

**Questions from Rep. Rosendale for Dr. Grim D.D.S, M.H.S.A., Secretary of the  
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1. \$30 billion was provided to Indian Country through the American Rescue Plan Act. In Montana specifically, there is a need to close the digital divide. The lack of broadband access across Indian country has been a paramount issue during the pandemic. According to the FCC, tribal lands are 4.5 times more likely to lack any terrestrial broadband internet access opposed to those on non-tribal lands. Dr. Grim, how can these funds be used to close the digital divide to ensure tribal patients are able to access telehealth and tribal students are able to access the same distance learning opportunities available to other Americans?

First let me say that I am quite certain what will work on one tribal reservation may not be a viable solution for another reservation. Each reservation may very well have differing needs and broadband opportunities available. Therefore, I will answer for what we need on the Chickasaw Nation reservation.

We decided our best option is to put a ring of broadband or loop broadband around our reservation and partner with end user companies that will bring the broadband to people's houses, schools, etc. We are working with the state on rights-of-way issues and with a large fiber bundle that can be used for a lot of things.

From what we have seen there is money currently for entities to provide service to the end user (the last mile), but we wanted to provide the utility type service and let the community providers do the end user service – and we have not been able to identify available dollars for the utility type services.

In summary, for the Chickasaw Nation it would be helpful to ensure funding is available for tribes to provide the utility type service and not just the end user services to allow us to partner with existing end user providers in our tribal communities.

2. How can Congress provide oversight to ensure funds are being spent to close the digital divide to prevent waste and fraud?

It is my understanding that the Office of the Inspector General is charged with these type of review activities associated with specific funding. However, it has been my experience that Congress periodically asks the cognizant agency for a report on specific activities, outcomes or continuing need related to funds they have appropriated.

3. Are there statutory limitations for the expansion of telehealth services that the tribe is encountering?

Yes. The CMS Tribal Technical Advisory Group (TTAG) developed a list of regulatory barriers to telehealth delivery in Indian Country and submitted those to CMS in November 2019. The TTAG Policy Subcommittee and CMS has been meeting once a month and going

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through the list to first identify those that will require a statutory change and those that will only require a regulatory change. Once that is completed, we would like to submit the statutory list to you (Congress) so you may help us move Indian healthcare into the 21<sup>st</sup> century. The following is one example:

**Increase Flexibility in Medicare Definition of Telemedicine Services** - COVID-19 has demonstrated the importance of telehealth to increase access to providers during the pandemic. But it has also demonstrated it can increase access to needed primary, specialty and behavioral health services particularly in rural areas. The telehealth flexibilities Medicare has made available during the public health emergency should be made permanent to the maximum extent possible. In addition, much of Indian Country is located in rural areas and lacks access to more advanced methods of audio and video real-time communication. As a result, Medicare should allow telehealth to be provided through audio-only telephonic and two-way radio communication methods when necessary.

- Telehealth is a great method of communication and having patients be seen in rural America. There have been some improvements to have these extended permanently, but they all need to be made permanent to ensure telehealth services can continue.
  - The reimbursement for telehealth services in Indian healthcare facilities must be at the same rate as in-person visits. Currently Medicaid is doing this but Medicare is not.
4. Congress has increased IHS funding every year since 2010 and Congress has provided robust funding to combat the COVID-19 pandemic. Unfortunately, many IHS facilities have been plagued by extremely low-quality healthcare and some offices have been accused of impropriety, nepotism and corruption. This is simply unacceptable, Congress must provide oversight to ensure our tribal communities have access to adequate healthcare, especially during the COVID-19 Pandemic. Dr. Grim, how can we ensure our tribal communities have access to high, quality healthcare to combat the COVID-19 Pandemic and on an ongoing basis to provide preventative care?

As you are aware, the IHS has always been and still is very underfunded. In fact, while incremental increases are much needed to sustain the historical level of services, they do little to address the disparate health conditions of AI/AN communities.

