

ONE HUNDRED SIXTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
2125 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6115

Majority (202) 225-2927
Minority (202) 225-3641

January 17, 2020

The Honorable Gene Dodaro
Comptroller General of the United States
U.S. Government Accountability Office
441 G Street NW
Washington, DC 20548

Dear Mr. Dodaro:

Fulfilling the trust and treaty responsibilities of the United States to American Indian and Alaska Natives (AI/AN) requires constant diligence from several federal agencies. The Indian Health Service (IHS) plays an important role in delivering health care to approximately 2.56 million AI/AN people across the country at 170 IHS and tribally run service units.¹ It is our commitment and belief that AI/AN patients seeking care at these facilities should receive high-quality care and that IHS must strive for the highest possible standards of care.

Unfortunately, IHS hospital administrators have reported that old or inadequate facilities and medical equipment have challenged their ability to provide the highest quality care for patients.² This has also created challenges for IHS facilities' ability to maintain compliance with the Medicare Hospital Conditions of Participation.³ According to IHS, nearly 35 percent of the deficiencies found by Centers for Medicare & Medicaid Services (CMS) investigators have been related to inadequate facilities and equipment—with some failing on infection control criteria and others having outdated medical equipment.⁴

According to the IHS Congressional Justification accompanying the President's fiscal year 2020 budget request, maintaining reliable and efficient buildings is increasingly difficult as

¹ Indian Health Services, *IHS Profile Factsheet* (June 2019).

² U.S. Department of Health and Human Services, Office of Inspector General, *Indian Health Service Hospitals: Longstanding Challenges Warrant Focused Attention to Support Quality Care* (Oct. 2016).

³ *Id.*

⁴ *Id.*

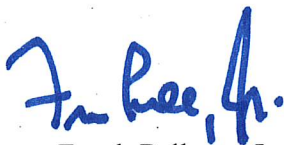
IHS's existing health care facilities age.⁵ While the average age of private-sector health care facilities is up to 10 years old, the average age for IHS-owned health care facilities is approximately 35 years old.⁶ In addition, many IHS health care facilities are operating at or beyond capacity and insufficient to support a modern health care delivery system.⁷

Given the concerns raised above, we request that the Government Accountability Office review:

1. The effects of IHS's aging infrastructure and medical equipment on both patient access to quality health care and patient outcomes;
2. Efforts by IHS to maintain, renovate, or replace its aging infrastructure and medical equipment to ensure that quality care is being delivered; and
3. Implementation of other programs or technologies by IHS, such as telehealth or other initiatives, to help increase capacity to provide quality health care to patients.

Your attention to these matters is greatly appreciated. Please contact Roberto Sada or Jesseca Boyer of the Majority Committee staff at (202) 225-2927 or Kristen Shatynski or Alan Slobodin of the Minority Committee staff at (202) 225-3641, should you have any questions regarding this request.

Sincerely,



Frank Pallone, Jr.
Chairman



Greg Walden
Ranking Member



Raul Ruiz, M.D.
Member of Congress



Markwayne Mullin
Member of Congress

⁵ U.S. Department of Health and Human Services, *Indian Health Service Fiscal Year 2020 Justification of Estimates for Appropriations Committees* (Mar. 22, 2019).

⁶ *Id.*

⁷ *Id.*