

National Indian Health Board



August 22, 2012

The Honorable Max Baucus
Chairman, Committee on Finance
United States Senate

The Honorable Orrin Hatch
Ranking Member, Committee on Finance
United States Senate

Re: Statement in Response to Committee on Finance Field Hearing on Healing in Indian
Country: Ensuring Access to Quality Health Care

Dear Chairman Baucus and Senator Hatch:

On behalf of the National Indian Health Board (NIHB), I respectfully submit the recommendations attached to this letter. In addition to the tribal recommendations provided at the Committee on Finance Field Hearing on August 8 at Crow Agency, NIHB would like to share the views and concerns of the National Indian Health Board on the Special Diabetes Program for Indians and the ongoing need to protect the Indian Health Service budget from cuts enacted through the sequestration process. These important issues play a critical role in improving American Indian/Alaska Native (AI/AN) access to quality health care.

Established in 1972, the NIHB serves all federally-recognized tribal governments by advocating for the improvement of health care delivery to AI/ANs, as well as upholding the federal trust responsibility to AI/ANs. We strive to advance the level and quality of health care and the adequacy of funding for health services operated by the Indian Health Service, programs operated directly by Tribal Governments, and other programs. The NIHB is the only national organization solely devoted to the improvement of Indian health care on behalf of the Tribes.

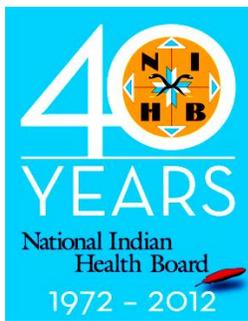
I respectfully ask that you consider the two additional recommendations we highlight in the attached statement. If NIHB can be of assistance, please contact NIHB's Legislative Director Jennifer Cooper at (202) 507-4076 or jcooper@nihb.org and Jeremy Marshall, NIHB Senior Legislative Associate, at (202) 507-4078 or jmarshall@nihb.org.

Sincerely,

A handwritten signature in black ink that reads 'Cathy Abramson'.

Cathy Abramson
NIHB Chairperson





National Indian Health Board



**Senate Committee on Finance
Field Hearing on Healing in Indian Country:
Ensuring Access to Quality Health Care
Written Comments for the Hearing Record
Submitted by the National Indian Health Board**

August 22, 2012

Established in 1972, the NIHB serves all 566 federally-recognized Tribal Governments by advocating for the improvement of health care delivery, as well as upholding the federal government's trust responsibility to Tribes. The NIHB strives to advance the quantity and quality of health care and the adequacy of funding for health services delivered directly by the Indian Health Service or by Tribes and Tribal Organizations to American Indians and Alaska Native (AI/AN) people. The NIHB is the only national organization solely devoted to the improvement of Indian health care on the behalf of the Tribes.

We support the recommendations provided at the Field Hearing at Crow Agency, including the improvement of accessible quality health care as well as budget increases needed to maintain and upgrade the Crow Service Unit. From a national perspective, we would like to highlight two additional recommendations: reauthorization of the Special Diabetes Program for Indians and protection of the Indian Health Service budget.

I. THE SPECIAL DIABETES PROGRAM FOR INDIANS

Diabetes is a devastating disease that affects people of every age, race, and nationality. The growing epidemic of diabetes represents one of Indian Country's greatest health challenges. In some AI/AN communities, more than half of adults aged 18 and older have diagnosed diabetes, with prevalence rates reaching as high as 60%. In Montana, approximately 48,000 people, -6% of the population- have diagnosed diabetes and many of them suffer from serious diabetes related complications and conditions. On a national level, diabetes costs \$174 billion annually, and these costs are expected to nearly triple in the next 25 years. In Montana, the direct and indirect costs of diabetes were approximately \$508 million in 2007.

In response, Congress established the Special Diabetes Program for Indians (SDPI) in 1997. The SDPI addresses the disproportionate burden of Type 2 diabetes on AI/AN populations. This



program is producing a significant return on the federal investment and has become our nation's most strategic and effective federal initiative to combat diabetes and its complications. The program currently supports over 450 Indian Health Service, Tribal and Urban programs in 35 states. The SDPI is currently set to expire in September 2013.

