

**TESTIMONY PROVIDED ON BEHALF OF ONEIDA TRIBE OF INDIANS OF WISCONSIN  
TO THE COMMITTEE ON NATURAL RESOURCES**

**HR 1328 – A BILL TO AMEND THE INDIAN HEALTH CARE IMPROVEMENT ACT**

**TESTIMONY PROVIDED BY VICE-CHAIRWOMAN KATHY HUGHES**

**March 14, 2007**

**Introduction**

The Oneida Tribe of Indians of Wisconsin is comprised of nearly 16,000 enrolled members representing a broad diversity of need and expectations from their government. Governed by the Oneida Business Committee, an elected body of nine members, the Oneida reservation is located in Northeast Wisconsin and covers an area of 65,000 acres. Today, I would like to address the need for Congress to swiftly address your bill, HR 1328, and briefly address two additional topics: Rescissions to the FY 2007 IHS budget and continued support for urban Indian health clinics.

**Request to Re-Authorize the Indian Health Care Improvement Act (IHCA)**

The United States has a longstanding trust responsibility to provide health care services to American Indians and Alaska Natives and the reauthorization of the Indian Health Care Improvement Act is a critical component in fulfilling that responsibility. To this end, it is imperative that Congress bring the codes and procedures in line with today's practices—not those which fall prey to systems created in 1992, when this law was last addressed. However, even with reauthorization, the endemic health care needs facing Indian Country will not be solved. To address these problems additional funding will be necessary and only then will the federal government be truly working to meet its trust responsibility to our First Americans.

Specifically, reauthorizing the Indian Health Care Improvement Act will accommodate the improved delivery of health care to American Indians and Alaska Natives by recognizing the need for Tribal Health care facilities to utilize the most updated medical practices. This will allow the Tribal clinics to streamline processes which will lead to reduce costs for services provided. Along with mainstream medical practices, this bill provides for holistic and traditional approaches to the delivery of medical services in Indian Country. The bill also moves us toward providing health care in the homes of those needing care rather than placing them in hospitals or other health facilities. These changes, along with the technical assistance programs provided in the bill, will

help Indian Country begin to address some of our most importance challenges in health care delivery.

### **History and Services Provided by Oneida Health Center**

The Oneida Health Center was constructed as a state-of-the art medical facility in 2003 and is the fulfillment of our dreams, planning and the hard work of past leadership. The Oneida Community Health Center began in 1973 with a small group of Oneida women who opened the clinic in a small suite of rooms. A series of growth steps occurred until recently as the Health Center is now a state of the art facility serving as many as 25,000 tribal members annually.

One of the unique characteristics of our facility is the cultural foundation that has been kept within the health center. In the Oneida tradition, the staff seeks to interact with patients, families and others in an inclusive manner which recognizes each individual as a person of dignity with individual needs and cultural considerations. Patients feel cared for and appreciate this interaction.

The Mission Statement for the Oneida Health Center is:

*Provide the highest level of quality, culturally sensitive, holistic and preventative health care.*

The Oneida Tribe realizes the importance offering the best health care to its citizens and seeks every opportunity to improve our health care systems.

The services our Health Center provides are as follows:

• Contract Health Services (CHS)	• Ultrasound
• Audiology	• Nutrition
• Physical Therapy	• Home Visits
• Pharmacy	• Behavioral Health
• Dental	• Pediatrics

<ul style="list-style-type: none"> <li>• Contract Health Services (CHS)</li> </ul>	<ul style="list-style-type: none"> <li>• Ultrasound</li> </ul>
<ul style="list-style-type: none"> <li>• Optical</li> </ul>	<ul style="list-style-type: none"> <li>• Urology</li> </ul>
<ul style="list-style-type: none"> <li>• Community Health Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Mammography</li> </ul>
<ul style="list-style-type: none"> <li>• Nutritional Services</li> </ul>	<ul style="list-style-type: none"> <li>• Urgent Care</li> </ul>
<ul style="list-style-type: none"> <li>• Health Promotion/Disease Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Women Infants and Children (WIC)</li> </ul>
<ul style="list-style-type: none"> <li>• Reproductive Health</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy/Asthma</li> </ul>
<ul style="list-style-type: none"> <li>• Internal Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Anna John Nursing Home</li> </ul>

The Oneida Health Center has a total of 17 doctors - nine full-time and eight part-time. There are eight dentists – four full-time and four part-time. There are four optometrists – one full-time and three part-time. The pharmacy fills approximately 150,000 prescriptions and refills annually.

