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BUDGET PRIORITIES: MEMBERS' DAY

HEARING

BEFORE THE

COMMITTEE ON THE BUDGET
HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTEENTH CONGRESS

SECOND SESSION

HEARING HELD IN WASHINGTON, D.C., FEBRUARY 27, 2020

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BUDGET PRIORITIES: MEMBERS' DAY

THURSDAY, FEBRUARY 27, 2020

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE BUDGET,
Washington, DC.

The Committee met, pursuant to notice, at 10:06 a.m., in room 210, Cannon House Office Building, Hon. John A. Yarmuth [Chairman of the Committee] presiding.

Present: Representatives Yarmuth; Womack, and Hern.

Chairman YARMUTH. The hearing will come to order. Good morning, and welcome to the Budget Committee's Members' Day hearing.

I look forward to this annual hearing because it gives us the opportunity to hear from our colleagues on the budget issues of great importance to them. We appreciate everyone for appearing before the Committee this morning, and look forward to your testimony.

I will now yield myself five minutes, which I won't use, for an opening statement.

Last year, with the support of both Republican and Democratic Members of this Committee, and after months of deliberations, Congress put in place bipartisan budgets for 2020 and 2021, complete with rational discretionary top lines allowing strong investments in our national and economic security.

As that work was underway, I used this Chairmanship to revitalize the Committee with the goal of providing much more aggressive oversight of the budget. We have held hearings addressing some of the biggest economic issues facing our nation, including the benefits of immigration reform, the costs of climate change, aging infrastructure, income inequality, the potential costs of debt, the federal government's vital role in mitigating economic downturns, tax policy, and more. These issues will continue to impact and, in some cases, dictate our nation's economic outlook and fiscal health.

So, while we already have a budget in place for this year and the next, as the—at the pace Congress moves, it is never too early to start preparing for 2022. With the expiration of the Budget Control Act of 2011, the budget resolution will once again be Congress's primary tool for developing and enforcing our fiscal policies. This hearing will provide us with an opportunity to hear the budget priorities of our colleagues as we move forward with those discussions.

At the same time, and in the face of a President who has flouted our budget laws, and repeatedly trampled the lines of executive budgetary power, this Committee will fight to enforce and strengthen Congress's power of the purse, provide oversight of the people's

budget, and ensure that the warped vision the President presented in his 2021 budget does not come to fruition.

Good governing and responsible budgeting requires smart, often difficult, choices. This process begins by evaluating the tradeoffs our choices require while taking into consideration the long-term effects and benefits. It includes considering both revenues and spending, and our goal must be to better serve the American taxpayers, and prepare our nation's budget for the future. It is my hope that this hearing will provide insight into which issues and longer-term budgetary challenges this Committee should examine as we work to build an economy that works for all Americans, not just the wealthy and corporations.

I thank Members for taking time out of their busy schedules and speaking before the Committee today. I look forward to hearing from each of you.

[The prepared statement of Chairman Yarmuth follows:]

Chairman John A. Yarmuth
Members' Day Hearing
Opening Statement
February 27, 2020

Last year, with the support of both Republican and Democratic Members of this Committee and after months of deliberations, Congress put in place bipartisan budgets for 2020 and 2021, complete with rational discretionary toplines allowing strong investments in our national and economic security.

As that work was underway, I used my Chairmanship to revitalize the Committee with the goal of providing much more aggressive oversight of the budget. We held hearings addressing some of the biggest economic issues facing our nation, including the benefits of immigration reform, the costs of climate change, aging infrastructure, income inequality, the potential costs of debt, the federal government's vital role in mitigating economic downturns, tax policy, and more. These issues will continue to impact, and in some cases dictate, our nation's economic outlook and fiscal health.

So, while we already have a budget in place for this year and the next, at the pace Congress moves, it is never too early to start preparing for 2022. With the expiration of the Budget Control Act of 2011, the budget resolution will, once again, be Congress' primary tool for developing and enforcing our fiscal policies. This hearing will provide us with an opportunity to hear the budget priorities of our colleagues as we move forward with those discussions.

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It is my hope that this hearing will provide insight into which issues and longer-term budgetary challenges this Committee should examine as we work to build an economy that works for all Americans – not just the wealthy and corporations.

I thank Members for taking time out of their busy schedules and speaking before the Committee today. I look forward to hearing from each of you.

Chairman YARMUTH. I now yield five minutes to the Ranking Member.

Mr. WOMACK. I thank the Chairman. Each year this hearing is an important step in the Budget Committee's task of crafting a budget resolution for the fiscal year. It provides Members of the Committee the opportunity to hear from our colleagues from across the country. Historically, their diverse voices have been an important part of the conversation to map out the nation's fiscal blueprint.

But this year is a bit different. Why are we having this hearing, when we aren't doing a budget resolution?

I don't think a single Member of this Committee would deny the importance of gathering input from our colleagues to help inform decisionmaking in the budget process. However, we didn't do a budget last year. We are not going to do a budget this year. So I have to question the point of the exercise today.

This Committee's failure to execute its central responsibility and put forward a budget should be deeply unsettling to everyone here and at home. Why? Our fiscal trajectory, it is not sustainable. Unless we take significant action, this trend will soon begin to impact every aspect of American life, from the strength of our economy to national security efforts.

Last month CBO director Phill Swagel told us that, in Fiscal Year 2020, the deficit will be over $1 trillion—that is with a T. That is an increase of $31 billion from last year, the first year since Fiscal Year 2012 that the deficit will eclipse $1 trillion.

It gets worse. On the current path the deficits are projected to eclipse $1 trillion every year over the next 10. That is more than $13 trillion over the budget window by fiscal 2030.

So what is driving these deficits? The answer is pretty simple: out of control, unchecked mandatory spending.

Today mandatory spending accounts for 70 percent of the federal budget. It is on track to reach an alarming 76 percent by fiscal 2030. Because our country's mandatory spending continues to balloon, federal spending will consume an ever-expanding share of economic resources. It will rise from 21 percent of GDP this year to 23.5 percent of GDP in 2030. Now, that is far in excess of the 20.4 percent annual average of the past 50 years.

Now, what do these numbers mean for hardworking American families and workers? Simply put, it is not good. It means that the programs they are paying into today and are counting on for tomorrow may not be available when they need them the most. It also means that there will be fewer dollars for essential government operations such as defense, homeland security, education, maybe even COVID–19.

Despite these very real fiscal challenges and warnings from outside experts, we continue to hear about Democrat proposals with astronomical price tags: Medicare for All, the Green New Deal. They will propose budget-busting policies, but they won't produce a budget.

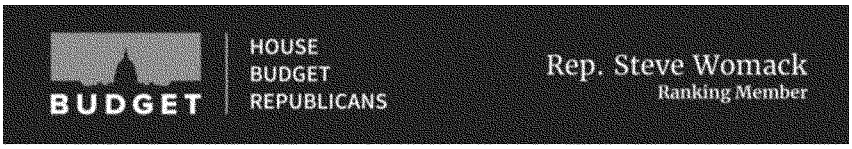
So I will continue to ask my colleagues on the other side of the aisle, how will you reconcile your party's desire to uncontrollably spend with a pressing need to address the exploding national debt?

How will you do this without crafting a budget for the second straight year?

We have a moral obligation to get our fiscal house in order. If we don't act, the burden of our irresponsibility will be left on the backs of our children and our grandchildren. And, as I often say in my meetings at home, our grandchildren's grandchildren. The most logical step toward reversing course is this Committee to do its most basic job: pass a budget, take it to the floor, and let's have a robust discussion about the priorities of our country. I trust and hope that my colleagues will reflect on this point.

And Mr. Chairman, I, before I yield back the balance my time, recognize the fact that you were with me when we were trying to do process reform that would actually lead to this Committee—strengthen this Committee, and get this Committee back on the path of doing its job. And it is high time that we get back to that business.

[The prepared statement of Steve Womack follows:]



Ranking Member Steve Womack's (R-AR) Opening Statement at Hearing Titled:

"Budget Priorities: Members' Day"

Remarks as prepared for delivery:

Thank you, Chairman Yarmuth.

Each year, this hearing is an important step in the Budget Committee's task of crafting a budget resolution for the fiscal year.

It provides members of this Committee the opportunity to hear from our colleagues from across the country. Historically, their diverse voices have been an important part of the conversation to map out our nation's fiscal blueprint.

But this year is different. Why are we having this hearing when we aren't doing a budget resolution?

I don't think a single Member on this Committee would deny the importance of gathering input from our other colleagues to help inform decision-making in the budget process. However, we didn't do a budget last year, and we aren't doing one this year—so what's the point of this exercise today? At best, this hearing seems like a dog and pony show. At worst, it seems dishonest.

This Committee's failure to execute its central responsibility and put forward a budget should be deeply unsettling to everyone here. Why?

Our fiscal trajectory is unsustainable. Unless we take significant action, this trend will soon begin to impact every aspect of American life – from the strength of our economy to national security efforts.

Last month, CBO Director Phill Swagel told us that in fiscal year 2020, the deficit is expected to be over $1 trillion—an increase of $31 billion from last year. This will be the first year since fiscal year 2012 that the deficit will eclipse $1 trillion.

It gets worse. On the current path, deficits are projected to eclipse $1 trillion every year over the next ten years. That's a total of $13.1 trillion over the budget window by fiscal year 2030.

So, what is driving our deficits? The answer is very simple: out-of-control, unchecked mandatory spending.

Today, mandatory spending accounts for 70 percent of the federal budget, and it is on track to reach an alarming 76 percent by fiscal year 2030.

Because our country's mandatory spending continues to balloon, federal spending will consume an ever-expanding share of economic resources. It will rise from 21 percent of GDP this year to 23.4 percent in 2030 – vastly exceeding the 20.4 percent annual average of the past 50 years.

What do these numbers mean for hardworking American families and workers? Simply put, it's not good.

It means that the programs they are paying into today, and are counting on for tomorrow, may not be available when they need them most. It also means that there will be fewer dollars for essential government operations, such as defense, homeland security, and education.

Despite these very real fiscal challenges and warnings from outside experts, we continue to hear about Democrat proposals with astronomical price tags like Medicare-for-All and the Green New Deal. They will propose budget-busting policies – but no budget.

So, I will continue to ask my colleagues on the other side of the aisle: How will you reconcile your party's desire to uncontrollably spend with the pressing need to address the exploding national debt? How will you do this without crafting a budget – for the second straight year?

We have a moral obligation to get our fiscal house in order. If we don't act, the burden of our irresponsibility will be left on the backs of our children and grandchildren.

The most logical step toward reversing course is for this Committee to do its most basic job and pass a budget. I truly hope my colleagues will reflect on this point.

Thank you. I yield back the balance of my time.

###

Mr. WOMACK. I yield back the balance.

Chairman YARMUTH. I thank the Ranking Member for his comments and, as—yes, we tried. We can continue to try.

So as—I will now begin to recognize the Members in order of their arrival here.

As Member—as a reminder, Members appearing before the Committee will have five minutes to give their oral testimony, and their written statements will be made part of the formal hearing record.

In addition, Members of the Committee will be permitted to question witnesses following their statements. But out of consideration for our colleagues' time, I would ask that you please keep your comments brief.

And with that, I recognize the gentlewoman from Minnesota, Ms. McCollum.

STATEMENT OF HON. BETTY MCCOLLUM, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MINNESOTA

Ms. MCCOLLUM. Good morning, and thank you, Chairman Yarmuth and Ranking Member Womack. I want to thank you for this opportunity for Members to bring our legislative priorities before the Budget Committee today.

I am here to speak with you about H.R. 1128, the Indian Programs Advanced Appropriation Act. As Chair of the Interior Environment and Appropriations Committee, I have heard from tribal leaders for many years about the difficulties of operating essential government services in the areas of health care, education, and public safety under the uncertainty of continuing resolutions and shutdowns.

It was at the request of those tribal leaders that I introduced H.R. 1128, which has 48 bipartisan cosponsors, along with Republican and Democratic appropriators who are our cosponsors. We did this in order to provide much-needed stability to tribal governments and to Native American communities.

Providing federal funds for Indian programs a full year in advance will ensure that the federal government can better meet its commitment to uphold trust and treaty responsibilities throughout Indian country. It is an important issue of pressing importance for all tribal nations. And I am proud to say that the congressional effort on this issue has truly not been just bipartisan, but non-partisan, as Mr. Womack can attest to the work that we do on our Committee on this issue.

The 35-day government shutdown last year put a tragic spotlight on the clear need for advanced appropriations for the Bureaus of Indian Affairs, Indian Education, and for Indian Health Service. Access to insulin, physical therapy was compromised when clinics had to close or cut back services that help at their clinics. Basic everyday needs like tribal justice services, social services for children, families, and seniors, when unfunded, putting Native American communities at risk—emergency maintenance staff for tribal schools were unavailable. And roads went unplowed in the snow, impacting public safety.

The federal government has a legal and moral responsibility to ensure funding for our trust and treaty responsibilities, and that is not interrupted by delays in appropriations. H.R. 1128 provides

advanced appropriations to ensure that a future shutdown would not disrupt the critical funding for native or—that native communities rely on.

Within the interior appropriations bill we have already dedicated resources over several years to achieve forward funding in some parts—the Bureau of Indian Education budget. That meant that tribal schools could keep operating during a shutdown, successfully protecting Native American students' education. But without this Committee, the Budget Committee's help, we simply do not have the ability to provide advanced funding for all of the Bureau of Indian Affairs and Indian Health Services budgets.

