OMAHA TRIBE OF NEBRASKA

Testimony by Ms. Wehnona Stabler, Chief Executive Officer of the Omaha Tribe of Nebraska's Carl T. Curtis Health and Education Center, June 17, 2016

Good morning esteemed members of the Senate Select Committee on Indian Affairs. My name is Wehnona Stabler and I am the Chief Executive Officer of the Omaha Tribe of Nebraska's Carl T. Curtis Health Center and an enrolled member of the Omaha Tribe.

We operate Indian Health Service (IHS) programs, which are crucial to our tribal members. In addition to providing needed services, these programs offer sorely needed employment for both Indian and non-Indians. These programs are offered 365 days a year using federal funds and our limited tribal income, with very little assistance from the State of Nebraska. Current and past IHS funding has never met our full basic needs and that leads me into my initial, general comments about the matter at hand.

I understand that the IHS Accountability Act does not include more funding for our troubled facilities in the Grea Plains Region. But it should. In sum, for too long, faced with federal shortfalls, IHS has leaned on the states and CM to fund its operations. And while I appreciate the intent of the Accountability Act- and will speak to its provisions-I believe Congress needs to be held accountable too. So let's not stop here.

Turning to the Accountability Act, I will begin with Section 3, regarding removal of IHS employees based on performance or misconduct. As a former employee of IHS, I personally welcome-and my Tribe welcomes-this language that fast tracks IHS' authority to fire or demote underperforming employees while also not allowing an individual transferred to a general schedule position or a reduction in pay grade to be placed on administrative or paid leave unless they're performing a primary or alternative primary duty. However, I submit that for the sake of transparency, Notice of the Personnel Action and of the results of employee appeals should also be submitted to th Tribes within the respective IHS service area

Section 4 concerns improvements in hiring practices. Here, the proposed direct hiring authority is welcome, so too, are the provisions requiring tribal consultation. However, with regard to the required GAO report relating to staffing needs, I note the report to be submitted by the Comptroller General includes an assessment of the use of independent contractors instead of full time equivalent employees, yet lacks any required analysis of the fiscal impact of such use of independent contractors. In my experience, the expense of hiring independent contractors is far more than use of FTE. Accordingly, such analysis should be included.

Moreover, based on experience with the Omaha-Winnebago Hospital, I have concerns regarding what I will call the "recycling" of the independent contractors. For example, "AB Staffing" recently entered into a contract with IHS to run the Emergency Department at the Omaha-Winnebago Hospital. This is the same company that was at th helm when the hospital was terminated by CMS. In fact, their role has been expanded to include nursing. Why

bring back a company that was part of the problem?

Section 5 regards Incentives for Recruitment and Retention. My comments concern the requirement that the GAO provide a report on IHS professional housing needs and the housing plan to be submitted by the Secretary based on that report. The draft bill proposes that the GAO has up to a year to provide the report and up to another year for the housing plan to be submitted to Congress. Given that Congress may take another year-if not years-to act, I suggest the respective reports should have a deadline of six months; that is, the report by IHS is due within six months of the passage of the bill and the subsequent report to Congress should be due within six months of the GAO report.

Next, I turn to Section 9: Fiscal Accountability. Section 9 (c) calls for status reports to be provided by the Secretary each quarter of a fiscal year describing the expenditures, outlays, transfers, reprogramming, obligations, and other spending of each level of the Service, including the headquarters, each Area office, each Service unit, and each facility to governmental entities, including tribes. I suggest this report should include a report detailing when, how, and for what purposes funds were diverted from one service unit to another. For example, additional funds were diverted to the hospitals with CMS issues in the amount of $60 million: O/W Hospital, Pine Ridge and Rosebud. But instead of consulting with the Tribes, I.H.S. decided to purchase a Central Monitoring Unit for the Emergency Departments at each hospital. The question the Omaha's have is "Will this machine do finger sticks?" and the answer is "NO". We ask that question because we had a 40-year-old Diabetic die and no one ever checked her blood sugar. We do not need new gadgets if we have no qualified staff to operate them; we need permanent Board Certified, compassionate providers and staff to take care of us. The O/W Hospital is all we have.

Finally, Section 10 addresses Transparency and Accountability for Patient Safety. This section requires the Secretary to post surveys, reports and other CMS materials relating to patient safety on websites of IHS operated hospitals and clinics. Section 10 (b) makes CMS responsible for conducting surveys at least every two years to assess the compliance of each hospital or skilled nursing facility of IHS and publish the results on the same websites. The Omaha Tribe strongly suggests that CMS should further be responsible for immediately publishing to those websites any citations issued by CMS to an IHS facility stating that the facility is in “Immediate Jeopardy”.

Thank you for allowing me this time to speak. The Omaha Tribe will continue to stand ready to improve IHS as a partner to see the Quality of Care finally realized.