



# Indian Health Service

	<i>dollars in millions</i>			
	2018 /1	2019 /2	2020 /3	2020 +/- 2019
<b>Services Programs</b>				
Clinical Services	3,606	3,616	3,997	+382
<i>Hospitals and Health Clinics (non-add)</i>	2,055	2,055	2,363	+309
<i>Quality Improvement and Certification/4 (non-add)</i>	58	58	68	+10
<i>Ending HIV Epidemic/Hepatitis C Initiative (non-add)</i>	--	--	25	+25
<i>National Community Health Aide Program (non-add)</i>	--	--	20	+20
<i>Electronic Health Record System</i>	--	--	25	+25
<i>Purchased/Referred Care (non-add)</i>	963	964	968	+5
<i>Indian Health Care Improvement Fund (non-add)</i>	72	72	72	--
Preventive Health	167	171	118	-53
<i>Public Health Nursing (non-add)</i>	84	86	92	+6
<i>Health Education (non-add)</i>	19	20	--	-20
<i>Community Health Representatives (non-add)</i>	62	63	24	-39
Other Services	179	179	171	-8
<i>Tribal Management Grant Program (non-add)</i>	2	2	--	-2
<i>Direct Operations (non-add)</i>	72	72	74	+2
<b>Subtotal, Services Programs</b>	<b>3,952</b>	<b>3,966</b>	<b>4,287</b>	<b>+321</b>
<b>Contract Support Costs</b>				
Contract Support Costs	763	718	855	+137
<b>Subtotal, Contract Support Costs</b>	<b>763</b>	<b>718</b>	<b>855</b>	<b>+137</b>
<b>Facilities Programs</b>				
Health Care Facilities Construction	243	243	166	-78
Sanitation Facilities Construction	192	192	193	+1
Facilities and Environmental Health Support	241	242	251	+9
Maintenance and Improvement	168	168	169	+1
Medical Equipment	24	24	24	--
<b>Subtotal, Facilities Programs</b>	<b>868</b>	<b>869</b>	<b>803</b>	<b>-66</b>
<b>Total Discretionary Budget Authority</b>	<b>5,582</b>	<b>5,553</b>	<b>5,945</b>	<b>+392</b>
<b>Funds from Other Sources</b>				
Health Insurance Collections	1,194	1,194	1,194	--
Rental of Staff Quarters	9	9	9	--
Diabetes Grants	150	150	150	--
<b>Subtotal, Other Sources</b>	<b>1,352</b>	<b>1,352</b>	<b>1,352</b>	<b>--</b>
<b>Total Program Level</b>	<b>6,935</b>	<b>6,905</b>	<b>7,297</b>	<b>+392</b>
Full-Time Equivalents	15,285	15,285	15,399	+114

1/ Reflects the FY 2018 Final level including actual Contract Support Costs and a \$25 million reprogramming notified to Congress on August 28, 2018.

- 2/ Reflects the annualized level of the continuing resolution and directed or permissive transfers. Includes an anomaly of \$15.3 million for staffing of newly-constructed health care facilities.
- 3/ The Budget requests a total of \$97.5 million for staffing of newly-constructed health care facilities and \$68.8 million for current services, which is allocated across several funding lines.
- 4/ Includes \$58 million for accreditation emergencies in order to meet CMS Conditions of Participation.

*The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.*

The Fiscal Year (FY) 2020 Budget requests \$5.9 billion for the Indian Health Service (IHS), an increase of \$392 million or 7 percent above FY 2019. The Budget strengthens the Administration’s commitment to improve the health and well-being of American Indians and Alaska Natives through strategic investments across Indian Country.

