</strong></td>
<td>$169.1 Million</td>
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<tr>
<td><strong>Binding Agreements:</strong></td>
<td>$145.8 Million</td>
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<tr>
<td>• Health Care Facilities Construction Projects: +$75,000,000</td>
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<tr>
<td>• Staffing Costs for New Facilities: +$62,500,000</td>
<td></td>
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<tr>
<td>• New Tribes - +$13,895,000</td>
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<tr>
<td><strong>Contract Support Costs (includes New and Expanded Programs):</strong></td>
<td>$28.532 Million</td>
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<tr>
<td><strong>Program Increases; Services (Top 5):</strong></td>
<td>$1.396 Billion</td>
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<tr>
<td>• Purchased/Referred Care (CHS): +$422,454,388</td>
<td></td>
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<tr>
<td>• Hospitals &amp; Health Clinics: +$422,536,330</td>
<td></td>
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<tr>
<td>• Mental Health: +$186,849,208</td>
<td></td>
</tr>
<tr>
<td>• Alcohol/Substance Abuse: +$155,882,258</td>
<td></td>
</tr>
<tr>
<td>• Dental: +80,434,813</td>
<td></td>
</tr>
<tr>
<td><strong>Facilities:</strong></td>
<td>$172.8 Million</td>
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<tr>
<td>Facilities—All Authorities: +$172,772,564</td>
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</tbody>
</table>
II. Top 6 National Tribal Expanded Budget Priorities (incl. Services & Facilities)

SERVICES:

1) Purchased/Referred Care (CHS): +$422,454,388
2) Hospitals & Health Clinics: +$422,536,330
3) Mental Health: +$186,849,208
4) Alcohol/Substance Abuse: +$155,882,258
5) Dental: +$80,434,813

FACILITIES:

M&I, SFC, HFCP, FEHS, & Equipment: +$172,772,564
Fund Indian Health Care Improvement Act New Authorities:

IHCIA Top 5 Budget Priorities for FY 2018:

- Section 205: Funding for Long-term Care Services ($37 million)
- Section 704: Comprehensive Behavioral Health Prevention and Treatment Program ($20 million)
- Section 204: Diabetes Prevention, Treatment, and Control ($20 million)
- Section 123: Health Professional Chronic Shortage Demonstration Project ($15 million)
- Section 705: Mental Health Technician Program ($5 million)
Hold Tribes and Tribal Programs Harmless from Sequestration in FY 2018 & Beyond

- Tribes should not be forced to subsidize the federal Trust responsibility
- Recommend to Congress that Tribal Health Services be exempt from future sequestration

“Across-the-board sequestration cuts and rescissions to federal programs for Indian Tribes will not balance the federal debt. What it will do is set back decades of hard work by Indian tribes and the United States to lift Native people out of poverty and put them on a path to empowerment and self-sufficiency.”

Chairwoman Karen Diver
Fond du Lac Band of Lake Superior Chippewa
Advance Appropriations for the IHS

• Will allow I/T/Us to responsibly manage budgets leading to a better continuum of care without disruption
• Will have better ability to hire and keep medical professionals
• Will save administrative costs

“Across-the-board sequestration cuts and rescissions to federal programs for Indian Tribes will not balance the federal debt. What it will do is set back decades of hard work by Indian tribes and the United States to lift Native people out of poverty and put them on a path to empowerment and self-sufficiency.”

Chairwoman Karen Diver
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In our every deliberation, we must consider the impact of our decisions on the next seven generations.

- Iroquois Maxim (circa 1700-1800)
“What struck me on each of these trips is when we talk about the future of Indian Country, we’re really talking about the future of young people. I don’t need to tell you the enormous challenges that they face. I think it's very important for us to have -- in our nation-to-nation relationships, to have a strategic plan. It's not just a matter of each year let’s get a little more in the budget to give to Indian health services or this or that or the other -- because that’s important, but the goal here is how do we create sustainable development for the nations.”

President Barack Obama
Chief Silent Drum-Vernon Lopez, Mashpee Wampanoag shares the meaning of his talking stick below:

“The Talking Stick and Eagle Feather have been honored and carried by many Wampanoag leaders for a long time to control council meetings and sometimes for special gatherings of circle. You can design your own Talking Stick or feather by what it culturally means to you. My Talking Stick represents the Wolf who protects like our mothers do for their children and family. Beads at the top exemplify race of man and the four directions. Eagle illustrates Grandfather Sky and Grandmother Moon. Green Tree reflects Mother Earth. Shells characterize our bays, oceans and rivers. Corn represents one of our Three Sisters (Corn, Beans and Squash) while my small Eagle Feather embodies spiritual value. The red mini tied bags are prayer bags to the Great Spirit.

At the bottom of my stick are purple and white beads that personify the color of our quahog shell, and to me mean love, peace and family. When we traded Wampum with the colonists the color purple was of more value. This special family Talking Stick is made from the willow tree and wrapped partly with leather. Most of our folks made their Talking Sticks out of some of our local wood such as willow, cedar or maple which makes it easier for carving.”

An example of an American Indian Talking Stick & Alaskan Talking Feather

Neshech’ Khinuhi’t’ang: “A story feather created to implement productive communication and discover resolution. Whomever holds this feather, may speak, while others listen. Remember to pass your story feather often.”

Kenaitze Tribal Leader, Alaska