

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 244
(A-24)

Introduced by: Minority Affairs Section

Subject: Graduate Medical Education Opportunities for American Indian and Alaska Native Communities

Referred to: Reference Committee B

1 Whereas, the federal government has a unique government-to-government relationship with
2 574 federally recognized tribes based on Article I, Section 8 of the U.S. Constitution; and
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4 Whereas, the federal government has committed itself to provide health care services to Tribal
5 nations under the enforceable federal Indian trust responsibility, a legal fiduciary obligation to
6 provide basic social, medical, and educational services for American Indians and Alaska
7 Natives (AI/ANs);¹ and
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9 Whereas, AI/AN are disproportionately affected by many chronic conditions, including heart
10 disease, cancer, diabetes, stroke, and accidental injuries;² and
11
12 Whereas, AI/AN have the lowest life expectancy of any racial group (65.2 years), with AI/AN
13 communities experiencing a 6.6-year decline between 2019 and 2021;³ and
14
15 Whereas, the Indian Health Service (IHS) provides health care to over 2.8 million AI/AN through
16 IHS and Tribal Health Programs and Urban Indian Organizations, often referred to as the I/T/U
17 or the Indian Health system;⁴ and
18
19 Whereas, the IHS is chronically under-funded compared to other federal health care systems,
20 and the lack of funds has contributed to health disparities in Tribal communities;⁵ and
21
22 Whereas, the IHS is the only large federal health care system to lack formalized partnerships
23 with academic medical centers, unlike the Veterans Health Administration and the Military
24 Health System;⁶ and
25
26 Whereas, IHS and Tribal medical facilities often suffer from high physician staffing vacancy
27 rates, contributing to negative outcomes;⁷ and
28
29 Whereas, Congress mandated that IHS form workforce partnerships with teaching hospitals in
30 the Indian Health Care Improvement Act of 1976 but has failed to appropriate funds to that
31 effect;⁸ and
32
33 Whereas, the President of the United States in the FY 2023 and FY 2024 Budget Proposals to
34 Congress has recommended establishing and funding a Division of Graduate Medical Education
35 in the IHS that would be tasked with expanding and supporting graduate medical education
36 programs to create a pathway and an enhanced ecosystem for future physicians to address
37 longstanding vacancy issues at IHS;⁹ and

1 Whereas, the AMA reaffirmed its recommendation in 2023 to support efforts in Congress to
2 enable the IHS to meet its obligation to bring American Indian health up to the general
3 population level, and support efforts to establish closer ties with teaching centers to increase
4 both the available manpower and the level of professional expertise available in Tribal clinics;¹⁰
5 and
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7 Whereas, the AMA also reaffirmed its commitment to advocate that the IHS establish an Office
8 of Academic Affiliations responsible for coordinating partnerships with LCME- and COCA-
9 accredited medical schools and ACGME-accredited residency programs, and encourage the
10 development of funding streams to promote rotations and learning opportunities at IHS, Tribal,
11 and Urban Indian Health Programs;¹¹ and
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13 Whereas, the AMA reaffirmed its recommendation in 2023 that the federal government provide
14 sufficient funds to support needed health services for American Indians, and encourage further
15 development and use of innovative delivery systems and staffing configurations to meet
16 American Indian health needs;¹² and
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18 Whereas, the AMA acknowledges the importance of graduate medical education in training the
19 next generation of physicians, reducing physician shortages, and benefiting communities;¹³ and
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21 Whereas, the AMA reaffirmed in 2022 that it will strenuously advocate for increasing the number
22 of GME positions to address the future physician workforce needs of the nation;¹⁴ and
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24 Whereas, the AMA also is committed to strongly advocate that Congress fund additional
25 graduate medical education positions for the most critical workforce needs;¹⁵ and
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27 Whereas, the AMA is also committed to utilizing its resources to share its content expertise with
28 policymakers and the public to ensure greater awareness of the significant societal value of
29 graduate medical education in terms of patient care, particularly for underserved and at-risk
30 populations, as well as global health, research, and education;¹⁶ and
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32 Whereas, the AMA included in its Recovery Plan for America's Physicians the need to expand
33 the number of residency training slots and remove caps to Medicare-funded positions;¹⁷
34 therefore be it
35

