

House Committee on Natural Resources
Subcommittee on Indian and Insular Affairs

Legislative Hearing on H.R. 741, “Stronger Engagement for Indian Health Needs Act of 2025”

Questions for the Record

Responses of Mr. A.C. Locklear, Interim CEO, National Indian Health Board

February 25, 2025

1. In your written testimony, you wrote that elevating the IHS Director to an Assistant Secretary position would “raise the priority and presence of Indian health matters within HHS and within the federal government.”

a. Please describe how you view the difference between the current Senate-confirmed Director position and a possible Senate-confirmed Assistant Secretary position?

The Trust responsibilities and Treaty obligations of the U.S. government to provide health care extends beyond the Indian Health Service (IHS or Service) into the other agencies and divisions within the Department of Health and Human Services (HHS). The current IHS Director is currently the operational leader for the Service which focuses on the primary mission to deliver care and improve the health and wellbeing of American Indians and Alaska Natives (AI/ANs). The status of the IHS Director frequently results in Director-nominations to come later into new Administrations and is not often prioritized resulting in difficulties for the Service.

Elevating the current Director to Assistant Secretary would provide a significantly higher profile to the position. An Assistant Secretary would have more direct ability to liaise with the HHS Secretary and advise on Indian health policy more broadly across HHS programs, where the Director is now more limited. The Assistant Secretary’s office would also provide for greater administrative resources to address operational capacity with the Indian Health Service. Moreover, there are many authorities and privileges that are reserved for Assistant Secretary level positions, particularly around personnel and hiring. IHS suffers from chronic workforce shortages, having greater flexibilities will allow the IHS to address the current 30% provider vacancy rate.

2. The Indian Health Service has been on the Government Accountability Office’s (GAO’s) high risk list as an agency vulnerable to waste, fraud, abuse, or mismanagement, or in need of transformation.

a. How specifically do you think that elevating the Director position to that of Assistant Secretary would help the Indian Health Service resolve any open

recommendations from GAO and ultimately contribute to removing the India Health Service from the GAO’s High-Risk List?

Raising the profile of the IHS Director by elevating the position to Assistant Secretary will be key to addressing outstanding concerns identified by the GAO as part of its assessment of IHS on the High-Risk List. Not only will increased operational capacity within Service leadership support addressing outstanding issues identified by the GAO, such as succession planning, particularly for Area Director positions.

Further, the GAO specifically called out the “Acting” status of IHS Directors in its follow up report in 2019.¹ The GAO stated,

“However, IHS still does not have permanent leadership—including a Director of IHS—which is necessary for the agency to demonstrate its commitment to improvement. Additionally, since 2012, there have been five IHS Acting Directors, and there has been leadership turnover in other key positions, such as area directors.”

The GAO also stated in the same report that, “To fully meet the leadership commitment criterion, all agencies [BIA, BIE, and IHS] will need, among other things, stable, permanent leadership that has assigned the tasks needed to address weaknesses and that holds those assigned accountable for progress.”

The nomination of a Director to the Service, is of course the prerogative of the President, and outside the control of the Service, which the GAO does not account for in its assessment. Continuing the IHS Director at its current level and title will perpetuate the slow process of naming a Director-nominee , which during the first Trump Administration, took two full years to fill. Elevating the Director to Assistant Secretary will draw attention to the position and its work on Indian Health broadly at HHS, which will support a timelier appointment—and thus a longer and more stable tenure of the Assistant Secretary. A parallel can be seen with the Assistant Secretary of Indian Affairs at Department of the Interior, which frequently sees an early nomination to fill the position in the early days of a new Administration. This change directly addresses a concern of the GAO keeping the IHS on the High-Risk List.

3. During your testimony, you mentioned concerns with the previous Director of Indian Health Service being excluded from conversations of importance, specifically with Veterans Affairs.

a. Please elaborate, from your perspective and understanding, as to how the position level of Director contributed to this lack of inclusion and communication.

¹ Government Accountability Office (2019). *HIGH RISK Progress Made but Continued Attention Needed to Address Management Weaknesses at Federal Agencies Serving Indian Tribes*. (GAO-19-445T). Washington, DC Government Printing Office. Accessed 2/24/25 (<https://www.gao.gov/assets/gao-19-445t.pdf>).

The last position to be elevated to Assistant Secretary was that of SAMHSA Administrator, elevated to Assistant Secretary for Mental Health in 2016, following the passage of the 21st Century Cures Act (P.L. 114–255). At the time of the elevation of the Administrator to Assistant Secretary, it was cited that elevating the Administrator brought more responsibilities for cross-government coordination and collaboration, including focusing on supporting behavioral and mental health for veterans, the unhoused, and the armed forces.² It is undeniable that the position of Assistant Secretary is both expected to work with and is received better by their co-equals across other federal Departments.

The IHS Director is already required to work across Departments to improve access to services, such as with the Department of Veterans Affairs to improve both the health outcomes for Native veterans and non-Native veterans alike. Although the IHS has been working for two years to re-sign Reimbursement Agreements with the VA, there have been stops and starts that have slowed the progress of these inter-agency agreements. Collaboration with the VA is not the only instance where this occurs. Collaborative work with the Department of Housing and Urban Development is another, where the Department and IHS must collaborate on new Tribal housing and water/sanitation connections. Elevation of the IHS Director will improve the responsiveness of counterparts across the government in responding to Indian Health needs which currently go unmet.

² American Psychiatric Association (2017). *Mental Health Reform Provisions in H.R. 34, the 21st Century Cures Act*. Accessed 2/24/25
(<https://www.psychiatry.org/File%20Library/Psychiatrists/Advocacy/Federal/Comprehensive-Mental-Health-Reform/APA-Summary-Mental-Health-Reform-Provisions-21st-Century-Cures-Act.pdf>).