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Before the Senate Committee on Indian Affairs

On the Reauthorization of the Indian Health Care Improvement Act

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Good Morning, Mr. Chairman and Members of the Committee. My name is Dr. Yvette Roubideaux, and I am the President of the Association of American Indian Physicians. I am a member of the Rosebud Sioux Tribe, and am a Harvard-trained, Board-certified Internist with experience working in the Indian health system. I am currently a Clinical Assistant Professor in both the College of Public Health and College of Medicine at the University of Arizona in Tucson AZ. I am honored and grateful for this opportunity to testify in support of the Reauthorization of the Indian Health Care Improvement Act (P.L. 94-437). On behalf of the Association of American Indian Physicians, I would like to thank you for the opportunity for our organization to provide testimony today.

I am proud and honored to be the President of the Association of American Indian Physicians, which I believe is now beginning to realize its role as a leader in improving the health of Indian communities. The Association of American Indian Physicians (AAIP) is a national non-profit organization located in Oklahoma City that was founded in 1971 by 13 Indian physicians. AAIP now has a diverse membership of approximately 300 American Indian and Alaska Native physicians from all regions of the country with expertise in many areas. The mission of the Association of American Indian Physicians is "to pursue excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body, and spirit." While the activities of the Association of American Indian Physicians focused for many years on the recruitment and retention of Indian students in the health professions, now that we have a critical mass of members we are expanding our programs to include more education on Indian health issues, Indian health program development, and education on Indian health policy issues. We now have the capacity to be a significant resource for tribes, Indian communities and other organizations and groups such as the Senate Committee on Indian Affairs. We are grateful for the opportunity to provide input today because many of our members have seen first hand the

health problems and challenges in Indian communities, and the pressing need for more resources and efforts in all areas of Indian health.

Despite being trained at the best medical school and residency program in the country, I faced significant sadness and frustration at my inability to provide quality health care to my patients when I worked in the Indian Health Service due to the severe lack of resources, outdated equipment and facilities, and shortages of high quality health care providers and staff. Many of our members struggle to provide quality health care despite these obstacles, but sadly, many also suffer significant symptoms of burn out and decide to leave the Indian health care system. While the Association of American Indian Physicians has approximately 300 members, and approximately 200 of these members have practiced medicine in the Indian health system at one time, only 69 of our members currently work in Indian health system. Currently, a total of 852 full time physicians of all races work in the Indian health system. Many of our members who leave the Indian health system are disappointed about the generally poor working conditions, lack of resources, and lack of recruitment or retention efforts to keep them in the system. While not all Indian physicians who graduate from medical school want to work in Indian health, there should be more efforts to recruit and retain American Indian health professionals with an interest in working in the Indian health system. Sadly, according to 1990 Census data, American Indians are the most under-represented minority in the physician category, with only 48/physicians/100,000 population, compared to other racial categories and the overall total (236 physicians/100,000 population).

We support Reauthorization of the Indian Health Care Improvement Act and its reaffirmation of the federal trust responsibility to provide health care for American Indians and Alaska Natives, and the sovereign rights of tribes to self-determination and self-governance. We support the goal of the United States to raise the health status of Indians to the highest possible level and believe that American Indians and Alaska Natives deserve the highest quality of health care. We also believe that American Indians and Alaska Natives deserve the opportunity to receive medical care from well-trained, culturally competent American Indian and Alaska Native health professionals. The major focus of our testimony today will be on Title I – Indian Health Human Resources and Development.

We are grateful for the Indian Health Service Scholarship program, authorized under the Indian Health Care Improvement Act. I would not be sitting here today as a physician without the support that I received under Sections 103 and 104 of Public Law 93-437. However, more funding and administrative support is needed for the scholarship program. Under Title I, the various components of the scholarship program have been amended to broaden the scope of health professions covered, allocate resources, decision-making and priority setting to the Areas, and require payback of scholarship obligations within the Area from

which the scholarship was awarded. While we agree that the scholarship program should be more responsive to local priorities and needs, and are supportive of more local participation, we are not supportive of further restrictions on the location of the payback obligations for these scholarship recipients. Placing more restrictions on the placement of Indian health professionals for their payback positions will further demoralize them, worsen efforts at recruitment and retention, and potentially result in placement of health professionals in facilities or positions that do not match their qualifications or career needs. Currently, scholarship recipients are allowed to payback their obligations in areas where there are shortages of staff or on their own reservations. We strongly recommend that the current rules should be retained and that language that restricts payback to the specific Area from which the scholarship is received should be changed. The language that says "…for special circumstances a recipient may be placed in a different Service Area…" is not strong enough and does not guarantee appropriate placement for these recipients. We also believe that scholarship recipients should be eligible for the Loan Repayment Program and any available recruitment and retention bonuses. We also agree with clarifying that scholarships and repayment of loans are "non-taxable," and to ensure culturally competent care, we support the requirement for training new health professionals in the culture and history of the tribes they will serve.

While most of our comments today were limited to Title I of the Indian Health Care Improvement Act, we also would like to briefly comment on the other Titles in the Act. In Title II, Section 204, we support continued funding of the current model diabetes programs and programs funded under the Special Grants for Diabetes Program created under the Balanced Budget Act of 1997. Funding for these programs must be continued through 2012 as the problem of diabetes in American Indian communities is reaching epidemic proportions and more resources and programs are needed to fight this growing problem. In addition, we support retaining language to fund at least one Area Diabetes Consultant (formerly known as diabetes control officers) for each Service Area and disagree with current language to retain these positions at the discretion of each Area. We also support expansion of screening for all cancers in Section 207, and funding of tribal epidemiology centers in all Areas as stated in Section 209.

We support all provisions in Title III that would allow the construction of high quality state of the art health care facilities for all Indian communities as soon as possible. In Title IV, we support maximizing reimbursement for services from all third party sources, and we support protecting the opportunity of Indian people to receive health care in culturally competent Indian health programs rather than being assigned to unfamilar, distant managed care organizations. In Title V, we support the recommendations and changes for Urban Indian programs, primarily because these programs are severely under-funded despite being the primary source of health care for a large proportion of the American Indian and Alaska

Native population. While we recognize and respect the government-to-government relationship of the tribes with the federal government, we also support finding mechanisms to help fund and support Urban Indian programs to address the health needs of tribal members in urban areas.

We strongly agree with the recommendation in Title VI that the Director of the Indian Health Service be elevated to an Assistant Secretary for Indian Health and that this be incorporated into the Indian Health Care Improvement Act if similar legislation is not passed. We also strongly recommend that the position of the Director of the Indian Health Service should continue to be filled by an American Indian or Alaska Native physician. In Title VII, we support the recommendations for behavioral health and increased funding and support in this area. In Title VIII, we are supportive of the establishment of a National Bi-Partisan Commission on Indian Health Care Entitlement to examine the establishment of an entitlement provision for Indian health services. We would like to recommend that a representative from the Association of American Indian Physicians be appointed to serve on this Commission, as our members are knowledgeable about health care services for Indians and can serve as a resource for this Commission.

On behalf of the Association of American Indian Physicians, I would again like to thank the Senate Committee on Indian Affairs for the opportunity to provide testimony at today's hearing on the Reauthorization of the Indian Health Care Improvement Act. Our organization is available as a resource to your Committee and the tribes and Indian organizations involved in this process, and I encourage you to call upon us again for any assistance. We are grateful for the opportunity to support the Reauthorization of the Indian Health Care Improvement Act, and encourage your efforts to help achieve reauthorization as soon as possible. Thank you.