

Dear USET SPF Board of Directors and DC Tribal Reps,

As you are likely already aware, U.S. Senate leadership has recently released a [discussion draft of the Better Care Reconciliation Act of 2017](#) (BCRA) [linked], the Senate version of legislation to repeal and replace the Patient Protection and Affordable Care Act (ACA). Based on the House-passed American Health Care Act, if enacted, the Senate version of the bill would, in many ways, be worse for Indian Country. While BCRA would preserve the Permanent Reauthorization of the Indian Health Care Improvement Act, it would impose major cuts to the Medicaid program, which would, in turn, reduce vital third-party reimbursements to an already underfunded system across Indian Country. Among the concerns of USET SPF are:

1. **Eliminating Medicaid Expansion:** While the Senate bill takes longer to phase out Medicaid Expansion than the House version (2024 vs. 2020), it also phases out enhanced federal funding for the expansion, likely leading to states phasing out the program and/or reducing services in future years.
2. **Cutting and Capping Medicaid:** Like the House bill, the Senate version also imposes a per capita allotment (per person spending) upon the Medicaid program, rather than the traditional entitlement model (fee-for-service) that is currently used. However, the Senate bill cuts Medicaid even more than the House bill. It does so by tying the annual increase to the consumer price index, which is lower than the medical consumer price index used by the House bill. While the cap does not apply to services received through the IHS or Tribal health systems, it would nonetheless result in reduced eligibility and/or services at the state level. AI/AN are still subject to State income and eligibility determinations for Medicaid, and therefore could see cuts in eligibility levels and services, even though the federal funding for those services does not count against the caps. It is important to note that neither the House nor Senate version of the bill changes the 100% federal match currently received for services provided to AI/AN within the Indian Health System.
3. **State Option to Impose Work Requirements:** Section 131 of BCRA, like the House bill, allows states the option to impose work requirements on Medicaid recipients. There is currently no exemption from this provision for AI/AN. Medicaid is program that plays a critical part in meeting the federal government's trust responsibility to provide health care to AI/AN. Conditioning eligibility for Medicaid on seeking work would diminish this trust responsibility. Further, it will not work in Indian Country, as AI/AN have access to IHS and little access to work opportunities.
4. **Elimination of Cost-Sharing Protections for AI/AN on Marketplace Plans:** After December 31, 2019, the Senate bill would eliminate all cost sharing protections in Section 1402 of the ACA. This would include the special cost-sharing protections for American Indians and Alaska Natives in Section 1402(d) of the ACA. These cost-sharing protections are key to making marketplace enrollment accessible to AI/AN, and have allowed Tribal Nations to develop premium sponsorship plans to provide new coverage options for their citizens.

These are just some of the deep concerns USET SPF has with the discussion draft of BCRA. For more information, please see a [detailed summary](#) prepared by Hobbs Straus Dean & Walker [linked]. **In an effort to stop the bill from advancing in its current form, USET SPF is transmitting a [letter of opposition](#) [linked] to Senate leadership. We urge our member Tribal Nations to also express their strong opposition to BCRA as drafted. For your use in this endeavor, we provide a [Tribal Nation template letter](#) [linked]. Please send this letter to your Senators.**

We hope that you will consider joining USET SPF and Tribal Nations and organizations across the United States in opposing the BCRA. As always, I am happy to answer any questions you may have.

Thank you,

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