

AI/AN Health Partners

April 15, 2026

The Honorable Mike Simpson
Chairman
Subcommittee on Interior, Environment,
and Related Agencies
B-308 Rayburn House Office Building
Washington, DC 20515

The Honorable Chellie Pingree
Ranking Member
Subcommittee on Interior, Environment,
and Related Agencies
2354 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Simpson and Ranking Member Pingree:

The AI/AN Health Partners is a coalition of health organizations dedicated to improving health care for American Indians and Alaska Natives (AI/ANs). AI/ANs face substantially poorer health outcomes, and higher mortality and morbidity rates than the general population. The Indian Health Service (IHS) is critical to how they access health care. However, the IHS must have sufficient resources to meet its mission to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

We appreciate the continued support the Committee has given the Indian Health Service. You have responded robustly to testimony from tribes and tribal organizations stressing the importance of maintaining the best possible health care system for AI/ANs. We ask that you continue that support for the Fiscal Year 2027 Indian Health Service appropriation.

Over the years, our coalition's mutual goals have not deviated. Instead, they have only become more urgent. To provide health care for AI/ANs at a level equivalent to the rest of the nation there must be strong support for increasing and maintaining a robust health care system. We believe that there are three fundamental steps to accomplish this:

Loan repayment: The Indian Health Service has reported for years that the health care provider overall vacancy rate is 30 percent. The IHS Health Professions account provides loan repayment, the Service's best recruitment tool, for attracting and retaining providers in Indian Country. Currently, there is more demand for loan repayment than the Service can meet. The IHS Fiscal Year 2027 budget request states that, "In FY 2025,,,[there were] 483 'unmatched unfunded' health professionals (including 8 physicians, 79 behavioral health providers, 23 dentists, 6 optometrists, 68 pharmacists, 84 midlevel providers and 157 nurses and 58 others)." It has been estimated that an additional \$18,000,000 in loan repayment funding would allow the Service to hire at least 400 more providers. For Fiscal Year 2026, the Committee recognized this need and appropriated \$18,000,000. However, the final appropriation provided only a \$4,000,000 increase. We strongly urge the Committee for Fiscal Year 2027 to complete this goal by increasing the Health Professions account by \$14,000,000.

Staff quarters: We thank the Committee for last year setting aside \$13,000,000 for staff quarters across the IHS health care delivery system to support the recruitment and retention of healthcare professionals. Many of the 2,700 staff quarters in the IHS health delivery system are more than 40 years old and in need of major renovation or total replacement. Additionally, in several locations, the number for housing units is insufficient. Several tribal witnesses recently testified before the Committee about the connection between recruitment of health care providers and housing needs:

Frank Star Comes Out, President of the Oglala Sioux Tribe:¹

“The IHS needs adequate funding to recruit and retain healthcare providers and administrators to serve our Reservation, including the need to re-establish specialty care services for our people, rather than forcing them to travel off our Reservation to Rapid City or elsewhere for treatment that should be available closer to home.”

“IHS appropriations should also include ample funding to improve and construct IHS facilities and to provide staff quarters for qualified staff to combat our chronic issues of recruitment and retention of talented health care personnel.”

Steve Sitting Bear Chairman of the Stading Rock Sioux Tribe:²

“The IHS facility also has a severe staffing and vacancy crisis. As of January 2026, we had 88 vacant full-time positions out of 194 authorized roles. With only 55 percent of the workforce filled it causes significant burnout for our permanent staff and forces us to heavily rely on high-cost contractors. We have vacancies in critical administrative roles, like coding, Health Information Management, and risk management, which impacts the Tribe’s ability to collect third party revenue. A major hurdle for recruitment is the 50-mile commute, 36 current employees make that commute. We need on-site housing to increase employment recruitment.”

