



# NATIONAL CONGRESS OF AMERICAN INDIANS

## TESTIMONY OF THE NATIONAL CONGRESS OF AMERICAN INDIANS

### OVERSIGHT HEARING – INDIAN HEALTH HOUSE APPROPRIATIONS SUBCOMMITTEE ON INTERIOR, ENVIRONMENT, AND RELATED AGENCIES

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MARCH 26, 2013

## INTRODUCTION

The National Congress of American Indians (NCAI) is the intergovernmental body for American Indians and Alaska Native tribal governments. For nearly 70 years, tribal governments have come together through NCAI to consider issues of critical importance to tribal governments and endorse consensus policy positions. As such, NCAI provides the following testimony for the Oversight Hearing on Indian Health before the House Appropriation Subcommittee on Interior, Environment, and Related Agencies.

The treaties and agreements made with tribal nations who ceded millions of acres of their homelands to the US are the foundation for the federal trust responsibility. In fulfilling the duties of the federal trust responsibility, Congress must ensure the protection and advancement of the financial status of the Indian health care providers, such as the Indian Health Service (IHS). Fulfillment of these duties and obligations resides in the discretionary portion of the federal budget and the IHS will be impacted severely by the 2013 sequester.

## RECOMMENDATIONS

NCAI urges the Subcommittee to uphold the federal trust responsibility by protecting the IHS budget and developing a long-term plan to fully fund the IHS, including an advanced appropriations scheme. These recommendations parallel the National Indian Health Board's testimony – which NCAI supports – and are high priorities of tribal governments and tribal leaders.

Additionally, NCAI urges this Subcommittee to ensure that all American Indian and Alaskan Native citizens have access to health care and services in the coming years. To do so, Congress must pass a technical amendment to streamline the definition of "Indian," which is used loosely in the Affordable Care Act (ACA). The current administrative interpretation of the differing "Indian" definitions in the ACA will leave a subset of tribal citizens without access to all of the opportunities and protections under the law. A legislative fix that uses the Centers for Medicare and Medicaid definition of "Indian" will align the language with IHS eligibility regulations and provide full access to health care services for all American Indians and Alaska Natives.

NCAI also supports the American Dental Association's (ADA) recommendations to provide additional appropriations to fully staff the Division of Oral Health and to increase the dental workforce in IHS and tribal facilities through continued support of the Loan Repayment Program. In addition, NCAI asks the appropriations subcommittee to support expansion of the Dental Health Aide Therapist (DHAT) program—a mid-level dental provider's certification program—to provide greater access to basic oral health care in Indian Country. Dental therapists can educate patients about oral health and prevention, perform dental evaluations, give fluoride treatments, place sealants, clean teeth, place fillings, and perform simple extractions. Like nurse practitioners and physician assistants in the field of medicine, dental therapists expand the reach of dentists and free them to perform advanced treatments. NCAI supports implementation of the DHAT program because it provides an opportunity to fill a significant need for oral health care and education in rural and remote tribal communities, as well as to build a pipeline for dental providers.

An additional request relates to IHS Contract Support Costs (CSC). Indian Country recommends that Congress fully fund IHS CSC in FY 2014. The choice of tribes to operate their own health care systems and their ability to be successful in this endeavor depends upon the availability of CSC funding to cover fixed costs. Without full funding, tribes are forced to reduce direct services in order to cover the CSC shortfall. Adequate CSC funding assures that tribes, under the authority of their Self-Determination Act contracts and Self-Governance compacts with IHS, have the resources necessary to administer and deliver the highest quality health care services to their members without sacrificing program services and funding. Most importantly, full funding of contract support costs is a contract obligation that the federal government must honor by law. The total amount required to fully cover contract support cost requirements in FY 2014 was estimated to be \$617 million in December of 2012 by the National Tribal Contract Support Costs Coalition.

## **Conclusion**

NCAI thanks this Subcommittee for all of the efforts made in the last few years to begin honoring the promises the federal government made through treaties and agreements with Indian nations, especially in regard to funding for the IHS. We look forward to continuing to work with this Subcommittee on these solemn obligations. If you have any questions, please contact Terra Branson at [tbranson@ncai.org](mailto:tbranson@ncai.org) or 202-466-7767 or Amber Ebarb at [aebarb@ncai.org](mailto:aebarb@ncai.org).