DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

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DIRECTOR

INDIAN HEALTH SERVICE

BEFORE THE

HOUSE SUBCOMMITTEE ON INTERIOR, ENVIRONMENT RELATED AGENCIES

APPROPRIATIONS HEARING

ON

THE PRESIDENT'S FY 2011 BUDGET REQUEST

FOR THE

INDIAN HEALTH SERVICE

April 15, 2010

STATEMENT OF THE INDIAN HEALTH SERVICE

Mr. Chairman and Members of the Committee:

Good afternoon. I am Dr. Yvette Roubideaux, Director of the Indian Health Service. I am accompanied today by Mr. Randy Grinnell, Deputy Director. I am pleased to have the opportunity to testify on the President's FY 2011 budget request for the Indian Health Service (IHS).

While the President's FY 2011 budget for the entire federal government reflects the need to address fiscal discipline and federal debt reduction, the IHS budget request reflects and continues President Obama's promise to honor treaty commitments made by the United States. In addition, the FY 2011 budget request reflects Secretary Sebelius' priority to improve the IHS, and represents the largest annual percent increase in discretionary budget authority, compared to other operating divisions within the Department of Health and Human Services.

BUDGET REQUEST

Current Services to Maintain Services

The FY 2011 President's budget request in discretionary budget authority for the IHS is over $4.4 billion, an increase of $354 million, or 8.7 percent, over the final enacted FY 2010 Appropriation funding level. The request includes $175.6 million in increases for pay costs, inflation and population growth that will cover the rising costs of providing health care to maintain the current level of services provided in IHS, Tribal, and urban Indian programs. This amount also includes $38.8 million to staff and operate newly constructed health facilities, including some facilities completely constructed by Tribes as Joint Venture projects.

Program Funding Increases to Improve Quality of and Access to Care

The proposed budget also includes a $178.5 million increase for a number of programs and initiatives that will increase access to care, and strengthen the capacity of the Indian health system to provide clinical and preventive care, and will help address longstanding unmet needs and inequities in funding levels within the Indian health system. The budget request includes $44 million for the Indian Health Care Improvement Fund and will allow some of our lowest funded hospitals and health centers to expand health care services and reduce backlogs for primary care. The budget request also includes a $46 million increase, in addition to a $37.4 million increases for pay, population growth, and inflation, for the Contract Health Services program, of which an additional $5 million will be targeted to the Catastrophic Health Emergency Fund (CHEF), for a

total funding level of $53 million for the CHEF. An additional $40 million are also included to fund the shortfall in Contract Support Costs (CSC) on top of increases for inflation for Tribes that have assumed the management of health programs previously managed by the Federal government, bringing the total increase for CSC to $45.8 million from the FY 2010 enacted level. These increases represent some of the highest priorities for Tribes in the past several years.

For the Facilities appropriation, the overall request is $445.2 million, which is an increase of $55.5 million over the FY 2010 funding level. Within this increase, the total Health Care Facilities Construction budget is $66.2 million, which will allow for construction to continue on the replacement hospital in Barrow, Alaska, the San Carlos Health Center in Arizona, and the Kayenta Health Center on the Navajo Reservation.

In addition to reflecting the President and Secretary's commitment to improve the quality of and access to care for American Indians and Alaska Natives served by the IHS, this budget will also help continue progress on my priorities for how we are changing and improving the IHS. My priorities are to renew and strengthen our partnership with Tribes; in the context of national health insurance reform, to bring reform to IHS; to improve the quality of and access to care; and to make all our work accountable, transparent, fair and inclusive.

Renew and Strengthen Tribal Partnership

This budget renews and strengthens our partnership with Tribes by aligning the Agency's budget increases to reflect Tribal priorities. I have carefully listened to Tribal input over the past nine months, and their priorities include more funding for IHS in general, as well as funding increases for current services, the Indian Health Care Improvement Fund, Contract Health Services, and Contract Support Costs. Therefore, this budget request includes its greatest increases in these areas. In addition, this budget helps to improve the quality of and access to care and addresses top Tribal priorities such as chronic disease and behavioral health conditions.

