



**Remarks for P. Benjamin Smith
Tribal Self-Governance Advisory Committee
March 28, 2018 | 2:00 pm | Washington, D.C.**

Remarks as prepared

Good afternoon, I'm happy to be here today to speak with all of you and to provide updates on what we're working on at IHS. Rear Admiral Weahkee sends his regrets that he could not be with you today.

Let me begin by thanking you all for making time to attend this important meeting. I would like to extend my thanks and gratitude to **Chief Malerba** for her leadership of the IHS Tribal Self-Governance Advisory Committee.

This advisory committee is a key partner. The discussions we have here, and the feedback you provide are important to us. The IHS leadership appreciates the time and commitment of the committee members.

Thank you for the opportunity to speak with all of you and to provide updates from the Department of Health and Human Services as well as the ongoing work at IHS Headquarters and around the country.

As you know, in January, Alex Azar, was confirmed and sworn in as Secretary of Health and Human Services. He previously served at the department as General Counsel and then as Deputy Secretary of the Department of Health and Human Services. During his time as Deputy Secretary, he was involved in

- improving the department's operations;
- advancing its emergency preparedness and response capabilities as well as its global health affairs activities;
- and helping oversee the rollout of the Medicare Part D prescription drug program.

His priorities as Secretary include lowering drug prices while allowing for innovation, making healthcare more affordable and available, improving Medicare outcomes, and ending the opioids epidemic.

Our native communities continue to wrestle daily with the opioid epidemic. The Centers for Disease Control and Prevention reported that American Indians and Alaska Natives had the highest drug overdose death rates in 2015 and the largest percentage increase in the number of deaths over time from 1999-2015 compared to other racial and ethnic groups.

IHS is addressing the national opioid epidemic in a number of ways. Last year we established the IHS National Committee on Heroin, Opioid, and Pain Efforts – also known as the HOPE Committee.

The HOPE Committee is working towards improving the quality of IHS care as we:

- provide safe and effective pain management,
- aim to prevent opioid misuse,
- and improve access to treatment for opioid use disorders

IHS recognizes that we can't address the opioid crisis without our partners and stakeholders. We know the importance of collaborating and consulting with tribes and partnering with our tribal advisory committees and tribal organizations to gather input on critical next steps and to develop a comprehensive plan.

Building on our current work and efforts to address behavioral health issues, on February 6 IHS published the Community Health Aide Program Tribal Advisory Group Charter in the IHS Indian Health Manual.

This tribal advisory group will assist us to further explore the creation of a national Community Health Aide Program. The advisory group held its first meeting this month in Phoenix to begin developing a policy and implementation plan for community health aide expansion outside of the state of Alaska, "in the lower 48," which could lead to greater numbers of community health aides.

Also this month, the Director's Workgroup on Improving Purchased/Referred Care met in Albuquerque. Representatives from the various IHS Areas discussed important issues for the PRC Program and recommended improvements for PRC. The Workgroup met with representatives from the Government Accountability Office regarding open PRC recommendations, received a best practice presentation on Tribal Premium Sponsorship, and discussed Medicaid and

Managed Care questions with representatives from the Centers for Medicare & Medicaid Services.

Quality of care is an agency priority, and IHS is committed to continuing our efforts to assure a high-performing health care delivery system for American Indian and Alaska Native people. I'm excited to share with you that last month IHS published a National Accountability Dashboard for Quality.

This dashboard enables the IHS to report on key performance data in a succinct and easily viewed display to monitor and improve quality of care. IHS is accepting feedback on the dashboard from tribal leaders, partner organizations, IHS staff and the public. This information will be used to continue to improve our quality efforts. Visit the dashboard on the IHS website and leave your feedback.

I also want to make sure I address questions you may have about important leadership positions at IHS headquarters. I know many of you have asked about a permanent director in the Office of Tribal Self Governance. I'm happy to tell you that we plan to make an announcement the first week of April. Last week, we did announce the new director for the Office of Direct Services and Contracting Tribes. Ms. Roselyn Tso officially became the director on March 4, after serving as the acting director since August 29, 2016.

The federal budget has been in the news a lot lately. On Friday, the President signed the fiscal year 2018 Omnibus, providing federal appropriations through the end of September. I am pleased to report that the spending bill includes \$5.5

billion for the IHS, which is an increase of \$498 million over the fiscal year 2017 enacted funding level.

Congress has also enacted legislation to provide \$150 million for each of fiscal years 2018 and 2019 for the Special Diabetes Program for Indians – or SDPI.

Last week, the Acting IHS Director testified before the House Committee on Natural Resources on the Fiscal Year 2019 budget request. The FY 2019 President's Budget Request was released in early February. The President's Budget and the HHS Budget in Brief outline proposed spending levels for the IHS. One item in the proposed budget is a new investment for combatting the opioid epidemic and serious mental illness. It includes a significant funding increase for the IHS to share throughout the hardest hit areas of Indian Country through a grant program. The initial proposed allocation includes \$150 million to expand opioid abuse prevention, treatment, and recovery support.

We'll have an update later today with more details on the 2018 and 2019 budgets.

Before I wrap up, I want to thank everyone for their active involvement in the IHS strategic plan. The IHS received comments from 137 individual tribes, tribal organizations, urban Indian organizations, and federal employees. The Strategic Planning Workgroup has met several times to develop the objectives, strategies and measures for each goal in the Strategic Plan. Captain Francis Frazier will provide you with an update on the strategic plan tomorrow.

Finally, I know that you're aware HHS announced that we no longer have a nominee for the director of the Indian Health Service and you may have questions about that. I do not have any updates on a new nominee for the position. Even though we currently do not have a permanent director, our mission to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level has not changed. We continue to assure that quality and culturally acceptable services are available and accessible.

We all want Indian programs to be successful. We are extremely proud of the commitment and successes of the IHS team working to improve our agency. And I am also grateful for the partnerships we have with the tribes.

I look forward to our discussions here today. Thank you.