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American Indians Look to Veterans' Model for Stable Health Budgets

By Kerry Young, CQ HealthBeat Associate Editor

Groups representing American Indians are looking to adapt a strategy used by veterans' associations to secure more stable funding for tribal health needs and relieve the strain on a system that faces some of the nation's most serious medical crises.

The National Indian Health Board, National Congress of American Indians and the National Council on Urban Indian Health and the Maniilaq Association are backing a pair of bills (S 1570,HR 3229) that would allow the Indian Health Service to receive advance appropriations, meaning that Congress would settle on more than one year's budget at a time. Congress began doing this for the Veterans Health Administration for fiscal 2010 with the goal of giving the agency more flexibility to do longer-term planning.

This approach would help the Indian Health Service better cope with routine hiccups and more serious breakdowns in the annual appropriations process in Congress. Jon Tester, D-Mont., the chairman of the Senate Indian Affairs Committee, has said medical care for American Indians was "jeopardized" by the government shutdown in October. Even in less chaotic times, Congress seldom completes a new funding law for the health service at the beginning of the fiscal year, leaving the agency to depend on short-term stopgap spending measures that limit its ability to plan.

"The delivery of health care to Indian people should not be threatened because those of us who serve in Washington cannot get our act together and prepare and pass a budget," Tester said at a hearing on the issue last month.

Tester's panel will hold a hearing today on several bills, including the advance appropriations measure, which is sponsored by Lisa Murkowski, R-Alaska. Murkowski said that the federal government has obligations to American Indians through treaties and other agreements that are "akin to our obligation to our veterans."

The Indian Health Service was treated differently than the VA and other federal health agencies, such as Medicare, in terms of the sequester. While most agencies were largely exempted from across-the-board cuts or hit by the lower 2 percent rate for fiscal 2013 mandatory accounts, most Indian Health Service accounts fell in the discretionary budget, which was cut by roughly 5 percent.

That translated into fewer services provided. Phyliss J. Anderson, tribal chief of the Mississippi Band of Choctaw Indians, detailed to Senate Indian Affairs how the sequester cost the Choctaw more than \$4 million last year and affected more than 60 programs, hitting health initiatives the hardest. Some referrals for needed medical services to outside doctors and centers were delayed or denied, Anderson said.

"Much needed prosthetics for patients of all ages were not purchases," Anderson said, "While we did not furlough employees and providers related to direct patient care, we did institute a hiring freeze for all other hospital patients."

The cuts made through the sequester negated some of the gains that the Indian Health

Service made, said Caitrin McCarron Shuy, director of congressional relations for the National Indian Health Board, in an interview. Lawmakers have been fairly generous to the agency in an era of tight budgets, with advocates arguing that spending increases have been needed to address significant past shortfalls in funding.

President Barack Obama has requested an increase of about \$200 million, or 4.5 percent, for the Indian Health Service for fiscal 2015, which would bring its budget to \$4.6 billion. That would be an increase of about 38 percent since fiscal year 2008, the agency said.

“Despite important changes in health care funding that we have achieved over last several years, we still experience many disparities,” Andrew Joseph, Jr, a National Indian Health Board representative and a tribal council member of the Confederated Tribes of the Colville Reservation, told Senate Indian Affairs at the March hearing. “I looked back home to my tribe and see us burying too many people.”

American Indians and Alaska Natives are twice as likely as whites, excluding Hispanics, of similar age to have diabetes. As of 2011, 14.2 percent of the American Indian and Alaska Natives age 20 or older and receiving care by the Indian Health Service had been diagnosed with diabetes, according to the Office of Minority Health at the Department of Health and Human Services. The Centers for Disease Control and Protection found that in 2007 the American Indian and Alaska Native populations combined had the highest rate of motor vehicle-related deaths, and some of the highest rates of suicides and deaths due to illegal and prescription drugs among racial and ethnic groups.

The Indian Health Service is competing with a host of other agencies for extra funds in fiscal 2015. The budget agreement (PL 113-67) hammered out last year leaves the federal government’s operating expenses essentially flat, inching up the discretionary cap to \$1.014 trillion from \$1.012 trillion. Still, the agency has supporters on key committees. Among these is Tom Cole, R-Okla., an enrolled member of the Chickasaw Nation, who serves on the Appropriations Committee. Cole gives credit for recent “substantial progress” in boosting the Indian Health Service budget to four senior appropriators on the Interior-Environment subcommittee;

Democrats Norm Dicks of Washington and James P. Moran of Virginia and Republicans Mike Simpson of Idaho and Ken Calvert of California, have made funding the agency a priority, Cole said.

“It is my hope and expectation that the subcommittee will continue to make the discharge of the federal government’s trust responsibilities toward Indian tribes a bipartisan priority,” Cole said in an emailed statement to CQ HealthBeat.

In the Senate, the Indian Health Service also appear to have a cluster of support among appropriators. Murkowski is the ranking member of the Senate Interior-Environment Appropriations subcommittee, on which Tester also serves. At the March hearing, Tester said that he would push for extra funds for the Indian Health Service.

“We need to make sure we do what we can do here and through the Appropriations Committee to plus up this budget. It needs to be plussed up,” Tester said at the March Indian Affairs hearing.

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