With leadership and guidance from the Indian Health Service Division of Diabetes Treatment and Prevention and Tribal Leaders, the SDPI grant programs use proven, evidence-based, and community-driven diabetes treatment and prevention strategies that address each stage of the disease. Since its inception, the SDPI has allowed the Indian health system to build and enhance diabetes treatment and prevention programs. AI/ANs continue to work toward a common purpose in fighting this terrible disease.

a. *Impact of SDPI in Indian Country*

These numbers are staggering. SDPI is making a real difference in our communities by providing funding for diabetes prevention, education and treatment programs. Consider these outcomes:

- A1c numbers have been reduced by 1.1% resulting in a 40% reduction in the risk of diabetes related complications;
- Bad cholesterol levels have declined, reducing the risk of cardiovascular complications by 20 -50 %;
- The overall incidence rate of End Stage Renal Disease in American Indian Alaska Natives fell by 27.7%, impacting Medicare costs in a real way.

To fully understand the impact of this program, consider the incredible story of Faye Filesteel, Assiniboine tribal member who benefited from the Fort Belknap Healthy Heart Project. Faye was diagnosed with diabetes in 2005. Her mother had diabetes and so does her son, but it wasn't until she joined the Healthy Heart Program that she began to really understand the disease. At the Healthy Heart Program, she learned that there were things she could do to control and even reverse her diabetes. With the education and support of the program staff and the support from her peers with diabetes in the classes, she was determined to do all she could do to take better care of herself.

Since starting with the program she has made changes to her diet and she's eating healthier. She's committed to a healthy lifestyle - walking outside when the weather was good and using the treadmill at the Diabetes Center when the weather was bad. She even signed up to walk with the Healthy Heart group in the 2010 Icebreaker Marathon in Great Falls. Having seen first-hand the damage that diabetes can do, Faye is grateful that she had access to the Diabetes Center and the Healthy Heart Program so soon after she was diagnosed. Faye's results have been so positive that her doctor told her that soon she would likely not need to take metformin anymore.

Conversely, NIHB is also aware of the stark reality that AI/ANs face in fighting diabetes where there is a lack of additional funding and resources. For example, at the Crow Service Unit, funding is not adequate for the Indian Health Service to provide dialysis services. The Crow Nation currently transports tribal members who receive dialysis three times a week to either Billings, MT or Sheridan, WY—distances averaging anywhere from 30-70 miles or more each



way, over roads that are often nearly impassable during the harsh Montana winter months. Increased funding for dialysis services at Crow Nation would improve the quality of life and the long-term prognosis for these tribal patients. In similar situations where there was a shortage in funding, SDPI grantees have successfully utilized SDPI funding to fight diabetes; resulting in skilled expertise coming into the communities and solid infrastructure addressing the overwhelming need for health care resources. I urge the Senate Finance Committee to consider the success AI/AN communities are having in the fight to end diabetes and to reauthorize the SDPI this year so programs currently established can continue to address the diabetes disparities throughout Indian Country.

b. *Ensure Continued Success By Reauthorizing SDPI This Year.*

Despite our ability to demonstrate a real return on the federal investment, SDPI is set to expire if Congress doesn't renew it once again. A multi-year renewal NOW of the SDPI will provide resources to AI/AN communities to continue to make clinical improvements and increase access to quality diabetes care. Renewal will ensure continued measurable improvements in the prevention and treatment of diabetes. With renewal of SDPI, Indian Country can continue to address the serious threat of Type 2 diabetes to future generations by replicating successful programs in additional tribal communities.

Senator Baucus, you have been such a champion for this program in Congress, and I am grateful for the opportunity to thank you for all you have done for our tribal communities in ensuring the federal commitment to SDPI remains strong. We look forward to continuing to work with you to support your efforts again this year.

