

# Congress of the United States

## Washington, DC 20515

October 21, 2020

The Honorable Michael D. Weahkee  
Director, Indian Health Service  
U.S. Department of Health and Human Services  
5600 Fishers Lane  
Rockville, MD 20857

Dear Rear Admiral Weahkee:

We write in response to the recent discontinuation of childbirth and delivery services within the Obstetrics and Gynecology program at Phoenix Indian Medical Center (PIMC). In light of the significant impact this could have on Native American families in our state and throughout the region, we are requesting further information about the closure and when Indian Health Service (IHS) expects to resume these services at PIMC or an alternative facility.

The Phoenix Indian Medical Center is the largest health care facility within IHS's regional Phoenix service area, providing services to over 140,000 IHS-eligible individuals from the 22 Tribes residing in Arizona as well as Native people from New Mexico, Utah, and Nevada. As such, PIMC is the regional hub of the Indian Health Service and the discontinuation of its childbirth and delivery services represent a serious disruption for a significant number of expecting Native American mothers who may have limited alternative options for accessing such services.

We are especially concerned with ensuring that Native mothers impacted by this closure are receiving sufficient outreach and support from IHS and experience affordable and high-quality continuity of care. As you are aware, American Indian and Alaska Native (AI/AN) mothers and children are already at higher risk of complications at birth than other demographic groups. Maternal mortality among AI/AN patients is at least twice as high as it is for white patients, as is the AI/AN infant mortality rate. It is essential that disruptions in care do not put AI/AN mothers and children at further risk.

Last month, IHS officials held a staff-level briefing with the Arizona delegation to notify them of the closure, which had already been enacted some weeks prior. We write to request additional information regarding the reasons for and expected duration of the closure as well as the efforts that IHS is making to provide continuity of care, including medical cost coverage, for those patients who are impacted.

1. What specific safety and health considerations led to the closure of the PIMC childbirth and delivery services program?

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2. What staffing, construction, protocol, and safety changes need to be completed in order for PIMC to resume offering delivery services?
3. Has IHS developed a timeline for when these childbirth and delivery services goals may be met? If not, when do you expect to develop such a timeline?
4. On the call with the Arizona delegation, IHS staff mentioned that “external IHS reviews” of PIMC’s operation would be taking place. Please state the purpose, timeline and goals of these reviews.
5. Please provide a full accounting – description and cost – of all outstanding renovation and construction needs at PIMC.
6. What is the total number of patients who may be impacted by this closure?
  - a. How many of these patients have been proactively contacted by PIMC to coordinate their transfer to another facility for childbirth and prenatal services?
  - b. Have the families been given a range of comparable coverage options, including access to certified mid-wife programs?
7. Of the patients impacted by the closure, please provide a breakdown of the following:
  - a. The number of patients covered by Medicaid or third-party insurance;
  - b. The number of patients eligible to deliver at another facility covered by Proper and Reimbursed Care (PRC) funds; and
  - c. The number of patients without third-party coverage who are also ineligible for PRC, meaning they may be liable for the full cost of childbirth at another facility.
8. Please share the number, status and nature of the agreements that have been reached between PIMC and alternative hospital sites where maternity patients will be referred.
  - a. Are these agreements formalized through a Memorandum of Agreement (MOU) approved through IHS?
  - b. What specific cultural competency provisions are included in these agreements with respect to treating patients in the American Indian and Alaska Native community during the birthing process?

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9. How is pre- and post-partum care being coordinated for women who are giving birth outside PIMC but expect to receive all other care at PIMC? Are IHS doctors communicating with doctors at the alternative delivery services site to ensure continuity of care?

We appreciate your prompt response to these inquiries. If you have any questions please contact [Mariel.Jorgensen@mail.house.gov](mailto:Mariel.Jorgensen@mail.house.gov) in Representative Ruben Gallego's office. Thank you for your consideration.

Sincerely,



Ruben Gallego  
Member of Congress



Raúl M. Grijalva  
Member of Congress



Kyrsten Sinema  
United States Senator



Martha McSally  
United States Senator



Tom O'Halleran  
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David Schweikert  
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Greg Stanton  
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Ann Kirkpatrick  
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