

Testimony of Rosebud Tribal Councilman William Bear Shield

June 21, 2017

Thank you for inviting me to testify about H.R. 2662. I want to acknowledge our South Dakota Congresswoman Kristi Noem, and give our gratitude to her for reaching out to us on working together in creating this legislation.

- I am Willie Bear Shield. I am a member of the Rosebud Sioux Tribal Council, I am also the Chairman of the Rosebud Sioux Health Board and Unified Health Board that serves the Sioux San IHS Hospital in Rapid City South Dakota, as well as the Vice-Chairman of the Great Plains Tribal Chairman's Health Board and I sit on the HHS Secretary's Tribal Advisory Committee.
- The problems within IHS did not happen overnight, in fact in 2010 former U.S. Senator Dorgan from North Dakota released the Dorgan report that identified most of these same issues, the difference is something is now being done to correct the problems.
- The fundamental problem found in the Dorgan report in 2010 and the findings now before the House is IHS, LEADERSHIP was failing then as it is failing now. So, before I talk more about the bill, I feel the first thing we must do is appoint a new Principle Director of IHS. The Rosebud Sioux Tribe as endorsed a candidate that we believe will bring a new perspective and is not a member of PHS. We believe this is necessary if the rebuilding of IHS is to have any change at all.
- We strongly urge the members to press for the nomination of a permanent Director of IHS as soon as possible. Along with the naming of a permanent Director, the position must be given authority to deal with rebuilding IHS, which H.R. 2662 does. We feel that IHS needs a Deputy Secretary level position at HHS. It is appropriate and necessary that Tribal Healthcare be given the priority and status it deserves and this helps in creating positive change.
- As a starting point for commenting on any legislation it must be acknowledged that the current structure, systems and management of IHS are outdated, broken and cannot be fixed. It has reached a point where only adding tools and responsibilities will not help. The IHS must be set aside and be completely rebuilt from the ground up. If this is not the view, we will be back here next year and the years following talking about the same issues and more Tribal members will have needlessly died.
- Specifically, it is our view that this legislation accomplishes the following:

- This legislation, Respects Treaty Rights – this means always recognizing and affirming the obligations of the US government to provide the highest quality healthcare to every Tribal member.
- This legislation allows the delivery of patient focused healthcare and this should be the first and truly only priority of IHS. Regardless of what may be said or reported this is not the case now and has not been for a very long time.
- This legislation mandates the required meaningful communication at all levels between the IHS and Tribes. You may hear that there is a Consultation Policy in place and that it is working. It is not working. Consultation only works when there is a direct and substantial dialogue. It only works when the dialogue leads to better care, solves real problems and is accountable. Because of this we ask Congress to direct IHS to work with Tribes and we are included in developing the consultation policies as directed in the proposed legislation.

We applaud the task force set up by the house. It is our hope that this signals the rebuilding efforts we advocate are supported by the members. We will work with the task force and continue to advocate for real meaningful recommendations that rebuild and strengthen IHS.

As we move forward there are other areas we need to focus on:

Drug pricing – Allow the IHS to use existing federal authority to negotiate prices to better deploy IHS budgeted funds.

PRC – Focus on better systems and processes so that Tribes can access Medicaid & 3rd party money. We ask that Congress work with us and the Centers for Medicare & Medicaid Services (CMS) to update a policy on funding 100 percent of funds for Medicaid-eligible American Indians through the Indian Health Service or tribes

HIPPA changes – Explore amendments to HIPPA that would give access to records and accountability for all Indian Healthcare facilities and operations.

We would also favor the President issuing an Executive Order very like the one issued for the VA. It could be possibly titled – Improving Accountability and Whistleblower Protection at IHS

Create a modern state of the art healthcare delivery and administrative system for Tribal healthcare. There are many examples in the private sector and the direction the VA is moving may be worth examining. At a minimum, modern systems address credentialing, wait times and quality of service.

- For example:

- We all hear how terrible the credentialing systems are at IHS. The reason is because of the lack of leadership practically every service unit within IHS uses its own method of credentialing. This means that a doctor at IHS Pine Ridge cannot easily come to IHS Rosebud and provide service. It may take 30, 60, 90 days or longer. Also, if a bad doctor is moved out of any given IHS facility they can be credentialed at another because of the lack of systems that track and are accessible system wide in the IHS. An \$85 Million contract does not solve this, because it requires leadership to make it work.
- At the Rosebud ER, and others, the lack of standing orders and other processes that are standard in most every other healthcare system in the US has killed our people. Let me explain – It is common and best practice for an ER to have standing orders issued by a doctor. This enable the staff to quickly treat and otherwise deal with incidents. The orders follow well established medical practice and allow staff to administer drugs and other treatments if an attending or on call doctor is not immediately available. This then allows for effective service, evaluations, and assessments as well as saving lives. Why is it that IHS leadership does not require that this fundamental medical practice be implemented everywhere? It is beyond me.

Again, it may be said that there are plans being implemented to address this issue. How long has IHS been in the planning mode. When there is no leadership and no systems – plans are all that can be talked about!

Once again, I want to thank you for the opportunity to testify before you and want to advise you that we strongly support this legislation and ask that all members of Congress do the same to start the rebuilding of a broken system into a one that provides quality health care.

- We strongly urge the members to press for the nomination of a permanent Director of IHS as soon as possible. Along with the naming of a permanent Director, the position must be given authority to deal with the rebuild. H.R. 2662 does some of that. Let me suggest that the IHS needs a Deputy Secretary level position at HHS. It is appropriate and necessary that Tribal Healthcare be given the priority and status it deserves this change within HHS would bring.
- As to the rebuild, we applaud the task force set up by the House of Representatives. It is our hope that this signals the rebuilding efforts we advocate are supported by the members. We will work with the task force and continue to advocate for real meaningful recommendations that rebuild and strengthen IHS.
- There are other areas for the members to focus on:
 - Drug pricing – Allow the IHS to use existing federal authority to negotiate prices to better deploy IHS budgeted funds.
 - PRC – Focus on better systems and processes so that Tribes can access Medicaid & 3rd party money
 - HIPPA changes – Explore amendments to HIPPA that would give access to records and accountability for all Indian Healthcare facilities and operations.
- We recognize the provision of healthcare is complicated. We see the national demand for change in delivery, service and financing of the healthcare system. We ask that members focus on the rebuilding of the IHS as both a way to meet the obligations of the US government to Tribes and to make sure that Tribes have a place at the table as the overall national debate on healthcare moves forward.