Each year the Interior Appropriations Committee holds two days of public witness hearings with tribal leaders to hear about funding priorities in Indian country. For the past two years, we have heard overwhelmingly, over again and again, about the priority of advanced appropriations for tribal nations.

While government shutdowns are damaging to all of our communities, they are disproportionately harmful to Native Americans. We cannot allow the health and safety of tribal communities to be put at risk because the House, the Senate or the Administration can't finish their work on time. Because of the federal government's past failures, tribal governments, tribal organizations, and our fellow Americans representing hundreds of individual tribal nations support advanced appropriations for Indian country.

I would like to submit for the record letters and resolutions from the National Congress of American Indians; the Indian—the National Indian Health Board; Self-Governance Communication and Education Tribal Consortium, and other tribal governments and regional tribal organizations. They call on Congress to act and pass appropriations for our basic trust and treaty responsibilities.

Thankfully, this Committee already has a model to look to where Congress provided advance appropriations to uphold its obligations. In 2009, Congress overwhelmingly passed legislation to provide Veterans Health Administration with advanced appropriations. In every budget resolution the House now provides an exception for allowing for advanced appropriations for the medical services and the facilities provided for the VA. We took steps to ensure that our national commitment to care for our veterans was supported with a stable budget, even in uncertain political times.

Our fellow citizens throughout Indian country deserve no less when it comes to their health care and their safety.

Mr. Chairman, Ranking Member, I thank you for the time.

[The prepared statement of Betty McCollum follows:]

CONGRESSWOMAN BETTY MCCOLLUM
Testimony on H.R. 1128, Indian Programs Advanced Appropriations Act
Budget Committee Members' Day
210 Cannon
February 27, 2020; 10:00 AM

Good afternoon,
Chairman Yarmuth and Ranking Member Womack.

I want to thank you for providing this opportunity for Members to bring our legislative priorities before the Budget Committee today.

I'm here to speak with you today about H.R. 1128,
the *Indian Programs Advanced Appropriations Act.*

As the Chair of the Interior and Environment Appropriations Subcommittee, I have heard from tribal leaders for many years about the difficulty of operating essential government services under the uncertainty of continuing resolutions and shutdowns.

It was at the request of these tribal leaders that I introduced H.R. 1128 in the last session, in order to provide much needed stability to tribal governments and native communities.

Providing federal funds for Indian programs a full year in advance will ensure that our nation can better meet its commitment to uphold trust and treaty responsibilities throughout Indian Country.

This is an issue of pressing importance for all tribal nations, and one that I know has strong bipartisan support on this Committee.

The 35-day government shutdown last year
put a tragic spotlight on the clear need for advance appropriations for the Indian Health Service and for the Bureaus of Indian Affairs (BIA) and Indian Education (BIE).

Basic everyday needs like tribal justice services, health clinics, and social services for children, families, and seniors
went unfunded, putting Native American communities at risk.

Access to insulin and physical therapy was compromised when clinics had to close or cut back services.
Emergency maintenance staff for tribal schools were unavailable.
And roads went unplowed in the snow, impacting public safety.

The federal government has a legal and moral responsibility
to ensure funding for our trust and treaty responsibilities
is not interrupted by these delays in appropriations.

My bill, H.R. 1128, provides for advance appropriations for the Indian Health Service, the BIA and the BIE.
It would ensure that a future shutdown would not disrupt
the critical funding these agencies provide.

Within the Interior Appropriations bill, we have already dedicated the resources over several years to achieve forward funding for some parts of the Bureau of Indian Education budget.

But we simply don't have the ability to forward fund all of the Bureau of Indian Affairs and Indian Health Service budgets.

Each year, the Interior Appropriations Subcommittee holds two days of public witness hearings with tribal leaders to hear about the funding priorities for Indian Country.

This Congress, we have heard over and over again about the priority of advanced appropriations for tribal nations.

While government shutdowns are damaging to all of our communities, they disproportionately harm Native Americans.

We cannot allow the health and safety of tribal communities to be put at risk because the federal government can't finish its work.

That's why tribal governments and tribal organizations representing hundreds of individual nations support advance appropriations for Indian Country.

I would like to submit for the record letters and resolutions from the National Congress of American Indians,
National Indian Health Board,
Self-Governance Communication & Education Tribal Consortium,
and other tribal governments and regional tribal organizations.

They all call on Congress to enact advance appropriations for our basic trust and treaty responsibilities.

Thankfully, this Committee already has a model to look to, where Congress provided advanced appropriations to better uphold its obligations.

In 2009, Congress overwhelmingly passed legislation to provide the Veterans Health Administration with advance appropriations.

In every budget resolution, the House now provides an exception allowing advance appropriations for the medical services and facilities funding provided for the VA.

We took that step to ensure our national commitment to care for our veterans was supported with a stable budget, even in uncertain political times.

Now we need to show the same commitment to upholding our essential trust and treaty obligations to tribal nations.

Mr. Chairman, I thank you for the time.

Chairman YARMUTH. I thank the gentlewoman. And without objection, her submissions will be included in the record. So ordered.

[The information referred to follows:]

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PORT GAMBLE S'KLALLAM TRIBE

September 26, 2019

Chairwoman Nita M. Lowey
Ranking Member Kay Granger
Committee on Appropriations
U.S. House of Representatives
H-307 The Capitol
Washington, DC 20515

Re: Port Gamble S'Klallam Support for Advance Appropriations

Dear Chairwoman Lowey and Ranking Member Granger:

I write to you on behalf of the Port Gamble S'Klallam Tribe to express our support for H.R. 1128, the Indian Programs Advanced Appropriations Act (IPAAA), and H.R. 1135, the Indian Health Service Advance Appropriations Act of 2019. These bills would help to provide timely and predictable funding to administer health programs and services to American Indian and Alaska Native (AI/AN) people.

The Port Gamble S'Klallam Tribe is a sovereign nation that has been federally recognized. Our Tribe is comprised of over 1,200 citizens and is located on Kitsap Peninsula in Northwest Washington State. The S'Klallam were called the Nux Sklai Yem ("Strong People"), and we entered into a treaty relationship with the United States in the 1855 Point No Point Treaty. That Treaty enshrined our reserved hunting, fishing, and gathering rights as well as provided for appropriations for our use and benefit. The United States, therefore, has both treaty and trust obligations to provide for the well-being of our citizens.

Providing access to quality health care is central to the United States' obligations to our people. Yet, our ability to address the essential healthcare needs of our tribal citizens is severely hindered by the lack of full and consistent funding for the Indian Health Service. The 35-day partial government shutdown at the start of 2019 had a devastating impact on the Indian health system as a whole, as tribes throughout the country rationed care and reduced services. This disruption to patients and providers threatens the well-being of tribal citizens, and, unfortunately, future shutdowns remain likely.

Late funding and short-term funding through continuing resolutions results in challenges related not only to the provision of care but also in a variety of related areas, many of which were documented by the Government Accountability Office's September 2018 report. Among other effects, the lack of advanced appropriations reduces our ability to recruit and retain quality health care providers and sustain facility maintenance and construction efforts while increasing our administrative costs.

31912 Little Boston Road NE Kingston, WA 98346
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Email: info@pgst.nsn.us | web: www.pgst.nsn.us

Without advance appropriations, we are left attempting to engage in long-term planning with only short-term funding, and this reduces our ability to maximize our already scarce resources. Delays and uncertainty in funding are particularly devastating to tribal health systems due to the ongoing insufficient funding of the Indian health system. In 2015, for example, IHS spending for medical care per user was only $3,136, while the national average spending per user was $8,517—an astonishing 63% difference. Indian health programs also suffer from the cumulative effects of sequestration under the Budget Control Act of 2011 (P.L. 112-25). Funding disruption and ongoing unmet federal funding needs directly contribute to the staggeringly high rates of chronic illness and premature deaths that haunt our communities.

Advance appropriations would provide much-needed stability to the Indian health system and would result in direct benefits to our tribal citizens' health. Health care services directly administered by the federal government, such as by the Department of Veterans Affairs (VA), are already funded by advance appropriations to minimize the impact of late and, at times, inadequate budgets. Congress' decision to enact advance appropriations for the VA medical program, and then the decision in 2014 to expand that authority at the VA, provides a compelling argument for the effectiveness of advance funding a federally administered health program, which could easily be applied to the IHS.

We are ready and willing to work with you and your staff in pursuit of advance appropriations for the IHS. The National Indian Health Board (NIHB), National Congress of American Indians, and United South and Eastern Tribes, Inc. have also joined the push, raising awareness on the need to reform the system at the regional and national levels. We also support advance appropriations for the Bureau of Indian Affairs and the Bureau of Indian Education for the same reasons mentioned above, including the need for the ability to plan and provide services during a government shutdown.

Thank you for considering our comments regarding these important bills. We look forward to working with you toward a healthier and more sustainable future for our tribal citizens.

Sincerely,

Jeromy Sullivan

cc: Congressman Derek Kilmer

MIDWEST ALLIANCE OF SOVEREIGN TRIBES

Resolution No. 3-14

Advance Appropriations for the Indian Health Service

WHEREAS, the Midwest Alliance of Sovereign Tribes (MAST) is an intertribal organization representing the thirty-three (33) federally recognized tribe and four (4) intertribal organizations in the States of Minnesota, Wisconsin, Michigan, Indiana and Iowa, each having sovereign authority to govern their own affairs; and

WHEREAS, the Federal government of the United States has a unique and special relationship with American Indians and Alaska Natives (AI/ANs) to provide health care as established through the U.S. Constitution Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, although the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 56 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, the Indian Health Service, an agency within the Department of Health and Human Services, administers health care to 2.2 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act ; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the budgetary solution to this failure to uphold the Federal trust responsibility, and the one which does not require the Congressional appropriations committees to count advance appropriations against their spending cap is advance appropriations; and

WHEREAS, The Midwest Alliance of Sovereign Tribes believes that moving to the advance appropriations process protects the Tribes and IHS direct service units from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized advance appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA which is also a federally-funded provider of direct health care; and

NOW THEREFORE BE IT RESOLVED, that The Midwest Alliance of Sovereign Tribes requests that Congress amend the Indian Health Care Improvement Act to authorize advance appropriations; and

BE IT FURTHER RESOLVED, that The Midwest Alliance of Sovereign requests that Congress include our recommendation for IHS advance appropriations in the Budget Resolution; and

BE IT FINALLY RESOLVED, The Midwest Alliance of Sovereign requests that Congress include in the enacted appropriations bill IHS advance appropriations; and

CERTIFICATION

As President of the Midwest Alliance of Sovereign Tribes, I do hereby Certify that the foregoing Resolution No. __3-14___ was passed on March 25, 2014, at a duly called meeting at which a quorum was present with _18__ voting for, _0__ voting against, and __0__ abstaining.

Michele Stanley, President

Alaska Native Health Board
THE VOICE OF ALASKA TRIBAL HEALTH SINCE 1968

907.562.6006 907.563.2001 · 4000 Ambassador Dr, Suite 101 · Anchorage, Alaska 99508 · www.anhb.org

Resolution 01-2013

Providing for Indian Health Service Advance Appropriations

WHEREAS, The Alaska Native Health Board, a 26-member organization established in 1968, is recognized as the statewide voice on Alaska Native health issues representing the Tribes and Tribal consortia providing health care and community services to over 135,000 Alaska Native and American Indian people in Alaska; and

WHEREAS, the Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing health services to American Indian and Alaska Native people, in addition to serving as the funding mechanism for tribes and tribal organizations carrying out these services; and

WHEREAS, the IHS carries out the federal government's obligation to ensure the health and wellbeing of Alaska Native and American Indian people and communities, a government-to-government relationship established in the Constitution and given substance through subsequent treaties, Congressional legislation, Supreme Court decisions, and Executive Orders, collectively forming the federal Trust Responsibility; and

WHEREAS, this solemn obligation is significantly compromised when funding needed by tribal and IHS health care providers is not enacted by the beginning of the fiscal year and is instead provided for through continuing resolutions; and

WHEREAS, this late funding significantly hampers tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance and construction efforts; and

WHEREAS, Congress recognized that the Veterans Administration has also been greatly hampered in providing health services to veterans because of late funding, and in 2010 extended via statute to the VA advance appropriations for their health care appropriation accounts; and

WHEREAS, providing sufficient, timely, and predictable funding is needed to ensure the Government meets its federal Trust Responsibility to American Indian and Alaska Native People.

