

October 4, 2023

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

The Honorable Roselyn Tso  
Director  
Indian Health Service  
Mail Stop: Office of the Director/Executive  
Secretariat Staff - 08E86  
5600 Fishers Lane  
Rockville, MD 20857

Dear Secretary Becerra and Director Tso:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to highlight the importance of high quality, timely care for American Indians, Alaska Natives, and Native Hawaiians. The AMA believes that appropriate access to physician led care teams is extremely important to ensure the health of all patients. Therefore, to bolster this access, the AMA believes that the Indian Health Service (IHS) should establish an Office of Academic Affiliations responsible for coordinating partnerships with the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, accredited medical schools, and residency programs accredited by the Accreditation Council for Graduate Medical Education. Furthermore, to support these partnerships, the AMA encourages IHS to develop funding streams to promote rotations and learning opportunities at IHS, Tribal, and Urban Indian Health Programs.

American Indians and Alaska Natives (AI/AN) are disproportionately affected by many chronic conditions, including heart disease, cancer, diabetes, and stroke, as well as unintentional injuries (accidents).<sup>1</sup> AI/AN are three times as likely as White individuals to be diagnosed with diabetes and to receive late or no prenatal care.<sup>2</sup> Additionally, AI/AN have a lower life expectancy than their White counterparts.<sup>3</sup> These negative health outcomes are only compounded by high provider staff shortages serving AI/AN populations, with an overall provider vacancy rate of 25 percent at IHS facilities in 2018.<sup>4</sup>

Medical residents often continue to practice in locations where they complete Graduate Medical Education (GME) training, which ultimately influences the distribution of the health care workforce. A 2020 study found that 56 percent of the residents who completed their training between 2010 and 2019 were still practicing in the state in which they trained at the end of 2019, and a 2015 study found that a similar portion of family medicine residents practiced within 100 miles of their training site after completing their training.<sup>5</sup> Despite this, the IHS “is the only large federal health system to lack formalized

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<sup>1</sup> <https://minorityhealth.hhs.gov/nahm/health-disparities/>.

<sup>2</sup> *Id.*

<sup>3</sup> <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>.

<sup>4</sup> <https://www.gao.gov/products/gao-18-580>.

<sup>5</sup> <https://www.gao.gov/assets/gao-21-391.pdf>.

partnerships with academic medical centers. This gap hinders the agency's ability to recruit and retain physicians and may contribute to regional physician vacancy rates as high as 46%.”<sup>6</sup>

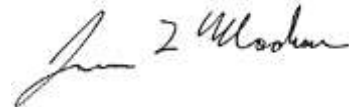
Moreover, the individuals who are most likely to provide care for the AI/AN population have many obstacles that they must overcome. For example, “financial barriers are a commonly cited reason for American Indian or Alaska Native students not pursuing or staying in medical school.”<sup>7</sup> As such, it is imperative to create and strengthen programs that encourage medical students and residents to provide much needed medical care to our underserved AI/AN populations.

“Together, teaching hospital staffing and GME programs can offer the IHS a foundation for clinical systems and workforce strengthening,” in a similar manner as the creation of the Office of Academic Affiliations did for the Veterans Health Administration and the residency training program does for the Military Health System.<sup>8</sup> As such, in order to increase access to care for the AI/AN population the AMA strongly encourages the IHS to create partnerships with medical schools and residency programs and to properly fund these partnerships once they are established.

Furthermore, to enhance the physician workforce within the IHS, the AMA encourages the IHS to evaluate existing regulatory and licensure opportunities and barriers that physicians face when seeking to provide health care services for American Indians, Alaska Natives, and Native Hawaiians. Working as a physician for a federally recognized AI/AN tribe, or a nonprofit Indian health care organization is a critically important job with the potential to positively impact the health of a historically marginalized and underserved population. However, physicians may need additional assistance understanding the regulations surrounding the licensure requirements for these positions. Accordingly, the AMA encourages the IHS to help create resources to ensure that physicians can easily transition into a position caring for the AI/AN or Native Hawaiian communities.

The AMA is committed to identifying long-term strategies to mitigate the physician shortage within the IHS and ensuring that American Indians, Alaska Natives, and Native Hawaiians are provided with the health care that they need. The AMA commends the Administration's commitment to this important issue, and we look forward to working with you to ensure that accessible high-quality physician led health care is provided within the IHS. If you have any questions, please contact Margaret Garikes, Vice President for Federal Affairs, at [margaret.garikes@ama-assn.org](mailto:margaret.garikes@ama-assn.org) or 202-789-7409.

Sincerely,



James L. Madara, MD

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<sup>6</sup> <https://jamanetwork.com/journals/jama/article-abstract/2794310>.

<sup>7</sup> <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.02289>.

<sup>8</sup> <https://jamanetwork.com/journals/jama/fullarticle/2794310?resultClick=1>.