Additional FY 2001 Tribal Priorities to Consider If the Budget Caps are Lifted

Over the next few weeks, budget negotiations will provide opportunities to secure additional funding above the President's FY 2001 request. The Clinton Administration has continued to recognize that American Indians and Alaska Natives are suffering the greatest health disparities and lowest economic opportunities for all Races. An additional amount of $879.2 million is requested for the following:

**Contract Health Care**

The currently identified need for the Contract Health Service Program throughout Indian Country is in excess of $1.2 Billion. Based upon recent appropriations only about one-third of the Contract Health Service need is being met, leaving many needed services to be denied or deferred. In addition to the President's request, we are requesting an increase of $274 million for Contract Health Care which would bring all tribes up to 60 percent of the level of need.

**Contract Support Costs**

An additional $147.2 million to fully fund the shortfall for current contracting and compacting is needed over and above the President's FY 2001 request. Contract Support Costs are an important part of the federal resources transferred to Tribes under self-determination and self-governance policies and supports vital and increased managerial and administrative functions essential to any government or business. Tribes oppose Section 331 of the House bill that would impose a moratorium on P.L. 93-638 tribal contracting and compacting for BIA and IHS programs. The recently enacted P.L. 106-260 provides a remedy to this issue within Section 519 (b) 1.

**Diabetes**

Diabetes is growing exponentially throughout Indian Country and is three times higher amongst American Indians and Alaska Natives as compared to the non-Indian population. Type 2 Diabetes has risen amongst children by more than 20 to 36 percent in the past seven years. To prevent and treat Diabetes, Tribes across the nation have recommended a $534,875,000 increase in FY 2001 as part of the needs based budget. If the Budget Caps are lifted, we recommend a $200 million increase for Diabetes to address immediate needs.

**Indian Health Care Improvement Act Fund**

The Indian population has long experienced disproportionately severe health problems compared to other Americans. The health status disparities extend to health care resources, as well. The funding disparity grossly restricts health care services to Indians and is one root cause of the failure to eliminate their unacceptably high rates of death and disease. In addition to the President's request, we are requesting an additional request of $258 million which would bring all tribes up to 60 percent of their level of need.