NOW THEREFORE BE IT RESOLVED, the Alaska Native Health Board supports the following actions to achieve advance appropriations for the Indian Health Service:

a. the enactment of legislation amending the Indian Health Care Improvement Act (IHCIA) to authorize IHS advance appropriations for the Indian Health Services and Indian Health Facilities appropriation accounts;

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION
ARCTIC SLOPE NATIVE ASSOCIATION
BRISTOL BAY AREA HEALTH CORPORATION
CHUGACHMIUT
COPPER RIVER NATIVE ASSOCIATION
COUNCIL OF ATHABASCAN TRIBAL GOVERNMENTS
EASTERN ALEUTIAN TRIBES
KARLUK IRA TRIBAL COUNCIL
KENAITZE INDIAN TRIBE
KETCHIKAN INDIAN COMMUNITY
KODIAK AREA NATIVE ASSOCIATION
MANILAQ ASSOCIATION
METLAKATLA INDIAN COMMUNITY
MT. SANFORD TRIBAL CONSORTIUM
NATIVE VILLAGE OF EKLUTNA
NATIVE VILLAGE OF TYONEK
NINILCHIK TRADITIONAL COUNCIL
NORTON SOUND HEALTH CORPORATION
SELDOVIA VILLAGE TRIBE
SOUTHCENTRAL FOUNDATION
SOUTHEAST ALASKA REGIONAL HEALTH CONSORTIUM
TANANA CHIEFS CONFERENCE
YUKON-KUSKOKWIM HEALTH CORPORATION
VALDEZ NATIVE TRIBE

b. the enactment of legislation amending the Congressional Budget Act to require the President to submit estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for IHS; and

c. the inclusion of IHS advance appropriations authority in House and Senate Budget Resolutions; and

d. the enactment of the advance appropriations in the Interior, Environment and Related Agencies Appropriations Bill for the Indian Health Services and Indian Health Facilities appropriation accounts, initially for a transition year and thereafter as an advance appropriation each year.

NOW THEREFORE BE IT FURTHER RESOLVED, the Alaska Native Health Board supports the enactment of the advance appropriations in the Interior, Environment and Related Agencies Act to achieve advance appropriations for IHS.

CERTIFICATION

I hereby certify that the above resolution was duly adopted by the Alaska Native Health Board on August 15, 2013, by unanimous consent.

Lincoln A. Bean Sr.

Lincoln Bean, Sr.
Chairmen, Alaska Native Health Board

9-3-2013
Date

Verné Boerner
ANHB President/CEO

9/3/2013
Date

Bois Forte
TRIBAL GOVERNMENT

September 30, 2019

The Honorable Betty McCollum
House of Representatives
2256 Rayburn House Office Building
Washington, DC 20515

RE: **H.R. 1128, H.R. 1135**

Dear Congresswoman McCollum:

I am writing on behalf of the Bois Forte Band of Chippewa to urge you to support H.R. 1128 Indian Programs Advanced Appropriations Act (IPAAA) and H.R. 1135, the Indian Health Service Advance Appropriations Act of 2019. These bills would provide advance appropriations authority for the Indian Health Service (IHS). This would in turn ensure timely and predictable funding to administer health programs and services to American Indian and Alaska Native people.

As background, I want to remind you that the 35-day partial government shutdown at the start of 2019 had a devastating impact on the Indian health system and other tribal programs. Tribes throughout the country reported rationed care, reduced services, and some facilities closed altogether. At Bois Forte, the tribal government was expected by the United States to continue to provide services even as the federal government withheld cash to pay for the services. The Band had to front the costs of delivering services and to do so we had to suspend other services and prioritize what services we would be able to afford for our members. On the BIA side of our programs, we were forced to suspend many services and, given the uncertain duration of the shutdown, make the hard choice of reducing hours or laying employees off. Over 20% of our employees were negatively impacted.

5344 Lakeshore Drive | Nett Lake, MN 55772 | 218-757-3261 | 800-221-8129 | FAX 218-757-3312

Cathy Chavers, Chairwoman
David C. Morrison, Sr., Secretary/Treasurer
Shane Drift, District I Representative
Travis Morrison, District I Representative
Peter Boney, District II Representative

Since Fiscal Year 1998, appropriated funds for medical services and facilities through IHS have only been provided before the commencement of the new fiscal year once. Late funding has resulted in significant challenges to tribal and IHS programs in the areas of budgeting, recruitment and retention, provision of services, and facility maintenance and construction efforts, among other areas. Unreliable funding distributions create unnecessary work and additional expenses. The result is that Tribal health programs are left to make long-term decisions with only short-term money guaranteed. Often programs must determine whether and how they can enter into contracts with outside vendors and suppliers, plan programmatic activities, or maintain current personnel.

We believe that Indian Country deserves better. Funding for the Indian health system is a result of Treaties and other legal obligations made by the federal government with Indian Country and should not be held hostage each year to unrelated political battles. Adopting an advance appropriations process is one solution advocates are pursuing to assist Tribal and IHS facilities fiscally plan more efficiently.

Healthcare services directly administered by the federal government, such as the Department of Veterans Affairs (VA), are funded by advance appropriations to minimize the impact of late and, at times, inadequate budgets. The decision of Congress to enact advance appropriations for the VA medical program, and then the decision in 2014 to expand that authority at the VA, provides a compelling argument for the effectiveness of advance funding a federally administered health program, which could easily be applied to the IHS. Beyond the efficiency inherent to advance appropriations, providing timely and predictable funding helps ensure the federal government's Trust responsibility if carried out.

On behalf of the Bois Forte Band, I strongly urge you to support this necessary legislation. Thank you for your time and please do not hesitate to contact me with any questions or if additional information can be provided.

Sincerely,

Cathy Chavers

Cathy Chavers
Chairwoman

Affiliated Tribes of Northwest Indians

Dedicated to Promoting Tribal Self Determination & Sovereignty

Executive Board

President
Leonard Forsman
360-394-8461

1st Vice-President
Mel Sheldon Jr.
425-501-0711

2nd Vice-President
Delano Saluskin
509-865-5121

3rd Vice-President
Nate Tyler
360-840-4286

Secretary
Norma Jean Louie
208-686-2085

Treasurer
Sharon Goudy
509-865-7156

Assistant Secretary
Taylor Aalvik
360-575-3306

Executive ATNI Staff

Executive Director
Terri Parr Wynecoop
509-981-8500

April 15, 2019

Chairman John Yarmuth
Committee on the Budget
U.S. House of Representatives
204-E Cannon House Office Building
Washington, D.C. 20515

Ranking Member Steve Womack
Committee on the Budget
U.S. House of Representatives
507 Cannon House Office Building
Washington, D.C. 20515

Re: Support for Advanced Appropriations for Indian Programs (H.R. 1128 & H.R. 1135)

Dear Chairman Yarmuth and Ranking Member Womack:

On behalf of the Affiliated Tribes of Northwest Indians (ATNI), a regional organization comprised of American Indians/Alaska Natives and tribes in the states of Washington, Idaho, Oregon, Montana, California, and Alaska, I am writing to express ATNI's support for legislation to provide advance appropriations for the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA).

The United States has a trust responsibility to Indian tribes established through the U.S. Constitution, treaties, U.S. Supreme Court decisions, and federal legislation. While the trust responsibility requires the federal government to provide for the health and welfare of tribal nations, critical tribal programs at the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) are chronically underfunded.

The negative impact of the chronic underfunding of tribal programs is exacerbated by continuing resolutions and government shutdowns. Congress has been unable to enact federal appropriations bills in a timely manner for years. This hampers tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, as well as the implementation of essential BIA public safety programs. Further, government shutdowns, including this year's 35-day shutdown, have a disproportionate impact on tribal nations.

In response to this urgent matter, Indian Country calls for advance appropriations and we are pleased that many in Congress have joined our effort. Representative Betty McCollum introduced H.R. 1128, the Indian Programs Advance Appropriations Act, a bipartisan bill would provide advance appropriations for certain Indian programs at the IHS and the BIA. Representative Don Young also introduced bipartisan legislation, H.R. 1135, the IHS Advance Appropriations Act, which provides advance appropriations for certain IHS programs. In addition, 60 bipartisan Members of Congress wrote to the Budget Committee, urging the inclusion of advance appropriations in the Budget Resolution.

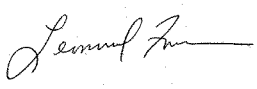
Today, both H.R. 1128 and H.R. 1135 are pending with the House Budget Committee. ATNI encourages the Committee to work with the other committees of jurisdiction—

6636 NE Sandy Blvd. | Portland, OR 97213 | www.atnitribes.org | 503.249.5770 | atni@atnitribes.org

Natural Resources and Energy & Commerce—to advance these bills through the legislative process. Enacting such legislation would not set a precedent, but would establish parity and help fulfill Congress' trust responsibility to Indian tribes.

Should you have any questions regarding our support, please contact Terri Parr, ATNI Executive Director at tparrw@atnitribes.org.

Respectfully,



Leonard Forsman, President
Affiliated Tribes of Northwest Indians

CC: Representative Betty McCollum
Representative Don Young
Chairman Raul Grijalva
Ranking Member Rob Bishop
Chairman Frank Pallone
Ranking Member Greg Walden
Representative Tom Cole
Representative Deb Haaland

6636 NE Sandy Boulevard Portland, OR 97213
P: 503.249.5770 F: 503.249.5773 E: atni@atnitribes.org W: www.atnitribes.org

RESOLUTION # 19-04-02
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD

RESOLUTION # 334-08-19
CALIFORNIA RURAL INDIAN
HEALTH BOARD

JOINT RESOLUTION

A CALL TO CONGRESS TO SUPPORT ADVANCE APPROPRIATIONS FOR THE INDIAN HEALTH SERVICE

WHEREAS, the Northwest Portland Area Indian Health Board (NPAIHB) is a Tribal organization under P.L. 93-638 that represents 43 federally-recognized Indian Tribes in Oregon, Washington, and Idaho and is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people in the Northwest; **AND**

WHEREAS, the California Rural Indian Health Board, Inc. (CRIHB), founded in 1969 for the purpose of bringing back health services to Indians of California, is a Tribal organization under P.L. 93-638 that represents 52 federally-recognized Tribes through its membership of 16 Tribal Health Programs in California and is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian People of California; **AND**

WHEREAS, the NPAIHB and CRIHB are dedicated to assisting and promoting the health needs and concerns of AI/AN people; **AND**

WHEREAS, the primary goal of the NPAIHB and CRIHB is to improve the health and quality of life of its member Tribes; **AND**

WHEREAS, the United States has a unique and special relationship with AI/ANs to provide health care as established through the U.S. Constitution, treaties, U.S. Supreme Court decisions and federal legislation; **AND**

WHEREAS, although the trust relationship requires the federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded and AI/ANs suffer from among the lowest health status nationally; **AND**

WHEREAS, IHS, an agency within the Department of Health and Human Services, administers health care to 2.6 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act; **AND**

WHEREAS, in recent years, federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; **AND**

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; **AND**

WHEREAS, the budgetary solution to this failure to uphold the federal trust responsibility, and the one which does not require the Congressional appropriations committees to count Advance Appropriations against their spending cap is Advance Appropriations; **AND**

WHEREAS, the NPAIHB and CRIHB believe that moving to the Advance Appropriations process protects Tribes and Tribal organizations and the IHS direct service units from cash flow problems that regularly occur at the start of the federal fiscal year due to delays in enactment of annual appropriations legislation; **AND**

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized Advance Appropriations for Veterans Administration (VA) medical care programs; **AND**

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA, which is also a federally-funded provider of direct health care.

THEREFORE BE IT RESOLVED that the NPAIHB and CRIHB request that Congress amend the Indian Health Care Improvement Act to authorize Advance Appropriations for the IHS; **AND**

BE IT FURTHER RESOLVED, that the NPAIHB and CRIHB request that Congress include our recommendation for Advance Appropriations for IHS in the Budget Resolution; **AND**

BE IT FURTHER RESOLVED, that the NPAIHB and CRIHB request that Congress include in the enacted appropriations bill Advance Appropriations for IHS.

CERTIFICATION

The foregoing joint resolution was adopted at a duly called regular joint meeting of the Board of Directors of NPAIHB and CRIHB (***NPAIHB*** *vote -- For and -- Against and -- Abstain;* ***CRIHB*** *vote --- For and -- Against and -- Abstain*) held this 18th day of July 2019, in Lincoln, CA and shall remain in full force and effect until rescinded.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
2121 SW Broadway, Suite 300
Portland, OR 97201
(503) 228-4185

Chairperson of the Board

Attest

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.
1020 Sundown Way
Roseville, CA 95661
(916) 929-9761

Chairperson of the Board

Attest

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE PRESIDENT

February 27, 2019

Representative Betty McCollum
U.S. House of Representatives
2256 Rayburn House Office Building
Washington, DC 20515

RE: Support for H.R. 1128, The Indian Programs Advance Appropriations Act

Dear Congresswoman McCollum:

I write to you to express my support for your bill H.R. 1128, the Indian Programs Advanced Appropriations Act. In light of the recent federal government shutdown and the effects we experienced, I fully support your bill.

The last government shutdowns essentially halted the services and funding provided to the Navajo Nation by the Indian Health Service, the Bureau of Indian Affairs, and the Bureau of Indian Education. The Navajo Nation outlined these effects in a January 28, 2019 letter to Congress (attached hereto). Your bill would help prevent the negative effects on Indian tribes of any future government shutdowns.

If your staff has any further questions, please call our Executive Director of our Navajo Nation Washington Office at (202) 682-7390. Thank you.

Sincerely,

Jonathan Nez, President
THE NAVAJO NATION

Myron Lizer, Vice-President
THE NAVAJO NATION

NAVAJO NATION OFFICE OF THE PRESIDENT AND VICE PRESIDENT
POST OFFICE BOX 7440 · WINDOW ROCK, AZ 86515 · PHONE: (928) 871-7000 · FAX: (928) 871-4025

January 28, 2019

Dear Honorable Senate and Congressional Members,

The Navajo Nation calls on the Senate, Congress, and President Trump to put political interests aside and work together to prevent another government shutdown, and develop a long-term solution to fully-fund the government beyond February 15th. We will continue calling on you to fully fund the government and end the cycle of continuing resolutions that get us from one deadline to the next.

