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December 10, 2025

The Honorable Jeff Hurd
U.S. House of Representatives
Chairman, Subcommittee on Indian and Insular Affairs
1324 Longworth House Office Building
Washington, D.C. 20515

The Honorable Troy Downing
U.S. House of Representatives
1529 Longworth House Office Building
Washington, DC 20515

Re: Modernizing the Implementation of 638 Contracting at the Indian Health Service

Dear Chairman Hurd & Representative Downing,

The Little Shell Tribe of Chippewa Indians of Montana ("Tribe") respectfully submits this letter to share our experience, challenges, and recommendations regarding our recent efforts to assume management of the Little Shell Health Clinic ("LSHC") through a Title V, Self-Governance Compact and Funding Agreement with the Indian Health Service ("IHS").

The Tribe was restored to federal recognition in 2019 pursuant to the *Little Shell Restoration Act*, Pub. L. No. 116-92, § 2780. After restoration one of the Tribal Council's first priorities was to obtain quality health care for our tribal citizens. In early 2020 the Tribal Council met with the IHS Billings Office where we were informed that direct care access for our citizens could not be provided by IHS for 50 or more years. Recognizing the urgent need to ensure timely, equitable access to care for Little Shell people, the Tribe exercised strategic leadership and took proactive steps to build the necessary health infrastructure.

During the COVID-19 pandemic, the Tribe leveraged available resources to acquire and renovate a permanent facility that would become the LSHC. The building was renovated and modernized to provide comprehensive outpatient services, including optometry, imaging, dental, behavioral health, laboratory, and pharmacy. In support of the Tribe's goals, IHS officially launched direct services at LSHC in April 2022.

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The Tribe is grateful that the IHS stepped in to staff and operate the LSHC after the Tribe finished its remodeling. At that early stage after the restoration of federal recognition and in the midst of the pandemic it would have been incredibly challenging for the Tribe to begin operations itself. However, it was always the Tribal Council's vision to eventually assume operations of the LSHC pursuant to a 638 agreement.

That assumption came sooner than initially expected because persistent bureaucratic challenges and operational delays under IHS management impeded the full staffing and implementation of services. The Clinic struggled to recruit and retain both providers and administrative personnel, and it was not until September 2024, over two years after opening, that all service departments reached the minimum staffing levels necessary to deliver the full complement of services intended for our community.

Since assumption on July 1, 2025, the Tribe has made significant progress. In just six months, we have:

- Filled nearly all administrative roles that remained vacant under IHS oversight;
- Recruited additional providers to expand patient access and add new service lines, including pediatric care;
- Adjusted operations to offer increased appointment availability across several departments, particularly behavioral health and primary care; and
- Identified operational efficiencies to reduce unnecessary costs and streamline internal processes.

These accomplishments underscore the Tribe's readiness, capacity, and commitment to providing high-quality care to Little Shell citizens and all eligible IHS beneficiaries in the Great Falls area.

Reaching this point required extensive effort and determination. The Tribe began its strategic planning and operational assessment in November 2023 and formally notified IHS of its intent to begin 638 planning in February 2024. Despite this early engagement, it took more than six months for IHS to respond and provide essential data needed to evaluate options and identify tribal shares. Formal negotiations began after Tribal Council authorized participation in Self-Governance in December 2024.

During negotiations, the Tribe engaged regularly with the Billings Area Agency Lead Negotiator ("ALN") and, at times, escalated issues to IHS Headquarters—including the Director—to overcome delays in obtaining required legal documents. Communications from IHS slowed significantly in May and June, and final agreements were not reached until four days before the scheduled assumption date. These delays left Tribal Council in the untenable position of preparing for an assumption that might not receive timely federal approval.