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Via email

July 27, 2022

The Honorable Teresa Leger Fernandez
Chair
Subcommittee for Indigenous Peoples of the United States
Committee on Natural Resources
U.S. House of Representatives
1324 Longworth House Office Building
Washington, DC 20515

The Honorable Jay Obernolte
Acting Ranking Member
Subcommittee for Indigenous Peoples of the United States
Committee on Natural Resources
U.S. House of Representatives
1329 Longworth House Office Building
Washington, DC 20515

RE: Support for H.R. 5549, the Indian Health Service Advance Appropriations Act

Dear Chair Fernandez and Acting Ranking Member Obernolte:

I write to express support for H.R. 5549, the Indian Health Service Advance Appropriations Act. Introduced by the late Representative Don Young and originally co-sponsored by Representatives McCollum, Kilmer, Kind, Mullin, Cole, Johnson, and Strickland, the list of bi-partisan cosponsors for H.R. 5549 has grown to fifteen. I urge Congress to pass this bipartisan policy solution to end the undue suffering of our people and unnecessary drain on taxpayer resources.

Advance appropriations for the Indian Health Service (IHS) are a bi-partisan and bi-cameral policy initiative that increases tribal and federal government efficiency, reduces federal taxpayer waste, and, most importantly, saves Native lives by providing more effective funding for health

care service in Indian Country. Since advance appropriations are merely advance agreements to provide funding at a later date, they are a budget-neutral and flexible solution to the outsized impacts of funding disruptions on Indian Country, allowing Congress to respond to changing real-world circumstances and challenges. The result is continuity of services that reduce bureaucratic inefficiencies and uncertainty for IHS and for Tribal Nations.

The Biden-Harris Administration supports advance appropriations and mandatory funding for IHS–a historic shift in the paradigm of Nation-to-Nation relations that seeks to restore the promises made between our ancestors and the United States. Advance appropriations and mandatory funding are not mutually exclusive requests. However, once IHS obligations are provided through mandatory direct appropriations, there is no need for advance appropriations through the annual regular appropriations process. Until such time that mandatory appropriations are provided, advance appropriations are a fiscally responsible solution to the outsized impacts of disruptions and uncertainty in funding on the Indian health care system.

H.R. 5549 is an improvement on the exception for IHS accounts provided in the FY 2022 Budget Resolution because it includes all of the accounts for the Indian Health Service and not just certain accounts. This is an important improvement because of the nature of inherently federal functions. Advance appropriations are not about more money in a single accounting period, they are about advance agreements by Congress that provide certainty and continuity of services, promote efficiencies, and reduce taxpayer waste on costly duplicative tribal and federal budgetary functions. If only certain funded accounts are provided continuity of services while necessary and inherently federal IHS functions remain subject to the stops and starts of the annual appropriations process, then Congress is not utilizing the policy of advance appropriations to maximize its best fiscal features.

The coronavirus pandemic is not over, and funding certainty and stability are critical to saving Native lives as we continue to combat the ongoing effects of COVID-19. The total number of Coronavirus cases per week reported by IHS has been on the rise since April 2022, and experts believe the actual infection numbers for the United States in the first week of July were about seven times higher than the number of reported cases. Further, the seasonal cycle is a consistent feature of respiratory viral infections, lending to the widely-held prediction that the virus will exhibit some form of seasonality. This means that advance appropriations for IHS will provide funding certainty and continuity of services for the fall and winter months when surges in patients' needs due to respiratory illness and disruptions in federal funding are most probable. Simply, advance appropriations will provide increased efficiency during times of increased need.

Advance appropriations for IHS are a simple promise: a promise that the United States honors and upholds its treaty and trust obligations; a promise that Congress will enact solutions that

cease the generational trauma and undue and unnecessary suffering of Native people; and a promise of certainty and security for Native communities and our most vulnerable populations. As Congress works to restore the promises made, all options must be on the table. Native lives cannot wait.

Sincerely,

W. Frank Adams
Chief