TESTIMONY OF

**A.T. STAFNE, CHAIRMAN, FORT PECK TRIBAL EXECUTIVE BOARD,**

**ASSINIBOINE AND SIOUX TRIBES OF THE FORT PECK RESERVATION**

BEFORE THE

**SENATE COMMITTEE ON INDIAN AFFAIRS**

OVERSIGHT HEARING ON

# THE INDIAN HEALTH SERVICE: ENSURING THE IHS IS LIVING UP TO ITS TRUST RESPONSIBILITY

MAY 27, 2014

Good morning and thank you for recognizing the importance of fulfilling the government's trust responsibility to provide quality health care to American Indians. We are all too aware that the unmet needs and underfunding of health care in Indian Country further perpetuates the poor health of American Indians. That is why I am here today, to ask you to join us in making commitment to building a better healthcare system, both on our Reservation and throughout Indian Country.

To be sure, the government's trust responsibility to provide quality health care to Indian people is not discretionary; but is the fulfillment of the federal government's mandatory obligation under the treaties and agreements entered into with Tribal governments. We've upheld our end. The United States must do the same. Working together we can build quality healthcare systems, allowing this nation to fulfill its promises.

Chairman Tester and Members of the Committee, I am honored by this opportunity and thank you for your time today. My name is A.T. Stafne and I am the Chairman of the Assiniboine and Sioux Tribes of the Fort Peck Reservation. We are a large, land-based tribe. Our Reservation spans 2.1 million acres of Montana's northeastern plains and our boundaries encompass parts of four Montana counties: Roosevelt, Valley, Sheridan, and Daniels. The Reservation's Indian population is approaching 8,000 while our overall Tribal enrollment is approximately 13,000 members.

To date, the Fort Peck Reservation remains one of the most impoverished communities in the country. Nearly half of the people living on the Reservation are below the federal poverty level. Roosevelt County residents have the poorest health in the state of Montana, followed closely by Bighorn and Glacier Counties, both of which are also located primarily on Indian Reservations. Our review of recent data suggests that the average age of death of Fort Peck Tribal members in the past two years is 51 years of age. It is not surprising, then, that almost half the population living on the Reservation is under the age of twenty-four. Thus, we are a poor, unhealthy, and young community. Because of our youth we must do better and make the changes in our community to implement positive health strategies that will prevent the chronic and debilitating diseases that plague our Community.

Poverty levels present the greatest obstacles to addressing our health care needs. People living on Reservations and living in poverty are the least likely to have health insurance. Recent studies are beginning to conclude that death rates decrease among

people with health insurance. In order for IHS to fulfill its trust responsibility, it should be working to secure health insurance to all American Indians.

We were encouraged by the permanent reauthorization of the Indian Health Care Improvement Act, as well as the benefits to individual Indians under the Affordable Care Act. We are hopeful that exemptions from open-enrollment periods and zero cost sharing may increase the number of American Indians covered by health insurance. However, we are concerned about the Act's implementation in Indian Country. Despite our written request for consultation, the Secretary of Health and Human Services has not yet conducted meaningful consultation with our Tribes, as required under the Act. This is particularly concerning to us because the State of Montana has decided not to expand Medicaid. As a result thousands of Montana Indians may not be able to obtain health coverage as intended by the Affordable Care Act. Moreover, the Act has created uncertainty regarding who is considered an Indian and represents a departure from long-established Federal Indian health policy.

From recent studies, we know that heart disease, cancer, and accidents are the three leading causes of death in our community. More than 3% of our children will try committing suicide in their lifetime and more than 65 % of our children have already consumed alcohol. Anecdotally, the Board hears from members who are not getting the care they need our local IHS facilities, because the care is not deemed "life or limb" necessary. This care can range from gall bladder surgery, hernia surgery, dental surgery, or orthopedic surgery. We know that the ability to pay, continuum care, and early detection contribute to the health status of individuals. The Board hears all too often

about their members who complained of an ailment for months at IHS clinics, but who were repeatedly sent home with cough medicine or pain killers, only to learn later that the Tribal member was suffering from a much more serious condition, like cancer. The Board believes that with a better continuum of care, better detection, better prevention efforts, and improved efforts to address the ability to pay, the health status of the people at Fort Peck could improve significantly.

The continuing failure to provide this necessary health care at the Fort Peck Service Unit is unacceptable to the Tribes. The Tribes recognize that Fort Peck Service Unit is trying to improve the delivery system by implementing the Improvement Patient Care process, which includes empanelment of patients so that the patient is treated by the entire team of medical professionals and not treated in isolation. However, the Indian Health Service should take this initiative a step further to develop a strategy to better address all of the health care needs of the people living on the Fort Peck Reservation. Such a "Strategic Plan" would identify and target the reasons why the healthcare system on the Fort Peck Reservation is not meeting the needs of our people. This Plan would include measurable goals and an implementation plan to achieve these goals.

