Self-Governance Communication & Education
Tribal Consortium

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May 4, 2017

The Honorable Senator John Thune
U.S. Senator, North Dakota
511 U.S. Senate
Washington, DC 20510

RE: Comments on S.304, the Tribal Veterans Health Care Enhancement Act

Dear Senator Thune:

On behalf of the Self-Governance Communication & Education Tribal Consortium (SGCETC), we are writing to share our comments on S.304, the Tribal Veterans Health Care Enhancement Act. The bill amends the Indian Health Care Improvement Act (IHCIA) to allow the Indian Health Service (IHS) to cover the cost of a copayment of an Indian or Alaska Native Veteran receiving medical care or services from the Department of Veterans Affairs (VA).

The SGCETC represents more than 361 Self-Governance Tribes in the Departments of the Interior and Health and Human Services. While we appreciate the great work in advancing health care for our Tribal veterans, we have some concerns with the approach outlined in the bill. Our premier concern is that this approach does not recognize that the constitutional foundation and trust responsibility to provide health care services to American Indians and Alaska Natives (AI/ANs) is the obligation of each Federal agency to fulfill, including the VA. As such, it is inappropriate for IHS to pay VA co-payments for Native veterans.

Additionally, Congress acted to protect IHS resources by statutorily naming IHS as the payor of last resort. As written, the legislation would require IHS to use Purchase and Referred Care (PRC) funding to pay co-payments. The PRC referral process, medical priority system, and funding level is not in a position to actually serve Native veterans in the way we believe you imagined in developing the legislation. Nationally, only one in thirteen visits is an inpatient visit and veterans often need additional services, which cannot be provided directly by an IHS Service Unit or Tribal Health Program (THP). To require IHS to pay the VA for co-pays with its insufficient PRC resources seems at odds with other actions Congress has previously taken. VA has a much larger appropriation per patient than does IHS. In 2014, the average expenditure per IHS patient was just $3,107 compared to $7,036 at the VA. Cost shifting from VA to IHS is not an efficient use of Federal resources and could exaggerate this deep disparity, negatively impacting the delivery care within the Indian Health System.

For these reasons, we believe that Congress should instead move to fulfill the trust responsibility and exempt Native veterans from making co-pays to VA (either for referrals from IHS or otherwise). We would appreciate an opportunity to work with you and others to improve the care for our veterans in the future. Please do not hesitate to contact us or Terra Branson, SGCETC Executive Director, at terrab@tribalselfgov.org if we can be of additional assistance.

Thank you, as always, for your attention to this important issue and your advocacy for Indian Country.

Sincerely,

W. Ron Allen, Tribal Chairman/CEO
Jamestown S'Klallam Tribe
President of the Board, SGCETC
Chairman, DOI SGAC

Chief Lynn Malerba
Mohegan Tribe of Connecticut
Board Member, SGCETC
Chairwoman, IHS TSGAC