Dear Chairwoman Murkowski and Ranking Member Udall:

The AI/AN Health Partners is a coalition of health organizations dedicated to improving health care for American Indians and Alaska Natives (AI/ANs). AI/ANs face substantial health disparities, and higher mortality and morbidity rates than the general population. The Indian Health Service (IHS) is a critical aspect of how they are able to access health care. However, the IHS must have sufficient resources to meet its mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level. We urge you to fund the IHS at the highest amount possible as you work to finalize the FY 2021 Interior appropriations bill.

As health organizations that provide services for this vulnerable patient population, we thank you for the priority the Subcommittee has given the IHS in the Committee’s fiscal year 2021 Interior Appropriations bill. A priority for our organizations has been to increase the professional workforces in facilities run by the IHS and tribal organizations.

The Health Professions account provides loan repayment, the Service’s best recruitment tool, for providers who work in Indian country. Those health care professionals need modern equipment to make accurate clinical diagnoses and prescribe effective medical treatments. Therefore, we urge you to recede to the House bill’s funding levels of $72,299,000 for the Indian Health Professions and $33,975,000 for equipment. Together, these increases will help to recruit and retain more providers in Indian country.

The Administration requested $125,000,000 for an electronic health record (EHR) system in its fiscal year 2021 budget. The CARES bill appropriated $65,000,000 for the EHR and the House-passed fiscal year 2021 Interior bill completed the funding by adding $61,000,000. The Senate Interior bill would only provide an additional $8,00,000 beyond the CARES bill. Failing to fully fund this request, will delay the ability of the Service to fully implement the new system in a timely manner.

We strongly urge you to support the House-passed funding levels for the new EHR system.
Both the House and Senate Appropriations Committees recognize in their bills the need to address funding 105(l) lease agreements. However, we are concerned about the approach included in the Senate Interior bill that sets up a “robbing Peter to pay Paul” situation.

The Senate bill increases funding for the IHS overall by roughly $163 million. However, just under 62 percent of that increase is solely for the appropriation for 105(l) leases. While Tribes strongly support the creation of a separate account for 501(l) leases, there must be adequate support to cover increases for other line items. The Senate bill calls for shifting funding from important line items like Hospitals & Health Clinics. The Senate FY 2021 appropriation for Hospitals & Health Clinics is $78,000,000 below current funding and $241,047,000 below the House committee mark.

As Indian Country battles some of the highest COVID-19 infection rates, now is not the time to decrease funding in the Hospitals & Health Clinics line item. As of November 29, 2020, the IHS reported that 104,256 Native Americans tested positive for the coronavirus, an 8.2 percent positivity rate. Public health professionals have recommended that states seek a positivity rate of 5 percent or below.

For fiscal year 2021, we urge you to maintain the House-passed amount of $4,122,177,000 for the Hospitals & Health Clinics funding so that the IHS can effectively work to reduce the COVID-19 rate in Indian country.

Thank you for considering our requests. We look forward to working with you to improve health care for American Indians and Alaska Natives.

Sincerely yours,

Academy of Nutrition and Dietetics
American Academy of Dermatology Association
American Association of Colleges of Nursing
American Dental Association
American Optometric Association
American Physical Therapy Association
Association of American Indian Physicians
Commissioned Officers Association of the U.S. Public Health Service, Inc. (COA)