



MIKE ROUNDS

United States Senator for SOUTH DAKOTA

Indian Health Service Key Findings

- Indian Health Service (IHS) serves 2.2 million Native Americans across 12 regions in the United States.
- IHS has failed to fulfill its treaty obligations to provide quality health care to Native Americans.
- In FY2016, IHS received \$4.8 billion in appropriated funds and reported \$1.4 billion in third party collections.
- IHS does not have a funding formula. Regional allocations are not based upon number of people receiving healthcare through IHS, regional user population growth, types of services offered or any other rationale.
- There are no consistent qualitative measurements. The most recent qualitative information is from 2008—it's unclear whether IHS management has any sense of which regions are successful and which are failing.
- The federal government spends \$2,000 per person more for an inmate's health care services than an IHS beneficiary.
 - IHS patients: \$3,099, Bureau of Prisons patients: \$5,100
 - While IHS claims that Congress funds them at only 60% of "need", IHS lacks documentation and reporting to prove their claim.
 - Even if a funding shortfalls exist, we cannot responsibly spend more taxpayer dollars on IHS until the agency can increase its financial transparency.
- The Great Plains Region has the worst health care disparities of all IHS regions; even though they're one of the largest and fastest growing populations.
 - Lowest life expectancy, highest diabetes death rate, highest TB death rate and highest overall age adjusted death rate.
- In April 2016, the Great Plains Tribal Chairman's Association (GPTCA) passed a resolution calling upon Congress to audit IHS.
- From April to July 2016, Senator Rounds sent an audit request to the Government Accountability Office (GAO) and to the Department of Health and Human Services Office of the Inspector General (HHS OIG). They responded that, due to major backlogs of reports and with limited resources, GAO and HHS OIG wouldn't have the capacity to appropriately undertake a full, systemic audit.
- Then-HHS Deputy Secretary Mary Wakefield mentioned, during the June 17, 2016, U.S. Senate Committee on Indian Affairs Field Hearing on IHS in Rapid City, that HHS would welcome an audit.

- A comprehensive, independent audit to identify shortfalls and recommend solutions, is a necessary first step toward addressing the critical administrative, financial and quality problems at IHS.
- IHS has never been subject to a comprehensive, independent audit.