



HOUSE COMMITTEE ON  
**NATURAL RESOURCES**  
CHAIRMAN BRUCE WESTERMAN

**To:** House Committee on Natural Resources Republican Members  
**From:** Indian and Insular Affairs Subcommittee staff, Ken Degenfelder  
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**Date:** Wednesday, July 24, 2024  
**Subject:** Legislative Hearing on 4 Bills

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The Subcommittee on Indian and Insular Affairs will hold a legislative hearing on four bills: H.R. 8942 (Rep. Hageman), “*Improving Tribal Cultural Training for Providers Act of 2024*”; H.R.8955 (Rep. Johnson of SD), “*IHS Provider Integrity Act*”; H.R. 8956 (Rep. Newhouse), “*Uniform Credentials for IHS Providers Act of 2024*”; and H.R. 6489 (Rep. Peltola), “*Alaska Native Village Municipal Lands Restoration Act of 2023*” on **Wednesday, July 24, 2024, at 10:15 a.m. in 1334 Longworth House Office Building.**

Member offices are requested to notify Haig Kadian ([Haig.Kadian@mail.house.gov](mailto:Haig.Kadian@mail.house.gov)) by 4:30 p.m. on Tuesday, July 23, 2024, if their member intends to participate in the hearing.

## **I. KEY MESSAGES**

- H.R. 8942 would amend the Indian Health Care Improvement Act<sup>1</sup> (IHCIA) to require mandatory annual training for specified Indian Health Service (IHS) employees on the history and culture of tribes that they are serving.
- H.R. 8955 would require the IHS to solicit the history of any applicant from the medical board of each state in which the applicant is licensed. Additionally, the IHS would be required to notify and provide the necessary documentation to state medical boards once an investigation of a licensee has started.
- H.R. 8956 would establish a uniformed and centralized Service-wide credentialing system at the IHS for health care providers.
- H.R. 6489 would amend Sec. 14(c)(3) of the Alaska Native Claims Settlement Act<sup>2</sup> (ANCSA) to return lands currently held in trust by the State of Alaska for future municipalities back to Alaska Native village corporations. Only eight villages out of 101 that conveyed lands under this section have created a municipality since ANCSA was passed in 1971. The bill would also eliminate the requirement for an Alaska Native village corporation to convey land to the state Alaska under Sec. 14(c)(3) if that has not already occurred.

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<sup>1</sup> 25 USC 1601 et seq.

<sup>2</sup> 43 USC 1601 et seq.

## II. WITNESSES

- **Mr. Benjamin Smith**, Deputy Director, Indian Health Service, U.S. Department of Health and Human Services, Rockville, MD [H.R. 8955, H.R. 8942, and H.R. 8956]
- **The Hon. Jarred-Michael Erickson**, Chairman, Confederated Tribes of the Colville Reservation, Nespelem, WA [H.R. 8955, H.R. 8942, and H.R. 8956]
- **Ms. Amber Torres**, Chief Operating Officer, National Indian Health Board (NIHB), Washington, D.C. [H.R. 8955, H.R. 8942, and H.R. 8956]
- **Ms. Jerilyn Church**, Executive Director, Great Plains Tribal Leader's Health Board (GPTLHB), Rapid City, SD [H.R. 8955, H.R. 8942, and H.R. 8956]
- **Mr. Ben Mallott**, Vice President for External Affairs, Alaska Federation of Natives (AFN), Anchorage, AK [H.R. 6489] [*Minority Witness*]

## III. BACKGROUND

### [H.R. 8942 \(Rep. Hageman\), "Improving Tribal Cultural Training for Providers Act of 2024"](#)

H.R. 8942 would amend the IHCIA to require mandatory annual training for specified IHS employees on the history and culture of the tribes that they are serving. Currently, IHS employees are required to participate in a program on the tribal history and culture of the tribes they serve, but it is not an annual requirement.

