

Prepared Statement of the Honorable Robert TwoBears, Legislative Representative

District V – Ho-Chunk Nation Legislature

To the Subcommittee on Indian, Insular and Alaska Native Affairs' Legislative Hearing on

H.R.2662, "Restoring Accountability in the Indian Health Service Act of 2017"

June 21, 2017

Introduction and Background

Good afternoon Chairman LaMalfa, Ranking Member Torres, and esteemed members of the Subcommittee. My name is Robert TwoBears and I am the Legislative Representative for District V of the Ho-Chunk Nation (the "Nation").

Some background on the Nation is in order. The Nation has nearly 7,000 tribal members and, while it does not have a reservation, its land base consists of trust lands spread across 18 counties in the State of Wisconsin. The Nation has a diverse economy that includes forestry, gaming, agriculture services and a number of retail outlets. The Nation employs approximately 4,000 individuals, and is the largest employer in Sauk and Jackson counties. As a Legislative Representative for District V of the Nation, I represent the at-large tribal population residing outside of Wisconsin.

For years the Nation received health care services directly from the Indian Health Service ("IHS"), but recently, the Nation finalized negotiations with the IHS under an annual funding agreement, and now proudly operates its health facilities under the *Tribal Self-Governance Act*.

Comments on H.R.2662

I appreciate your kind invitation to testify and am very happy to appear before you today to discuss H.R.2662, the "Restoring Accountability in the Indian Health Service Act of 2017." I would like to thank Congresswoman Kristi Noem for introducing this important bill, as well as you Chairman LaMalfa, full committee Chairman Rob Bishop, and others, for co-sponsoring it.

This legislation provides thoughtful and workable measures for the success and betterment of employee recruitment, employee hiring, and employee retention in the IHS workforce. The bill also takes affirmative steps to restore accountability in the standards and timeliness of care that the IHS provides to Indian people across the country.

The three main titles of H.R.2662 deal with attracting and retaining professional staff, providing administrative flexibility in dealing with ineffective or incompetent staff, employee workplace protections, and various reports on the status and condition of IHS service units.

Attracting, Recruiting and Retaining High-Qualified Health Care Professionals

Section 101 directs the Secretary of the Department of Health and Human Services ("Secretary") to establish a pay system for physicians, dentists, nurses, and other health care professionals

employed by the IHS comparable to the pay provided to physicians, dentists, nurses, and other health care professionals employed by the Department of Veterans Affairs. It also directs the Secretary to reimburse relocation costs to an employee relocating to an IHS area experiencing a high level of need and filling a position that is difficult to fill; and directs the Secretary to establish a program to provide housing vouchers to critical employees who agree to serve not less than one year at an IHS unit in need.

These three measures will go a long way in attracting and retaining physicians and other professionals to areas of need in Indian country. The Nation supports these efforts.

Section 102 directs the Secretary to develop and implement an IHS-wide centralized credentialing system to credential licensed health professionals who seek to provide health care services at any IHS unit; requires the Secretary to ensure that the credentialing procedures are uniform throughout the IHS and successfully credited licensed health professionals are authorized to provide health care service at any IHS unit; and directs the Secretary to consult with Indian tribes and any public or private association of medical providers, government agencies, or relevant expert in developing the credentialing system. These amendments would ensure harmony across regions of the IHS when it comes to credentialing professionals and the Nation supports them.

Section 104 expands the eligibility of certain IHS employees to participate in the Loan Repayment Program, including employees with a business administration degree, license or certification with an emphasis in health care management, health administration, hospital administration, or public health; and sets service time periods and loan repayment compensation levels for full and half-time practice of an individual's profession in the Indian health program. By liberalizing the Loan Repayment Program, section 104 serves as another tool available to the Secretary to encourage the most qualified health professionals to work for the IHS.

Section 106 provides key workplace protections to existing and prospective IHS employees, and the Nation is in favor of them.

Importantly, section 108 requires all IHS employees to attend a mandatory cultural training program annually. The Nation supports this requirement, especially given the prospect of non-Indian physicians and other professionals working with tribes and tribal members in the realm of health care.

In our view, section 109 is the key component of this bill: it directs the Secretary to establish a demonstration project that authorizes the IHS to provide federally-managed IHS units with additional staffing resources with the goal that the resources become self-sustaining; sets criteria for the selection of IHS units to participate in the demonstration project, including to consider whether an IHS unit services an Indian tribe that has utilized or contributed substantial tribal funds to construct a health facility used by the IHS or identified in a master plan for the IHS unit, or is located in a state or states with Medicaid reimbursement plans or policies that will increase the likelihood that the staffing resources provided will be self-sustaining. Section 109 also directs the Secretary, in consultation with the applicable Indian tribe, to determine the duration of

the staffing resources, and directs the Secretary to submit a report to Congress no later than five years after enactment of H.R.2662 after the results of the demonstration project.

Section 110 amends Title VIII of the *Indian Health Care Improvement Act* to require the Secretary to establish, through a negotiated rulemaking process, a rule establishing a new tribal consultation policy for the IHS.

Studies and Reports

Section 302 directs the Secretary to develop and submit to Congress and the U.S. Comptroller General a plan not later than 90 days after enactment to address the professional housing needs of IHS employees that comports with the practices and recommendations of the Government Accountability Office relating to professional housing; directs the Secretary to submit to Congress and the U.S. Comptroller General a plan not later than 90 days after enactment to address the IHS staffing needs that comports with the practices of the Government Accountability Office relating to workforce planning; and directs the Secretary to submit to Congress not later than one year after enactment a report on data regarding wait times at IHS facilities and service units.

Section 303 directs the U.S. Comptroller General to develop and submit to Congress three reports not later than one year after enactment: 1) on the professional housing needs of IHS employees, 2) on the IHS staffing needs, and 3) on the efficacy of existing protections for whistleblowers in the IHS.

Section 304 directs the HHS Inspector General to submit to Congress every two years after enactment a report on patient harm events occurring at IHS units, and deferrals and denials of care of patients of the IHS.

Section 305 amends Section 1880 of the *Social Security Act* to direct the Administrator of the Centers for Medicare & Medicaid Services to conduct surveys every two years after enactment to assess the compliance of each IHS hospital or skilled nursing facility.

In our mind, one of the more important aspects of H.R.2662 is the reports required of the federal government to report with better clarity and accuracy, the true state of all IHS units. The Nation strongly supports these reporting requirements.

Conclusion

We understand that H.R.2662 was designed with direct service tribes in mind, but the Nation believes that tribes operating their own health facilities would be interested in numerous provisions contained in the bill.

Accordingly, we recommend the bill be clarified to ensure its applicability to tribally-operated facilities. Once enacted, it is likely that tribes operating health facilities might opt-in to various provisions of the Act, such as the pay parity requirements. It is just as likely that these tribes would choose to opt out of other sections of the bill they find less useful.

Mr. Chairman, the Nation supports H.R.2662 and respectfully encourages this Subcommittee and the full committee to move swiftly in marking it up and sending it to the House Floor for further consideration.

At this point, I would be happy to answer any questions you might have.

Thank you.