Along with the rest of the nation, the Navajo Nation and its citizens felt the impacts of the longest government shutdown in history. Since the shutdown began on Dec. 22, it has affected contracted Indian Health Service employees, certain services provided through the Bureau of Indian Affairs, and schools that rely on Bureau of Indian Education staff for certain administrative services, such as human resources and technical assistance.

If another shutdown occurs, the consequences and harmful impacts will be greater and more people will suffer as a result. We cannot afford another shutdown, especially for the Navajo people who rely on federal programs for assistance and the many who are federal employees.

The federal government has a federal trust obligation to provide services to the Navajo Nation and other Indian tribes, such as healthcare, education, public safety, and others. Our Navajo Treaty of 1868 with the United States requires the federal government to provide those services. Continuing the shutdown is a breach of trust and our treaty.

The following report provides an overview of the impacts to members of the Navajo Nation, our communities, and direct services that occurred during the recent shutdown. We are open to discussing these direct impacts and meeting with you on these important matters.

Sincerely,

Jonathan Nez, President
The Navajo Nation

Myron Lizer, Vice President
The Navajo Nation

Seth Damon, Speaker
24th Navajo Nation Council

The Navajo Nation's
Report on the Impact of the Government Shutdown

The federal government shutdown began at midnight on Saturday, December 22, 2018. As of Thursday, January 24, 2019,[1] the shutdown will have lasted 34 days. Currently, the Democrat controlled House of Representatives and the White House are at a standstill, while some proposed resolutions have been attempted and continue to be attempted between the two Federal parties, it is unclear at this time when the Federal government shutdown will cease. To begin to fully understand the impact of the government shutdown to the Navajo Nation, the Office of the President and Vice President continue working with Executive Branch entities to determine the actual and potential financial as well as non-financial impacts to the Navajo Nation and Navajo people.

The government shutdown financially impacts the Navajo Nation's ability to drawdown Federal funds and process Federal funding documents. The Navajo Nation manages approximately 11,143 contracts and grants with a total award amount of approximately $5.8 Billion from a variety of external sources (Federal, State, and private). Since many of these awards operate on a cost reimbursement basis, the Navajo Nation must first spend Navajo Nation General Fund dollars and then submit a request for reimbursement via a drawdown process. With the closure of many Federal offices and unavailability of Federal staff, the processing of Federal agreements and drawdowns has halted in many instances. As a result, funding for some Federal agreements were in the process of being negotiated or reviewed during the government shutdown so there remains some ambiguity as to if and when those Federal agreements will be finalized and/or replenished. In the meantime, the Navajo Nation continues to spend General Fund dollars to support Federal programs and Federal services to Navajo people pursuant to these Federal agreements. In addition, the Navajo Nation entities are impacted immediately by the lack of technical assistance from Federal funding sources as well as the ability to move essential projects through the Bureau of Indian Affairs. Several programs have also reported delays and/or the inability to provide services to the Navajo people as a result of Federal government office closures.

As the majority of these Federal funding agreements are based upon the Federal government's treaty and trust obligations to the Navajo Nation, the Federal government shutdown is causing the Navajo Nation to expend its own funds to uphold the Federal government's promises. The lack of resources on the Navajo Nation is further stretched to ensure that Navajo people are not negatively impacted by the Federal government's failure to fund contractual obligations. This overview report provides the current impacts as well as potential impacts, however, it is very

[1] Information from this report was delivered to the Honorable Members of the 24th Navajo Nation Council on Thursday, January 24, 2019.

likely that more programs will eventually be impacted if the shutdown continues for a longer term as most programs report services will be increasingly impacted around the 90-day mark. Navajo Nation governmental entities impacted by the Federal shutdown are seeing a lack of necessary resources to provide services. Educational institutions on the Navajo Nation do not have access to information from the Federal government, hindering the Navajo Nation's ablity to educate and provide other educational services to our children. Financial aid funds have been delayed from the Federal government causing the Navajo Nation to use its own resources to pay for higher education. These delays have led to rising concerns in our communities about our children's access to their education at the beginning of a new semester.

The Navajo Nation's public safety system has been deeply impacted by the lack of funding to its correctional facilities. The leadership of the Navajo Nation have taken steps to ensure public safety by accessing Navajo Nation funds to pay for the Federal contracts. The administrative burden placed on the Navajo Nation to quickly identify other funding sources and create new funding streams to ensure the safety of our communities has been detrimental to our goals of expanding services in these facilities and other public safety stakeholders. Access to federal courts to ensure the legal interest of the Navajo Nation are protected is blocked in many cases.

When the Bureau of Indian Affairs ceased road maintenance operations, the impact of this decision was far-reaching and impacted nearly every person traveling through the Navajo Nation. With thousands of miles of dirt roads, the need for road maintence and clearance during the winter months is a necessity. Roads were untraversable, causing great hardship to Navajo people, schools and other government entities. As the Navajo Nation already faces great obstacles in traveling across over 27,000 square miles, the challenge of accessing critical roads hinders access to basic necessities for our communities such as water, food, and education. The Navajo Nation's Department of Transportation is carrying a heavy load of work currently and the added burden of providing Federal services is hindering progress in other areas.

Federal approvals or recording of necessary leases, permits, and rights of ways creates roadblocks to economic and community development projects. Sanitation permits are on hold which jeopardizes business and access to food services. Critical basic needs are not met due to the Federal government shutdown. The lack of access to wood hauling permits from the Bureau of Land Management only furthers suffering of Navajo families in winter months where wood is often the only source of heat.

NATIONAL CONGRESS OF AMERICAN INDIANS

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WESTERN
Franklin Pablo, Sr.
Gila River Indian Community

EXECUTIVE DIRECTOR
Jacqueline Pata
Tlingit

NCAI HEADQUARTERS
1516 P Street, N.W.
Washington, DC 20005
202.466.7767
202.466.7797 fax
www.ncai.org

The National Congress of American Indians
Resolution #ECWS-19-001

TITLE: Support for Advance Appropriations for the Bureau of Indian Affairs and Indian Health Service

WHEREAS, we, the members of the National Congress of American Indians of the United States, invoking the divine blessing of the Creator upon our efforts and purposes, in order to preserve for ourselves and our descendants the inherent sovereign rights of our Indian nations, rights secured under Indian treaties and agreements with the United States, and all other rights and benefits to which we are entitled under the laws and Constitution of the United States and the United Nations Declaration on the Rights of Indigenous Peoples, to enlighten the public toward a better understanding of the Indian people, to preserve Indian cultural values, and otherwise promote the health, safety and welfare of the Indian people, do hereby establish and submit the following resolution; and

WHEREAS, the National Congress of American Indians (NCAI) was established in 1944 and is the oldest and largest national organization of American Indian and Alaska Native tribal governments; and

WHEREAS, treaties and federal laws have created a fundamental contract between tribal nations and the United States: tribal nations ceded millions of acres of land that made the United States what it is today, and in return tribal nations have the right of continued self-government and the right to exist as distinct peoples on their own lands; and

WHEREAS, the trust responsibility commits the federal government to the protection of Indian lands; protection of tribal self-governance; and provision of social, medical, and educational services for tribal citizens; and

WHEREAS, this fundamental contract – the federal trust relationship – ensures that tribal governments and their citizens receive funding for basic governmental services; and

WHEREAS, the federal budget for tribal governmental services is a reflection of the extent to which the United States honors its promises to American Indian/Alaska Native people; and

WHEREAS, in recent years, federal appropriation bills have not been enacted in a timely manner, thus hampering tribal budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY 2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) provide core governmental services for tribal nations, including hospitals, schools, law enforcement, child welfare programs, social services, and more; and

WHEREAS, for many tribal nations, most tribal governmental services are funded by federal sources because tribal nations lack the tax base and parity in tax authority under federal case law to raise revenue to deliver services; and

WHEREAS, until all tribal nations retain exclusive taxing jurisdiction within the exterior borders of their tribal lands, federal support remains critical to ensure essential government services are delivered to tribal citizens; and

WHEREAS, partisan debates affecting the appropriations process have an outsized impact on the daily lives of American Indian and Alaska Native people who already face underfunding of health care, education, and backlogs in physical infrastructure – all of which fall under the federal trust responsibility; and

WHEREAS, advanced appropriations is a budgetary solution that would protect the treaty and trust responsibilities from future government shutdowns and not count against spending caps; and

WHEREAS, moving the BIA and IHS to the advanced appropriations process will protect tribal governments and citizens from cash flow problems that regularly occur at the start of the federal fiscal year due to delays in enactment of annual appropriations legislation.

NOW THEREFORE BE IT RESOLVED, that the National Congress of Americans Indians (NCAI) urges Congress to authorize advanced appropriations for the Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS); and

BE IT FURTHER RESOLVED, that NCAI requests that Congress include our recommendation for IHS and BIA advanced appropriations in the budget resolution; and

BE IT FURTHER RESOLVED, that this resolution shall be the policy of NCAI until it is withdrawn or modified by subsequent resolution.

CERTIFICATION

The foregoing resolution was adopted by the Executive Committee at the Executive Council Winter Session of the National Congress of American Indians, held at the Capital Hilton, February 12, 2019, with a quorum present.

Jefferson Keel, President

ATTEST:

Juana Majel Dixon, Recording Secretary

National Indian
Health Board

National Indian Health Board
Resolution 14 – 03

WHEREAS, the Federal government of the United States has a unique and special relationship with American Indians and Alaska Natives (AI/ANs) to provide health care as established through the U.S. Constitution Treaties with Indian Tribes, U.S. Supreme Court decisions and Federal legislation; and

WHEREAS, although the trust relationship requires the Federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded at only 56 percent of need, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, the Indian Health Service, an agency within the Department of Health and Human Services, administers health care to 2.2 million AI/ANs residing in Tribal communities in 35 states, directly, or through contracts or compacts with Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act ; and

WHEREAS, in recent years, Federal appropriation bills have not been enacted in a timely manner, thus hampering Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, since Fiscal Year 1998, there has only been one year (FY2006) in which the Interior, Environment and Related Agencies Appropriations bill has been enacted before the beginning of the new fiscal year; and

WHEREAS, the budgetary solution to this failure to uphold the Federal trust responsibility, and the one which does not require the Congressional appropriations committees to count Advanced Appropriations against their spending cap is Advanced Appropriations; and

WHEREAS, National Indian Health Board believes that moving to the Advanced Appropriations process protect the Tribes and the IHS direct service units from cash flow problems that regularly occur at the start of the Federal fiscal year due to delays in enactment of annual appropriations legislation; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81), which authorized Advanced Appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, the IHS should be afforded the same budgetary certainty and protections extended to the VA which is also a federally-funded provider of direct health care; and

NOW THEREFORE BE IT RESOLVED, that National Indian Health Board requests that Congress amend the Indian Health Care Improvement Act to authorize Advanced Appropriations; and

BE IT FURTHER RESOLVED, that National Indian Health Board requests that Congress include our recommendation for IHS Advanced Appropriations in the Budget Resolution; and

AND BE IT FINALLY RESOLVED, National Indian Health Board requests that Congress include in the enacted appropriations bill IHS Advanced Appropriations.

CERTIFICATION

The foregoing resolution was adopted by the Board, with quorum present, on the 7th day of September, 2014.

Cathy M. Abramson

Chairperson

ATTEST:

H. Kelly Smith

Recording Secretary

Self-Governance Communication & Education Tribal Consortium

303 South Fifth Street
McAlester, OK 74501
P: 918.302.0252
F: 918.423.7639

Sent electronically to: rita.culp@mail.house.gov

January 29, 2019

The Honorable Betty McCollum, Chairwoman
Appropriations Subcommittee on Interior, Environment and Related Agencies
U.S. House of Representatives
B-308 Rayburn House Office Building
Washington, DC 20515
ATTN: Ms. Rita Culp, Staff Assistant

RE: Support for the Indian Programs Advance Appropriations Act

Dear Chairwoman McCollum,

On behalf of the Self-Governance Communication and Education (SGCE) Tribal Consortium, a non-profit Tribal consortium created in 1988 to assist and support all Tribal Nations in their efforts to achieve their goals of self-government, we are writing today to request your support for the ***Indian Programs Advance Appropriations Act (IPAAA)*** and to urge Congress to take swift action passing this measure.

On January 25, 2019, Senator Tom Udall introduced S. 229 in the Senate Committee on Indian Affairs and we are actively working to get similar legislation introduced in the House. **We ask that the Subcommittee on Interior, Environment and Related Agencies give every consideration to this legislation to alleviate the lapse in appropriations, such as the recent occurrence of the longest government shutdown in history, for critical public safety, child welfare, and health care programs at the Bureau of Indian Affairs (BIA) and Indian Health Service (IHS).**

IPAAA Seeks to Improve Delivery of Indian Programs Through Advance Appropriations Authority

The IPAAA provides advance appropriations authority for certain accounts of the BIA and Bureau of Indian Education (BIE) of the Department of the Interior and the IHS of the Department of Health and Human Services. Advance appropriations authority will help improve delivery of Indian programs by providing certainty in funding across fiscal years.

