Fiscal Year 2022 and Fiscal Year 2023 Report to Congress on the Administration of the Indian Health Service Tribal Self-Governance Program

(Includes FY 2022 and FY 2023 Data)

In Response to:
Section 5394 of the Indian Self-Determination and Education Assistance Act, as amended

Prepared by the
Department of Health and Human Services
Indian Health Service

Contents

Attachments:
Exhibit A - FY 2022 Funds Transferred to Each Self-Governance Tribe
Exhibit B - FY 2023 Funds Transferred to Each Self-Governance Tribe

Report to Congress on the Administration of the Tribal Self-Governance Program

A. Introduction

The Fiscal Year (FY) 2022 and FY 2023 Reports to Congress on the Administration of the Indian Health Service (IHS) Tribal Self-Governance Program are combined in this report and prepared as required in 25 U.S.C. § 5394 of the Indian Self-Determination and Education Assistance Act (ISDEAA) (codified at 25 U.S.C. § 5301 et seq.).

This combined report addresses the administration of the IHS (or Agency) Tribal Self-Governance Program for FYs 2022 and 2023 and provides an accounting of the level of need being funded for each Indian Tribe or Tribal Organization under self-governance compacts[1] and funding agreements[2] authorized under Title V of the ISDEAA.

In FY 2022, approximately $2.7 billion was transferred to Tribes and Tribal Organizations (T/TO) under 109 ISDEAA self-governance compacts and 138 funding agreements.[3] In FY 2023, approximately $2.8 billion was transferred to T/TO under 112 ISDEAA self-governance compacts and 139 funding agreements.[4]

B. Background

Title V of the ISDEAA allows T/TOs to assume operation of certain IHS programs and to receive not less than the amount that the Secretary, Department of Health and Human Services (HHS) (Secretary), would have otherwise provided for the direct operation of the programs for

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[1] A "Self-Governance compact" is a legally binding and mutually enforceable written agreement that affirms the government-to-government relationship between a self-governance Tribe and the United States. A compact shall include general terms setting forth the government-to-government relationship, including such terms as the parties intend to control year after year. It is negotiated in a manner consistent with the Federal Government's trust responsibility, treaty obligations, and the government-to-government relationship between Indian Tribes and the United States. 25 U.S.C. § 5384; 42 C.F.R. §§ 137.30-31.

[2] A "funding agreement" is a legally binding and mutually enforceable written agreement that identifies the programs, services, functions, or activities (PSFAs), or portions thereof, that the self-governance Tribe will carry out, the funds being transferred from service unit, Area, and/or Headquarters levels in support of those PSFAs, and such other terms as are required or may be agreed upon pursuant to Title V, 25 U.S.C. § 5385; 42 C.F.R. § 137.40.

[3] Department of Health and Human Services (2024). Self-Governance. *Department of Health and Human Services, Fiscal Year 2024. Indian Health Service: Justification of Estimates for Appropriations Committees*. Please note these amounts include Contract Support Costs funding. Retrieved from https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY2024-IHS-CJ32223.pdf

[4] Department of Health and Human Services (2025). Self-Governance. *Department of Health and Human Services, Fiscal Year 2025. Indian Health Service: Justification of Estimates for Appropriations Committees*. Please note these amounts include Contract Support Costs funding. Retrieved from https://www.ihs.gov/sites/ofa/themes/responsive2017/display_objects/documents/FY-2025-IHS-CJ030824.pdf

the period covered by the contract. For both FY 2022 and FY 2023, approximately 40 percent of the Agency's annual appropriation was compacted through Title V of the ISDEAA.

The following are specific elements of the annual report as required by statute [25 U.S.C. § 5394 (b)]:

- The relative costs and benefits of self-governance;
- Funds specifically or functionally related to the provision by the Secretary of services and benefits to self-governance participants;
- Funds transferred to each self-governance Indian Tribe and the corresponding reduction in the Federal bureaucracy;
- The funding formula for individual Tribal shares of all IHS Headquarters funds;
- Amounts expended in the preceding FY to carry out inherent Federal functions,[5] by type and location; and
- Comments on this report received from Indian Tribes or Tribal Organizations.

This combined report to Congress has been compiled using information contained in funding agreements, annual audit reports, and data from the Secretary regarding the disposition of Federal funds. No reporting requirements have been imposed on participating Indian T/TO related to this report, as required by 25 U.S.C. § 5394(a)(2) of the ISDEAA.

C. Linkage with other reports to Congress

The Indian Health Service Fiscal Year (FY) 2022 Report to Congress on Contract Funding of Indian Self-Determination and Education Assistance Act Awards (Includes FY 2022 Contract Support Costs Data).[6] *The Indian Health Service Fiscal Year (FY) 2023 Report to Congress on Contract Funding of Indian Self-Determination and Education Assistance Act Awards* (Includes FY 2023 Contract Support Costs Data).[7]

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[5] The Office of Management Budget (OMB) defines "inherently governmental function" as "a function that is so intimately related to the public interest as to require performance by Federal Government employees" *OMB; Publication of the Office of Federal Procurement Policy (OFPP) Policy Letter 11-01, Performance of Inherently Governmental and Critical Functions*, 76 *Federal Register* 56227, issued on Sept. 12, 2011; *see also* The Federal Activities Inventory Reform Act of 1998 (FAIR), P. L. 105-270 (112 Stat. 2382-2385), codified as a note to 31 U.S.C. § 501. Pursuant to the ISDEAA (25 U.S.C. §5381(a)(4)), "Inherent Federal functions means those Federal functions which cannot legally be delegated to Indian Tribes." Inherent Federal functions can be located at the Service Unit-, Area-, and/or IHS Headquarters-level. The following is a non-exhaustive list of examples that are functions within the exclusive province of the Agency: determination of Secretarial policy; formulation of the President's budget; the direction and control of federal employees; real property management; Federal procurement activities; the conduct of administrative hearings and appeals; and resource allocation.

[6] Indian Health Service (2022). *The Indian Health Service Fiscal Year (FY) 2022 Report to Congress on Contract Funding of Indian Self-Determination and Education Assistance Act Awards.* This Report is currently under Agency review, and is forthcoming.

[7] Indian Health Service (2023). *The Indian Health Service Fiscal Year (FY) 2023 Report to Congress on Contract Funding of Indian Self-Determination and Education Assistance Act Awards.* This Report is currently under Agency review, and is forthcoming.

D. The relative costs and benefits of Self-Governance

The IHS Tribal Self-Governance Program strengthens the Government-to-Government relationship between the United States and Indian Tribes by enabling T/TO to choose the extent of its participation in self-governance, and by transferring full control and funding of certain IHS programs, services, functions, or activities (PSFAs), or portions thereof, to Tribal governments.[8]

Under Title V of the ISDEAA, Tribes have the discretion to plan, conduct, redesign, and administer PSFAs, or portions thereof, that they have assumed. As a result, significant variations exist among tribally administered health programs. These benefits can include:

- Creation of a comprehensive approach to health services;
- Increased community engagement;
- Program design driven by the needs and priorities of each Tribal community;
- Improvement in communication and coordination between Tribal programs, resulting in the reduction of service duplication and improved efficiency;
- The ability to leverage self-governance funding, maximize resources, and provide more comprehensive community-wide services; and
- Development of innovative health programs and services.

The costs associated with the Tribal Self-Governance Program are detailed in section E, "*Funds related to the provision of services and benefits to Self-Governance Tribes*."

