

**Committee on Natural Resources**  
**Subcommittee on Indian and Insular Affairs**  
**July 24, 2024**  
**Legislative Hearing**

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

**Questions from Rep. Westerman for Mr. Benjamin Smith, Indian Health Service, U.S. Department of Health and Human Services**

1. During the hearing you noted the importance of any culturally competent care training being tailored to each individual tribal population an IHS facility is serving. In what way could this be accomplished, and how should H.R. 8942 be amended to reflect this initiative?

**Response:** For clarification, the noted importance of any culturally competent care training was meant to inform members of the Subcommittee that the Indian Health Service (IHS or agency) currently utilizes a standardized on-boarding checklist for new federal hires and contractors. Supervisors must ensure all training requirements are completed for new employees and this document is held in each employee's local personnel file. It is listed under mandatory training for all employees as Cultural Competency/Awareness Training.

The IHS uses the SAMHSA Culture Card: *A Guide to Build Cultural Awareness: American Indian and Alaska Native* (<https://store.samhsa.gov/sites/default/files/sma08-4354.pdf>) to fulfill the national training requirement. This guide is available locally and on the IHS website. Given the uniqueness of each Tribe, some IHS sites have developed Tribe-specific orientations that are built into their on-boarding. The agency does not centrally track these individual site efforts due to lack of staff to coordinate national and Tribe-specific local employee orientation. Additionally, it would be very difficult for the IHS to tailor the SAMHSA training to incorporate all of the 574 Federally-recognized Tribes across the IHS Areas and IHS facilities, as many of our IHS facilities serve numerous Tribes and Tribal populations.

If enacted, resources would be needed to accomplish the goals of H.R. 8942. , Amending H.R. 8942 so that the "annual mandatory training program" is qualified as, "best as practicable," or "best as feasible," similar to section 113(b) of the Indian Health Care Improvement Act (25 U.S.C. 1616f(b)). As noted in the written testimony, "the drafters should consider whether including an annual mandatory program as a "condition of employment" is feasible when applicable to contractors and volunteers. Until this program were setup, employee/contractor/volunteer could be violating the terms of employment/contracting/volunteering, through no fault of their own."

2. In your written testimony you note that the requirements of H.R. 8955 are not new requirements because the IHS always reviews all licenses of a provider that are credentialed in the IHS healthcare system. Yet, there have been various reports of this procedure not being followed. Please expand on your testimony and provide more information about how IHS is improving this system and ensuring that the hiring personnel are meeting IHS's stated requirements?

**Response:** To date, IHS has fully implemented and standardized a commercial off-the-shelf credentialing software system. The software provides agency oversight to sustain compliance with the IHS'

credentialing policy (<https://www.ihs.gov/ihm/pc/part-3/p3c1/>), national credentialing industry best practices, and credentialing accreditation requirements (<https://www.ihs.gov/ihm/pc/part-3/p3c1/>). The software provides reports on licensing verification and expirations to assist Areas and Service Units in monitoring providers' licenses. All IHS providers meet the requirement to have one active, full, unrestricted medical license.

To keep IHS' credentialing policy current with industry standards, the IHS updated its credentialing policy in October 2024 and is in the process of updating its credentialing and privileging Standard Operating Procedure (SOP) Manual. Since August 2022, the IHS Office of Quality has held monthly Office Hours, eLearning sessions, and Area Medical Service Professional (MSP) calls to enhance IHS MSP professional knowledge of these changes. Additionally, in September 2024, the Office of Quality hired another nationally certified Credentialing Specialist to provide expert guidance, training, and support for the IHS Areas and Service Units on credentialing issues.

3. Under its current authority, would IHS review their centralized credentialing system at least every five years?

**Response:** Yes, the IHS contract for centralized credentialing system is recompeted every five years and reviewed every year with the key management objective of a uniform, transparent credentialing process that ensures only qualified health professionals treat our patients.

In addition, the updated Indian Health Manual's Clinical Credentials and Privileges Credentialing Policy (IHM 3-1) states that the policy and SOP Manual will be reviewed and updated biennially upon publication.

- a. How often does the IHS currently review its credentialing systems?

**Response:** Credentialing policies at all federal IHS sites are reviewed annually.

4. Your written testimony noted that IHS will focus on publishing guidance and manuals containing the Service's standard operating procedures related to the centralized credentialing, and then move on to staff education. What is the timeline for both final publication of guidance and manuals as well as implementing the new training program?

**Response:** The updated IHM 3-1 Policy is in the pre-clearance stage of the IHS Division of Regulatory and Policy Coordination process, with an estimated 6 weeks until final clearance. Final action before distribution and publication of the signed policy may include an additional 30 to 90 days. The policy could be published as early as October 21, 2024, and as late as January 21, 2025. The SOP Manual will be completed by September 30, 2024, and will go out for Agency review on October 1, 2024. We anticipate that the final publication SOP Manual will coincide with the publication of the IHM 3-1 Policy.

- A. How long does IHS estimate it will take to educate all appropriate IHS personnel?

**Response:** Upon final publication, all IHS staff will be informed of the updated IHM 3-1 and SOP Manual and know how to access/reference the IHM 3-1 Policy and SOP Manual. Training for MSP staff will begin during Office Hours and eLearning sessions upon publication, followed by onsite regional face-to-face training that will commence 90 days from the final publication. Stakeholder training (e.g., National Council of Chief Medical Officers, Area Chief Medical Officers, and Facility Clinical Directors) will be coordinated through monthly stakeholder meetings. Finally, the Office of Quality will pursue the development of Learning Management System training modules for all IHS staff for a continued training plan.