

*"No right is more sacred to a nation, to a people,  
than the right to freely determine its social, economic,  
political and cultural future without external interferences.*

*The fullest expression of this right occurs when a  
nation freely governs itself."*

*– Joseph B. DeLaCruz,  
Quinault Indian Nation*

## Successful Connections – Lasting Partnerships

## Successful Connections – Lasting Partnerships

*I support Self-Governance because it strengthens the nation-to-nation  
relationship between the United States and Indian Tribes.*

*I respect the choices of Self-Governance Tribes to take on the  
responsibility of providing health care services to their communities.*

*The challenges we face are great, but I am confident we can find  
solutions together in partnership.*

*– Yvette Roubideaux, M.D., M.P.H.  
Director, Indian Health Service*



### Tribal Self-Governance Produces Results

Tribal governments have developed creative and innovative solutions to address the health care delivery challenges of their communities. Through Tribal Self-Governance, real solutions to meet the unique and diverse needs of individual communities are ongoing. Here are some examples:

- Collaborative efforts between Tribal governments, the Indian Health Service and other Federal, state and local resources result in improved and expanded services.
- New services and programs are created to improve access to care in remote areas using advanced technologies such as telemedicine, or through training programs in allied health fields.
- Innovative wellness and prevention programs are created to address the overall health and well-being of communities in addition to treating diseases.
- Chronic disease management programs for diabetes patients are enhanced with services such as nutritional education, fitness programs, screenings and weight management programs.
- Well-baby programs and clinics are improved to better serve infants and toddlers with early health screenings and immunizations.
- Elder care programs are expanded to increase access to care through home health services and transportation to medical appointments.
- The ability to negotiate with private health care providers leads to more cost-effective services.

The results are real – Tribal Self-Governance is proven to have a significant positive impact on the health and well-being of participating communities. Tribal Self-Governance works because Tribal leaders and members are in the best position to understand the health care needs and priorities of their communities and how best to address local health care issues.

There are many successful Tribally managed programs, and the number of success stories grows each year. How can your community benefit from Tribal Self-Governance?



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Tribal Self-Governance works. It creates opportunities for Tribes to exercise administratively their inherently sovereign powers, with minimal federal oversight and involvement. To support the Indian Health Service (IHS) Self-Governance activities, the Office of Tribal Self-Governance (OTSG) is committed to providing resources and technical assistance to Tribes and Tribal organizations for the implementation of Tribal Self-Governance.





### Eligibility for Tribal Self-Governance

To be eligible to participate in Tribal Self-Governance, an Indian Tribe must:

#### 1. Complete a Planning Phase

Tribes are required to complete a planning phase to the satisfaction of the Tribe. This planning phase must include legal and budgetary research, and internal Tribal government planning and organizational preparation relating to the administration of health care programs.

#### 2. Request Participation in Tribal Self-Governance

Participation must be requested by resolution or other official action by the governing body of each Indian Tribe to be served.

#### 3. Demonstrate Three Years of Financial Stability and Financial Management Capability

Tribes must show evidence that, for the three years prior to participation in Tribal Self-Governance, the Tribe has had no uncorrected significant and material audit exceptions in the required annual audit of the Tribe's Self-Determination Contracts or Self-Governance Funding Agreements with any federal agency.

### Office of Tribal Self-Governance

In 1992, the Indian Health Service (IHS) was authorized to implement the Tribal Self-Governance Demonstration Project. The Office of Tribal Self-Governance (OTSG) was established within the IHS as the result of a Tribally driven initiative, to serve as an advocate for Tribal concerns regarding the delivery of health care.

The OTSG is responsible for a wide range of Agency functions that are critical to the IHS' relationship with Tribes, Tribal organizations and other American Indian and Alaska Native groups. These functions include, but are not limited to, nation-to-nation negotiations of Self-Governance Compacts and Funding Agreements; oversight of the IHS Director's Agency Lead Negotiators; technical assistance on Tribal consultation activities; analysis of new statutory authorities; and supporting the activities of the IHS Director's Tribal Self-Governance Advisory Committee.

In all its functions, the OTSG works to implement the four main IHS priorities: to renew and strengthen our partnership with Tribes; to reform the IHS; to improve the quality of and access to care; and to make all our work accountable, transparent, fair and inclusive. The OTSG:

- Oversees the implementation of Tribal Self-Governance legislation and authorities in the IHS, under Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA)

- Provides information, technical assistance and policy coordination in support of IHS Tribal Self-Governance activities, with maximum input from the Tribal Self-Governance Advisory Committee, Tribes and Tribal organizations, and IHS staff and workgroups

- Develops and recommends policies, administrative procedures and guidelines for IHS Tribal Self-Governance activities

- Advises the IHS Director on Tribal Self-Governance actions and activities

- Publishes and disseminates Self-Governance information nationally on behalf of the IHS Director

- Provides Tribal Self-Governance training and technical assistance to Tribes and Tribal organizations

- Coordinates Self-Governance Tribal Delegation Meetings for the HHS and the IHS Headquarters

- Reviews applications for Self-Governance Planning and Negotiation Cooperative Agreements and eligibility requirements for Tribes to participate in the Tribal Self-Governance Program

- Arranges national Tribal Self-Governance meetings, including an annual conference in partnership with Self-Governance Tribes and the Department of the Interior, to promote the participation by all American Indian and Alaska Native Tribes in IHS Tribal Self-Governance activities

- Collaborates in crosscutting issues and processes including, but not limited to, budget formulation; Self-Determination issues; Tribal shares methodologies; resolution of audit findings; and emergency preparedness, response and security

If you have questions or want further information about IHS Tribal Self-Governance, please contact the OTSG:

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## History of Tribal Self-Governance Legislation

1921

**Snyder Act (P.L. 67-85)**  
Authorized health services for American Indians and Alaska Natives.

1955

**Transfer Act (P.L. 83-568)**  
Indian health care moved from the Department of the Interior to the Public Health Service, IHS.

1975

**Indian Self-Determination and Education Assistance Act (P.L. 93-638)**  
Authorized Tribes to contract with the IHS and the BIA to operate programs or portions of programs.

1976

**Indian Health Care Improvement Act (P.L. 94-437)**  
Implemented Federal responsibility for the care and education of Indian people.

1988

**Tribal Self-Governance Demonstration Project (P.L. 100-472)**  
Authorized Bureau of Indian Affairs (BIA) to negotiate compacts with Tribes; gave Tribes more flexibility in operation of programs.

1991

**IHS Funded to Perform Feasibility Study (P.L. 102-184)**  
Feasibility study funded on extending Self-Governance to IHS.

1992

**Self-Governance Authority Extended to IHS (P.L. 102-573)**  
IHS authorized to negotiate compacts with Tribes through Demonstration Project; gave Tribes more flexibility in operation of programs.

1994

**Technical Amendments to Title III Section 301 and Section 302(a) (P.L. 103-435)**  
Extended Tribal Self-Governance Demonstration Project to 18 years; 30 Tribes per fiscal year to participate.

2000

**Title V (P.L. 106-260)**  
Created permanent Tribal Self-Governance for IHS.

2002

**Title V Regulations (42 C.F.R. Part 137)**  
Tribal Self-Governance Regulations promulgated to implement Title V.

2010

**Patient Protection and Affordable Care Act (P.L. 111-148)**  
Reauthorized and expanded the Indian Health Care Improvement Act authorities.