DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

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OF THE

UNITED STATES CONGRESS

BUDGET HEARING

ON

THE PRESIDENT'S FY 2010 BUDGET REQUEST

FOR THE

INDIAN HEALTH SERVICE

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STATEMENT OF THE INDIAN HEALTH SERVICE

Mr. Chairman and Members of the Committee:

Good Morning. I am Dr. Yvette Roubideaux and I am the new Director of the Indian Health Service. I am pleased to have the opportunity to testify on the President's FY 2010 budget request for the Indian Health Service.

From the outset I would like to state that this budget request includes an unprecedented funding increase for the Indian Health Service (IHS), the largest in the past 20 years, and is a reflection of the President's commitment to improve health care for American Indian and Alaska Native people. In addition, the request reflects priorities established by Tribes during the Tribal budget consultation process. This process is one that the IHS and HHS are strongly committed to, and which we believe helps to ensure that the IHS budget is relevant to the health needs and priorities of American Indian and Alaska Native people**.**

As you know, the IHS plays a unique role in the Department of Health and Human Services because it is a healthcare system that was established to meet the federal trust responsibility to provide healthcare to American Indians and Alaska Natives. The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. 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 1.5 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 through the Contract Health Services program 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, 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. IHS accomplishes such a wide array of clinical, preventive and public health activities, operations, and program elements within a single system for American Indians and Alaska Natives.

For several years since its inception the IHS made significant strides in reducing early and preventable deaths from infectious or communicable diseases. However, deaths due to chronic and behavioral health diseases have been more challenging to address. Diabetes is 2-3 times more common in American Indians and Alaska Natives compared to non-Hispanic whites and cardiovascular disease is the number one cause of death for

American Indians and Alaska Natives. Through the focused efforts of the Special Diabetes Program for Indians, the Chronic Care Initiative, and other targeted initiatives, there have been recent accomplishments to note. For example, nephropathy assessment rates for patients with diabetes increased from 40% in FY 2007 to 50% in FY 2008. The increase is significant as new, more stringent Standards of Care guidelines were incorporated into the requirements for this measure in FY 2007. The new guidelines will improve the ability to identify and monitor patients and help prevent or delay the need for dialysis or renal transplantation. Also, depression screening rates increased from 24% in FY 2007 to 35% in FY 2008. Depression can be associated with chronic disease, and also increases the risk of suicidal behavior. From the period 2002-2004 the AI/AN suicide rate was 70% higher than the 2003 rate for US all races. Screening is a first step in identifying patients who need intervention, treatment, and follow up care. Although much work remains to be done for both nephropathy and depression screening, these initial results have shown the capacity of the agency to improve the health outcomes of American Indians and Alaska Natives, and we look forward to seeing continued improvements given the funding increase in FY 2010.

Meeting the mission of the Indian Health Service is challenging. Population growth, increasing demand for services, increasing medical costs, and the growing burden of chronic diseases such as diabetes, obesity and cardiovascular disease have created a significant strain on the system. Additionally, some facilities have trouble recruiting and retaining healthcare professionals and experience waits for referral services.

In my confirmation statement before the Senate Committee on Indian Affairs, I indicated that, despite these challenges, I see evidence of hope and change. I have worked on a variety of projects and national initiatives over the past 16 years that have shown me the great potential that exists in the system to improve access to and quality of healthcare. I know that thousands of committed and dedicated career staff in the Indian healthcare system work hard every day to provide healthcare to their patients in the face of the aforementioned challenges. And, I have seen tribal and bipartisan Congressional support for change and improvement in the Indian Health Service. I believe we are at a unique moment in time, where we have the potential to make great strides toward fulfilling the mission of the Indian Health Service and toward improving the health of the American Indian and Alaska Native population. This budget request represents a major step in that process.
With the budget proposed for FY 2010, I anticipate seeing an impact in the daily lives of Indian people and certainly seeing a positive impact in the health status of Indian people as a whole.

The FY 2010 President's Budget request in budget authority for the IHS totals over $4.0 billion, an increase of $454 million, or 12.7 percent, over the final enacted FY 2009 Omnibus Appropriations funding level. The request includes $140 million in increases that will cover the rising costs of providing health care in order for IHS, Tribal, and Urban programs to maintain the current level of services provided. In

addition, almost $27 million is included for staffing and operating costs for newly constructed health facilities. All of these facilities, slated to open in FY2010, were constructed under the Joint Venture program and include the Lake County Health Center in California, the Santee Health Center in Nebraska, the Ada Hospital in Oklahoma, and the Absentee Shawnee Health Center in Oklahoma. In order to provide accessible and quality healthcare, we need to provide modern health facilities for our providers and patients.

The proposed budget also includes increases totaling $266.9 million that address funding inequities and strengthen the capacity of the Indian health system to provide clinical and preventive care and increase access to care. The request of $45.5 million for the Indian Health Care Improvement Fund will allow facilities funded at the lowest levels to expand health care services and address primary care needs. The Contract Health Services budget is proposed to be increased by $117 million, and within the total amount for Contract Health Services, $48 million is identified for catastrophic and high-cost cases, an increase of $17 million over the FY 2009 Omnibus level. This increase is essential to cover demand for needed referral services outside the Indian health system. An additional increase of $104.4 million for Contract Support Costs will provide more funds for Tribes that have assumed the administrative role for programs previously carried out by the Federal government. Increases for these activities have been some of the highest budget priorities for Tribes for the past several years.

The budget will also expand the successful interventions developed as part of the Chronic Care Initiative and ensure each IHS Area Office has a Health Promotion/Disease Prevention (HP/DP) coordinator to implement the effective prevention efforts and strategies of the HP/DP Initiative. A total of $3.3 million is included for these activities. Finally, to ensure administrative infrastructure and continued support for the agency's health IT solution, the FY 2010 President's budget request includes $18.3 million for health IT and the Direct Operations budget. Additional funding of $5.6 million will provide funding for basic health services for two tribes that recently became eligible for IHS funding in the Nashville Area IHS, the Mashpee Wampanoag Tribe of Massachusetts and the Tuscarora Nation of New York.

For the Facilities appropriation, the overall request is $394.8 million, which is a net increase of $4.6 million. This funding level builds off of Recovery Act funding for IHS, which was primarily for Facilities activities and the implementation that will occur through FY 2010. The Health Care Facilities Construction budget of $29.2 million (a reduction of $10.8 million) will continue the construction of the replacement hospital at Barrow, Alaska, and the San Carlos and Kayenta, Arizona health clinics.

In closing, the President's FY 2010 budget request for the IHS is an investment 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. The Administration is

committed to ensuring that IHS can meet the needs of the population it is responsible for serving. While the President and I both understand that more money is not the whole answer, the significant increase in resources for IHS recommended in the President's Budget is essential for the agency to increase services and effectively fulfill its mission. The President's proposed increase for IHS is a step in the right direction towards healthier American Indian and Alaska Native communities. Now is the time to begin the important work of bringing change to the Indian Health Service, to improve health care quality, to modernize and upgrade IHS facilities, and expand health promotion and disease prevention and to ensure that American Indians and Alaska Natives are able to get the healthcare they deserve.

Thank you for this opportunity to present the President's FY 2010 budget request for the IHS.