



JUL 3 2012

Dear Tribal Leader:

As part of the Affordable Care Act, the Indian Health Care Improvement Act (IHCA) was permanently reauthorized and contains new provisions on health care facility construction priorities, methodology, innovation, and demonstrations. I am writing to request your input on **how to improve the Indian Health Service (IHS) health care facilities construction process.**

Since I have been the IHS Director, the topic of health care facilities construction and the associated staffing and operational needs is mentioned very frequently in my meetings with Tribes. As you may know, the IHS has a priority list for health care facilities construction that has been in place for many years. The ongoing challenge related to this list is that the amount of annual funding for construction, staffing, and operations of new health care facilities is greater than available resources in the IHS budget. In recent years (excluding the Recovery Act), appropriated health care facility construction funding has been between \$29 million and \$85 million each year.

The IHCA's Subtitle C, "Health Facilities," authorizes a new Facilities Appropriation Advisory Board (FAAB) to review and revise the IHS Health Care Facilities Construction Priority System and to be "comprised of 12 members representing Indian tribes and 2 members representing the Service, established at the discretion of the Director."

The IHCA Health Care Facility provisions provide new authorities that:

- Expand the types of health care facilities that must be assessed and prioritized in a report to Congress; in addition to inpatient and outpatient facilities, the IHS must report the priority need for "specialized health care facilities (such as for long-term care and alcohol and drug abuse treatment), wellness centers, and staff quarters."
- Ensure projects on the current priority list will not be affected by any changes in the Priority System.
- Require a report by March 23, 2011 that ranked facility need. A Report to Congress on Estimated Need for Tribal and IHS Health Facilities was submitted on time and described the current priority list and Tribal consultation needed on the new IHCA authorities.
- Require IHS to establish, by regulation, standards for the planning, design, construction, and operation of health care or sanitation facilities serving Indians.
- Include the authority for other agencies to contribute to the IHS and for IHS to accept contributions for facility planning, design, construction and maintenance. These funds may be placed into Public Law 93-638 accounts and contracts.
- Direct the IHS to establish a demonstration program for modular component construction. IHS requested and received \$1 million in the FY 2012 budget to conduct a feasibility study on this provision.

- Authorize a demonstration program “for consortia of two or more service units to access funding to purchase a mobile health station to provide specialty health care services such as dentistry, mammography and dialysis.”
- Authorize Indian Tribes to set rental rates and collect rents at federally-owned quarters operated under the ISDEAA.
- Reauthorize the demonstration to test or use alternative means of delivering health care through health facilities to Indians. This authorization includes specific direction to develop new health programs offering care outside of regular clinic operational hours and/or in alternative settings, and to use alternate or innovative methods of delivering health care services to Indians.

I am requesting your input and recommendations on how the IHS should move forward with health care facilities construction in light of the new health facilities construction language in the IHCA. I have listed some questions for your consideration below and have also enclosed a summary of IHS health care facility construction programs for your reference.

1. IHS plans to proceed with establishing the **FAAB** as authorized by Section 141 of the IHCA. The IHCA establishes it as advisory to the IHS Director. Do you have any recommendations on the structure, focus, or composition of the Board? Please also submit nominations for members to your IHS Area Director by July 31, 2012.
2. How should the IHS proceed with establishing the **Facilities Needs Assessment Workgroup** as authorized by Section 141 of the IHCA? Should this be a separate group from #1?
3. How should the IHS improve our overall **health care facilities planning and construction process** and the way we do business related to health care facility construction?
4. How could the IHS improve our approach to health care facilities construction within the **Budget Formulation process**?
5. Do you have suggestions for **innovative strategies** for health care facilities construction?
6. How could the IHS improve the overall process for determining **staffing and operational costs** related to specific types of health care facilities?
7. Do you have suggestions about how the IHS could change and improve our **small ambulatory program**?
8. Do you have suggestions about how the IHS could change and improve our **joint venture construction program**?

Please submit your health care facilities construction recommendations in writing to me by August 31, 2012, at either of the following addresses:

By e-mail at consultation@ihs.gov; or by postal mail at:

Yvette Roubideaux, M.D., M.P.H.
Director, Indian Health Service
801 Thompson Avenue, Suite 440
Rockville, MD 20852

Thank you for your input on this very important program.

Sincerely,

/Yvette Roubideaux/

Yvette Roubideaux, M.D., M.P.H.
Director

Enclosure
IHS Health Care Facilities Construction Programs (Summary Description)