National Indian Health Board

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U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON NATURAL RESOURCES
SUBCOMMITTEE ON INDIAN AND INSULAR AFFAIRS
LEGISLATIVE HEARING ON H.R. 10956
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Chairman Hurd, Ranking Member Leger Fernandez, and distinguished members of this Subcommittee, thank you for the opportunity to provide testimony on H.R. 10956, *the IHS Workforce Parity Act of 2026*. On behalf of the National Indian Health Board (NIHB) and the 575+ federally recognized American Indian and Alaska Native (AI/AN) Tribal Nations we serve, we appreciate the Subcommittee's longstanding commitment to improving health outcomes for AI/AN communities. At any given time, the Indian Health Service (IHS) operates with severe staffing shortages, in some cases so extreme, losing one physician-level provider at a facility would force closure. In 2025, 43 percent of IHS facilities were facing closure if that occurred. While IHS has taken steps to increase recruitment and retention, we believe that H.R. 10956 will expand desperately needed opportunities to increase workforce capacity at the IHS and across Tribal and urban Indian health programs. We thank Representative Kennedy for introducing H.R. 10956 and the Subcommittee for your leadership on this issue and urge swift advancement of this legislation.

The federal government maintains a unique legal obligation to provide health care for all AI/ANs, grounded in treaties, statutes, U.S. Supreme Court decisions, and the federal trust responsibility. Congress reaffirmed this duty through the Indian Health Care Improvement Act (IHCIA), declaring it the policy of the United States "to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy." [1] Today, the federal government fulfills this obligation through the Indian health system, a three-part network that includes IHS operated, Tribally-operated, and urban Indian organizations, collectively referred to as the "I/T/U system."

Workforce Challenges

For decades, the IHS has experienced significant workforce shortages that directly affect its ability to provide timely, accessible, and quality health care to AI/AN communities. Many IHS facilities experience vacancy rates exceeding 30 percent, particularly in rural and remote Tribal communities. According to the Government Accountability Office, in fiscal year 2024 IHS had a 30 percent overall vacancy rate for health care providers, with even higher vacancy rates in certain provider categories such as physicians (38 percent), nurses (34 percent), dentists (37 percent), and mental health professionals (43 percent).[2] These shortages demonstrate the

[1] 25 U.S.C. § 1602(1)
[2] United States Government Accountability Office. (2025). *Heightened Attention Could Save Billions More and Improve Government Efficiency and Effectiveness* (GAO Publication No. 25-107743). https://files.gao.gov/reports/GAO-25-107743/index.html

magnitude of the workforce crisis and the urgent need for sustained federal investment in recruiting and retaining qualified health professionals.

The impact of these vacancies extends far beyond staffing numbers. Unfilled positions mean fewer available appointments, longer wait times, reduced access to specialty services, and increased reliance on temporary and contract providers. Patients may face delays in diagnosis and treatment, while existing employees assume additional responsibilities, contributing to burnout, lower morale, and further turnover. Facilities also struggle to maintain essential services, including primary care, emergency services, dental care, and behavioral health treatment. This creates an ongoing cycle in which workforce shortages further limit access to care and exacerbates the health disparities in Tribal communities.

On January 29, 2026, IHS announced the largest hiring initiative in its history, and NIHB appreciates the commitment it represents.[3] The initiative is intended to fill critical vacancies, shorten the hiring process, and reach candidates who had not considered IHS, including recent graduates, veterans, and students at Tribal colleges and universities. Ten months in, the results show how much of the problem is retention.

Recently, IHS provided an update on its hiring efforts. IHS reported onboarding 1,454 employees since January 2026. However, the agency noted they also experienced more than 1,500 employee separations during the same timeframe, meaning the agency has fewer employees today than when the initiative began. Despite these challenges, IHS continues to prioritize recruitment and hiring efforts to address staffing needs and strengthen its workforce. Today, IHS reports they onboard approximately 120 new employees per pay period. While these efforts demonstrate IHS' commitment to filling vacant positions, supporting workforce stability, and ensuring the agency has the necessary personnel to meet its operational needs and fulfill its mission, hiring alone cannot close the gap when the agency loses staff as fast as it hires them. IHS, Tribal, and urban Indian health programs need additional flexibilities to recruit and retain providers.

Indian Health Service Scholarship and Loan Repayment Programs

The IHS Health Professions Scholarship Program and Loan Repayment Program are essential tools for addressing longstanding workforce shortages throughout the I/T/U system. These programs provide critical financial support to individuals pursuing careers in health professions and help recruit qualified health professionals to serve AI/AN communities. The IHS Health Professions Scholarship Program provides scholarships to eligible AI/AN students pursuing health profession degrees, with a commitment to fulfill a service obligation in the Indian health system following graduation and licensure. By investing in the education and training of future health professionals, the program helps build a workforce that understands the unique health care needs of Tribal communities and has a personal and professional commitment to serving Indian

[3] Indian Health Service. (2026, January 29). *Indian Health Service Launches Largest Hiring Effort in Agency History* [Press Release}. https://www.ihs.gov/newsroom/pressreleases/2026-press-releases/indian-health-service-launches-largest-hiring-effort-in-agency-history/

Country.

