Dear Chairwoman McCollum and Ranking Member Joyce:

The AI/AN Health Partners is a coalition of health organizations dedicated to improving health care for American Indians and Alaska Natives (AI/ANs). AI/ANs face substantial health disparities, and higher mortality and morbidity rates than the general population. The Indian Health Service (IHS) is a critical aspect of how they can access health care. However, the IHS must have sufficient resources to meet its mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

The Partners recognize the budget constraints your committee faces, but we are also aware that for too many years federal funding for tribal health programs has fallen woefully short. A December 2018 GAO report found that the IHS per capita spending was $4,078 as compared to $8,109 for Medicaid, $10,692 for veterans and $13,185 for Medicare.

Being able to access health care when needed is key to erasing the disparity of care for AI/ANS. In a March 2016 GAO report, “Actions Needed to Improve Oversight of Patient Wait Times,” IHS facility staff pointed to three things that were necessary to improve timely access to health care for American Indians and Alaska Natives (AI/ANs):

“...facility staff stated that a lack of sufficient primary care providers, as well as aging infrastructure and equipment are significant obstacles to ensuring that patients receive timely care.”

To address these concerns, for FY 2020, the AI/AN Partners recommends that Congress:

- Increase the funding for loan repayment and scholarships by $8-32,000,000,
- Increase funding for staff housing by $30,000,000,
- Increase funding for modern medical equipment by $10,000,000

Attached to this letter is our FY 2020 appropriations proposal that gives greater rationale for these funding requests.
April 8, 2019

Thank you for considering our request. We look forward to working with you to improve health care for American Indians and Alaska Natives.

Sincerely,

American Academy of PAs
American Academy of Pediatrics
American Academy of Pediatric Dentistry
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American College of Obstetricians and Gynecologists
American Dental Association
American Dental Education Association
American Optometric Association
American Physical Therapy Association
Association of American Indian Physicians
Association of American Medical Colleges
Association of American Veterinary Medical Colleges
Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)
National Council for Behavioral Health
National Kidney Foundation
Support three-part approach to improve hiring and maintaining the Indian Health Service (IHS) health workforce

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Increase the Health Professions account by $32,300,000 to $89,363,000
Having an adequate staff of healthcare providers is a key factor for reducing the disparity of disease and care in Indian country. Currently, there are over 1,330 vacancies for healthcare professionals in the Service. Loan repayment has proven to be an effective recruitment and retention tool for Indian health programs. In FY 2018, 1,325 health professionals were receiving IHS loan repayment. However, 844 healthcare providers sought and were denied loan repayment. Of those applicants, 399 did not take an assignment with any IHS or tribe facility. The Health Professions account also provides scholarship funding for American Indian/Alaska Native (AI/AN) health care students. In FY 2018, 426 students were considered eligible for scholarships, but only 155 received an award. With additional funding the Service could substantially increase the number of providers educated, recruited and retained in Indian health programs.

Increase funding for housing for health care providers by $30,000,000
Providing decent housing, especially in remote areas, is essential for attracting and keeping health care providers in Indian country. In 2018, the Navajo Nation opened a new housing complex for health care workers. Navajo Nation President Russell Begaye explained at the dedication the importance of the building:

“In healthcare facilities across Navajo, we have a 30-percent vacancy rate for professional staff, including medical doctors, nurses and technicians,” President Begaye said. “The No. 1 reason is that we don’t have this type of [ housing] building on the Nation. We need more of these. We want doctors to walk in to these buildings at the end of the day and feel at home.”

Current funding for staff quarters is $10,000,000. The Service estimates it would require at least $40M to address approximately 10-percent of the need for staff quarters.
Increase funding for medical equipment by $10,000,000 to $33,706,000

Accurate clinical diagnosis and effective medical treatment depends in part on health care providers using modern equipment/systems to assure the best possible outcomes. Today’s health care providers train with modern digital equipment. However, many IHS and tribal health care facilities are using outdated equipment like analog mammography machines and telecommunications equipment with an insufficient number of lines for scheduling patient appointments. In some cases, they are using equipment that is no longer manufactured.

According to the IHS, “A sustainable medical equipment program for the IHS should be funded in the $100 to $150 million annually range to cover replacement and maintenance.” Examples of immediate need are:

- The Phoenix facility needs a Nurse Call System to monitor, track, and log patient information and monitor their health, a hand hygiene system (monitors hygiene compliance, fill levels, etc) and a pharmacy security/monitoring system.
- The Gallup Medical Center is using a portable X-Ray machine that has exceeded its Useful Life. Use of old x-ray technology results in a reduced Medicare reimbursement rate.

Support the Administration’s request to make Indian Health Service (IHS) loan repayment and scholarship programs tax free

Loan repayment and scholarship money has proven to be a successful tool to recruit and retain health care providers in Indian country. This is critical given the significant need for providers serving this population. While the IHS currently has funding for scholarships and loan repayment for health care providers, these programs are not tax exempt like the National Health Service Corps and Armed Forces Health Professions loan repayment programs. As a result, the IHS provides tax payments for health care providers and students from the Health Professions account. According to the Service’s FY 2020 budget justification, making these programs tax free would free up an additional $9,187,927 that could be used to bring more providers to Indian country.