The Oneida Health Center is currently funded at roughly 43% of the level of need for the health care services provided within our community. Based upon the Indian Health Service’s “open door policy,” the Oneida Tribe serves not only Oneida but is required to provide direct care services to any Native person from a federally recognized tribe who presents themselves for care within our facility. This places a tremendous strain on our health care system due to the fact that nearly 67% of our patient base does not carry any type of third party insurance coverage.

With the current budget meeting only 43% of the level of need, we are forced to provide urgent care services in many instances with little to no funding available for preventative care. However, the impact of additional funding is clearly evident and can be demonstrated by the improvement in diabetic care with the dollars the federal government has earmarked for the diabetes initiatives. The improvement of diabetic care within our community has improved tremendously since these additional funds have been made available to supplement the care of diabetes not only in Oneida but also in our native communities across the country.

The following shows the average number of days a patient would need to wait in the various service areas of the Oneida Health Center:

<u>Service Area</u>	<u>Average Number of Days Wait</u>
Medical Clinic Provider	16
Behavioral Health Provider	22
Optical Clinic Provider	52
Dental Clinic Provider	60
Dental Clinic Hygienist	147

Improved results would be expected in these areas and others if additional funding was provided to those as well. As it relates to dental, the most important aspect of a patient's care is the completion of the patient's treatment plan. Without the treatment plan being completed, patients run a greater risk of re-infection starting the cycle for treatment all over.

### **Indian Health Service Should Not Be a Part of Across-the-Board Budget Rescissions**

As mentioned above, the key to addressing the most critical needs problems associated with health care in Indian Country is funding. In FY 2007, Indian Health Services (IHS) received an increase in funding, but this increase was only slightly more than the budget recessions from FY 2006. Thus, the increase only returned the funding to the FY 2006 spending level. We are grateful for the increase, but it is not nearly enough to continue to meet the obligations of our health care needs. The Oneida Tribe operates on a fiscal year that starts in October. This year alone the Health Center has accepted 710 new patients with no increase in federal funding. As you can see, budget rescissions at the federal level would have a detrimental impact for providing essential health care to our community.

### **Support of Urban Indian Health Clinics**

Nearly one-half of the Indian population of the United States lives in or near urban areas. There are four (4) Urban Health Clinics in fairly close proximity to Oneida. These facilities are located in Green Bay and Milwaukee in Wisconsin; Chicago, IL; and Minneapolis, MN which provide services to a significant number of Oneida Tribal members. With the elimination of this Program, Oneida can expect many of these members to seek services from the Oneida Community Health Center which is already, as we have noted, critically under funded. We are already experiencing an

influx of patients from these cities to take advantage of our pharmacy which participates in programs that reduce the cost of various prescription drugs. Therefore, the Oneida Tribe strongly supports funding for Urban Indian Health Clinics and opposes the Administration's call to eliminate funding for these critical conduits for health care delivery to needy Indians.

### **Closing**

The Oneida Tribe recognizes the trust responsibility the federal government has over maintaining the best health care for American Indians and Alaska Natives. The re-authorization of the Indian Health Care Improvement Act is the step the federal government needs to take to be in compliance with that responsibility which has been neglected for far too long. The IHCIA has not been updated for over 14 years. Improvements need to be made in the Indian health systems to raise the status of the health care of American Indians throughout Indian Country to the highest level possible. Re-authorizing the Indian Health Care Improvement Act will make this possible.

I look forward to answering any questions you might have of me.