The IHS Loan Repayment Program provides financial assistance to qualified health professionals who agree to serve in eligible I/T/U facilities. The program helps reduce the burden of educational debt while incentivizing providers to work in communities that often struggle to recruit and retain physicians, nurses, dentists, pharmacists, behavioral health professionals, and other critical health care personnel. For many facilities, these programs are among the most effective recruitment tools available. However, workforce competition, funding constraints, and the challenges of recruiting professionals to rural and geographically isolated communities can limit the program's effectiveness. Expanding these programs to allow for half-time employment for service obligation would strengthen I/T/U System programs' ability to compete for qualified professionals.

Many smaller Tribal and urban Indian health programs do not have the patient volume or the budget to support a full-time specialist. Under current law, a provider who fills a half-time position at one of those programs is not eligible for loan repayment, which leaves those programs without one of their strongest recruitment tools. [4]

These programs are bolstering the next generation of AI/AN health professionals, supporting workforce development, and creating pathways for students from Tribal communities to return home and serve their own people. These programs are more than financial incentives; they are strategic investments in Tribal communities, the future of the Indian health workforce, and the federal government's responsibility to fulfill its trust obligations to AI/AN people.

H.R. 10956 - The IHS Workforce Parity Act

The IHS Workforce Parity Act addresses a major structural barrier to recruiting and retaining health professionals. The Senate companion, S. 632, was reported favorably by the Senate Committee on Indian Affairs without amendment. Currently, recipients of the IHS Health Professions Scholarship Program and Loan Repayment Program must fulfill their service obligations through full-time clinical practice at an Indian health facility, including any hospital, clinic, or other medical facility administered by IHS, a Tribal organization, or an urban Indian organization. This deters many qualified applicants from utilizing or applying for the program because the service obligation period does not allow for part-time service. For both programs, the full-time requirement is written into IHCIA.[5] IHS cannot offer a half-time option on its own authority. Only Congress can.

The IHS Workforce Parity Act allows IHS Health Professions Scholarship Program and Loan Repayment Program recipients to fulfill service obligations through half-time clinical practice.

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[4] 25 U.S.C. § 1616a(f)(1)(B)(iii) (requiring a period of obligated service "in the full-time clinical practice of such individual's profession in an Indian health program").
[5] 25 U.S.C. §§ 1613a(b)(3)(A), 1616a(f)(1)(B)(iii).

Scholarship recipients who choose half-time practice would agree in writing to double the length of their service obligation, so the total service owed stays the same.

The legislation would also allow IHS Loan Repayment Program recipients to fulfill service obligations through two years of full-time clinical practice or four years of half-time clinical practice. Recipients would also be eligible to complete two years of half-time clinical practice for a loan repayment amount that is 50 percent of the full-time award. Together, the changes in H.R. 10956 will open the IHS Health Professions Scholarship Program and Loan Repayment Program to more providers and strengthen recruitment and retention across IHS, Tribal, and urban Indian health programs.

National Health Service Corps Parity

The IHS Health Professions Scholarship Program and Loan Repayment Program are modeled on the National Health Service Corps (NHSC) workforce development programs. The NHSC Scholarship Program provides financial assistance for tuition, required fees, and a monthly living stipend to eligible students pursuing approved primary care professions. Similarly, the IHS Scholarship Program provides financial assistance to eligible American Indian and Alaska Native students pursuing healthcare careers, with eligibility requirements based on Tribal membership and the specific scholarship category. Both programs require recipients to fulfill a service obligation at an approved healthcare facility following graduation. That said, the NHSC scholarship program offers half-time service options, while the IHS program requires full-time clinical practice to fulfill service obligations.

The loan repayment programs also differ in their funding and service requirements. The NHSC Loan Repayment Program provides financial assistance toward qualifying educational loans for eligible primary care, dental, and behavioral health professionals working at approved underserved sites. Depending on the provider's discipline and program eligibility, participants may receive up to $75,000 for an initial two-year full-time service commitment, or up to $37,500 for two years of half-time service. The IHS Loan Repayment Program offers up to $50,000 toward qualifying educational loans in exchange for an initial two-year commitment to full-time clinical practice at an eligible Indian health facility.

One of the most notable differences between the programs is their flexibility regarding part-time employment to fulfill the service obligation. The National Health Service Corps (NHSC) offers part-time, or half-time, service options for both its Scholarship Program and Loan Repayment Program, providing flexibility for healthcare professionals who cannot commit to full-time employment. The NHSC defines half-time clinical practice as working 20–39 hours per week for at least 45 weeks per year, with at least 18 hours dedicated to direct patient care. In contrast, the IHS Scholarship and Loan Repayment Programs require full-time clinical service and offer no part-time service option.

This difference puts IHS at a disadvantage when recruiting health professionals whose personal, family, financial, or professional circumstances make a traditional full-time service commitment

difficult. The IHS Workforce Parity Act recognizes that health professionals have different circumstances and that a flexible approach to service obligations can expand the pool of individuals willing and able to serve AI/AN communities. Congress must pass the IHS Workforce Parity Act to bring parity for the IHS programs with the NHSC scholarship and loan repayment programs.

The National Indian Health Board strongly supports H.R. 10956 and respectfully urges Congress to advance and enact this legislation. Increasing access to the IHS Health Professions Scholarship Program and Loan Repayment Program will strengthen recruitment and retention across the Indian health system, improve access to care, and better uphold the federal government's commitment to Tribal Nations. Thank you for the opportunity to provide testimony. NIHB looks forward to continuing our work with the Subcommittee to strengthen the Indian health system and ensure the highest possible health status for all AI/AN people.