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

July 18, 2025

The Honorable Mehmet Oz, M.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Implementing Tribal Medicaid Provisions in H.R. 1 – The One Big Beautiful Bill Act

Dear Administrator Oz:

On behalf of the CMS Tribal Technical Advisory Group (TTAG), we write to request your assistance in implementing the Tribal Medicaid provisions in H.R. 1 – The One Big Beautiful Bill Act.

H.R. 1, the One Big Beautiful Bill Act contains a number of Medicaid reforms of concern to the TTAG. Specifically, the Act:

- Implement new community engagement/work requirements on able-bodied childless adults starting December 31, 2026;
- Requires states to begin redetermining eligibility in the Medicaid expansion category every six months instead of once per year starting December 31, 2026;
- Requires states to impose new cost-sharing requirements on Medicaid enrollees with incomes over 100 percent of the federal poverty level (FPL) beginning on October 1, 2028; and
- Reduces provider taxes by 0.5% annually in states that have expanded Medicaid until it reaches 3.5% in 2031.

Congress recognized that these provisions will result in reduced Medicaid eligibility for American Indians and Alaska Natives (AI/ANs) and fewer Medicaid resources being made available to the Indian health care system overall. As a result, the Congress specifically exempted AI/ANs from the new community engagement requirements, the six-month eligibility redeterminations (meaning that eligibility redeterminations for AI/ANs must still occur every year, not every six months); and the new cost-sharing requirements on Medicaid enrollees with incomes over 100 percent FPL.

As CMS implements these new requirements, we request that you provide specific guidance and instruction to state Medicaid programs requiring them to implement these exemptions for AI/ANs. Similar policy guidance was issued by CMS to implement past

legislation policies related to Tribal consultation, cost-sharing, estate recovery, and managed care protections.[1] States will need to be able to track which of their Medicaid enrollees are AI/AN in order to ensure they are complying with these exemptions.

We request that the TTAG Redetermination and Eligibility Subcommittee be tasked with assisting CMS in developing guidance to States on how they must implement the AI/AN exemptions from these new requirements.

The TTAG also requests that CMS leadership assist it in avoiding any impacts to the Indian health system from cuts States may have to consider as a result of the caps on provider taxes and other reductions impacting Medicaid financing. The TTAG's number one Medicaid administrative priority is to shield Indian health care providers from state benefit cuts or enrollment limitations, particularly since services to AI/AN is a federal responsibility and reductions in services to our people would not assist States in financing their programs. CMS has approved Section 1115 waivers that exempt Indian health care providers from benefit cuts that would otherwise apply in the past, and the TTAG has asked that CMS develop guidance to States showing them how they can do so going forward.

The TTAG also requests that CMS ensure that Indian health care providers can access the new $50 billion rural hospital fund established in the Act. That fund authorizes rural hospitals, including Tribal hospitals, access to those funds to offset state Medicaid cuts. It authorizes tribally operated hospitals and clinics to do so as well, because the law defines rural hospitals to include FQHCs, and FQHCs are statutorily defined to include tribally operated clinics, whether they bill as FQHCs or not.

As CMS implements the new fund, we request that it provides a set aside for qualifying tribal hospitals and clinics. As you know, in many areas of the country, tribal hospitals and clinics are the only health care option available. The Indian health system is critically important to the delivery of health care in rural areas and must be given equal access to the rural hospital fund as other rural health care providers.

Our Tribal leadership looks forward to discussing these issues with you during the TTAG meeting at the end of the month.

Best regards,

W. Ron Allen

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

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[1] See SMDL#: 10-001; ARRA #: 6, *ARRA Protections for Indians in Medicaid and CHIP*, January 22, 2010.