In 2022, four Tribes or Tribal Organizations, the Pit River Tribe – Pit River Health Service, Inc., located in the California Area IHS, the Pawnee Nation of Oklahoma and the Wichita & Affiliated Tribes, both located in the Oklahoma City Area IHS, and the Paiute Indian Tribe of Utah, located in the Phoenix Area IHS, entered into the IHS Tribal Self-Governance Program. In 2023, another four Tribes or Tribal Organizations, the Tanana Tribal Council located in the Alaska Area IHS, the Ysleta del Sur Pueblo, located in Albuquerque Area IHS, the Northern Arapaho Tribe, located in Billings Area IHS, and the Mashantucket Pequot Tribal Nation, located in the Nashville Area IHS, entered into the IHS Tribal Self-Governance Program.

Eamples of Successful and Innovative Tribal Self-Governance Health Programs:

Chickasaw Nation. The Chickasaw Nation joined the Tribal Self-Governance Program in 1995 and was one of the first Tribes to contract with the IHS to assume administrative and operational control of its health care system. The Chickasaw Nation is a prime example of a Tribal success story and has earned numerous awards and recognition in the area of health care delivery, including achieving five-star ratings from the Centers for Medicare and Medicaid Services (CMS) and receiving the prestigious Malcolm Baldridge National Quality Award.

[8] The PSFA funding may include not only program operation funds but also contract support costs (including start-up and/or pre-award support). Contract support costs are not included in this Report, but are found in the annual IHS *Report to Congress on Contract Funding of Indian Self-Determination and Education Assistance Act Awards,* mentioned in Section C above. Additionally, the 105(*l*) lease funds allocated to T/O are not included in this Report.

The Chickasaw Nation has more than 81,500 Chickasaw citizens, many of whom reside within Chickasaw Nation treaty territory, which encompasses 7,648 square miles in south-central Oklahoma, including all or parts of 13 counties.[9] The Chickasaw Nation Department of Health (CNDH), located in Ada, Oklahoma, offers an array of quality health care services to the Chickasaw people, members of other federally recognized Tribes, as well as some public health services to other non-First American community members.

The CNDH provides services through the Chickasaw Nation Medical Center (CNMC) and numerous health clinics and wellness centers located in Ada, Ardmore, Purcell, Tishomingo, and across 13 counties in southern Oklahoma. In 2023, the CNDH reported: more than 1 million patient encounters; 2,400 hospitalizations; and nearly 1,000 babies born at the Chickasaw Nation Medical Center.[10] The CNDH health care services, include: acute, chronic, ambulatory, and ancillary health care; behavioral health care; therapy services; family wellness centers and services; substance abuse prevention and treatment; specialty services; emergency services; dental,; optometry; laboratory; imaging; pharmacy refill center; nutrition services; and public health services. The CNDH has also developed a number of innovative health programs such as the Virtual Medical Visit program, which delivers online medical care to patients who are unable to travel to a health care provider for certain non-life-threatening ailments or injuries.[11] Another innovative CNDH program is the AYA app, which is an interactive mobile step-tracking/fitness app designed to increase physical activity by combining walking with Chickasaw history and culture narratives.[12]

The Chickasaw Nation Medical Center is situated on 230 acres south of Ada, Oklahoma, and includes a 72-bed hospital; a general medical and surgical facility; an ambulatory clinic; a number of specialty clinics; a level-3 emergency department; a woman's health center; a diagnostic imaging center; and numerous other tribal health care programs. The Chickasaw Nation invested more than $150 million in building the Chickasaw Nation Medical Center, which created hundreds of jobs for local residents. The architectural design reflects the Chickasaw Nation's culture and the natural environment. Funding for staffing positions (i.e., physicians, nurses and support staff) in the facility was supported through a joint venture project between the Chickasaw Nation and the IHS.

For the last five out of six years (with the exception of 2021, at the height of the COVID-19 pandemic)[13] the Chickasaw Nation Medical Center received a five-star rating in Overall Hospital Quality Star Rating (a composite measure of more than 40 key quality measures) from the CMS.[14] The five-star rating is only awarded to the best 10 percent of health care organizations

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[9] The Chickasaw Nation Progress Report (2023). The Chickasaw Nation. Retrieved from https://governor.chickasaw.net/Reports/Progress-Reports/View-2023/Progress-Report-2023.aspx

[10] Marty Wafford, FHFMA, Under Secretary of Support & Programs, Chickasaw Nation Department of Health (December 18, 2024). Information provided via an E-mail.

[11] Chickasaw Nation Health and Wellness (2024). Virtual Medical Visit. Retrieved from https://chickasawnationhealth.net/Services/Virtual-Visits/Virtual-Medical-Visit

[12] The Chickasaw Nation Health and Wellness (2024). About Us. Retrieved from https://chickasawnationhealth.net/

[13] Becker Hospital Review (2024). 381 Hospitals with 5 Stars from CMS. https://www.beckershospitalreview.com/rankings-and-ratings/381-hospitals-with-5-stars-from-cms.html

[14] Chickasaw Nation Times (September, 2022). Centers for Medicare and Medicaid Services Awards Chickasaw Nation Medical Center Five Star Rating. Retrieved from https://www.chickasawtimes.net/Online-

in the United States (U.S.). The CMS uses five key metrics to evaluate hospitals for the CMS Overall Star Rating, which are mortality, safety of care, readmission, patient experience, and timely and effective care.

Through years of successful economic initiatives and determination, the Chickasaw Nation has improved the quality of care, expanded accessible health care services and resources, and created innovative services. The Chickasaw Nation's efforts were recognized nationally when the U.S. Department of Commerce's National Institute of Standards and Technology (NIST) awarded the CNDH the Malcolm Baldrige National Quality Award in September 2024. The Malcolm Baldrige National Quality Award is the only U.S. presidential award for performance excellence. This recognition validates the work of the amazing staff and the execution of Chickasaw Nation Governor Bill Anoatubby and Lt. Governor Chris Anoatubby's vision to develop world-class, high-quality care.[15]

The Baldrige Performance Excellence Program is a public-private partnership within NIST that promotes "innovation and industrial competitiveness" and "fosters the adoption of proven leadership skills, management and operational best practices," and more. The award is given annually to role model organizations that achieve performance excellence and demonstrate organizational resiliency and long-term success on behalf of the people and communities they serve. The CNDH was recognized for its exceptional efforts to deliver "inpatient, outpatient, and population health services across 13 counties in southern Oklahoma."[16]

"Our staff are the reason for the Chickasaw Nation Department of Health's success, and the key to assuring each patient gets the best care, every time," Chickasaw Nation Secretary of Health Dr. Charles Grim said. "We are so proud of our staff and their servant's heart and warrior determination."[17]

Swinomish Indian Tribal Community. The Swinomish Indian Tribal Community (SITC or Swinomish) has approximately 1,057 enrolled Tribal members[18] and joined the IHS Tribal Self-Governance Program (TSGP) in 1997. The Swinomish Reservation is located on Fidalgo Island, in Puget Sound, which is approximately 65 miles north of Seattle, Washington. The majority of SITC Tribal members reside on the Swinomish Reservation in Swinomish Village, or in nearby Skagit County.[19] The SITC's Dental Therapist Program (SDTP), established in January 2016 pursuant to the Swinomish Dental Health Provider Licensing Code, is another example of an innovative health program operated by a Self-Governance Tribe, and driven by the Tribe's needs and priorities. Additionally, in 2022 the SITC in partnership with Skagit Valley College, created

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Articles/Centers-for-Medicare-and-Medicaid-Services-awards-Chickasaw-Nation-Medical-Center-five-star-rating.aspx

15 *Ibid.*

16 National Institute of Standards and Technology (2024). Baldridge Performance Excellence Program. The Chickasaw Nation. Retrieved from https://www.nist.gov/baldrige/chickasaw-nation-department-health

17 Charles Grim, DDS, MSHA, Secretary of Health, Chickasaw Nation Department of Health (March 14, 2024). Ada News. Chickasaw Nation Medical Center Named One of Newsweek's Best-In-State Hospitals, 2024. Retrieved from https://www.theadanews.com/news/local_news/chickasaw-nation-medical-center-named-one-of-best-in-state-hospitals/article_5a66177a-dfc9-11ee-8609-17a03207ff30.html

18 Swinomish Indian Tribal Community (2024). Enrollment Office.

19 Swinomish Indian Tribal Community (2024). Community. Tribal Communities. Retrieved from https://swinomish-nsn.gov/community.aspx.

the first Dental Therapy education program in Washington State to address on-going oral health workforce disparities.

