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## Indian Health Service Hospital Closure Gets More Federal Scrutiny

By [Marissa](#) » « [Evans](#), CQ Roll Call

The Indian Health Service reached [an agreement](#) to reestablish emergency services for the Rosebud Sioux Tribe's hospital in the future but the agency's work to resolve legal and medical care problems are only just beginning.

In a 21-page document signed on April 30, IHS, which provides health care for American Indian and Alaska Native people, agreed to follow guidelines to reopen the emergency room for the South Dakota based tribe. The so-called Systems Improvement Agreement reached with the Centers for Medicare and Medicaid Services gives IHS one year to get the emergency room back open.

CMS had found multiple problems when officials evaluated the hospital in November for a recertification survey. CMS officials warned IHS they were in violation and could lose certification and Medicare billing privileges. IHS closed the Rosebud hospital's emergency room on Dec. 5 after continuing to find safety hazards. The hospital is still unable to provide emergency services even with the agreement in effect.

Among the problems CMS found were unattended patients, medical instruments being washed by hand and, in one instance, reports that a pregnant woman had her baby on the floor of a bathroom. The weekend that the emergency room closed, a stabbing victim and sexual assault survivors were diverted for treatment an hour away

The deal represents the first time CMS has entered into an agreement with another government agency. IHS officials said in a statement that the agreement will help "strengthen the foundation for immediate and long-term quality improvements."

"The agency is committed to making improvements to ensure the safe delivery of care for its patients and to implement reforms to stabilize, strengthen and raise the overall quality of care in the IHS Great Plains Area," according to the statement.

### Action Plan

The 18-part action plan for the agency includes: involving more IHS officials in oversight, establishing a governing body for the hospital, and developing a safety and quality assessment plan. The hospital also must establish an infection control plan and create long-term staff development goals. The IHS also must hire a hospital management firm either temporarily or permanently.

The agreement is part of a spate of problems IHS had to confront in the last week. On April 28, the Rosebud Sioux Tribe separately filed a [federal lawsuit](#) against IHS through the U.S. District Court in South Dakota. The lawsuit accuses the agency of breaking the law by shutting down the emergency room so abruptly. Under the Indian Health Care Improvement Act, the agency is supposed to submit an impact report to Congress at least a year before closing a facility. That same day, the Government Accountability Office released [a report](#) criticizing IHS for not tracking patient times for primary care appointments.

Stacy A. Bohlen, executive director for the National Indian Health Board, said that the Rosebud Sioux Tribe lawsuit underscores how exasperated tribe members are with IHS officials. She said she hopes the lawsuit will bring more attention to the deep problems the agency faces.

"It's really a shame that unlike the critical circumstances that surrounded health care in the Veteran Affairs, in which immediate appropriations, emergency funding and attention at the national level were brought to bear on that crisis, that the Indian Health Service and American Indians are not experiencing that same level of care," Bohlen said.

The lawsuit calls for an injunction to reopen the emergency room, requires IHS to improve health care services for the tribe and requires IHS to comply with the equal protection clause and due process rights of the tribe. IHS has 60 days to respond to the lawsuit.

The Senate Indian Affairs Committee has been looking into ongoing problems with tribal health care access. The committee held a hearing on the topic on February 3.

The Rosebud emergency room closing was the climax of issues with problematic staffers and federal officials not listening to the tribe, according to William Bear Shield, chairman of the Rosebud Sioux Tribal Health Board. He said in his testimony at the committee hearing that people had to travel more than 50 miles to the nearest emergency room.

"This diversion poses real, life or death risk to our people," Shield said. "We cannot predict when an emergency will happen but we are confident that the longer this service is unavailable, the higher the risk to our people."