



**Remarks for RADM Michael D. Weahkee  
HHS Secretary's Tribal Advisory Committee  
January 17, 2018 | 10:30 a.m. | Washington, D.C.**

***Remarks as prepared***

Good morning, I'm Rear Admiral Michael Weahkee, acting director of the Indian Health Service. 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. The conversations we have here, and the feedback you provide, are very important as we work to fulfill the IHS mission of raising the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level

As you may know, our priorities at IHS are People, Partnerships, Quality and Resources.

Recruiting and retaining skilled, qualified **people** in positions across the agency is vital to our success. It is also very challenging due to a number of factors.

We all know that retention of our employees requires competitive compensation. I'm happy to tell you that as part of ongoing efforts to provide competitive compensation and provide recruitment and retention tools to IHS managers, a new special pay rate for nurse practitioners became effective last week. Title 38 of the United States Code allows IHS to provide higher rates of pay to employees

in certain health care occupations. During the past two years, we implemented special salary rate pay tables for certified registered nurse anesthetists and certified nurse midwives, and we have already seen a decrease in our vacancy rates for these critical occupations. Additional Title 38 pay tables are either under development or under discussion.

IHS also recently obtained authority from the Office of Personnel Management to provide increased recruitment, relocation, and retention incentives for nurses in order to compete with private sector health care organizations.

IHS continues the successful partnership with the Office of the Surgeon General to increase the recruitment and retention of U.S. Public Health Service Commissioned Corps officers. Most recently the IHS has been given priority access to new Commissioned Corps applicants. This allows IHS to make the first contact with these applicants in an effort to recruit them to fill health professional vacancies throughout IHS. These actions demonstrate that IHS is taking its challenges seriously, and is continuing to take assertive and proactive steps to address them.

We also build future capacity through opportunities for students such as scholarships, externships, residencies, rotations, and even sponsoring students to attend medical school at the Uniformed Services University, where they enjoy a tuition-free education and receive the full salary and benefits of a junior ranking Commissioned Corps officer while attending the four-year program to earn their

MD. These programs provide opportunities for the next generation of medical professionals, and bring them into the Indian health system.

I want to make sure I mention that we are looking for Senior Executive leaders at IHS. We'd like your assistance. We're currently accepting applications for Area Director in the Great Plains Area and Navajo Area. In addition to job-specific qualifications, these positions require

- demonstrated leadership,
- professional integrity,
- a broad perspective,
- and a commitment to the highest ideals of public service.

Please help us spread the word. More information on each of these positions is available on [USAjobs.gov](https://USAjobs.gov).

### **Next, let's talk about Partnerships.**

On December 21, 2017, I sent a letter about an important policy update to the Contract Support Cost policy.

In October 2016, the IHS approved a revised CSC Policy. The revised policy was implemented with robust tribal consultation, including many meetings of the CSC Workgroup. The workgroup is comprised of federal staff and tribal leaders.

The revised policy aims to ensure efficient, accurate, and transparent CSC negotiations and provide a uniform and equitable system of determining, paying, and reconciling CSC funds for contracts and compacts. It is also our policy to preserve and support each awardee's right to contract or compact under the ISDEAA.

One of the CSC policy's guiding principles is that it will be reassessed on a regular basis. After a year of implementing the revised CSC policy, the IHS has found that in certain instances, the section of the policy relating to an alternative method for calculating indirect costs associated with recurring service unit shares – which many of you know as the 97-3 split or the 97-3 method – does not conform with the statutory authority of the ISDEAA. It potentially would provide more CSC funding than the statute would allow.

IHS has temporarily rescinded – pending tribal consultation -- this section.

The 97-3 split affords a tribe or tribal organization a shorthand alternative to determine the amount of funding for activities in the indirect cost pool that are among the transferred programs, functions, services, or activities covered by the Secretarial amount.

The potential illegality of the provision is a major concern for IHS that required immediate and necessary action to temporarily rescind this section of the policy. However we fully intend to engage in robust tribal consultation before making

any final decisions. The details of the tribal consultation will be sent out soon. Please watch for updates.

In the **Quality** area, the first patients to access specialty care remotely through our contract with Avera Health's eCare system were recently seen at Rapid City, Eagle Butte, and Rosebud. As we expand tele-specialty care, we will improve access to care, reduce patient wait times and bring additional resources to our rural health care providers. Specialty services that can be delivered through telemedicine include behavioral health, cardiology, endocrinology, pain management, and rheumatology.

We continue to work to address the opioid epidemic. Last month, I participated in a high-level meeting with Acting Secretary Eric Hargan. Leaders from across the department joined in discussing strategies for addressing America's opioid crisis. I had the opportunity to bring our perspective on the effects of opioids on the American Indian and Alaska Native population and share the work we are doing to combat misuse.

Acting Secretary Hargan also visited IHS headquarters to meet with staff at all levels of the agency. We discussed a number of topics, including the efforts across the IHS on HHS-wide priorities regarding mental health and substance abuse.

One way we're working to address mental health is establishing a chartered tribal advisory group to consult with IHS on the creation of a national Community

Health Aide Program. Our goal is for the advisory group to meet in March to begin developing a policy and implementation plan for community health aide expansion in the lower 48, which could lead to greater numbers of behavioral health aides and dental health aide therapists. Behavioral health aides, are trained paraprofessionals who provide crisis counseling, mental health first aid, and connect individuals to an appropriate level of care. Dental health aide therapists are trained to provide dental care and procedures. I will be sending out a letter with more information soon.

In the area of **Resources**, as you may know, we're operating under a continuing resolution that funds federal operations through Friday.

The continuing resolution also included another 3 months of funding for SDPI, which is great news. SDPI has, so far, received \$75 million for Fiscal Year 2018, which is half of the usual \$150 million. The IHS also received additional funds for staffing of eligible new facilities during this period.

We await congressional action on further funding bills for the fiscal year. Both the House and Senate have recommended increased funding over 2017 levels for the IHS.

I want to quickly give you an update on the IHS strategic plan. The IHS received comments from 137 individual Tribes, Tribal Organizations, Urban Indian Organizations, and Federal employees. The comments included feedback from

several in-person meetings and conference calls with Tribes and Urban Indian Organizations.

The Strategic Planning Workgroup has met several times to develop the objectives, strategies and measures for each goal in the Strategic Plan. We anticipate the workgroup will complete a draft strategic plan by the end of January.

As a next step, we will initiate a 30-day public comment period on the draft Strategic Plan. During the comment period, the IHS will hold a National All Tribal and Urban Leader Call to share updates and provide a forum for comment on the draft Strategic plan. We expect the final IHS Strategic Plan to be completed and published for use in April 2018.

We will continue to accept comments throughout the Strategic Planning process. For additional Strategic Plan updates, including Workgroup progress and instructions on how to submit comments, please visit the IHS Strategic Planning web page.

As we begin a new year, I want to say I'm proud of what we accomplished in 2017. We could not have done it without our tribal partners. We are steadfastly committed to overcoming the longstanding systemic challenges that have hindered some of our efforts across the agency. I am pleased that our concerted efforts are producing results.

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. And I am also grateful for the partnerships we have with the tribes.

For the rest of my time on the agenda, I would like to hear your feedback and answer any questions you may have for me.

Thank you.