

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

P.O. Box 1734, McAlester, OK 74501

Telephone (918) 302-0252 ~ Facsimile (918) 423-7639 ~ Website: www.tribalselfgov.org

Sent electronically Denise.Turk@ihs.gov and sgreport@ihs.gov

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August 28, 2015

Robert G. McSwain
Principal Deputy Director
Indian Health Service
U.S. Department of Health and Human Services
801 Thompson Avenue, Suite 440
Rockville, MD 20852

RE: Fiscal Year 2014 Report to Congress on the Administration of the Tribal Self-Governance Program

Dear Deputy Director McSwain:

Thank you for this opportunity to provide comments on the ***Fiscal Year 2014 Report to Congress on the Administration of the Tribal Self-Governance Program***. This Report is required by Congress under Section 458aaa-13 of the Indian Self-Determination and Education Assistance Act (ISDEAA), Public Law 93-638, as amended and offers us the opportunity to share successes of Tribally-operated and administered health programs on an annual basis. In response to your request for comments on the "draft" Report, the Indian Health Service Tribal Self-Governance Advisory Committee (IHS-TSGAC) would like to offer these comments to emphasize and document the ongoing knowledge gained and the IHS/Tribal experience implementing the Self-Governance statute:

- **Include additional examples of Self-Governance benefits.** Self-Governance Tribes have reduced Federal administration of health care in Tribal communities while providing culturally competent care, expanding local services and strengthening Tribal economies. The limited benefits cited in the Report do not adequately represent the ability of Self-Governance Tribes to leverage other Federal resources to expand services, to create Tribal-private partnerships to improve the quality and quantity of care, or demonstrate our capacity to create and implement innovative health care systems to benefit our communities and Tribal citizens, as well as the entire IHS system.
- **Provide year-to-year data comparisons to support decreases in Federal bureaucracy.** Self-Governance has successfully reduced Federal bureaucracy, while increasing health services in our Tribal communities. When comparing the Fiscal Year (FY) 2013 report to the proposed FY 2014 report, there is support to show reductions in Federal bureaucracy. Between FY 2013 and FY 2014 funding to the Office of Tribal Self-Governance (OTSG) and IHS Headquarters residual amounts decreased, while Self-Governance Tribes transferred more funding from the Agency. A more detailed description and year-to-year comparison may be a better way to measure reductions in Federal bureaucracy and further illustrate Self-Governance Tribal successes.

- **Clarify Inherent Federal Functions (IFF) by type and location.** The Report requires that IHS include the “amounts expended in the preceding fiscal year to carry out inherent federal functions by type and location.” Despite sharing the residuals total, it is not clear what functions the IHS continues to provide to Self-Governance Tribes using the IHS Headquarters residual amount, nor is the report specific about how the “IHS Headquarters residual amount” is determined annually.
- **Use of “Purchased/Referred Care”.** The Agency, upon the advice of Self-Governance Tribes, changed their nomenclature from “Contract Health Services” to “Purchased/Referred Care” to better identify purchased referral care. However, the Report uses both phrases in the same section. The program title should be updated throughout the Report to correspond with the new title in the Federal appropriations law.
- **Clarify Contract Support Costs Funds Transferred.** The note included in Sections E and F about transferred funds is unclear. Self-Governance Tribes agree that Contract Support Costs should not be included in this report and want to make sure the included note is clear.

We understand that there are Department and Agency protocols relative to the submittal of Reports to Congress. However, as Self-Governance Tribes continue to wade through the challenges of administering these programs, it is invaluable that we are able to document what is working and our successes. As partners for more than 20 years, it is imperative that the Indian Health Service continues to communicate to Congress that the Self-Governance Tribal-Federal policy is the most successful to ever exist in the history of this Country and how it has and continues to benefit all of the partners and the United States.

Thank you again for allowing Self-Governance Tribal input on this very important Report to Congress. The TSGAC looks forward to the final report and our continued partnership to strengthen and support Tribes’ authority to administer their own health programs. If you would like to discuss these comments or have questions, I can be reached lmalerba@moheganmail.com or (860) 862-6192.

Sincerely,



Marilynn “Lynn” Malerba
Chief, Mohegan Tribe
Chairwoman, TSGAC

cc: P. Benjamin Smith, Director, Office of Tribal Self-Governance
TSGAC Members and Technical Advisory Workgroup