The Confederated Tribes of the Colville Reservation

Prepared Statement of the Honorable Jarred-Michael Erickson, Chairman
Confederated Tribes of the Colville Reservation

House Committee on Natural Resources
Subcommittee on Indian and Insular Affairs

Legislative Hearing on (1) H.R. 8942, the "*Improving Tribal Cultural Training for Providers Act of 2024*"; (2) H.R. 8955, the "*IHS Provider Integrity Act*"; and (3) H.R. 8956, the "*Uniform Credentials for IHS Providers Act of 2024*"

July 24, 2024

The Confederated Tribes of the Colville Reservation ("Colville Tribes" or the "CCT") appreciates the Subcommittee holding today's hearing on three bills related to the Indian Health Service ("IHS"). All three bills were derived from provisions of the "*Restoring Accountability in the Indian Health Service Act of 2023*." The CCT worked extensively with the committees of jurisdiction when the original version of the bill was first being developed in 2016 and appreciates the Subcommittee's attention to issues relating to IHS and the health of Indian people.

The CCT supports all three bills and is pleased to provide some suggestions for the sponsors and the Subcommittee to consider that we believe will improve them.

The CCT is a direct service tribe, which means that health care and associated billing and administrative support is provided by IHS employees. The CCT is in the beginning stages of contracting all IHS functions, but this process will take time. In the meantime, we must rely on IHS to provide quality health care to our tribal citizens. These bills focus on IHS issues that are most relevant to direct service tribes and we appreciate the Subcommittee's attention to and consideration of them.

The Colville Tribes is a confederation of twelve aboriginal tribes from across eastern Washington state, northeastern Oregon, Idaho, and British Columbia. The twelve constituent tribes historically occupied a geographic area ranging from the Wallowa Valley in northeast Oregon, west to the crest of the Cascade Mountains in central Washington state, and north to the headwaters of the Okanogan and Columbia Rivers in south-central and southeast British Columbia. Before contact, the traditional territories of the constituent tribes covered approximately 39 million acres.

The present-day Colville Reservation is in north-central Washington state and was established by Executive Order in 1872. The Colville Reservation covers more than 1.4 million acres, and its boundaries include portions of both Okanogan and Ferry counties, two of the lowest median income counties in the state. Geographically, the Colville Reservation is larger than the state of Delaware and is the largest Indian reservation in the Pacific Northwest. The

Colville Tribes has just under 9,300 enrolled members, about half of whom live on the Colville Reservation.

A. H.R. 8956, the "Uniform Credentials for IHS Providers Act of 2024"

This bill would require IHS, in consultation with Indian tribes, to develop and implement an IHS-wide centralized credentialing system to credential licensed health care professionals that seek to provide health care services at IHS Service Units. The bill would require formal review of the credentialing system at least every five years in consultation with Indian tribes.

Credentialing refers to the process that IHS engages in to review and verify the professional qualifications of health providers, such as verifying medical licenses. The intent of the credentialing process is to ensure qualified and skilled providers in the IHS system. There are many health provider vacancies at the Colville Service Unit and throughout the IHS system. This makes credentialing a critical process to ensure that those providers who are currently working at IHS facilities are qualified to provide quality health care.

The Colville Tribes supports H.R. 8956 because it would address several long-standing problems with IHS's credentialing process. In April 2024, the Government Accountability Office ("GAO") released a report on IHS's credentialing process that stated, among other things, the following:

> [GAO] identified two primary causes for why IHS failed to consistently meet all of the credentialing and privileging requirements we reviewed. First, IHS does not have a single comprehensive document that clearly specifies all the agency's credentialing and privileging requirements in one place. Second, IHS headquarters' oversight of credentialing and privileging processes conducted by facilities and area offices is not sufficient to identify nonadherence to requirements.[1]

The CCT has experienced instances where the lack of uniformity in IHS's processes has negatively impacted Indian beneficiaries. We have previously informed this Subcommittee about some of these examples, specifically with the Purchased and Referred Care ("PRC") program. When IHS's Portland Area Office took the PRC program away from our local Colville Service Unit and began administering it remotely in Portland from 2017 through 2022, the Portland Area imposed eligibility requirements that were not required by IHS's Indian Health Manual to PRC users at the Colville Service Unit. The CCT has traced these additional and unwarranted eligibility requirements to patient deaths. Having a credentialing system that applies uniformly to all IHS Areas would prevent such a situation from being repeated in the credentialing context.

