



Alaska Native Health Board

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Testimony of Evangelyn Dotomain
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House Committee on Natural Resources
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H.R. 2708:
Indian Health Care Improvement Act Amendments of 2009

Chairman Rahall, Congressman Young, and distinguished members of the Committee: Thank you for the opportunity to provide testimony regarding H.R. 2708 – Indian Health Care Improvement Act Amendments of 2009.

My name is Evangelyn “Angel” Dotomain, President/Chief Executive Officer of the Alaska Native Health Board. I am Cup’ik and Inupiaq Eskimo from Shaktoolik, Scammon Bay, and Mary’s Igloo, Alaska. I have been employed in Tribal health care for approximately ten years starting immediately after obtaining my undergraduate degree. I have found working for my people to be my passion and have since obtained an MBA in Health Services Administration to better allow me to serve my people.

The Alaska Native Health Board (ANHB) is the advocacy organization for all of the tribes and tribal organizations providing health care services in Alaska under the Indian Self-Determination and Education Assistance Act (ISDEAA). With support from the Indian Health Service (IHS), but exercising the important right of self-governance under the ISDEAA, the tribal health programs in Alaska provide health services to almost 20 percent of the population of Alaska. In vast areas of the State that are inaccessible by road or in sparsely populated regions great distances from other providers, the Alaska Native health system has assumed responsibility for providing services not only to Alaska Natives and American Indians, but also to non-Natives, who otherwise would have no access to care. The Alaska Native health system consists of seven tribally operated hospitals, 21 tribally operated health centers, 161 tribally operated village health clinics, and over 530 Community Health Aides or Practitioners.

ANHB thanks you for holding a hearing on H.R. 2708. Indian Health Care Improvement Act Amendments (IHCIA) passage is extremely important to providing services in Indian country. With tribes and tribal health representatives working for ten years, IHCIA passage is long overdue. We hope that the Committee will partner with us and other tribes and tribal health organizations to ensure IHCIA is passed quickly.

We fully support the testimony and recommendations of Ms. Valerie Davidson and the majority of recommendations provided in Ms. Rachel Joseph's testimony. We also support the two principles Ms. Joseph notes in her testimony: this legislation allows no regression from current law authorities and the Indian health system be modernized and strengthened.

ANHB would like to recommend first and most importantly that the reauthorization of IHCIA be made permanent law of the United States and ensure permanent appropriations authority. The IHCIA is comprehensive legislation including provisions regarding infrastructure needs, workforce issues, and health care and behavioral health services.

As Ms. Davidson notes, it is extremely difficult to truly understand the complexities and intricacies of providing health care services in Indian country. We would like to invite the Committee members, other member of Congress, and the Executive Branch to visit our communities to learn about our health care services, delivery models, and innovative programs.

In order to provide high quality health care and behavioral health services, tribal and Indian programs must be able to recruit and retain health care professionals and must be able to develop alternate health care providers in areas where necessary. However to recruit and retain quality health care professionals and alternate providers, tribal and Indian programs must provide quality infrastructure in which they can work. This infrastructure includes facilities, equipment, and information technology. IHCIA addresses each of these areas.

Infrastructure Provisions

One of the basic needs to allow for higher quality health care services in Indian country is the need for health care facilities, proper sanitation and safe water systems, and how these needs are met. These basic needs greatly impact health care outcomes and disease rates. In Alaskan communities without adequate sanitation,

- Infants are 11 times more likely to be hospitalized for respiratory infections in comparison to all U.S. infants,
- Infants are 5 times more likely to be hospitalized for skin infections, and
- Rural residents age 65 and older are 2 times more likely to be hospitalized for pneumonia or influenza.

ANHB supports:

- Section 302(c)(4) allows federal funding for one project to be transferred to the Indian Health Service (IHS) and apply the regulations of IHS instead of multiple regulations per funding agency. Similar language is recommended in section 316(c) pertaining to health facilities construction.
- Section 309 restores a loan program to assist Tribal organizations build health facilities.
- Section 311(a)(3) expanding joint venture opportunities to Tribal organizations.

