**Senate Committee on Indian Affairs**

**Field hearing on Indian Health Service:**

**Ensuring the IHS is living up to Its Trust Responsibility**

**Testimony by:**

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**Confederated Salish and Kootenai Tribes**

**of the Flathead Nation**

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**Billings, MT**

Senator Tester, committee members and staff, thank you for conducting this field hearing on Indian Health Service and the health care for Indian people. My name is Carole Depoe Lankford. I serve as the Tribal Council Vice Chairman for the Confederated Salish and Kootenai Tribes and accompanying me is our Tribal Health Director Kevin Howlett.

This hearing is timely and necessary as there is nothing more important than protecting the health of our people. It is also important with the current allegations regarding the access and quality of health care provided by the Veteran’s Health Administration. While we await the results of the federal investigation, we join with the Country to demand the best care for our Veteran’s as they have given so much for freedom we all enjoy.

The complaints lodged against the VA are not so different from the ones I hear from our tribal members. When one examines the health disparity between Indians in Montana when compared to their non-Indian counterparts, it is hard to discount their concern. In 2013, the Montana Department of Public Health and Human Services published a report: The State of the State’s Health. The purpose of the Report was to identify ways to improve the health of Montanans.

Comparisons are made throughout the Report between Indian health status to non-Indian. The most telling comparison is on page 11. I want to directly quote from the Report one finding:

**“White men in Montana lived 19 years longer than American Indian men and white women lived 20 years longer than American Indian women”.**

How can this discrepancy still exist? It is shocking and unacceptable.

CSKT realized it must take responsibility for the health care provided over twenty years ago when we become one of the first tribes in the Country to assume the management and operation of the services provided at the IHS – Flathead Service Unit. CSKT health care system was and continues to dependent on Contract Health Services, now being called Purchased and Referred Care (PRC) resulting from an abundance of private medical providers and facilities located on the Reservation or within a reasonable driving distance in Missoula or Kalispell.

Over the past 20 years, CSKT has focused on building quality health care. It includes increasing the provision of healthcare services in tribally operated clinics and through a wide range of community health services in clinics located from Hot Springs to Arlee. We have built a state-of-the art health clinic in Polson and extend an invitation for you to join us at the Grand Opening of a newly renovated health clinic in St. Ignatius on August 5, 2014. It will have 8 medical exam rooms, 8 dental chairs, increased space for our pharmacy and community health nursing. It will allow for improved patient registration and activities required to increased revenue from alternate resources such as the VA, Medicaid/Medicare, Health Montana Kids and private insurance.

In 2005, the CSKT Tribal Council was forced to make the decision to retrocede the management of CHS back to IHS and it has remained in their management since that time. The complaints I have heard over the past nine years regarding federal management of CHS should never be allowed to continue.  
  
Sometime last year, the CHS program moved to level 1 rating. This means that only those services that put someone’s life, limb or senses at risk will be approved for referral and payment. All others will be denied. Let me give you a common example. Let’s say a provider conducts a series of tests and determines a patient’s gall bladder needs to be removed but it has not burst. The procedure would be denied and most likely the patient would be sent home with pain medication. This scenario has been repeatedly played out and results in poor care and increased prescription drug addiction. Doctors working at IHS facilities or those who serve IHS beneficiaries struggle as they know the long term impact on the patient’s health.

For patients and medical providers, waiting to meet the criteria is a gamble. When is a life in danger? When too much time passes or the expectant happens, patients die.

While the care is limited or not provided even when services are authorized by CHS, payment becomes a major problem. THHS recently received a complaint by a tribal member’s widow whose husband died in December 2012. The payments for services authorized for his end of life care still have not been paid and her wages have been garnished. This is not a singular event but a common practice. There are long waits for needed medical care or no service and if it occurs, your credit is ruined when services are authorized but not paid in a timely manner and sent to collection agencies.

Patients can’t protect themselves as the rules for payment change, expectations for the patient aren’t published or communicated and the patient is forced to navigate the complicated system without assistance.

With the risk to life or limb limitation, IHS CHS beneficiaries will never receive the complete array of benefits everyone else are required to receive under the Affordable Care Act (ACA) and the 10 essential benefits required in the qualified health care plans offered by insurance companies through the federally facilitated insurance marketplace.

The Tribal Council came to the conclusion a few days ago that we could no longer tolerate this type of management and voted to notify IHS of our intent to re-assume management of the CHS program effective October 1, 2014. This decision is possible only because of opportunities for additional third party collections made available through Indian-specific provisions in the ACA, which included the permanent authorization of the Indian Health Care Improvement Act.

For CSKT to be successful, we must build a healthcare delivery system that brings together all the federal resources, including Tribal and IHS, Medicaid and Medicare, Healthy Montana Kids, VA and the private insurance companies Blue Cross Blue Shield of Montana, Pacific Source and the Montana Health Co-op. Collectively, if we enroll our beneficiaries and provide education to teach them to use it, it can work. THHS’ role is to establish quality medical care and maximize the delivery and utilization of it. We must focus on the 10 essential benefits and services covered by alternate resources. Finally, patient satisfaction and good customer service is mandatory as we become the desired place to get health care.

Senator Tester, we are asking for the following assistance.

1. Join with us this summer as we host a healthcare summit to bring together policy makers and decision makers involved in providing and paying for health care for our beneficiaries. We must have a conversation with solid recommendations that all the federal and private partners agree to if our efforts will be successful. It could be a pilot project that others in Montana and Wyoming could use as they build their systems.
2. Support multi – year funding for IHS to allow tribes stability in administering health care programs. In past years when there have been multiple continuing resolutions and even a federal government shut-down, it causes uncertainty for the programs and the patients we serve.
3. Investigate complaints by IHS beneficiaries. Please listen to people who are receiving the services or in some cases not receiving the. There must be access to care, providers willing to see Indian patients and it must be quality care.

While CSKT is committed to building quality health care based on business model, healthcare is very personal to all of us. A couple of months ago a relative of mine was diagnosed with a major illness. He is a young man, with young children and a bright future ahead of him. He has good health insurance from his employer. He was referred by his primary care provider to a specialist. It was truly a life or death situation. After getting the bureaucratic run around, he asked if I could help. He was scared and so was I. Time was of the essence. If it wasn’t for intervention at the highest level of the health care system, I don’t know if he would have gotten the care he needed. Today, he is on the road to recovery. It shouldn’t be like that. We deserve better. In our treaty, we ceded most of western Montana in exchange for healthcare and other important rights. Please Senator Tester, make IHS live up to the trust responsibility.