



The Confederated Tribes of the Colville Reservation



Prepared Statement of the Honorable Jarred-Michael Erickson, Chairman
Confederated Tribes of the Colville Reservation

House Committee on Natural Resources
Subcommittee for the Indigenous Peoples of the United States

Legislative Hearing on H.R. 5549, the “Indian Health Service Advance Appropriations Act”

July 28, 2022

As a rural, land-based Indian tribe, the Confederated Tribes of the Colville Reservation (“Colville Tribes” or the “CCT”) has unique challenges to providing health care for our tribal community. The CCT is a direct service tribe, which means that health care and associated billing and administrative support is provided by Indian Health Service (“IHS”) employees. Direct service tribes have the most demonstrable interest of all tribal stakeholders in IHS having a full year of appropriated funding because the health providers in our communities are IHS employees and are the first to be affected when IHS funding is disrupted.

The Colville Tribes supports H.R. 5549, the “Indian Health Service Advance Appropriations Act,” and urges the Committee to swiftly pass it. The Colville Tribes has some additional comments and recommendations for the Committee to consider related to both advanced appropriations authority and the Committee’s oversight of IHS generally.

By way of background, although now considered a single Indian tribe, the Confederated Tribes of the Colville Reservation is a confederation of twelve aboriginal tribes and bands from across eastern Washington state, northeastern Oregon, Idaho, and British Columbia. The present-day Colville Reservation is in north-central Washington state and was established by Executive Order in 1872. The Colville Reservation covers more than 1.4 million acres and its boundaries include portions of both Okanogan and Ferry counties. Geographically, the Colville Reservation is larger than the state of Delaware and is the largest Indian reservation in the Pacific Northwest.

A. Government Shutdowns and Continuing Resolutions Aggravate Ongoing Problems with the Lack of Health Providers and Staffing

IHS funding is dependent on Congress passing the Interior spending bill before the end of the fiscal year, which very rarely happens. Instead, Congress usually passes a Continuing Resolution (CR) to fund the federal government until it has time to enact final spending bills.

Receiving funds under a CR limits IHS’s activities because IHS can only expend funds for the duration of a CR, which prohibits the agency from making longer-term, potentially cost-saving purchases and decisions. Recruitment and retention of health care providers also suffers because CRs and government shutdowns disrupt recruitment activities like application reviews, interviews, and extending job offers to health providers.

Like other rural health providers, the Colville Service Unit faces immense challenges recruiting and retaining doctors and medical staff, even during stable budget years. For decades, the CCT has endured chronically low staffing levels and high vacancy rates. At one point during the past decade, IHS calculated that the Colville Service Unit had less than one third of the required number of clinical staff and only one quarter of the required number of dental staff.

Staffing shortages not only increase the wait times for patients but, in the CCT's case, have also had other consequences. Lack of health providers has resulted in fewer patient encounters, which has had a negative domino effect on the CCT's Purchased/Referred Care funding and user population. The staffing shortages have also prompted the CCT's health care providers to seek other employment because many of the patients in their respective panels have chronic illnesses that multiply the number of visits in their annual workloads.

The budgetary disruption caused by a government shutdown or a CR makes the lack of health providers even more acute. When Congress fails to pass annual spending bills or a CR and the federal government must shut down, IHS has, in the past, limited at least some services for both contracted and direct service tribes until the shutdown ends.

During the last government shutdown, interviews and other activities related to filling vacancies in the Colville Service Unit were put on hold, making potential applicants even less inclined to want to navigate the federal hiring process. For this reason alone, the Colville Tribes supports H.R. 5549 because advance appropriations, if enacted, would insulate IHS and the Colville Service Unit from this type of disruption in the future.

B. Transparency will be Needed for IHS to Provide Reliable Budget Estimates

As the COVID-19 pandemic demonstrated, unforeseen events sometimes arise that will impact federal agency budgets. The CCT understands that IHS begins planning for its budget request three years in advance. Beginning the budget process that far in advance is helpful for tribal and tribal organizational stakeholders to participate in the budget formulation process. It also illustrates, however, that no matter how reliable budget forecasts may be, circumstances can arise that no one could reasonably predict that require budget modifications.

As the Committee is aware, the Veterans Health Administration is the other federal agency with advanced appropriations authority. Modifications to that agency's budget appear to have been addressed by Congress on a case-by-case basis as issues arise.

While IHS has invited tribal advisory committees and tribal organizations to have some input into IHS's budget formulation, the Colville Tribes recommends that IHS and the Committee make information related to IHS's budget formulation process and the projection models that IHS will use to estimate advance appropriations available to all of Indian country. Making this information readily accessible would provide transparency and enable all Indian tribes the opportunity to provide input on IHS's budget estimates for advance appropriations, not

just the small number of tribes and organizations that are involved with IHS budget advisory committees.

C. The Committee Should Also Address other IHS and Indian Health-Related Issues

Apart from H.R. 5549 and the need for advance appropriations, there are some longstanding issues with IHS, particularly with its provision of services for direct service tribes, that the CCT is hopeful that this Committee will also prioritize and take legislative action on.

The Colville Tribes has previously testified before this Committee about the unique challenges that direct service tribes face in updating their staffing levels. For the CCT and similarly situated direct service tribes, these staffing ratios are determined when their initial IHS health facility opens for operation. While these levels may increase incrementally as the IHS base budget increases, they can never be brought anywhere close to what is needed in modern times.

Tribes that have not been able to update their staffing ratios by constructing a new facility under the Priority List or the Joint Venture facility Construction programs are frozen in time for staffing ratio purposes. For the CCT, these historic staffing ratios date back to 1927 when the U.S. Public Health Service converted a Department of War building in Nespelem, Washington, for use as the CCT's initial health clinic.

While the Colville Tribes was fortunate to have been awarded a Joint Venture facility construction project in 2020 during the last solicitation round and hopes to update its staffing levels soon, many other Indian tribes nationally continue to face challenges associated with historically low staffing levels.

Other IHS organizational and management issues have manifested themselves at the Colville Service Unit, including delays associated with the IHS's processing of third-party billing. These delays have led our members, including members of the Colville Business Council, to be turned over to collection agencies, among other negative impacts.

Provisions to address staffing and recruitment and retention issues were included in the "Restoring Accountability in the Indian Health Service Act," which was introduced in prior congresses. In addition to advanced appropriations for IHS, the Colville Tribes urges the Committee to pursue these reforms going forward.
