

Health Resources and Services  
Administration

Summary Report

**2024 Tribal Consultation  
on the HRSA Tribal Consultation Policy  
and Health Professional Shortage Area  
Scores**

Office of Intergovernmental and External Affairs  
October 2024

## Executive Summary

This report summarizes the input and written testimony the Health Resources and Services Administration (HRSA) received through Tribal Consultation and provides the agency's initial responses. It includes an executive summary, background, Consultation session details, Tribal input with HRSA responses and topical themes from Tribal-serving organizations.

On Monday, May 20, 2024, HRSA conducted its annual Tribal Consultation session at the National Indian Health Board's (NIHB) 42nd Annual National Tribal Health Conference in Rapid City, South Dakota. The Consultation was a forum for HRSA to hear directly from Tribal Nations about updating its 2014 Tribal Consultation Policy and Health Professional Shortage Area (HPSA) scoring.

## Background

### *Tribal Consultation Policy*

Established in 2014, the HRSA Tribal Consultation Policy affirms and strengthens the government-to-government relationship between Tribal Nations and the Federal Government. The overarching goal of the Consultation Policy is to increase access to health services for American Indians and Alaska Natives by working with Tribal governments to identify priorities and needs. HRSA is currently updating its Tribal Consultation Policy to ensure that it aligns with the updated Department of Health and Human Services (HHS) Tribal Consultation Policy and the Executive Order on Uniform Standards for Tribal Consultation.

### *HPSA Scoring*

HRSA is also responding to requests from Tribal Leaders to address HPSA designation questions, particularly the use of scoring. Section 332 of the Public Health Service Act governs HRSA's rules for designating shortage areas, including specifying what criteria must be considered.

HPSAs identify an area, population, or facility experiencing a shortage of health care services. Those services could be Primary Care, Dental Health, or Mental Health based. HHS establishes the criteria for health professional shortage areas with the greatest shortages. This information is made available to the public through the Federal Register. By law, HRSA automatically designates Indian Health Service (IHS), Tribally Run, and Dual Funded facilities as HPSAs. (A dually funded health center receives funding from both the HRSA Health Center Program and the IHS.) For additional information, see "Health Professional Shortage Areas: A Resource for Tribal Partners" located at:

<https://www.hrsa.gov/sites/default/files/hrsa/about/organization/bureaus/iea/health-professional-shortage-areas-tribal.pdf>

## Consultation Session Details

HRSA initiated a Tribal Consultation on April 23, 2024, via a “Dear Tribal Leader Letter” using publicly available email addresses from the Bureau of Indian Affairs website. HRSA also shared information about the Consultation date, format, and location through its ten regional offices, the HHS Tribal Affairs Newsletter, and the HRSA Tribal Advisory Council. NIHB also publicized the Consultation via its website and its conference materials.

The “Dear Tribal Leader Letter” identified two items for Consultation:

- HRSA’s Tribal Consultation Policy
- HPSA Scoring

The HRSA Tribal Consultation was moderated by two members of the NIHB Board of Directors:

- Lee Spoonhunter, Co-Chairman, Northern Arapaho Tribe, and HRSA Tribal Advisory Council (TAC) Delegate
- Mikah Carlos, Councilmember, Salt River Pima Maricopa Indian Community

The Consultation included 88 participants from across the country, including elected Tribal leaders, representatives of Area Indian Health Boards and Tribal consortiums, employees of Tribal organizations, federal partners, NIHB staff, and others. In addition to those who attended in person, HRSA received written testimony from two Tribes. The written testimony is included in this report by the topics mentioned. Below is the list of HRSA leadership present and Tribal leaders or their designees who participated.

### HRSA Representatives

- Antigone Dempsey, Associate Administrator, Office of Intergovernmental and External Affairs (IEA)
- Venus Utchin, Public Health Advisor, Office of Tribal Affairs (OTA), IEA
- Kourtney Thomas, Deputy Director, Division of Policy and Shortage Designation, Bureau of Health Workforce (BHW)
- Matthew Patterson, Acting Branch Chief, Division of Policy and Shortage Designation, BHW

### Written Testimony:

- Cowlitz Indian Tribe
- Quapaw Nation
- Swinomish Indian Tribal Community

During Consultation, HRSA leadership reaffirmed its commitment to working in partnership with Tribes and the HRSA TAC on the updated policy. HRSA’s BHW leadership also reiterated their dedication to working with Tribal partners on HPSA scoring and addressing workforce shortages in Tribal communities. HRSA will review and consider comments on HPSA scoring and designation practices.

## **Summary of Tribal Leader Input:**

HRSA reviewed all input and written testimony received from Tribal leaders or their designees during the Consultation and summarized recommendations by themes grouped under two sections: Tribal Consultation Policy and HPSA scores. Written testimony was synthesized and incorporated into sections based on topic.

