



May 26, 2026

The Honorable Clayton Fulton
Chief of Staff
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

RE: Request for Continued IHS Support for PRC Notification Extensions and Additional Educations Assistance for Patients

Mr. Fulton,

On behalf of the Indian Health Service (IHS) Direct Service Tribal Advisory Committee (DSTAC), we thank IHS leadership for participating in the recent in-person DSTAC meeting held in Rapid City, South Dakota on May 5, 2026. We also thank Mr. Edwin Chasing Hawk from the Office of Resource Access and Partnerships for his presentation. As a follow-up to that conversation, we write today to continue our conversation regarding the IHS Purchased/Referred Care (PRC) program. We request that the IHS continue to support American Indian and Alaska Native (AI/AN) patients seeking PRC-covered health care services and for the agency to provide technical assistance to Congress on lengthening PRC notification timelines if requested.

PRC is a critical funding source that AI/AN patients rely on to access specialty and other medically necessary services such as emergency care, rehabilitation services, and reproductive maternal/child health services. However, the current 72-hour notification timeline to report PRC services to the IHS is unrealistic and difficult for many AI/AN patients and families to meet. During a medical emergency, patients and their families should be focused on immediate medical needs, not administrative deadlines. As a result of the current notification timeline, PRC claims are often denied or delayed, which leaves AI/ANs with referrals to collection agencies or paying PRC bills out-of-pocket to avoid adverse impact on their credit.

Recent PRC Legislation to Extend Notification Timelines

Recently, Congressman Mike Kennedy introduced H.R. 8658, the Indian Health Service Emergency Claims Parity Act, which would amend the PRC notification requirement from 72 hours to 15 days for patients who receive emergency care from a non-IHS provider. This change would reduce reporting barriers and provide AI/AN patients with a more reasonable timeframe to address paperwork following a medical emergency. Extending the notification timeline would greatly improve access to care for Direct Service Tribes by reducing claim denials and helping protect AI/AN patients from unnecessary medical debt and financial hardship. The bill would not alter the existing 30-day notification period for elderly or disabled patients.



Direct Service Tribes Advisory Committee

As long as the grass grows and the rivers flow. . .

IHS testified in support of this legislation during a Senate Committee on Indian Affairs legislative hearing on February 4, 2026, stating that “the Department shares the same goal as the drafters – to improve the PRC program, protect patients from medical debt, and ensure that American Indians and Alaska Natives throughout Indian Country have access to high quality and affordable care.”¹ The DSTAC extends sincere appreciation to Mr. Darrell LaRoche for his testimony, and is supportive of lengthening the current PRC notification timeline.

Lastly, during the recent DSTAC meeting in Rapid City, members raised concerns regarding patient education and familiarity with the PRC program. Many AI/AN beneficiaries remain unclear about general PRC notification requirements and processes, which can discourage our people from seeking care or result in denied claims due to missed deadlines. We request that IHS continue engagement with DSTAC by providing additional educational resources and materials so that DSTAC representatives can better support our communities regarding the PRC program.

Conclusion

In conclusion, we reiterate our request that the IHS support the PRC program and for the agency to provide technical assistance to Congress, if requested, on lengthening notification timelines for AI/AN patients seeking PRC-covered services. PRC remains a vital funding source that our communities depend on to access the health care they need.

Sincerely,
Alicia Mousseau, PhD
Oglala Sioux Tribe, Vice President
IHS Direct Services Tribes Advisory Committee, Chair

CC: Mark Cruz, Senior Advisor to the Secretary, HHS
Stacey Ecoffey, Deputy Director for Intergovernmental and External Affairs, IHS

¹ <https://www.indian.senate.gov/wp-content/uploads/02.04.26-Testimony-LaRoche.pdf>