National Indian Health Board

December 4, 2025

The Honorable Mike Johnson
Speaker of the House
H-232 U.S. Capitol Bldg.
Washington, D.C. 20515

The Honorable John Thune
Senate Majority Leader
S-329 U.S. Capitol Bldg.
Washington D.C. 20510

The Honorable Hakeem Jefferies
House Minority Leader
H-204 U.S. Capitol Bldg.
Washington, D.C. 20515

The Honorable Charles E. Schumer
Senate Minority Leader
S-221 U.S. Capitol Bldg.
Washington, D.C. 20510

On behalf of the National Indian Health Board (NIHB) and the 574+ Tribal Nations we serve, we write to urge you to extend the Affordable Care Act marketplace insurance enhanced premium tax credits (EPTC) to preserve healthcare coverage for our Tribal citizens and communities. Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a board of directors representing each of the 12 Indian Health Service Areas, and we advocate for policies and priorities voiced by Tribal leaders. Allowing the EPTC to expire on December 31, 2025, will put hundreds of thousands of American Indians and Alaska Natives (AI/ANs) at risk of losing their critical access to health insurance.

Ensuring access to healthcare and health services is a fundamental part of the U.S. responsibility to Tribes and Tribal citizens and allowing these subsidies to expire directly threatens the ability of the U.S. to meet that responsibility. The U.S. Government has trust and treaty obligations to Tribal Nations, built on the unique government-to-government relationship between our sovereigns. Sovereign Tribal Nations and the United States entered more than 300 Treaties that required the federal government to assume specific, enduring, and legally enforceable fiduciary obligations to the Tribes. Through its acquisition of land and resources, the United States formed a fiduciary relationship with Tribal Nations, recognizing a trust relationship to safeguard Tribal rights, lands, and resources. This relationship has been repeatedly upheld in the Constitution, federal statutes, Supreme Court case law, and other legal precedents. The Indian Health Care Improvement Act (IHCIA), established that "federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people."[1] Additionally, it declares: "[I]t is the policy of this Nation, in fulfillment of its special trust responsibilities and legal obligations to

[1] Indian Health Care Improvement Act of 1976, (P.L. 94-437), sec. 2.

Indians -- to ensure the highest possible health status for Indians and urban Indians and to provide all resources necessary to effect that policy."[2] This remains the national policy of the United States today.

However, the Indian Health Service (IHS), which is tasked with delivering on this responsibility, is chronically underfunded, currently only receiving 11% of need through annual appropriations.[3] Therefore, the IHS has relied heavily on third-party billing to maintain high-quality care for our Tribal communities. Indian health system providers, including IHS, Tribal, and Urban Indian Organizations (I/T/U) depend on third-party revenue to ensure access to and maintain vital services. A key source of third-party revenue comes from AI/ANs enrolled in Affordable Care Act marketplace insurance plans. In fact, the Urban Institute estimates that in 2025, 318,000 AI/AN enrolled in the Marketplace, utilizing the EPTC. The Urban Institute further estimates that 126,000 AI/AN people will lose their Marketplace coverage without EPTC, representing a 40 percent reduction for AI/ANs currently covered.[4] This massive loss in revenue could lead to a decrease in service offerings at I/T/U facilities across Indian Country.

The Affordable Care Act also provides an opportunity for any Tribe to establish a Tribally-Sponsored Insurance Program to purchase health insurance coverage for their uninsured Tribal members through the Health Insurance Marketplace. The Indian Health Care Improvement Act specifically authorizes Tribes to use funds made available under the Indian Self-Determination and Education Assistance Act to provide these sponsorships. These programs have greatly expanded access to healthcare for Tribal Members as well as increased resources available to the Tribal health program and reduced expenditures for services authorized through Purchased and Referred Care. However, without an extension of the EPTC, Tribal Sponsorship will become unaffordable for many Tribes and Tribal health programs.

For example, Tuba City Regional Health Care, widely recognized as the first and only comprehensive cancer treatment center on an American Indian reservation in the United States, would see costs increase to nearly $38,000 per month in 2026. In 2025, Tuba City Regional Health Care spent approximately $14,000 per month on their Tribal Sponsorship program, meaning costs are expected to rise by $24,000 per month. Enrollment specialists at the Oyate Health Center in South Dakota have warned that for 2026 they are already seeing

---

[2] Indian Health Care Improvement Act of 1976, (P.L. 94-437), sec. 3.
[3] The National Tribal Budget Book Formulation Workgroup's Request for the Indian Health Service, Fiscal Year 2027 Budget. Retrieved from: https://www.nihb.org/wp-content/uploads/2025/04/fy-2027-ntbfwg-budget-book.pdf
[4] The analysis uses the Health Insurance Policy Microsimulation Model (HIPSM) which incorporates two years of data from the American Community Survey. Retrieved from: https://www.urban.org/research/publication/impact-enhanced-premium-tax-credits-coveragerace-and-ethnicity

families whose financial circumstances have not changed but whose tax credit eligibility has shifted dramatically due to changes in the federal algorithm—creating sudden, major increases in monthly premiums. One family that previously had a $0 premium will receive no tax credit at all next year, forcing them to restructure their retirement withdrawals to maintain affordable coverage. Another mother and child, already struggling to pay $150 per month, learned that their lowest-cost plan will jump to $377 per month in January 2026, despite no change in income or household status. Without an extension of the tax credits, many Tribal families will be left without meaningful support making healthcare plans accessible to them, and the stability of Tribal Sponsorship Programs will be threatened. These costs are unsustainable and thus a significant barrier to meeting the responsibility of the U.S. to provide adequate health services.

In addition to Tribal sponsorship, revenue generated by third-party coverage, like that purchased on the Marketplace, has expanded health care services not directly funded by the IHS' annual appropriation. Third-party collections from individuals covered by EPTC are often used to recruit, hire, and maintain badly needed health care providers. In the IHS health system, these resources are also required to be used to meet health quality and accreditation requirements. These EPTC are a lifeline for maintaining high quality services and keeping our facilities open.

In recognition of the federal trust and treaty obligations, we ask that you work to protect Indian Country by extending the Enhanced Premium Tax Credits for Affordable Care Act marketplace premiums. We offer our assistance to support Congress in this endeavor, and we look forward to working with Congress to help the United States fulfill its obligations to Tribal Nations, communities, and citizens.

Sincerely,

Chief William "Bill" Smith, Valdez Native Tribe
Chairman & Alaska Area Representative
National Indian Health Board

CC: Senate Finance Committee; Senate Committee on Indian Affairs; Senate Health, Education, Labor, and Pensions Committee, House Energy and Commerce Committee; House Ways and Means Committee