



## Self-Governance Communication & Education Tribal Consortium

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December 3, 2020

The Honorable John Hoeven  
Chairman  
Senate Committee on Indian Affairs  
838 Hart Senate Office Building  
Washington, DC 20510  
ATTN: Mike Andrews, Staff Director

The Honorable Tom Udall  
Vice-Chairman  
Senate Committee on Indian Affairs  
838 Hart Senate Office Building  
Washington, DC 20510  
ATTN: Jennifer Romero, Staff Director

### **RE: Support for HR 6237, the *Proper and Reimbursed Care (PRC) for Native Veterans Act***

Dear Chairman Hoeven and Vice-Chairman Udall:

On behalf of the Self-Governance Communication and Education Tribal Consortium (SGCETC), a non-profit Tribal consortium established in 1988 to represent the interests of more than 370 Tribal Nations that participate in Self-Governance initiatives, we write to thank you for your ongoing efforts to honor America's promises to our Native Veterans and to show our support for *H.R. 6237, the Proper and Reimbursed Care (PRC) for Native Veterans Act*.

American Indians and Alaska Natives serve in the United States Armed Forces in greater numbers per capita than any other ethnic group. The Department of Veterans Affairs (VA) reports there are 145,000 Native Veterans living in the United States and Native service members have fought alongside non-Native service members in every U.S. war and conflict. And let us not forget the crucial role the Code Talkers played in ensuring victory in World Wars I and II. Given the rich history of military service exhibited by American Indians and Alaska Natives, Native Veterans, as warriors on behalf of this nation are deserving of the best health care we can provide.

Native Veterans often require specialized care due to chronic conditions or injuries sustained due to their service and are eligible to receive health care services from the VA, Indian Health Service (IHS), and Tribal Nations and Tribal organizations that operate health care programs under a Self-Governance agreement. Yet, as Native Veterans return home and seek to access the benefits they are entitled to, healthcare services often fall short to meet their needs.

Factors, such as, residing in remote rural communities, poverty, a limited number of culturally competent healthcare providers, and regulatory barriers impede care and lead to Native Veterans experiencing greater health disparities compared to other veterans. For instance, the VA will not reimburse Tribal health care programs for their PRC—an essential tool for both IHS and Tribal health care programs to ensure IHS beneficiaries can

receive specialized care. The VA's position that it will not reimburse IHS and Tribal health programs for PRC, forces IHS and Tribal healthcare programs to frequently absorb the cost of this care so that veterans can be treated promptly.

Introduced in the House on March 12, 2020, the PRC for Native Veterans Act specifies that the VA or the Department of Defense must reimburse the Indian Health Service (IHS) or Tribal healthcare program for health care services provided to Native Veterans, regardless of whether such services are provided directly by the IHS or Tribal health care programs. Enactment of H.R. 6237 would fully implement Congress's intention under the Indian Health Care Improvement Act (IHCIA), which proposed 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. Presently, the limitations on PRC reimbursement contradict Congressional intent.

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.

We strongly urge passage of H.R. 6237 to eliminate further rationing of health care provided by IHS and Tribal health care programs to Native Veterans and other eligible veterans and to ensure timely quality healthcare.

Thank you again for your ongoing efforts to honor promises made to Native Veterans. If you would like to discuss further, please contact Jay Spaan, Executive Director, SGCETC, at 918-370-4258 or [jays@tribalselfgov.org](mailto:jays@tribalselfgov.org).

Sincerely,



W. Ron Allen, Tribal Chairman/CEO, Jamestown S'Klallam Tribe and  
Chairman, SGCETC Board of Directors



Marilynn "Lynn" Malerba, Chief, Mohegan Tribe of Connecticut and  
Chairwoman, Indian Health Service Tribal Self-Governance Advisory Committee

C: Carolyn Angus-Hornbuckle, Chief Operating Officer/Policy Center Director, NIHB  
Jamie Gomez, Chief of Staff, NCAI  
Jay Spaan, Executive Director, SGCETC  
TSGAC and Technical Workgroup Members