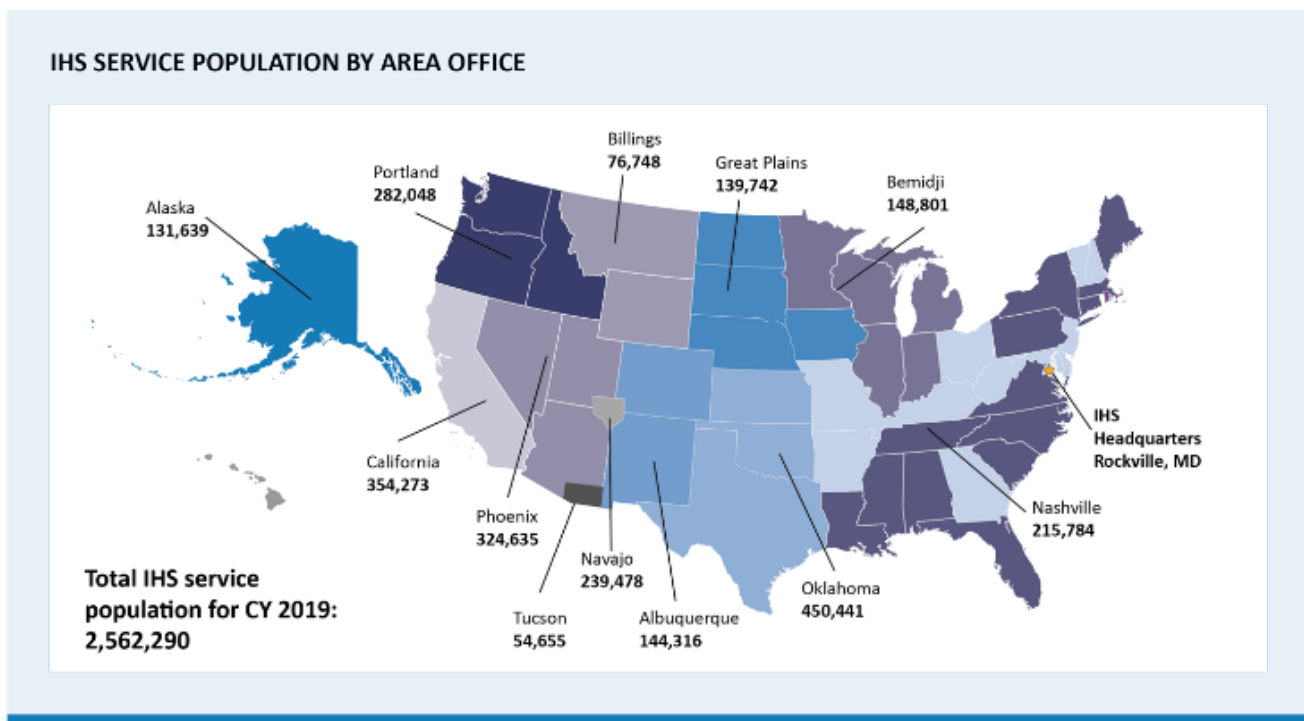
The FY 2020 Budget increases investments in programs making the greatest impact in Indian Country. These programs provide direct health care services through hospitals and health clinics and address dental health, mental health, and alcohol and substance abuse. The Budget fully funds staffing for new and replacement facilities, new tribes, and Contract Support Costs, which supports tribes that administer their own health programs and facilities.

The Budget invests in new programs to improve patient care, including: quality and oversight, recruitment and

retention of health care professionals, Hepatitis C prevention and treatment, the National Community Health Aide Program, and the Electronic Health Record System transition. The Budget also provides \$69 million for current services for pay and medical inflation costs, so that purchasing power is not diminished. These funding increases support IHS’s goal to ensure that comprehensive, culturally acceptable public health services are available and accessible to American Indian and Alaska Native people.

**FULFILLING THE UNIQUE ROLE OF THE INDIAN HEALTH SERVICE BY EXPANDING ACCESS TO CARE**

The federal government has a unique government-to-government relationship with 573 tribes. More than sixty percent of the IHS budget funds services that are administered directly by tribes. IHS consults and partners with tribes to maximize participation in administering the programs that impact their



communities. IHS and tribes provide a comprehensive health service delivery system to nearly 2.6 million American Indians and Alaska Natives.

In line with tribal recommendations, the Budget expands health care services delivered through a federal and tribal network of 45 hospitals, 335 health centers, 83 health stations, and 134 Alaska village clinics across the nation. IHS also provides contracts and grants to 41 nonprofit urban Indian organizations providing health care services at 59 locations throughout the United States. The FY 2020 Budget provides \$4 billion for Clinical Services, an increase of \$382 million above FY 2019. This increase will support direct health care services across the IHS system, including inpatient, outpatient, ambulatory care, dental care, and medical support services such as laboratory, pharmacy, nutrition, behavioral health services, and physical therapy.