The SITC operates the Swinomish Medical Clinic, which provides a wide range of medical services focusing on the whole patient through comprehensive primary care, specialty services such as acupuncture, behavioral health services, Medication Assisted Treatment, as well as chronic care management (e.g., Diabetes Management Team) to members of Federally recognized Tribes. Swinomish also offers preventive services and culturally appropriate health education through a Wellness Program, a Fitness Center, and other services and supplies to support Tribal members to live healthy lifestyles. Additionally, Swinomish operates the didgwálič Wellness Center, which provides integrated patient-centered behavioral health care, Medication Assisted Treatment, primary care, dental care, and essential health services to remove barriers to care.

The Swinomish Dental Program's health goal is "to raise the oral health status and wellbeing of Native American and Alaskan Native people to the highest possible level by minimizing the adverse effects of oral disease;" and service goal is "to provide quality and comprehensive clinical dental services in a professional, culturally-competent, and efficient manner to meet the demands of current and future generations." The Swinomish Dental Clinic serves as an integral part of the SITC, providing services to eligible patients in the diagnosis, treatment, and prevention of oral health disease. Treatment offerings include emergency care, preventative services, oral surgery (extractions), restorative procedures (fillings, crowns, bridges), root canal therapy, and prosthetics (dentures).[20]

For decades, the Swinomish confronted a disproportionate oral health crisis. Oral health surveillance shows that historical trauma and lack of access to quality care has led to high oral health disease rates. American Indian and Alaska Native (AI/AN) preschool children have the highest level of tooth decay; more than four times higher than white non-Hispanic children.[21] Regardless of age, the AI/AN population has a higher prevalence of decay experience and untreated decay than the general U.S. population.[22] Additionally, low dentist-to-patient ratios and high turnover among providers in Indian Country hinders continuity of care and the delivery of culturally competent services.

While there is no single key remedy for the oral health crisis in Indian Country, the Dental Health Aide Therapist (DHAT) model is a best practice that trains a local work force to provide routine and preventative dental services through culturally appropriate dental education to Tribal members in rural areas. According to Tribal Community Health Provider Program, there are four types of Dental Health Aides: 1. Primary Dental Health Aide (PDHA I and II); 2. Expanded

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[20] *Ibid.*

[21] Indian Health Service (2019). Indian Health Service Data Brief. The Oral Health of American Indian and Alaska Native Children Ages 1-5 Years: Results of the 2018-2019 IHS Oral Health Survey. Retrieved from https://www.ihs.gov/doh/documents/surveillance/2018-19%20Data%20Brief%20of%201-5%20Year-Old%20AI-AN%20Preschool%20Children.pdf

[22] Indian Health Service (2020). Indian Health Service Data Brief, May 2020. The Oral Health of 13-15 Year Old American Indian and Alaska Native (AI/AN) Dental Clinic Patients – A Follow-Up Report to the 2013 Survey. Retrieved from https://www.ihs.gov/doh/documents/surveillance/IHS_Data_Brief_Oral_Health_13-15_Year_Old_Follow-Up_to_2013_Survey.pdf

Function Dental Health Aide (EFDHA I and II); 3. Dental Health Aide Hygienist (DHAH); and 4. Dental Health Aide Therapist (DHAT).

Dental Health Aide Therapists are licensed and/or certified mid-level dental providers that work under the supervision of a dentist to provide preventive and restorative services within a defined scope of practice. Dental Health Aides and Dental Health Aide Therapists are invaluable, especially in rural areas in Indian Country where it may be difficult to recruit dentists or other dental professionals, and they are often integrated into existing health care teams serving AI/AN communities. Further, "many Dental Health Aides and Dental Health Aide Therapists have personal and cultural ties to the communities they serve, and their relevant knowledge of traditions, norms, and practices has led to great acceptance and appreciation of the care they provide."[23]

The Swinomish Dental Program currently employs two Dental Health Aide Therapists, who are Tribal members, and the Swinomish didgwálič Wellness Center employs one DHAT. The SITC Dental Health Aide Therapists have dramatically increased community members' access to routine and preventative care, which has reduced emergency urgent care and outside referrals, and wait times for patients have gone from months to same-week and even same-day appointments. In addition to providing routine, restorative, and preventive services, the SITC dental therapists work alongside hygienists to conduct community outreach and education. Once a week, SITC dental therapists and hygienists from the Swinomish Clinic visit the Swinomish Youth Center to perform visual exams and talk to kids about healthy eating and brushing their teeth.

The SITC is the first Tribe in the lower 48 States to replicate the successful Dental Health Aide Therapist (DHAT) delivery model used in Alaska, which provides care to over 45,000 Alaska Natives in 81 communities. Swinomish initially partnered with the Alaska Native Tribal Health Consortium, in conjunction with the Iḷisaġvik College, to train its DHATs through the Alaska Dental Therapy Education Program (ADTEP). The ADTEP was the first program in the U.S. to receive approval from the Commission on Dental Accreditation (CODA) in August 2020. Recognizing the growing DHAT profession, CODA developed standards for dental education programs in 2015.

In 2022, the expansion of the DHAT profession to the lower 48 States led to the development of a partnership between Swinomish and the Skagit Valley College to create the dəxʷx̌ayəbus - Dental Education Therapy Program, to address the on-going oral health workforce disparities among underrepresented minorities specifically, the AI/AN communities.[24] The dəxʷx̌ayəbus - Dental Education Therapy Program requires 28 months of a tightly condensed curriculum.[25] The SITC Dental Clinic and the didgwálič Wellness Center are sites for the Dental Therapy Education Program students to meet their education program community rotations requirements.

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[23] Indian Health Service (2024). Dental Health Aides. Retrieved from https://www.ihs.gov/chap/communityed/dha/

[24] Skagit Valley College (2024). dəxʷx̌ayəbus-Dental Therapy Program. Associates of Applied Sciences/Dental Therapy. Retrieved from https://www.skagit.edu/academics/areas-of-study/health-sciences/dentaltherapy/

[25] Seattle Times (September 1, 2022). Swinomish Tribe, Skagit Valley College partner on new dental therapy program. Retrieved from https://www.seattletimes.com/nation-world/swinomish-tribe-skagit-valley-college-partner-on-new-dental-therapy-program/

Graduates who successfully complete the Associate of Applied Sciences degree in Dental Therapy are eligible to receive certification/licensure from regional certification/licensure boards. The dəxʷx̌ayəbus - Dental Education Therapy Program began enrolling students in September of 2022, and there are 13 students currently enrolled in the program. The first cohort of six students graduated in the June 2025.[26]

Lummi Nation. The Lummi Nation was one of the first of 14 Tribes to join the IHS Tribal Self-Governance Program in 1994. The Lummi Nation has been recognized for developing best practices in the health care area of harm reduction and hepatitis C virus (HCV) elimination. The Lummi Nation has over 5,443 Tribal members, and the Lummi Reservation covers approximately 13,000 acres of tidelands, located in Northwestern Washington State.[27]

