Councilwoman Victoria Kitcheyan
Winnebago Tribe of Nebraska
Responses to Questions for the Record
Committee on Natural Resources
Subcommittee on Indian and Insular Affairs
Oversight Hearing on "Modernizing the Implementation of 638 Contracting at the Indian Health Service"
December 11, 2025

Questions from Rep. Westerman for The Hon. Victoria Kitcheyan, Council Member, Winnebago Tribe of Nebraska, Winnebago, Nebraska

1. Your testimony notes chronic delays around contract amendments and approvals. Which delays or administrative bottlenecks have the greatest practical impact on Winnebago's ability to operate its health programs?

The IHS's lack of communication—particularly regarding delayed approvals, contract amendments, and the cancellation of contracts without consultation—has placed the WCHS health system in fiscal jeopardy. These delays do not necessarily deprive Tribal member patients of life-saving care; however, they reflect a pattern of shifting the financial responsibility for such care from the IHS to individual Tribes. This shift significantly taxes Tribes' ability to serve their own members, as well as others who may be treated under an Open Door policy. As a result, already underfunded and rationed care becomes even more scarce, especially when Tribal health systems are expected to provide services on behalf of another sovereign nation.

The more successful and effective a Tribal health system becomes, the greater the tendency for disproportionate financial burdens to be placed upon it. One potential solution would be to use National Data Warehouse ("NDW") data to establish a reimbursement mechanism for Tribal Health Systems comparable to Disproportionate Share Hospital payments. This represents a promising area for policy discussion that could benefit many Tribes while promoting greater equity and encouraging continued excellence in Tribal health care delivery.

a. What specific internal standards or timelines at IHS would most improve predictability for tribes?

IHS should provide a 90-day notice for any contract cancellations so that the Tribe can modify programming or resource allocations as needed. Beyond a simple 90-day notice, in cases where an existing contract is being cancelled or transferred, significant benefit would result from an offer to convene a session in which the two sovereign Tribes (or IHS and a Tribe) could meet to discuss the transition of the contract—whether from IHS to a Tribe or from one Tribe to another.

Such a session would provide an opportunity for all parties to understand the terms of the existing contract, discuss which elements may change or remain consistent, identify any issues or challenges, and generally position everyone for success. This process would not constitute negotiation on behalf of any particular Tribe; rather, it would establish a reasonable framework

that supports continued service in a sustainable manner, with an emphasis on fairness, seamless business operations, and continuity of patient care.

2. Winnebago has invested heavily in health IT, and your testimony highlights the importance of interoperable systems.
a. How does IHS's transition to a new enterprise EHR affect tribes like yours, and what safeguards are needed to ensure tribes are not left with gaps in data or functionality?

IHS must provide technical assistance for implementation, as well as for ongoing maintenance and updates as the technology evolves. This support is particularly important when designing access for submitting data to the NDW, which has been arduous in our experience. In this regard, requested clinical data should align with the core datasets around which CMS and many other payers are standardizing.

Our new Electronic Health Record ("EHR") complies with the latest Fast Healthcare Interoperability Resources ("FHIR") standards, and any system adopted by IHS should also incorporate these standards to facilitate interoperability.

As we—and many other Tribal health systems—have upgraded our EHRs, operating costs have inevitably increased. IHS will similarly experience increased costs as it transitions to newer systems, as greater functionality typically comes with higher expenses. While we have received our RPMS shares, those amounts are small relative to the cost of maintaining a modern, more capable system. Accordingly, compact funding provided to Tribes should reflect these greater ongoing costs, just as costs are increasing for IHS.

3. Your testimony suggests that the performance of the IHS Area Office has been a significant factor in the challenges Winnebago has faced under 638 contracting. In practical terms, how has the Great Plains Area Office's capacity, consistency, or approach affected timelines for approvals, contract amendments, or day-to-day operations, and what concrete changes would most improve the their ability to effectively support Tribes pursuing self-governance?

The complete disregard and failure of the Great Plains Area ("GPA") to provide oversight and quality care to the Winnebago Tribe occurred over decades of mediocrity, or worse. This is an institutional failure, demonstrated by numerous CMS surveys. This abandonment of the federal trust responsibility must be remedied with a sustained and overt level of attention, detail, and follow-up resources to support a broken health system. Instead, IHS continues a hands-off approach to quality care, now hidden behind the façade of supporting sovereignty and self-governance. GPA should build an Office of Self-Governance Excellence to ensure accountability, quality, and meaningful support.