PRESS RELEASE: NCUIH Testifies at Two Congressional Hearings Regarding Critical Funding for Urban Indian Health

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Congressional leaders emphasized the need to increase resources for urban Indian health and provide opioid funding for urban Indian communities.

FOR IMMEDIATE RELEASE

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WASHINGTON, D.C. (April 5, 2022) – The National Council of Urban Indian Health (NCUIH) President-Elect and CEO of the Indian Health Center of Santa Clara Valley, Sonya Tetnowski (Makah Tribe), testified before the House Interior Appropriations Subcommittee as part of American Indian and Alaska Native (AI/AN) Public Witness Day hearing regarding Fiscal Year (FY) 2023 funding for Urban Indian Organizations (UIOs). Maureen Rosette (Chippewa Cree Nation), NCUIH board member and Chief Operating Officer of NATIVE Project, testified before the House Natural Resources Oversight & Investigations Subcommittee for a hearing entitled, "The Opioid Crisis in Tribal Communities." In their testimonies, NCUIH leaders highlighted the critical health needs of urban Indians and the needs of the Indian health system.

NCUIH thanks the members of the subcommittees for the opportunity to testify on the needs of urban Indians and encourages Congress to continue to prioritize urban Indian health in FY 2023 and years to come.

House Appropriators Demonstrate Strong Commitment to Indian Health

NCUIH President-Elect Tetnowski testified before the House Appropriations Subcommittee along with Ms. Fawn Sharp for the National Congress of American Indians, Mr. Jason Dropik for the National Indian Education Association, and Mr. William Smith for the National Indian Health Board. The House Appropriations Committee uses testimony provided to inform the FY 2023 Appropriations decisions.

NCUIH requested the following:

- $49.8 billion for the Indian Health Service (FY22 Enacted: $6.6 billion) and $949.9 million for Urban Indian Health (FY22 Enacted: $73.4 million) for FY 2023 as requested by the Tribal Budget Formulation Workgroup
- Advance appropriations for the Indian Health Service (IHS)
- Support of mandatory funding for IHS including UIOs

Full Funding for the Indian Health System a Priority for Congress

Many Members of Congress on both sides of the aisle noted the need to increase resources for Indian health in order to meet the trust responsibility. **"The federal trust obligation to provide health care to Natives is not optional and must be provided no matter where they reside," said Ms. Tetnowski in her testimony, "Funding for Indian health must be significantly increased if the federal government is, to finally, and faithfully, fulfill its trust responsibility."**

Ranking Member David Joyce (R-OH-14) agreed with Ms. Tetnowski, "There is still much to do to fulfill the trust responsibility." Representative Mike Simpson (R-ID-02), also emphasized that more must be done so "there's not disparity between Indian Health Services and other health services delivered by the federal government."

President Sharp stated, **"This subcommittee's jurisdiction includes some of the most critical funding for Indian Country. As detailed in the 2018 Broken Promises Report, chronically underfunded and inefficiently structured federal programs have left some of the most basic obligations of the United States to tribal nations unmet for centuries. We call on this subcommittee in Congress to get behind the vision of tribal leaders for right these wrongs by providing the full and adequate funding for Indian country."**

The Case for Mandatory and Advance Appropriations for IHS

The Indian health system, including IHS, Tribal facilities and UIOs, is the only major federal provider of health care that is funded through annual appropriations. For example, the Veterans Health Administration at the Department of Veterans Affairs receives most of its funding through advance appropriations. If IHS were to receive advance appropriations, it would not be subject to government shutdowns, automatic sequestration cuts, and continuing resolutions (CRs) as its funding for the next year would already be in place. According to the Congressional Research Service, since FY 1997, IHS has once (in FY 2006) received full-year appropriations by the start of the fiscal year.

"During the most recent 35-day government shutdown at the start of FY 2019, the Indian health system was the only federal healthcare entity that shut down. UIOs are so chronically underfunded that several UIOs had to reduce services, lose staff, or close their doors entirely, forcing them to leave their patients without adequate care. Advance appropriations is imperative to provide certainty to the IHS system and ensure unrelated budget disagreements do not put lives at stake," said Ms. Tetnowski.