The Lummi Nation Health Center (LNHC) provides comprehensive health care services, which includes: outpatient medical (e.g., pediatrics, adult and family medicine, and geriatrics and home visits); mental/behavioral health services (i.e., psychiatry, cognitive behavioral therapy for insomnia and pain, and counseling for parent-child relationship improvement); dental and orthodontics; physical therapy; preventive health care and public health services (e.g., harm reduction and HCV elimination); gynecologic and reproductive care; maternal support services; dive and work physicals; pharmacy; lab and x-ray; rheumatology; and COVID testing and vaccines.[28]

The Centers for Disease Control and Prevention (CDC) has defined harm reduction as "a public health approach that focuses on mitigating the harmful consequences of drug use, including transmission of infectious disease and prevention of overdose, through provision of care that is intended to be free of stigma and centered on the needs of people who use drugs."[29] According to CDC, HCV is a liver disease and is spread when blood from an HCV-infected person enters the body of someone who is not infected, typically through the sharing of needles, syringes, or other drug injection paraphernalia, or other personal care items (e.g., razors, nail clippers or toothbrushes). Other ways HCV is spread include: an infected pregnant mother passes HCV to an unborn child; health care workers exposed to an infected person's blood; or via unprotected sex, which is rare.[30]

While the focus of this Tribal success story is on LNHC's best practices in harm reduction, specifically in the area of HCV elimination, it would be remiss not to mention the related harmful consequence of drug use, which is overdosing. The CDC reports that the AI/AN people are disproportionately affected by drug overdose deaths, which increased by 20 percent for non-Hispanic AI/AN people from the years 2020 to 2021. In those same years, the highest overdose mortality rates were for non-Hispanic AI/AN people (42.5 per 100,000 and 56.6, respectively).

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[26] Cheyanne Warren, MS, DDS, Director, dəxʷx̌ayəbus-Dental Therapy Program, Skagit Community College (2024). Information received via email communication, September 29, 2024.

[27] Lummi Nation (2024). About Us. Retrieved from https://www.lummi-nsn.gov/Website.php?PageID=388

[28] Lummi Nation (2024). Lummi Health Clinic. Lummi Tribal Health Center. Retrieved from Lummi Tribal Health Center

[29] Centers for Disease Control and Prevention (April 16, 2024). Overdose Prevention. OD2A Case Study: Harm Reduction. Retrieved from https://www.cdc.gov/overdose-prevention/php/od2a/harm-reduction.html

[30] Centers for Disease Control and Prevention (2024). Hepatitis C Basics. Retrieved from https://www.cdc.gov/hepatitis-c/about/index.html

According to the CDC, the disproportionate occurrence of overdose and increases in overdose mortality rates in the AI/AN population may partly be due to health inequities (e.g., treatment biases and unequal access to substance use treatment).[31]

There were 2,001 opioid overdose-related deaths reported in Washington State in 2022, and of those, 1,803 were related to fentanyl. In Washington State, the overdose mortality rate for the AI/AN population is 97 deaths per 100,000 persons, "more than twice the rate for the next most-impacted group, Black individuals, at 45.8 deaths per 100,000."[32] The Lummi Nation's "age-adjusted mortality rate for opioid overdoses is 3.5 times higher" than the rate for opioid overdoses in Washington State. [33] Washington State reports that easy access to fentanyl has caused overdose death rates to skyrocket in recent years.

The LNHC's Harm Reduction and Hepatitis C program was developed in 2012, in response to a high rate (40 percent) of HCV among AI/ANs residing in Whatcom County.[34] This program targets and provides case management for individuals who are at high risk for HCV or are in treatment for hepatitis C. LNHC offers HCV treatment to all patients, including those actively or intermittently using drugs. To reduce the transmission of HCV among patients who use drugs, LNHC's Harm Reduction Program also includes the Syringe Service Program (SSP) or needle exchange program to mitigate any future exposures.[35] According to the CDC, "SSPs are proven to save lives, help those with substance use disorders get needed support, prevent overdose deaths, and reduce the impact of drug use on the community."[36]

In 2013, several LNHC employees founded a needle exchange program, but it was halted during the first year, due to patient privacy concerns. The program was renamed the Primary Integrated Care Syringe Service Program (or PICSSP) and is now known as the SSP. Based on participant feedback, and the belief that "people who use drugs still deserve access to health care," the SSP

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[31] Centers for Disease Control and Prevention (May 2, 2024). Drug Overdose Prevention and Tribal Communities. Why it's important. Retrieved from https://www.cdc.gov/overdose-prevention/health-equity/tribal-communities.html

[32] Washington State Standard (January 24, 2024). WA's opioid epidemic and the state's efforts to fight it, by the numbers. 3. Indigenous People die at disproportionately high rates, from fentanyl overdoses. Retrieved from https://washingtonstatestandard.com/2024/01/25/was-opioid-epidemic-and-the-states-effort-to-fight-it-by-the-numbers/

[33] Iwasaki, Justin, M.D., Lane, Dakotah, M.D., Toledo-Cornell, Cristina, M.D., and Olson, Tara, (2021). Tackling the Opioid Crisis at the Human and Systems Levels: How the Lummi Tribal Clinic used Design to Address Opioid Overdoses. Designing for Social Systems program, Stanford d. school. Retrieved from https://cdn.prod.website-files.com/61b1a8b6b5491575482ca009/624bae034c239d7e647a12a1_DSS%20Lummi%20Case%20Study%20(final).pdf

[34] Lummi Nation (2024). Harm Reduction and Hepatitis C Elimination Program. Retrieved from https://www.lummihealth.gov/services/hepatitis-c-elimination-harm-reduction/

[35] Jessica Reinstra (2017). Syringe Services and HCV Treatment Programs at a Tribal Health Center. Northwest Portland Indian Health Board presentation. Retrieved from https://www.npaihb.org/wp-content/uploads/2017/01/Harm-Reduction-at-a-Tribal-health-clinic.pdf

[36] Centers for Disease Control and Prevention (2024). Syringe Service Programs. Retrieved from https://www.cdc.gov/syringe-services-programs/php/index.html

was modified so that patients now enter the clinic through the same door as other patients, and visit trained providers in a private room. [37]

Some services currently offered by LNHC's Harm Reduction Program include: 1) education (e.g., disease prevention, safer injection tips, and overdose response); 2) testing (e.g., HCV, HIV, or other sexually transmitted diseases); 3) supplies (e.g., sterile needles, safe smoking supplies such as glass pipes, alcohol swabs, sharp containers, etc.); 4) safe disposal (e.g., sharps containers and kiosks around the reservation for used supplies); and other services (e.g., access to health care providers, case management for HCV, and abscess/wound care).[38] Also, LNHC's Harm Reduction program provides food tips for harm reduction, because eating the right foods before or after using drugs or alcohol can reduce the negative impacts of those substances on your brain and body.

Beginning in April 2020, LNHC's Harm Reduction Program staff started a peer-to-peer Community Based Harm Reduction Program to educate community members who use drugs on harm reduction best-practices and related health care topics, including: HCV elimination project; overdose identification and response; appropriate use of Naloxone; safer injection and smoking practices, oral health, fentanyl, stigma, domestic violence, family planning, and wound care for infection prevention. The participants are compensated for every one-hour session they attend, whether in-person or virtually, followed by a 10-question quiz that reviews the topic of that day. The mission of the Community Based Harm Reduction Program is to "offer a low-threshold point of access to harm reduction information for high-risk patients who have been difficult to reach through fixed location programs." This model of delivery builds capacity based on relatability and trust between drug users and care health providers.[39] In 2022, the staff reported that they offered over 100 trainings, to train 101 unique participants, over the last 2.5 years.

