

IHS ADVANCE APPROPRIATIONS

Summary of Issue:

Since Fiscal Year (FY) 1998 there has been only one year (FY 2006) when the Interior, Environment and Related Agencies budget, which contains the funding for Indian Health Service (IHS), has been enacted by the beginning of the fiscal year. Late funding provides significant challenges to Tribes and IHS provider budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts. Providing sufficient, timely, and predictable funding is needed to ensure the federal government meets its obligation to provide health care for American Indian and Alaska Native people.

An advance appropriation is funding that becomes available one year or more *after* the year of the appropriations act in which it is contained. For instance, if FY 2017 advance appropriations for the IHS were included in the FY 2016 Interior, Environment and Related Agencies Appropriations Act, those advance appropriations would not be counted against the FY 2014 Interior Appropriations Subcommittee's funding allocation but rather would be counted against its FY 2015 allocation. It would also be counted against the ceiling in the FY 2017 Budget Resolution, not the FY 2016 Budget Resolution.¹

Representative Young (R-AK) introduced HR 395, *Indian Health Service Advance Appropriations Act of 2015*, on January 14, 2015. However, a companion bill has not been introduced in the Senate.

Objectives/Goals:

To begin an advanced appropriations cycle there must be an initial transition appropriation which contains (1) an appropriation for the year in which the bill was enacted (for instance, FY 2016) and (2) an advance appropriation for the following year (FY 2014). Thereafter, Congress can revert to appropriations containing only one year advance funding. If IHS funding was on an advance appropriations cycle, tribal health care providers, as well as the IHS, would know the funding a year earlier than is currently the case and would not be subject to Continuing Resolutions.

With strong, positive steps during the last Congress, including introduction of two pieces of legislation and an amendment offered by Senator Lisa Murkowski (R-AK) in the budget resolution, this year, we intend to build on that momentum. The first step will be seeking re-introduction of the legislation from the last Congress and continuing to build support among other members of Congress and the Administration.

Strategy & Actions:

1. Outreach to Congressional offices in support of advance appropriations for IHS

The more support we are able to build early in the process, the better chance advance appropriations will have of moving forward this year. This means, working with your own representatives and senators to

¹ A Budget Resolution includes, among other things, spending limits for discretionary spending for the upcoming fiscal year and at least five ensuing fiscal years. It does not have the effect of law but its aggregate spending allocations, including limitations on the amount of advance appropriations, are enforceable through points of order and other procedural mechanisms.

build support by providing examples of how continuing resolutions and delayed funding impact the delivery of health care in your community will be vital.

Achieving IHS advanced appropriations would require new legislative language for the Interior, Environment and Related Appropriations Act providing for advance appropriations for the Indian Health Services and the Indian Health Facilities accounts.

It is important that we continue to educate specifically members of key Congressional Committees. These committees include:

- House and Senate Appropriations Committees
- House and Senate Budget Committees
- Senate Committee on Indian Affairs
- House Natural Resources Committee
- House Energy and Commerce Committee

2. Budget Committee: Inclusion of IHS Advance Appropriations in a Budget Resolution

House and Senate budget resolutions, which are under the jurisdiction of the Budget Committees, are not signed into law but rather express the views of the House and Senate on overall spending, revenue, deficits and debt. Of significance is that in most years since 2003, the Budget Resolution limits how much—and for what purpose—advance appropriations may be made. Because the Budget Resolution often sets a cap on advance appropriations it is important to include the Indian Health Services and the Indian Health Facilities appropriations accounts in the list of advance appropriations which are authorized by the Budget Resolution. Otherwise, advance appropriations would be subject to a point of order objection.

We want language added to include the IHS advance appropriations in this list of exceptions. This means strong advocacy by Tribes and their supporters early in 2015 will be needed to achieve this goal

3. Advocacy with the Administration to Earn Support for the Initiative

In 2014 Tribes made significant progress on advance appropriations including having legislative hearings in both the House and Senate on the issue. However, our congressional allies told us that it would be difficult to actually achieve advance appropriations for IHS without explicit support from the Administration. The Department of Health and Human Services (HHS) has not issued an opinion on the matter despite repeated requests from Congress and Tribal advisory committees.

It will be critical to continue to request the administration support this specific legislative change in their FY 2016 or other future budgets. The Administration has already supported advance appropriations for the VA. On April 9, 2009, President Obama said: *“Now, the care that our veterans receive should never be hindered by budget delays. I’ve shared this concern with Secretary Shinseki, and we have worked together to support advanced funding for veterans’ medical care. What that means is a timely and predictable flow of funding from year to year, but more importantly, that means better care for our veterans.”*