

Statement of Martin Harvier
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U.S. House Committee on Natural Resources, Subcommittee on
Indian and Insular Affairs
Examining 50 years of the Indian Self-Determination and Education
Assistance Act in Indian Country
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Chairman Hurd, Ranking Member Leger-Fernandez, and Members of the Subcommittee, thank you for the opportunity to provide testimony on the 50-year anniversary of the Indian Self-Determination and Education Assistance Act. My name is Martin Harvier, President of the Salt River Pima Maricopa Indian Community (SRPMIC).

On behalf of our Community, I am happy to share our history and experience with Self-Governance Compacts through the Department of Interior (DOI), Bureau of Indian Affairs (BIA) and the Indian Health Service (IHS), and to provide a few observations that may be useful for the Committee in its oversight capacity.

By way of background, the Salt River Pima Maricopa Indian Community was established by Executive Order on June 14, 1879 and is home to two distinct tribes, the An Auk Akimel O’odham (Pima) and the Xalychidom Piipaash (Maricopa). Today, SRPMIC shares borders with the fast growing cities of Scottsdale, Tempe, Mesa, and Fountain Hills. The reservation encompasses 52,600 acres and we have an enrollment of approximately 11,000 members.

Our community has a long history of Self-Governance, compacting the majority of federal programs from the Bureau of Indian Affairs, and more recently from the Indian Health Service.

Bureau of Indian Affairs:

The SRPMIC entered into its first Title IV Self-Governance Compact on October 1, 1995. The first tranche of programs that were included in the Compact were:

- Tribal Scholarships
- Johnson O’Malley
- Tribal Courts
- Social Services (Indian Child Welfare Act, Welfare Assistance Grant)
- Housing Improvement Program
- Law Enforcement
- Road Maintenance
- Agriculture
- Real Estate Services
- Real Estate Appraisals

Over time the SRPMIC assumed the following additional programs:

- FY 2000 – Job Training and Placement
- FY 2002 – Tribal Transportation Planning
- FY 2003 – Indian Reservation Roads Program
- FY 2006 – Detention/Corrections

- FY 2007 – Juvenile Detention Education
- FY 2017 – Land Title Records Office
- FY 2022 – Section 105(l) Leasing Program

Among these, perhaps the most impactful has been the assumption of the functions of the Land Title and Records Office (LTRO). Through LTRO the Community has been able to improve transaction times for business leases, agricultural leases, home sites, right-of-way and probates. One of the key parts of the LTRO function is to have access to the BIA Trust Asset and Accounting Management System (TAAMS). Not only did the community bring the TAAMS system “in-house”, but we also hired and trained several staff people that are certified on the system.

Along the way SRPMIC has gone through several Tribal Trust Evaluation audits (TTE) with the BIA. These periodic audits are meant to ensure the Community is faithfully upholding our responsibilities, but they also serve as an opportunity to both strengthen tribal programming as well as identify areas where the BIA and partnering Agencies can improve. For example, in the TTE completed in 2022, it was clear the pandemic greatly impacted the delivery of service.

In recent testimony before the U.S. House Appropriations Committee, Subcommittee on Interior, Environment, and Related Agencies, it was noted there remain issues of federal bureaucracy that stand in the way of efficient operation of the important programs.

BIA’s Review of Probate Cases Amidst a National Backlog:

The SRPMIC has compacted the probate function and is responsible for probate case preparation, inventory and asset verification, and getting cases submitted to the Office of Hearings and Appeals (OHA) for formal probate proceedings. Despite this, BIA requires additional reviews at the regional level, rather than allowing SRPMIC to operate independently. BIA does not allow SRPMIC to submit completed probate cases directly to OHA. Instead, cases must go through additional layers of BIA review at the regional level, despite SRPMIC staff being fully trained and qualified to perform all required probate functions. During FY2023 and FY2024 Probate cases were at the regional level for reviews ranging from 1-4 months.

It is our recommendation the SRPMIC should be allowed to submit completed probate cases directly to OHA, eliminating unnecessary BIA oversight at the regional level.

