

# TRIBAL SELF-GOVERNANCE ADVISORY COMMITTEE

c/o Self-Governance Communication and Education

P.O. Box 1734, McAlester, OK 74501

Telephone (918) 302-0252 ~ Facsimile (918) 423-7639 ~ Website: [www.tribalselfgov.org](http://www.tribalselfgov.org)

Sent electronically to [lynda.gyles@hhs.gov](mailto:lynda.gyles@hhs.gov)  
Sent electronically to [katherine.pham@va.gov](mailto:katherine.pham@va.gov)

April 18, 2016

The Honorable Sylvia Burwell, Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, DC 20201

The Honorable Robert A. McDonald, Secretary  
U.S. Department of Veterans Affairs  
810 Vermont Avenue, NW, Room 1000  
Washington, DC 20420

## RE: Reimbursement Agreement between the Indian Health Service and Veterans Affairs

Dear Secretaries Burwell and McDonald:

The Tribal Self-Governance Advisory Committee (TSGAC) consists of Tribal Leaders representing Tribes participating in Self-Governance under the Indian Self-Determination and Education Assistance Act. The TSGAC advises the Director of the Indian Health Service (IHS) on policy matters involving Self-Governance or affecting Self-Governance Tribes.

The reauthorization of the Indian Health Care Improvement Act (IHCIA) in 2010 contained a new provision in Section 405(c) authorizing reimbursement from Veterans Affairs (VA) to the IHS as well as Tribal health systems for eligible services to Veterans. Since that time, agreements have been developed to implement this section, and the reimbursement system has proven to be highly successful by improving access to care for Veterans with services through IHS and Tribal health facilities. These are particularly valuable partnerships during a time of increased focus on Veterans' timely access to health care services.

However, there is an important and significant component of the Indian health system to which Section 405(c) has not yet been applied, specifically, Purchased and Referred Care (PRC). PRC is a program whereby Indian health facilities purchase health care services from a network of private providers. These services may consist of specialty care not available at an Indian health facility, or may also include primary care.

Now that the reimbursement agreements authorized by Section 405(c) of the IHCIA have been successfully implemented, it is an opportune time to turn our attention to full implementation of reimbursement for PRC services. The TSGAC requests that this issue now be revisited, with participation of the IHS and Tribes, to expand these reimbursement agreements for referred care provided through Indian health systems. We stand ready to work with you to accomplish this task as soon as possible to further improve access to care for the Veterans we serve.

Thank you for your continued support for improving the health of our Native Veterans. Should you have any questions or wish to discuss further, please do not hesitate to contact me at (860)862-6192; or via email: [lmalerba@moheganmail.com](mailto:lmalerba@moheganmail.com).

Sincerely,



Chief Lynn Malerba, Mohegan Tribe of Connecticut  
Chairwoman, IHS TSGAC

cc: Linda Spoonster Schwartz, PhD, Assistant Secretary for Policy and Planning, VA  
Mary Smith, Principal Deputy Director, Indian Health Service  
P. Benjamin Smith, Director, Office of Tribal Self-Governance  
TSGAC Members and Technical Workgroup