

ONE HUNDRED FOURTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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Majority (202) 225-2927
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August 4, 2016

The Honorable Andrew M. Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Acting Administrator Slavitt:

I am writing to inquire about the quality of services provided at Indian Health Service (IHS) health facilities. Recent deficiencies found at certain IHS facilities in the Great Plains Area raise questions about the quality of care that IHS beneficiaries receive. According to the Centers for Medicare and Medicaid Services (CMS), problems at IHS direct health services hospitals in the Great Plains Area have been so severe that they have resulted in multiple patient deaths.¹

IHS annually serves approximately 2.2 million American Indians and Alaskan Natives who are members of 566 federally recognized Tribes.² IHS provides services through a network of more than 679 medical facilities located on or near Indian reservations.³ Those facilities include IHS direct health service facilities and tribally-operated health facilities. Each year, IHS

¹ NBC News, *Care at Native American Health Facilities Called 'Horrible and Unacceptable' in Senate Hearing* (February 3, 2016) (www.nbcnews.com/health/health-care/care-native-american-health-facilities-called-horrifying-unacceptable-senate-hearing-n510826)

² Indian Health Service, *IHS Year 2015 Profile* (www.ihs.gov/newsroom/factsheets/ihsyear2015profile/) (accessed Feb. 17, 2016).

³ Indian Health Service, *FY 2017 IHS Budget Justification* (Jan. 11, 2016) (www.ihs.gov/budgetformulation/includes/themes/newihstheme/documents/FY2017CongressionalJustification.pdf).

facilities have approximately 45,000 inpatient admissions and more than 13 million outpatient visits.⁴

To safeguard the quality of care provided throughout the U.S. health care system, all facilities that participate in Medicare and Medicaid, including IHS facilities, must abide by the Medicare Conditions of Participation (CoPs) requirements for health and safety.⁵ In order to ensure compliance, CMS conducts onsite evaluations of healthcare facilities every three years, including those administered by the IHS.⁶ In IHS Great Plains Area, these assessments led to the termination or potential termination of four hospitals' participation in Medicare and Medicaid due to issues with their compliance with various CoPs and Emergency Medical Treatment and Labor Act (EMTALA) requirements.⁷ In July 2015, CMS terminated the Winnebago Indian Health Service Hospital's participation in Medicare and Medicaid, while the Rosebud Indian Health Service Hospital and the PHS Indian Hospital at Pine Ridge faced potential termination.⁸ In May 2016, the PHS Indian Hospital at Rapid City – Sioux San also faced potential termination.⁹

While the results of CMS evaluations of the four Great Plains Area hospitals have been widely reported, we are interested in better understanding the results of CMS evaluations of other IHS facilities. Therefore, we seek information regarding any issues that CMS has identified at other IHS facilities. We respectfully request a briefing as soon as possible from the appropriate CMS staff with Democratic committee staff. To assist our inquiry, we would like the briefing to cover the following questions:

1. Have other IHS health care services facilities had similar violations or faced termination of their participation in Medicare and Medicaid? If so, which hospitals and what violations were found? Could you provide copies of any inspection reports or other documentation of violations found?

⁴ Indian Health Services, *IHS Year 2015 Profile* (www.ihs.gov/newsroom/factsheets/ihsyear2015profile/) (accessed Mar. 19, 2016).

⁵ Committee on Indian Affairs, Written Statement of Andy Slavitt, Acting Administrator, Centers for Medicare & Medicaid Services, *Hearing on Reexamining the Substandard Quality of Indian Health Care in the Great Plains*, 114th Cong. (Feb. 3, 2016).

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ Letter from Captain Linda Bedker for Steven Chickering, Associate Regional Administrator, Western Consortium Division of Survey & Certification, to Rick Sorensen, Administrator, PHS Indian Hospital at Rapid City – Sioux San (May 23, 2016) (www.indianz.com/News/2016/05/23/cmssiouxsan052316.pdf).

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2. How do the number of violations at IHS facilities compare to the national average? Do they have more violations than average and/or are their violations more severe?
3. With a requirement that onsite surveys must be conducted at a minimum of every three years, what steps are taken to ensure compliance by IHS facilities, as well as other facilities, with health and safety standards in the intervening years? If violations are found, what follow up is conducted?
4. Are there methods or best practices that have been tested at other facilities to ensure adequate access to care and compliance with health and safety standards in the face of limited resources? Does CMS have the ability to share such best practices with IHS staff?

Thank you for your attention to this important matter. If you have any questions, please contact Waverly Gordon of the Democratic Committee staff at (202) 225-5056.

Sincerely,



Frank Pallone, Jr.
Ranking Member