



Win Advance Appropriations for the Indian Health Service: Share Your Story Today

Each year, Congress must appropriate funds to the Indian Health Service (IHS) before Tribes and IHS facilities can receive operating funds. However, in the last 16 years Congress has only managed to enact IHS funding before the beginning of the fiscal year once. Sadly, the delay in funding is mostly due to unrelated political games in Washington.

Unreliable funding distributions create unnecessary work and additional expenses. When Congress cannot agree on a budget by the end of the fiscal year, it passes what is known as a “continuing resolution” (or “CR”) to keep federal funding flowing for a short time. The length of a CR can vary significantly from just a few weeks to several months. The result is that Tribal health programs are left to make long-term decisions with only short-term money guaranteed. Often programs must determine whether and how they can enter into contracts with outside vendors and suppliers, plan programmatic activities, or maintain current personnel.

We believe that Indian Country deserves better. Funding for the Indian health system is a result of Treaties and other legal obligations made by the federal government with Indian Country and should not be held hostage each year. Adopting an advance appropriations process is one solution advocates are pursuing to assist Tribal and IHS facilities fiscally plan more efficiently. Advanced appropriations would mean Tribal and IHS facilities would know their funding levels one year in advance. Congress uses a similar funding procedure for the Veterans’ Health Administration.

This might make sense to us, but we need help convincing Congress! Please share some examples of how delays in funding, or short term funding by Congress has hurt health delivery or hindered long term planning at your facility.

Share your experience. Consider the following examples and questions and share your story with NIHB’s Director of Congressional Relations, Caitrin Shuy (cs Huy@nihb.org) today!

Here are Examples:

- The President of the Maniilaq Association testified before a House Committee on July 15, 2014 that they must buy heating fuel for their facilities in September of each year, but it because of budget uncertainty they can only purchase a small amount at a time. If IHS knew its funding level, Maniilaq would be able to purchase the fuel in larger quantities which is cheaper.
- In a testimony submitted to the Senate Committee on Indian Affairs, on November 14, 2013 the Chairwoman of the Mississippi Choctaw stated: *“...the uncertainty caused by the combination of sequestration and the government shutdown interrupted many hospital and health department operations. Final payments were slow to reach us with payments distributed erratically, even down to the last few days of September 2013. Such an unpredictable stream of income for a small reservation hospital in rural Mississippi that provides services to more than 10,000 eligible*

users limits the tribe's ability to plan for such services and execute the contracts that are necessary to operate our facility."

Questions to consider when writing about your own experience with CRs:

- Does delayed or short term funding make running your health facility more expensive?
- Is it harder to hire staff without knowing what your next year's funding will be?
- Does it mean you can't enter into long-term, less costly contracts with vendors & suppliers?
- Do you have to take out loans from a bank to help bridge the funding year-to-year?
- Are you unable to plan or implement strategic plans to expand care at your facility?