Funding Uncertainty and Lapses and Delays in Appropriations Put the Health and Well-Being of Tribal Nations and their Citizens at Risk

The effects of the current lapse in appropriations, as well as prior lapses and delays in the enactment of the budget, have exacerbated operational challenges in the administration of programs that serve Tribal Nations and their citizens and placed the health and safety of our people and communities at risk. As a result of this shutdown, Tribal governments are instituting hiring freezes for key medical staff, teachers, law enforcement officers, and social welfare professionals.

Tribal governments are also being forced to lay off employees, put essential infrastructure improvement and economic development projects on hold, and to curtail services that are essential for the health and welfare of their citizens. The effects of this shutdown illustrate why we need Congress to pass IPAAA, which will help ensure Indian country is not harmed in future political battles that hold critical services and resources as ransom. Self- Governance Tribes, who have assumed responsibility for Federal programs, services, functions and activities, find themselves in an absurd and unjust dilemma of deciding how to fund these programs that are the trust responsibility of the Federal government.

IPAAA Provides Numerous Benefits and Represents a Significant Step Forward

We believe that IPAAA provides numerous benefits for agencies and Tribal governments that administer programs that serve Tribal communities and citizens. Some of these benefits are identified below.

Figure 1: Examples of some benefits offered by passage of IPAAA

Source: SGCE, designed with Venngage.

Insulates Funding That Helps Fulfill Federal Trust Obligations. The U.S. Commission on Civil Rights (USCCR) recently reported that "Treaties between the United States and tribal nations provide the original legal foundation for the federal government's obligation to provide health care for Native Americans.[1] Through these treaties, the seizure of tribal nations' land and resources by the United States was to be

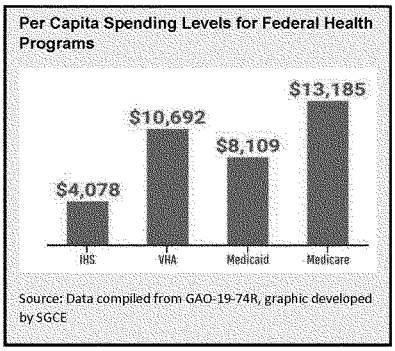
[1]U.S. Commission on Civil Rights, Broken Promises: Continuing Federal Funding Shortfall for Native Americans, Briefing Before the United States Commission on Civil Rights Held in Washington, DC (Washington, D.C., Dec. 2018).

compensated by the federal government's promise to provide payments and services—including the promise to provide health care to tribal citizens." The Supreme Court has held that the Federal government's contractual obligations to provide for the health care needs of Native Americans remain in effect even when the government lacks sufficient funds. Yet, the lapse in appropriations for fiscal year 2019 has demonstrated that the Federal government has not met its contractual obligations. IPAAA can insulate funding that helps to fulfill trust obligations from the year-to year political pressures which annual appropriations impose.

Helps Address Hiring Challenges. IHS officials were reported by General Accountability Office (GAO) as saying that advance appropriations authority allows recruitment and outreach activities to continue without disruption across fiscal years, and selected candidates could be brought on board as scheduled.[2] A Tribal representative reported to GAO that advance appropriations could help with recruitment by providing perceived job stability that is similar to the Veteran's Administration (VA) or the private sector. GAO also reported that VA officials stated that the agency's experience with advance appropriation authority suggests that the authority can facilitate physician recruitment, including hiring. For example, if the VA was far along in the hiring process at the end of a fiscal year, but could not finalize the hire before the end of the year, having advance appropriations for the next fiscal year provides the certainty that they will be able to make the hire in the new fiscal year. BIA, BIE, and IHS each face challenges hiring critical personnel and we believe IPAAA provides these agencies with a tool to help overcome these challenges.

Provides for seamless operations across fiscal years. GAO reported in November 2018 that advance appropriations provided to the Veteran's Health Administration (VHA) give the agency some assurances that it will be able to continue health care operations seamlessly across fiscal years. In addition, the USCCR recently recommended that "the federal government should provide **steady**, equitable, and nondiscretionary funding directly to Tribal Nations to support the public safety, health care, education, housing, and economic development of Native tribes and people." IPAAA provides BIA, BIE, and IHS with the same assurances provided to the VA and helps to address the recommendation from the Commission that calls for steady funding.

Advances Fairness and Parity. Indian programs have always faced significant disparity compared to similar programs and the failure of the United States to provide sufficient funding for these programs undermines the ability of some Tribal governments to provide adequate services to their communities. For example, in December 2018, the GAO reported that IHS's per capita spending levels were significantly less than those of the VHA, Medicare, and Medicaid. For example, IHS per capita spending level is 60 percent less than the VHA per capita spending level.



[2]GAO, *Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs,* GAO-19-174R (Washington, D.C.: Dec. 10, 2018).

The USCCR recommended that Congress should provide **consistent**, non-discretionary funding to Tribal governments to create parity between Tribal governments and other governments by allowing Tribal governments to leverage Federal funding. While IPAAA does not provide for the needed increases in funding, it does provide an opportunity for current Federal resources to be used more effectively and efficiently.

The current lapse in appropriations also demonstrates the disparity in funding vehicles within the Federal government. Other Federal health programs are specifically exempted during a shutdown, yet the Indian Health Service, which is already severely underfunded to fulfill its mission to deliver health care to American Indian and Alaskan Natives (AI/AN)—a very vulnerable population—is not. The USCCR recommended in December 2018 that "Congress should provide increased, non-discretionary, and advance appropriations for IHS to bring it to parity with other federal health programs, such as the Veterans Health Administration, including for facilities and urban Indian health." As a matter of fairness, IPAAA provides IHS with the same authority as other Federally-funded health care programs.

Reduced Acquisition & Construction Costs. The GAO reported in October 2018 that the experience of the VHA with advance appropriations authority demonstrates that the authority allows for greater planning and more efficient spending. Incorporating effective budget planning and acquisition processes into program and project administration allows increased certainty of funds which can result in lower interest rates and allows for goods, services, and materials to be purchased in larger bulks and in advance. As a result, acquisition and construction are reduced and more funds are dedicated to increased services for Tribal communities. During the shutdown period, although much of IHS and some BIA and BIE activities have been deemed to be 'excepted,' the agencies are not able to pay any vendors or health providers providing services via contract. This inability to timely pay often results in higher costs in the future to acquire these services, or that the vendor will no longer elect to do business with the agency.

Helps to Overcome Barriers to Self-Governance. The USCCR states in its December 2018 report that the United States and Native Americans have committed to and sustained a special trust relationship. This relationship obligates the Federal government to promote Tribal self-government, among other things.

Tribal Nations currently participating in Self-Governance know that the effect of increased Tribal control and decision-making authority over their lands, resources, and the welfare of their citizens is increased social and economic well-being. Yet, the success of Self-Governance requires both the Tribal Nation and the Federal government to uphold obligations agreed upon in legally binding compacts and other agreements. A key factor hindering some Tribal Nations from pursuing participation in Self-Governance and Self-Determination is the uncertainty associated with the disbursement of Federal funds agreed upon in compacts and contracts.

The USCCR reported that increased consistency in the timely payment of contract support costs increases Tribal government interest in operating their own health care systems—an outcome consistent with the goal of Tribal self-government. IPAAA provides Federal agencies with information that should help them to better plan for the disbursement of funds that cover longer periods of time.

For all of the reasons presented in this letter, the Self-Governance Communication and Education Tribal Consortium supports the IPAAA and is ready to assist the Congress in any way possible to ensure swift passage of this bill. If you have additional questions or would like to discuss further, please contact Jay Spaan, Executive Director, SGCE, at jays@tribalselfgov.org or 918-370-4258.

Sincerely,

W. Ron Allen, Tribal Chairman/CEO, Jamestown S'Klallam Tribe; Chairman, Self-Governance Education and Communication Tribal Consortium; and Chairman, Self-Governance Advisory Committee

Lynn Malerba, Chief, Mohegan Tribe, and
Chairwoman, Tribal Self-Governance Advisory Committee

Cc: Majority Members of the Appropriations Subcommittee on Interior, Environment and Related Agencies, U.S. House of Representatives
SGAC, TSGAC and Technical Workgroup Members

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March 22, 2019

The Honorable Kelly Armstrong
1004 Longworth HOB
Washington, DC 20510

RE: **Advance Appropriations for the Indian Health Service**

Dear Congressman Armstrong

On behalf of Turtle Mountain Band of Chippewa Indians, I strongly urge you to Co-Sponsor H.R. 1135 and H.R. 1128, which provides advance appropriations authority for the Indian Health Service (IHS). This would provide timely and predictable funding to administer health programs and services to American Indian and Alaska Native people.

The 35 day partial government shutdown at the start of 2019 had a devastating impact the Indian health system. Tribes throughout the country reported rationed care, reduced services, and some facilities closed altogether. This reckless shutdown destabilized Native health delivery and health care provider access; as well as Tribal Governments, families, children and individuals. With the further likelihood of shutdowns and delayed federal appropriations, Tribes firmly believe that advanced appropriations for IHS will allow for greater planning, more efficient spending, and higher quality care for American Indian and Alaska Native (AI/AN) patients.

Since Fiscal Year 1998, appropriated funds for medical services and facilities through IHS have only been provided before the commencement of the new fiscal year once. Late funding has resulted in significant challenges to tribal and IHS programs in the areas of budgeting, recruitment and retention, provision of services, and facility maintenance and construction efforts, among other areas. Unreliable funding distributions create unnecessary work and additional expenses. The result is that Tribal health programs are left to make long-term decisions with only short-term money guaranteed. Often programs must determine whether and how they can enter into contracts with outside vendors and suppliers, plan programmatic activities, or maintain current personnel.

We believe that Indian Country deserves better. Funding for the Indian health system is a result of Treaties and other legal obligations made by the federal government with Indian Country and should not be held hostage each year to unrelated political battles. Adopting an advance appropriations process is one solution advocates are pursuing to assist Tribal and IHS facilities fiscally plan more efficiently.

Healthcare services directly administered by the federal government, such as the Department of Veterans Affairs (VA), are funded by advance appropriations to minimize the impact of late and, at times, inadequate budgets. The decision of Congress to enact advance appropriations for the VA medical program, and then the decision in 2014 to expand that authority at the VA, provides a compelling argument for the effectiveness of advance funding a federally administered health program, which could easily be applied to the IHS. Beyond the efficiency inherent to advance appropriations, providing timely and predictable funding helps ensure the federal government's Trust responsibility if carried out.

On behalf of Turtle Mountain Band of Chippewa Indian, I strongly urge you to support this necessary legislation. Thank you for your time and please do not hesitate to contact me with any questions or if additional information can be provided.

Sincerely,

Jamie Azure
Turtle Mountain Band of Chippewa Indians
Tribal Chairman

Nathan Davis
Turtle Mountain Band of Chippewa Indians
District I Councilman
Great Plains Tribal Chairman Health Board Representative

Patrick J. Marcellais
Turtle Mountain Band of Chippewa Indians
Health Board Chairman

United South and Eastern Tribes, Inc.

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USET Resolution No. 2013:046

SUPPORT FOR ALTERNATIVE FUNDING OPTIONS FOR THE INDIAN HEALTH SERVICE

WHEREAS, United South and Eastern Tribes Incorporated (USET) is an intertribal organization comprised of twenty-six (26) federally recognized Tribes; and

WHEREAS, the actions taken by the USET Board of Directors officially represent the intentions of each member Tribe, as the Board of Directors comprises delegates from the member Tribes' leadership; and

WHEREAS, since the formation of the Union, the United States (U.S.) has recognized Indian Tribes as sovereign nations; and

WHEREAS, a unique government-to-government relationship exists between Indian Tribes and the Federal Government and is grounded in the U.S. Constitution, numerous treaties, statutes, Federal case law, regulations and executive orders that establish and define a trust relationship with Indian Tribes; and

WHEREAS, although the trust relationship requires the federal government to provide for the health and welfare of Tribal nations, the Indian Health Service (IHS) remains chronically underfunded, and American Indians and Alaska Natives suffer from among the lowest health status nationally; and

WHEREAS, since Fiscal Year 1998, appropriated funds for the provision of health care to American Indians and Alaska Natives through IHS and Tribal providers have been released after the beginning of the new fiscal year; and

WHEREAS, the delay in receipt of funds has most often been caused by a Congressional failure to enact prompt appropriations legislation; and

WHEREAS, late funding has severely hindered Tribal and IHS health care providers' budgeting, recruitment, retention, provision of services, facility maintenance, and construction efforts; and

WHEREAS, identified budgetary solutions to this failure to uphold the federal trust responsibility include a two-year funding cycle, advance appropriations, and forward funding for the IHS; and

WHEREAS, Congress has recognized the difficulties inherent in the provision of direct health care that relies on the appropriations process and traditional funding cycle through enactment of the *Veterans Health Care Budget Reform and Transparency Act of 2009 (PL 111-81),* which authorized advance appropriations for Veterans Administration (VA) medical care programs; and

WHEREAS, Congress has, pursuant to the authorization in the Veterans Health Care Budget Reform and Transparency Act, appropriated beginning with FY 2010, advance appropriations for the VA medical care accounts; and

WHEREAS, as the only other federally funded provider of direct health care, IHS should be afforded the same budgetary certainty and protections extended to the VA; and

WHEREAS, in December 2010 the United States recognized the rights of its First Peoples through its support of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), whose provisions and principles support and promote the purposes of this resolution; therefore, be it

RESOLVED the USET Board of Directors calls upon the U.S. Congress to bring certainty and stability to the Indian Health Service budget by authorizing and appropriating funding for a two-year funding cycle, advance appropriations, or forward funding for the Indian Health Service.

