National Tribal Budget Formulation Workgroup's Recommendations for the Fiscal Year 2020 IHS Budget

ALL TRIBES AND URBAN INDIAN ORGANIZATIONS CALL MAY 14, 2018



Fiscal Year 2020 Budget Recommendations

Partnering to Build a Strong and Sustainable Indian Health System: Honoring Tribal Sovereignty to Fulfill the Federal Trust Responsibility

Tribal Workgroup Co-Chairs:

Andy Joseph, Jr.

Confederated Tribes

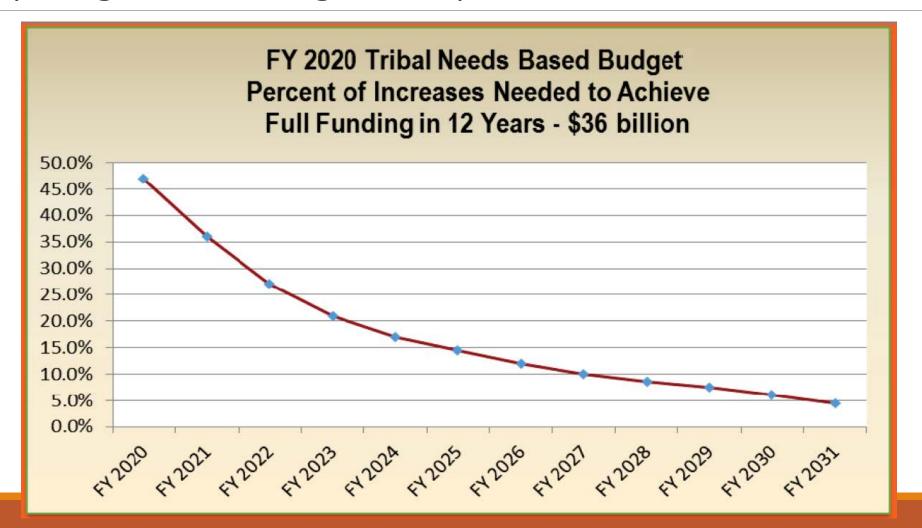
of the Colville Reservation

Bruce Pratt

Pawnee Nation

Victor Joseph
Tanana Chiefs
Conference

To Change Outcomes, New Resources *ARE* Required: Recommend Phasing in FULL Funding of IHS of \$36 Billion for Medical Care and Replacing & Modernizing Health System Infrastructure over 12 Years





- I. Commit to fully fund IHS at \$36 Billion phased in over 12 years
- II. Increase the President's Budget Request to a total of \$7 billion for the IHS in FY 2020 by adding at a minimum:
- +\$189.1 million for full funding of current services
- +\$276.1 million for binding fiscal obligations
- +\$1.5 billion for program increases for the most critical health issues (~36% above FY2017 Enacted).

Increase 36% over FY2017 IHS Enacted Budget: +\$1.6 Billion (Represents a Request of \$7 Billion for IHS in FY2020)		Recommended:
Fully Fund Current Services		+\$189.1Million
Binding Agreements: Health Care Facilities Construction Projects (Planned): +\$83.3M Staffing Costs for New Facilities (estimate): +\$68.8M New Tribes (estimate): +\$0		+\$276.1 Million
Contract Support Costs (Estimate):		+\$100 Million
TOP 15 PRIORITIES FOR PROGRAM EXPANSION: Hospital & Clinics Purchased/Referred Care Mental Health Alcohol and Substance Abuse Dental Services Health Care Facilities Construction/Other Authorities Sanitation Facilities Construction Urban Indian Health Maintenance & Improvement Equipment	+\$409.0 Million +\$407.0 Million +\$157.2 Million +\$123.8 Million +\$ 98.3 Million +\$ 81.4 Million +\$ 72.5 Million +\$ 32.7 Million +\$ 32.5 Million	
Public Health Nursing Health Education Community Health Representatives (CHRs)	+\$ 21.9 Million +\$ 20.0 Million +\$ 18.9 Million	
Indian Health Professions Direct Operations	+\$ 16.2 Million +\$.6 Million	

- III. Support the Preservation of Medicaid, the Indian Health Care Improvement Act and other Indian-specific provisions in the Patient Protection and Affordable Care Act (P.L. 111-48)
- IV. Fund Critical Infrastructure Improvements which impact patient care including
 - Health IT
 - Health Facilities and Construction Funding and Equipment
- V. Advocate that Tribes and Tribal programs be permanently exempt from sequestration



- VI. Support Advance Appropriations for the Indian Health Service
- VII. Allow federally-operated health facilities and IHS headquarters the same flexibility to adjust programmatic funds across accounts to maximize efficiency and effective use of federal dollars at the local level
- VIII. Support funding of Tribes outside of a grant-based system





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