

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education Tribal Consortium
314 West 14th Place - Tulsa, Oklahoma 74119
Telephone (918) 370-4258 ~ Website: www.tribalselfgov.org

Written Testimony of Chris Anoatubby, Lieutenant Governor, Chickasaw Nation, and Chairman of the Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) On Behalf of the TSGAC Submitted to the Department of Health and Human Services in response to its Tribal Budget Consultation Session on the FY 2025 Budget Request

May 2023

Thank you for the opportunity to provide input into the Department of Health and Human Services priorities for the 2025 budget request. The Indian Health Service (IHS) Tribal Self-Governance Advisory Committee (TSGAC) submits the following priorities for HHS consideration:

Support the Expansion of Tribal Self-Governance Authority within HHS

Self-Governance is a Tribally driven, Congressional legislative option authorized under the Indian Self-Determination and Education Assistance Act (ISDEAA), whereby Tribal governments are authorized to assume management and control of programs, services, functions, and activities that were previously managed by the Federal government. Self-Governance has demonstrated a profound positive impact on the health and well-being of Tribal Nations and their citizens nationwide and provides Tribal governments the most flexibility to tailor services to the needs of their citizens and communities. The growth and success of Self-Governance authority is best documented by the more than 380 Tribal Nations that currently have a Self-Governance agreement with IHS.

Yet, Self-Governance authority is limited to only programs within the IHS. For over 20 years, Congress has envisioned the expansion of the ISDEAA to non-IHS agencies within HHS and HHS reported to the Congress decades ago that expanding Self-Governance to HHS programs in agencies other than the IHS is feasible. Tribal leaders drafted a legislative proposal for Congressional consideration that has broad support throughout Indian Country. For instance, TSGAC, the HHS Secretary's Tribal Advisory Committee, and the ACF Tribal Advisory Committee voiced support for the expansion of Self-Governance. In addition, Tribal organizations from across the country passed resolutions of support.

The 2021 *Biden-Harris Plan for Tribal Nations* states that, "One of Biden's earliest votes as a senator was to support the Indian Self-Determination and Education Assistance Act, which honored tribal sovereignty by allowing tribes to provide services for their members that the federal government had previously provided. A Biden Administration will work with tribes to explore ways to expand self-governance opportunities." ***TSGAC requests that all HHS operating divisions support and***

assist the Administration to fulfill the commitment to expand Self-Governance opportunities.

It is time for the Administration, Congress, and Tribal Nations to collaborate on how to make this happen and **TSGAC requests that when Congress seeks technical assistance from HHS on legislation to expand Self-Governance, that the Department clearly demonstrate to Congress its support and willingness to identify solutions to overcome any internal obstacles the HHS operating divisions may raise.**

Help Ensure Tribal Nations Have Access to Self-Governance Authority

The authority for a Tribal government to administer Federal programs through Self-Governance is useful only to the extent that adequate and stable funds are made available to the Tribal government to administer the programs it takes over from Federal agencies.

Unlike other health programs, such as Medicare and Medicaid, IHS is funded as a non-defense, discretionary line item, creating an inconsistent funding environment year-to-year and ignoring external factors that contribute to the recognized growing gap between IHS and other public health programs. The Federal government has a trust responsibility to provide American Indian and Alaska Native people with access to quality health care. Transferring the IHS budget to the mandatory side of the budget would assist the Federal government to fulfill its trust and treaty obligations to American Indian and Alaska Native people while also creating a consistent budget based on important factors such as population growth, inflation, and evolving technology. This would also eliminate the possibility of budget reductions due to sequestration and the uncertainty of funding due to continuing resolutions. **TSGAC requests that HHS support moving the IHS budget from discretionary to mandatory, including CSC and Section 105(l) obligations, and that it support and assist in the development of a plan to fully fund Indian healthcare programs.**

As more Tribal Nations elect to use Self-Governance, the IHS Office of Tribal Self-Governance's (OTSG) capacity must keep pace with its responsibilities to assist and support all Tribal Nations with Self-Governance agreements. Additional funding for the office will help ensure Tribal Nations receive the assistance needed to achieve their goals of Self-Governance. As such, **TSGAC requests that HHS continue to support Tribal Self-Governance by increasing resources for OTSG.**

The TSGAC truly appreciates the opportunity to provide these written recommendations and we look forward to working with the Department and others to advance Indian Country's top health and human services priorities. We hope to continue close collaboration in a government-to-government partnership in order to narrow, and hopefully close, the gap in health care and health status within the framework of Tribal Self-Governance and Self-Determination. Thank you.