



# 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

April 10, 2026

The Honorable Mehmet Oz, MD  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

**Re: CMS Division of Tribal Affairs and Native American Contact Staffing Concerns**

Dear Administrator Oz,

On behalf of the Centers for Medicare & Medicaid Services (CMS) Tribal Technical Advisory Group (TTAG), I write to follow up on our recent conversation and to formally express our concerns regarding staffing shortages within the CMS Division of Tribal Affairs (DTA) and the Native American Contact (NAC) positions.

First, we extend our appreciation to the administration for its support of the Indian Health Service (IHS), particularly the recent IHS hiring initiative. Secretary Kennedy has made clear that this administration takes the federal trust and treaty obligations to Indian health seriously. We welcome and support that commitment. However, it is critical to recognize that IHS does not function as the sole agency the federal government tasks with fulfilling its federal trust and treaty responsibilities. CMS programs and resources are equally important as the IHS' role in fulfilling the trust and treaty responsibilities. Medicare and Medicaid payments provide critical funding for Tribal health programs and Urban Indian Organizations (UIOs). These payments often make up between 30 and 60 percent of Tribal health programs' operating budgets.

As we explained at the TTAG meeting, we are deeply concerned about the staffing levels within DTA. The DTA staff are essential to help Tribes, UIOs, and CMS resolve policy and reimbursement issues. DTA serves as CMS's subject-matter experts on Tribal health issues and assists Tribes and UIOs in navigating the complex interworking of CMS. It is concerning that this Division at one time had eight full-time equivalent (FTE) positions. Today, only three FTE staff remain. Without a fully staffed CMS DTA, the TTAG is concerned that Tribal and UIO issues may become marginalized, and current staff will become overworked. Similarly, NAC staffing has been significantly reduced, and we are likewise concerned about their ability to continue to keep up with work in the regions.

**CMS TTAG Letter to Administrator Oz**  
**Re: CMS DTA and NAC Staffing Levels**  
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The DTA staff are essential to sustaining Indian health funding and ensuring access to CMS programs and reimbursement. Without a fully staffed DTA, the TTAG cannot effectively fulfill its role as an advisory body to the CMS Administrator. While we very much appreciate CMS's recent decision to detail two staff with critically important expertise to DTA, those details are not permanent. Tribes need a DTA staffed with full-time employees. We respectfully request that CMS prioritize filling DTA positions to the level needed to address the complex issues raised by the Tribes.

Thank you for your attention to this very important matter.

Sincerely,

A handwritten signature in black ink that reads "W. Ron Allen". The signature is written in a cursive, flowing style.

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

Cc: Mark Cruz, Senior Advisor to the Secretary  
Rachel Ryan Pedersen, Acting Director, CMS, DTA