



Testimony of Nickolaus Lewis
The Northwest Portland Area Indian Health Board
Before
House Subcommittee for Indigenous Peoples of the United States
Oversight Hearing: Infrastructure in Indigenous Communities
April 21, 2021

Greetings Chair Teresa Fernandez and Members of the Subcommittee. My name is Nickolaus Lewis, and I serve as Council on the Lummi Indian Business Council, and as Chair of the Northwest Portland Area Indian Health Board (NPAIHB or Board). I thank the Subcommittee for the opportunity to provide testimony on the health infrastructure needs of our Northwest Tribes.

NPAIHB was established in 1972 and is a tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638, that advocates on behalf of the 43 federally-recognized Indian Tribes in Idaho, Oregon, and Washington on specific health care issues. The Board's mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives (AI/AN) by supporting Northwest Tribes in the delivery of culturally appropriate, high quality health care. "Wellness for the seventh generation" is the Board's vision.

I provide the following testimony to address our long-standing health infrastructure needs.

COVID-19. The COVID-19 pandemic has highlighted the lack of public health infrastructure in the Indian health system and deepened the stark health disparities among AI/AN people, specifically access to care. AI/AN people have had significantly higher rates of COVID-19 cases (3.5x)¹, hospitalizations (5.3x), and deaths (1.8x)² than non-Hispanic whites. For Northwest COVID-19 cases, AI/AN people are more likely to be hospitalized, and account for 2% of COVID-19 deaths while only making up 1% of the Northwest population. Thousands of our patients continue to suffer serious, debilitating, and lingering COVID-19 symptoms many months after their initial bout of infection, with major social, health, and economic consequences. Experts say 1 in 10 COVID-19 patients is still unwell 12 weeks after their acute infections, and many suffer for far longer.

Regional Specialty Referral Center. The Portland Area is required to purchase all specialty and inpatient care because there is no Indian Health Service (IHS) funded hospital in our Area. Essential specialty health care services outside of the Indian health system are difficult to access for AI/AN people in the Portland Area because of barriers that include: specialty provider capacity limits on Medicaid/Medicare patients, limits on purchased and referred care eligibility, high costs for accessing "out of network" specialty care services, long appointment wait times, lack of cultural understanding important for healing, difficulty accessing continuity of care with

¹ Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 among American Indian and Alaska Native persons—23 states, January 31–July 3, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1166–9.

² Arrazola J, Masiello MM, Joshi S, et al. COVID-19 Mortality Among American Indian and Alaska Native Persons — 14 States, January–June 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1853–1856. DOI:

<http://dx.doi.org/10.15585/mmwr.mm6949a3>.

their Indian health system primary care provider. The impact of the COVID-19 pandemic on our people, including our COVID long-haulers, have exacerbated the need for increased access to specialty and inpatient care.

The Portland Area Facilities Advisory Committee (PAFAC) has proposed a network of three regional specialty referral centers as a solution to the continual barriers faced by AI/AN people accessing specialty care. The PAFAC recommended that the three regional specialty referral centers be located in the metro areas of Seattle, WA, Spokane, WA, and Portland/Salem, OR to serve over 83,000 AI/AN people in the federal, tribal, and urban Indian Health Programs in the Northwest. The facilities would provide services such as medical and surgical specialty care, specialty dental care, audiology, and physical and occupational therapy as well as advanced imaging, and outpatient surgery.

Recommendation:

In order to move forward with this project, we request the following:

- Consistent with the PAFAC recommendations, \$600 million to fund all three regional referral centers under Section 143 of the Indian Health Care Improvement Act, P.L. 111-148, or a new equitable funding source for tribal health facility construction.

Other Public Health Infrastructure. While many tribal health programs have some public health infrastructure, it is often underfunded and may lack the capacity to respond effectively to health, natural, and manmade disasters. The COVID-19 pandemic provides an example of how many tribes across Indian country were lacking the basic public health infrastructure to respond to this unexpected event and public health emergency.

Recommendations:

- Fund at least \$10 billion in facilities construction funding that is available outside of the current Healthcare Facilities Construction Priority System (HFCPS) as an innovative approach and equitable source of funding for Tribes that do not qualify under HFCPS criteria to address unmet construction needs for health facilities as described in 25 U.S.C. §1631(f).
- Immediately increase funding in the amount of \$50 million, recurring annually, for the IHS Small Ambulatory Grants Program, and \$50 million, recurring annually, for the Joint Venture Construction Program, so that tribal nations in Washington, Oregon, and Idaho have equitable access to funding for construction and new facilities, and increased opportunities to collaborate in the Small Ambulatory Grants Program and Joint Venture Construction Program.
- Provide at least \$3 billion for Electronic Health Records and Health IT Modernization.
- Provide at least \$2.3 billion for Tribes and Tribal Epidemiology Centers (TECs) to build and strengthen Tribal public health infrastructure and capacity.
- Establish a \$1 billion Tribal Broadband Fund within the FCC to provide technical assistance, training, and direct funding to Tribal governments for broadband infrastructure deployment, maintenance, and upgrades.

Tribal Work Force. The Broken Promises Report, the National Tribal Behavioral Health Agenda, the National Tribal Budget Formulation Workgroup Recommendations for 2021, and the Indian Health Service Strategic Plan for 2019 – 2013 all detail how culturally competent care is critical for the health and wellbeing of AI/AN people. These reports also detail that AI/AN people face the highest rates of health disparities in our country. The provision of health services is a trust and treaty responsibility of our federal trustee, and we expect the agencies of our federal trustee to support the Indian/Tribal/Urban (I/T/U) system in providing holistic, culturally competent care to our people by reducing regulations, eliminating administrative barriers, and investing in the good work we are doing in Indian Country.

Many of our Northwest Tribes have experienced longstanding medical and behavioral health provider shortages and recruitment and retention issues, especially for those Tribes in rural areas, which has been exacerbated by COVID-19. Tribal health care providers are facing burnout and IHS and Tribal health clinics are finding it more difficult to compete with local health care provider wage scales and benefits.

Recommendations

In order to address the chronic health care provider shortages, we request the following:

- Improved partnerships with IHS to support our recruitment and retention of health care professionals as well as training programs to increase American Indian and Alaska Native representation in provider positions.
- Expanded loan forgiveness and funding opportunities to include mid-level health care professionals, public health professionals, and Community Health Aide Program providers, as part of IHS's expansion of the CHAP program.
- Fully fund the Community Health Aide Program for implementation in all states and for UIOs to address the growing health care provider shortages across the Indian health system.

Thank you for this opportunity to provide testimony on our Portland Area Regional Specialty Referral Centers and other public health infrastructure and tribal work force needs. I invite you to visit the Portland Area to learn more about our public health infrastructure and health care needs in our Area. I look forward to working with the Subcommittee on funding for our proposed Referral Centers and public health infrastructure requests.³

³ For more information, please contact Laura Platero, NPAIHB Executive Director, at lplatero@npaihb.org or (503) 416-3277 or Liz Coronado, Health Policy Specialist, at ecoronado@npaihb.org or (559) 289-9964.