

## **INDIAN PROGRAMS ADVANCE APPROPRIATIONS ACT (IPAAA)**

The Bureau of Indian Affairs, Bureau of Indian Education, and the Indian Health Service, like most federal agencies, use appropriations in the year they are enacted. However, the recent lack of “regular order” in the appropriations process has resulted in a problematic cycle of continuing resolutions and shutdowns over policy differences.

In the current, over month-long shutdown, essential federally-operated tribal programs related to health and public safety remain in effect -- but with severely reduced staffing levels. Native communities dependent on direct federal services are concerned these reduced levels hamper the ability of the federal government to keep core tribal public health and safety programs operating.

Additionally, Tribes that operate their health and safety programs under Bureau of Indian Affairs (BIA) and Indian Health Service (IHS) “638” contracts and self-governance compacts report that they quickly exhaust reserve funding and are forced to furlough/lay off tribal employees and, in some cases, seek private loans to cover operating costs of essential programs.

Tribes experienced these impacts and more during the 16-day 2013 shutdown,<sup>1</sup> and information on issues facing Native communities during the current month-long shutdown paint a similarly dire picture.<sup>2</sup> As a result, there is a strong interest from Indian Country to provide essential Indian programs with advance appropriation authority. Currently, the Departments of Education, Housing and Urban Development, Labor and most recently Veterans Affairs have advance authority, primarily for education and healthcare programs.

### **Proposed Legislation**

IPAAA is modeled on the *Veterans Health Care Budget Reform and Transparency Act of 2009* and the *Surface Transportation and Veterans Health Care Choice Improvement Act of 2015*. It would move Indian Health Service programs, Bureau of Indian Affairs programs, and ‘638’ contract support costs to an advance appropriations cycle beginning in FY2020. To accomplish this goal, the bill also requires the HHS and DOI Secretaries to include consideration of the advance appropriations system in their budget estimates submitted to Congress through the budget request process.

### **IPAAA authorizes BIA and IHS advance appropriations, which would:**

- Give the agencies authority to spend a certain amount of one or more fiscal years following the fiscal year for which the appropriation is provided.

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<sup>1</sup> For example, BIA’s administrative furloughs left a long backlog of lease approvals, environmental reviews, payment dispersals, etc., slowing tribal economies for months after government programs reopened and a number of Tribes had to divert funding from food programs to keep IHS emergency rooms and ambulance services in operation.

<sup>2</sup> For example, the Passamaquoddy Tribe (ME) will begin laying off all 170 of its employees – including all but 10% of its public safety and health staff. Pine Ridge (SD) estimates it will discontinue ambulance services by the end of January.

- Mitigate the effects of Budget uncertainty, for example during continuing resolutions and government shutdowns.
  - Uncertainty and shutdowns exacerbate existing problems with hiring and retention in rural Native communities.
- Provide certainty to Tribes and federal employees employed in law-enforcement, health care, education, and other essential services provided to Indian Country.
  - Ensure uninterrupted operations of health and safety programs.
- Fulfill the trust and treaty responsibilities to Indian Country during a shutdown.