Because IHS's mission is to work with American Indian and Alaska Native (AI/AN) people to promote their physical, mental, social, and spiritual health, IHS medical providers need cultural competence to work towards the best AI/AN health outcome.<sup>3</sup> Culture competence is defined by the Center for Disease Control and Prevention (CDC) as "the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes."<sup>4</sup> If a health care practitioner provides care that is culturally sensitive and well-versed, the patient often gains a sense of security and satisfaction which can lead to a more transparent relationship and improved health outcomes.<sup>5</sup>

While American Indian life expectancy has increased by approximately 10 years since 1973, AI/ANs still generally have a lower life expectancy than the United States's general population.<sup>6</sup> That life expectancy is even lower for AI/ANs that have chronic liver disease, diabetes mellitus, and experience assault or homicide or commit self-harm or suicide.<sup>7</sup> Health care practitioners

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<sup>3</sup> Quality at IHS.

[https://www.ihs.gov/quality/#:~:text=The%20mission%20of%20the%20Indian,AN\)%20to%20the%20highest%20level.](https://www.ihs.gov/quality/#:~:text=The%20mission%20of%20the%20Indian,AN)%20to%20the%20highest%20level.)

<sup>4</sup> CDC. Cultural Competence in Health and Human Services. <https://npin.cdc.gov/pages/cultural-competence-health-and-human-services#what>

<sup>5</sup> McKesey et al. (2017, December) Cultural Competence for the 21st Century Dermatologist Practicing in the United States. Journal of the American Academy of Dermatology. [https://assets.ctfassets.net/1ny4yoiryqia/5zczxfoQvg0P0JoDculsh/da49853b61635975925a99813dd790f2/Cultural\\_competency\\_21st\\_century\\_.pdf](https://assets.ctfassets.net/1ny4yoiryqia/5zczxfoQvg0P0JoDculsh/da49853b61635975925a99813dd790f2/Cultural_competency_21st_century_.pdf)

<sup>6</sup> IHS. Quick Look Fact Sheet. <https://www.ihs.gov/newsroom/factsheets/quicklook/>

<sup>7</sup> Id.

practicing culturally competent care can remove disconnect between patient and practitioner, ensuring patients are heard, seen, and understood. When the relationship between patient and practitioner is strained, the level of care is decreased, which can be attributed to the higher rate of death among American Indians.<sup>8</sup> Studies have shown a correlation between perceived discrimination and the rates of hypertension, cardiovascular disease, and diabetes throughout racial minorities.<sup>9</sup>

For example, an American Indian child who avoids eye contact or takes longer than average to respond to a question could be diagnosed with autism. However, this behavior may actually be culturally appropriate with their tribal community.<sup>10</sup> AI/AN patients who discuss their mental health struggles in spiritual terms could be misdiagnosed with drug-related psychosis, when that is the way the individual processes what is occurring.<sup>11</sup> If a practitioner is trained in the history and culture of the demographic they are treating, they can better understand the nuances associated with providing care for the whole person.

Currently the IHClA requires IHS to have a program educating “appropriate employees” with an “educational instruction in the history and culture” of tribes.<sup>12</sup> However, this program is not mandatory nor required annually by statute. H.R. 8942 would amend the current culture and history program provision under IHClA to a mandatory annual program for IHS employees. The legislation also specifies which employees should be required to have the annual training, including IHS employees, locum tenens medical providers, health care volunteers, and other contracted employees working at IHS facilities that have direct patient access.

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### **H.R. 8955 (Rep. Johnson of SD), “IHS Provider Integrity Act”**

H.R. 8955 would require the IHS to notify state medical boards when an investigation is undertaken into an IHS health care provider licensed by a state medical board, and also requires IHS to provide information on any health care provider’s medical license violations to any state medical boards the provider is licensed under. Additionally, the bill requires that during the hiring process of a health care provider, IHS must receive information on any violation of a provider’s medical license dating 20 years, as well as information on any settlement agreements that the provider entered into for a disciplinary charge related to their medical practice.

