IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE c/o Self-Governance Communication and Education Tribal Consortium 314 W. 14th Place, Tulsa, OK 74119

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September 2, 2020

RADM Michael D. Weahkee, MBA, MHSA Assistant Surgeon General, U.S. Public Health Service Director, Indian Health Service 5600 Fishers Lane Rockville, MD 20857

RE: Allocation of \$95 Million for Telehealth (CARES Act)

Dear RADM Weahkee:

The Tribal Self-Governance Advisory Committee (TSGAC) is concerned regarding IHS's decision to utilize the \$95 million from the CARES Act set-aside to support expansion of telehealth activities for centralized services and shared technology infrastructure. As you noted in your April 23, 2020 Dear Tribal Leader Letter, these funds were to be shared to support the expansion of telehealth activities across the IHS, *Tribal, and Urban Indian Organization health programs*, including purchasing equipment, software, and services directly related to the delivery of telehealth. Without consulting with Tribes or conferring with Urbans, we oppose the decision that these funds will not be distributed or shared with Tribal health programs.

As you know, telehealth is the only safe and feasible option to provide care for many American Indian and Alaska Native peoples during the COVID-19 pandemic and use of telehealth services has increased significantly throughout Indian Country. For example, Alaska's telehealth activity increased by 1,000 percent or more in some locations. With more than 30 percent of Americans that live on Tribal lands lacking high speed internet, ¹ Tribal health programs have made sizeable investments to support the expansion of telehealth services.

IHS justifies its decision to use funds centrally at IHS by stating that literature shows that system-level planning and support for telehealth, as opposed to a fragmented approach, improves continuity of primary care, access management, economies of scale, and platform standardization. TSGAC acknowledges the benefits associated with a centralized platform. However, a standardized platform does not appear to be a feasible option for serving a population as diverse and unique as Indian Country. A 2014 journal article from the *American Medical Association Journal of Ethics* reported that "the specific needs and solutions [for a telemedicine program that serves American Indian and Alaska Native peoples] vary from location to location, depending on population characteristics and the availability of specialty services." In addition, telehealth programs must integrate with existing systems and fit into Tribal health programs' future goals.

¹A 2019 report from the Federal Communications Commission states that 32% of Americans living on tribal lands lacked high speed internet. Retrieved from: https://docs.fcc.gov/public/attachments/FCC-19-44A1.pdf

It is critical that Tribal health care programs can select technologies and approaches that are best suited for their local environment and patient population. Many Tribes have had to utilize other COVID-19 allocations to expand telehealth. Tribal governments currently operate 79% of all IHS/Tribal total facilities. We question the fairness of this decision that IHS is using the allocation only for the direct side of the Agencies operations and not with the entire I/T/U system.

Recommendation: The TSGAC urges IHS to initiate Tribal consultation on its decision to centrally manage the \$95 million in telehealth funding provided through the CARES Act before embarking on further decisions regarding use of funding.

In the meantime, please do not hesitate to contact me directly regarding any questions you may have at (860) 862-6192; or via email: lmalerba@moheganmail.com. Thank you.

Sincerely,

Chief Lynn Malerba, Mohegan Tribe of Connecticut

Chairwoman, IHS TSGAC

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cc: Jennifer Cooper, Director, Office of Tribal Self-Governance, IHS

Jay Spaan, Executive Director, Self-Governance Communication and

Education