36 RESOLVED, that our American Medical Association supports policy and communication efforts
37 to (1) advance legislative and regulatory policies and actions that establish, authorize, fund, and
38 incentivize the creation of graduate medical education opportunities in IHS, Tribal-administered,
39 and urban Indian health organizations and facilities and (2) establish associated partnerships
40 with accredited medical schools and teaching hospitals (New HOD Policy); and be it further
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42 RESOLVED, that our AMA supports collaboratively working with Tribal nations, Tribal
43 organizations, academic medical centers, policy professionals, medical schools, teaching
44 hospitals, coalition builders, and other stakeholders to advocate to Congress, The White House,
45 the Department of Health and Human Services, and other government entities to establish
46 dedicated graduate medical education funding and programs that benefit Tribal communities,
47 increase physician training sites, and reduce physician shortages, particularly among
48 underserved populations. (New HOD Policy)

Fiscal Note: Minimal - less than \$1,000)

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REFERENCES

1. "What is the federal Indian trust responsibility?" Bureau of Indian Affairs. U.S Department of the Interior.
2. "Disparities." Indian Health Service. US Department of Health and Human Services. See also "Infant Mortality and American Indians/Alaska Natives." Office of Minority Health. US Department of Health and Human Services.
3. Hill, L. and Artiga S. "What is Driving Widening Racial Disparities in Life Expectancy?" Kaiser Family Foundation. May 23, 2023. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/what-is-driving-widening-racial-disparities-in-life-expectancy/>
4. FY2024 Budget in Brief; US Department of Health and Human Services, pg. 33
5. FY2024 Budget in Brief; US Department of Health and Human Services, pg. 33. See also Government Accountability Office Report: Indian Health Service: Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs
6. Tobey M, Ott A, Owen M. The Indian Health Service and the Need for Resources to Implement Graduate Medical Education Programs. JAMA. 2022;328(4):327. doi:10.1001/jama.2022.10359
7. <https://aspe.hhs.gov/sites/default/files/documents/1b5d32824c31e113a2df43170c45ac15/aspe-ihs-funding-disparities-report.pdf>
8. 25 USC Chapter 18 – Indian Health Care, §1616n – p. See Indian Health Care Improvement Act, Public Law 94-437. See also Tobey M, Ott A, Owen M. The Indian Health Service and the Need for Resources to Implement Graduate Medical Education Programs. JAMA. 2022;328(4):327. doi:10.1001/jama.2022.10359
9. FY 2024 Justification of Estimates for Appropriations Committees; Indian Health Service; US Department of Health and Human Services; pg. CJ-47.
10. American Medical Association Policy: Indian Health Service H-350.977
11. American Medical Association Policy: Indian Health Service H-350.977
12. American Medical Association Policy: Improving Health Care of American Indians H-350.976
13. "Save Graduate Medical Education." American Medical Association. <https://www.ama-assn.org/education/gme-funding/save-graduate-medical-education>
14. American Medical Association Directive: The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education D-305.967
15. American Medical Association Directive: The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education D-305.967
16. American Medical Association Directive: The Preservation, Stability and Expansion of Full Funding for Graduate Medical Education D-305.967
17. American Medical Association. "AMA Recovery Plan for America's Physicians." <https://www.ama-assn.org/amaone/ama-recovery-plan-america-s-physicians>. See also "AMA unveils Recovery Plan for America's Physicians." June 10, 2022. <https://www.ama-assn.org/press-center/press-releases/ama-unveils-recovery-plan-america-s-physicians>

RELEVANT AMA Policy

Indian Health Service H-350.977

The policy of the AMA is to support efforts in Congress to enable the Indian Health Service to meet its obligation to bring American Indian health up to the general population level. The AMA specifically recommends: (1) Indian Population: (a) In current education programs, and in the expansion of educational activities suggested below, special consideration be given to involving the American Indian and Alaska native population in training for the various health professions, in the expectation that such professionals, if provided with adequate professional resources, facilities, and income, will be more likely to serve the tribal areas permanently; (b) Exploration with American Indian leaders of the possibility of increased numbers of nonfederal American Indian health centers, under tribal sponsorship, to expand the American Indian role in its own health care; (c) Increased involvement of private practitioners and facilities in American Indian care, through such mechanisms as agreements with tribal leaders or Indian Health Service contracts, as well as normal private practice relationships; and (d) Improvement in transportation to make access to existing private care easier for the American Indian population.

