

National Indian Health Board



February 5, 2019

Advance Appropriations for the Indian Health Service

REQUEST: Enact Advance Appropriations for the Indian Health Service (IHS) which will allow Congress to appropriate funding for the agency a year in advance ensuring that Tribes are funded at the start of the fiscal year.

ISSUE: An advance appropriation is funding that becomes available one year or more after the year of the appropriations act in which it is contained. This could greatly improve the delivery of care for IHS direct service Tribes as well as compacting Tribes. Since FY 1998, there has been only one year (FY 2006) when the Interior, Environment, and Related Agencies budget, which contains the funding for IHS, has been enacted by the beginning of the fiscal year. The lateness in enacting a final budget during that time ranges from 5 days (FY 2002) to 197 days (FY 2011). These delays make it very difficult for Tribal health providers and IHS to adequately address the health needs of American Indians and Alaska Natives. Advance appropriations will allow IHS and Tribal health professionals time to plan and tackle many other administrative hurdles, thereby enriching access to care.

More recently, the federal government shutdown of FY 2019 – the longest in government history – has put the health of American Indians and Alaska Natives at risk. Tribes struggled to find ways to pay their medical staff and ensure that their care is maintained. Some had to shut their doors entirely. Advance Appropriations for IHS would ensure the very basic health services are funded if Congress and the President cannot come to an agreement on appropriations legislation.

Better stability in funding = better care

- The Indian Health Service is funded at far below need, so any disruption in funding greatly hampers the ability of IHS, Tribes and Urban health systems to deliver necessary services due to lack of funds. Adopting advance appropriations for IHS would result in the ability of health administrators to continue treating patients without wondering if –or when– they will have the necessary funding.

Better recruitment and retention ability

- IHS and Tribal health professionals will know in advance how many positions they can hire or retain since staff often resign when funding is in doubt.

Parity between the Indian Health System and other Federal Health Providers

- In FY 2010, the Veterans Health Administration (VHA) achieved advance appropriations. IHS, also provides direct medical care to fulfill legal promises made by the federal government. The promises to American Indians and Alaska Natives were made in Treaties and executive orders, and have been repeatedly reaffirmed in Supreme Court cases and legislation. Altogether, these create a trust responsibility that runs from the federal government to the Tribes.
- Other federally-funded health programs such as Medicare and Medicaid are “mandatory” funding, meaning that these programs are automatically funded without annual appropriations, and without the uncertainty seen in other areas of the budget. While advanced appropriations for IHS does not allow for mandatory funding would reduce uncertainty for the Indian Health system

Significantly Improved program efficiency

- Funding disruptions create significant administrative costs for health programs. Advance appropriations would result in decreased costs to programs by allowing long-term contracts with outside vendors and suppliers
- Better ability to plan programmatic activity over several years, thereby leading to better health outcomes