In 2021, LNHC Harm Reduction staff reported a reduction in the number of people accessing their SSP, as fentanyl became more available in Whatcom County and the Lummi Reservation. With the rise of fentanyl in the drug supply, people who primarily injected opioids such as heroin, turned to smoking, rather than injecting. As of July 2024, LNHC Harm Reduction program has been able to offer safe smoking supplies to meet this new demand, and to continue to engage with people who use drugs. To help address the overdose crisis, the Lummi Nation Harm Reduction Program provides patients, who use drugs (e.g., opioids), with fentanyl test strips that allows testing of drugs for contaminants. Additionally, the Harm Reduction Program offers Narcan/Naloxone (a nasal spray that treats opioid overdose) safety, Naloxone distribution, and training to address the overdose issue. The Tribe has also established the New Life Center, a stabilization/recovery center, with seven beds, where patients can recover from opioid withdrawal and receive treatment.

The Lummi Nation hosted the first Washington State Tribal Opioid/Fentanyl Summit in May 2023. In September 2023, the Lummi Indian Business Council declared a state of emergency

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[37] Lummi Nation (2024). Harm Reduction and Hepatitis C Elimination Program. Retrieved from https://www.lummihealth.gov/services/hepatitis-c-elimination-harm-reduction/

[38] *Ibid.*

with the fentanyl overdose-related deaths of four Tribal members. In response to the spike in overdoses, LNHC also posted a community alert on their Website with strategies to use to reduce the risk of overdose (e.g., never use alone and carry Narcan) if Tribal members or others are using opioids or stimulants. To stop the flow of fentanyl into the Lummi Reservation, and elsewhere, it was recently reported that the Lummi Nation Police Department was working closely with the Whatcom Gang and Drug Task Force, the Bureau of Indian Affairs, the U.S. Drug Enforcement Agency, and the Homeland Security Investigations to identify and arrest members of a drug trafficking organization.

The LNHC's Harm Reduction Program reports that it has experienced a continued increase in the number of patients participating in their programs, reduction in HCV transmission, and growth in the disposal of used supplies at drop boxes or sharps kiosks across the reservation. The success of the Lummi Tribe's Harm Reduction Program in reducing HCV is due in part to their ability to modify services based on community feedback.

Alaska Native Tribal Health Consortium. The Alaska Native Tribal Health Consortium (ANTHC) joined the IHS Tribal Self-Governance Program in 1999, and is located in Anchorage, Alaska. In Alaska, approximately 50 percent of the Alaska Native and American Indian (AN/AI)[40] population lives in rural, remote areas, and 90 percent of Alaska's state land area is inaccessible by roads.[41] The Alaska Native Medical Center (ANMC), a 182-bed tertiary and specialty hospital, is the referral center for the Alaska Tribal Health System. The ANTHC and Southcentral Foundation operate programs and services at the ANMC under the terms of Public Law 105-83. More than 60 percent of the patients who require necessary, advanced, or specialty health care need to travel 90 miles or more to receive care at the ANMC. The ANMC offers comprehensive health care services, including specialty health care, and is also designated a Level II Adult and Pediatric Trauma Center.

The ANTHC is a non-profit Tribal health organization that is committed to ensuring that insufficient temporary housing does not prevent access to health care. To meet the unique needs of the AN/AI population residing in Alaska, ANTHC, in partnership with Tribes and regional Tribal Health Organizations of the Alaska Tribal Health System, developed a Patient Housing Department and a Travel Management Office. The ANTHC and also worked with the State of Alaska to allow Tribal health programs to manage and provide Medicaid non-emergency transportation services (NEMT). The Travel Management Office and NEMT services assist patients to access health care – which serve as another example of a Tribal Self-Governance success story. As a result of these initiatives, the ANTHC has doubled patient access to specialty clinics/medical care in a timely manner. [42]

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[40] Note: ANTHC reviewed this section and amended the AI/AN acronym to AN/AI to reflect the prevalent Alaska Native population in Alaska.

[41] Ward, L. A., Black, K. P., Britton, C. L., Tompkins, M. L., & Provost, E.M. (CDC) (June 3, 2022). COVID-19 Cases, Hospitalizations, and Deaths Among American Indian or Alaska Native Persons — Alaska, 2020–2021. MMWR Morbidity and Mortal Weekly Report 2022;71:730–733. DOI: http://dx.doi.org/10.15585/mmwr.mm7122a2

[42] Jason Hart (2022). Indigenous Peoples Day: A Rich History in Alaska Native Healthcare. American College of Healthcare Executives. Retrieved from https://www.ache.org/blog/2022/indigenous-peoples-day-a-rich-history-in-alaska-native-healthcare

In Alaska, there are 229 federally recognized Tribes across 586,412 square miles. This AN/AI population is served by the Alaska Tribal Health System, and are represented on the Alaska Native Tribal Health Consortium Board of Directors by Tribes and regional Tribal health organizations.[43] The ANTHC is the largest, most comprehensive Tribal health organization in the U.S. and provides health care services to more than 180,000 AN/AI people. The ANTHC provides exemplary health care services, including comprehensive medical services at the ANMC, rural provider training, wellness programs, disease prevention and research, and rural water and sanitation systems construction.[44] The ANTHC is also Alaska's second-largest health employer with over than 3,300 employees.

The ANTHC Patient Housing Department provides temporary housing for patients who meet the following eligibility criteria, the patient must: be a Tribal health beneficiary referred for care at the ANMC or to an offsite medical facility by ANMC; be an Alaska resident residing 90 or more miles outside of the Anchorage Area; and not be in a current eviction or trespass status from ANMC or Patient Housing.[45] Also, in some cases, patient escorts (i.e., a family member or friend) may be approved for safety reasons to accompany the patient during their hospital stay.

In 2016, Tribal health programs worked with the State and the CMS to obtain a Medicaid State Plan Amendment that allows Tribal health programs to authorize and receive Medicaid reimbursement for patients traveling from remote regions of Alaska and receive care at the ANMC. The majority of states provide NEMT services using a travel broker (contractor) who often does not understand Tribal patients' needs or does not have familiarity with Tribal health providers. In Alaska, Medicaid travel begins by obtaining prior authorization, which is requested by the provider. The Medicaid Prior Authorization Specialists Team reviews the request to ensure compliance with State of Alaska regulations and works closely with ANMC case managers and specialty clinics, Tribes and Tribal Health Organizations, and the State of Alaska Medicaid system. Additionally, to assist with emergency medical care during travel outside of Alaska, the Purchased/Referred Care (PRC) Team offers limited benefits to eligible AN/AI patients. The Travel Management Office processes more than 350 travel requests/itineraries per week.[46]

The Patient Housing Department employs approximately 42 employees, who coordinate lodging accommodations for eligible Tribal health beneficiaries.[47] Some of the Patient Housing Department staffs' duties include: assisting patients/guests with reserving Medicaid Hotels; contacting every patient/guest scheduled to arrive/stay in Patient Housing in Anchorage to confirm their lodging dates and locations; ensuring patients' meals are available; assisting patients/guests in navigating the ANMC Campus (e.g., walking directions, shuttle, or taxi) to appointments and airports; and working jointly with the ANTHC Travel Management Office

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[43] Alaska Native Tribal Health Consortium (2024). Our Health in Our Hands. The path to Tribally managed health care in Alaska. Retrieved from https://www.anthc.org/wp-content/uploads/2021/01/Our-health-in-our-hands.pdf

[44] Alaska Native Tribal Health Consortium (2024). Overview. About the Alaska Native Tribal Health Consortium. Retrieved from https://www.anthc.org/who-we-are/overview/

[45] Alaska Native Tribal Health Consortium (2024).

