

Congressional Testimony
Regarding
Contract Health Services in Nevada
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Walker River Paiute Tribe

Good afternoon Senator Dorgan and distinguished members of the Indian Affairs Committee. My name is Lorren Sammaripa, Chairman for the Walker River Paiute Tribe of Nevada. I would like to thank you for this opportunity to speak to the committee regarding Contract Health Services(CHS) and the Health Care Crisis we are encountering on the Walker River Paiute Reservation and in the Schurz Service Unit.

Our Tribal Members are currently placed on Priority Level 1 services which is defined as **Emergent or acutely urgent care services (diagnostic or therapeutic) that are necessary to prevent the immediate death or serious impairment of the health of the individual. because of the threat to the life or health of the individual necessitate the use of the most accessible health care available and capable of furnishing such services. Diagnosis and treatment of injuries of medical conditions that if left untreated, would result in uncertain but potentially grave outcomes.**

Due to years of funding shortfalls in the Schurz Service Unit, the Phoenix Area Office has begun the implementation of life or death only diagnosis for the patients of the Schurz Service Unit and payment by Indian Health Service Contract Health Service funding. As a result, services for treatment and follow-up care is no longer allowed. We were told by the Medical Director at Phoenix, “if you can make an appointment, then it does not meet the definition of Priority Level 1 services and any referrals will be denied.

The Schurz Service Unit is solely dependent on Contract Health Services for hospital stays, specialty visits, lab and X-rays and all Pharmacy costs paid for with CHS funds. For the past five (5) years, Walker River has had to call Care Flight out of Reno for severe cases at a cost of \$15,500 per flight as IHS has failed to contract with a provider to lower these costs. This is the case for many of the providers.

Here are some of the case examples of the Health Care being provided or should I say not being provided to our Tribal Members and community. Services for all these cases had been DENIED for not being Priority Level 1 eligible.

- A 63 year old grandmother in November 2009 was having chest pain. Our doctor requested a referral to have a scan done to rule out Cardiac or Malignancy. She suffered through numerous clinic visits, pain and weight loss. In December she was sent to the ER with left chest pain at Banner Hospital and then transferred to Renown Medical with a lung mass. This ER visit was approved. Subsequently, she was referred for CT Scan and bronchoscopy of her lungs for her masses with possible malignancy. The sad course continued and by February she was severely debilitated, wheelchair bound and wasting away. She had one more visit to the ER with prolonged hospitalization toward the end of her life. She died on March 19, 2010.
- A 39 year old mother of five came to the clinic with shortness of breath. She begged the provider to just give her antibiotics or a breathing treatment. She did not want to go to the ER and incur more bills she could not pay. She explained that IHS had not paid for her gall bladder removal or her heart catheterization. The provider informed her that she may have a pulmonary emboli. She still refused to go the ER.. She died the next day from a pulmonary emboli.
- A 34 year old mother of two with central abdominal pain near a hernia repair site was denied to go back to the surgeon. She went on her own and had a CT scan ordered by the surgeon for diagnosis to rule out a second hernia. Payment was denied. The CT scan showed a right ovarian cyst and the provider recommended a Gynecologist. This was denied. The patient's mother is currently being treated with chemo for ovarian cancer with metastasis.
- Two male patients have been diagnosed with brain and liver cancer. All services have been denied by IHS.
- A 63 year old male with Diabetes since 1995. This disease has affected multiple body systems. He has had a partial foot amputation, his kidneys are beginning to shut down, endocrine referral was denied. Patient has had a heart attack with angioplasty with a 23% ejection fraction (normal is 60 to 80%). In early 2009 his pulmonary consult s were approved but later denied. He has hypoxia, fibrosing alveolitis, and chronic respiratory failure.

Pulmonologist is requesting follow-up tests. This complex patient has over 30 significant active problems being managed by a family care physician. The Podiatrist, Nephrologist, Endocrinologist, Cardiologist and Pulmonologist have all been denied. Patient was sent to collections by the Endocrinologist for non-payment and he will not see the patient.

- 11 year old female patient with full blown Rheumatoid Arthritis was referred to Rheumatoid Arthritis specialist so he could prescribe Embril shots that the Drug Company would pay for at no cost to IHS. This was also denied.
- A 15 year old female diagnosed with a type of Rheumatoid Arthritis called Raynauds. Parents paid for the diagnosis as all her referrals were denied. She must wear gloves to prevent severe pain, she also has syncopal episodes and altered mental status and palpitations with shortness of breath. Specialty referrals for a Neurologist, Cardiologist and Rheumatoid Arthritis were all denied.
- A 50 year old male with a family history of Heart Disease came into the clinic with significant chest pain and had an EKG that showed a heart attack at age indeterminate. Cardiology referral was denied even though the standard of care dictates Cardiologist involvement.
- A seventy year old female who has severe Obstructive Sleep Apnea documented by a sleep study previously approved by IHS in October 2009. Subsequently was denied treatment of this condition by IHS. Untreated Obstructive Sleep Apnea can cause or worsen many medical conditions including Hypertension, Coronary Artery Disease and Diabetes. She is at significant risk for a major medical event at any time. She has also been denied for a re-evaluation by her Cardiologist for chest pain and her nighttime oxygen supplementation in May 2010.
- A 24 year old female had a gall bladder removal that had the risk of complication causing pancreatitis. She was admitted to the ER with pancreatitis at a small rural hospital then transferred to Carson Tahoe Regional Medical Center.

We have been told that we should utilize Phoenix Indian Medical Center as it was created as a tertiary care facility for the Phoenix Area Tribes of Nevada, Utah and Arizona.

- A 25 year old male that tore his Achilles heel in February, 2010 was denied service to an Orthopedic Specialist in Reno and was told he had to go to PIMC for service. It took until the middle of May (3 months) before he got to see a specialists at PIMC.

There are currently no approvals for Orthopedic Care in the SSU, no physical therapy for patients after surgeries, no durable medical equipment for anyone including elders and no prenatal care. I am sure with what you have heard so far that you now have a better understanding of the Health Care Crisis that my people have had to endure. These are only a few out of the total 511 cases denied by IHS from the period _____ to _____, 2010.

It is appalling that bonuses are still being paid to all levels of personnel at the Phoenix Area Office while our people are dying on a daily basis for lack of funding for Healthcare.

IHS received the largest increase in CHS funding in 2010 which didn't even begin to address the healthcare needs of our Nevada Tribes and our Indian people especially when there was a backlog of unpaid bills for the previous 5-6 years at the Phoenix Area Office in the amount of \$4.6 to \$4.8 million.

There's also a huge difference in Priority Level 1 care between Tribal Health Clinics in Nevada compared to Hospitals in Arizona.