II. INDIAN HEALTH SERVICE BUDGET CUTS AND SEQUESTRATION

a. *Protect the Indian Health Service Budget from Reductions and Avoid Sequestration.*

First, it cannot be overstated how thankful the NIHB is to this Congress for the passage of a 6% increase in funding to Indian Health Service for Fiscal Year 2012. Over the last three years, Congress and the Administration have made their commitments to Indian health and the fulfillment of the federal trust responsibility clear by ensuring that the Indian Health Service receives annual increases. As a result, Indian Health Service has been able to treat more patients than ever before, and the American Indians/Alaska Natives (AI/ANs) have made small, but real gains in health status. NIHB applauds you for your dedication to upholding the sacred trust between the U.S. government and Tribes. Together, we must protect this recent progress.

I hope that every member of Congress will support the President's proposed increase of 2.7 % in the Indian Health Service budget for FY 2013. Under the discretionary spending limits of the *Budget Control Act of 2011*, this recommendation by the President is a \$115.9 million increase over the FY 2012 enacted Indian Health Service appropriations. Where many other budget



accounts saw deep cuts, this increase acknowledges the critical health needs of our tribal communities and represents the continued commitment to honor the federal government's legal obligation and sacred responsibility to provide health care to AI/ANs. However, the need is far greater and requires a systematic multi-year budgetary dedication of additional resources.

Since the Indian Health Service is currently funded, on average, at just 56.5% of need, this level of funding will not allow the agency to address the stark health disparities between AI/ANs and the U.S. general population. The increase in the tribal population places higher demands on the services and providers available in aging tribal health facilities in need of repairs and upgrades. While many tribal health facilities consistently operate with an annual funding shortfall, scheduled upgrades and repairs to aging facilities and services provided are not fully funded. Although some tribes have the means to supplement the federal monies available, this is not the case for many tribes.

NIHB is very concerned about the possibility of cuts to the Indian Health Service budget enacted through the sequestration process. As a discretionary budget line, the Indian Health Service budget is subject to the across the board cuts to discretionary funding under sequestration. Any budget cuts will have harmful affects on the health care delivery system to AI/ANs and may result in an increased loss of life. The NIHB asks Congress to work to exempt the Indian Health Service budget from any cuts and avoid sequestration as even small cuts have a large impact.

While we recognize the budget realities we face as a nation, the NIHB believes that a greater funding increase for the Indian Health Service is critically important and can be achieved. On behalf of the 566 federally-recognized Tribes, I urge Congress to protect the Indian Health Service budget by ensuring that the Indian Health Service continues to receive a budget increase. Increases in current services are the budget increments needed to enable the Indian health care delivery system to continue operating at its current level. Without additional increases to base funding, the Indian health system would experience a decrease in its ability to care for the tribal population. In this hard economic environment, a multi-year budget increase for the Indian Health Service is needed more than ever.

b. Sequestration Impact on the Indian Health Service budget

Another issue of concern is the potential of a sequester next year due to Congressional inaction. Although the vast majority of federal spending is subject to across-the-board cuts, certain programs are either exempt from sequestration or subject to special rules under sequestration. Many safety-net programs are exempt from these funding reductions or limits entirely; such as Social Security, Medicaid, the Children's Health Insurance Program (CHIP), and the Supplemental Nutrition Assistance Program (SNAP).

Other programs are subject to special rules and reduction limits. For example, Medicare may only be achieved in up to a 2% reduction in provider payments. Medicare beneficiaries would likely not see a change in their coverage. The Indian Health Service also falls under special rules. Under sequestration, it is possible that the Indian Health Services and Indian Health Facilities accounts may see cuts of up to 2% in appropriated funding annually between FY 2013 and FY



2021. If the Indian Health Service budget was cut by the full 2% in the sequestration process, it would lose \$86 million. Most dangerous about this process is that certain preventative and other services accounts like scholarships and health education would be targeted for reductions to salvage hospital and clinic accounts in order to preserve the levels of care provided.

If Congress cannot avoid sequestration through alternative methods of deficit reduction, the NIHB implores Congress to make the Indian Health Service completely exempt from sequestration. NIHB urges you to begin work with your colleagues in Congress to act this year in stopping the sequestration process so that these devastating cuts do not reduce the Indian Health Service budget next January.

