

National Indian Health Board



Via electronic transmission to: www.regulations.gov

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CMS Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Att: Document Identifier CMS 10399
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

RE: Request for Comments on Study Focusing on “Analysis of Transportation Barriers to Utilization of Medicare Services by American Indian and Alaska Native Medicare Beneficiaries”

The National Indian Health Board (NIHB)¹ appreciates the opportunity to provide comments on the proposed study, “Analysis of Transportation Barriers to Utilization of Medicare Services by American Indian and Alaska Native Medicare Beneficiaries.”

Summary

NIHB believes that this study will provide much-needed information on the relationship between transportation/lack of transportation and health care access and outcomes. Because there are few, if any, comprehensive studies of this kind, NIHB supports the proposal to collect this information. NIHB believes that this information is necessary for

¹ Established nearly 40 years ago, NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives. NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (“IHS”) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (“ISDEAA”), or continue to also rely on IHS for delivery of some, or even most, of their health care, NIHB is their advocate.



planning activities,² and valuable to all stakeholders working toward decreasing the health disparities between American Indians and Alaska Natives (AI/AN) and the general population.

In addition to communicating NIHB's support for the study, this comment letter offers the following suggestions aimed at 1) enhancing the quality, utility, and clarity of the information collection, 2) ensuring that the research is conducted in a manner that does not infringe on tribal sovereignty, and 3) ensuring that the research methods and instruments are culturally appropriate.

Discussion

Consult with the Tribal Technical Advisory Group to CMS

To ensure that the research proceeds in a way that is both culturally appropriate and respectful of tribal sovereignty, researchers should continue to consult with the existing Tribal Technical Advisory Group (TTAG) to the Centers for Medicare and Medicaid Services (CMS).³ Because TTAG draw its members from tribal communities, they possess a level of cultural competence not found outside of AI/AN communities. TTAG and other Tribal Advisory Groups also offer a wealth of knowledge and experience, from which researchers might draw both primary source information as well as guidance on outreach efforts, needs assessment indicia, follow up reporting, and other activities of the study. In addition, the Medicare, Medicaid and Health Reform Policy Committee (MMPC) of the NIHB is also available to provide guidance and input on the study.

TTAG is able to provide excellent resources for this kind of study because they are already working with Tribes and providers.⁴ As such, TTAG can offer not only their own

² See TA Arcury, JS Preisser, WM Gesler, & JM Powers, *Access to Transportation and Health Care Utilization in a Rural Region*, *J Rural Health*, Winter 2005, 21(1):31-8.

³ Sec. 5006(e) of the American Recovery and Reinvestment Act codifies in statute, at sections 1902(a)(73) and 2107(e)(1)(C) of the Social Security Act, the requirement for the Secretary of Health and Human Services to maintain a Tribal Technical Advisory Group within CMS and the requirement that States seek advice from Tribes on a regular and ongoing basis where one or more Indian health program or urban Indian organization furnishes health care services.

⁴ TTAG advises CMS on Indian health policy issues involving Medicare, Medicaid, the Children's Health Insurance Program, and any other health care program funded (in whole or part) by CMS. In particular, TTAG focuses on providing policy advice to CMS regarding improving the availability of health care services to American Indians and Alaska Natives

expertise, but the ready ability to communicate the preferences of the communities to be studied. NIHB partners with TTAG in doing such outreach and engagement.

Having the ongoing advice and input from TTAG is critical to any CMS project that proposes to contact American Indians and Alaska Natives, to gather sensitive and confidential information, to analyze that information, and to make policy decisions based on those determinations.

Design the Study to Include Related Topics

While NIHB appreciates the proposed study's outline (*i.e.*, identify and analyze transportation barriers associated with the utilization of Medicare services by AI/AN, identify and analyze health outcomes resulting from those barriers, and identify potential solutions that could help mitigate the problems and produce improvements), we encourage the researchers to include in the study specific topics that have been proposed as possible solutions to the problem of transportation in AI/AN communities.

For instance, many in the AI/AN community have suggested that expanded tele-health access and improved reimbursement for tele-health services would improve care for those patients lacking regular, reliable, and affordable transportation. Having more data on how these services could meet community needs and address a current problem would be very useful in advocacy and planning efforts. Similarly, many in the AI/AN community have proposed prioritizing reimbursement for Community Health Representative programs (CHR) providing ground transportation, as a means to tackle transportation challenges where distance and conditions prevent people from accessing needed health care. Another example along the same line calls for Medicare to reimburse "CHAP" services, which would reduce the need for transportation to other settings.

Because the study intends to identify potential solutions, these specific topics fall well within the already identified study parameters. Nevertheless, NIHB wants to underscore

(AI/AN) under these Federal health care programs, including through providers operating under the health programs of the Indian Health Service, Indian Tribes, tribal organizations and urban Indian organizations (I/T/U).

the AI/AN community's interest in these areas and the potential positive impact data gathering might have on program development in these areas.

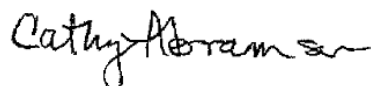
Share Data with Tribes, Exercise Discretion with Outside Audiences

As with all studies focused on AI/AN communities, NIHB reminds potential researchers that the goal of the research – to produce meaningful improvements in health care use and outcomes for AI/AN – requires the sharing of information gained through the study. The communities who allow access do so because they too believe in the goal of the research – they want their communities to achieve better health and wellness. These communities grant access with the reasonable and right expectation that the community will gain access to this important information. Armed with this information, a Tribe can design and develop community level solutions which augment the activities of federal partners.

NIHB also reminds potential researchers that Tribes and communities grant access with the expectation that researchers will guard sensitive and confidential information, both on an individual level and on a Tribal level. NIHB urges the research project designers take into consideration the special sensitivities involved in a study focused wholly on AI/AN communities.

Thank you for your consideration of these comments. Please do not hesitate to contact me or Jennifer Cooper, NIHB Legislative Director at jcooper@NIHB.org, if we can provide additional information.

Sincerely yours,



Cathy Abramson
Chairman, National Indian Health Board

C: Valerie Davidson, Chair, Tribal Technical Advisory Group to CMS
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