

Tribal Healthcare In Danger Due To Hiring Freeze, Letter Says

By [Crystal Owens](#) · [Listen to article](#)

Law360 (February 12, 2025, 5:43 PM EST) -- The top Democratic ranking members for subcommittees that oversee federal funding for the [Indian Health Service](#) are demanding the [U.S. Department of Health and Human Services](#) intervene to stop cuts to the agency's workforce, saying without it Indigenous communities' access to needed services is in jeopardy.

Oregon's U.S. Sen. Jeff Merkley and U.S. Rep. Chellie Pingree, D-Maine, ranking members of the Senate and House Interior Appropriations subcommittees, respectively, said in a Monday letter to acting HHS Secretary Dorothy Fink the Trump administration's federal hiring freeze, [deferred resignation](#) and early retirement offers, and efforts to cut the federal health workforce violate congressional direction to implement programs and activities funded through appropriations.

Together, the "dangerous" actions jeopardize Indigenous communities' access to the healthcare they need and deserve while undermining the federal government's ability to meet its trust and treaty obligations to tribes, the lawmakers said in the Monday letter.

"Freezing the hiring of critical staff positions and attempts to diminish the workforce at the [IHS](#) poses a grave threat to the vital medical services provided to American Indians and Alaska Natives — including emergency services, maternity care, and cancer treatments. The IHS is already plagued by chronic underfunding and significant staffing shortages, and this hiring freeze and attacks on the federal workforce impacts its ability to fill vacancies for the medical professionals and staff needed to keep critical facilities and programs operating," Merkley and Pingree said in the letter.

IHS medical facilities regularly face significant vacancy rates for physicians, nurses and other key clinical providers, the lawmakers said.

Last year, the IHS had nearly 2,000 vacancies, and a 2018 Government Accountability Office report found the agency had an overall healthcare provider vacancy rate of 25% across service areas, they said.

These vacancies negatively impact quality and timely healthcare, and employee morale, the lawmakers said. And it forces facilities in many tribal communities to reduce access to critical care, including behavioral and mental health treatments needed to address the substance use and suicide crises plaguing Indian Country and Alaska Native villages, according to the letter.

"Further disruption in staffing could push IHS beyond its breaking point, potentially leaving thousands without access to critical care," Merkley and Pingree said.

According to the letter, the IHS is the central healthcare provider for 2.8 million American Indians and Alaskan Natives, and has long been foundational in ensuring the well-being of Indigenous communities throughout the country and the federal government.

"The federal government must honor its trust responsibility to tribal nations. We urge you to advocate for the

revocation of this hiring freeze and stop the onslaught on health care professionals. The health care of millions of Native Americans and Alaska Natives hangs in the balance," the lawmakers said.

Native American communities, tribal nonprofits and Indigenous healthcare advocates in the last week have [come out against several orders](#) issued by President Donald Trump and his administration, including against reports of potential federal legislation that proposes to cut between \$200 billion to \$2.3 trillion in Medicaid funding.

In a Feb. 5 webinar on how potential cuts to Medicaid would impact Indian Country, Joan Alker, executive director of the Georgetown Center for Children and Families and a research professor at the Georgetown University McCourt School of Public Policy, said various leaked documents from the U.S. House Committee on the Budget indicated the cuts "would absolutely devastate the program."

Significant cuts to Medicaid, which provides healthcare coverage for more than 70 million people, would change the fundamental way the program has been financed for 60 years, Alker said, as well as the existing guarantee that states are assured a federal partner.

"And states would really not be able to manage their way out of cuts to this magnitude," she said. "There's just no way for states to make up for these huge cuts. Medicaid is the largest source of revenue going to states."

The IHS and the tribal healthcare system are funded with about \$7 billion to \$8 billion per year, but the actual money needed to provide adequate care is in the tens of billions, according to Winn Davis, congressional relations director for the National Indian Health Board.

Medicaid, which is authorized expressly to help fill this funding gap and meet the trust responsibility to tribes in healthcare, provides significant resources to this effect, he said during the Feb. 5 webinar.

The program covers 100% of the Federal Medical Assistance Percentage for Indigenous communities through the IHS or through direct funding to a tribe's own provider, Davis said.

In December, a bill introduced by U.S. Sens. Catherine Cortez Masto, D-Nevada, and Markwayne Mullin, R-Okla., that would make it easier for the IHS to recruit and retain medical workers [landed in Congress](#) after passing the [U.S. Senate](#).

The IHS Workforce Parity Act, introduced in October 2023, looks to improve healthcare in tribal communities by allowing part-time medical providers access to IHS scholarship and loan repayment programs, according to the legislation.

According to legislative records, the bill has since stalled in the House.

A 2022 Johns Hopkins School of Nursing report on inadequate staffing levels in Indian Country highlighted various factors that contribute to the shortage, in addition to underfunding.

The factors include the remote and rural locations of tribal communities, a lack of access to education for Native Americans in the medical field, and cultural competency gaps within the healthcare systems, the report said.

In addition, it said, tribal nurses and doctors receive lower pay compared to their counterparts in urban areas and lack adequate housing options, making recruitment and retention of qualified medical professionals difficult.

--Editing by Lakshna Mehta.