Remarks for RADM Chris Buchanan
Midwest Alliance of Sovereign Tribes Impact Week Meeting
March 7, 2019 | 11:00 a.m. | Washington, D.C.

Remarks as Prepared

Good morning. I appreciate the opportunity to speak with you and share some updates about the ongoing work at IHS headquarters and around the country. I want to thank you all for travelling to D.C. this week, and for your ongoing work to represent the 35 sovereign tribal nations in your region. MAST continues to be an important partner, and the Indian Health Service appreciates your continued dedication to supporting the IHS mission of raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Special thanks to the leadership of the Midwest Alliance of Sovereign Tribes: President Frank Cloutier, Vice President Aaron Payment, Secretary Shannon Holsey, Treasurer Chris McGeshik, and Executive Director Scott Vele.

I want to also thank all the tribal leaders and attendees for participating in these important meetings. IHS remains strongly committed to working with tribes, tribal organizations, and urban Indian organizations, and our partnerships are critical to our success. The conversations we have here, along with the feedback you provide, are very important. Together, we are meeting the health needs of American Indians and Alaska Natives across Indian Country.

As you all know, the IHS has now received appropriations for the rest of fiscal year 2019. The total discretionary budget authority for IHS is 5.8 billion dollars, which is a 266 million dollar increase. This budget includes welcome increases for tribal clinic operational costs, tribes that have recently received federal recognition, opioid response, urban Indian health, Indian Health Professions, and contract support costs.

The budget also includes a significant change to the period of availability for the majority of our services appropriation. This means that funds previously available for only one fiscal year will now remain available for obligation over two years. In other words, the funding will expire on September 30, 2020, instead of September 30 of this year. This change does not impact funds already identified as "no-year", such as Special Diabetes Program for Indians and Purchased/Referred Care. Those funds will remain available until expended.

I want to be clear that these two-year funds are not the same thing as advance appropriations. We are aware of congressional discussions on advance appropriations for the IHS and BIA. The IHS budget remains part of the yearly appropriation process. Funds will continue to be appropriated on an annual basis.

With our budget now in place, I'm pleased to tell you that we released the Indian Health Service Strategic Plan for fiscal year 2019-2023 last week. The Strategic Plan will improve the management and administration of the IHS and sets the strategic direction of the agency over the next 5 years.

We remain committed to improving health care service delivery and enhancing critical public health services throughout the health system to strengthen the health status of American Indian and Alaska Native people. The plan focuses on three strategic goals centered on access, quality, and management and operations.

The Strategic Plan is the result of collaboration with our tribal and urban Indian organization partners who offered their feedback and expertise. We began the strategic planning process by initiating tribal consultation and urban confer in 2017. The final plan reflects the feedback received from tribes, tribal organizations, urban Indian organizations, IHS staff and other stakeholders. This collaborative effort supports our critical work in providing a comprehensive health care service delivery system. We are excited about what we will achieve together to improve the health of American Indians and Alaska Natives.

We are also doing work nationally to focus on the HIV epidemic across the U.S. The '*Ending the HIV Epidemic: A Plan for America'* initiative was announced during the president's State of the Union Address.

In partnership with American Indian and Alaska Native communities, we can end the HIV epidemic in Indian Country by strategically focusing our efforts on communities most impacted. With the resources and tools we have available today, we have an unprecedented opportunity to make a real difference in

reducing HIV transmission. Along with NIH, CDC, and HRSA, IHS is a key part of this HHS effort.

As with any new initiative, we will engage in tribal consultation and urban confer to seek input and work together on implementation and decisions that have an impact to tribes and urban Indian organizations.

At IHS, we seek to ensure access to quality health services for American Indians and Alaska Natives living with HIV and those at risk of contracting HIV. To achieve this goal, we are using innovative tools such as telehealth and implementing a strategic public health approach. These strategies are essential to reach our patients most in need and to ensure that everyone with HIV is aware of their infection and receiving treatment.

I encourage American Indians and Alaska Natives to keep up the good fight and to work together – along with IHS – to get educated, get tested, get involved in prevention, and get treated for HIV. We also look forward to your input on potential new funding associated with this initiative.