[46] ANTHC (January 24, 2025). The number of travel requests processed by the ANTHC Travel Management Office was provided by an ANTHC representative via an e-mail.

[47] ANTHC (January 24, 2025). The number of Patient Housing employees was provided by an ANTHC representative via an e-mail.

Team to ensure patients/guests receive Medicaid Vouchers, an up-to-date travel itinerary, and other support as needed.[48]

The ANTHC's Patient Housing facilities include the Quyana House, a 58-bed facility, and ANMC Patient Housing facility, a 200-bed facility completed in 2016 and connected to the ANMC via a skybridge, and Springhill Suites, University Lake, a 159-bed facility. All Patient Housing facilities are also designated as preferred Medicaid Hotels. By providing temporary housing services, the ANTHC is able to provide culturally appropriate services, serve traditional foods in campus cafeterias, and provide shuttle services to and from airports, clinic visits, and patient housing facilities to ensure ease of access to necessary health care services. In 2024, the Patient Housing Department provided rooms for approximately 16,238 patients/guests for an average stay of 4.74 days.

Patient Housing Utilization

Fiscal Year	Patients	Reservation	Room Nights	Average Stay (days)
2022 (10/1/2021-9/30/2022)	11,555	20,710	96,251	4.65
2023 (10/1/2022-9/30/2023)	14,048	25,711	125,646	4.89
2024 (10/1/2023-9/30/2024	16,238	31,598	149,786	4.74

The ANTHC's priorities for the Patient Housing Department include providing a "home away from home" environment that facilitates rest and recovery and increasing services and support for AN/AI people who require health care. The Patient Housing is designed to incorporate the ambiance of the surrounding natural environment, such as ceiling-to-floor windows in guest rooms; natural light filters; views of the courtyard and natural play area; an outdoor dining patio; and the exterior walls reference the nearby birch forests in texture/design.

Aspects of Alaska Native culture are also reflected in the design and activities of the Patient Housing. For example, while the main "hub" of the facility is a large dining room, patients can also cook traditional meals in a communal kitchen. Each floor is named after an Alaska native medicinal plant. To aid in the healing process, children receiving health care, and residing at the Patient Housing, may enjoy a custom interactive game based on regional animals, dancing and drumming. Other amenities for Patient Housing include: house and courtesy phone service, internet, televisions, safes, parking, housekeeping, business centers, communal spaces, kitchen areas, and an elder lounge.

Additionally, Alaska's only Ronald McDonald House, which is operated by Ronald McDonald House Charities of Western Washington and Alaska, provides accommodations and specialized

[48] ANTHC Patient Housing Department (December 4, 2020). ANTHC Patient Housing department: Going above and beyond, even in a pandemic. Retrieved from https://www.anthc.org/news/anthc-patient-housing-department-going-above-and-beyond-even-in-a-pandemic.

support to pediatric patients and high-risk expectant mothers on the sixth floor in Patient Housing. High-risk expectant mothers may have to travel to Anchorage 4 to 6 weeks before their due dates to ensure access to necessary services.

The ANTHC Travel Management Office (TMO) has 77 employees working in five distinct areas, including the Patient Travel Team; the Care Coordination Center; the Medicaid Prior Authorization Team; Shuttle Services; and, Liaison Services.[49] These teams serve and advocate for the AN/AI population who must travel to receive health care services.[50] The Patient Travel and Care Coordination teams work with patients to coordinate their appointments, travel, and lodging. To access health care, patients may need to travel from 90 miles to more than 1,000 air miles. Travel from rural Alaska may be by personal vehicle, ferry, small charter planes, larger airplane carriers, or a combination of all. Ac

Cherokee Nation. The Cherokee Nation, which comprises more than 460,000 Cherokee Nation citizens, is also one of the first of 14 Tribes to enter the IHS Tribal Self-Governance Program in 1994. The Cherokee Nation Reservation is located in northeastern Oklahoma, encompassing a 7,000-square-mile radius of all or parts of 14 counties.[51] The Cherokee Nation's Dental Services program is another example of a Tribal Self-Governance success story.

The Cherokee Nation Health Services (CNHS) is one of the largest tribally operated health care systems in the U.S., and continues to grow. The CNHS consists of one hospital, nine health care centers, and an employee health center. The W.W. Hastings Hospital is an 80,000 square foot inpatient hospital, assumed by the Cherokee Nation from the IHS on October 1, 2008. The Cherokee Nation is currently constructing a $400 million six-story 127-bed state-of-the-art hospital to replace the existing W.W. Hastings Hospital on the Tahlequah campus. The Jack Brown Center is another in-patient 36-bed facility operated by the Cherokee Nation, and provides chemical dependency education and treatment for Native American adolescents, ages, 13-18.[52] Additionally, in October 2019, the CNHS opened the four-story Cherokee Nation Outpatient Health Center, on the Tahlequah campus, which is the largest IHS Joint Venture health facility, at 469,000 square-feet.[53]

The CNHS has more than 2,200 health care employees and 160 providers, providing health services to over 100,000 Tribal members. The CNHS provides a broad array of inpatient and outpatient health care services, including, but not limited to: primary care; pediatrics; optometry; audiology; diabetes program; dietary services; podiatry; patient advocate; patient benefits coordinator; medical social work; purchase and referred care; physical rehabilitation; radiology; laboratory; pharmacy; substance misuse treatment; dental; OB/Newborn; pediatric inpatient

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[49] ANTHC (January 24, 2025). An ANTHC representative provided the total number of employees for the Travel Management Office via an e-mail.

[50] ANTHC (December 7, 2020). ANMC Travel Management Office: Working together to support our people on their journey toward health. Retrieved from https://www.anthc.org/news/anmc-travel-management-office-working-together-to-support-our-people-on-their-journey-toward-health/

[51] The Cherokee Nation (2024). Frequently Asked Questions. Common Questions. Retrieved from https://www.cherokee.org/about-the-nation/frequently-asked-questions/common-questions/?term=&page=2&pageSize=7

[52] The Cherokee Nation (2024). Health Services. Retrieved from https://health.cherokee.org/

[53] *Ibid.*

services; inpatient dialysis; emergency department; urgent care, inpatient and outpatient surgery; Stroke Services - Certified Primary Stroke Center; intensive care unit, and a Step Down Unit. The CNHS also provides social, community, mental and public health programs such as: public health nursing, diabetes prevention, smoking cessation education/activities, HIV and Hep-C services, emergency medical services, emergency and risk management, behavioral health, home health services, cancer prevention, environmental health, clinical quality improvement and quality management, and research.

