

Testimony of the National Indian Health Board
“The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”
United States House of Representatives
Energy and Commerce Committee
Subcommittee on Health
March 2, 2021

Chairwoman Eshoo, Ranking Member Guthrie, and Members of the subcommittee, thank you for holding this critical hearing “*The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care.*” On behalf of the National Indian Health Board (NIHB) and the 574 federally-recognized sovereign American Indian and Alaska Native (AI/AN) Tribal Nations we serve, NIHB submits this testimony for the record.

The expansion of telehealth during the COVID-19 pandemic represents a paradigm shift in the delivery of health care. It has gone from a relatively underutilized method of health care delivery to one that has been widely adopted and utilized; and we believe that it will broadly lead to greater access to health care. The adoption of telehealth will bridge distance gaps between provider and patient, which is particularly important in sparsely populated Tribal communities where transportation can sometimes be a major barrier to accessing health care.

Telehealth holds the potential to greatly improve access to care for Indian Country, but a lot of work will be required to ensure that Tribes can take advantage of changing paradigms. The Indian health system lacks the resources to build out the needed telehealth infrastructure, nor does it possess systems across Indian Country that prioritize resources in accordance with identified need, establish and promote best practices, and formally evaluate and report on successes and barriers for telehealth. In communities where it is available, however, telemedicine has allowed Tribal Nations to dramatically improve access to care, accelerate diagnosis and treatment, avoid unnecessary medivacs and expand local treatment options, and reduce Medicaid costs.

Background – Telehealth Availability and Impact of COVID-19 in Indian Country

The COVID-19 pandemic has transformed the way healthcare services are delivered, including for our Indian Health Service (IHS), Tribal, and urban Indian (collectively I/T/U) healthcare delivery systems. But as mainstream health facilities have more readily transitioned to virtual and telehealth-based care delivery, our I/T/U systems lag far behind in this transition. Due to a significant lack of broadband infrastructure in which **only 46.6% of houses on Tribal lands have access to fixed terrestrial broadband at standard speeds established by the Federal Communications Commission (FCC), many of our Tribal citizens are unable to access necessary telehealth-based care from the safety of their homes.** In March 2020, IHS announced expanded telehealth services under the COVID-19 pandemic, in line with new guidance from the Centers for Medicare and Medicaid Services (CMS) easing restrictions on use of telehealth under the pandemic. Specifically, the agency issued guidance allowing IHS clinicians to utilize certain audio and visual technologies for all types of clinical services. According to IHS, since initiating telehealth expansion, the agency has experienced an 11-fold increase in telehealth visits, from roughly 75 visits per week before the expansion, to 907 weekly visits. According to a new Government Accountability Office (GAO) report analyzing the federal response to COVID-

19, IHS has allocated \$95 million of the \$1.032 billion in total funding received under the CARES Act towards telehealth.

While this news is encouraging, there remain significant gaps in access to telehealth in Indian Country. For instance, IHS's outdated and ineffective health information technology (IT) system has made it very difficult for I/T/U providers to take full advantage of existing telehealth capabilities. According to IHS Chief Medical Officer Dr. Toedt, deficiencies in the agency's health IT infrastructure have severely restricted disease surveillance, reporting, and contact tracing efforts. Moreover, lack of electronic health record (EHR) interoperability between IHS, Tribal, and external EHR systems means that providers do not have easy access to patient health records, further hampering expansion of telehealth.

Our Tribal communities have endured a great many pandemics and tragedies in our history. Our people experience significant historical and intergenerational trauma as a result of genocide, forced relocation from our homelands, forced assimilation into western culture, and persecution of our Native cultures, customs, and languages. As a result, Indian Country experiences some of the highest rates of suicide, drug overdose, PTSD, and mental illness. While Indian Country remains resilient and committed to solutions, the COVID-19 emergency has reignited the historical trauma experienced at the hands of historical plagues such as smallpox and tuberculosis.

Congress reaffirmed the federal trust responsibility for healthcare under the permanent reauthorization of the Indian Health Care Improvement Act (IHCIA) when it declared that “... *it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians... to ensure the highest possible health status for Indians and urban Indians and to provide all resources to effect that policy.*”

It is essential to remember that these obligations exist in perpetuity. As such, the federal government must ensure that Tribes are meaningfully and comprehensively included in congressional COVID-19 response package. While we appreciate the resources allocated for Indian Country thus far – including the \$1.032 billion appropriated to Indian Health Service (IHS) under the CARES Act, the \$64 million under the Families First Coronavirus Response Act, and the \$1 billion under the Consolidated Appropriations Act of 2021 – it is clear that these resources are insufficient to fully stem the tide of this pandemic in Indian Country.