This Strategic Plan could be similar to the BIA's "High Priority Performance Goal Initiative" which targeted four reservations where public safety needs had reached critical stages. We believe the health care needs of the Fort Peck Reservation are just as critical. We can no longer tolerate our people dying, living in chronic pain, or suffering permanent disability because they lack access to health care.

In the Tribes' view, the Service Unit is operating in triage "life or limb" mode; treating people as they come into the two clinics in Poplar and Wolf Point. The Service Unit is failing to treat the whole person. This "life or limb" mode, results in people with health insurance, including Medicaid and VA coverage, not being referred out for medically necessary treatments and surgeries because the Indian Health Service has not refined its own third-party billing activities that would allow it to pay the co-pays and deductibles for these treatments. This often results in the IHS paying much higher costs when the injury progresses to the emergency stage. Without a Strategic Plan, the Board believes that the Indian Health Service will remain stuck in the "life or limb" paradigm and the substandard health conditions at Fort Peck will continue.

It is important to mention, however, that the Board does not attribute these problems to individual employees or providers at the Fort Peck Service Unit. Indeed, there are many fine individuals working hard with limited resources to serve our health care needs. Our hope is that together we can give those providers the systems and resources needed to better serve our community by developing a strategic plan with that goal in mind. One that is tailored to the unique situation experienced at Fort Peck.

There are at least five areas that such a Strategic Plan could address and I would like to take this opportunity to explain each of them.

First, the Plan must include an epidemiological assessment of the Fort Peck Reservation. This study would identify the critical health and psychiatric needs of our people living on the Reservation and pinpoint the existing barriers to achieving a positive health status. Our Tribal Board often hears about the health-related challenges faced by

our Tribal members and each Board member has their own personal experiences. However, it is not clear from these snapshots what areas should be targeted, and where the opportunities for greatest improvement are.

For instance, the Board is aware of a number people in need of orthopedic surgery (ACL, meniscus injuries), but because this kind of surgery is not considered "life or limb care" they are not able to get the surgery. While this may not seem like a critical health care need in a community battling high cancer rates, high diabetes rates, and high cardiovascular disease rates, in fact this lack of care has serious consequences for our community.

In many instances because people cannot get the repair surgery, they are prescribed painkillers, which they may become addicted to and may have negative side effects. This increases the Service Unit's costs in two ways. First, the cost of providing these painkillers contributes to the Service Unit's high pharmaceutical cost. Secondly, the Service Unit and the community have to deal with the high cost of opiate and other painkiller addictions. Furthermore, in cases where people are deemed "high risk" and are not prescribed a painkiller, they sometimes self-medicate with alcohol or other substances. This too has a high cost to our community.

More seriously, the Board is aware of instances where individuals who were not provided the necessary repair surgery have fallen into a depression because of the pain and inability to live the life they had lived before the injury. In some cases, this has resulted in our Tribal members taking their own lives. While this particular example may not be statistically significant in the broader context of the Indian healthcare system, at

Fort Peck it is very significant. We have lost fathers, mothers, sons, daughters, brothers, and future leaders because they were unable to get the health care they needed.

We know that the IHS budget for substance abuse, alcohol, and family counseling is insufficient for our well-documented needs. Just this past month, two babies were born on the Reservation addicted to meth. We had no choice but to place those babies with foster families off-reservation, who were qualified to care for their special-needs. We need to better understand the resources needed to prevent meth use among our members. We must also care for those addicted to meth and other drugs, and understand how to best provide that care. It may be that our efforts are best focused on education campaigns targeted to school age children.

Over the past few years our Tribes have engaged in several preventative health initiatives with little or no support from the Service Unit or Indian Health Service. We believe these efforts will have a positive effect on the long-term health of our members and will help to protect the resources of the Indian Health Service.

An epidemiological study could substantiate and focus our concerns, as well as reinforce the need for more preventative initiatives in addition to the ones the Tribes are operating now. Once this information is gathered, the Tribes could work with the Service Unit to create a pathway to have the medically necessary surgeries and services provided so that these Tribal members can live more productive, pain-free lives. Moreover, a study could help identify where the Board and the Service Unit should focus our prevention efforts, whether on smoking cessation, radon testing, diabetes screening, sanitation

improvements, or mammography. This data could tell us where we should target our resources to achieve the greatest benefit.

