

Representative Waxman
Energy & Commerce
2125 Rayburn HOB
Washington DC 20001

Representative Miller
Education & Labor
2128 Rayburn HOB
Washington DC 20001

Representative Rangel
Ways & Means
1102 Longworth HOB
Washington DC 20001

July 27, 2009

Dear Representative Waxman, Representative Miller, and Representative Rangel,

We write to you as an organization dedicated to protecting and improving the health of all Americans. As such, we strongly support the National Congress of American Indians, the National Indian Health Board, and the National Council of Urban Indian Health in their work to **Preserve Indian Country's Health Care of Choice** – the Indian Health Service. We join with them in requesting that you support Representative Rahall's amendment package, which will help ensure that health care reform respects and fulfills the federal trust responsibility and meets the unique health care needs of Indian people.

The foundation of any health care discussion involving American Indians and Alaska Natives must begin with the federal obligation to provide health care to American Indians and Alaska Natives. When Indian people ceded certain lands—lands which now constitute the United States—agreements were made with the United States government. Among them was the establishment of a 'trust' responsibility to provide for the safety and well-being of Indian peoples in perpetuity. Additionally, numerous treaties specifically provided for the provisioning of education, nutrition, and health care. Since the creation of the Indian reservation system, and the subsequent federal policies of Relocation and Termination in the 1950s and 1960s, the United States government has implemented that trust and treaty health care obligation through different forms of what is now the Indian Health Service. The delivery of health care in Indian Country is complex and unique. The current delivery system consists of services provided directly by the Indian Health Service (IHS); programs operated by Indian tribes and tribal organizations; and urban Indian organizations through contracts or grants with IHS. This system is collectively known as the Indian health system or the 'I/T/U.' In order to uphold the trust responsibility and preserve Indian Country's health care of choice, certain amendments to H.R. 3200 must be made.

While H.R. 3200 takes important steps to improving access to health insurance and preventative health care services for all Americans, the bill does not take into account the unique position of Indian health care providers. Moreover, the bill does not respect the fact that Indian people have already paid for their health care by ceding millions of acres of land. The federal trust responsibility to Indian people and the Indian health system often requires specific language to prevent unintended adverse consequences to this health care delivery system.

Representative Rahall's amendment package will provide that the necessary provisions to protect and preserve the Indian health system. These include: ensuring that Indian people will not be penalized for utilizing the I/T/U system, protecting health benefits provided to Indian people by their tribes from retroactive taxation, and provisions strengthening Indian health providers' ability to seek third party reimbursement for services provided to Indian people. The Rahall amendment package will provide much needed modernizations to the Indian health delivery system as well as further developing Indian Country's ability to conduct its own research through the development and strengthening of Indian epidemiology centers. The Rahall amendment package also allows tribes and tribal organizations to provide desperately needed health services to their people such as long term care services, home and community-based health services, and assisted living services. These are health services that most

Americans take for granted but many American Indians and Alaska Natives are unable to access. The Rahall amendment package would address this inequality.

The Rahall amendment package will ensure that American Indians and Alaska Natives are able to enjoy the reforms presented by H.R. 3200 without being penalized for utilizing the Indian health system. Moreover, the Rahall amendment package ensures that Indian health care providers are able to participate equally in the reformed health delivery system. Due to the enormous health disparities suffered by Indian people it is critically important that health care reform be sensitive to the special needs of American Indians and Alaska Natives and Indian health providers.

As you continue to consider H.R. 3200, America's Affordable Health Choices Act of 2009, we urge you to support Representative Rahall's amendment package that will help millions of American Indians and Alaska Natives receive essential health care.

Sincerely,

American Association of Colleges of Pharmacy
American Association for International Aging
Association of the Clinicians for the Underserved
Association of Asian Pacific Community Health Organizations
California Consortium for Urban Indian Health
Campaign for Community Change
Commissioned Officers Association
Community HIV/AIDS Mobilization Project
Council on Social Work Education
Disparities Solutions Centers at Massachusetts General Hospital
Friends Committee on National Legislation
Global Justice Ministry Metropolitan Community Churches
Institute for the Advancement of Social Work Research
National Congress of American Indians
National Council of Urban Indian Health
National Council of Jewish Women
National Federation of Families for Children's Mental Health
National Indian Health Board
National Indian Project
National Latino Behavioral Health Association
Native Research Network, Inc
Northwest Federation of Community Organizations
Out of Many One
Papa Ola Lokahi
Psychologists in Indian Country
Raising Women's Voices for the Health Care We Need
Sacramento Native American Health Center
Summit Health Institute for Research and Education, Inc.