Incremental increases are essential to cover expenses related to population growth and the rightful full funding of Contract Support Costs (CSC) and Section 105(l) leases. However, even with an overall increase of 50% from FY 2010 to FY 2020, this falls far short of even addressing medical inflation. The roughly 2-3% annual increase to the IHS budget does not even keep pace with year-to-year increases in medical inflation, which are projected to be 6.5% in 2020.

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Moreover, with the exception of FY 2006, in every other year the IHS budget has not passed on time, leading to a partial or full-year continuing resolution (CR). Because of the inherent budget constraints under a CR, which also don't account for medical inflation, the IHS budget is effectively decreasing over time in terms of its purchasing power and competitiveness with the mainstream healthcare system. It is hard to address substandard health outcomes in tribal communities by only providing maintenance-level funding for current services.

Advanced appropriations is very important and needed because the 35-day government shutdown at the end of 2018 and start of 2019, destabilized Native health delivery and health care provider access; as well as tribal governments, families, children and individuals. Many programs were forced to ration care, forced providers to go without pay and some facilities closed their doors altogether. With the further likelihood of shutdowns and delayed federal appropriations, we believe that advanced appropriations for IHS will allow for greater planning, more efficient spending, and higher quality care and government services for AI/ANs.

Advanced appropriations would help honor the federal trust responsibility and help ensure that the federal government meets its obligations to the tribes in the event that Congress cannot enact the federal appropriations by the start of the fiscal year.

Advanced appropriations would also help promote government efficiency. In September 2018, the Government Accountability Office (GAO) (GAO-18-652) found that the IHS and tribes are given significant administrative burdens due to the fact that the IHS has to modify hundreds of contracts each time there is a CR. In addition, the GAO found that "uncertainty resulting from recurring CRs and from government shutdowns has led to adverse financial effects on tribes and their health care programs."

Advanced appropriations would create parity between IHS and other federal health providers (such as the VA) and create better program stability.

Advanced appropriations is an important first step in supporting the IHS appropriations.

Another important step in supporting mandatory appropriations for IHS is to move Contract Support Cost and Section 105(l) leases, which are already indefinite appropriations, to mandatory, because these costs are taking away from the services account currently.

5. Dr. Grim, I am greatly concerned about the effects of COVID-19 on tribal communities, especially regarding mental health. We have seen a rise in drug use and drug overdose and there is a need for inpatient addiction treatment facilities to help compact the mental

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health crisis that has arisen. Has there been any consideration as to the needs of combating the mental health crisis due to the COVID-19 pandemic?

Many of our tribal citizens have faced isolation and uncertainty during the pandemic which are risk factors for decompensating mental health. With an increase in mental health problems, addictions and overdoses over the past year, we have spent more than the usual amount of time trying to find in-patient substance use and psychiatric treatment for patients on an ongoing basis.

Based on known risk factors associated with isolation, uncertainty, pandemic related traumas and the cascading impact of the pandemic for years to come, we (all mental health services leaders) are anticipating ongoing issues related to grief and loss, job loss, children and parents adjusting to school changes and disrupted education, and increases in inappropriate substance use to cope.

We as a tribal health system have received more referrals for patients with psychosis, most likely due to the fragile nature of their mental illness and decompensation triggered by pandemic related stressors.

Due to the reduced capacity for our own residential substance use treatment facilities to accommodate mitigation strategies to reduce COVID-19 spread, we have to look for outside facilities on a regular basis. Each referral to an outside residential substance use treatment facility costs between \$5,000-\$15,000 for 30 days of treatment, which is not long enough for recovery.

While we are blessed to have a couple of residential substance use treatment facilities for our citizenry, there is a severe lack of such facilities throughout Indian Country. Additional resources are needed to both construct and add capacity to treatment facilities in Indian Country and to pay for tribal citizens to go to outside facilities for substance use treatment.

Mental health and substance abuse services in Indian Country have been lagging behind for too many years and now is the time to address these very critical issues to ensure tribal citizens have healthy futures.