

National Indian Health Board



May 2, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Draft Framework for Reviewing Demonstration Proposals Including Traditional Health Care Practices

Dear Administrator Brooks-LaSure:

On behalf of the National Indian Health Board (NIHB), I write to provide a response to the Centers for Medicare and Medicaid Services (CMS) draft framework for reviewing Traditional Health Care Practices in Section 1115 demonstrations. The NIHB, as a member of the CMS Tribal Technical Advisory Group (TTAG), supports the comments submitted by the TTAG on the traditional healing framework.

Culturally focused care practices, such as traditional healing, are key components to realizing the Administration's efforts to achieve true equality in the healthcare landscape. Approval of Section 1115 demonstrations that include traditional healing also speaks to the spirit of the federal trust responsibility for Indian health equity. This is extremely important given the significant health disparities that persist with American Indian and Alaska Native (AI/AN) people. The United States owes a special duty of care to Tribal nations, which animates and shapes every aspect of its trust responsibility to Tribes. This obligation is deeply rooted in treaties and authorized by the U.S. Constitution, and the federal government's unique responsibilities to Tribal nations have been repeatedly reaffirmed by the Supreme Court, legislation, executive orders, and regulations. Therefore, NIHB urges the CMS and the Administration to adopt the following recommendations into the framework for approving the 1115 traditional healing demonstration waivers with traditional healing components.

The NIHB held a roundtable of traditional healers on April 19, 2024 to gather input on the draft framework. Feedback from traditional healers is critical to honor the issue of traditional healing 1115 demonstrations. Traditional healers are respected knowledge keepers of these medicine practices and experts on the provision of these services. Those who participated in this roundtable and reviewed its forthcoming recommendations have provided services both in their communities and at Indian Health Service (IHS) facilities and have indispensable experience in the topics central to this framework.



50 F Street, NW | Suite 600 | Washington, DC 20001 | 202-507-4070 | www.nihb.org

The Red Feather of Hope and Healing

National Indian Health Board



Feedback Gathered from the Traditional Healing Roundtable

Multiple traditional medicine providers shared that traditional health care practices that are currently provided in IHS facilities are often “diminished” through various facility-imposed limitations. Sweat lodge-related ceremonies were cited as an example of a practice that has been limited within multiple facilities. Participants of the roundtable shared that limitations on the delivery of traditional health care practices can arise because of prejudice against or misunderstanding of Indigenous cultures. In addition, the operating hours of clinics can impose restrictions on the traditional health care services the practitioners are able to deliver. Some ceremonies must take place in the early morning, late at night, or overnight. Some clinics have restricted practitioners from performing these ceremonies because they require services to take place inside the clinic’s operating hours. This restriction significantly limits the services traditional healers can offer and, thus, lessens the number of people they can help. **The framework must protect the authority of traditional medicine practitioners to determine and complete the appropriate course of traditional medicine services.**

The importance of reimbursing community-based services was also highlighted at the roundtable. **The traditional healers recommended adding services provided by community-based ceremonial experts into the services that are eligible for reimbursement.** Tribes have already created various means of verifying the skill and qualifications of practicing traditional healers, including through Tribal-based traditional healer associations, specialized Tribal review councils, and Tribal letters of endorsement. Providing services in the community can make traditional healing more accessible for AI/AN people and protect against the institution-imposed limitations described above. Providing services in the community will also make referring people who require specialized ceremonies to specific traditional healing providers easier.

The traditional healers shared their support for the infrastructure funding that CMS is considering providing for 1115 demonstrations. The group shared that transportation to traditional healing services is a common obstruction to AI/AN people accessing care. **The traditional healers recommend making infrastructure funding eligible to improve transportation services.**

Participants also shared concerns about the collection and use of data in the 1115 demonstration evaluation process. **The framework should advise states to incorporate a streamlined process to share data related to 1115 demonstrations with traditional healing components in a timely manner with Tribes residing in the state. Additionally, the framework should incorporate guidance cautioning the use of Western benchmarks or processes in evaluating Indigenous practices of medicine or experiences of health.**



50 F Street, NW | Suite 600 | Washington, DC 20001 | 202-507-4070 | www.nihb.org

The Red Feather of Hope and Healing

National Indian Health Board



Conclusion

NIHB applauds CMS' efforts to allow reimbursement for traditional healing practices. Efforts like the proposed framework – that honor Tribal sovereignty by streamlining the approval process of traditional healing services within 1115 demonstration waivers – are much appreciated. NIHB supports the feedback shared by traditional healing practitioners and uplifts their critical, on-the-ground knowledge of how to best provide traditional healing services. NIHB appreciates your consideration of the above comments and recommendations and looks forward to engaging with the agency further.

Yours in Health,

A handwritten signature in black ink, which appears to read "William Smith". The signature is fluid and cursive.

William Smith, Valdez Native Tribe
NIHB Chairperson and Alaska Area Representative
National Indian Health Board



50 F Street, NW | Suite 600 | Washington, DC 20001 | 202-507-4070 | www.nihb.org

The Red Feather of Hope and Healing