### **Topic #1: Updating the HRSA Tribal Consultation Policy**

#### **Post Consultation Follow-Up Actions**

Tribal leaders recommended that HRSA provide timely follow up to Consultation as outlined in the 2022 Executive Order on Uniform Standards for Tribal Consultation. Tribes expressed the need to follow Section 7(a) regarding the record of Consultation to include Tribal comments and recommendations in the policy-making process, and ensure transparency in activities.

#### **Prioritize Holding Tribal Consultation in Indian Country**

Tribal leaders recommended that HRSA conduct Consultation in Indian Country to allow the agency to better understand issues on the ground and to provide Tribes and agency employees the ability to meet face-to-face. Tribes expressed that this would help educate HRSA's senior leadership about challenges that exist on the local level through first-hand experience.

#### **Advance Notice of Agency Actions Affecting Tribes**

Tribes stated the importance of HRSA communicating in advance of agency action impacting Indian Country. HRSA recognizes that advanced communication is a necessary first-step to fostering meaningful conversations. HRSA reiterated it will continue to partner with Tribes, Tribal serving organizations, and HHS IEA to ensure widespread communication. Tribal leaders also noted the need to increase efforts to report on program outcomes and publicize the new OTA website.

#### **HRSA Response**

During the Tribal Consultation, HRSA leadership committed to the following actions:

1. Identifying a primary point of contact for Tribal Consultation that would include the person's name and contact information, which will be published on the [OTA](#) website.

HRSA has updated its Tribal Affairs website so that it now includes a URL link "Email HRSA IEA's Tribal Affairs team" on the landing page and all other pages. A designated email has also been established for any inquiries related to Tribal Consultation and is listed on the website ([TribalConsultation@hrsa.gov](mailto:TribalConsultation@hrsa.gov)).

2. Sending invitations for official Consultations that contain relevant materials to assist in the Consultation process.

Following up on a recommendation from Tribal leaders, HRSA now notifies all Area Indian Health Boards about Consultations and agency Advisory Council meetings and requests assistance in disseminating information. In addition, all materials related to Consultations, including letters to Tribal leaders, summary reports, slides and background materials will be posted on the OTA website at:  
<https://www.hrsa.gov/tribal-affairs/tribal-consultations-listening-sessions>.

3. Ensuring that all HRSA personnel working with Tribes complete annual training on Consultation, which includes reviewing both the HHS Consultation policy and HRSA's revised Consultation policy.

Once HRSA finalizes its revised Consultation Policy to align with the new HHS policy, the IEA OTA will engage in agency-wide efforts to disseminate the new policy. HRSA will also adopt the government wide Consultation training modules that the Secretary of the Interior and the Director of the Office of Personnel Management (OPM) have been charged with developing in the Presidential Memorandum on Uniform Standards for Tribal Consultation. The Department of the Interior and OPM, with the support of the White House Council on Native American Affairs (WHCNA) have been developing this training and expect it to be available for roll out before the end of the calendar year.

4. Working in partnership with Tribes and TAC to ensure that Tribal guidance is incorporated into the updated policy and meets the needs of HRSA's Tribal partners.

HRSA remains committed to working with Tribal Nations to address health care needs and values the input of its TAC. HRSA's senior leadership met with the HRSA TAC on July 23-24, 2024, and shared upcoming agency priorities for fiscal year (FY) 2025. HRSA's Deputy Administrator Jordan Grossman provided updates and engaged in an open discussion with Delegates welcoming feedback on any issues of concern.

During the TAC meeting, agency leadership also agreed to increase the frequency of TAC meetings to approximately twice a year, with one meeting being held in Indian Country. Plans are already underway with the TAC Co-Chairs to schedule the next meeting in December 2024 and identify a location for a Spring 2025 convening. HRSA will request TAC delegates review the updated Consultation Policy and initiate formal Consultation to seek input from Tribal leaders.

## **Topic #2 - HPSA Scoring**

Tribal leaders requested that HRSA offer more support and resources to Tribal communities to help them with recruitment and retention. They also indicated that the current HPSA scoring method does not take into account the unique needs and challenges of Tribal Nations. Tribal leaders expressed interest in adding or changing scoring criteria as well as the data sources used for scoring and adjusting the weighting of specific scoring factors.

## **Revision of HPSA Scoring Methodology**

Tribes suggested that HRSA categorize IHS/Tribal/Urban Indian health facilities (ITUs) as an area of greatest need when assessing provider shortages. They also recommended that each Tribal health system be automatically scored as meeting the minimum threshold for any HRSA loan repayment participant to work at our an ITU.

## **Data Sources for Scoring**

Tribal leaders recommended the use of aggregated data specific to American Indians and Alaska Natives, provided by Tribes, Tribal Epidemiology Centers, or states that honor Tribal Data Sovereignty.