Leandra Ross on behalf of the Southcentral Foundation testified:³

“A key factor impeding recruitment and retention of health professionals in rural Alaska, especially in those communities off the road system, is a severe lack of housing. Many of the rural communities SCF partners with lack sufficient housing even for residents. Funding for rural health professional housing would be extremely beneficial for SCF and other organizations seeking to overcome the unique challenges of providing healthcare services to these communities. Such funding would be particularly useful right now as states work to use other rural health dollars from the Centers for Medicare and Medicaid Services to

¹<https://docs.house.gov/meetings/AP/AP06/20260318/119060/HHRG-119-AP06-Wstate-StarComesOutF-20260318.pdf>

²<https://docs.house.gov/meetings/AP/AP06/20260318/119060/HHRG-119-AP06-Wstate-SittingBearS-20260318.pdf>

³<https://docs.house.gov/meetings/AP/AP06/20260317/119059/HHRG-119-AP06-Wstate-RossL-20260317.pdf>

develop rural workforce personnel and training needs. We recommend that Congress provide funding for professional housing needs in Alaska.”

We urge the Committee for Fiscal Year 2027 to continue to set aside funding specifically for renovating and replacing staff quarters.

Medical and diagnostic equipment: Health care professionals need modern equipment to make accurate clinical diagnoses and prescribe effective medical and dental treatments. The IHS/Tribal/Urban Indian (I/T/U) health programs manage approximately 90,000 devices consisting of laboratory, imaging, patient monitoring, pharmacy, and other biomedical, diagnostic, and patient equipment. However, many of these facilities use outdated equipment like analog mammography machines. In some cases, they are using equipment that is no longer manufactured. Today’s medical devices/systems have an average life expectancy of approximately six to eight years. The IHS has calculated that to replace the equipment at the end of its six to eight-year life would require approximately \$100 million per year.

Failure to sustain modern functioning medical devices and systems is also key to recruiting and retaining health care staff. The lack of both can shut down care:

Verlon Jose, Chairman of the Tohono O’Odham Nation of Arizona ⁴

“In August 2020, the Phoenix Indian Medical Center (PIMC) was forced to close its labor and delivery services due to aging infrastructure and inadequate equipment. Nearly six years later PIMC still has not resumed these services. This closure affects the ability of many Native American women, including some of our members, to receive care.”

Dr. Buu V. Nygren, President of the Navajo Nation ⁵

“Despite its critical role, [Navajo Nation Department of Emergency Medical Services] NNEMS continues to face severe funding shortfalls that limit staffing, equipment, and service expansion. ...Without additional federal support, EMS services will remain strained, impacting response times and access to critical care. To address this, Congress must increase IHS funding for EMS 638 contracts. As prices for ambulances continue to increase, appropriations for equipment and supplies must also increase so that Tribal EMS programs can acquire new and modern equipment to continue providing quality and effective pre-hospital care.”

For Fiscal Years 2023, 2024, and 2025, the IHS equipment account was frozen at \$32,598,000. We thank the Committee for recognizing the need for increased funding by appropriating \$41,874,000 for Fiscal Year 2026. Unfortunately, the final Fiscal Year 2026 funding allowed for only a \$2,000,000 increase to \$34,598,000.

⁴<https://docs.house.gov/meetings/AP/AP06/20260317/119059/HHRG-119-AP06-Wstate-JoseV-20260317.pdf>

⁵<https://docs.house.gov/meetings/AP/AP06/20260317/119059/HHRG-119-AP06-Wstate-NygrenB-20260317.pdf>

We urge the Committee for Fiscal Year 2027 to fund the Indian Health Facilities equipment account at the House-approved Fiscal Year 2024 amount of at least \$42,862,000.

Thank you for considering our IHS funding requests for Fiscal Year 2027. We look forward to working with you to ensure the best possible health care for American Indians and Alaska Natives.

Sincerely,

American Academy of Pediatrics
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Dental Association
American Medical Association
American Psychological Association Services, Inc.
Association of Diabetes Care & Education Specialists
Commissioned Officers Association of the USPHS
National Kidney Foundation