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<sup>8</sup> Melissa L. Walls, et. al. *Unconscious Biases: Racial Microaggressions in American Indian Health Care*. The Journal of the American Board of Family Medicine. March 2015. <https://www.jabfm.org/content/28/2/231.long>. Accessed July 10, 2024.

<sup>9</sup> Id.

<sup>10</sup> American Psychological Association. *The Healing Power of Native American Culture is Inspiring Psychologists to Embrace Cultural Humility*. October 2023. <https://www.apa.org/monitor/2023/10/healing-tribal-communities-native-americans>.

<sup>11</sup> Id.

<sup>12</sup> P.L. 94-437.

The IHS has long been plagued with issues, particularly when it comes to direct service providers and facilities.<sup>13</sup> In 2010, a major congressional review of the IHS Great Plains Area Region (GPA) by the Senate Committee on Indian Affairs (SCIA) detailed serious deficiencies at IHS facilities.<sup>14</sup> A hearing and its subsequent investigative findings were released by SCIA in the Dorgan Report in December 2010. The report detailed major deficiencies ranging from medical care to administrative procedures.<sup>15</sup> It was found that IHS lacked a proper system to detect practitioners using revoked, suspended, or otherwise inadequate licenses.<sup>16</sup> The investigation requested the IHS to provide all information pertaining to healthcare providers with disciplinary actions on their licenses. The IHS submitted information relating to two providers, but the investigation revealed that there were more practitioners than previously disclosed or known.<sup>17</sup> There continues to be instances of lack of care ranging from quality and safety of patients,<sup>18</sup> extreme vacancies,<sup>19</sup> and misconduct in the IHS.<sup>20</sup>

The IHS has historically had a history of hiring individuals with a history of medical malpractice. In some instances, this negligence occurred because the individual had flags under one state license, but not the other. Such was the case with Dr. Marrocco who was hired at an IHS hospital in New Mexico in 2012. Dr. Marrocco had disciplinary flags on her licenses in New York and Florida, but her Pennsylvania license was clean, so the IHS went ahead and hired her. Dr. Marrocco went on to play a role in the development of a stroke in an eighteen-year-old patient.<sup>21</sup>

Other instances have shown that the IHS has failed to fully investigate their applicants before hiring. In 2019, the Wall Street Journal studied 171 doctors who had allegedly provided negligent care at the IHS. Of the 171 sample, 44 doctors should have raised red flags by the IHS's own standards of care, yet they were hired at the detriment of patients.<sup>22</sup>

The guidelines self-imposed by the IHS emphasize the need to investigate applicants for past malpractice, sanctions, and criminal convictions.<sup>23</sup> However, an official who approved Henry Stachura's appointment was unaware of his problematic employment history. Stachura, who had a career littered with malpractice settlements, was employed by IHS after being suspended from

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<sup>13</sup> Direct Service means health care provided by IHS federal employees at IHS facilities to American Indians and Alaska Natives. See, "Direct Service Tribes" Indian Health Service, <https://www.ihs.gov/odsct/dst/>.

<sup>14</sup> U.S. Senate. Committee on Indian Affairs. In Critical Condition: The Urgent Need to Reform the Indian Health Service's Aberdeen Area, 2010. <https://www.govinfo.gov/content/pkg/CHRG-111shrg63826/pdf/CHRG-111shrg63826.pdf>. <http://www.indian.senate.gov/sites/default/files/upload/files/63826.PDF>.

<sup>15</sup> Dorgan Report, p. 5-6.

<sup>16</sup> Dorgan Report, p. 6.

<sup>17</sup> Dorgan Report, p. 29 and 67.

<sup>18</sup> Ferguson, Dana. "IHS hospital in 'immediate jeopardy,' feds say. *The Argus Leader*, May 24, 2016.

<http://www.argusleader.com/story/news/2016/05/23/reservation-hospital-immediate-jeopardy-feds-say/84812598/>.