CERTIFICATION

This resolution was duly passed at the USET Semi-Annual Meeting, at which a quorum was present, in Niagara Falls, NY, on Friday, May 17, 2013.

Brian Patterson, President
United South and Eastern Tribes, Inc.

Brenda Lintinger, Secretary
United South and Eastern Tribes, Inc.

Chairman YARMUTH. Are there any comments or questions of Ms. McCollum?

Thank you very much.

Ms. MCCOLLUM. I thank the Committee.

Chairman YARMUTH. I now recognize the gentleman from North Carolina, Mr. Budd, for five minutes.

STATEMENT OF HON. TED BUDD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NORTH CAROLINA

Mr. BUDD. Chairman Yarmuth, Ranking Member Womack, Members of the Committee, thank you for the opportunity to testify today.

So, as a small business owner and someone who brings an outsider's perspective to Washington, I want to sound the alarm on our country's out-of-control fiscal situation. Right now the national debt stands at more than $23 trillion, which is roughly the equivalent of $70,000 for each man, woman, and child in America. And the budget deficit is set to break $1 trillion this year.

We have to take action and reverse course. The path we are on is simply unsustainable, and risks triggering a financial crisis that would undermine the prosperity of the American people. That is why I recently introduced a resolution, along with my fellow Members of the North Carolina delegation, calling for an end to Washington's spending addiction.

My resolution simply states that Congress should not raise the debt ceiling without making significant fiscal and spending reforms that would put us back on track toward a balanced budget. More specifically, I launched a series called—and you will enjoy this—"Budd's Budget Busters," to highlight examples of government waste, fraud, abuse, and mismanagement, along with commonsense solutions that Congress can act on to save taxpayer dollars.

The first instance of government waste I highlighted is the millions of taxpayer dollars being sent to individuals who are not even alive. For example, a 2015 Social Security Administration inspector general report found that 6.5 million people in the system that are implausibly 112 years or older. The Department of Veterans Affairs paid out an estimated $37.7 million to deceased veterans in 2016. Over $1 billion has been paid to farmers who have been dead for over three years. Medicare paid for $3.6 million in prescription drugs for dead beneficiaries.

The fact that the federal government is unable to distinguish between the living and the dead is simply absurd, especially when a simple fix is available. That is why I applaud my colleague, Representative Gianforte, for introducing H.R. 2543, the appropriately named Stop Improper Payments to Deceased People Act. The bill grants federal agencies access to Social Security Administration's death data base, and puts new procedures in place that force agencies to consider death data before making payments. Passing legislation like this is common sense. It is simply a no-brainer.

Another example of government waste that I highlighted was the fact that 75 percent of the federal government's IT funding goes toward maintaining outdated legacy software. For example, the Department of Justice and the Social Security Administration still operate programming code from the 1950's and 1960's. The Depart-

ment of Treasury still uses a pair of nearly 60-year-old systems. The Department of Veterans Affairs maintains veteran's benefits on more than a 50-year-old system. Most incredibly, the Department of Defense uses an over 50-year-old system of 8-inch floppy disks to operate our country's nuclear arsenal.

As the tech revolution continues to impact every aspect of our lives, we have to make sure that our government isn't left in the dust. The private sector can be a vital resource for demonstrating how to effectively modernize cutting-edge tools like cloud and blockchain and digital ledger technology. That is why Congress should perform enhanced oversight in the form of hearings and testimony that enact new legislation where it would be needed. Agencies and departments should be held accountable for the snail's pace of technological change in our federal bureaucracy.

In the three years that I have been here, I have voted against many budgets that ignore our national debt and kick the can further down the road. But I look forward to working with all of you to reverse course, and start pursuing policies that will reduce our national debt for our kids and our grandkids. The time is now to rein in Washington spending addiction. Thank you again for the opportunity to testify. I yield back.

[The prepared statement of Ted Budd follows:]

TED BUDD
13TH DISTRICT, NORTH CAROLINA

COMMITTEE ON
FINANCIAL SERVICES
SUBCOMMITTEES
HOUSING AND INSURANCE
TERRORISM AND ILLICIT FINANCE
CAPITAL MARKETS, SECURITIES
AND INVESTMENTS

Congress of the United States
House of Representatives
Washington, DC 20515–3313

Testimony to the House Committee on Budget on Issues of Importance
February 27, 2020
Submitted by Congressman Ted Budd

Chairman Yarmuth, Ranking Member Womack, and Members of this Committee, thank you for the opportunity to testify today.

As a small business owner and someone who brings an outsider's perspective to Washington, I want to sound the alarm on our country's out of control fiscal situation. Right now, the national debt stands at more than $23 trillion, which is equivalent to roughly $70,000 for each man, woman, and child in America. And the budget deficit is set to break $1 trillion this year.

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significant fiscal and spending reforms that would put us back on track towards a balanced budget.

More specifically, I recently launched a series called "Budd's Budget Busters" to highlight examples of government waste, fraud, abuse, and mismanagement along with common sense solutions that Congress can act on and save taxpayer dollars.

The first instance of government waste I highlighted is the millions of taxpayer dollars being sent to individuals who are not even alive. For example, a 2015 Social Security Administration Inspector General report found 6.5 million people in the system that are implausibly 112 years old. The Department of Veterans Affairs paid out an estimated $37.7 million to deceased veterans in 2016. Over $1 billion has been paid to farmers who had been dead for over three years. Medicare paid for $3.6 million in prescription drugs for dead beneficiaries.

The fact that the federal government is unable to distinguish between the living and the dead is absurd, especially when a simple fix is available. That's why I applaud my colleague Rep. Gianforte for introducing H.R. 2543, the appropriately named Stopping Improper Payments to Deceased People Act. The bill grants federal agencies access to the Social Security Administration's Death Database, and puts new procedures in

place that force agencies to consider death data before making payments. Passing legislation like this is common sense and a no-brainer.

Another example of government waste that I highlighted was the fact that 75 percent of the federal government's IT funding goes towards maintaining outdated legacy software. For example, the Department of Justice and the Social Security Administration still operate a programming code from the 1950s and 1960s. The Department of the Treasury still uses a pair of nearly 60-year-old systems. The Department of Veterans Affairs maintains veterans' benefits on a more than 50-year-old system. Most incredibly, the Department of Defense uses an over 50-year-old system of 8-inch floppy disks to operate our country's nuclear arsenal.

As the tech revolution continues to impact every aspect of our lives, we have to make sure that our government isn't left in the dust. The private sector can be a vital resource for demonstrating how to effectively modernize using cutting edge tools like Cloud technology. That's why Congress should perform enhanced oversight in the form of hearings and testimony and enact new legislation where it would be needed. Agencies and departments should be held accountable for the snails pace of technological change in the federal bureaucracy.

In the three years I've been here, I've voted against many budgets that ignore our national debt and kick the can further down the road.

I look forward to working with all of you to reverse course and start pursuing policies that will reduce our national debt for our kids and grandkids. The time is now to rein in Washington's spending addiction. Thank you again for the opportunity to testify today.

I yield back.

Chairman YARMUTH. Thank you for your testimony, and I particularly appreciate your calling attention to the fact that our—a lot of our technological capabilities in this country are so outmoded. And that is, I think, an important thing that this Congress ought to focus very intently on.

Mr. BUDD. Thank you.

Chairman YARMUTH. Do any other Members have any comments or questions?

Thank you again for your testimony.

I now recognize the gentleman from Texas, Mr. Burgess, for five minutes.

STATEMENT OF HON. MICHAEL C. BURGESS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. BURGESS. I thank the Chair. Republican Leader Womack, thank you for giving me the opportunity to present priorities for Fiscal Year 2021.

I want today to discuss health care, technological advancements on deployment, and energy solutions. Of course, I sit on the Committee on Energy and Commerce, and these are the priorities on the Republican side of the dais, at least in the Committee on Energy and Commerce.

First off, we know Americans care about how much they are spending on prescription drugs. They worry about their ability to afford the medications that they need. Some patients ration their insulin, while others choose between medications and food.

There is a bipartisan consensus that Congress can act to bring down prescription drug costs. We considered Medicare part D reform, including capping seniors' out-of-pocket costs. The Energy and Commerce and Ways and Means put out bipartisan requests for information, and received more than 80 responses. Unfortunately, these conversations were sidelined while attention was wrapped up in the Speaker's bill, H.R. 3, last October.

So I urge other Members to consider the provisions included in H.R. 19, the Lower Cost, More Cures Act of 2019. This bill includes bipartisan solutions to lower drug costs, and protects access to new treatments and new cures. H.R. 19 does cap out-of-pocket costs in Medicare part D, protecting seniors from the high cost of prescription drugs, and caps set at $3,100 a year, caps the cost of insulin at $50 a month.

H.R. 19 also contains provisions aimed at access to prescription drugs in rural areas by reforming the so-called direct and indirect remuneration fees largely administered by pharmacy benefit managers.

There is a lot that Congress can be doing to the cost—for the cost of drugs to deliver for the American people. H.R. 19 is an example of bipartisan policies that could become law and directly impact drug costs that patients incur. The provisions mentioned today are just some of the common-sense and bipartisan solutions that should be considered.

The Fiscal Year 2021 budget should include funding to ensure the United States' preeminence in fifth-generation mobile technology. The 5G rollout will require rural broadband deployment and a trained work force to install the necessary infrastructure.

In addition, the National Institute of Standards and Technology must have the resources to contribute to global 5G standards, and the National Telecommunication and Information Agency must manage the federal spectrum. This includes working with the Federal Communications Commission and industry to auction spectrum and protect current incumbents.

Additionally, consumers are concerned about their data privacy. The Energy and Commerce Committee is currently negotiating federal privacy law that will require the oversight of the Federal Trade Commission to ensure that industry does not engage in deceptive practices when implementing privacy policies. The Federal Trade Commission will require technically trained personnel to fulfill this responsibility.

Another technology, autonomous vehicles. The infamous self-driving car will improve mobility and increase safety on our roadways, and we should prioritize funding for the National Highway Traffic Safety Agency to be able to certify the safety features of these vehicles, allow testing exemptions when necessary, but also issuing recalls and regulations where necessary. This includes expertise within the Office of Defects Investigations and a consumer-facing education campaign on recall completion. The traveling public deserves adequate resources to ensure their safety.

The President's budget funds important energy research projects, including projects such as the Versatile Test Reactor, the Energy Storage Grand Challenge, and artificial intelligence capabilities. These smart investments in nuclear power, energy storage, and advanced computing will ensure energy independence and conservation for our future.

Congress must consider resources for energy efficiency, including programs like the Energy Star. This has saved Americans billions of dollars, and certainly should be preserved to ensure consumers make informed energy decisions.

And let me just say I agree with Ranking Member Womack about the absence of a budget. It is difficult to negotiate and navigate these issues without that. And in fact, yesterday, in our hearing that we finally had on COVID–19, there was a lot of criticism about the President's budget. But it is difficult to criticize the President's budget when we will not propose our own budget in the people's House, and have not for the last several congresses.

I appreciate the attention, and I will yield back my time.

[The prepared statement of Michael C. Burgess follows:]

Budget Committee Members' Day
Michael C. Burgess, M.D. Statement
February 27th, 2020

Chairman Yarmuth and Ranking Member Womack, thank you for the opportunity present priorities for the fiscal year 2021 budget. Today, I will discuss health care, technological advancements and deployment, and energy solutions.

Americans care about how much they spend on prescription drugs, often worrying about their ability for afford the medications they need. Some patients ration their insulin while others choose between medication and food.

There is bipartisan consensus that Congress needs to act to bring down prescription drug costs. We have considered Medicare Part D Reform, including capping senior's out-of-pocket costs. Energy and Commerce and Ways and Means put out a bipartisan request for information receiving more than 80 responses. Unfortunately, these conversations were sidelined while our attention was wrapped up in H.R. 3.

I urge my fellow members to consider the provisions included in H.R. 19, the Lower Costs, More Cures Act of 2019. This bill includes bipartisan proposals to lower drugs costs while protecting access to new treatments and cures. H.R. 19 caps out-of-pocket costs in Medicare Part D, protecting seniors from the high cost of prescription drugs at $3,100 per year, and caps the cost of insulin at $50 per month.

H.R. 19 also contains provisions aimed at access to prescription drugs in rural areas by reforming Direct and Indirect Remuneration fees.

There is a lot that Congress can be doing on the cost of drugs to deliver to the American people. H.R. 19 is a great example of bipartisan policies that can become law and directly impact the drug costs that patients incur. The provisions I mentioned today are just some of the commonsense and bipartisan solutions that should be considered.

The FY2021 budget should include funding to ensure United States preeminence in fifth generation mobile technology. 5G will require rural broadband deployment and a trained workforce to install the necessary infrastructure. In addition, the National Institute of Standards and Technology must have the resources to contribute to global 5G standards and the National Telecommunication and Information Agency must manage federal spectrum. This includes working with the FCC and industry to auction spectrum while protecting incumbents.

Additionally, consumers are concerned about their data privacy. The Energy and Commerce Committee is currently negotiating a federal privacy law that will require oversight of the Federal Trade Commission to ensure industry does not engage in deceptive practices when implementing privacy policies. The FTC will require technically trained personnel to fulfill this responsibility.