I also want to share with you how IHS is working to combat the opioid crisis, in alignment with HHS Secretary Azar's 5-Point Strategy, which includes:

1) Improving access to prevention, treatment, and recovery support services;
2) Better availability and distribution of overdose reversing drugs;
3) Strengthening public health data reporting and collection;
4) Better pain management;

and

5) Better research;

Specifically, I want to highlight the release last fall of the IHS Internet Eligible Controlled Substance Prescriber Designation policy to expand access to tele-medicine for Medication Assisted Treatment Services in remote IHS locations. Expanding these services will reduce the time for patients to start their recovery journey, potentially lower the risk for return to drug use, and may reduce the potential of death from overdose. We anticipate expanding access to these services primarily in Alaska, where many facilities already have robust telemedicine capabilities and infrastructure in place. We are exploring expansion of Medication Assisted Treatment Services in our rural and isolated locations across IHS as well. Supplemental information surrounding this policy exception can be found on the IHS opioids website.

I'm aware that the IHS Bemidji Area Office has also established a tele-behavioral health program in partnership with the IHS Tele-Behavioral Health Center of Excellence. They have started providing local services to patients and are in the process of expanding the program. This is important work as we attempt to serve isolated American Indian and Alaska Native communities and areas with limited or no access to behavioral health services.

To support our policy on "Prescribing and Dispensing of Naloxone to First Responders," IHS released a First Responder toolkit, including a training video, law enforcement testimonial video, customizable forms, and a train-the trainer

curriculum to support naloxone deployment in tribal communities. Knowing how to use naloxone and keeping it within reach can save lives.

I want to also mention the HHS Region Five Tribal Opioid Strategic Planning Conference that was held in St. Paul, Minnesota, last summer. In partnership with MAST, IHS, SAMHSA, HRSA, and other federal agencies, this conference was an important step towards addressing the opioid crisis in the Bemidji Area. IHS understands the magnitude of this issue and the impact that it has on Native communities, and it is critical for us to continue these partnerships as we work together to end this crisis.

I would like to give you a brief update on some other tribal consultation and urban confer items. These enhanced forms of communication are based on the principles of trust, respect and shared responsibility. They are important because consultation and confer assist us in making necessary decisions that have lasting impacts. In total, IHS is currently engaged in nine active tribal consultation activities. This includes the eight open engagements from 2018 and prior years, and the fiscal year 2021 budget formulation tribal consultation activities.

For fiscal year 2019, we have closed out two tribal consultation and urban confer activities to date:

- The establishment of an Office of Quality within IHS headquarters
- As I mentioned earlier, last week's release of the fiscal year 2019-2023 Strategic Plan.

While the partial government shutdown impacted our ability to work on the open or active consultations and urban confer activities, we have made progress in rescheduling work and timelines for the following:

- Proposed updates to the IHS Guide for Reporting Sanitation Deficiency for American Indian and Alaska Native Homes and Communities;
- Exploring the available options to distribute behavioral health initiative funding currently distributed through grants;
- Updates to the IHS policies on Contract Support Costs and Purchased/Referred Care; and
- Modernization Efforts for Health Information Technology.

Looking ahead, we intend to consult and confer on the following:

- Short-term and long-term solutions to meet statutory requirements of the ISDEAA for lease cost agreements, commonly referred to as 105(*l*) leases;
- IHS policies on tribal consultation and conferring with urban Indian organizations;
- A policy and implementation plan to nationalize the Community Health Aide Program – commonly referred to as the CHAP program. I want to recognize Jennifer McCleod, tribal councilwoman for the Sault Ste. Marie Tribe of Chippewa Indians and the CHAP Tribal Advisory Group's Bemidji Area primary representative, for being elected as the group's tribal chair. We appreciate their continued work on recommendations and a plan for us to consider in moving forward with tribal consultation and urban confer;

- And of course, any other budget related decisions that impact our system. For example, we anticipate robust discussion regarding the new 10 million dollars provided in the fiscal year 2019 budget for opioid prevention, treatment, and recovery services.

In early February, the Administration for Native Americans Commissioner Jeannie Hovland and IHS Principal Deputy Director Admiral Michael Weahkee convened the first HHS Intradepartmental Council on Native American Affairs meeting under the current administration. Authorized by the Native American Programs Act of 1974, as amended, Commissioner Hovland serves as chair and Admiral Weahkee serves as vice-chair of the committee comprised of HHS Operating Division and Staff Division senior officials.

The committee focuses on strategies, priorities, and recommendations on new partnerships and intradepartmental collaboration relating to American Indians, Alaska Natives, and other indigenous populations. During the first meeting, they discussed plans to update the council's 2005 Charter and identified possible areas of collaboration, including the president's HIV initiative, tobacco cessation, drug pricing, and value-based care. This is an exciting first step in broadening our partnership throughout the department and to other federal agencies.

I want to take this opportunity to also talk about an important issue to all of us at IHS. Regarding the recent media reports on patient abuse by a former IHS employee, we have taken every opportunity to speak with our tribal and urban

partners, as well as our federal employees, about how this conduct is unacceptable and will absolutely not be tolerated at IHS.