Many Members of Congress were interested in hearing more about the differences between mandatory and advance appropriations. In her opening remarks, Chair Pingree pointed out that the mandatory funding proposal, if implemented, would remove the jurisdiction from the Appropriations Committee to the authorizing committees. Both NCAI President Sharp and NIHB Chair Smith also expressed support for the mandatory funding proposal from President Biden. Mr. Smith testified the President's proposal is "a bold vision to end chronic underfunding and building a comprehensive Indian health care system. We urge Congress to support the request and work together with administrations and the tribes to see that as passed into law."

Rep. Simpson sought to clarify whether both Advance Appropriations and Mandatory Appropriations remain priorities for Indian Country. President Sharp explained that **"both [advance and mandatory funding] are critically important"** in fulfillment of the trust responsibility while noting that basic health should be a mandatory expenditure of the United States government.

President-Elect Tetnowski also stated that, **“Advance appropriations would ensure that we weren’t shut down during any type of government closure. IHS is currently the only health care [provider] in the Federal government that does not have advanced appropriations.”**

Resources

- NCUIH Appropriations Testimony
- Watch Ms. Tetnowski’s Opening Remarks
- Watch Full Appropriations Hearing

Congressional Leaders Express Support for Expanding Opioid Funding to Urban Indians

“Opioid overdose deaths during the pandemic increased more in Native American communities than in communities for any other racial or ethnic group,” said Representative Katie Porter (D-CA-45), “to address this crisis, we need to provide more resources for tribal governments and urban Indian health organizations to treat the opioid epidemic.”

Urban Indians Left out of Opioid Grant Funding

Funding to assist AI/AN communities to address the opioid crisis have repeatedly left out urban Indians. UIOs were not eligible for the funding designated to help Native communities in the State Opioid Response (SOR) Grant reauthorization included in the recently passed FY 2022 Omnibus (H.R. 2471) despite inclusion of UIOs in the SOR bill (H.R. 2379) that passed the House on October 20, 2021. The final language in the omnibus (H.R. 2471) did not explicitly include “Urban Indian Organizations” as eligible and did not use the language from H.R. 2379. While this was likely a result of legislative text being copied from previous legislation, this prohibits urban Indian health providers from being able to access the critical funding needed to combat the opioid crisis.

“During the last government shutdown, one UIO suffered 12 opioid overdoses, 10 of which were fatal. This represents 10 relatives who are no longer part of our community,” Ms. Rosette emphasized, “These are mothers, fathers, uncles, and aunties no longer present in the lives of their families. These are tribal relatives unable to pass along the cultural traditions that make us, as Native people, who we are.”

Responding to a question from Rep. Stansbury (D-NM-01) on what the committee can do to help support UIO’s work on the ground to address the opioid crisis in Native communities, Ms. Rosette reiterated, “Funding is always an obstacle for us. Grants, like the state opioid response grant, would allow us to provide culturally appropriate treatment to our community, but we were not included. You have to specifically say “urban” along with “tribal” otherwise we are not allowed to get the funding.”

Opioid Epidemic in AI/AN Communities

Since 1974, AI/AN adolescents have consistently had the highest substance abuse rates than any other racial or ethnic group in the U.S. Urban AI/AN populations are also at a much higher risk for behavioral health issues than the general population. For instance, 15.1% of urban AI/AN persons report frequent mental distress compared to 9.9% of the general public.

Additionally, the opioid crisis and COVID-19 pandemic are intersecting with each other and presenting unprecedented challenges for AI/AN families and communities. On October 7, 2021, the American Academy of Pediatrics published a study on caregiver deaths by race and ethnicity. According to the study, 1 of every 168 AI/AN children experienced orphanhood or death of caregivers due to the pandemic and AI/AN children were 4.5 times more likely than white children to lose a parent or grandparent caregiver. Unfortunately, this has exacerbated mental health and substance use issues among our youth. In the age group of 15-24, AI/AN youth have a suicide rate that is 172% higher than the general population in that age group.

Resources

- Read full NCUIH Oversight & Investigations Testimony
- Watch Ms. Rosette's Opening Remarks
- Watch Full Oversight & Investigations Hearing

Next Steps

NCUIH will continue to advocate for full funding of Indian Health Service and urban Indian health at the amounts requested by Tribal leaders as well as for additional resources for the opioid response for Native communities.