We understand that IHS is continuing to work to develop an IHS-wide credentialing system. IHS apparently has been undertaking this effort since at least 2017, when IHS officials

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[1] U.S. Gov't Accountability Off, GAO-24-106230, *Opportunities Exist to Improve Clinician Screening Adherence and Oversight* (April 2024), *available at* https://www.gao.gov/assets/gao-24-106230.pdf

testified before Congress on a prior version of the *Restoring Accountability in the IHS Act* that the agency had "awarded a contract for credentialing software that will provide enhanced capabilities and standardize the credentialing process across IHS."[2]

Depending on how IHS's efforts have progressed, the CCT recommends that the bill include language that clarifies that, in addition to the bill's other requirements, IHS must have all credentialing and privileging requirements in a single document in a single location. Because IHS's current credentialing process is lengthy and consumes significant staff time, the CCT recommends that the Subcommittee work with IHS to identify reasonable timelines for completion of the credentialing process for health providers.

B. H.R. 8955, the "IHS Provider Integrity Act"

H.R. 8955 would require IHS to notify state medical boards within 14 days after the date that IHS undertakes an investigation of professional conduct of a licensed health provider. The bill would also require IHS to obtain information on license violations or settlement agreements that health providers may have committed or entered into before hiring those health providers in the IHS system.

The CCT supports the intent of this bill, which is intended to address instances where a provider engages in professional misconduct and can move to other locations in the IHS system without their respective state medical boards knowing. For example, an October 5, 2021, *New York Times* article reported that an independent report commissioned by IHS found that IHS officials "silenced and punished whistle-blowers in an effort to protect a doctor who sexually abused boys on several Native American reservations for decades." There are other similar, unfortunate examples of health providers in the IHS system. To the extent that IHS initiates misconduct investigations, this bill would provide an additional level of accountability with state medical boards.

As the CCT and other tribes and organizations have previously informed this Subcommittee, IHS's onboarding process for health providers takes an unreasonably long time. The CCT has had health providers that tribal employees have recruited on their own express interest in working at the Colville Service Unit only to accept employment elsewhere when IHS's background process exceeded six months.

The CCT recommends the bill include deadlines for IHS to initiate requests for information from state medical boards at the beginning of the background check process to ensure that this requirement does not further contribute to delays in hiring health providers.

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[2] S.Hrg. 115–89, at 14 (June 13, 2017) (prepared statement of Rear Admiral Chris Buchanan, Acting Director of IHS).

C. **H.R. 8942, the "Improving Tribal Cultural Training for Providers Act of 2024"**

This bill would require IHS to implement a mandatory, annual tribal culture and history training program for IHS employees and volunteers whose duties involve direct patient access. The CCT supports this bill because the training program, if implemented correctly, would improve IHS customer service to Indian beneficiaries. At the Colville Service Unit, we are aware of a tribal member who experienced a health care provider tell them, "You're fat," during a medical appointment. This type of comment should never happen in any professional health setting. The CCT hopes that annual, mandatory training for IHS employees would help ensure that these types of patient interactions are not repeated.

The Colville Tribes notes that the substantive tribal culture and history topics in any training program will vary across the lower 48 states and Alaska. What may be an appropriate training program for IHS employees working in the southwest may not be as applicable to IHS Service Unit employees in the Pacific Northwest or Great Plains Areas. The CCT suggests that the bill include language that directs the IHS to consult with Indian tribes in each IHS area in developing the training program that will be required in those IHS areas. We further recommend that the bill include language that requires IHS Area Offices to revisit and update the training programs every five years.

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