



Legislative Update

CA Area IHS Tribal Listening Session

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FEDERAL POLICY AND ADVOCACY INITIATIVES:

March on Washington – Meetings with Members of Congress

Testifying at House Interior Appropriations Subcommittee

Health & Human Services Secretary's Tribal Advisory
Committee



The Strength of California Congressional Delegation: Tribal Action is Tribal Empowerment

AMERICAN INDIAN POLICY IS NON-PARTISAN

THE ISSUES AND OBJECTIVES:



1. Understanding the Legal Federal Trust Obligation for American Indian Health – Not a Race or DEI
2. Purchased and Referred Care (PRC) Fair Deal for California Tribes
3. Protect Medicaid From Cuts, Tribal Eligibility Free From Work Requirements and add Tribes Direct Recipients of Block Grants
4. Special Diabetes Program for Indians Reauthorization @ \$200 Million/Year
5. Protect Tribes from Funding Freeze, IHS cuts and Federal Worker “Buy Out”
6. Protect Tribal Head Start and Tribal Child Care and Development Fund
7. Invite Office to Visit Your Community and Clinics



1. POLITICAL STATUS VS. RACE

Objective: Educate Hill staff to understand...

- The foundation of American Indians' Political Status;
- There is a Legal Federal Trust Obligation for our peoples' health;
- Enshrined in the US Constitution, Treaties, Executive Orders, Law, Policy and Reaffirmed in Numerous Supreme Court Decisions
- Department of Interior Affirmed: Tribes are not a DEI Initiative

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6. *Limitations.* Nothing in this Order shall be construed to eliminate, rescind, hinder, impair, or otherwise affect activities that implement legal requirements independent of the rescinded equity-related EOs, including but not limited to...

d. the statutory authorities, treaty, and/or trust obligations of the Department and its Bureaus/Offices to Tribal nations and the Native Hawaiian Community;
(emphasis added)”

Quote from the Department of Interior Secretary Issued Guidance, 1/30/25,
ORDER NO. 3416, Subject: Ending DEI Programs and Gender Ideology Extremism

IN OTHER WORDS, DOI HAS EXEMPTED TRIBAL PROGRAMS AND OBLIGATIONS FROM ITS IMPLEMENTATION OF THE PRESIDENT'S DEI AND GENDER EOs.

2. PURCHASED/REFERRED CARE (PRC) FAIR DEAL FOR CALIFORNIA TRIBES



Objective: Fiscal Year 2025/26 include \$82,980,000 in funding to Title III - Related Agencies, IHS, Purchased and Referred Care (PRC), specifically for California (CA) Area Tribes.

- The PRC Program purchases services from private health care providers for eligible American Indian and Alaska Natives.
- Over 100 Federally Recognized Tribes in CA, yet the IHS does not provide hospitals in the CA Area.
- The California Area is a designated PRC Dependent Area: Tribes must rely solely on PRC funding for emergency, hospital, and specialty medical care services.
- As a PRC Dependent Area, health clinics of CA Tribes often exhaust PRC funding before the end of the fiscal year, placing patients at a higher risk of death.
- Congressman Kiley (R-CA) agrees to lead "PRC Fair Deal" Effort
- Ask your congressional representatives to support this request and sign on to Congressman Kiley's forthcoming "Dear Colleague" letter



3. PROTECT MEDICAID

Objective: Protect Medicaid From Cuts, Tribal Eligibility Free From Work Requirements (Trust Obligation) and Add Tribes As Direct Recipients of Block Grants

- Administrative/Congressional leadership maybe considering \$2.3 Trillion Medicaid cut and Implementing Work Requirements for Medicaid recipients
- Tribes fought and won alleviation of Work Requirements during 1st Trump Administration based on Legal Federal Trust Obligation – Same Rules Apply!
- If Congress moves to making States solely-responsible for Medicaid under Block Grants, Tribes must also be eligible as direct recipients of Block Grant Funds: government-to-government relationship is between Tribes and the US, NOT States
- Cuts to the Medicaid program will cost more in the long run due to erasing the disease prevention/health promotion infrastructure now supported by Medicaid
- Balancing the Federal Budget on the backs of America's most vulnerable peoples weakens the backbone of America

4. SPECIAL DIABETES PROGRAM FOR INDIANS REAUTHORIZATION @ \$200 MILLION/YEAR



Objective: SDPI Expires March 31, 2025. Make sure Members support Reauthorization at \$200 million/year for 2 years

- SDPI was included in “The December Deal” but was dropped
- Reaffirm support for “The December Deal” to be included in funding package
-when current CR expires
- Energy and Commerce Committee is key
- Tell personal stories about local impact if SDPI ends

5. PROTECT TRIBES FROM FUNDING FREEZE, IHS CUTS, AND FEDERAL WORKER “BUY OUT”

Objective: Ensure Tribal Health Programs Retain Staffing and Funding

- The Office of Personnel Management has granted the IHS a partial exclusion from the Deferred Resignation Program
- Actively Support Protecting This Policy and IHS staffing – including ISDEAA 638 contracting and compacting
- IHS continues to be grossly under-funded. Increase IHS funding and protect from any cuts or rescissions
- Protect IHS from any funding freezes



6. PROTECT TRIBAL HEAD START AND TRIBAL CHILD CARE AND DEVELOPMENT FUND (CCDF)



Objective: Congress must ensure continued funding for Tribal Head Start and CCDF programs

Sample Impacts:

→ Over 44,000 AI/AN children benefit from Head Start programs, which provide not just education but also health screenings, nutrition, and family support;

→ Cuts would displace and deprive tens of thousands of American Indian and Alaska Native children from receiving critical early education, health services and cultural programs;

→ Cuts would exacerbate economic strain on Native Families - Many Tribal communities already face child care shortages and these cuts would increase financial burdens and reduce workforce participation;

→ Cuts to CCDF will affect 264 Tribal Lead Agencies across 546 federally recognized Tribes that provide essential child care support;

→ Loss of health screenings and nutrition.

The U.S. government has a legal and moral obligation to support Tribal Nations, including funding for early childhood education.

7. INVITE STAFF AND MEMBER TO VISIT YOUR COMMUNITIES & CLINICS



CA TRIBAL LEADERS & TRIBAL HEALTH CLINIC REPRESENTATIVES WHO PARTICIPATED IN THE MARCH ON WASHINGTON



CONGRESSIONAL COMMITTEES & REPRESENTATIVES WE MET WITH



- ▶ House Subcommittee on Interior, Environment, and Related Agencies
- U.S Senate Committee on Indian Affairs
- Rep. Kevin Kiley
- Rep. Dr. Raul Ruiz
- Rep. Maxine Waters
- Rep. Ken Calvert
- Rep. Kevin Mullin
- Rep. Juan Vargas
- Rep. Vince Fong
- Rep. Ted Lieu
- Rep. Nanette Barragán
- Rep. Pete Aguilar
- Rep. Ami Bera
- Rep. Zoe Lofgren
- Rep. Mike Thompson
- ▶ Rep. Doug LaMalfa
- Rep. Jay Obernolte
- Rep. Mark Takano
- Rep. Mark DeSaulnier
- Rep. Norma Torres
- Rep. Tom McClintock
- Rep. Brad Sherman
- Rep. Scott Peters
- Rep. Darrell Issa
- Rep. Sara Jacobs
- Rep. John Garamendi
- Rep. Julia Brownley
- Rep. Jared Huffman
- Rep. Young Kim
- Rep. J. Luis Correa
- Rep. Doris Matsui







