



National Indian
Health Board



AUGUST 23, 2013

FAQ'S ON ADVANCE APPROPRIATIONS FOR INDIAN HEALTH SERVICE

The National Congress of American Indians, National Indian Health Board, and National Council of Urban Indian Health, in service to the 566 federally recognized Tribes, requests that Congress provide advance appropriations for the Indian Health Service. American Indians and Alaska Natives (AI/ANs) suffer disproportionately from a variety of health afflictions including diabetes, heart disease, tuberculosis, and cancer. Compounding these health issues is the lack and untimeliness of resources for the health care delivery services in Tribal communities. The Indian Health Service (IHS) continues to be chronically underfunded with a budget that only meets 56% of its need. With the continuing likelihood of reductions and delayed federal appropriations, Tribes firmly believe that advanced appropriations for IHS will allow for greater planning, more efficient spending, and higher quality care for American Indian and Alaska Native (AI/AN) patients.

The health of AI/ANs, while improving in some areas, is still grave, with the AI/AN life expectancy that is 4.1 years less than the rate for the U.S. all races population. According to IHS data from 2005-2007, AI/AN people die at higher rates than other Americans from alcoholism (552% higher), diabetes (182% higher), unintentional injuries (138% higher), homicide (83% higher) and suicide (74% higher). Additionally, AI/ANs suffer from higher mortality rates from cervical cancer (1.2 times higher); pneumonia/influenza (1.4 times higher); and maternal deaths (1.4 times higher). A contributing factor in not adequately addressing these disparities is that IHS funding for the provision of health care services is not received in a timely manner.

Clearly, the above data calls for a more effective process to manage appropriations for the Indian health care delivery system. Advance appropriations would allow Indian health programs to effectively and efficiently manage budgets, coordinate care, and improve health quality outcomes for AI/ANs. This change in the appropriations schedule will help the federal government meet its trust obligation to Tribal governments and bring parity to federal health care system. Adopting advanced appropriations for IHS would result in the ability for health administrators to continue treating patients without wondering if – or when– they would have the necessary funding. Additionally, IHS administrators would not waste valuable resources, time and energy re-allocating their budget each time Congress passed a continuing resolution. Indian health providers would know in advance how many physicians and nurses they could hire without wondering if funding would be available when Congressional decisions funnel down to the local level. Health care services in particular require consistent funding to be effective.



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The Red Feather of Hope and Healing

What are advance appropriations?

An advance appropriation is funding that becomes available one year or more *after* the year of the appropriations act in which it is contained. For example, if the FY 2015 advance appropriations for the IHS were included in the FY 2014 appropriations bills, those advance appropriations would not be counted against the FY 2014 funding allocation but rather, against the FY 2015 allocation.

What will advance appropriations cost?

To begin an advance appropriations cycle, there must be an initial transition which contains an appropriation for the current year (FY 2014, for example) and the following year (FY 2015). Following this, Congress can revert to appropriations containing only one year of funding. The Congressional Budget Office has noted that enacting advance appropriations does not affect direct spending or revenue.¹

How will this affect the budget resolution?

Nearly every year since 2003, the budget resolution limits how much and for what purpose advance appropriations can be made. IHS must be included in future budget resolutions to ensure the agency, Tribal governments, and urban Indian health care providers can continue to improve the quality of and expand access to health care services.

Do other agencies receive advance appropriations?

Yes. In FY 2010, the Veterans Health Administration (VHA) achieved advance appropriations. IHS, like the VHA provides direct medical care to fulfill legal promises made by the federal government. In the 111th Congress, which ultimately enacted the advance appropriations for the VHA, the House bill (H.R. 1016) had 125 bi-partisan cosponsors. The Senate bill (S. 423) had 56 co-sponsors. A hearing on July 17, 2013 before the House Veterans Affairs Committee showed very strong support among committee members and veterans organizations for the operation of advanced appropriations for veterans' health programs. Other discretionary programs receiving advance appropriations include Education Title I Grants, Special Education Grants, Training and Employment Services and Tenant Based Rental Assistance.

What are the benefits of advance appropriations?

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 AI/ANs. Advance appropriations will allow IHS and Tribal health professionals time to plan and tackle many other administrative hurdles, thereby enriching access to care. This includes improved budgeting, retention, recruitment, provision of services, facility maintenance and construction efforts, particularly:

- Ability for IHS and Tribal health professionals to plan budgets resulting in a decrease of administrative costs
- Better recruitment and retention ability, because IHS and Tribal health professionals will know in advance how many positions they can hire or retain since staff resign when funding is in doubt
- Better ability to plan programmatic activity over several years, thereby leading to better health outcomes for AI/AN people and decreased long-term healthcare costs
- No additional costs to the federal government

¹ CBO Cost Score, H.R. 1016, Veterans Health Care Budget Reform and Transparency Act of 2009, June 16, 2009.