



**Remarks for RADM Michael D. Weahkee
National Indian Health Board (NIHB) Board of Directors
2019 1st Quarter Meeting
February 27, 2019 | 11:00 a.m. | Washington, D.C.**

Remarks as prepared

Good morning. 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. I am accompanied by Mr. Benjamin Smith, Deputy Director for Intergovernmental Affairs, Mr. Mitch Thornbrugh, our Acting Chief Information Officer, and Mr. Ken Coriz from our Office of Direct Service and Contracting Tribes and Captain Mechelle Johnson-Webb from our Office of the General Counsel.

Let me begin by thanking you all for inviting me to your Board of Directors meeting, and for the work you do to promote Native health. I understand elections of new officers were held yesterday. I extend my congratulations to the new leadership officer of the NIHB Board of Directors Ms. Victoria Kitcheyan as Chair and Mr. William Smith as Vice Chair. NIHB is a key partner, and I appreciate 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.

I understand there are important topics that the Board of Directors would like to discuss with me this morning. Before we start our discussion, I would like to

share a few updates about the ongoing work at IHS Headquarters and around the country.

First, as you all know, the IHS has now received a full budget for fiscal year 2019. The total discretionary budget authority for IHS is \$5.8 billion, which is a \$266 million increase. This budget includes welcome increases for tribal clinic operational costs, new tribes, 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 “x” or no-year, and those funds will remain available until expended.

Anticipating questions we have already received, let me state that this is not the same thing as advance appropriations. I am aware of congressional discussions on advance appropriations for the IHS and BIA, namely the bill introduced by Senator Udall. Unlike advance appropriations where funding levels are essentially pre-established for the next year, the IHS budget remains part of the yearly appropriation process. Funds will continue to be appropriated on an annual basis, but funds that were previously available for one year will now remain available for obligation over two years.

With our budget now in place, I'm even more excited to announce that we are releasing the Indian Health Service Strategic Plan for fiscal year 2019-2023 today. The Strategic Plan is intended to 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:

- Ensure that comprehensive, culturally appropriate personal and public health services are available and accessible to American Indian and Alaska Native people;
- Promote excellence and quality through innovation of the Indian health system into an optimally performing organization; and
- Strengthen IHS program management and operations.

The IHS 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 like NIHB, urban Indian organizations, IHS staff and other stakeholders. This collaborative effort enhances IHS' commitment to improving health care service delivery throughout the health system and to strengthening the health status of American Indian and Alaska Native people.

The plan 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 excited about the president's *Ending the HIV Epidemic: A Plan for America* initiative, which was announced earlier this month during the president's State of the Union Address and we are grateful for this opportunity to address HIV in Indian Country.

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. IHS is a key part of this 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. By ensuring that everyone with HIV is aware of their infection and receiving the treatment they need, we can significantly reduce new infections.

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.

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

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

Specifically, I want to highlight the October 2018 release 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.

Also, 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.

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 assist us to make necessary decisions that have lasting impacts. In total, IHS is currently engaged in

9 Active Tribal Consultation Activities. This includes the 8 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 (2) Tribal Consultation and urban confer activities to date:

- Our decision to establish an Office of Quality within IHS Headquarters was published in the Federal Register on December 26, 2018, and became effective on January 26, 2019. This is an outcome of a component of the IHS reorganization and realignment that was proposed 2 years ago.
- Today, our release of the FY 2019-2023 Strategic Plan signifies another step in taking action that will foster and support positive outcomes.

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:

- 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 initiatives funding currently through grants through other funding mechanism, such as ISDEAA contracts or compacts
- Updates to the IHS policies on Contract Support Costs and Purchased/Referred Care
- Modernization Efforts for Health Information Technology

On the horizon, 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(I) leases. As of this month, IHS has received 100 proposals for fiscal year 2019 that total approximately \$39 million. This amount is larger than the fiscal year 2018 amount that resulted in the decision to reprogram \$25 million from part of the inflation increase received in the IHS fiscal year 2018 Services appropriation.
- A policy and implementation plan to nationalize the Community Health Aide Program. We appreciate the CHAP Tribal Advisory Group for their continued work on recommendations and a plan for us to consider in moving forward with tribal consultation and urban confer.
- IHS policies on tribal consultation and conferring with Urban Indian organizations
- And of course, any other budget related decisions that impact our system. For example, we anticipate robust discussion regarding the new \$10 million provided in the FY 2019 budget for opioid prevention, treatment, and recovery services. We also look forward to your input on potential new funding associated with the President's recently announced initiative on ending the HIV epidemic.

Last week, Administration for Native Americans Commissioner Jeannie Hovland and I 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 I serve as vice-chair of the committee comprised of HHS Operating Division and Staff Division senior officials.

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

I have taken every opportunity to speak with our tribal and urban partners, as well as our federal employees, about the recent media reports about patient abuse by a former employee at the Indian Health Service. This conduct is unacceptable and will not be tolerated at IHS.

I am returning from a visit to the Blackfeet Nation where Mr. Smith, RADM Meeks, our deputy director for field operations, and Ms. Dorothy Dupree, Billings Area Director met with Chairman Timothy (Tim) Davis and the Tribal Council. We were accompanied by several headquarters and area behavioral health experts, our liaison to the HHS Office of the Inspectors General, and public affairs.

As I shared with tribal leaders in my letter in September 2018, I can promise you that IHS will continue its efforts to ensure safe and quality care for our patients. I am 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.

Last week 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.

Other steps include agency policies that are being put into place to provide even more stringent professional standards. A new centralized credentialing system is helping us share information on clinician qualifications and practice history across IHS. The IHS is issuing new guidance to help employees identify and respond to suspected child maltreatment, 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. I have developed and shared a video message throughout the agency and to our tribal and urban Indian organization partners.

Lastly, I want to share a few personnel updates with you. Building and maintaining a workforce with the best health care professionals is important for 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 announce the appointment of Dr. Beverly Cotton as the permanent director of the Nashville Area of the Indian Health Service. Dr. Cotton is an enrolled member of the Mississippi Band of Choctaw Indians and most recently served as acting director of the IHS Headquarters Office of Clinical and Preventive Services since April 2018.

I would also like to congratulate Commander John Rael on his new position as director of the Office of Resource Access and Partnerships, effective December 1. Cmdr. Rael is an enrolled member of the Pueblo of Isleta. He is responsible for providing direction and leadership in the areas of purchased/referred care, business office and third-party collections.

I am 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. He is our principal advisor on health care quality and provides leadership and management over the IHS Quality Program. He has an extensive background in leadership development, organization

planning and strategy, emergency and critical care nursing, clinical applications, quality assurance, compliance, and accreditation.

Also, I would 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 lastly, I want to inform you that Elizabeth Fowler has left her positions as the deputy director for management operations. Liz, a member of the Comanche Nation with descendance 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. I know she will continue to make a tremendous impact on Native health in her new role.

Alaska Area Director Chris Mandregan is now acting deputy director for management operations. Chris, a member of the Aleut Community of St. Paul previously served at headquarters as the acting deputy director of the IHS from October 2007 to February 2009 and again from June 2016 to November 2016.

Ms. Evangelyn (or as we know her 'Angel') Dotomain, is serving as Acting Alaska Area Director.

I am pleased to 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 I am currently leading the agency in my permanent role as the IHS principal deputy director. Secretary of Health and Human Services Alex Azar has delegated to me all the duties of the IHS 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. And I am also grateful for the partnerships we have with tribes and tribal organizations.

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