Second, the Plan must address the Reservation's facility needs. As I've mentioned already, IHS operates two health clinics on our Reservation—one in Poplar and one in Wolf Point. The Tribes operate nine Tribal Health Programs, including a dialysis clinic, outpatient substance abuse counseling, community health representative services, health promotion and key prevention programs. The services provided at the IHS clinics now include primary care, pharmacy, laboratory, dental, behavioral health and women's health. The Service Unit currently reports 85,000 patient encounters annually-- more than triple our facilities' capacity.

In key areas like dental, the Service Unit turns people away because it lacks the facilities or personnel to meet the demand. This results in a loss of third-party billings and contributes to the over subscription of Contract Health Care funding. In addition, the Tribes' Dialysis Unit must turn patients away because it is at capacity, operating six days a week with three shifts.

Similarly, there is a clear need for substance abuse detoxification and treatment. Current outpatient services cannot fully address the substance abuse issues on the Reservation, particularly in light of our proximity to the Bakken oil fields of eastern Montana and western North Dakota. We are already seeing the negative impacts of oil and gas development without any financial benefits. While we welcome opportunities for economic development, we are also unprepared for the downside of rapid growth; rising costs for food, clothing and services, increased truck traffic, motor vehicle crashes and

injuries, and increased crime, especially drug related. Undoubtedly, methamphetamine and prescription drug abuse is on the rise at Fort Peck.

Third, the strategy to improve the health delivery system at Fort Peck must recognize and address the issues related to the remoteness of the Fort Peck Reservation. There are very few Reservations in the lower 48 that are as far from a regional health facility as Fort Peck is. Our remote location requires developing a plan to improve telemedicine opportunities and access to mobile health facilities.

Over the past several years, there has been much discussion nationally on health care generally, but very little about access to health care. This has been disconcerting to us since the nearest comprehensive regional medical facility to the Fort Peck Reservation is located over 300 miles away in Billings, Montana. We have little choice over where we receive our health care. We have higher transportation costs. We are forced to spend more time away from home, work, and school. These realities are made worse when a Community member must be transported off the Reservation in an emergency. Costs associated with air ambulance services from Fort Peck to Billings are staggering and a major cost to the Service Unit. For family members unexpected travel is more expensive and more stressful. We must work together to bring specialists to the Reservation whenever possible and invest in facilities where those visiting specialists serve their patient's needs. Follow-up visits should not require three days away from home.

Fourth, the strategy must also address recruitment and retention of qualified professionals to address high turnover and vacancy rates. We know that the remoteness of our Reservation is a barrier to recruitment and retention of qualified health professionals.

Thus, as the Service Unit recruits new health professionals, it has to be given the flexibility to respond to this barrier through higher compensation and greater benefits. It is proven that the continuum of care by the same medical professional greatly improves a person's health care. Thus, we believe a stable healthcare workforce is a key to improving the health status at Fort Peck.

Finally, the strategy must examine the business practices of the Fort Peck Service Unit and the Indian Health Service. IHS and the Tribes need to know if the Service Unit is achieving the best possible outcome in terms of third party receipts. These receipts are critical to the Service Unit's ability to meet the health care needs of the Reservation and must be optimized.

In addition, the Service must refine its own third-party billing activities to allow it to pay the co-pays and deductibles for surgeries and other treatments that are not available at the Service Unit. As Tribal leaders we have heard countless stories from our members, and many of us have personal experience, with IHS collecting third-party reimbursement from the Veteran's Administration or Medicaid, but failing to pay deductibles, co-pays, or other shared costs. As a result individual patients or their families are billed for these costs even though IHS has a responsibility to cover these costs. If these bills go unpaid, the patient or the patient's family are subjected to collection agents and collection lawsuits. These bills often involve emergency air transportation to Billings, Montana, or other distant locations. As you might imagine the amounts involved are staggering often several times the amount of a family's annual income.

Given this reality, we are very concerned that IHS and the Service Unit are not equipped to comply with the zero cost share requirements of the Affordable Care Act. In order to run an efficient and effective healthcare system and comply with the law, IHS must be consistent in both the collection third party receipts and cost share payments.

In addition, there is undoubtedly room for improvement with the finance and procurement systems of Indian Health Service. These systems could be modernized and reviewed for efficiency and relevancy. For example, we suspect that the Service's procurement system is designed to accommodate large contracts for nationwide goods or services, but is not equipped for smaller purchases like medication and supplies. In our view the Indian Health Service has lacked the leadership necessary to bring about these types of long overdue changes.

We also believe that IHS could be given better tools by Congress to effectively do its job. We encourage Congress to take immediate action on proposals now before you to authorize Indian Health Service to pay Medicare-like rates for non-hospital care costs.

We encourage you to join us in developing this strategic plan to build a better healthcare system on the Fort Peck Reservation to fulfill the government's mandatory trust obligations to our Tribes. Thank you for the opportunity to share our thoughts on this very important subject. I would be happy to answer any of your questions.