#### ***Purchased/Referred Care***

IHS contracts with hospitals and health care providers through the Purchased/Referred Care program for the services it cannot directly provide within its network. The Budget provides \$968 million for this program, an increase of \$5 million above FY 2019, to support medical care for catastrophic injuries, specialized care, and other critical care services. IHS supports a growing number of medical services in several areas across the country, and this increase continues that expansion.

#### ***Addressing Behavioral Health Disparities***

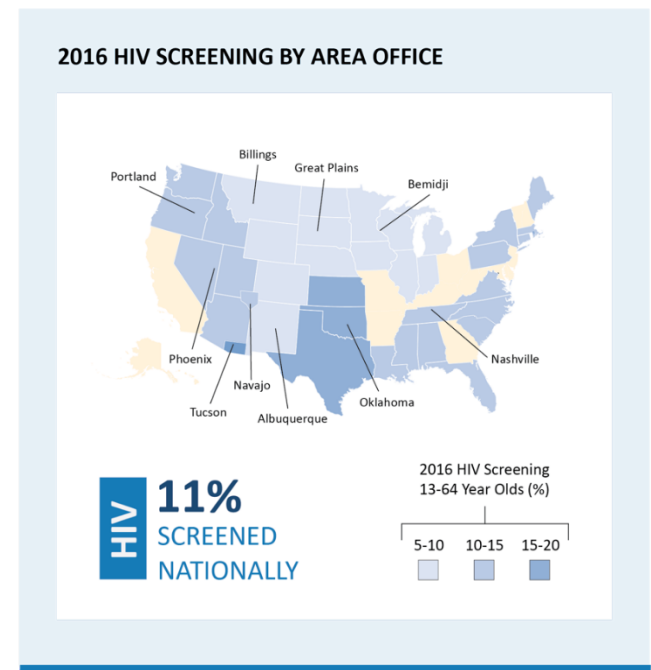
Substance use disorders, mental health disorders, suicide, violence, and behavior-related chronic diseases disproportionately impact the health of American Indian/Alaska Native individuals, families, and communities. IHS programs prioritize integrated behavioral health and primary care while respecting the balance, wellness, and resilience of American Indian and Alaska Native people. To combat these disparities, the Budget requests a total of \$356 million for Mental Health, Alcohol and Substance Abuse programs, an increase of \$27 million above FY 2019.

#### ***Eliminating Hepatitis C in Indian Country and Ending the HIV Epidemic: A Plan for America***

The Budget provides \$25 million for establishing the Eliminating Hepatitis C and HIV/AIDS in Indian Country

Initiative to provide treatment and case management services to prevent Hepatitis C infection and enhance HIV testing and linkages to care in support of the Administration's Ending HIV Epidemic Initiative.

The new Initiative will also aim to diagnose all individuals with HIV as early as possible after infection, treat the infection rapidly and effectively to achieve sustained viral suppression, protect individuals at risk of HIV using proven prevention approaches, and respond rapidly to growing HIV clusters to prevent new HIV infections. The Initiative will work to reduce new infections in the United States by 75 percent in the next five years and by 90 percent in the next 10 years. American Indians and Alaska Natives are ranked fourth in the nation for the rate of new infections of HIV when compared with all other races and ethnicities.<sup>1</sup>



