



RENO-SPARKS INDIAN COLONY TRIBAL HEALTH CENTER

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To: The United States Senate Committee on Indian Affairs

Testimony: **S. 3022**, *IHS Workforce Parity Act of 2023*;

Chairman Schatz, Vice Chair Murkowski, and Members of the Senate Committee on Indian Affairs, thank you for inviting me to speak with you all today. My name is Angie Wilson and I serve as the Executive Director of the Reno Sparks Tribal Health Center for the Reno Sparks Indian Colony. I am a citizen of the Pit River Tribe of Northern California and a Klamath/Modoc descendant of the Klamath Tribes of Southern Oregon.

First, I would like to express my sincere gratitude for the opportunity to testify before the Senate Committee on Indian Affairs in support of the bipartisan bill to expand the Indian Health Service Loan Repayment Program to part-time healthcare professionals. I am proud of the work of our U.S. Senator Catherine Cortez-Masto (NV) and her ongoing dedication to assisting our tribes with key initiatives. In addition, to U.S. Senator Markwayne Mullins (OK) and fellow tribal member of the Cherokee Nation. The collaboration to propose this bipartisan bill is an outstanding example of leadership in action. Sepk'eec'a (thank you) for your dedication to this effort.

It should be no surprise to any one of us here today, in our respective positions as United States Senators, Health Policy Experts, or Tribal Health Advocates, that health care for our Indian people lags that of other Americans, despite the legal obligation of the United States to provide health care to American Indians and Alaskan Natives as a trust responsibility. As evidenced in well documented health disparities, the health outcomes for our Indian people should be the report card for how well the Trust Responsibility is being upheld.

In addition to decades-long underfunding, there are additional barriers that further compound inadequate access to care for our Indian people. One key factor in many of our Indian Health and Tribal Health Clinics, is the shortage of healthcare personnel. This is especially true for our rural and frontier based Tribal reservations. As detailed in the effort on this bipartisan bill, the IHS holds a provider vacancy rate at over 25%. While that number may seem staggering, the reality is that the vacancy rates are much higher in our tribal clinics and especially severe in our rural and frontier based tribal communities. I work closely with our Nevada Tribal Health Directors, with 17 counties in our state, 3 being rural and 11 frontier, the vacancy rate is as high as 50% in some tribal clinics.

The impact of such vacancies result in our most vulnerable tribal clinics utilizing locum tenens at such a high cost, it feels impossible for tribal clinics to get ahead of this situation. In addition, the ability of our

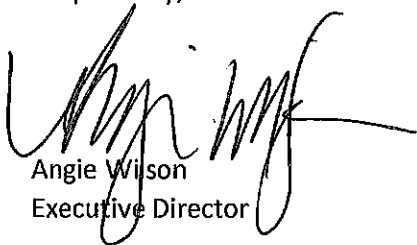
tribes to engage with the Indian Health Services to buy back a provider is left unresolved as the vacancy rates with the IHS, leave little to no fruitful opportunity to fulfill the staffing needs at the local tribal level.

Our Indian people continue to die at higher rates than other Americans in many categories of preventable illness, including chronic liver disease and cirrhosis, diabetes and chronic lower respiratory diseases. This month, my extended family has lost the sixth person to cirrhosis, all of which were under 34 years old, while an additional young family member is struggling to endure dialysis while waiting for a kidney transplant. It is imperative that we look at this issue through the eyes of our patients including, but not limited to, our members with chronic health conditions, elders with geriatric healthcare needs, and the overwhelming need for behavioral health services within our tribal communities. Having a regular and reliable relationship with a healthcare provider is strongly associated with more use of preventive care, greater satisfaction with care, lower healthcare costs and better health outcomes. This is especially true for our elder populations and reduced risk of preventable hospitalizations.

The Reno Sparks Tribal Health Center currently employs recipients of the IHS Loan Repayment Program. This bill would support our efforts to extend loan repayment options to part-time employees, allowing improved opportunities for staffing to better meet the needs in our tribal healthcare delivery systems. Currently, this allowance would improve our opportunities to offer part-time employment for expanded access to healthcare providers such as Psychiatric Nurse Practitioners, and practitioners in Women's Health, Pediatrics, Psychologists and Physical Therapist etc.,. This allows our clinics to better utilize limited space to schedule various providers throughout the week while also extending services through our mobile medical, dental and behavioral health units to the extended tribal community.

As such, on behalf of the Reno Sparks Indian Colony Tribal Health Center, we are in full support of this important bill and further advocate loan repayment funds to be exempt from federal income and employment taxes, in alignment with the loan repayment programs of the National Health Services Corps.

Respectfully,



Angie Wilson
Executive Director