

RE: USET SPF Action Alert: ACA Repeal & Replace Efforts Reignited, Affecting SDPI September 28

Dear USET SPF Board of Directors, DC Tribal Reps, and USET Health Committee,

The latest attempt to repeal and replace the Affordable Care Act (ACA), the Graham-Cassidy proposal, will not see action the Senate floor in time for a September 30th deadline to use reconciliation authority for passage. Senators Susan Collins (R-ME), John McCain (R-AZ), and Rand Paul (R-KY) joined all Senate democrats in opposing the plan, resulting in a GOP leadership decision to avoid bringing it to a failing vote. Tribal Nations and organizations across the country stood unanimously opposed to Graham-Cassidy, which would have made dangerous changes to the Medicaid program, passed along much of the federal trust responsibility to the states, and eliminated Medicaid expansion, cost-sharing protections, and premium subsidies. Several Senators on the Senate Committee on Indian Affairs (Senators Udall (NM), Heitkamp (ND), and Cortez-Masto (NV)) [spoke](#) [remarks linked] against the proposal's harmful impacts to Indian Country. It is important to note that while consideration of this and other proposals is off-the-table for the time being, efforts are already being made to regroup and possibly pass another budget resolution containing similar reconciliation instructions. USET SPF expects that similar attempts to repeal and replace ACA will be made in the future.

Meanwhile, with attention focused on the Graham-Cassidy proposal, action on the Special Diabetes Program for Indians (SDPI) and other health care programs set to expire on September 30th, including the Children's Health Insurance Program (CHIP), has been on hold. Although the House is likely to begin debate on a Federal Aviation Administration (FAA) reauthorization bill, H.R. 3823, which contains language funding SDPI through the first quarter of 2018, the current path to a full reauthorization ahead of September 30th remains unclear. **SDPI will expire this Saturday without action from Congress. USET SPF encourages you to contact your members of Congress and urge them to reauthorize SDPI THIS WEEK.** Any interruption in funding to SDPI will result in a devastating loss of qualified program staff and thousands of good jobs in Indian Country. As a reminder, to assist you with these communications, USET SPF has prepared the following materials:

- [USET SPF SDPI 1-Pager](#)
- [SDPI Reauthorization Tribal Template Letter](#)
- [USET SPF Resolution 2017 SPF:012 Support for the Reauthorization of the Special Diabetes Program for Indians](#)

USET SPF continues to monitor this issue and will provide updates as they develop. As always, I am happy to answer any questions you may have.

Thank you,

Liz Malerba ~ Mohegan Tribe
Director of Policy and Legislative Affairs
United South and Eastern Tribes
Sovereignty Protection Fund (USET SPF)
400 North Capitol Street, Suite 585
Washington, D.C. 20001

Office: 202-624-3550
Cell: 615-838-5906
Fax: 202-393-5218

lmalerba@usetinc.org
www.usetinc.org

From: Liz Malerba

Sent: Wednesday, September 20, 2017 12:42 PM

To: Kitcki Carroll <kcarroll@USETINC.ORG>; Wanda Janes <wjanes@USETINC.ORG>; Tihtiyas (Dee) Sabattus <TSabattus@USETINC.ORG>; Sisy Garcia <sgarcia@usetinc.org>; Brandy Venuti <BVenuti@USETINC.ORG>; Melisa Stephens <MStephens@USETINC.ORG>

Cc: 'USET President Chief Kirk E. Francis, Sr.' <kirk.francis@penobscotnation.org>; 'USET Secretary Chief Lynn Malerba' <lmalerba@moheganmail.com>; 'USET Treasurer Chief B. Cheryl Smith' <chief@jenachoctaw.org>; 'USET Vice President Vice Chairman Robert R. McGhee' <rmcghee@pci-nsn.gov>

Subject: USET SPF Action Alert: ACA Repeal & Replace Efforts Reignited, Affecting SDPI