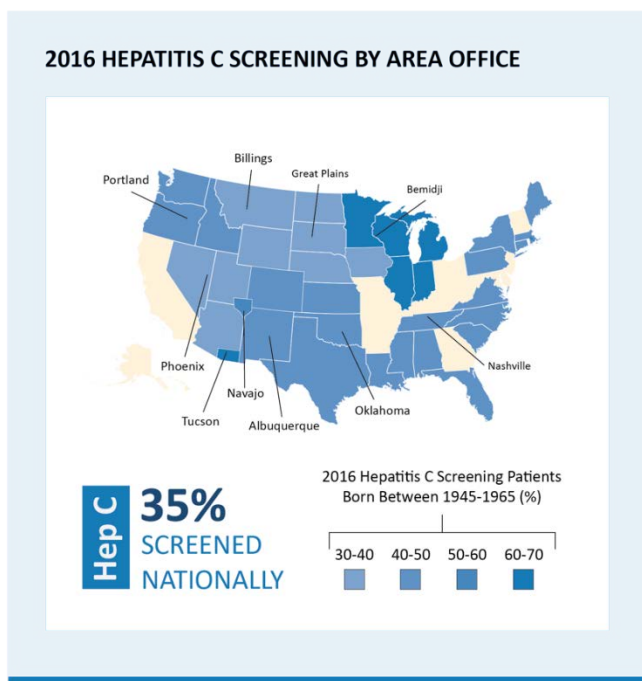
American Indian and Alaska Native people are also disproportionately affected by Hepatitis C infection. National data reveal that American Indian and Alaska Native people experience more than double the

<sup>1</sup> U.S. Centers for Disease Control and Prevention. (2018, April 3). IV Among American Indians and Alaska Natives in the United States. Accessed February 26, 2019, from

<https://www.cdc.gov/hiv/group/raciaethnic/aian/index.html>

national rate of Hepatitis C-related mortality and have the highest rate of acute Hepatitis C.<sup>2</sup>

The Initiative focuses on both Hepatitis C and HIV/AIDS to maximize public health benefits and make the most of taxpayer dollars. Hepatitis C prevention and treatment services help reduce active transmission of HIV/AIDS, a frequent co-infection. The Health Resources and Services Administration estimates about 25 percent of people living with HIV also have Hepatitis C, and people who are co-infected are more likely to have life-threatening complications from Hepatitis C.



### **Quality Improvement and Certification**

The Budget prioritizes quality health care services at \$68 million, an increase of \$10 million above FY 2019, to implement nationwide quality and recruitment programs, and assist facilities to meet and maintain CMS quality health care standards. This total includes \$8 million for a new Recruitment and Retention Initiative to implement a variety of strategies, including housing subsidies, compensation supplements, and additional IHS Loan Repayment and Scholarship awards to improve recruitment and retention of qualified health care professionals. The Budget also includes \$2 million for a new Quality and Oversight Initiative to implement nationwide evidence-based quality assurance tools and practices to improve quality care.