## **Adjust Weighting of Scoring Factors**

Recognition of the recruitment and retention needs to address the chronic health disparities of American Indians and Alaska Natives by providing additional points for Tribes in the following categories: (1) population-to-provider ratio, (2) the travel distance to the nearest source of care, and (3) infant health index.

## **Revise Scoring to Include Culturally Competent Care**

In revising HPSA Scoring, Tribal leaders recommended that HRSA focus resources on recruiting and retaining culturally competent health professionals and providing culturally competent care. HRSA should consider factors that support culturally competent care when revising HPSA scoring. HRSA should create an IHS)/Urban-specific measure for culturally competent care.

## **HRSA Response**

By statute, almost all IHS facilities, Tribally-Operated 638 Health Programs, or Urban Indian health clinic and collectively known as Indian Tribal Units or “ITUs” are auto-HPSAs. This means that applications to designate ITUs are automatically approved (ITU applications are updated quarterly from a list provided by IHS). Because HPSA designation criteria are established in law and defined in regulation, they can only be changed by the passage of new or amended law.

HRSA recognizes the critical shortage of health care providers in Indian Country and the urgent need to address recruitment and retention efforts. The agency also acknowledges the concerns related to administrative burdens, investments, workforce issues, and culturally competent care, and will take these under consideration. In September 2025, HRSA plans to recalculate HPSA scores for every HPSA designated entity across the country based on updated data from the Centers for Disease Control and Prevention and the Uniform Data System. This more recent data is expected to enhance score accuracy. The update does not have any impact on auto-HPSA designation, so no ITUs will lose their HPSA designation.

Tribes are allowed to submit their own data for some HPSA scoring criteria that is used in rescoring their facility HPSA score. In addition, entities can submit rescoring requests at any time during the year. For more detailed information on this, please see the HRSA publication “[Health Professional Shortage Areas: A Resource for Tribal Partners](#)” on the OTA website.

Also, HRSA recognizes the importance of culturally competent care in providing effective services to patients and their communities. Cultural competence can help address health disparities and improve the quality and treatment of healthcare. Adding criterion reflecting this concept remains challenging. Any such factor would need to be applicable not only to Tribes but to all communities and populations since it would become a ‘nationwide’ scoring factor available for all HPSA’s. In addition, multiple measures of ‘cultural competence’ have been proposed by researchers. Without a widely agreed upon, evidence-based standard of cultural competence, establishing such a measure remains a long-term consideration.

HRSA encourages ITUs with concerns about their HPSA scores to contact their [State Primary Care Offices](#) (PCOs) listed on the HRSA website for technical assistance. HRSA funds the state PCOs through a cooperative agreement to coordinate HPSA designation and provide technical assistance throughout their state or territory. PCOs are essential partners in the HPSA rescoring process due to their specialized knowledge of the HPSA designation process and their state’s health landscape.

HRSA also engages directly with ITU partners. HRSA also has regional staff that perform site visits to ITUs and can provide ad hoc technical assistance related to workforce programs. HRSA’s BHW provides technical assistance to State PCOs on complex designation, scoring, and database issues. To request help from HRSA, contact the OTA at [tribalaffairs@hrsa.gov](mailto:tribalaffairs@hrsa.gov).

HRSA encourages eligible ITU providers, no matter the facility's HPSA score, to consider applying for the [National Health Service Corps \(NHSC\)](#) funding. In FY 2023, every eligible ITU applicant was awarded funding. As of July 30, 2024, there were over 860 NHSC supported health care providers at ITUs. In FY 2024, the HHS Budget increased the funding set-aside for HRSA’s NHSC program supporting clinicians serving ITUs to \$16 million. HRSA’s Tribal Affairs webpage includes a standing announcement on the [\\$16M set-aside](#) which links to more detailed information on the NHSC program.

### **Expanding Community Health Aide Programs (CHAPs)**

Tribal leaders recommended that HRSA support expansion of the IHS CHAP. HRSA should provide funds and programming to implement CHAP-like programs in the lower 48 which would allow mid-level providers to work in Tribal health facilities. HRSA should include support for CHAP in future grants to help alleviate health workforce shortages.

### **HRSA Response**

HRSA continues to work with the IHS to identify opportunities for collaboration and aligning priorities. The IHS CHAP is a multidisciplinary system of mid-level behavioral, community, and dental health professionals working alongside licensed providers to offer patients

increased access to quality care in rural Alaskan areas.

HRSA is tracking CHAPs for alignment purposes (with Centers for Medicare & Medicaid Services, IHS, etc.) and continues to work with IHS as they determine how to define CHAPs on a national level. Once IHS makes a determination, the Office of Management and Budget will need to review and clear any proposed reporting standards.

## **Closing**

HRSA thanks Tribal leaders for their time and recommendations. Updating the HRSA Tribal Consultation Policy is an important step and reflects the agency's commitment to improving access to health care services for American Indians and Alaska Natives. HRSA remains committed to building strong relationships with Tribal Nations through regular, meaningful, and robust consultation and collaboration.