HOUSE COMMITTEE ON NATURAL RESOURCES
Subcommittee on Indian, Insular and Alaska Native Affairs
Legislative Hearing on H.R. 5406 (Rep. Kristi Noem)
"Helping Ensure Accountability, Leadership, and Trust in Tribal Healthcare Act."

Oral Testimony of Jerilyn Church, *Cheyenne River Sioux*
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Good afternoon Honorable Representatives Young, Ranking Member Ruiz and members of the committee. Thank you, Representative Noem for your time and commitment to address the serious quality of care concerns in the Great Plains Area Indian Health Service.

My name is Jerilyn LeBeau Church; I am a member of the Cheyenne River Sioux Tribe, I was born and raised on Cheyenne River, received my primary care through IHS growing up and I choose to receive my care from IHS today.

I also serve as the Chief Executive Officer for the Great Plains Tribal Chairmen's Health Board. We are a non-profit tribal organization that serves as a vehicle for appointed tribal leaders who consultation with HHS, including the IHS, who represent the 18 tribes in North Dakota, South Dakota, Nebraska and Iowa. We provide public health messaging and support to our tribal health departments, technical assistance to tribal leaders on topics of healthcare advocacy, provide training and educational opportunities and provide epidemiologic technical assistance, including disease surveillance, increasing tribal capacity to develop data products and assist with other emerging health priorities.

In addition to a detailed written testimony for your consideration, I appreciate the opportunity to summarize my insights and recommendations which I hope serve to strengthen the intent of H.R. 5406.

Title I "Expanding Authorities and Improving Access to Care" provides a promising opportunity to create an alternative delivery of care. GPTCHB leadership is in early discussions with tribal health authorities regarding the opportunities and feasibility of tribes assuming and successfully implementing their health programs through the self-determination authority. Resources are needed to explore alternative delivery systems and to establish models that ensure healthy financial systems. Under any pilot project, the Tribe must remain the primary authority to preserve the "IHS" provider status. Private Health Systems are experts in the delivery care, and their contractual involvement should be to provide management mentorship to build capacity rather than providing a direct operational role.

Title I is also designed to provide consistency and parity between the authorities of the VA and IHS, I would also advocate that that would include protection of IHS funding from sequestration.

Many of the recommendations outlined in Title II will serve to address Indian Health Service Recruitment and Workforce needs in the Great Plains. However, Indian Preference Laws are imperative to Tribal Self-Determination efforts and developing the capacity of tribal health programs. Rather than a statutory change to Indian Preference, Tribes should have sole authority to exercise regulatory flexibility when appropriate and on a case by case basis.

Expanding scholarship opportunities under Title II are a positive step. However, much of the focus on under Title II are punitive measures for poor performance which is important for accountability. A more proactive and effective approach would be to also invest in advanced education and training of the many committed high performing staff who are members of our communities and who dedicated their lives to serving our tribal members.

Title III attempts to address the many shortfalls of the Purchased and Referred Care Program. One of the greatest opportunities that IHS has to improve the PRC program is to implement the authority under the Indian Healthcare Improvement Act to recognize North Dakota and South Dakota as one Contract Support Service Delivery Area. Currently, IHS continues to operate under the old system that limits care to a limited service delivery area, impeding access to and coverage of tribal members who need specialty care that is not available at their local service units.

While I understand this committee does not have allocation authority, I would be remiss if I didn't stress the importance of funding a fundamental change of the IHS. To implement the law without adequate funding is paramount to continued failure. There are several other authorities under the Indian Healthcare Improvement Act if funded would greatly improve the quality of service and care.