Another technology, autonomous vehicles, will improve mobility and increase safety on our roadways. We should

prioritize funding for the National Highway Transportation Safety Agency to certify the safety features of these vehicles and allow testing exemptions while also issuing recalls where necessary. This includes expertise within the Office of Defects Investigations and a consumer facing education campaign on recall completion. The traveling public deserves adequate resources to ensure their safety.

The President's budget funds important energy research projects, such as the Versatile Test Reactor, the Energy Storage Grand Challenge, and artificial intelligence capabilities. These smart investments in nuclear power, energy storage, and advanced computing will ensure energy independence and conservation for our future.

Congress must consider resources for energy efficiency, including programs like Energy Star. This has saved Americans billions of dollars and must be preserved to ensure consumers make informed energy decisions.

Congress must also address America's aging energy infrastructure. The needs of tomorrow demand the expansion, protection, and inspection of our nation's pipelines and electric grids. Federal funds must be properly allocated to streamline the construction of new projects and protect existing infrastructure from physical and cyber threats.

I appreciate the Committee's consideration of these priorities.

Chairman YARMUTH. The gentleman yields back. And I think it is safe to say the gentleman from Texas and I have rarely found areas of agreement over the years, but I find myself in agreement with much of what you said, and I thank you for your testimony.

But I will say it—actually, it is easy to criticize the President's budget without doing our own. But thank you for your testimony.

[Laughter.]

Chairman YARMUTH. Anybody else have a comment or question?

Mr. WOMACK. Was H.R. 19 subject to a markup?

Mr. BURGESS. H.R. 19 was considered as a Republican substitute to H.R. 3——

Mr. WOMACK. To H.R. 3.

Mr. BURGESS. So it didn't have its own separate markup from H.R. 19. But every one of those provisions had—at some point had a legislative hearing and again, was included in the Republican amendment in the nature of a substitute.

Mr. WOMACK. I thank the gentleman.

Chairman YARMUTH. Once again, Mr. Burgess, thank you for your testimony.

I will now recognize the gentleman from Virginia, Mr. Cline, for five minutes.

STATEMENT OF HON. BEN CLINE, A REPRESENTATIVE IN CONGRESS FROM THE COMMONWEALTH OF VIRGINIA

Mr. CLINE. Thank you, Chairman Yarmuth, Ranking Member Womack, Members of the Committee. I am back again this year.

I came last year to testify about the need to aggressively pursue a path to a balance in our federal budget and begin to address our exploding deficits and ballooning national debt. I think it is important to reiterate that we need to reintroduce four words to Washington that we use in Richmond and across state capitals time and time again: We can't afford it.

Our federal debt is now over $23 trillion. It is discouraging to my constituents back home that the last time a federal budget with a surplus was signed into law was 1997, 23 years ago. As lawmakers, we need to restore confidence in Congress and in our federal government by restoring fiscal responsibility to our budget process.

Balancing the federal budget has become a challenge because the federal government overreaches across a wide swath of areas. I commend past and current champions who are committed to undertaking the large job of balancing the budget by negotiating across the aisle, across chambers, between the House and the Senate, and with both Democrat and Republican administrations. Such negotiations led to the deficit reductions that created the 1997 surplus. I am committed to being a champion for a balanced budget, and hope that the Committee Members will make that same commitment.

The implications of failing to pass a budget, not even considering one that leads to balance, are grave. It puts our national security at risk. It steals opportunities from the hands of future generations. And it is, ultimately, unsustainable.

The bottom line is that we ask Americans to balance their budgets and, as lawmakers who are entrusted by constituents to use discretion and exercise discipline when spending their hard-earned

money, we must move to craft and pass a fiscally responsible budget that balances to the forefront of our legislative agenda.

And I thank the Chairman for his time, and I will be happy to answer any questions.

[The prepared statement of Ben Cline follows:]

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Congress of the United States
House of Representatives

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SUBCOMMITTEE ON CRIME, TERRORISM, AND HOMELAND SECURITY

COMMITTEE ON EDUCATION AND LABOR
SUBCOMMITTEE ON HIGHER EDUCATION AND WORKFORCE INVESTMENT
SUBCOMMITTEE ON WORKFORCE PROTECTIONS

Statement of Rep. Ben Cline (VA-06)
Budget Committee Members' Day Testimony
February 27th, 2020

I came before this Committee last year to testify on our irresponsibly growing national debt. I said then and intend to continue to uphold it now - I promised the citizens of Virginia's Sixth Congressional District that I would reintroduce four words to Washington – 'we can't afford it.'

The definition of afford is quite simple: to manage to bear without serious detriment. Its derivative shows that the ability to afford something has a significant impact on future. This is a simple concept and one that many state legislatures understand and work with, but one that Congress has now unnecessarily complicated. In fact, my home state of Virginia is one such example of a state legislature that must balance its budget because it is constitutionally required. This should be no different at the Federal level.

Our Federal debt is now over $23 trillion dollars. It is unconscionable that the last time a Federal budget with a surplus was signed into law was 1997 – 23 years ago. As lawmakers, we need to ensure our colleagues understand the gravity of their responsibility of knowing what we can truly afford as a nation.

Balancing the Federal budget has become overly difficult, largely due to the Federal Government's overreach in a wide swath of areas. I commend past and current champions who are committed to undertaking the large job of balancing the budget by negotiating across the aisle, across the Chambers, and with both Democrat and Republican Administrations. Such negotiations

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led to the deficit reductions that created that 1997 surplus. I am committed to being a champion for a balanced budget and hope that you as committee Members will make that same commitment.

The implications of failing to balance a budget, much less not even pass one, are grave. It puts our national security at risk, it steals opportunities from the hands of future generations, and is ultimately unsustainable.

The bottom line is that we ask Americans to balance their budgets, and as lawmakers who are entrusted by constituents to use discretion and exercise discipline when spending their hard earned money, we must move crafting and passing a fiscally responsible budget that balances to the forefront of our legislative agenda.

Chairman YARMUTH. I thank the gentleman.

Any questions or comments from the Members?

Thank you very much for your testimony.

I now recognize the gentleman from California, Mr. Correa, for five minutes.

STATEMENT OF HON. J. LUIS CORREA, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF CALIFORNIA

Mr. CORREA. Thank you, Chairman Yarmuth, Ranking Member Womack, and Members of this Committee. I thank you for the opportunity to testify before you today on certain national security priorities that I believe Congress should consider in this Fiscal Year 2021.

To begin with, I would like to let you know that I chair the Subcommittee on Homeland, Transportation, and Maritime Security. The issue there the Coast Guard brought to my attention is the Arctic and, essentially, our northern border. That is our northern border. Now that the Arctic has essentially melted, we have the Russians on the other side, very close to us.

We have issues, priorities, of minerals, oil, fisheries, and navigation. Currently, Russia has an icebreaker fleet of over 50 icebreakers. We have two. The Coast Guard has said they need at least six to begin to do their job adequately. And I would ask this Committee to please consider funding the Coast Guard's procurement construction improvement needs. It is, essentially, to guard our best interests on our northern border.

Second, I would like to turn to an issue of importance to my district, and I think to the rest of the country, which is the national network of fusion centers. These fusion centers essentially serve a very important role of information sharing of criminal activities and criminal threats. This network of 69 fusion centers do a really good job of working with the local, state, and federal agencies in coordinating and disseminating information when it comes to threats domestically, locally, and internationally.

The President's proposal would cut these programs significantly. I would ask that we instead increase funding for these fusion centers, and make sure that we safeguard our communities both at the federal, national level, and local level.

With that, I want to thank you, Mr. Chairman and Ranking Member and Members of this Committee for your time and interest.

[The prepared statement of J. Luis Correa follows:]

Congressman J. Luis Correa (CA-46)
Statement before the House Budget Committee
Members' Day Hearing
Thursday, February 27, 2020

Chairman Yarmuth, Ranking Member Womack, and Members of the House Budget Committee, thank you for the opportunity to testify about certain national security priorities that I believe Congress should consider in Fiscal Year 2021.

The Department of Homeland Security safeguards our nation from threats. I would like to highlight two priorities that I hope the Committee will consider favorably.

To begin, I would urge robust funding levels for the U.S. Coast Guard as it relates to the agency's capabilities to meet its mission in the Arctic region.

As Chairman of the Transportation and Maritime Security Subcommittee, I have led multiple hearings to discuss our homeland security priorities and interests in the Arctic.

I have repeatedly expressed concern about the aggressive actions of nations like Russia, who have increased their footprint within the Arctic in recent years.

Currently, Russia has a large icebreaker fleet that consists of over 50 icebreakers.

In comparison, the U.S. Coast Guard currently operates two aging polar icebreakers – a heavy polar icebreaker commissioned in 1976 and a medium polar icebreaker commission in 2000.

The Coast Guard's limited number of icebreakers impacts its ability to fulfill its missions in the Arctic.

According to Admiral Charles Ray, Coast Guard Vice Commandant, who testified at a Transportation and Maritime Security Subcommittee hearing earlier this month, our ability to patrol the Arctic depends on the presence of icebreakers in the region.

The Coast Guard has said that it will need six polar security cutters to carry out its Arctic missions.

We need to continue these investments and provide increased funding for the Coast Guard's Procurement, Construction, and Improvement account for the construction of new, modern icebreakers.

Next, I would like to turn to an issue of importance to my district: the National Network of Fusion Centers, which serves a vital role in the information sharing of criminal and terrorist threats.

The National Network consists of 79 state-owned and operated centers, including the Orange County Intelligence Assessment Center.

Established in 2007, OCIAC is nationally recognized, having been named the National Fusion Center of the Year in 2018.

Led by the Orange County Sheriff's Department, OCIAC consists of municipal police agencies, fire agencies and federal law enforcement.

Each year, the OCIAC fields over 1,000 tips or leads on potential threats, which has led to success in addressing threats posed by domestic hate groups, transnational organized crime, and cybercrime.

Funding these fusion centers is critical.

Local agencies rely on Urban Area Security Initiative Funding and State Homeland Security Grant Program funding to maintain their operations.

The President's proposed budget would significantly cut these programs.

This is troubling; Congress must continue funding these programs.

Mr. Chairman, I thank you, the Ranking Member, and Members of the Committee for your work as this important process moves forward.

Chairman YARMUTH. I thank the gentleman for his testimony.

Any questions or comments of the Member?

Mr. CORREA. Thank you, sir.

Chairman YARMUTH. Thank you very much, once again.

And now I recognize the gentleman from Texas, Mr. Cloud, for five minutes.

STATEMENT OF HON. MICHAEL CLOUD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Mr. CLOUD. Thank you and good morning, Chairman. Chairman Yarmuth, Ranking Member Womack, Members of this Committee, thank you for having us here today.

This Committee is tasked with the important constitutional obligation placed on Congress in article I, Section 8 to determine how much revenue should be collected from the taxpayers, and how much should be spent. The budget process is vital, because it is within that budget framework that we evaluate proposed legislation to ensure that we are spending within agreed-upon spending limits. Or at least that is how it is supposed to work.

Last year I came to talk to you about a bill I introduced, H.R. 638, the Cost Estimates Improvement Act, which would require the CBO and JCT to include debt servicing costs in their estimates. I asked you to include it as part of the Fiscal Year 2020 budget process.

We do not have the luxury of ignoring the true cost of our spending decisions. Our nation's outstanding debt is nearly $23.4 trillion, and climbing. And by the time we meet this time next year in this Committee, it will be over $24 trillion. In fact, according to the most recent budget outlook from CBO, over the next 10 years the annual deficits will reach $1.7 trillion. Our national debt will reach nearly $35 trillion, and our annual interest payments will be $819 billion.

These numbers are so big that it is hard for the average person to comprehend, but they represent a real threat to our nation's financial future. And we are increasing the deficits and debt at these alarming rates without a full and complete picture of the legislation we are voting on, because we regularly do not consider the interest cost.

As Maya MacGuineas of the Committee for a Responsible Federal Budget explains, "If the interest on the debt is not counted, the official scores of legislation can be deceptively low, especially when offsets would recur, year—would occur years in the future." American taxpayers in future generations deserve honest accounting, not more gimmicks that attempt to paper over our huge and unsustainable deficits.

The folks back home understand this. If they were budgeting for a monthly car payment, and only considered the list price of the car itself, and didn't factor in the extra cost of the interest payments, they might discover later that the actual cost was more than they could afford. In essence, Congress does this very same thing by not considering the comprehensive budgetary impact of spending and taxing proposals. This distorts congressional decision-making in favor of more spending and debt accumulation than might otherwise be the case. Simply put, the debt servicing costs

and legislative cost estimates would be—would better equip lawmakers to make informed spending decisions.

My legislation also does one more important thing that would help lawmakers make better spending decisions. It requires cost estimates to include a list of duplicative programs with the covered legislation. For example, the President's budget documents released earlier this month noted that there are 91 federal programs to train health care professionals, and this is just one example of duplication across the federal government.

If cost estimates were required to point out such duplication, it might give Members pause before voting to spend more taxpayer dollars on duplicative programs, and it would give us a better awareness toward evaluating and improving current programs.

But the good news that—is—the good news is that, while legislation requiring consideration of interest costs is preferred, we do not need it in order to—we do not need legislation passed in order for us to begin counting the real costs of proposed legislation. The CBO is already capable of producing these numbers, and you have the power to ask for it in this Committee.

