

IHS TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education
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Via Email: lynda.gyles@hhs.gov

May 20, 2014

The Honorable Kathleen Sebelius, Secretary
Secretary's Tribal Advisory Committee
Immediate Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Request for Action on Two Outstanding Issues for American Indians/Alaska
Natives under the Patient Protection and Affordable Care Act

Dear Secretary Sebelius:

On behalf of the Tribal Self-Governance Advisory Committee (TSGAC), I would like to thank you for the many positive actions you have taken as the Secretary of Health and Human Services (HHS) to improve the health of American Indians and Alaska Natives (AI/AN). Under your leadership of HHS, we have seen increased funding for the Indian Health Service, a resolution for Contract Support Costs, and the establishment of the Secretary's Tribal Advisory Committee (STAC). These are all important accomplishments for Tribal governments that will be part of your legacy.

Of course, the biggest accomplishment under the Obama Administration has been the enactment and implementation of the Patient Protection and Affordable Care Act (ACA), including the Indian Health Care Improvement Act (IHCA). Our Tribes have been working with you and the HHS leadership team to implement health care reform in a way that brings new resources to Indian health care and improves the health of AI/AN people. We understand that this is going to be a long process to make sure that health care reform works for our Indian communities.

However, we respectfully request that you use your remaining time at HHS to bring to conclusion some important work that you have initiated. Specifically, we ask that you take the necessary actions that have been recommended by Tribes to accomplish the following objectives:

1. Delegate authority to the IRS in order to permit persons eligible for the IHS-eligible hardship exemption to claim a hardship exemption from the individual shared responsibility payment directly through the Federal income tax filing process.
2. Direct CMS to include the IHS enrollment data base in the federal data hub used in the single application for Medicaid, CHIP, and QHPs.

Given the work that has already gone into these issues, we believe that it should be fairly quick and easy for you to issue a decision on these two items.

Finally, we would like to once again appeal to you to reconsider an administrative fix for the definition of Indian under ACA to make it consistent with the definitions used by Medicaid, CHIP, and the IHS. The issue brief on Marketplace enrollment by race and ethnicity issued on May 1 by the Office of the Assistant Secretary for Planning and Evaluation (ASPE) suggests that AI/AN enrollments are 70 to 90 percent below what was expected. We hope the Administration is taking seriously the apparent underperformance and what can be done to make ACA more accessible for AI/AN. We believe that aligning the definition of Indian for ACA with the Medicaid, CHIP and IHS definition is the best first step. The Administration has made other decisions to adjust regulations, for example to delay the employer mandate, and we believe that AI/AN deserve similar consideration.

Again, we want to thank you for your service to our country and to our First Americans. We wish you the very best in your future endeavors. Should you need additional information or have questions regarding the report, please contact me at (860) 862-6192; or via email: lmalerba@moheganmail.com. Thank you.

Sincerely,



Chief Lynn Malerba, Mohegan Tribe
Chairwoman, TSGAC

cc: Dr. Yvette Roubideaux, Acting Director, IHS (Attn: Geoffrey Roth)
P. Benjamin Smith, Director, Office of Tribal Self-Governance, IHS
TSGAC and Technical Workgroup