Lengthy Timeframes for Realty Transactions submitted to the Local BIA Agency Office:

The Salt River Agency (SRA) serves the SRPMIC and two other tribes. Due to staffing shortages the Salt River Agency Superintendent is covering two agencies (Pima and Salt River) and is present at SRA only one day per week. As a result, approval for rights-of-way regularly exceeds the 60-day timeframe required under 25 CFR § 169.123, causing significant delays for infrastructure and economic projects. Wait times have significantly worsened since mid-2020, with no clear justification from BIA for the excessive review timelines. Without adequate staffing, the agency cannot function properly, leading to delays in realty transaction approvals.

It is our recommendation the BIA must acknowledge the staffing issue and take steps to provide additional staff to reduce realty transaction approval delays. Alternatively, if staff

support is not possible the SRPMIC recommend the BIA provide full authority to the Community to approve all transactions.

In addition to these recommendations, it is always critical for the Congress to consider funding programs to the need that exists. When the SRPMIC first compacted programs with the BIA in 1995 we received \$3,212,357.00. Following the addition of seven programs the SRPMIC currently receives approximately \$14.7 million with an additional \$6.9 million coming from USDOT for CMAQ. However, based on the growth of the Community, in terms of increased enrollment and development, the needs of the Community have grown exponentially where the self-governance funding has not kept pace. For example, in Fiscal Year 2023 the SRPMIC appropriated an additional \$37.2 million of tribal funding for compacted programs to meet the unmet need that exists.

Indian Health Service:

More recently the SRPMIC has assumed many programs from the Indian Health service through a self-governance compact that include, but are not limited to:

- Ambulatory Services.
- Pharmacy.
- Physical Therapy.
- Diagnostic Imaging.
- Behavioral Health programs that include mental health and social services.
- Facility Support Services for the operation of the River People Health Center.
- Preventive Care that includes Public Health Nursing, Community Health Representatives, and Public Health and Epidemiology, and Disease Prevention.
- Diabetes Prevention, Treatment and Control.
- Telehealth.
- Emergency Medical Services.
- Many administrative functions.

It is the goal of the SRPMIC to provide our Community members and the Phoenix area urban Native population with access to high quality and comprehensive medical services in line with the federal government's trust and treaty obligations because we know that chronic underfunding of the Indian health system has had detrimental impacts on our communities. American Indians and Alaska Natives are disproportionately affected by obesity, diabetes, heart disease, cancer, substance use disorder, and other largely preventable conditions. In our Community, these impacts directly result in an average life expectancy of just 52 years, while just across the reservation border in Scottsdale, Arizona, the average life expectancy is 85 years. We can, and must, do better.

We believe that taking control of our own health policy will allow us to construct a comprehensive health model to improve the life expectancy of our people, what we call "5 in 5" – increase the life expectancy by five years every five years. In order to build a successful health model, the SRPMIC will rely on full funding of all elements of the current compact as well as the authority to bill and collect from third party insurance entities for services provided by the Community. These two components will make up approximately 99% of funding to implement the health care system for the SRPMIC. As a result, we look forward to working with the Congress in the following areas to ensure there will be funding available in the future to meet the needs that exist:

Permanently Exempt the IHS from Cuts, Sequestrations, Rescissions, and Funding Freezes:

Despite its chronic underfunding, the Indian health system is constantly at risk of additional budget cuts, sequestrations, rescissions, and funding freezes. As recently as January 2025, Tribal health programs like us feared that our desperately needed funding was frozen when the Office of Management and Budget issued a memorandum pausing federal financial assistance. Similarly, in FY 2024, Congress rescinded \$350 million marked for public health infrastructure from the IHS. In fact, the IHS is the only federally funded service providing direct patient care that is not exempt from sequestration. This uncertainty greatly impacts our daily operations and ability to plan for the future, which in turn affects the quality of care we can provide our patients.

We respect the efforts to trim the federal budget, however, we ask you to remember the trust and treaty obligation that exist. In fact, the IHS budget remains so small in comparison to the federal budget that cuts, rescissions, sequestrations, and freezes do not result in any meaningful savings in the national debt, but they do devastate Tribal Nations and their citizens.