According to Dr. Steve Jones, Executive Director, CNHS, patient growth has averaged a 17 percent increase each year, since 2020, with 1.62 million patient visits in 2022,[54] and almost 2 million patient visits in 2024 to the Cherokee Nation's health facilities.[55] Patient encounters are on the rise, especially in the area of dental care, which can be attributed to the expansion of dental services at the Will Rogers Health Center in Nowata, Oklahoma, and at the Cooweescoowee Health Center in Ochelata, Oklahoma.[56] With this expansion, all nine of the CNHS outpatient health care centers now have dental programs that offer basic dental services. The Cherokee Nation reported 78,339 patient dental visits in 2022, 96,712 patient dental visits in 2023, and 113,051 patient dental visits in 2024.[57]

The CNHS provides comprehensive dental services to raise the dental health and lower the incidence of dental disease among the Cherokee Nation's citizens and other eligible persons. The CNHS dental services, includes, but are not limited to comprehensive dental exams, cleanings and preventive care, fillings and extractions, oral surgery, dental prosthetic appliances, dental lab services, community dentistry, and specialty dental services (e.g., orthodontics or endodontics). The Cherokee Nation also provides dental insurance coverage through a contracted/in-network provider in the Cherokee Nation's service area for eligible Cherokee citizens. This plan offers a wide range of services, subject to certain deductibles and copays, such as: preventive care (e.g., routine checkups, cleaning, and fluoride treatments); basic restorative procedures (e.g., sealants, fillings, and root canals); major restorative procedures (e.g., crowns, bridges, and dentures); oral surgery (e.g., extractions, grafts, and implants); braces and other corrective appliances). [58]

The CNHS Crown & Bridge Program is designed as an incentive service and allows the CNHS dental department to offer more comprehensive dental options to patients who strive for optimal dental health. Patients who follow through with all of their recommended dental treatments may be eligible to receive services from the CNHS' Crown & Bridge Program. To be eligible for the CNHS Crown & Bridge Program, the patient must be a registered member of a federally recognized Tribe and have a patient record with CNHS. Additionally, the patient must have a

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[54] Cherokee Nation FY 2022 Popular Annual Financial Report for Fiscal Year Ended September 30, 2022 (2022). Health Highlights. Retrieved from https://www.cherokee.org/media/tmznbi45/pafr-2021-3-31-22-v2-6.pdf

[55] Chad Hunter (June 18, 2024). Tribal health system nears record 2 million patient visits. Cherokee Phoenix. Retrieved from https://www.cherokeephoenix.org/health/tribal-health-system-nears-record-2-million-patient-visits/article_5af61454-2ce2-11ef-b6ae-ef1e5e0c42ff.html

[56] *Ibid.*

[57] Joshua C. Looney, D.D.S., Senior Dental Director, Cherokee Nation (March 10, 2025). Dr. Looney provided this data in an email to the IHS Office of Tribal Self-Governance on March 10, 2025.

[58] Justo (March, 24, 2024). Unlock Your Radiant Smile: Dental Benefits for Proud Cherokee Citizens, Tribal Info. Retrieved from https://nativetribe.info/unlock-your-radiant-smile-dental-benefits-for-proud-cherokee-citizens/

dental exam at their current CNHS dental clinic. The patient will also have to pay a $100 copay for services received from the Crown & Bridge Program.[59]

The CNHS also has a referral Denture Program, designed to help Cherokee citizens get access to new affordable dentures or partials to replace missing or broken teeth. To access the Denture Program, patients must first have an exam at a CNHS dental clinic and complete the entire dental treatment plan set by the dentist before a referral is made. Eligibility requirements for the Denture Program include that a patient: be a citizen of the Cherokee Nation; provide proof of their address; and live in the Cherokee Nation Reservation. The patient must also "meet income requirements of 300 percent of federal poverty guidelines, which is determined by the number of family members in the household."[60] These programs reflect the Cherokee Nation's commitment to providing its citizens access to comprehensive and quality dental care services crucial for maintaining oral health and overall well-being.

E. Funds related to the provision of services and benefits to Self-Governance Tribes

The funds specifically or functionally related to the provision, by the Secretary, of services and benefits to self-governance participants include the IHS budget for administration of the Tribal Self-Governance Program and the funds available to the Secretary to provide services for each Indian Tribe (as reflected by the amount each Tribe in a self-governance funding agreement is eligible to receive) for FY 2022 and FY 2023, respectively.

[59] Cherokee Nation. Crown & Bridge Program. Health Services. Retrieved from https://health.cherokee.org/services-and-programs/crown-and-bridge-program/

[60] Lindsey Bark (July 5, 2021). Cherokee Nation Health Services provides dentures, eyewear referrals. Cherokee Phoenix. Retrieved from https://www.cherokeephoenix.org/health/cherokee-nation-health-services-provide-dentures-eyewear-referrals/article_b7052e18-c536-11eb-9b14-7370f58a590b.html

FY 2022 Data:

(1) IHS, Office of the Director, Office of Tribal Self-Governance line item, FY 2022 appropriation (Dollars in Thousands) $5,806

(2) IHS, Area Offices, total of FY 2022 budgets for Self-Governance activities $0

(3) Amount available for current Self-Governance Tribes in FY 2022 (Dollars in Thousands) [61] $2,162,874

IHS Area Office	All Funds
Alaska	$689,903
Albuquerque	17,687
Bemidji	96,642
Billings	36,323
California	99,327
Great Plains	35,365
Nashville	98,672
Navajo	81,823
Oklahoma City	655,857
Phoenix	172,768
Portland	119,835
Tucson	$58,672
Total	$2,162,874

(4) Total funds related to the provision of services and benefits to Self-Governance Tribes, in FY 2022 (Dollars in Thousands) $2,168,680

[61] Please note the following: FY 2022 105(*l*) lease amounts and Contract Support Costs (CSC) are not included in this report. The FY 2022 CSC amounts are identified and reported in the *Indian Health Service Fiscal Year (FY) 2022 Report to Congress on Contract Funding of Indian Self-Determination and Education Assistance Act Awards* (Includes Fiscal Year 2022 Data). This Report is currently under Agency review, and is forthcoming.

FY 2023 Data:

(1) IHS, Office of the Director, Office of Tribal Self-Governance line item, FY 2023 appropriation (Dollars in Thousands) $5,850

(2) IHS, Area Offices, total of FY 2023 budgets for Self-Governance activities $0

(3) Amount available for current Self-Governance Tribes in FY 2023 (Dollars in Thousands) [62] $2,270,961

IHS Area Office	All Funds
Alaska	$714,915
Albuquerque	28,770
Bemidji	99,198
Billings	44,240
California	100,455
Great Plains	35,841
Nashville	103,660
Navajo	91,052
Oklahoma City	675,852
Phoenix	195,141
Portland	122,352
Tucson	59,485
Total	$2,270,961

(4) Total funds related to the provision of services and benefits to Self-Governance Tribes, in FY 2023 (Dollars in Thousands) $2,276,811

F. Funds transferred to each Self-Governance Indian Tribe in FY 2022 and FY 2023, and the corresponding reduction in the Federal bureaucracy[63] (Dollars in Thousands)

(1) Funds transferred to Tribes for PSFAs assumed under Title V of the ISDEAA for FY 2022 and FY 2023, respectively.

(a) FY 2022 $2,108,380

[62] Please note the following: FY 2023 105(*l*) lease amounts and CSC amounts are not included in this report. The FY 2023 CSC amounts are identified and reported in *the Indian Health Service Fiscal Year (FY) 2023 Report to Congress on Contract Funding of Indian Self-Determination and Education Assistance Act Awards* (Includes Fiscal Year 2023 Data). This Report is currently under Agency review, and is forthcoming.

[63] Note: For amounts by Tribe, please see Exhibit A, "FY 2022 Funds Transferred to Each Self-Governance Tribe," and Exhibit B, "FY 2023 Funds Transferred to Each Self-Governance Tribe."