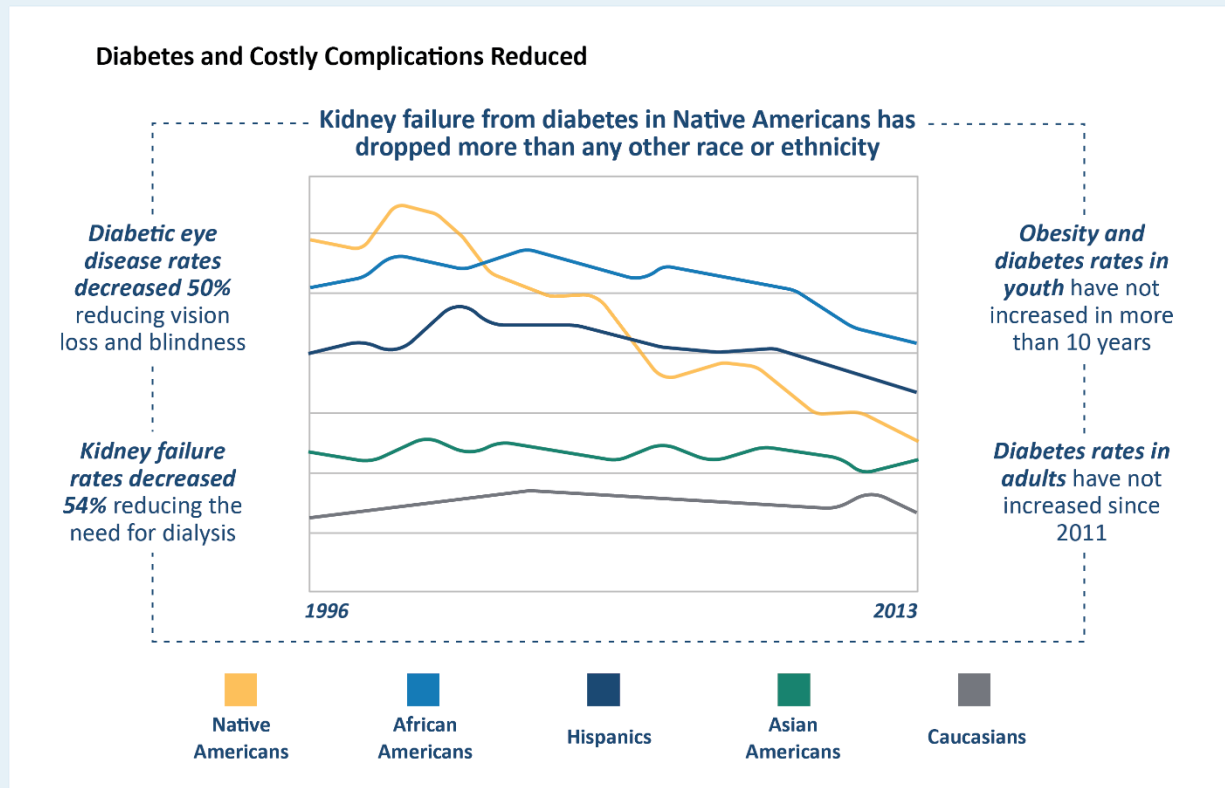
### **Preventive Health Services**

The Budget includes \$118 million for Preventive Health Services to invest in evidence-based and outcome-driven programs that improve the health of American Indians and Alaska Natives. The Budget reforms in-home clinical health care services through nationwide expansion of the evidence-based Community Health Aide Program and starts phase out of the Community Health Representatives Program. The new National Community Health Aide Program will build a network of health aides to partner with health care providers and provide health care, health promotion, and disease prevention services. Aides will help expand access to health services in areas that are challenging to serve due to proximity to health care facilities and provider vacancies.

The Budget funds Public Health Nursing at \$92 million, an increase of \$6 million, and immunization programs to deliver direct health care services and expand access to care for rural and isolated communities.

<sup>2</sup> U.S. Centers for Disease Control and Prevention, Division of Viral Hepatitis. Viral Hepatitis Surveillance-United States, 2016. Accessed February 27, 2019.

**SPECIAL DIABETES PROGRAM FOR INDIANS : CHANGING THE COURSE OF DIABETES**



**Special Diabetes Program for Indians**

In 1997, Congress established the Special Diabetes Program for Indians in response to the diabetes epidemic among American Indians and Alaska Natives. The Budget provides \$150 million in mandatory funding each year in FY 2020 and FY 2021 for this results-driven grant program that has changed the course of diabetes across Indian Country. The program serves an estimated 780,000 people each year.

The Special Diabetes Program has reduced diabetes and costly complications among American Indian and Alaska Natives, who are substantially more likely than the general population to be diagnosed with diabetes. For example, diabetic eye disease rates have decreased by 50 percent, reducing vision loss and blindness. Kidney failure rates have decreased by 54 percent, reducing the need for dialysis. Additionally, youth obesity and diabetes rates have not increased in more than ten years, and diabetes rates in adults have not increased since 2011.

**Staffing Increases**

The Budget provides \$98 million to fully fund staffing and operating costs for four newly-constructed health care facilities, including Cherokee Nation Regional Health Center, Oklahoma; Yakutat Tlingit Health Center, Alaska; Northern California Youth Regional Treatment Center, California; and Ysleta Del Sur Health Center, California. These investments will expand health care services and address critical needs in these communities. Three of the facilities, Cherokee Nation Regional Health Center, Yakutat Tlingit Health Center, and Ysleta Del Sur Health Center, are part of the Joint Venture Construction program where tribes provide funding for the construction of a new or replacement facility, and IHS works with Congress to fund staffing and operating costs.

**Health Information Technology**

Health Information Technology provides the framework for comprehensive management of health information and its secure exchange between consumers, providers, government quality entities, and insurers. Health Information Technology also offers tools to improve quality, safety, and efficiency of the

health care delivery system. In FY 2020, the Budget invests \$25 million to begin transition to a new and modernized Electronic Health Record system. This funding will lay the groundwork to improve the quality of care, reduce the cost of care, promote interoperability, simplify IT service management, increase the security of patient data, enhance cybersecurity, and update infrastructure across rural locations to enable a successful Electronic Health Record transformation.

