

Senate Committee on Indian Affairs

August 14, 2025 Roundtable

**The Alyce Spotted Bear and Walter Soboleff Commission on Native Children: Examining
Draft Legislation Related to The Way Forward Report.**

Alaska Native Tribal Health Consortium

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On behalf of the Alaska Native Tribal Health Consortium, thank you to Senator Murkowski for today's invitation, as well as your support of the Alyce Spotted Bear and Walter Soboleff Commission on Native Children.

ANTHC is the statewide Tribal health organization serving all 229 tribes and all Alaska Native and American Indian people in Alaska. ANTHC provides a wide range of statewide public health, community health, environmental health, and other programs and services for Alaska Native people and their communities. ANTHC and Southcentral Foundation operate programs at the Alaska Native Medical Center, the statewide tertiary care hospital for all AN/AI people in Alaska.

ANTHC strongly supports the report's conclusions and recommendations, as well as the draft "*Native Children's Commission Implementation Act of 2025*" provisions. Although each section of the draft can rightfully be considered a positive contributor to our vision that Alaska Native people are the healthiest people in the world, my comments today focus on the two policy sections most relevant to ANTHC activities: Environmental Health Protection and Improving the Nutrition Programs for Native Children, Youth, and Families.

Title V: Environmental Health Protection

Title V of the discussion draft recognizes the importance of environmental factors, such as exposure to contaminated water, air pollution, and substandard or overcrowded housing, in the health and wellbeing of AN/AI children and youth. The integration of environmental health into primary care settings, including screenings, is an essential step to giving health care providers a more complete understanding of potential contributors to health risks and ailments.

In rural Alaska, environmental risks to health are well understood. As a partner in the Alaska Tribal Health System, ANTHC works closely with the Yukon-Kuskokwim Health Corporation, which has developed a promising pilot program that incorporates environmental factors into its care delivery model. YKHC's environmental health referral program addresses respiratory health disparities through improved indoor air quality. Alaska Native children are frequently exposed to environmental health threats tied to overcrowded and substandard housing, inadequate plumbing, and poor ventilation. These conditions lead to the accumulation of indoor air pollutants such as

smoke from wood stoves and cigarettes, mold, and elevated levels of particulate matter, along with infectious airborne pathogens like RSV, influenza, tuberculosis, and pertussis.

Clinically, this results in high rates of respiratory illness, including pneumonia, bronchitis, asthma exacerbations, and bronchiectasis. In the Yukon-Kuskokwim Delta, infants in overcrowded homes are 2.5 times more likely to be hospitalized for RSV, with 98 percent of children with bronchiectasis living in overcrowded conditions. Bronchiectasis is a severe chronic respiratory condition strongly associated with the high rates of overcrowding in the Y-K Delta, where it is four times more prevalent than in the rest of the U.S., with lifelong complications and extremely expensive treatment costs.

The health care costs associated with environmental risks make integration of these contributors into the existing primary care system both an economic necessity and a significant driver of a patient's health and wellbeing. The bill recognizes this connection with its provision to allow for environmental exposure documentation, provider support, as well as referral protocols in the patient's electronic health record.

This commonsense addition to the existing patient record will assist the provider's evaluation as well as inform Tribal leaders and policymakers on where to effectively direct limited health care resources.

Title VI: Improving Nutrition Programs for Native Children, Youth, and Families

In Alaska, geographic and economic factors contribute to food insecurity for AN/AI people and communities. High transportation costs limit access to nutritious food in many rural communities, with the majority lacking a grocery store with fresh produce or consistently available shelf-stable foods. In response to this persistent lack of fresh and nutritious food, the Food Distribution Program on Indian Reservations has been a critical source of reliable food security and nutrition in Alaska.

As an alternative to the Supplemental Nutrition Assistance Program, which requires access to a well-stocked grocery store, FDPIR provides monthly packages of healthy food to support low-income households often experiencing food insecurity, a critical component of patient health and wellbeing.

ANTHC administers FDPIR on behalf of the communities in Alaska and consistently receives feedback requesting more local and regionally sourced ingredients. Though FDPIR has limitations on flexibility in this area, the FDPIR Self-Determination Demonstration Project provided ANTHC with the needed flexibility to substitute local and regional ingredients over those provided from the distribution centers located in the contiguous United States.

For example, in place of catfish and walleye, the substitution of halibut and cod provides healthy alternatives with a stronger connection to Alaska communities. This flexibility also supports Tribally owned businesses who supply these alternative ingredients, providing an economic and

cultural benefit to the communities. The draft bill provision builds on the success of the Demonstration Project, extending the same FDPIR self-governance authority to all Tribes operating FDPIR, providing more control and choice over program administration.

The discussion draft also provides Tribes with greater control over the SNAP program, authorizing direct administration of the program in place of state agencies through the same self-determination contracting process. ANTHC supports this expanded authority for all Tribes and Tribal Organizations in the United States and appreciates the specific focus on the Alaska Pilot Program for SNAP Administration provisions, recognizing the State of Alaska's ongoing challenge in administering the program.

The draft defines a "Covered Indian Entity" regarding eligibility to administer the program, referencing each of the twelve regional nonprofit corporations established under the Alaska Native Claims Settlement Act and the Metlakatla Indian Community of the Annette Island Reserve. With the prior section on Self-Determination for SNAP explicitly excluding Tribes and Tribal organizations in noncontiguous States from entering into self-determination contracts, further discussion on each provision's intent may be worthwhile to ensure the Alaska Tribes and Tribal Organizations eligible to contract and compact Indian Health Service programs under the Indian Self-Determination and Education Assistance Act are also eligible to participate in the Alaska pilot program.

Conclusion

ANTHC is very supportive of both the Environmental Health and Nutrition Program sections of the discussion draft, as well as the overarching intent of the bill itself. ANTHC commends the commission members and the committee members for their leadership in elevating these issues and looks forward to continued collaboration with the committee to support the health and wellbeing of our children, youth, and families.

On behalf of ANTHC, thank you for the invitation today and the opportunity to provide feedback on both the report and draft bill.