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December 6, 2022

The Honorable Rosa DeLauro
Chairwoman
House Committee on Appropriations
H-307 The Capitol
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
House Committee on Appropriations
1036 Longworth HOB
Washington, DC 20515

## Dear Chairwoman DeLauro and Ranking Member Granger,

In the Fiscal Year 2023 (FY23) President's Budget, the President requested that the funding for the Indian Health Service (IHS) be shifted from discretionary to mandatory funding. This will ensure funding is secured for IHS and the millions of Native Americans and Alaska Natives it serves, regardless of a government shutdown and delayed appropriations. All other federal government healthcare providers-Medicare, Medicaid, Children's Health Insurance Program, TRICARE, and Veterans Health Administration-are all either under mandatory funding or receive advanced appropriations. IHS is the only major federal healthcare program that does not receive either and is up for annual appropriations.

As members of the Congressional Native American Caucus, we encourage the Biden Administration, IHS, authorizing committees, and tribal nations to collaborate and work towards authorizing this shift to mandatory funding. While this process is underway, advanced appropriations for IHS should be included in the final FY23 Appropriations bill. The advanced appropriations for FY24 will enable IHS to continue to provide health services without potential interruption, guaranteeing access to the necessary care for 2.6 million Native Americans and Alaska Natives.

IHS has been chronically underfunded since its creation in 1955. According to a Government Accountability Office (GAO) Report, in 2017 per capita spending for IHS was $\$ 4,078$ compared to $\$ 13,185$ for Medicare. Due to these insufficient funds, IHS regularly experiences staffing shortages, limited equipment availability, extended wait times, and several other problems. Every time Congress passes a Continuing Resolution (CR), IHS must modify hundreds of tribal contracts to adjust for the available funding. This also takes an extensive toll on a tribe's financial stability as higher interest on loans can occur when there is uncertainty of federal funding, leading to a downgrade in credit rating.

Advanced appropriations would allow Indian health programs to manage budgets, coordinate care, and improve health quality outcomes for Native Americans and Alaska Natives effectively and efficiently. This population suffers disproportionately from a variety of health afflictions including diabetes, heart disease, tuberculosis, and cancer. 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 systems. Health care services in particular require consistent and reliable funding to be effective.

If you have any questions about our request, please feel free to contact Co-Chair Cole's office at (202) 225-6165 or Co-Chair Davids' office at (202) 225-2865. Thank you for considering our views when negotiating the final FY23 Appropriations bill.

Sincerely,


Tom Cole, Co-Chair
Congressional Native American Caucus


Markwayne Mulling, Vice Chair Congressional Native American Caucus


Doug LaMalfa, Vice Chair
Congressional Native American Caucus


Betty McCollum, Vice Chair
Congressional Native American Caucus


Earl Blumenauer
Member of Congress


Adam Smith
Member of Congress


Sharice Davids, Co-Chair
Congressional Native American Caucus


Raúl M. Grijalva, Vice Chair
Congressional Native American Caucus

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