(2) Federal Facilities: Based on the distribution of the eligible population, transportation facilities and roads, and the availability of alternative nonfederal resources, the AMA recommends that those Indian Health Service facilities currently necessary for American Indian care be identified and that an immediate construction and modernization program be initiated to bring these facilities up to current standards of practice and accreditation.

(3) Manpower: (a) Compensation for Indian Health Service physicians be increased to a level competitive with other Federal agencies and nongovernmental service; (b) Consideration should be given to increased compensation for service in remote areas; (c) In conjunction with improvement of Service facilities, efforts should be made to establish closer ties with teaching centers, thus increasing both the available manpower and the level of professional expertise available for consultation; (d) Allied health professional staffing of Service facilities should be maintained at a level appropriate to the special needs of the population served; (e) Continuing education opportunities should be provided for those health professionals serving these communities, and especially those in remote areas, and, increased peer contact, both to maintain the quality of care and to avert professional isolation; and (f) Consideration

should be given to a federal statement of policy supporting continuation of the Public Health Service to reduce the great uncertainty now felt by many career officers of the corps.

(4) Medical Societies: In those states where Indian Health Service facilities are located, and in counties containing or adjacent to Service facilities, that the appropriate medical societies should explore the possibility of increased formal liaison with local Indian Health Service physicians. Increased support from organized medicine for improvement of health care provided under their direction, including professional consultation and involvement in society activities should be pursued.

(5) Our AMA also support the removal of any requirement for competitive bidding in the Indian Health Service that compromises proper care for the American Indian population.

(6) Our AMA will advocate that the Indian Health Service (IHS) establish an Office of Academic Affiliations responsible for coordinating partnerships with LCME- and COCA-accredited medical schools and ACGME-accredited residency programs.

(7) Our AMA will encourage the development of funding streams to promote rotations and learning opportunities at Indian Health Service, Tribal, and Urban Indian Health Programs. [CLRPD Rep. 3, I-98; Reaffirmed: CLRPD Rep. 1, A-08; Reaffirmation A-12; Reaffirmed: Res. 233, A-13; Appended: Res. 305, A-23; Reaffirmed: BOT Rep. 09, A-23]

Improving Health Care of American Indians H-350.976

Our AMA recommends that: (1) All individuals, special interest groups, and levels of government recognize the American Indian people as full citizens of the U.S., entitled to the same equal rights and privileges as other U.S. citizens.

(2) The federal government provide sufficient funds to support needed health services for American Indians.

(3) State and local governments give special attention to the health and health-related needs of nonreservation American Indians in an effort to improve their quality of life.

(4) American Indian religions and cultural beliefs be recognized and respected by those responsible for planning and providing services in Indian health programs.

(5) Our AMA recognize the "medicine man" as an integral and culturally necessary individual in delivering health care to American Indians.

(6) Strong emphasis be given to mental health programs for American Indians in an effort to reduce the high incidence of alcoholism, homicide, suicide, and accidents.

(7) A team approach drawing from traditional health providers supplemented by psychiatric social workers, health aides, visiting nurses, and health educators be utilized in solving these problems.

(8) Our AMA continue its liaison with the Indian Health Service and the National Indian Health Board and establish a liaison with the Association of American Indian Physicians.

(9) State and county medical associations establish liaisons with intertribal health councils in those states where American Indians reside.

(10) Our AMA supports and encourages further development and use of innovative delivery systems and staffing configurations to meet American Indian health needs but opposes overemphasis on research for the sake of research, particularly if needed federal funds are diverted from direct services for American Indians.

(11) Our AMA strongly supports those bills before Congressional committees that aim to improve the health of and health-related services provided to American Indians and further recommends that members of appropriate AMA councils and committees provide testimony in favor of effective legislation and proposed regulations. [CLRPD Rep. 3, I-98; Reaffirmed: Res. 221, A-07; Reaffirmation A-12; Reaffirmed: Res. 233, A-13; Reaffirmed: BOT Rep. 09, A-23]