

**Senate Committee on Indian Affairs  
Oversight and Legislative Hearing**

**Evaluating the Response and Mitigation to the COVID-19 Pandemic in Native  
Communities**

**S. 3650, Coverage for the Urban Indian Health Providers Act**

July 1, 2020

Good afternoon Chairman Hoeven, Vice Chairman Udall, and Members of the Committee.

Thank you for the opportunity to testify on the Indian Health Service's (IHS) efforts to respond to and mitigate the Coronavirus pandemic, as well as on S. 3650, Coverage for the Urban Indian Health Providers Act.

Responding to and Mitigating the Coronavirus Pandemic

Over the past several months, the IHS has worked closely with our tribal and Urban Indian Organization (UIO) partners, state and local public health officials, and our fellow Federal agencies to coordinate a comprehensive public health response to the pandemic. Throughout our efforts, our number one priority has been the safety of our IHS patients and staff.

While the Indian health system is large and complex, we realize that preventing, detecting, treating, and recovering from COVID-19 requires local expertise. We continue to participate in regular conference calls with tribal and UIO leaders from across the country to provide updates, answer questions, and hear their concerns. In addition, IHS engages in rapid Tribal Consultation and Urban Confer sessions in advance of distributing COVID-19 resources to ensure that funds meet the needs of Indian Country.

I am grateful to Congress for supporting our efforts through the passage of the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020; the Families First Coronavirus Response Act; the Coronavirus Aid, Relief, and Economic Security (CARES) Act; and the Paycheck Protection Program and Health Care Enhancement Act. These laws have provided additional resources, authorities, and flexibilities that have permitted the IHS to administer nearly \$2 billion to IHS, tribal, and urban Indian health programs to prepare for and respond to Coronavirus. These resources have helped us expand available testing, public health surveillance, and health care services. Moreover, they support the distribution of critical medical supplies and personal protective equipment in response to the pandemic. In addition, the \$500 million distributed by the Department of Health and Human Services (HHS) from the Provider Relief Fund to IHS, tribal, and urban Indian health programs will help providers in American Indian and Alaska Native communities recover lost revenue, and provide Coronavirus-related health care services. All of these resources make a real difference in helping to fulfill our IHS mission as we continue to work with tribal and UIO partners to deliver crucial services during the pandemic.

The IHS continues to play a central role as part of an all-of-nation approach to prevent, detect, treat, and recover from the COVID-19 pandemic. We are partnering with other Federal agencies, states, tribes, tribal organizations, universities, and others to deliver on that mission. We protect our workforce through education, training, and distribution of clinical guidance and personal protective equipment. We also protect our tribal communities through supporting tribal leaders in making their decisions about community mitigation strategies that are responsive to

local conditions, and to protect the health and safety of tribal citizens as those communities make plans to safely return to work.

We are detecting COVID-19 through screening and state-of-the-art lab testing. Through White House-led testing initiatives, we have distributed, or are in the process of distributing, a total of 350 Abbot ID NOW rapid point-of-care analyzers, as well as hundreds of thousands of testing supplies for various testing platforms. The IHS National Supply Service Center has also distributed over 60 million units of personal protective equipment and other Coronavirus response related products, including 1.7 million testing swabs and transport media. As of June 7, we have performed 157,980 tests in our American Indian and Alaska Native communities, which equates to 9.5% of our user population, exceeding the U.S. all-races testing rate, and the testing rate of most states and foreign nations. Of those tests, 13,165 (9.3 percent) have been positive, with large geographic variation from as much as 23.3 percent in the hard-hit Navajo Area, to less than 0.3 percent in the Alaska Area.

We are treating each and every patient with culturally competent, patient-centered, relationship-based care. As we look to recovery from COVID-19, the IHS is supporting the emotional well-being and mental health of its workforce and the communities we serve, providing training, education, and access to treatment that draws from our faith and traditions and a long history of cultural resilience among American Indians and Alaska Natives.

Earlier this month, the IHS announced a new Critical Care Response Team of expert physicians, registered nurses, and other health care professionals that will be available on an as needed basis.

This team will provide urgent lifesaving medical care to COVID-19 patients admitted to IHS or tribal hospitals. These expert medical professionals will conduct hands-on clinical education while treating patients and expanding capacity. They will also train the frontline health care professionals on the most current information available for the management of COVID-19 patients, and other critically ill patients. The critical care response team can be mobilized and at the bedside of the patient within 24-48 hours' notice.

