

# **Representative Kristi Noem**

**Statement on H.R. 2662**

**Subcommittee on Indian, Insular, and Alaska Native Affairs**

**U.S. House Committee on Natural Resources**

June 21, 2017

Chairman LaMalfa, Ranking Member Torres, and members of the Subcommittee, thank you for inviting me to testify at today's hearing about my bill, H.R. 2662, the Restoring Accountability in the Indian Health Service Act.

Now, before I begin, I want to inform you that I was notified yesterday that HHS senior staff are traveling to South Dakota this week to visit the IHS hospital at Pine Ridge, which is home to the Oglala Sioux Tribe.

Just a few weeks ago, I asked Secretary Price for his leadership and help in addressing this situation, and I thank him and his team for their quick action. I look forward to working with Secretary Price and the Administration on this and the many issues facing Indian Country.

Now, turning to our hearing today: I personally thank the witnesses who travelled here to Washington, DC to testify today, especially Mr. William Bear Shield of the Rosebud Sioux Tribe. Mr. Bear Shield testified before you last year, and I am pleased he is here to offer his critical insights.

Last year, I too, sat before this Subcommittee testifying on this same issue. I told you that the state of Indian health care in South Dakota had fallen to emergency levels. Today I can report to you that some progress has been made, but it's not enough, and it's not happening fast enough.

Since this most recent crisis began, the Center for Medicare and Medicaid Services has found three IHS hospitals in South Dakota to be deficient, which resulted in the closure of two emergency rooms. One has since reopened, but nevertheless, these closures have put serious strain on local community hospitals and drastically curtailed access to care for my constituents.

And it's not just South Dakota that is affected. This is a nationwide issue.

The hospital serving the Winnebago and Omaha Tribes had its relationship with CMS almost completely severed, and most recently, a hospital in Minnesota was cited by CMS as well. In fact, my constituents tell me that the only reason some IHS facilities remain open today is because CMS just hasn't visited them yet.

I am working hard to produce legislative solutions to this problem. Last year, I introduced the Helping Ensure Accountability, Leadership, and Trust in Tribal Healthcare Act, and this Subcommittee held a hearing on the bill. Today's bill looks slightly different.

That's because I have worked together with my colleagues in the Senate to craft a bill that includes elements from my HEALTHH Act and a bill Senator Barrasso introduced last year, the IHS Accountability Act. The result of our cooperation is identical bills in both the House and the Senate, and I am pleased that we are working together to address the serious deficiencies in the agency.

The Restoring Accountability in the IHS Act contains several meaningful provisions that would streamline the agency's bureaucracy and ensure that the agency's employees are held accountable. For example, the bill would require regular reporting from the IHS, as well as GAO and the HHS Inspector General.

New reporting is critical. In our discussions with the IHS over the past couple of years, the agency has been unable to provide us basic data related to its regular operations. This reporting will ensure Congress has all the information it needs to conduct thorough oversight of the agency.

The bill would also improve recruitment and retention by allowing the agency to offer more robust benefits for employees. The bill would help the IHS attract new management talent by allowing managers to participate in the student loan repayment program.

That's just an overview – the bill contains several other provisions to improve patient care and streamline IHS processes.

This bill, while important, is only a first step. There's so much more to do to in Indian Country to address substance abuse, domestic abuse, violent crime, child abuse, and most tragically, youth suicide. Tribes in South Dakota are affected by all of these issues and I look forward to working with all of you on them in the future.

In closing, let me be clear: I want to get this right. I have already reached out to HHS and IHS to obtain technical assistance for this bill, and I hope to get it this week.

I encourage stakeholders across Indian Country – patients, tribal leaders, IHS employees, health care providers, private hospitals – to submit testimony for the record and give us feedback on the bill.

I am excited to work closely with the committee, tribes, and other stakeholders to pass this critical legislation.

Thank you again for the opportunity to discuss the Restoring Accountability in the IHS Act.