

American Indian/Alaska Native Health Partners

February 23, 2018

The Honorable Ken Calvert
Chairman
Interior Appropriations Subcommittee
B-308 Rayburn Office Building
Washington, DC 20515

The Honorable Betty McCollum
Ranking Member
Interior Appropriations Subcommittee
2256 Rayburn Office Building
Washington, DC 20515

Dear Chairman Calvert and Ranking Member McCollum:

As you work to complete action on the fiscal year (FY) 2018 Interior Appropriations bill, our organizations urge you to prioritize the health care needs of the American Indians and Alaska Natives (AI/ANs) in the legislation.

As health organizations, we are aware that resources currently appropriated for the Indian Health Service (IHS) do not fully meet the needs of AI/ANs. We appreciate the Committee's past bipartisan support for the IHS considering significant budget constraints. But, we are also aware that federal funding for tribal health programs has fallen woefully short since the IHS has been chronically underfunded for years. In 2015, the IHS spent just \$3,688 per capita for patient health services, well below the national average of \$9,523.

We urge you to fund the Indian Health Service at not less than \$5,174,232,000 for FY 2018 to address all the needs the House and Senate Interior Appropriations Subcommittees identified in their bill reports. As we noted above, the health care needs of AI/ANs have been neglected for too long. The inability to adequately address them has created a significant backlog of needed care. The National Indian Health Board (NIHB) has fully documented those priorities with its FY 2018 request of \$7.1 billion, based on extensive consultation with Tribal leaders. We also urge you to take the NIHB's request under consideration.

According to documents released earlier this month, when Congress voted to approve the budget agreement to raise the FY 2018 and FY 2019 spending caps, an additional \$6 billion over two years was designated to address the opioid crisis in America. The language in the document indicated the funding was for combating "the substance abuse epidemic, including enhanced state grants (with additional assistance for those states with the highest mortality rates and tribes)."

We are concerned that this language only directs funding to states. The October 20, 2017 Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report (MMWR) reported that AI/ANs had the highest drug overdose death rate by race in 2015, and the largest percentage increase in opioid-related deaths at 519 percent. However, the tribes with the greatest crisis might not be in states with the highest death rates such as Ohio, Kentucky and West Virginia. Additionally, tribes cannot apply for the State Targeted Response to the Opioid Crisis Grants created under the 21st Century Cures Act.

We strongly urge the Committee to ensure that some of the \$3 billion designated for FY 2018 substance abuse grants be directly included into the Interior Committee's budget to address tribal needs.

Thank you for considering our request. If you have any questions, please contact Judy Sherman at: shermanjc4206@gmail.com or (202) 309-2047.

Sincerely,

Academy of Nutrition and Dietetics
American Academy of Pediatrics
American Association of Nurse Anesthetists
American College of Obstetricians and Gynecologists
American Dental Association
American Psychological Association
Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)
March of Dimes
National Kidney Foundation