


# Tribal Technical Advisory Group

## To the Centers for Medicare & Medicaid Services

c/o National Indian Health Board | 50 F Street NW | Washington, DC 20001 | (202) 507-4070 | (202) 507-4071 fax



The Honorable Mehmet Oz  
Administrator  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: Follow-Up from the March 2025 Centers for Medicare and Medicaid Services Tribal Technical Advisory Group Face-to-Face Meeting**

Dear Administrator Oz:

On behalf of the Centers for Medicare and Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG), I would like to congratulate you on your confirmation as Administrator of CMS. The CMS TTAG looks forward to working closely with you to uphold and advance the federal trust and treaty responsibility to provide high-quality, accessible healthcare to American Indian and Alaska Native (AI/AN) people. The following is outlined key issues raised during the March 2025 TTAG Face-to-Face Meeting, which reflect the most pressing healthcare priorities for Indian Country. We look forward to collaborating with you and the rest of CMS to make meaningful progress on these critical matters and ensure that AI/AN individuals receive the best possible care.

Our Tribal leadership are appreciative for the participation of Principal Deputy Director and Chief of Staff, Steph Carlton, and Director of the Center for Medicaid and CHIP Services, Drew Snyder, and we are grateful for the experience that they bring to the agency in holistic healthcare and Tribal engagement. We are pleased to hear that Director Snyder has developed a partnership between the Mississippi Band of Choctaw Indians and CMS from his previous role as Medicaid Director in Mississippi. The TTAG looks forward to building a strong, collaborative relationship with CMS leadership to align our priorities and advance the health and well-being of Indian Country.

**I. Honor Trust and Treaty Responsibilities and Uphold the Government-to-Government Relationship**

The United States has a unique historical, legal, and political relationship with Tribal governments, established through and confirmed by the Constitution, federal laws, Supreme Court case law, and presidential orders. Born out of this relationship is the federal government's trust responsibility to protect the interests of Indian Tribes and communities, affirmed by the Indian Health Care Improvement Act (IHCIA), enacted as part of the Affordable Care Act (P.L. 100-148), establishing critical provisions to ensure the highest quality healthcare to AI/AN people. CMS plays a critical role in fulfilling the trust responsibility to AI/AN people. Congress amended the Social Security Act in 1976 to authorize Medicare and Medicaid reimbursement for services provided in Indian Health Service (IHS) and Tribally operated healthcare facilities. The House Report explained that "These Medicaid payments are viewed as a much-needed supplement to a health care program which has for too long been insufficient to provide quality health care to the American Indian [...]." This diplomatic relationship requires that the federal government acts transparently, respectfully, and consistently to uphold a government-to-government relationship with Tribes across Indian Country.

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The government-to-government relationship between Tribal Nations and the United States serves as the foundation of the TTAG and how we drive forward solutions to the issues we discussed at our meeting. The TTAG was established by statute in 2004 to provide input on CMS policy and program issues that impact AI/AN people. The United States' provision of AI/AN health programs and healthcare services are based on the political status and relationship. Our healthcare programs and services must not be interrupted or reduced—the public safety of our people depends on them. Our political status has been further recognized through U.S. Department of Health and Human Services (HHS) Advisory Opinion 25-01, which reaffirms the distinct nature of our political status by making it clear that three recent Executive Orders targeting diversity, equity, and inclusion initiatives do not apply to or diminish HHS's legal obligation to provide health services to Tribes and their citizens.

As changes to CMS and its programs and services arise, the federal trust and treaty responsibilities must continue to be met, and the government-to-government relationship must be upheld and honored.

## **II. Engage TTAG and Consult Tribes Before Implementing Any Medicaid Reform**

The TTAG leadership is aware that Congress and the Administration are contemplating several potential changes to Medicaid that could reduce eligibility or coverage. Medicaid, Medicare, and CHIP payments to the Indian health system are a necessary and indispensable method for fulfilling the federal trust and treaty responsibilities. Over 1 million of the 2.6 million AI/AN people served by IHS are enrolled in Medicaid.<sup>1</sup> IHS Medicaid spending in 2025 is projected to be only .21 percent of total Medicaid spending and will not adversely affect the overall effort to cap and control Medicaid spending.<sup>2</sup>

The TTAG exists to advise CMS through any significant reforms to any of its programs impacting AI/AN people. Before any reforms to CMS programs are made, Tribal consultation must also be held in accordance with the United States' legal obligations to Tribes. Tribal consultation is a meaningful, two-way, Nation-to-Nation exchange on federal policies that impact Tribes. As sovereigns, the input that Tribes provide through consultation must be given meaningful consideration with resulting policies that aim to achieve consensus or a mutually desired outcome.