<sup>19</sup> Gemma DiCarlo, "New Indian Health Service funding provides stability, but long-standing issues remain," *Oregon Public Broadcasting*. Jan. 20, 2023. <https://www.opb.org/article/2023/01/20/new-indian-health-service-funding-provides-stability-but-long-standing-issues-remain/>.

<sup>20</sup> Government Accountability Office, "Indian Health Service: Actions Needed to Improve Oversight of Provider Misconduct and Substandard Performance." Dec. 2020. GAO-21-97. <https://www.gao.gov/assets/gao-21-97.pdf>.

<sup>21</sup> Christopher Weaver, et. al. "The U.S. Gave Troubled Doctors a Second Chance. Patients Paid the Price," *Frontline*. PBS. Nov. 22, 2019. <https://www.pbs.org/wgbh/frontline/article/u-s-indian-health-service-gave-troubled-doctors-second-chance-patients-paid-price/>.

<sup>22</sup> Id.

<sup>23</sup> IHS. Indian Health Manual. Parts and Chapters. Part 3-1.4 <https://www.ihs.gov/IHM/pc/part-3/p3c1/>

Memorial Medical Center in New Mexico.<sup>24</sup> Prior to his service at the IHS, Dr. Stachura performed surgery resulting in a bile duct injury. Once at the IHS, he operated on Ms. Jeanise Livingston which resulted in a cut bile duct and a subsequent coma for Ms. Livingston. Dr. Stachura retired in 2019 with three deaths and \$1.8 million in settlement payments paid by the U.S. government to round out his time at the IHS.<sup>25</sup>

While IHS does have challenges filling medical provider positions, as the entire health care industry faces),<sup>26</sup> ensuring the providers hired by IHS meet standards is essential to ending substandard care at IHS facilities. H.R. 8955 would require the IHS to solicit the history of any applicant from the medical board of each state in which the applicant is licensed. Additionally, the IHS would be required to notify and provide the necessary documentation to state medical boards once an investigation of a licensee has started. To ensure compliance, the IHS would also be required to submit a report to Congress showcasing implementation no later than 180 days after enactment.

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### **H.R. 8956 (Rep. Newhouse), “Uniform Credentials for IHS Providers Act of 2024”**

H.R. 8956 would require the IHS, in consultation with tribes and stakeholders, to establish a uniformed and centralized IHS-wide credentialing system, while authorizing the enhancement and expansion of its existing system to ensure all requirements are met. Additionally, the IHS would be required to undergo a formal review of the system to ensure compliance every five years at minimum.

Credentialing is the process of assessing the qualifications of specific types of health care providers to show they have the proper education, training, and licenses to care for patients.<sup>27</sup> The Centers for Medicare and Medicaid Services (CMS) requires a credentialing process before a provider can be eligible for Medicare or Medicaid reimbursement within the health care industry.<sup>28</sup> Because IHS provides health care directly to AI/ANs at IHS facilities, they have their own process of credentialing health care providers which requires that medical staff must meet the credentialing and privileging standards of a national accrediting body like the Joint Commission or CMS.<sup>29</sup>

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<sup>24</sup> Weaver, “The U.S. Gave Troubled Doctors a Second Chance. Patients Paid the Price,” Frontline. PBS. Nov. 22, 2019. <https://www.pbs.org/wgbh/frontline/article/u-s-indian-health-service-gave-troubled-doctors-second-chance-patients-paid-price/>.

<sup>25</sup> Id.

<sup>26</sup> Caitlin Owens, “The health care workforce crisis is already here” AXIOS. Jun. 7, 2024. <https://www.axios.com/2024/06/07/health-care-worker-shortages-us-crisis>.

<sup>27</sup> “Why Provider Credentialing is a Necessary Hassle and a Vital Safeguard,” CAQH. April 7, 2021. Accessed July 16, 2024. <https://www.caqh.org/blog/why-provider-credentialing-necessary-hassle-and-vital-safeguard>.

