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Lawmakers Look to Past for Indian Health Service Revamp

By Marissa Evans, CQ Roll Call

An Indian Health Service overhaul years in the making is slowly gaining traction with Congress, but it is unclear how soon legislation will move forward.

After months of reports about disturbing incidents at health facilities servicing 2.2 million American Indians and Alaska Natives, members of Congress have been re-reading a 2010 Senate Indian Affairs Committee report as a primer for improving IHS.

"The Indian Health Service has resisted change and reform for a long, long time and part of the problem is that it is underfunded...but complicating that underfunding is a culture of a not very competent agency," said ex-Sen. Byron L. Dorgan, D-N.D., a former chairman of the Senate Indian Affairs Committee who oversaw the report's publication.

Five years after the 66-page report was published, the health service is still grappling with some of the same problems. Despite the ongoing deficiencies, the agency's flaws have not generated national attention, Dorgan said in an interview.

The six-month investigation of problems in the Great Plains region in 2010 revealed missing and stolen drugs from IHS pharmacies, lax discipline of problematic agency employees, provider shortages, facilities endangered with losing accreditation for federal programs and workers with expired licenses and certifications.

Similar problems were revealed last year when the Rosebud Hospital emergency room in South Dakota closed on Dec. 5. A Government Accountability Office report criticized IHS for not tracking patient wait times for primary care appointments, something tribes have often complained about.

A Centers for Medicare and Medicaid Services visit to the Rosebud Hospital found unattended patients, employees handwashing surgical instruments and in one instance, reports that a pregnant woman birthed her baby on a bathroom floor. The same weekend that the emergency room closed, a stabbing victim and sexual assault survivor were sent to a different hospital an hour away.

Getting care from IHS can be "like getting healthcare delivery in a third world country," said Rep. **Kristi Noem**, R-S.D., in an interview.

"When [lawmakers in Congress] hear those stories then they can't even believe that's happening and recognize the need for reforms," Noem said. "But it's been a process to really find and get people informed when they don't have any kind of a tribal presence in their district."

The IHS has a special agreement to reopen the emergency room by next year, although a federal lawsuit filed April 28 by the Rosebud Sioux tribe against the agency in the U.S. District Court in South Dakota could complicate matters.

Lawmakers have struggled in recent years to get meaningful legislation to revamp IHS, said Noem. She said IHS has similar bureaucratic problems as the Department of Veterans Affairs in that it's difficult to get answers and know where funding is going. Reaching a consensus from tribes on legislation is difficult. And while Congress has increased funding to IHS in recent years, it has not led to better health outcomes.

"IHS continues to look back to the findings of the Dorgan report when developing innovative opportunities to improve access to quality health care services for our beneficiaries," according to an IHS spokesperson in an email statement. "We are looking across the Indian Health Service, the Department and the private sector to establish best practices to be able to implement and standardize processes across areas."

The agency points to work underway to improve protocols including a mock survey for its hospitals to assess potential compliance issues with Medicare and re-accreditation, a mentorship program, new pharmacy protocols and an updated policy on workplace drug testing.

Lawmakers who are working on legislation said a hearing could be scheduled this year.

Noem introduced a bill (**HR 5406**) focused on staffing issues within IHS. She called her legislation more comprehensive than a Senate measure (**S 2953**) introduced in May by Senate Indian Affairs Committee Chairman **John Barrasso**, R-Wyo., and Sen. **John Thune**, R-S.D. Noem's bill would develop a pilot program putting tribes in charge of IHS hospitals on their reservation, provide relocation reimbursement to entice new employees to move to rural areas and require IHS to retool the referred health service formula so poorer tribes will get a bigger share. The contract health funding typically runs out at some point during the year, causing IHS facilities to send patients off the reservation to seek care.

Meanwhile, some provisions in Barrasso's bill calls for consultations with tribes about certain hires, more GAO reports, more authority for IHS to discipline and fire employees for wrongdoing, more accountability measures to retain and recruit staff and new whistleblower protections for IHS employees. Another provision would require the Department of Health and Human Services' Office of Inspector General to investigate IHS patient deaths.

The committee held a hearing in Rapid City, South Dakota, about the potential legislation on June 17. Barrasso said during the hearing that the bill "will lay a sound foundation" for IHS to deliver better care.

"Too many lives have been lost that could have been saved," Barrasso said. "It is my hope the administration listens and responds to the testimony today, so that one day soon, Indian tribes can trust and again seek services from well-functioning Indian Health Service hospitals in all twelve areas of the country."

Barrasso and Thune wrote in a July 1 op-ed for The Wall Street Journal that "IHS can no longer be a place where inept, entrenched employees come first and patients come last."

"Quality health care for Native Americans will require a culture change at the agency—from the leadership in Washington down to hospital staff in the field," Barrasso and Thune wrote. "Simply sending more money to IHS is not a solution, and it ignores the magnitude of the problems."