All of these provisions will allow for greater opportunity for Tribes and Tribal organizations to develop and construct needed health care facilities and proper sanitation and safe water systems. This type of infrastructure is the basis for effective workforce recruitment and retention and overall provision of high quality health care services.

Workforce Issues

In order to provide needed health care and behavioral health services, we must have adequate workforces to provide the services. This workforce may be licensed health care professionals or alternative health care providers. IHCI allows opportunities for increased recruitment and retention methods to attract high quality staff and support for innovative alternative providers.

ANHB supports:

- Section 121 regarding the Alaska Community Health Aide (CHA) Program and the other alternative providers created under the proven CHA model. This includes the Dental Health Aide Therapist and the Behavioral Health Aide.
- The insertion of Section 124 from S. 212 (107th Congress) to make scholarships and loan reimbursements non-taxable to recipients.
- Section 127 exempting tribal employees from licensing, registration, and other fees imposed by a Federal agency similar to Commissioned Corps and other IHS employees.
- Section 221 exempting employees of tribal health program from state licensing requirements with the removal of “while performing such services”.

All of these provisions will support the ability of the Indian health system to provide high quality health care and behavioral health services by ensuring we have all the tools necessary to recruit and retain health care professional in communities where it may take 14+ months to recruit a physician and the average length of employment is approximately two years. In addition, we are able to utilize proven alternative health provider models that provide culturally specific care in harsh environments.

Health Care & Behavioral Health Services

The noted provisions addressing infrastructure needs and workforces issues allow Tribal health organizations and the Indian health system the opportunity to focus on providing high quality health care and behavioral health services. The whole person is important not just the physical person. We must ensure we address the mental, emotional, and spiritual aspects of a person. This means we need to attempt to provide care as close to the patient’s home as possible.

ANHB supports:

- Section 206 (as presented by Ms. Davidson) adopting national standards for mammography and other cancer screening improving early detection and treatment of cancer.
- Section 212 providing express authority and investment in IHS and tribally operated long term care facilities, hospice, assisted living, and home- and community-based services to meet the needs of tribal elders and other beneficiaries in need.
- Section 220 guaranteeing funding to tribal programs on the same basis as to those programs operated directly by IHS.
- Title VII reflects the need to integrate behavioral health programs and services to serve the whole person integrating mental health, social services, domestic and child abuse and neglect, youth suicide, and substance abuse.

These provisions allow Indian and tribal health care to provide services to the complete person at all ages as close to home as possible. This allows patients to receive needed care in a culturally specific fashion, many times in their own language, observing their traditions, and understanding their community and history. ANHB strongly supports this type of treatment as we view our purpose to be promoting the spiritual, physical, mental, social, and cultural well-being and pride of Alaska Native people.

Other Issues

ANHB also supports the following:

- Restoration of Section 202 regarding the Catastrophic Health Emergency Fund.
- Section 401(d)(1) to include authorization for direct recovery “from any other third party payor”.
- Section 802 restoring negotiated rulemaking for most of the IHCIA sections.
- Section 807 ensuring Indian and tribal health system benefits are exempted from being treated as taxable income.
- Section 814 extending to IHS and tribal providers the same protection from discovery as in the Veteran’s Administration and the private sector.

Conclusion

ANHB has chosen to highlight a small number of the IHCIA provisions specific to infrastructure, workforce issues, health services and behavioral health services. In addition, a small number of other provisions that will ensure the system is modernized and on par with other federal and private entities.

ANHB supports the majority of the National Steering Committees recommendations provided by Ms. Joseph. ANHB also supports the recommendations and testimony of Ms. Davidson.

I am happy to answer any questions you may have and look forward to this bill becoming law in 2009.