<sup>28</sup> CMS certification process. <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/certandcomplianceprocess.pdf>.

<sup>29</sup> IHS. Indian Health Manual Part 3-1.3 A. <https://www.ihs.gov/ihtm/pc/part-3/p3c1/>



However, IHS has a history of concerning and inadequate credentialing with IHS leadership touting improvement. The 2010 Dorgan report revealed that the IHS had failed to ensure that all healthcare practitioners in the Aberdeen Area had an active license, in one case the nurse had her license indefinitely suspended in 2005 but was employed by the IHS.<sup>30</sup> Ensuring health care providers have the necessary licenses is a part of the credentialing process, and health care facilities that do not meet these licensing requirements can have their accreditation revoked and find themselves unable to bill Medicare and Medicaid for services unlicensed providers perform.<sup>31</sup>

During a Senate Committee on Indian Affairs (SCIA) hearing in June of 2017, then Acting Director of the IHS Chris Buchanan testified that the IHS recently awarded a contract for credentialing software with the goal of standardizing the credentialing system.<sup>32</sup> The *Presidential Task Force on Protecting Native American Children in the Indian Health Service System* report, published in July 2020, noted inconsistencies between facilities in their credentialing, privileging, and hiring processes.<sup>33</sup> Some hiring committees prioritized filling a vacant spot “over a thorough background and credentialing check.”<sup>34</sup> A lack of shared information increased the practice of hiring individuals with otherwise questionable history and qualifications from one facility to another.<sup>35</sup>

An April 2024 Government Accountability Office (GAO) report<sup>36</sup> found that IHS was not adhering to its current credentialing requirements. GAO pulled 91 clinician files who were employed at an IHS facility as of 2022 for review. Of the sample, 12 percent of the files did not meet IHS’s requirement to verify all licenses held by the clinician, and in three of those files the IHS had not verified any licenses.<sup>37</sup> In eight of the files, it was found that IHS verified one license held by the clinician but did not verify the licenses for other states.<sup>38</sup>

The IHS concurred with GAO’s recommendation to develop a single, authoritative source for credentialing and privileging requirements, and defining the steps necessary to meet national credentialing requirements. Elaborating further, IHS noted that the Indian Health Service Manual has been updated with a new credentialing policy which would continue through the approval process ending in a standard operating procedure in September 2024.<sup>39</sup>

The IHS has consistently acknowledged the need for a centralized medical system and has shown strides towards that goal. The Draft Indian Health Service Strategic Plan for Fiscal Years 2024-2028 has a performance goal of standardizing credentialing software and applications across the

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<sup>30</sup> Dorgan Report, p. 45 and 68.

<sup>31</sup> Id. at 27.

<sup>32</sup> Chris Buchanan Testimony. June 2017.

<https://www.indian.senate.gov/sites/default/files/upload/6.13.17%20Chris%20Buchanan%20Testimony.pdf>.

<sup>33</sup> Department of Justice. *Presidential Task Force on Protecting American Children in the Indian Health Service System Report*. July 23, 2020. at 16, <https://www.justice.gov/usao-ndok/press-release/file/1297716/dl?inline>

<sup>34</sup> Id.

<sup>35</sup> Id.

<sup>36</sup> Government Accountability Office, “Indian Health Service: Opportunities Exist to Improve Clinical Screening Adherence and Oversight.” April 2024. GAO-24-106230. <https://www.gao.gov/assets/d24106230.pdf>.

<sup>37</sup> Id.

<sup>38</sup> Id.

<sup>39</sup> Id.

agency.<sup>40</sup> The IHS requested public comment on the new credentialing policy in May 2023.<sup>41</sup> In the FY 2025 Budget Justification, IHS noted that they had implemented a nationwide electronic provider credentialing system within federally operated hospitals and clinics.<sup>42</sup>

However, IHS has not been fully transparent while it is creating this new system. H.R. 8956 would place the requirement for IHS to establish a uniformed and centralized IHS-wide credentialing system in statute, providing Congress the opportunity to ensure the standardized credentialing system is put in place.