The American Recovery and Reinvestment Act of 2009 Section 5006(e)(1)-(2) mandates consultation on Medicaid, CHIP, and other health care programs funded under the Social Security Act involving Indian health programs and Urban Indian Organizations. Additionally, the current HHS Tribal Consultation policy, which applies to CMS as an HHS Division, states that consultation with Tribes is required “before any action is taken that will significantly affect Indian Tribes.”<sup>3</sup> To be clear: any change to Medicaid,

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<sup>1</sup> Assistant Secretary for Planning and Evaluation. (2022). How Increased Funding Can Advance the Mission of the Indian Health Service to Improve Health Outcomes for American Indians and Alaska Natives. Retrieved from: <https://aspe.hhs.gov/sites/default/files/documents/e7b3d02affdda1949c215f57b65b5541/aspe-ihs-funding-disparities-report.pdf>.

<sup>2</sup> Georgetown University McCourt School of Public Policy, Center for Children and Families. (2025). Medicaid's Role in Indian Country. Retrieved from: <https://ccf.georgetown.edu/wp-content/uploads/2025/02/What-Medicaid-Cuts-Would-Mean-for-Indian-Country-Slides.pdf#:~:text=THANK%20YOU!%20For%20AI/AN%20Children%200%2D19%2C%20Medicaid,0.213%20of%20all%20federal%20Medicaid%20spending%20projected.>

<sup>3</sup> U.S. Department of Health and Human Services Tribal Consultation Policy. (2023). <https://www.hhs.gov/sites/default/files/iea/tribal/tribalconsultation/hhs-consultation-policy.pdf>.

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Medicare, and CHIP payments to the Indian health system would constitute a significant impact on Tribes and, thus, require consultation. The HHS Consultation Policy outlines a set of guidelines for the Tribal consultation process which covers requirements related to appropriate communication methods, consultation mechanism, HHS response to Tribal correspondence, policy development through the Tribal consultation process, and schedule for consultation. CMS engaging in the Tribal consultation process is essential to maintaining the government-to-government relationship and honoring the federal trust and treaty responsibility to provide healthcare to AI/AN people.

### **III. Protect CMS DTA and Tribal Serving Workforce**

As restructuring, reduction in force, and other changes that impact the CMS workforce are being ordered and implemented, we request that Tribal serving positions are not reduced or impacted. Additionally, we request an exemption from the current hiring freeze to fill vacancies for the DTA Office, Native American Contacts (NACs), and other Tribal serving positions to ensure that CMS can appropriately fulfill its legal obligations to Tribes and Tribal citizens. The work of the Division of Tribal Affairs (DTA) and other CMS staff supporting AI/AN people are essential for the federal government to fulfill its trust and treaty obligations, which include supporting this statutory advisory group. DTA helps to resolve the unique program and payment issues impacting Indian Health Care Providers (IHCPS) and helps meet Tribal consultation requirements. DTA leadership brings the expertise and attention necessary to make these programs available for us. The federal staff currently working in the DTA office and serving as NACs are valuable and irreplaceable partners.

### **IV. Thaw Freezes on Communications & Travel to Honor the Government-to-Government Relationship with Tribes**

We greatly appreciate CMS leadership stating they will work to lift the communications freeze from all CMS programs working with Tribes. The ongoing communications freeze has caused the cancellation of essential trainings, subcommittee meetings, and outreach from CMS Native American Contacts (NACs) which are vital channels for fulfilling trust and treaty activities under CMS. Lack of communication between CMS and Tribes has also impeded routine healthcare operations and the efficient resolution of billing issues. Additionally, traveling to Indian Country is foundational to meaningful communication and the federal government's engagement in the government-to-government relationship with Tribes. The current freeze on travel hinders face-to-face engagements, meaningful Tribal consultation, outreach, and education with Tribal communities, and we request that it be lifted as soon as possible. We remind CMS to expedite the lifting of these freezes to ensure Tribal communications and travel are restored to full parity with state-federal communications.

### **V. Rescind the Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting Rule**

We agree with the current administration's proposal to roll back the recent rule on "Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting." This final rule requires an inefficient deployment of the workforce within long-term care facilities and is completely out of touch with the nature of providing long-term services and supports in Indian Country.

