

United States Senate

January 23, 2019

Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

I write regarding the Indian Health Service's (IHS) reduced ability to provide care for Arizonans and individuals across the country due to the lapse in appropriations.

There are 22 federally-recognized Native American tribes in Arizona. According to the 2010 U.S. Census, 353,386 American Indians and Alaska Natives live in Arizona. The Census also found that Maricopa County, the most urban county in the state, is home to 107,271, just over 30% of the American Indians and Alaska Natives in Arizona. The community relies on IHS-funded programs daily for health and wellness services such as basic health care, behavioral health services, food and nutrition programs, and preventative health care treatments that are both culturally-sensitive and affordable.

The Department of Health and Human Services (HHS) contingency plan allows IHS to continue "functions necessary to meet the immediate needs of the patients, medical staff, and medical facilities" but does not allow IHS to fund tribal clinics and preventative care facilities run by the Office of Urban Indian Health Programs. As a result, 41 urban health programs that rely on IHS funding to provide services are not funded.

Clinics and facilities funded through the Office of Urban Indian Health Programs provide care for individuals who are typically unable to access IHS-run facilities. As IHS has been unable to fund these programs, services have been reduced, staff have been laid off, and patients have lost access to care and specialty referrals. The shutdown harms the patients who depend on IHS-funded programs, and the providers who care for them. This situation is untenable.

Therefore, I ask HHS to respond in writing to the following questions by January 31, 2019.

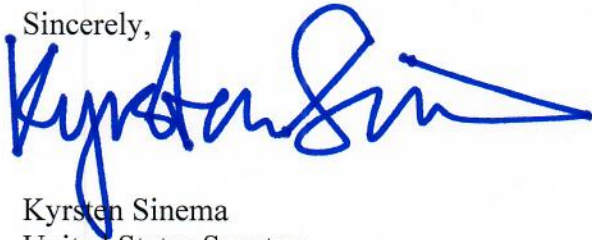
1. How many IHS-funded programs in the state of Arizona have closed, reduced services, or lost personnel due to the shutdown? How are patients being referred to other community resources or sites of care? Once the shutdown has ended, how quickly will closed clinics, furloughed providers, and suspended services be restored?

2. Given the flexibility the Administration has shown in restoring services at the Internal Revenue Service, at the U.S. Food and Drug Administration, and elsewhere, what options is HHS considering to keep the 41 urban health programs and services operational should the shutdown continue?

Native American tribes deserve access to quality, reliable health care services, as promised in treaties they made with the federal government. Therefore, I respectfully urge you to re-assess your guidance concerning funding for tribal clinics and preventative care facilities run by the Office of Urban Indian Health Programs.

Thank you for your attention to this request.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kyrsten Sinema". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kyrsten Sinema
United States Senator