



## Modernizing the Implementation of 638 Contracting at the Indian Health Service



*Deputy Director Benjamin Smith on the “Modernizing the Implementation of 638 Contracting at the Indian Health Service” hearing. Photo Source: House Committee on Natural Resources Feed*

WASHINGTON, D.C. – On Thursday, December 11, 2024, the House Committee on Natural Resources, Indian and Insular Affairs Subcommittee (“**Subcommittee**”) held an oversight hearing titled “Modernizing the Implementation of 638 Contracting at the Indian Health Service” at 10:00 AM in 1324 Longworth House Office Building. The goal of the hearing was for Congressmembers to understand the benefits and disadvantages of the 638 Contracting and Compacting process by hearing the Indian Health Services (“**IHS**”) point of view on the matter, as well as the point of view of several tribal leaders that were invited as witnesses.

The hearing began with subcommittee Chairman Hurd explaining the significance of the Indian Self-Determination and Education Assistance Act (“**ISDEAA**”) and its impact on Title I contracts and Title V self-governance compacts. He emphasized that the central oversight concern of the hearing is whether IHS can effectively support the self-governance framework Congress created, particularly given tribes’ reports of delays, inconsistent communication, and limited information sharing from IHS regarding 638 contracts. Subcommittee Chairwoman Leger Fernández followed up by echoing the importance of self-governance while stressing that smaller tribes must still receive adequate services even if they cannot

assume 638 contracts. She raised concerns about IHS' realignment process, calling for transparent consultations and cautioning against further centralizing authority in Washington, D.C.

The hearing's discussions primarily centered on persistent gaps in care—including high vacancy and turnover rates and inadequate budgets—and the need for improved communication and consultation between IHS and tribes. During Panel 1, committee members pressed Deputy Director Smith for stronger commitments to meaningful tribal consultation and greater decision-making authority for area offices, though Smith's response remained tentative due to the ongoing realignment. Panel 2 provided tribal leaders' perspectives, with witnesses such as Principal Chief Chuck Hoskin Jr. from the Cherokee Nation, Chairman Greg Abrahamson from the Spokane Tribe, Executive Director Jay Spaan from the Self-Governance Communication and Education Tribal Consortium, and Council Member Victoria Kitcheyan from the Winnebago Tribe of Nebraska. The witnesses described 638 contracts as transformative but can sometimes be hindered by IHS' inconsistent engagement, structural challenges, and outdated processes. All witnesses emphasized that while self-determination improves health outcomes, the system requires modernization, better communication, and stronger resource support to fully realize its potential.

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