COLT

COALITION OF LARGE TRIBES

Blackfeet Nation • Cheyenne River Sioux Tribe • Confederated Tribes of the Warm Springs Indian Reservation of Oregon
Crow Nation • Eastern Shoshone Tribe • Fort Belknap Indian Community • Mandan, Hidatsa & Arikara Nation
Muscogee (Creek) Nation • Navajo Nation • Northern Arapaho Tribe • Oglala Sioux Tribe • Rosebud Sioux Tribe
San Carlos Apache Tribe • Shoshone-Bannock Tribes • Shoshone-Paiute Tribes of the Duck Valley Indian Reservation
Sisseton Wahpeton Sioux Tribe • Spokane Tribe • Ute Indian Tribe • Ute Mountain Ute Tribe • Walker River Paiute Tribe

September 11, 2024

The Honorable Congresswoman Terea Leger Fernández
1510 Longworth House Office Building
Washington, DC 20515

Re: COLT Support for the Telehealth Access for Tribal Communities Act of 2024

Dear Congresswoman Leger Fernández:

I write as Chairman of the Coalition of Large Tribes ("COLT"). COLT is a national tribal organization representing the interests of the more than 50 federally recognized Indian tribes that have reservations of 100,000 acres or more—encompassing more than 95% of the Indian Country lands and more than half the Native American population. COLT's member tribes span Washington, Oregon, Idaho, Montana, North Dakota, South Dakota, Utah, Wyoming, Colorado, Nevada, Arizona, New Mexico and Oklahoma. COLT strongly supports the Telehealth Access for Tribal Communities Act and appreciates your leadership in bringing it forward in Congress.

As COLT understands it, the Telehealth Access for Tribal Communities Act aims to ensure that Medicare beneficiaries who receive their care under an Indian health program or by an urban Indian organization can continue to receive audio-only telehealth services after December 31, 2024. Audio-only telehealth ensures access to care even when broadband is unavailable. This is critical for tribal communities who experience lower rates of broadband access compared to non-tribal areas, an issue that significantly impacts COLT member tribes.

COLT tribes demonstrate the intensive need for this type of legislation according the FCC's national broadband map (showing the percent of terrestrial broadband technologies which includes digital subscriber line, cable, fiber, and fixed wireless suitable for audio-only teleheath). A few examples illustrate the very low percentages coverage on COLT reservations currently:

- Warm Springs Reservation – 0%
- Duck Valley Reservation – 1.38%
- Ute Mountain Ute Tribe – 3.22%
- Blackfeet Nation – 10.24%
- Navajo Nation – 24.18%
- Spokane Tribe of Indians – 24.85%
- Rosebud Sioux Tribe - 48.61%

During the COVID-19 Public Health Emergency (PHE), Medicare began reimbursing the Indian Health Service (IHS) for certain audio-only telehealth services it [or compact/contract tribes] provided to Medicare beneficiaries. It also allowed beneficiaries' homes to be the originating site meaning that patients could take appointments from home. The PHE ended on May 11, 2023, but Congress extended this flexibility and many of Medicare's other telehealth expansions through December 31, 2024, under the Consolidated Appropriations Act. If these pandemic-era telehealth flexibilities are not extended through the Telehealth Access for Tribal Communities Act, Medicare may no longer reimburse IHS for these critical audio-only telehealth services. This applies to any audio-only telehealth service that was payable under the Medicare Physician Fee Schedule as of the date of enactment of the Consolidated Appropriations Act. For example, these services include behavioral health counseling and group psychotherapy.

Medicare beneficiaries can stay in their homes for audio-only telehealth visits that Medicare pays for rather than traveling to a healthcare facility. This is critically important for COLT member tribes. During the initial COVID surge during the summer of 2020, IHS clinics averaged 43,000 telehealth visits each month. (CMS Division of Tribal Affairs). As the public health emergency (PHE) expired in May 2023, IHS patients use audio-only services 60% of the time. *Id.*

State-reported benefits of telehealth included:

- Reduced no-show rates
- Decrease in non-emergency transportation costs
- Ability to engage populations that were historically difficult to bring into care
- Greater access for beneficiaries with limitations on time off from work or childcare concerns to attend appointments.

HRSA projects a shortage of 139,940 physicians by 2036. Currently, there are 39.8 primary care physicians per 100,000 people in rural areas, compared to 53.3 primary care physicians per 100,000 people in urban areas. (HRSA) Telehealth and remote patient monitoring can help alleviate some of these workforce challenges. According to a 2022 survey, 8 in 10 practitioners reported that retaining telehealth for health care practitioners would make them more likely to continue working in a role that maintains flexibility. (HRSA) Telehealth increases access to care in shortage areas, reduces travel and wait time for patients, and increases access for patients with limited mobility as well as collaboration between care providers. (HHS)

Additionally, there is clear and empirical data that demonstrates a lack of inclusion or identification of tribal households, multifamily dwellings, and community anchor institutions in current and previous versions of the FCC fabric map, despite hours of tribal consultation with federal agencies including NTIA, USDA, and the FCC resulting in a continuation of the digital divide and lack

of access despite billions in federal investment to connect the underserved. So the shockingly low connectivity rates above are likely, in reality, even lower.

Moreover, adequate mental and behavioral health services are not available in tribal communities and when such services are available, they often do not recognize cultural knowledge and practices; and as a result, current mental health services remain ineffective in reaching Indigenous people to resolve their individual and collective trauma, including particularly the trauma legacy of Federal Indian Boarding Schools.

Indigenous communities have been subjected to trauma at every scale and dimension imaginable – individual, collective, historical, intergenerational, and more – with physical, mental, spiritual and systemic violence intending to destroy them as tribal nations and individuals through centuries of federal policies (e.g., colonialism, assimilation, boarding schools, etc.) intending to take away their beliefs, culture, and relationships with the natural world. DOI's Boarding Schools Reports have laid bare this trauma and it feels very fresh to many Natives today. The social ills from boarding schools persist pervasively in Indian Country.

Recognizing this background, the federal government should call for dramatic investments in direct funding to tribes and organizations to implement culturally-informed healing modalities to maximize the trauma healing resources available in tribal communities. The Telehealth Access for Tribal Communities Act of 2024 would be a good starting point to ensure that the COLT member tribes' citizens can access the most appropriate, and often only available, healthcare and especially behavioral health, for them.

If you wish to discuss, please contact our Executive Director, Mr. OJ Semans at tateota@hotmail.com or our legal counsel, Mr. Del Laverdure, at del.laverdure@arrowcreeklaw.com.

Thank you for your attention.

Respectfully,

Marvin Weatherwax, Jr.
Chairman, Coalition of Large Tribes (Blackfeet Nation)