

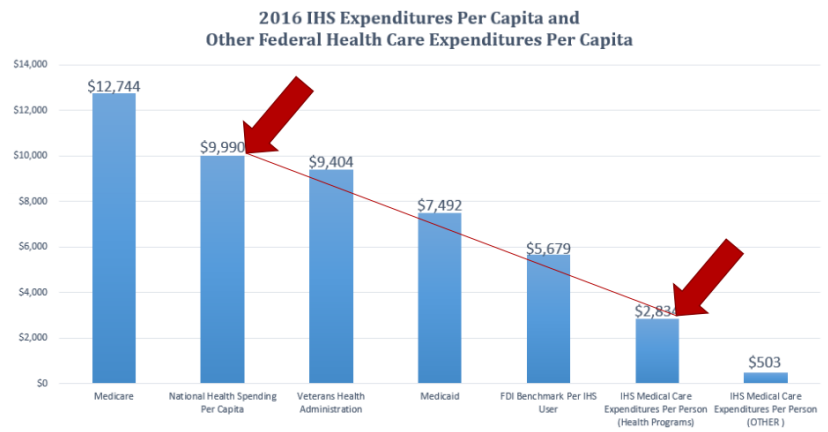
September 8, 2017

## Indian Health Funding Disparities

### Quick Facts:

- The Indian health care delivery system, in addition to significant health disparities, also faces significant funding disparities, notably in per capita spending between the IHS and other federal health care programs.
- Despite the fact that provision of health to AI/ANs is a legal trust obligation of the Federal government, IHS is still funded on the discretionary side of the Budget. Meaning that the budget:
  - Does not increase with inflation or population
  - Does not increase with new technologies
  - Purchasing power decreases each year Subject to sequestration under the Budget Control Act of 2011

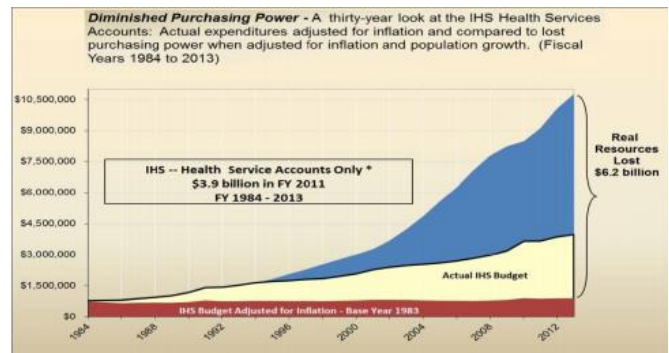
- In 2016, the IHS per capita expenditures for patient health services were just \$2,834, compared to \$9,990 per person for health care spending nationally.



- Funds necessary to eliminate the overwhelming health disparities of American Indian and Alaska Native people has never been properly appropriated.

- The true needs-based budget, which would bring health resources to parity with the rest of the nation, is now at **\$32 billion**. Compare this to the current FY 2017 appropriation of **\$5 billion**.
  - While the IHS has received marginal increases in more recent years, these certainly have not been enough to effectively target chronically underfunded health priorities. They have mostly gone to pay the rightful full funding of Contract Support Costs and to allow for inflation and population growth.

- Substandard appropriations has led to outdated facilities which are some of the oldest health facilities in the country. The



failing infrastructure creates unsafe and unsanitary living conditions and severely compromises the quality of care which can be provided.

### **FY 2019 Tribal Budget Formulation Workgroup Request**

NIHB and Tribes support the recommendations of the Tribal Budget Formulation Workgroup (TBFWG). These recommendations are made in a National Budget Formulation process where Tribes in each area establish budget priorities and then Tribal representatives from the respective areas come together and formulate recommendations on the national level.

Top priorities are as follows:

- ❖ Fully fund IHS at \$32 billion phased in over 12 years
- ❖ Increase the President's FY 2019 Budget Request for the IHS by a minimum of 33% (**\$6.4 billion**):
  - +\$169.1 million for full funding of current services
  - +\$252.1 million for binding fiscal obligations
  - +\$1.6 billion for program expansion increases. Top priorities for program expansion include:

1. Hospitals & Health Clinics	+\$295.5 million
2. Purchased / Referred Care	+\$278.6 million
3. Mental Health	+\$122.6 million
4. Alcohol & Substance Abuse	+\$114.8 million
5. Dental Health	+\$ 67.2 million
6. Health Care Facilities Construction	+\$ 59.3 million
7. Sanitation Facilities Construction	+\$ 44.8 million
8. Equipment	+\$ 32.4 million
9. Maintenance & Improvement	+\$ 30.7 million
10. Community Health Reps.	+\$ 29.5 million
11. Public Health Nursing	+\$ 24.5 million
12. Urban Indian Health	+\$ 20.2 million
13. Health Education	+\$ 16.7 million
14. Indian Health Professions	+\$ 13.3 million
15. Facilities & Env. Health Support	+\$ 12.0 million
- ❖ Support the Preservation of the Indian Health Care Improvement Act and other Indian-specific provisions in the Patient Protection and Affordable care Act (P.L. 111-148)
- ❖ Allow federally-operated health facilities and IHS headquarters the same flexibility to adjust programmatic funds across accounts to maximize efficiency of federal dollars at the local level
- ❖ Advocate that Tribes and Tribal programs be permanently exempt from sequestration
- ❖ Support Advance Appropriations for the Indian Health Service

The full TBFWG request for FY 2019 can be found at [www.nihb.org](http://www.nihb.org).