

National Indian  
Health Board



National  
Congress of  
American  
Indians



NICWA  
National Indian Child Welfare Association



December 20, 2016

The Honorable Paul Ryan  
Speaker of the House  
U.S. House of Representatives  
H-232 The Capitol  
Washington, DC 20515

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
S-230 The Capitol  
Washington, DC 20510

**Re: Preservation of the Indian Healthcare Improvement Act and other Affordable Care Act provisions serving American Indians and Alaska Natives**

Dear Speaker Ryan and Majority Leader McConnell:

On behalf of the undersigned Tribes and Tribal organizations and the 567 Tribes we serve, we write today to ask you to support the retention of the Indian Healthcare Improvement Act (IHICIA) in any efforts to repeal or replace the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148). The IHICIA is unrelated to the overall ACA, and revoking IHICIA would have catastrophic consequences for the Indian health system and American Indians and Alaska Natives (AI/ANs) nationwide. Provisions included in the IHICIA were a result of years of negotiations, meetings and strategy sessions between Tribes and Congress resulting in legislation that was not only impactful, but bipartisan.

First enacted in 1976, the Indian Healthcare Improvement Act is the legislative embodiment of the federal trust and treaty responsibilities to American Indian and Alaska Native people for healthcare. IHICIA was permanently enacted in 2010 as part of the ACA (Section 10221) in an effort to pass this long-stalled legislation. It serves as the backbone legislation for the Indian

Health Service (IHS)/Tribal/ and Urban Indian (collectively known as the I/T/U) health system which provides healthcare services for AI/ANs in fulfillment of the federal government's trust responsibility for health that is derived from statutes, treaties, and executive orders.

IHCIA states that "it is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to Indians -- to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy"<sup>1</sup> and reaffirms a system for the federal government to do so. The law provides the foundational authority for the Indian Health Service to be reimbursed by Medicare, Medicaid and third party insurers, to make grants to Indian Tribes and Tribal organizations, and to run programs designed to address specific, critical health concerns for AI/ANs such as substance abuse, diabetes and suicide.

Six years later, IHCIA has provided significant progress in the I/T/U system. IHCIA updates and modernizes health delivery services, such as cancer screenings, home and community based services, hospice care, and long-term care for the elderly and disabled. It establishes a continuum of care through integrated behavioral health programs (both prevention and treatment) to address alcohol/substance abuse problems and the social service and mental health needs of Indian people. Additionally, it provides many essential cost-saving provisions for IHS and Tribes, such as the authority for I/T/U health providers to be licensed in any state and practice at an I/T/U facility and the ability for Tribes to access the Federal Employee Health Benefits (FEHB) system. The law also authorizes IHS and Tribes to enter into arrangements with the Department of Veterans Affairs and Department of Defense to share medical facilities and services which increases government efficiency and ensures that American Indian and Alaska Native Veterans (who serve at a higher percentage than any other group) are taken care of. IHCIA allows I/T/U providers to be eligible for participation in any federal healthcare program and for reimbursement from 3<sup>rd</sup> party payers which is critical to bring in additional resources into the I/T/U system.

Other provisions also exist within the ACA, separate from IHCIA that we strongly believe must be preserved to ensure that the Indian health delivery system remain viable. These provisions are also unrelated to the overall healthcare reform legislation. They are as follows:

- Section 2901 which states that any I/T/U must be the payer of last resort for services provided notwithstanding any Federal, State, or local law to the contrary.
- Section 2902 which grants I/T/U providers permanent authority to collect reimbursements for all Medicare Part B services.
- Section 9021 ensures that any health benefits provided by a Tribe to its members are not included as taxable income.
- Medicaid Benefits for AI/ANs. Under current law, the federal government reimburses States for 100 percent of the cost of providing Medicaid services to AI/ANs. Any plan to change the manner in which State Medicaid costs are reimbursed by the federal government must include a carve out for services provided to AI/ANs so that the federal government's trust responsibility is not shifted to the States.

---

<sup>1</sup> 25 U.S.C. § 1602.

Repealing these provisions and the IHCIA now would have disastrous consequences for the Indian health system. I/T/Us would lose critical 3<sup>rd</sup> party revenue, legal authorities, and life-saving programs. As you consider a path forward on healthcare reform, we urge you to ensure that this law is preserved so the Indian health system can continue to operate under a framework appropriate for 21<sup>st</sup> century healthcare delivery and honors the United States' trust responsibility to provide healthcare to American Indians and Alaska Natives.

Thank you for your attention to this important matter. We look forward to working with you on these critical efforts in the 115<sup>th</sup> Congress and beyond. Should you have any questions about this, please contact the National Indian Health Board's Executive Director Stacy A. Bohlen at (202) 507-4070 or [sbohlen@nihb.org](mailto:sbohlen@nihb.org).

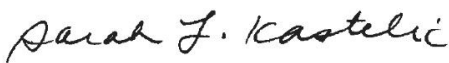
Sincerely,



Lester Secatero  
Chairperson  
National Indian Health Board



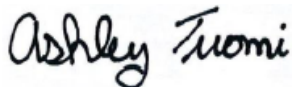
Jacqueline Pata  
Executive Director  
National Congress of American Indians



Sarah Kastelic  
Executive Director  
National Indian Child Welfare Association



Ahniwake Rose  
Executive Director  
National Indian Education Association



Ashley Tuomi  
President  
National Council on Urban Indian Health



W. Ron Allen  
Board Chairman  
Self-Governance Communication &  
Education Tribal Consortium



Nicholas Barton  
Chairman  
Direct Service Tribes Advisory Committee



Mark LeBeau  
Executive Director  
California Rural Indian Health Board



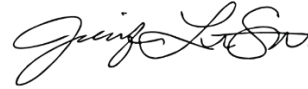
Jerilyn Church  
Chief Executive Officer  
Great Plains Tribal Chairmen's Health Board



Phyllis Davis  
Chairperson  
Great Lakes Area Tribal Health Board



Nancy Martine-Alonzo  
Executive Director  
Albuquerque Area Indian Health Board



Jennifer LittleSun  
Executive Director  
Southern Plains Tribal Health Board



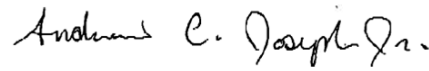
Robert Valencia  
Tribal Chairman  
Pascua Yaqui Tribe



Chief Kirk Francis  
President  
United South and Eastern Tribes Sovereignty  
Protection Fund



Lincoln Bean, Sr.  
Chairman  
Alaska Native Health Board



Andy Joseph Jr.  
Chairman  
Northwest Portland Area Indian Health Board

Cc:

Chairman Greg Walden, Incoming Chairman, House Energy and Commerce Committee  
Chairman Kevin Brady, House Ways and Means Committee  
Chairman Rob Bishop, House Natural Resources Committee  
Chairman Orrin Hatch, Senate Finance Committee  
Chairman Lamar Alexander, Senate Health Labor and Pensions Committee  
Chairman John Barrasso, Senate Committee on Indian Affairs  
NIHB Board of Directors