Last month I sent a letter to the Chairman and Ranking Member, as well as your counterparts in the U.S. Senate, a bipartisan letter signed by myself and 56 of our colleagues. In the letter we asked that you direct the CBO to begin including debt servicing costs in all legislative cost estimates produced.

Reining in our debt and our deficits only gets harder, the longer we wait. And we owe it to our constituents, particularly those of future generations, to make spending decisions with the most accurate information possible. This isn't a red or blue issue, a Republican or Democrat issue. This is just simple, good governance. I hope that you will consider this cost estimates reform as an important step toward improving our budget process.

And I do thank you again for your time here today. I appreciate it.

[The prepared statement of Michael Cloud follows:]

Congressman Michael Cloud (TX-27)
Testimony Before House Budget Committee: Members' Day
February 27, 2020

Good Afternoon, Chairman Yarmuth, Ranking Member Womack and Members of the Committee, thank you for having us here today.

This Committee is tasked with the important Constitutional obligation placed on Congress in Article I, Section 8, to determine how much revenue should be collected from the taxpayers and how it should be spent.

The budget process is vital because it is within that budget framework that we evaluate proposed legislation — to ensure we are spending within agreed upon spending limits.

At least, that's how it's supposed to work.

Last year, I came to talk to you about a bill I introduced, H.R. 638, the Cost Estimates Improvement Act, which would require the CBO and JCT to include debt servicing costs in their estimates. I asked that you include it as part of the Fiscal Year 2020 budget process.

Mr. Chairman, we do not have the luxury of ignoring the true costs of our spending decisions. Our nation's outstanding debt is nearly $23.4 trillion and climbing. By the time this Committee hears from Members a year from now, it will be over $24 trillion.

In fact, according to the most recent Budget Outlook from CBO, over the next 10 years, annual deficits will reach $1.7 trillion, our national debt will reach nearly $35 trillion, and our annual interest payment will be $819 billion.

These numbers are so big that it is hard for the average person to comprehend. But they represent a real threat to our nation's financial future.

And we are increasing the deficits and debt at these alarming rates without a full and complete picture of the legislation we are voting on because we regularly do not consider the interest costs.

As Maya MacGuineas of the Committee for a Responsible Federal Budget explains:

> If interest on the debt is not counted, the official scores of legislation can be deceptively low, especially when offsets would occur years in the future. American taxpayers and future generations deserve honest accounting, not more gimmicks that attempt to paper over our huge and unsustainable deficits.

The folks back home understand this:

If they were budgeting for monthly car payments and only considered the list price of the car itself—and didn't factor in the extra cost of interest payments—they might discover later that the actual total cost was more than they could afford.

In essence, Congress does the same thing by not considering the comprehensive budgetary impact of spending and taxing proposals. This distorts congressional decision-making in favor of more spending and debt accumulation than might otherwise be the case.

Simply put, including debt servicing costs in legislative cost estimates would better equip lawmakers to make informed spending decisions.

My legislation also does one other important thing that would help lawmakers make better spending decisions. It requires cost estimates to include a list of duplicative programs with the covered legislation.

For example, the President's budget documents released earlier this month noted that there are 91 federal programs to train healthcare professionals. And this is just one example of duplication across the federal government.

If cost estimates were required to point out such duplication, it might give members pause before voting to spend more taxpayer dollars that expand existing, or create new, duplicative programs.

But the good news is — that while legislation requiring consideration of interest cost is preferred — we do not need to wait for legislation to pass for us to begin counting the real cost of proposed legislation. CBO is already capable of producing these numbers, and you have the power to ask for it.

Last month, I sent the Chairman and Ranking Member, as well as your counterparts in the United States Senate, a bi-partisan letter signed by myself and 56 of our colleagues.

In the letter we asked that you direct the Congressional Budget Office to begin including debt servicing costs in all legislative cost estimates produced.

Mr. Chairman reigning in our debt and deficits only gets harder the longer we wait. We owe it to our constituents, particularly future generations, to make spending decisions with the most accurate information possible.

This isn't a red or blue — Republican or Democrat issue — this is simple good governance.

I hope you will consider this cost estimate reform as an important step toward improving our budget process.

Again, thank you for this opportunity to appear here today.

Chairman YARMUTH. I thank the gentleman for his testimony.

Any questions or comments?

Yes, sir.

Mr. HERN. Mr. Chairman, thank you. My colleague is exactly right. This isn't a red or blue issue. This is just common sense that every American, every business has to go through everywhere, every state, everywhere except the federal government.

We found many of those kind of things. And I think, if you polled everybody individually, they would tell you the same thing. And why we can't do it, it is beyond me. I am going to find the answer, though.

Mr. CLOUD. Thank you, I appreciate it.

Chairman YARMUTH. All right. Any other questions or comments?

Well, thank you very much, once again, Mr. Cloud.

And I want to thank again all the Members who appeared here today, and the Members who attended the hearing. And that completes our business for the day.

So without objection, this hearing is adjourned.

[Whereupon, at 10:40 a.m., the Committee was adjourned.]

ELAINE LURIA
2ND DISTRICT, VIRGINIA

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VICE CHAIR OF SUBCOMMITTEE ON SEAPOWER AND PROJECTION FORCES

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HOUSE COMMITTEE ON VETERANS' AFFAIRS

CHAIR OF SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

Testimony of Representative Elaine G. Luria
House Budget Committee Members' Day Hearing
February 27, 2020

Thank you for today's opportunity to discuss shared priorities for the Fiscal Year 2021 budget. I encourage the Committee to invest in our future while bringing our national debt under control.

According to the Treasury Department, the national debt stands at over $23 trillion as of February 2020. The Congressional Budget Office finds that if current trends continue, debt held by the public will reach 98% of gross domestic product (GDP) by 2030, and 180% of GDP by 2050. This means that, by mid-century, it would take every penny Americans produce over almost two years to pay off our debt. This is a dangerous legacy to leave to our children.

As you prepare the FY21 budget resolution, I encourage you to improve our fiscal standing without cutting safety net programs such as Social Security, Medicare, and Medicaid. American taxpayers have earned these benefits, and Congress must ensure they remain strong for all who need them. Instead, the Committee should look to reverse the damage to our deficit caused by some provisions of the 2017 Tax Cuts and Jobs Act, including the permanent corporate tax cut at a time when working families are only receiving temporary tax relief.

I also encourage the Committee to invest in the initiatives we need to maintain American leadership in the 21st Century. These include increased support for our Armed Forces to counter rising competition from China and other great power rivals. Robust defense spending keeps our nation safe but also drives technological innovation and powers the economy in Coastal Virginia and communities throughout our country.

The Committee must also expand our support for clean energy research, development, and deployment. These technologies, including renewable energy, battery storage, and advanced nuclear reactors, will help us address climate change and lead the global economy. Climate change threatens our national security, economic prosperity, and the environment, but also provides an opportunity for renewed American leadership. We must also ensure coastal regions, like the one I represent, have the resources they need to address sea level rise, increased severe weather, and other climate-related effects.

I look forward to working with the Committee to develop a budget that works for Coastal Virginians and all Americans.

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Statement by Congressman Andy Biggs

Thank you for allowing me to testify before this Committee.

Since I was last here a year ago, I am sad to say that our nation's fiscal problems have only grown worse. The U.S. national debt now stands at over $23 trillion. That equates to over $73,000 owed by every citizen: *man, woman, and child.*

Our credit rating is still listed as AA+ by Standard and Poor's nearly a decade after that agency downgraded our status from a perfect AAA. This diminished rating will likely only continue to fall in the coming years unless we develop a plan to try to balance our budget.

To put it bluntly, the national debt, along with our country's declining credit, is not only a tax on our children and grandchildren; it also jeopardizes our entire nation's future.

As many in this room know, at the beginning of this Congress I introduced a resolution, H.Res. 149, asserting that the U.S. debt is a threat to national security. I am disappointed that while this resolution has so far garnered dozens of Republican cosponsors, it has not yet received support from a single Democratic Member, even though many Democrats in the national security and defense world have long echoed my concerns.

To quote former Secretaries of Defense Leon Panetta, Ash Carter, and Chuck Hegel: "Increase in the debt will, in the absence of a comprehensive budget that addresses both entitlements and revenues, force even deeper reductions in our national security capabilities."

So, what do we do to address the problem of our national debt?

The simplest answer would be the most effective: we need to rein in spending. This effort must entail not only reductions in discretionary spending, but also a reexamination of mandatory spending, which accounts for nearly two-thirds of our nation's budget.

I know this is an uncomfortable subject for all of us in this room, but until we make a serious, bipartisan effort to tackle Social Security and Medicare reform, we will never be able to get a handle on our nation's fiscal problems. We can still place both programs on a sustainable footing, but in order to do so we need to start working on fixes *now*. The longer we wait, the more unpalatable the solutions will be.

Aside from reining in spending, we need to fix our nation's broken budget process. Both parties have completely failed to follow regular order in recent decades. Instead, we bounce from continuing resolution to continuing resolution, omnibus to omnibus. And because this irregular budget process is so dysfunctional, we never reach the point of being able to responsibly scrutinize spending requests on a line-by-line, program-by-program basis.

There are numerous potential reforms we can make to our budget process, of which I will briefly highlight two that I've championed. One is "no budget, no pay." Very simply, if Members of Congress don't have the discipline to make the same kind of difficult budget decisions that families across this country make every week, they shouldn't receive a paycheck.

Second, we should force government departments and agencies to fully justify any and all new spending requests, instead of allowing them to wait for automatically growing lump sums from Congress. This type of "zero-baseline" budgeting is common in the real world, but largely absent in government. Would it create more work and more headaches for D.C. departments and agencies? Absolutely. But given the fiscal challenges our nation is currently facing, I would rather see bureaucrats spending more time crunching numbers and less time thinking of new ways to expand the scope of the federal government.

There are of course many other reforms we could consider. I am sure that some of the other Members who testify today will bring up biennial budgeting; others may pose a fundamental restructuring of the Appropriations and Budget Committees.

None of the ideas this Committee will hear about this morning is perfect—and that includes the reforms I've been most involved in advocating. I hate to say it, but there is no "silver bullet" to solve all our problems.

But we do need to get a bipartisan conversation started about just how dire our nation's fiscal situation is, and we *all* need to start working on solutions. I intend to be fully engaged in this effort.

Thank you again.

CONGRESSMAN COLE

WRITTEN TESTIMONY

As a former Member of the House Budget Committee, I have supported legislation that seeks to get our long-term fiscal house in order by balancing the budget and working toward eventually eliminating the national debt.

Of the more than $4.7 trillion in federal government spending, about one third is spent on discretionary programs, those that Congress and the President can control. But without taking on the complicated task of reforming the other two thirds of government spending, we will bankrupt this great nation.

Commission on Long Term Social Security Solvency

Our country's major mandatory – or entitlement – programs (Medicare, Medicaid and Social Security) are a significant driver of our debt. CBO estimated that federal outlays will total $4.6 trillion in 2020, increasing by 5 percent from the 2019 amounts. The federal outlays are projecting to rise to $7.5 trillion in 2030.

Increases in mandatory spending- particularly for Social Security, Medicaid, and Medicare, account for more than three-quarters of that increase. According to the Boards of Trustees for Social Security and Medicare, both are due to become insolvent within the next 25 years if no changes are made.

I have introduced legislation, H.R. 289, that would put us back on a path towards fiscal balance. The bipartisan and bicameral commission would be required to come up with a plan to make Social Security solvent for 75 years. The commission would report its recommendations within one year of its first meeting, and it would take 9 votes for the report to be sent to Congress. At that point, the legislation would get expedited consideration and an up-or-down vote in Congress.

Making smaller changes to critical safety-net programs can prevent painful cuts to current beneficiaries if Congress acts now. Every year that we delay addressing the issue, the solutions become more expensive and more painful, and continue to put our children and grandchildren even deeper in debt.

Mandatory Budget IHS

Unlike other constituencies, the federal government has a unique government-to-government relationship with Tribes that is enshrined in the U.S. Constitution, upheld by U.S. Supreme Court case law, and reinforced by numerous federal statutes. Advance appropriations would ensure that the trust responsibility is not abrogated by Congressional indecision over the annual appropriations process.

There is a demonstrated need for such advance appropriations in Indian Country. The most recent government shutdown caused significant jeopardy to the health and safety of American Indians and Alaska Natives (AI/ANs) due to the lack of funding for IHS, BIA law enforcement, and other crucial BIA services. With respect to IHS, the shutdown destabilized Native health delivery and access to health care providers, damaging Tribal Government operations, and impacting families, children and individuals.

In September 2018, the Government Accountability Office (GAO) issued a report examining the feasibility for IHS advance appropriations (GAO-18-652). GAO found that IHS and Tribes are given significant administrative burdens due to the fact that the IHS must modify hundreds of contracts each time they operate under a continuing resolution. In addition, the GAO found that "uncertainty resulting from recurring CRs and from government shutdowns has led to adverse financial effects on tribes and their health care programs." The Congressional Budget Office has noted that enacting advance appropriations does not affect direct spending or revenue.

Nearly every year since 2003, the budget resolution has limited how much and for what purpose advance appropriations can be made. IHS and BIA must be included in future budget resolutions to ensure the agencies, Tribal governments, and urban Indian health care providers can continue to improve the quality of and expand access to health and other services.