IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

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Sent electronically via consultation@ihs.gov

September 29, 2023

Roselyn Tso Director
Indian Health Service
Mail Stop: 08E86
5600 Fishers Lane Rockville, MD 20857

SUBJECT: Tribal Self-Governance Report – FYs 2016 and 2017

Dear Director Tso:

On behalf of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC), I write to provide our comments to FYs 2016 and 2017 Tribal Self-Governance Reports in response to your Dear Tribal Leader Letter (DTLL) dated August 2, 2023.

The Indian Self-Determination and Education Assistance Act (ISDEAA) requires IHS to submit an annual report to Congress focused on the implementation of Self-Governance authority. ISDEAA requires the report to include information on, among other things, the level of need being presently funded or unfunded for each Tribal Nation, relative costs and benefits of Self-Governance, and an identification of inherent federal functions and the amounts expended by the agency to carry out those functions.

The two reports that IHS shared for Tribal consultation are both over 5 years old. TSGAC appreciates the submission of the report, but we believe the information has a more significant impact when the information is reflective of current conditions. IHS is also required to submit the report annually and we ask IHS to adhere to all statutory requirements. TSGAC urges the IHS to adhere to statutory requirements for providing the information annually to Congress. Tribal Nations are facing new challenges daily and having timely reports will help Congress better understand the current situation and needs for Indian health care.

TSGAC offers the following comments related to the FYs 2016 and 2017 reports:

1. Inclusion of Tribal Success Stories. Tribal Nations have negotiated Self-Governance agreements with IHS to reduce Federal administration of health care in Tribal communities while providing culturally competent care, expanding local services, and strengthening Tribal economies. This report shows Congress how Tribal Nations participating in Self-Governance have used flexibilities offered in ISDEAA to make scarce IHS resources more effective by redesigning programs, leveraging other Federal resources, and partnering with the private sector. As a result, Tribal governments have successfully expanded services and improved care for their communities. We appreciate and are supportive of the specific examples of successful Tribal health programs that are included in the Reports. We encourage you to continue reaching out to Tribal Nations and highlight these success stories. Please also let us know how the TSGAC can assist you in this effort going forward.

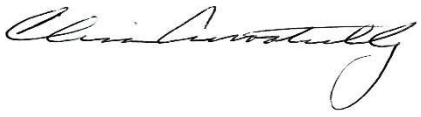
2. Clarify inherent federal functions. ISDEAA requires that IHS include the "amounts expended in the preceding fiscal year to carry out inherently federal functions by type and location." Despite sharing the residuals total, it is not clear what functions the IHS continues to provide using the IHS Headquarters residual amount, nor is the report specific about how this amount is determined annually. This number also does not reflect the amount of funding IHS Area Offices retain to carry out inherently federal functions. TSGAC recommends IHS include in the FYs 2016 and 2017 reports, as well as future reports, inherently federal functions retained by the agency and the amount of residual resources associated with them.

In addition, we believe IHS has missed an opportunity to provide the level of detailed analysis required to meet the intent of the report requirements. TSGAC is uncertain of the benefit that could be realized by going back to conduct a detailed analysis of information that is 6-7 years old, but we do believe IHS should provide significantly more information and improved analysis in future reports. This is particularly true when it comes to reporting on the level of need and reduction in federal bureaucracy.

In the FYs 2016 and 2017 reports, IHS states that they provide " ... an accounting of the level of need being funded for each Indian Tribe." However, the reports do not contain a sufficient level of detail to meet the ISDEAA requirements. In FY16, the Indian Health Service's annual appropriation was about $5 billion. At that time, IHS spending per user was $3,337; yet the national average health spending per user for FY2016 was $9,990. IHS has the data to evaluate the level of need funded and unfunded for Tribal governments and Service Units. TSGAC requests that future reports provide more comprehensive information. At a minimum, IHS should add "user population" and "funding per user population" data to Exhibit A of reports.

Thank you for allowing us to provide these comments. If you have any questions or wish to discuss further, please do not hesitate to contact me at (508) 272-5160; or via email: chris.anoatubby@chickasaw.net.

Sincerely,



Chris Anoatubby
Lieutenant Governor, Chickasaw Nation, and
Chairman, IHS TSGAC

cc: Jennifer Cooper, Director, Office of Tribal Self-Governance
Jay Spaan, Executive Director, Self-Governance Communication and Education
TSGAC Members and Technical Workgroup