Admiral Weahkee visited the Blackfeet Nation in Montana last week, where he and other senior IHS leaders met with Chairman Tim Davis and the tribal council. The IHS Blackfeet Community Hospital also hosted a community meeting with tribal leaders, IHS staff, and school, social service, health, and judicial representatives to discuss collaboration among agencies and leaders in order to better serve the community. We appreciate our close relationship with the tribe, and look forward to working in partnership with the Blackfeet community.

As Admiral Weahkee shared with tribal leaders in his letter in September 2018, we can promise you that IHS will continue our efforts to ensure safe and quality care for our patients. We are committed to doing whatever it takes and will continue to work closely with our tribal and urban Indian partners in transforming health care for the American Indians and Alaska Natives across the country.

Also in February, IHS posted a Request for Proposal for an outside organization to conduct a medical quality assurance review that will examine whether laws, policies, and procedures have been followed with regard to protecting patients from sexual abuse by health care providers, and to identify any further improvements IHS can implement to better protect both patients and staff. This step is one aspect of the agency's ongoing efforts to improve and sustain the culture of care throughout the IHS.

HHS Secretary Alex Azar has also directed the HHS Office of the Inspector General to conduct a review focusing on the effectiveness of the policies the agency has implemented to handle abuse allegations.

Other steps include agency policies that are being put into place to provide more stringent professional standards. The implementation of a new centralized credentialing system is helping us share information on clinician qualifications and practice history across IHS. We are also issuing new guidance to help employees identify and respond to suspected child abuse, and our guidance on trauma informed care is being updated to better address violence and victimization.

IHS employees with knowledge or suspicion of abuse, are required to report this information to local law enforcement, the IHS Headquarters Division of Personnel Security and Ethics, or the HHS Office of the Inspector General. When reporting something they see or suspect, IHS employees can be confident that leadership will take the allegations seriously and without reprisal.

Lastly, I want to share a few personnel updates with you. Building and maintaining a workforce with the best health care professionals is important to all of us. We continue our efforts to recruit, develop, and retain a dedicated, competent, caring workforce to achieve the IHS mission.

I am pleased to tell you that Commander John Rael is now the director of the Office of Resource Access and Partnerships. Commander Rael is an enrolled member of the Pueblo of Isleta, and is responsible for providing direction and

leadership in the areas of purchased/referred care, business office and third-party collections.

I am also happy to share that Jonathan Merrell, an enrolled member of the Delaware Tribe of Indians and the Cherokee Nation of Oklahoma by Delaware descent, is now the permanent IHS deputy director for quality health care. He had been acting in this role since March 2017.

I would also like to congratulate IHS Chief of Staff Brandon Taylor, Office of Public Health Support Director Francis Frazier, and Oklahoma City Area Office Director Travis Watts, on their promotions to the rank of Rear Admiral in the U.S. Public Health Service Commissioned Corps. With these promotions, they will also carry the title of Assistant Surgeon General and as such they are relied on to exhibit the highest caliber of public health leadership. I thank each of these officers for being highly valued members of our Indian Health Service team.

And finally, I want to inform you that Elizabeth Fowler has left her position as the deputy director for management operations. Liz, a member of the Comanche Nation with descendancy from the Eastern Band of Cherokee Indians, had served in this role since September 2014. She has taken a position in the IHS Oklahoma City Area as the Executive Officer. Liz has been an instrumental part of our headquarters team, and I am grateful for her dedicated service and commitment to the IHS mission.

Alaska Area Director Chris Mandregan is now acting deputy director for management operations.

Before I close, I want to provide an update on the Bemidji Area Director position. The application period closed on January 9th and we are currently in the process of assessing candidates. Interviews will then take place over the next few months and we look forward to updating you once the position has been filled.

I know many of you have asked or are wondering if we will have a nominee for the IHS director soon. What I can tell you – and what we know – is that Admiral Weahkee will continue as the leader of the Indian Health Service until a director has been nominated by the president and confirmed by the Senate. Provisions of the 1998 Federal Vacancies Reform Act, limit how long someone may hold the title of acting director, so he is currently leading the agency in his permanent role as the IHS principal deputy director.

We all want Indian programs to be successful. I am extremely proud of the commitment and successes of the IHS team working to improve our agency. We are also grateful for the partnerships we have with tribes, tribal organizations, and urban Indian organizations. Thank you again for your continued partnership and for inviting me to speak with you all today. We look forward to working with you all later this month during the 2019 Tribal Self-Governance Consultation Conference in Traverse City, Michigan.