**Health Insurance Reimbursements**

The Indian Health Care Improvement Act authorizes IHS to collect Medicaid, Medicare, Veterans Health Administration, and private health insurance reimbursements for services provided by IHS to eligible beneficiaries. The Budget request for IHS estimates \$1.2 billion in health insurance reimbursements, which have been used to maintain accreditation standards through hiring additional medical staff, purchasing and updating equipment, and making necessary building improvements.

**FACILITIES AND CONSTRUCTION**

IHS supports a comprehensive health care facilities program, including the construction and maintenance of health care facilities, and the purchase and maintenance of medical equipment in those facilities. IHS and tribally-run facilities total 17 million square feet in 37 states across the country. The Budget provides \$803 million for facilities programs, prioritizing direct health care services.

**Health Care Facilities Construction**

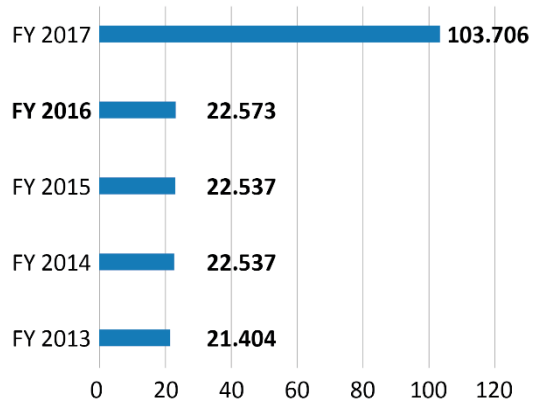
The Budget provides \$166 million for health care facilities construction to complete the construction of Bodaway Gap Health Center and the Pueblo Pintado Health Center, both located in Arizona. The 1993 Health Facilities Construction Project Priority List, developed by IHS in consultation with tribes in 1992, governs new and replacement facilities construction. The 2010 reauthorization of the Indian Health Care Improvement Act incorporated the priority list into the statute. In addition to federally-funded facilities construction, IHS administers the Joint Venture Construction program, which authorizes IHS to fund and staff facilities constructed by tribes.

**Sanitation Facilities Construction**

The Indian Health Care Improvement Act requires IHS to identify sanitation facility needs for existing

**MEDICAL EQUIPMENT INVESTMENTS  
(DOLLARS IN MILLIONS)**

Due to Department-Wide investments through the Non-Recurring Expenses Fund, as displayed below, the current IHS medical equipment backlog has been significantly reduced from \$103 million in FY 2013 to \$33 million in FY 2018.



Includes appropriated funding and funding provided through the Non-Recurring Expenses Fund.

American Indian and Alaska Native homes by documenting deficiencies and proposing projects to address their needs. These projects provide new and existing homes with first time services such as water wells, onsite wastewater systems, or connecting homes to community water and wastewater facilities. As a result of this program, infant mortality rates and mortality rates for gastroenteritis and other environmentally-related diseases have dropped approximately 80 percent since 1973. The Budget requests \$193 million for these activities to continue progress of this successful activity.

**Other Facilities Programs**

The Budget includes \$444 million for maintenance and improvement, medical equipment, and the Facilities and Environmental Health Support program, \$11 million above FY 2019. These programs fund IHS's ability to maintain, repair, and improve existing IHS and tribal health care facilities, purchase medical equipment, and support an extensive array of real property, community and institutional environmental health, and injury prevention programs.

## **FURTHERING INDIAN SELF-DETERMINATION**

IHS recognizes that tribal leaders and members are in the best position to understand the health care needs and priorities of their communities. The number of Tribal Self-Governance Program success stories grows each year, and IHS offers information, technical assistance, and policy coordination to enable this success. Today, tribes directly administer over 60 percent of the IHS budget through Indian Self-

Determination and Education Assistance Act contracts and compacts.

### ***Contract Support Costs***

Contract support costs cover the reasonable costs incurred by tribes for activities necessary for administering Federal programs. The Budget fully funds Contract Support Costs at an estimated \$855 million and continues the use of an indefinite appropriation, allowing IHS to guarantee full funding of this program.