Continued Support for Advance Appropriations for IHS:

This year's budget cycle clearly demonstrates why advance appropriations are critical where IHS clinical services have remained continuous, in spite of the volatile budget process. We hope the Congress will extend advance appropriations to all IHS accounts, including Electronic Health Records Modernization, Health Care Facilities Construction, and Sanitation Facilities Construction.

Mandatory Funding for Contract Support Costs and 105(l) lease payments:

We believe it is important for the Congress to fully fund Contract Support Costs (CSC) and section 105(l) lease payments. Despite the obligatory nature of these payments, they remain in the discretionary budget, where they continue to take up a larger and larger percentage of overall IHS funding.

This is especially concerning given the recent U.S. Supreme Court decision, *Becerra v. San Carlos Apache Tribe*, which found that the IHS is required to pay CSC on third-party revenues and other programs. As the co-chair of the Contract Support Cost Advisory Group ("CSCAG") the IHS and Tribal Nations worked diligently to develop a framework, and process, that will reasonably assess all relevant obligations for payment of CSC. This negotiation was successfully finalized in December 2024 and the first step in the process was to utilize a pilot program to measure the feasibility of the framework. In fact, the SRPMIC was the very first tribe to go through the pilot program and we have since successfully concluded a CSC agreement with the IHS in January of this year. With this framework in place, it can only be successful if there is a commitment by the IHS to negotiate in good faith with Tribal Nations and for the Congress to appropriate the necessary funding to meet the federal obligations.

Limit any cuts and rescissions to Medicaid:

Tribes offset their underfunded compact amounts using third party revenue they collect, the largest portion of which comes from Medicaid. For our Community, third party revenue will be a key component to help build out our health system and we share the concern of many tribal leaders that any reductions in payments would cause tremendous damage to tribal health care

programs. At SRPMIC, the IHS programmatic budget only funds about 65 percent of our facility's operational budget. To supplement the insufficient IHS funding, we rely on third party billing, with the vast majority coming from Medicaid, to keep our facilities afloat. Any cut to Medicaid would cut millions from our health clinic budget, and without increases to baseline self-governance funding to make up for it, we would be forced to reduce the number of specialty departments that our Community relies on.

Extend Self-Governance Funding Options to the Special Diabetes Program for Indians (SDPI) and increase funding to \$200 million/year:

While we understand that SDPI is not under the jurisdiction of the Subcommittee, we appreciate that Congress has continued to include short-term extensions of SDPI throughout this fiscal year at a \$160 million annualized rate. We recognize that these are among the first increases given to SDPI in two decades. Communities like ours across Indian Country rely on these resources to address the alarming rates of diabetes and diabetes-related health complications among our people. SDPI's success rests in the flexibility of its program structure that allows for the incorporation of culture and local needs into its services. Consistent with this model, Congress should authorize SDPI participants the option of receiving their federal funds through either a grant (as currently used) or self-governance funding mechanisms under the Indian Self-Determination and Education Assistance Act.

Additionally, SDPI has not had a meaningful increase in funding since FY 2004 despite its overwhelming success. Short-term reauthorizations continue to destabilize this program and make staffing and program continuity difficult. For this reason, we recommend permanent reauthorization for SDPI at a minimum base of \$200 million per year with annual adjustments for inflationary increases. This is consistent with that which was included in the first continuing resolution in December 2024.

In closing, the SRPMIC applaud the Committee for holding this important discussion on the 50-year anniversary of the of the Tribal Self-Determination and Education Assistance Act. While we believe there are great challenges ahead with the tremendous changes that are occurring in the federal government, we believe there is also ample opportunity for the Congress to fully embrace the policy of tribal self-governance and self-determination and the obligation that follows because it is good government.

This Administration has outlined a number of national policy objectives, one of which is reducing the size and scope of the federal government. We believe that tribal programs can contribute to this effort by expanding self-governance or eliminating some of the duplicative approval processes already in place. However, it must be done responsibly, in consultation with tribal governments, and without causing reductions or interruptions in service.

Thank you again for the opportunity to testify and I am happy to answer any questions you may have.