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Longstanding healthcare workforce shortages across Indian Country make compliance with this rule impossible for many facilities. The TTAG leadership advised the previous administration that this rule would not work for our communities and would likely close many of our long-term care facilities due to limitations present in Health Provider Shortage Areas (HPSA) in rural and remote areas. We request that CMS rescind the final rule and instead commit to working with Tribes on alternate approaches to ensure the quality and safety of care in long-term care facilities.

#### **VI. Extend Affordable Care Act Premium Tax Credits**

We strongly urge the immediate extension of the enhanced premium tax credit provisions beyond their scheduled expiration in 2025. Failing to extend the premium tax credit will jeopardize health care access for more than 21 million Americans who depend on the ACA marketplace for coverage. The ACA premium tax credits are a lifeline for many AI/AN people who face significant barriers to accessing affordable health care. The expiration of enhanced eligibility and access to these tax credits will result in an estimated 3.8 million Americans becoming uninsured.<sup>4</sup> In Oklahoma alone, the expiration of the premium tax credits is projected to cause average premiums to spike the average cost of a benchmark silver plan from \$58 per month to \$153 per month in 2026 if subsidies expire.<sup>5</sup> This increase will price many individuals and families out of coverage entirely, exacerbating chronic health conditions.

#### **VII. Share Evaluation Plans for Traditional Health Care Practice 1115 Demonstrations**

The TTAG is deeply invested in the development of evaluation plans for 1115 demonstrations that allow Medicaid and Children's Health Insurance Program (CHIP) coverage of traditional health care practices provided by IHS facilities. These demonstrations are a critical component of the federal trust responsibility to provide health care to AI/AN people, and Tribes must be included in the development of evaluation plans. The TTAG looks forward to receiving an update at our next TTAG Face-to-Face Meeting in July on the status of evaluation metrics for the traditional health care practice 1115 demonstrations in Arizona, New Mexico, California, and Oregon.

#### **VIII. Four Walls State Plan Amendment Template**

We are pleased to see that the Four Walls State Plan Amendment template has been distributed to State Medicaid Agencies. However, we are concerned that CMS and State Medicaid Agencies were able to move forward with the template without holding a Tribal consultation. Our concern is that State Medicaid Agencies will complete the template without holding a Tribal consultation to inform people about the completion of the template. We would also like to request that CMS investigate the State of Idaho's requirement for legislative approval of any new SPA. This process creates an additional

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<sup>4</sup> Center on Budget and Policy Priorities. (2024). Health Insurance Costs Will Rise Steeply if Premium Tax Credit Improvements Expire. Retrieved from: <https://www.cbpp.org/research/health/health-insurance-costs-will-rise-steeply-if-premium-tax-credit-improvements-expire#:~:text=Improvements%20to%20premium%20tax%20credits,to%20Congressional%20Budget%20Office%20estimates>.

<sup>5</sup> Oklahoma Insurance Department. (2025). Commissioner Mulready Warns Oklahoma Faces Significant Health Insurance Premium Increased if Federal Subsidies Expire. Retrieved from: [https://www.oid.ok.gov/release\\_031925/](https://www.oid.ok.gov/release_031925/).

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bureaucratic barrier for IHCPs and could delay or prevent the delivery of healthcare services for Tribal communities.

**XI. Request for a Follow-up Meeting & Open Invitation to Visit Indian Country**

Administrator Dr. Oz, we respectfully request a follow-up meeting to discuss these matters in greater detail to explore solutions that uphold the federal trust and treaty responsibility. Our Tribal leaders would like to invite you to visit our Tribal healthcare clinics and/or hospitals to see our unique and culturally responsive healthcare services delivered to AI/AN citizens.

The TTAG leadership thanks the CMS leadership for taking the time to meet with us to discuss these critical matters. We appreciate the opportunity to share more information on the government-to-government relationship and its direct responsibility to care for the health and well-being of AI/AN beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Ron Allen". The signature is fluid and cursive, with the first name "W." and last name "Allen" clearly visible, and "Ron" in the middle.

W. Ron Allen, CMS TTAG Chair  
Jamestown S'Klallam Tribe, Chairman/CEO

Cc: Drew Snyder, *Deputy Administrator and Director of Center for Medicaid and CHIP, CMS*  
Dr. Susan Karol, *Acting Director of CMCS Division of Tribal Affairs, CMS*