IHS Area Office	Funds Transferred
Alaska	$670,714
Albuquerque	13,370
Bemidji	91,484
Billings	35,480
California	96,317
Great Plains	33,823
Nashville	96,143
Navajo	80,495
Oklahoma City	648,577
Phoenix	169,549
Portland	115,795
Tucson	$56,633
Total[64]	$2,108,380

(b) FY 2023 $2,211,829

IHS Area Office	Funds Transferred
Alaska	$697,963
Albuquerque	24,800
Bemidji	93,346
Billings	42,565
California	98,940
Great Plains	34,298
Nashville	100,918
Navajo	89,726
Oklahoma City	661,636
Phoenix	192,038
Portland	118,156
Tucson	57,443
Total[65]	$2,211,829

(2) Corresponding reduction in the Federal bureaucracy

Since 1994, Tribal participation in the IHS TSGP has grown exponentially, resulting in an increased assumption of Tribal shares and reduced IHS staffing levels, as Tribes hired their own staff to work in tribally operated facilities. However, an immediate reduction of Federal staff might not occur, as some employees may be transferred under Intergovernmental Personnel Act agreements or through a Memorandum of Agreement to tribally operated facilities. During a Tribal assumption of an IHS facility or program, IHS employees may also elect to be transferred to another IHS position.

[64] See footnote 65.
[65] See foot note 66.

To demonstrate the growth of Tribes electing to participate in the IHS TSGP, in FY 2017, 365 Tribes were participating in the IHS TSGP, and by FY 2021, there were 380 Tribes participating. While there was an increase of 15 Tribes entering the IHS TSGP during this 5-year period, no new Tribes entered the IHS TSGP in FY 2021, likely due to the COVID-19 pandemic. In FY 2022 and FY 2023, a total of 8 more Tribes joined the IHS Tribal Self-Governance Program, raising the total to 388 Tribes participating in the Tribal Self-Governance Program.

There has also been an increase in the Secretarial funding levels or funding transferred from the IHS to Self-Governance T/TO. In FY 2017, approximately $2 billion was transferred to Self-Governance T/TO; in FY 2018, $2.3 billion was transferred to Self-Governance T/TO; in FY 2019, $2.4 billion was transferred to Self-Governance T/TO; in FY 2020, $2.6 billion was transferred to Self-Governance T/TO; and in FY 2021, $2.6 billion was transferred to Self-Governance T/TO. The IHS transferred an additional $516 million, in FY 2020, and $2.6 billion, in FY 2021, from supplemental COVID-19 appropriations to Self-Governance T/TO to address the COVID-19 pandemic. In FY 2022, approximately $2.7 billion was transferred to Self-Governance T/TO and in FY 2023, approximately $2.8 billion was transferred to Self-Governance T/TO. The IHS transferred an additional $158 million in FY 2022, and $133 million in FY 2023, from supplemental COVID-19 appropriations to Self-Governance T/TO to address the COVID-19 pandemic.

The IHS looks forward to working with Self-Governance Tribes for input on how a separate national trend analysis may be conducted to capture the corresponding reduction in Federal bureaucracy, as it relates to the amount of funds transferred to Self-Governance Tribes.

G. The funding formula for individual Tribal shares of all IHS Headquarters funds

A T/TO may elect to assume responsibility for PSFAs administered by the IHS. A T/TO may negotiate a compact and funding agreement with the Secretary for its share of the funds associated with the PSFAs. The funds for each PSFA may be found in one or more budget line item or items.

(1) Tribal Size Adjustment Formula

The IHS transferred $36,934 (Dollars in Thousands) in FY 2022 and $37,690 (Dollars in Thousands) in FY 2023 to self-governance Tribes for their individual Tribal shares of all IHS Headquarters (HQ) funds. For most IHS HQ programs, eligible shares for each Tribe were determined using the Tribal Size Adjustment (TSA) formula developed in the mid-1990s. The amount calculated by the TSA formula was originally determined in proportion to the aggregate user population of each Tribe. A small supplemental amount was added for Tribes with fewer than 2,500 users in partial compensation for inefficiencies related to small size. The amount determined by the TSA formula is termed the Tribe's "base" IHS HQ shares in subsequent years and is not increased or

decreased based on fluctuations in user population. Over time, the base Tribal shares have been adjusted proportionately for inflation or in response to congressional action.[66]

(2) Special Program Formulas

Some IHS programs determine Tribal shares based on special program formulas, including the following:

(a) Purchased/Referred Care, Fiscal Intermediary Formula

Using the PRC Fiscal Intermediary formula, the IHS provided $1,030 (Dollars in Thousands) in 2022 and $1,030 (Dollars in Thousands) in 2023 to self-governance Tribes for the processing of PRC claims (health care purchased from non-IHS providers when an IHS beneficiary is eligible for PRC and the care is not reasonably accessible or available within the IHS system). The fiscal intermediary is an IHS contractor that calculates and pays the PRC claims according to applicable authorities.

Tribal Share = A x B
Where
A = Tribal percent of 1993 Total Claims
B = Current Fiscal Intermediary Expenditures

(b) Office of Environmental Health and Engineering (OEHE), OEHE Support

Using the IHS OEHE Environmental Health Services Support formula, $1,168 (Dollars in Thousands) and $1,143 (Dollars in Thousands) were provided to self-governance Tribes in FY 2022 and FY 2023, respectively.

IHS HQ Program funds for OEHE support are allocated to Tribes, when requested, based on each Tribe's pro-rata share of the applicable Area Facilities and Environmental Health Support workload.

H. Total residual[67] amounts for IHS HQ PSFAS and Budgets for Tribal Shares, identified in the preceding fiscal years (FY 2021) for FY 2022 and (FY 2022) for FY 2023 to carry out inherent Federal functions

Indian Health Service HQ residual amounts were historically determined after Tribal Consultation and recommendations provided by the Joint Allocation Methodology Workgroup (in the 1990s). Also, annual incremental increases were added in proportion to funding identified for inflation and pay costs.

Some examples of inherent federal functions include, but are not limited to:

- Budget and Strategic Planning – Budget Formulation, Budget Execution;

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[66] Indian Health Service (April 19, 1995). *Indian Health Manual*. Special General memorandum. No. SGM 95-02. Policy Decisions for Self-Governance/Self-Determination Project Negotiations-Action. Retrieved from https://www.ihs.gov/IHM/sgm/1995/sgm-9502.

[67] "Residuals" are portions of the budget linked to inherent Federal functions. (for definition of "inherent Federal function" - see footnote 5, page 4 of this report).

- Personnel Management – Appointment, oversight, control, and direction for Federal employees;
- Contracting – Control and oversight over all pre-award and post-award Agency contract functions;
- Legal Counsel – Legal advice and related services; and
- Property Oversight – Control of acquisition, use and disposition of federal property, records management

(1) In FY 2021, IHS HQ identified a HQ residual amount of $37,684,460.

FY 2021 IHS HQ Residual Amounts

IHS HQ PSFA	Sub-category	Residual
01 – Hospitals and Clinics	0146 – Records Management, Property & Supply	$ 1,117,224
13 – Direct Operations	1301 – Direct Operations - Rockville	31,210,624
24 – Facilities & Environmental Health	2401 – Sanitation Facilities Construction Support	1,394,446
	2402 – Environmental Health Services Support	1,283,860
	2403 – Facilities Operations Support	1,062,657
	2404 – Facilities and Engineering Support	1,615,649
Grand Total		$37,684,460

(2) In FY 2022, IHS HQ identified a HQ residual amount of $39,384,456.

FY 2022 HQ Residual Amounts

IHS HQ PSFA	Sub-category	Residual
01 – Hospitals and Clinics	0146 – Records Management, Property & Supply	$ 1,150,864
13 – Direct Operations	1301 – Direct Operations - Rockville	32,450,400
24 – Facilities & Environmental Health	2401 – Sanitation Facilities Construction Support	1,505,495
	2402 – Environmental Health Services Support	1,386,101
	2403 – Facilities Operations Support	1,147,283
	2404 – Facilities and Engineering Support	1,744,313
Grand Total		$39,384,456

I. Comments on this report received from Indian Tribes and Tribal Organizations