Importance: High

Dear USET SPF Board Of Directors and DC Tribal Reps,

As you may already be aware, efforts to repeal and replace the Affordable Care Act have been reignited in the Senate. In a last ditch effort to move legislation via a simple majority process known as "reconciliation" before its authority expires on September 30th, a proposal drafted by GOP Senators Lindsey Graham (SC) and Bill Cassidy (LA) is gaining steam. Similar to a previous bill, the Better Care Reconciliation Act, the Graham-Cassidy proposal would make dangerous changes to the Medicaid program by capping spending and providing states with the option to receive dollars via block grant. In addition, it would repeal funding for Medicaid Expansion, health insurance cost-sharing provisions, and premium subsidies, allocating the funding to state block grants, shifting federal dollars and responsibility to the states. **USET SPF strongly opposes the proposal.**

This proposal would undermine the federal trust responsibility to provide health care to American Indians and Alaska Natives (AI/AN) by transferring control of the Medicaid program and other federal health care dollars and services to the states. In addition, the Indian Health System faces a reduction in funding as a result of per-person caps on Medicaid spending. 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. Finally, the proposal allows states the option to impose work requirements on Medicaid beneficiaries (without exempting AI/AN) and changes 40 years of prior practice by allowing any provider (not just IHS or Tribal providers) serving AI/AN Medicaid beneficiaries to be reimbursed at 100% for the cost of care by the federal government with no guarantee of additional funding going to IHS or Tribal providers or for care to individual AI/ANs.

For a section-by-section of the Graham-Cassidy Proposal, please click [here](#).

There is some concern about what this proposal would mean for movement on the CHIP Reauthorization, which is likely to include the reauthorization of the Special Diabetes Program (Type-1 research) and Special Diabetes Program for Indians, prior to the expiration of all three authorizations at the end of the month. Action on Graham-Cassidy could politicize the reauthorization, jeopardizing uninterrupted funding for SDPI.

You will recall that under budget reconciliation rules, legislation can be passed with just a simple majority of 50 votes. Senate Republicans have a 52 seat majority, which means that 3 GOP senators need to oppose the proposal in order to stop it in its tracks. Currently, all Democratic senators and Senator Rand Paul (KY) are opposed. Senators Susan Collins (ME), Lisa Murkowski (AK), and John McCain, who essentially ended consideration of the previous ACA Repeal & Replace effort, have not revealed their positions.

It is critical that Indian Country's voice is heard as the Graham-Cassidy proposal is considered. USET SPF encourages member Tribal Nations to contact their Senators and urge

them to oppose the Graham-Cassidy proposal. To determine your Senators and receive their contact information, please click [here](#).

Top Talking Points

- The trust responsibility to provide health care to American Indians and Alaska Natives rests with the federal government. The Graham-Cassidy Proposal would violate the trust responsibility by shifting control over Medicaid and other health care programs and services to the states.
- Cutting Medicaid funding, phasing out Medicaid Expansion, and imposing work requirements or other barriers to Medicaid access threatens a critical source of reimbursement dollars for the chronically underfunded Indian Health System. Any cuts to Medicaid are cuts to Indian health.
- Special Indian-specific health insurance plans offered under the ACA are another method by which the federal government seeks to meet its trust responsibility to provide care and close gaps in funding to the Indian Health System.
- Please oppose any version of ACA repeal legislation that does not protect these critical provisions.
- The Senate should instead be focused on the urgent need to reauthorize The Special Diabetes Program for Indians (SDPI), which expires at the end of the month.

Of note: In addition to deep concern from Indian Country, a majority of health care, patient, and provider organizations have opposed the proposal, including the American Medical Association, AARP, American Cancer Society Cancer Action Network, the American Diabetes Association, the American Heart Association, the American Lung Association, the Arthritis Foundation, the National Health Council and the March of Dimes. Their concerns center around loss of health insurance for millions of Americans, as well as reduced access to Medicaid and the rollback of advances made by ACA. USET SPF is not affiliated in any manner with these organizations. For an overview of the national implications of the Graham-Cassidy proposal, please see [this piece](#) [linked] from Families USA.

As always, I am happy to answer any questions you may have.

Thank you,

Liz Malerba ~ Mohegan Tribe
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