Internal Reform

This budget helps us continue our work to bring reform to the IHS. Over the past nine months, I have gathered extensive input from Tribes and our staff on priorities for how to change and improve the IHS. Tribal priorities for reform focus on broad issues such as the need for more funding, the distribution of resources, and improving how we consult with Tribes. Staff priorities focused on how we do business and how we lead and manage people. Their input reinforced the need for change and improvement in the IHS and for us to focus more on how we conduct the business of health care. We are working on improvements in the hiring process, recruitment and retention, performance management, and more effective financial management and accountability. We have

also made significant progress in developing an effective and accountable property management system. We are also working to enhance and make more secure our information technology systems to ensure the protection of patient care information and to improve our administrative operations. All of these reforms are being conducted as we make all our work more transparent, accountable, fair and inclusive.

The FY 2011 budget proposal will provide resources to help the IHS further meet its mission. The IHS provides high quality, comprehensive primary care and public health services through a system of IHS, Tribal, and Urban operated facilities and programs based on treaties, judicial determinations, and acts of Congress. This Indian health system provides services to nearly 1.9 million American Indians and Alaska Natives through hospitals, health centers, and clinics located in 35 states, often representing the only source of health care for many American Indian and Alaska Native individuals, especially for those who live in the most remote and poverty stricken areas of the United States. The purchase of health care from private providers is also an integral component of the health system for services unavailable in IHS and Tribal facilities or, in some cases, in lieu of IHS or Tribal health care programs. In addition, unlike many other health delivery systems, the IHS is involved in the construction of health facilities, including the construction of quarters necessary for recruitment and retention of health care providers, as well as being involved in the construction of water and sewer systems for Indian communities. I know of no other health care organization that accomplishes such a wide array of patient care, public and community services within a single system.

Health Disparities

For several years since its inception in 1955 the IHS made significant strides in reducing early and preventable deaths from infectious or communicable diseases. However, deaths due to chronic diseases and behavioral health conditions have been more challenging to address since they result primarily from lifestyle choices and individual behaviors. In light of these challenges, there have been some recent accomplishments to note. For example, in FY 2009, the proportion of eligible patients who had appropriate colorectal cancer screening was 33 percent, an increase of four percentage points above the FY 2008 rate of 29 percent. Colorectal cancers are the third most common cancer in the United States, and are the third leading cause of cancer deaths. Colorectal cancer rates among the Alaska Native population are well above the national average and rates among American Indians are rising. Improving timely detection and treatment of colorectal cancer screening will reduce undue morbidity and mortality associated with this disease. In FY 2009, the proportion of women who are screened for domestic violence (DV) was 48 percent, an increase of 6 percentage points above the FY 2008 rate of 42 percent. Screening has a significant impact because it helps identify women at risk for DV and refers these individuals for services aimed at reducing the prevalence and impact of domestic violence. The IHS achieved another notable accomplishment by exceeding the FY 2009 target for breastfeeding rates. The target was to maintain the

proportion of infants 2 months old (45-89 days old) that are exclusively or mostly breastfed at the FY 2008 baseline result of 28 percent. The FY 2009 result was 33 percent and exceeded the target. There is evidence that breastfeeding contributes to lower rates of infectious disease, asthma, and Sudden Infant Death Syndrome, and is associated with lower childhood obesity rates.

These results were achieved by our predominantly rural, highly decentralized federal, Tribal, and urban Indian health system, a system that provides health care services under a variety of challenges. With the budget proposed for FY 2011, as was the case with significant increases provided for in the FY 2010 budget, we anticipate seeing a positive impact in the daily lives of American Indian and Alaska Native people and progress towards improving the health status of the communities we serve.

Closing Remarks

In closing, the President's FY 2011 budget request for the IHS is an investment and a commitment that will result in healthier American Indian and Alaska Native communities and will advance the IHS mission to raise the physical, mental, social, and spiritual health status of American Indians and Alaska Natives to the highest level.

Thank you for this opportunity to present the President's FY 2011 budget request for the Indian Health Service.