



USET

SOVEREIGNTY PROTECTION FUND

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Transmitted via email

November 25, 2020

The Honorable John Hoeven
Chairman
Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Tom Udall
Vice-Chairman
Senate Committee on Indian Affairs
838 Hart Senate Office Building
Washington, D.C. 20510

Dear Chairman Hoeven & Vice-Chairman Udall,

On behalf of the United South and Eastern Tribes Sovereignty Protection Fund (USET SPF), we write to convey our strong support for H.R.6237, the PRC for Native Veterans Act, which was recently approved by the House on a voice vote. H.R. 6237 would require the Department of Veterans Affairs (VA) to reimburse the Indian Health Service (IHS) and Tribal health programs for specialty and contract care provided through the Purchased/Referred Care (PRC) program to American Indian and Alaska Native (AI/AN) veterans. Despite the fact that the PRC program is critical to health care delivery for AI/AN people, the VA does not currently reimburse the Indian Health System for PRC services, instead only reimbursing for direct—and limited—health care provided to our veterans. This shortchanges AI/AN veterans, along with the Indian Health Care System. With this in mind, USET SPF strongly urges the Senate Committee on Indian Affairs (SCIA) to expedite consideration and passage of H.R. 6237. This will not only ensure that the critically underfunded Indian Health System is made whole, as intended under current law, but will most importantly ensure that AI/AN veterans have access to the healthcare to which they are entitled.

USET SPF is a non-profit, inter-Tribal organization advocating on behalf of 33 federally recognized Tribal Nations from the Northeastern Woodlands to the Everglades and across the Gulf of Mexico¹. Both individually, as well as collectively through USET SPF, our member Tribal Nations work to improve health care services for American Indians. Our member Tribal Nations operate in the Nashville Area of the Indian Health Service, which contains 36 IHS and Tribal health care facilities. Our patients receive health care services both directly at IHS facilities, as well as in Tribally-operated facilities under contracts with IHS pursuant to the Indian Self-Determination and Education Assistance Act (ISDEAA), P.L. 93-638.

PRC is an integral tool utilized by IHS and Tribal health care programs to ensure IHS beneficiaries can receive specialized care that cannot be provided directly at our chronically underfunded facilities. AI/AN

¹ USET SPF member Tribal Nations include: Alabama-Coushatta Tribe of Texas (TX), Aroostook Band of Micmac Indians (ME), Catawba Indian Nation (SC), Cayuga Nation (NY), Chickahominy Indian Tribe (VA), Chickahominy Indian Tribe—Eastern Division (VA), Chitimacha Tribe of Louisiana (LA), Coushatta Tribe of Louisiana (LA), Eastern Band of Cherokee Indians (NC), Houlton Band of Maliseet Indians (ME), Jena Band of Choctaw Indians (LA), Mashantucket Pequot Indian Tribe (CT), Mashpee Wampanoag Tribe (MA), Miccosukee Tribe of Indians of Florida (FL), Mississippi Band of Choctaw Indians (MS), Mohegan Tribe of Indians of Connecticut (CT), Monacan Indian Nation (VA), Nansemond Indian Nation (VA), Narragansett Indian Tribe (RI), Oneida Indian Nation (NY), Pamunkey Indian Tribe (VA), Passamaquoddy Tribe at Indian Township (ME), Passamaquoddy Tribe at Pleasant Point (ME), Penobscot Indian Nation (ME), Poarch Band of Creek Indians (AL), Rappahannock Tribe (VA), Saint Regis Mohawk Tribe (NY), Seminole Tribe of Florida (FL), Seneca Nation of Indians (NY), Shinnecock Indian Nation (NY), Tunica-Biloxi Tribe of Louisiana (LA), Upper Mattaponi Indian Tribe (VA), and the Wampanoag Tribe of Gay Head (Aquinnah) (MA).

Because there is Strength in Unity

veterans often require specialized care due to chronic conditions or injuries sustained as a result of their service. However, because the VA does not reimburse IHS and Tribal health programs for PRC, IHS and Tribal healthcare programs are frequently forced to absorb the cost of this care so that veterans can be treated in a timely manner. In the event that our programs are unable to cover these costs, AI/AN veterans are faced with either limited or no services, or the burdens associated with returning to the VA to access necessary care.

Additionally, passage of H.R. 6237 would fully implement the intention of Congress under the Indian Health Care Improvement Act (IHCIA), which clearly intended to shield IHS and Tribal PRC dollars from being used to pay for services when other sources of funding are available, including funding from VA. Currently, the limitations on PRC reimbursement are contrary to these intentions. The plain language of Section 405(c) of the IHCIA provides for reimbursement “where services are provided **through** the [Indian Health] Service, an Indian Tribe, or a Tribal organization ...” without limitation to direct services. The VA’s current position is also in conflict with Section 2901(b) of the Affordable Care Act, which specifies that health programs operated by IHS, Tribal Nations, Tribal organizations, and Urban Indian Organizations are payers of last resort.

Conclusion

USET SPF underscores that barriers in access to critical health care services, as well as additional burdens on the Indian Health System, must be viewed as a violation of the dual federal obligation to AI/AN veterans who have pre-paid for their healthcare, both through the cession of Tribal homelands and the defense of our nation. Therefore, it is critical that the Committee and Congress immediately address the lack of coordination of specialty care between the VA and the Indian Health System for our veterans, as intended by existing law under the IHCIA, by acting swiftly on H.R. 6237. Though we recognize the remaining days of the 116th Congress are few, we urge SCIA to prioritize this bill prior to adjourning for the year. Should you have any questions or require further information, please contact Ms. Liz Malerba, USET SPF Director of Policy and Legislative Affairs, at LMalerba@usetinc.org or 615-838-5906.

Sincerely,



Kirk Francis
President



Kitcki A. Carroll
Executive Director