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### [H.R. 6489 \(Rep. Peltola\), “Alaska Native Village Municipal Lands Restoration Act of 2023”](#)

In 1971, ANCSA<sup>43</sup> was enacted to settle the aboriginal land claims of Alaska Natives. Through ANCSA, Alaska Native Corporations (ANCs) were established to receive land under the settlement and disperse the payments to Alaska Natives. Alaska Natives received a \$962.5 million settlement payment and roughly 44 million acres of land, which were divided between almost 200 village corporations and 12 regional corporations established by the legislation.<sup>44</sup>

Section 14(c)(3) of ANCSA requires that an Alaska Native Village Corporation receiving land under ANCSA conveys some lands to an existing municipality for use by the municipality. If no municipality exists, then these lands are conveyed to the State to be held in trust for a future municipality.<sup>45</sup> However, most Alaska Native villages have not established municipalities, and these lands remain undeveloped.

Since 1971, a total of 101 Alaska Native Village Corporations have seen their lands held in trust by the State for the purpose of a future municipality, but only eight have seen a municipality created, with the last being created in 1995. Ten Alaska Native Village Corporations have reached agreements with the State to have these lands returned without forming a municipality, but 83 Alaska Native Village Corporations still have approximately 11,500 acres held in trust and unable to be developed with no end in sight, since ANCSA did not have a sunset date for this provision.<sup>46</sup>

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<sup>40</sup> Indian Health Service. Draft Indian Health Service Strategic Plan for Fiscal Years 2024-2028.

[https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/2024 Letters/Enclosure\\_D\\_TLL\\_DUIOLL\\_050224.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/Enclosure_D_TLL_DUIOLL_050224.pdf)

<sup>41</sup> Request for Public Comment: 60-Day Information Collection: Indian Health Service Medical Staff Credentials Application, 88 Fed. Reg. 30317 (May 11, 2023). *available at*:

<https://www.federalregister.gov/documents/2023/05/11/2023-09998/request-for-public-comment-60-day-information-collection-indian-health-service-medical-staff>.

<sup>42</sup> IHS Budget Justification, FY25, at CJ-8.

[https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display\\_objects/documents/FY-2025-IHS-CJ030824.pdf](https://www.ihs.gov/sites/budgetformulation/themes/responsive2017/display_objects/documents/FY-2025-IHS-CJ030824.pdf).

<sup>43</sup> 43 U.S.C. 1601, et seq.

<sup>44</sup> *Id.*

<sup>45</sup> 43 U.S.C. 1613.

<sup>46</sup> Senate Energy and Natural Resources Committee. S. Rept. 118-177-Alaska Native Village Municipal Lands Restoration Act. May 16, 2024. <https://www.congress.gov/congressional-report/118th-congress/senate-report/177/1>

The estimated 11,500 acres held in trust by the State remain nearly impossible to develop since the lands must be reserved for future municipalities. If the municipality requirement was lifted, Alaska Native villages would be able to consider developing the lands for housing, community, expansion, and other economic development plans. Some Alaska Native Village Corporations did not reconvey land under 14(c) due to concerns with the 14(c)(3) provision and land being held in trust for perpetuity, resulting in murky land titles.<sup>47</sup>

H.R. 6489 would amend ANCSA to return the land conveyed back to the village corporation that conveyed to the State, while eliminating the requirement for an Alaska Native village corporation to convey land under the ANCSA 14(c)(3) provision.