Policy Recommendations

To effectuate more robust and comprehensive access to telemedicine across Indian Country, we urge that the Committee work to pass the following policy priorities:

1. Increase Flexibility in Medicare Definition of Telemedicine Services

COVID-19 has demonstrated the importance of telehealth to increase access to providers during the pandemic. But it has also demonstrated it can increase access to needed primary, specialty and behavioral health services particularly in rural areas. The telehealth flexibilities Medicare has made available during the public health emergency should be made permanent to the maximum extent possible. In addition, much of Indian country is located in rural areas and lacks

access to more advanced methods of audio and video real-time communication. As a result, Medicare should allow telehealth to be provided through audio-only telephonic and two-way radio communication methods when necessary.

2. Encourage States to Increase Medicaid Telehealth Reimbursement for IHCPs

States have broad authority to authorize reimbursement for telehealth services and many States authorize reimbursement for telehealth services at the same rates they reimburse in-person services. CMS should issue guidance to States confirming that they can authorize Medicaid reimbursement for telehealth services at the IHS OMB rates.

3. Expand access to telehealth in the Indian health system through increased funding and technical fixes

Limitations in the availability of AI/AN specific COVID-19 data are contributing to the invisibility of the adverse impacts of the pandemic in Indian Country within the general public. Senior IHS officials, including Chief Medical Officer Dr. Michael Toedt, have stated publicly that existing deficiencies with the IHS health IT system are inhibiting the agency's ability to adequately conduct COVID-19 disease surveillance and reporting efforts. Lack of health IT infrastructure has also seriously hampered the ability of IHS and Tribal sites to transition to a telehealth-based care delivery system. While mainstream hospitals have been able to take advantage of new flexibilities under Medicare for use of telehealth during the COVID-19 pandemic, IHS and Tribal facilities have not because of insufficient broadband deployment and health IT capabilities. **The IHS Tribal Budget Formulation Working Group has previously outlined the need for a roughly \$3 billion investment to fully equip the Indian health system with an interoperable and modern health IT system.** It is critical that Congress provide meaningful investments in health IT technologies for the Indian health system to ensure accurate assessment of AI/AN COVID-19 health disparities and equip Indian Health Care Providers with the tools to seamlessly provide telehealth-based health services.

4. Permanently Extend Waivers under Medicare for Use of Telehealth

CMS has temporarily waived Medicare restrictions on use of telemedicine. **Yet for many Tribes that lack broadband and/or telehealth capacity and infrastructure, it is not financially feasible to purchase expensive telehealth equipment for a short-term authority.** Making the telehealth waivers permanent would ensure that the telehealth delivery system remains a viable option for delivery of essential medical, mental and behavioral health services in Indian Country, and helps close the gap in access to care.

5. Ensure that Medicare Reimburses IHS and Tribal Providers for Telehealth Services at the IHS All-Inclusive Rate or "OMB Rate"

The COVID-19 pandemic has taken a significant financial toll on I/T/U health systems leading to reductions in availability of health care services. While IHS and Tribal sites already receive the IHS All-Inclusive Rate for telehealth services under Medicaid, Medicare is currently only reimbursing at the Part B rate, which is only approximately \$14 per unit of care. Ensuring

Medicare reimburses IHS and Tribal sites at the full encounter rate is a common sense and simple way of ensuring I/T/U providers can continue to utilize telehealth as a financially viable option to provide critically needed health care services to patients.

Conclusion

The federal government's trust responsibility to provide quality and comprehensive health services for all AI/AN Peoples extends to every federal agency and department. As the only national Tribal organization dedicated exclusively to advocating for the fulfillment of the federal trust responsibility for health, NIHB is committed to ensuring the highest health status and outcomes for those affected with COVID-19 and all Indian Country. We continue to appreciate your dedication to Indian health priorities and remain fully committed to working with you to protect and preserve the mental, physical, behavioral, and spiritual health of Indian into the future.