Earlier in May, we began distributing remdesivir to IHS federal and tribal hospitals based on requests and current burden of patients with COVID-19 who are hospitalized or in an ICU. Remdesivir is an investigational antiviral medicine that has been used under an emergency use authorization to treat certain people in the hospital with COVID-19. Remdesivir was shown in a clinical trial to shorten the time to recovery in some people, although the data was not sufficient to determine if the drug was associated with lower mortality. HHS has provided the IHS with access to 8,000 vials of remdesivir, and it is being supplied to patients at 15 of our IHS and tribal hospitals across the country.

In April, the IHS expanded use of an Agency-wide videoconferencing platform that allows for telehealth on almost any device and in any setting, including in our patients' homes. Since April's telehealth expansion, the IHS has experienced a greater than eleven-fold increase of telehealth visits, from roughly 75 telehealth visits per week on average to now 907 videoconferencing telehealth visits per week on average. This number does not include other telehealth modalities such as care provided over the telephone, which is common in the bandwidth-constrained environments of Indian country.

We look forward to continuing our work with tribal and federal partners. As we work towards recovery, we are committed to working closely with our stakeholders and understand the importance of working with partners during this difficult time. For instance, we are currently working with other federal partners to provide assistance to the National Indian Gaming Commission as they work to provide guidance to tribally owned casino facilities that want to ensure they are doing all they can to keep employees and customers safe. We strongly encourage everyone to continue to follow CDC guidelines and instructions from their local, state, and tribal governments to prevent the spread of COVID-19 and protect the health and safety of our communities.

I want to share an update on a trip that I made to the Navajo Area IHS at the end of May. During my trip, I visited the Navajo Area Office and Emergency Command Center in Window Rock, Arizona. I met with Navajo Nation President Jonathan Nez and joined him in the Navajo Nation's virtual town hall meeting on COVID-19. I am grateful for the strong leadership displayed by our tribal partners in working alongside federal and state partners to ensure the safety and well-being of American Indian and Alaska Native communities. I observed powerful and uplifting examples of collaboration during my visits to the Gallup Indian Medical Center, the Shiprock-Northern Navajo Medical Center, and the Crownpoint Health Care Facility. I would like to thank our entire Navajo Area IHS team for their continued dedication to our patients. I also want to acknowledge the rest of our IHS team, including those on the front lines, and others in supportive roles that have demonstrated profound commitment to raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level during

this unprecedented time. I am extremely proud of their hard work to combat COVID-19, and I consider myself fortunate to work alongside a truly talented and dedicated team.

#### S. 3650, Coverage for the Urban Indian Health Providers Act

This bill would amend the Indian Health Care Improvement Act (IHCIA) to extend Federal Tort Claims Act (FTCA) coverage to UIOs as coverage is currently authorized for Indian Self-Determination and Education Assistance Act (ISDEAA) contractors.

Congress must specifically authorize, in statute, the extension of federal tort coverage to certain groups or individuals. Currently, Federal law extends FTCA coverage to ISDEAA contractors' employees and personal services contractors [25 U.S.C. § 5321(d)]. Federal law does not provide tort liability coverage for injuries to Urban American Indian and Alaska Native patients that result from the negligent acts of employees at UIOs providing health and medical services pursuant to a contract with or a grant from the IHS.

The IHS enters into limited, competing contracts and grants with 41 501(c)(3) non-profit organizations to provide health care and referral services for Urban Indians throughout the United States. In calendar year 2017, 35 UIOs provided 653,614 health care visits for 75,194 American Indians and Alaska Natives, who do not have access to the resources offered through IHS or tribally operated health care facilities because they do not live on or near a reservation.

UIOs are purchasing liability insurance with resources that could be better utilized to expand services available to Urban American Indian and Alaska Native patients. The rising cost of

liability insurance and the general cost of providing health care services adversely impact the ability of UIOs to provide needed services. As a result, certain kinds of staff and health services, such as dental services, have been substantially reduced or eliminated. UIOs are an integral part of the IHS health care system. They provide high quality, culturally relevant health care services and are often the only health care providers readily accessible to Urban American Indian and Alaska Native patients.

IHS endorses the policy to extend FTCA coverage to UIOs, which is consistent with the FY 2021 Budget request. However, IHS prefers formulating the coverage extension as part of the statutory section in the Public Health Service Act where the other various similar extensions are located.

Thank you again for the opportunity to speak with you today.