



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

May 1, 2026

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

**Re: Follow-Up from the March 2026 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), we thank you and CMS leadership for attending the recent TTAG meeting. We appreciate your commitment to the government-to-government relationship and improving care for American Indian and Alaska Native (AI/AN) beneficiaries. We are writing to follow up on the key priorities discussed during the meeting.

The Working Families Tax Cut Act (HR 1)

TTAG underscores the importance of developing Tribal-specific guidance for states to implement HR 1 Tribal issues. Since our meeting, TTAG has sent the Center for Medicaid and CHIP Services and the Division of Tribal Affairs a white paper with several recommendations that we urge CMS to adopt in developing the Tribal guidance. Our recommendations emphasize the importance of building on current CMS policy (e.g., self-attestation) to implement the Medicaid protections in HR 1 and providing states with the greatest flexibility to consult with Tribes and Indian health care providers to develop implementation requirements. Recognizing Medicaid's role in fulfilling the federal government's trust and treaty responsibilities, Congress included the Indian exemptions in HR 1 in acknowledgment of the federal government's trust and treaty responsibilities. As such, we urge CMS to reject any waivers that would diminish these important exemptions under HR 1. We have included a copy of the TTAG recommendations for your review.

The Rural Health Transformation Program

TTAG continues to have concerns about the structure and restrictions of the Rural Health Transformation Program (RHTP) funds and how these restrictions will affect the program's effectiveness in Indian Country. TTAG shared concerns about the limitations on capital expenditures, the cap on administrative costs, and the limits on EHR/EMR and provider payments, which will mitigate the program's effectiveness in Indian Country.

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The Indian health system exists in the most remote, frontier, and rural areas of the United States. Transforming this system without the ability to develop infrastructure for new or expanded health services or housing for staff who have no housing stock to live in will constrain the program's impact. We urge CMS to revisit and adjust its RHTP guidance to the states to address the funding caps and limitations we discussed. While some states will coordinate implementation and resources of the RHTP with Tribes, several states may not. TTAG urges CMS to require Tribal consultation for future RHTP funding rounds to ensure that states provide Tribes with the opportunity to benefit from this significant program. Insufficient state-Tribal coordination undermines the program's intended purpose to improve rural health outcomes. Lastly, TTAG recommends that CMS establish a dedicated Tribal liaison within the Office of Rural Health Transformation to assist CMS, the states, and Tribes to implement this very important program.

TTAG Priorities

We continue to stress the importance of working with us to implement the TTAG Administrative Priorities that we continually share with CMS. We feel strongly that CMS can address these priorities through administrative policy changes in Medicaid and Medicare, with a significant impact on beneficiary access to important CMS programs and on reimbursement for Indian health care providers. We urge you to continue to work with TTAG to address and resolve these issues. For your purpose, we include a copy of the TTAG Administrative Priorities in our letter.

Conclusion

The TTAG appreciates CMS's continued partnership and engagement. The issues and recommendations discussed above represent critical opportunities to strengthen the Indian health system. We look forward to continued collaboration with CMS to ensure that our communities are fully supported in delivering high-quality, culturally appropriate care.

Sincerely,



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

Cc: Mark Cruz, Senior Advisor to the Secretary
Dan Brillman, Director CMSC, Deputy Administrator
Chris Klomp, Director Center for Medicare, Deputy Administrator
Rachel Ryan Pedersen, Acting Director, CMS, DTA

Enclosures: TTAG HR 1 Draft Recommendations for Tribal Guidance
TTAG Administrative Priorities