There is wide support for the reconveyance within the state of Alaska. The Alaska State Senate unanimously passed Senate Joint Resolution No. 13 on May 9, 2024, which encourages the United States Legislative and Executive branches to pass and sign legislation to return certain land in trust back to affected Alaska Native village corporations.<sup>48</sup> Alaska Governor Mike Dunleavy is also supportive of the legislative fix that H.R. 6489 would provide.<sup>49</sup>

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#### **IV. MAJOR PROVISIONS & SECTION-BY-SECTION**

##### **H.R. 8942 (Rep. Hageman), “Improving Tribal Cultural Training for Providers Act of 2024”**

###### *Section 2. Tribal Culture and History*

Requires an annual mandatory training program related to tribal culture and history for specified IHS employees.

##### **H.R. 8955 (Rep. Johnson), “IHS Provider Integrity Act”**

###### *Section 2. Notification of Investigation Regarding Professional Conduct; Submission of Records.*

Requires the IHS to notify and provide relevant records to State Medical Boards no later than 14 calendar days after starting an investigation into the professional conduct of a licensee practicing at an IHS facility.

###### *Section 3. Fitness of Health Care Providers.*

Requires the IHS during the agency’s hiring process to solicit an applicant’s history of license violations or settlements over the previous 20 years from any state’s medical board in which the

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<sup>47</sup> Id.

<sup>48</sup> The Alaska State Legislature. Bill History for “Amend Alaska Native Claims Settlement Act.” SJR 13. 33<sup>rd</sup> Legislature. <https://www.akleg.gov/Basis/Bill/Detail/33?Root=SJR%2013>

<sup>49</sup> IIA Subcommittee has Letter of Support on file.



applicant is medically licensed. Requires the IHS to provide to the medical board of each state in which a provider is licensed, detailed information regarding any violations by the provider in their IHS capacity. Requires the IHS to submit to Congress a report detailing its compliance with these policies no later than 180 days post enactment of this act.

**H.R. 8956 (Rep. Newhouse), “Uniform Credentials for IHS Providers Act of 2024”**

*Section 2. Medical Credentialing System*

Requires IHS, no later than one-year post-enactment, to establish, in consultation with tribes and stakeholders, a uniformed and centralized Service-wide credentialing system for individuals providing services at IHS facilities. Authorizes the IHS to enhance and expand its existing credentialing system to meet the requirements listed. Requires the IHS to undergo a formal review of its credentialing service to ensure all guidelines are met at least every five years. Current credentialed employees would be grandfathered into the new system and would not be re-credentialed until expiration date of current credentials.

**H.R. 6489 (Rep. Peltola), “Alaska Native Village Municipal Lands Restoration Act of 2023”**

*Section 2. Reversion of Certain Land Conveyed in Trust to the State of Alaska*

Amends ANCSA to remove the requirement that an Alaska Native village corporation must convey land into trust to the State of Alaska for future municipal governments. Additionally, provides village corporations the opportunity to regain title to the lands held in trust by dissolving the trust through a formal resolution by the village corporation and the residents of the Native village.

**V. CBO COST ESTIMATE**

None of the bills received a formal cost estimate from the Congressional Budget Office.

**VI. ADMINISTRATION POSITION**

During a Senate Energy and Natural Resources Committee hearing on S. 2615, the Alaska Native Village Municipal Lands Restoration Act, an identical bill to H.R. 6489, Principal Deputy Director Nada Wolff Culver of the Bureau of Land Management testified in support of the overall goal of the bill. Citing mild concerns with a lack of a timeline for village corporations to initiate and complete the entire 14 (c) process, which is beyond the scope of this bill.<sup>50</sup>

The administration position on the remaining legislation is unknown at this time.

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<sup>50</sup> Senate Energy and Natural Resources Committee. S. Rept. 118-177-Alaska Native Village Municipal Lands Restoration Act. May 16, 2024. <https://www.congress.gov/congressional-report/118th-congress/senate-report/177/1>.

**VII. EFFECT ON CURRENT LAW (RAMSEYER)**

**[H.R. 8942 \(Rep. Hageman\), “Improving Tribal Cultural Training for Providers Act of 2024”](#)**

**[H.R. 8955 \(Rep. Johnson\), “IHS Provider Integrity Act”](#)**

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