

RESOLUTION OF THE
NAABIK'ÍYÁTI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23RD NAVAJO NATION COUNCIL -- First Year, 2015

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES; AND
NAABIK'ÍYÁTI'; REQUESTING AND RECOMMENDING A WAIVER TO ARIZONA
S.B. 1092 AHCCCS WAIVER FOR NAVAJO NATION CITIZENS AND THE NEED
FOR TRIBAL CONSULTATIONS BY THE ARIZONA GOVERNOR'S OFFICE IN THE
FUTURE

WHEREAS:

- A. The Navajo Nation established the Health, Education, and Human Services Committee as a standing committee of the Navajo Nation Council. 2. N.N.C. § 400(A).
- B. The Health, Education, and Human Services Committee is empowered to establish Navajo Nation policy, promulgate rules and regulations concerning health. 2 N.N.C. §401(B)(1).
- C. Statements of policy are written statements submitted to federal, state or local governments by a Navajo Nation official stating the official position of the Navajo Nation on proposed legislation or other action by that government. 2 N.N.C. § 100(W).
- D. The Health, Education, and Human Services Committee ensures compliance and implementation of laws and policies of the Navajo Nation relating to health. 2 N.N.C. §401(B)(2).
- E. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to "coordinate all federal, county, and state programs with other standing committees and branches of the Navajo Nation government to provide the most efficient delivery of services to the Navajo Nation". 2 N.N.C. § 701 (A)(4); 2 N.N.C. § 700 (A).

- F. Of concern to the Navajo Nation's healthcare systems is the passing of Arizona Senate Bill 1092 (hereinafter S.B. 1092) which allows for an Arizona Health Care Cost Containment System waiver. Arizona Senate Bill 1092 (Exhibit "A").
- G. On Friday, March 6, 2015, Arizona Governor Doug Doucey signed legislation S.B. 1092 requiring Arizona to request federal permission from the Centers for Medicare and Medicaid Services for a waiver to section 1115 to impose requirements on Medicaid recipients and limit their eligibility to 5 years. Arizona Senate Bill 1092 (Exhibit "A").
- H. "In vetoing similar legislation last year, former Governor Jan Brewer, stated that removing a half million people from the Medicaid program would not only harm them, but bring the state's health care system 'to a breaking point;' that statement remains true today and applies to SB 1092." Tuba City Regional Health Care Corporation Resolution § 5, April 16, 2015 (Exhibit "B").
- I. The Navajo Nation took a stance in opposition to Arizona S.B. 1092. Naabik'íyáti' Committee Resolution NABIAP-23-15 (Exhibit "C").
- J. The Arizona Legislative Native American Caucus took a stance in opposition to Arizona S.B. 1092 and wrote a letter to the Secretary of the U.S. Department of Health and Human Services to deny Arizona's S.B. 1092 waiver request. Arizona Legislative Native American Caucus letter dated April 28, 2015 to U.S. Dept. of Health and Human Services (Exhibit "D").
- K. The S.B. 1092 waiver "requirements will have lasting negative and devastating impacts on the impoverished people in our state. It will especially hit our Indian nations/Tribal communities the hardest. The Inter-Tribal Council of Arizona estimates that more than one-third of the approximately 100,000 enrolled in AHCCCS would be adversely affected." Arizona Legislative Native American Caucus letter dated April 28, 2015 to U.S. Dept. of Health and Human Services (Exhibit "D").

- L. The "requirements simply do not work on Indian reservations. There are no job opportunities. There is only a hand-full of employment sources on Arizona's Indian reservations. Consequently, the unemployment rate on Indian reservations is anywhere from 55% to 85% of the work force." Arizona Legislative Native American Caucus letter dated April 28, 2015 to U.S. Dept. of Health and Human Services (Exhibit "D").
- M. The Navajo Nation finds Arizona's implementation of S.B. 1092 would negatively affect the Navajo Nation citizens on AHCCCS and the hospitals that serve the nation as well. Tuba City Regional Health Care Corporation Resolution § 5, April 16, 2015 (Exhibit "B"); Winslow Indian Health Care Center Resolution, April 3, 2015. (Exhibit "E").
- N. The Navajo Nation finds that it was not consulted by Arizona Governor Doucey when the legislation was being drafted.
- O. The Navajo Nation finds that all Arizona tribes should be consulted when legislation like S.B. 1092 is being considered especially where it may have a negative impact to Indian country.

NOW, THEREFORE BE IT RESOLVED:

- A. The Navajo Nation hereby requests the state of Arizona to exempt and waive all Navajo Nation tribal members from Arizona S.B. 1092 and its requirements.
- B. The Navajo Nation hereby expresses its support for efforts by Arizona Legislative Native American Caucus to oppose Arizona S.B. 1092 as it negatively impacts Arizona Indian Tribes and their citizens.
- C. The Navajo Nation hereby requests Arizona Governor Doug Doucey to consult with tribes about proposed legislation that may have any impacts on the tribes and their citizens.
- D. The Navajo Nation hereby authorizes the President of the Navajo Nation, the Speaker of the Navajo Nation, and their designees, to advocate for the Navajo Nation in regards to AHCCCS.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 13 in favor, 0 oppose, this 25th day of June, 2015.

A handwritten signature in black ink, appearing to read 'LoRenzo Bates', with a large, stylized flourish at the end.

LoRenzo Bates, Chairperson
Naabik'íyáti' Committee

Motion: Honorable Alton Joe Shepherd
Second: Honorable Nathaniel Brown



Senate Engrossed

State of Arizona
Senate
Fifty-second Legislature
First Regular Session
2015

CHAPTER 7

SENATE BILL 1092

AN ACT

AMENDING TITLE 36, CHAPTER 29, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 36-2903.09; RELATING TO THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM.

(TEXT OF BILL BEGINS ON NEXT PAGE)

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 36, chapter 29, article 1, Arizona Revised Statutes,
3 is amended by adding section 36-2903.09, to read:

4 36-2903.09. Waivers; annual submittal; definitions

5 A. ON OR BEFORE MARCH 30 OF EACH YEAR, THE DIRECTOR SHALL APPLY TO THE
6 CENTERS FOR MEDICARE AND MEDICAID SERVICES FOR WAIVERS OR AMENDMENTS TO THE
7 CURRENT SECTION 1115 WAIVER TO ALLOW THIS STATE TO:

8 1. INSTITUTE A WORK REQUIREMENT FOR ALL ABLE-BODIED ADULTS RECEIVING
9 SERVICES PURSUANT TO THIS ARTICLE. THE WORK REQUIREMENT SHALL:

10 (a) REQUIRE AN ELIGIBLE PERSON TO EITHER:

11 (i) BECOME EMPLOYED.

12 (ii) ACTIVELY SEEK EMPLOYMENT, WHICH WOULD BE VERIFIED BY THE
13 DEPARTMENT.

14 (iii) ATTEND SCHOOL OR A JOB TRAINING PROGRAM, OR BOTH, AT LEAST
15 TWENTY HOURS PER WEEK.

16 (b) REQUIRE AN ELIGIBLE PERSON TO VERIFY ON A MONTHLY BASIS COMPLIANCE
17 WITH REQUIREMENTS OF SUBDIVISION (a) OF THIS PARAGRAPH AND ANY CHANGE IN
18 FAMILY INCOME.

19 (c) REQUIRE THE ADMINISTRATION TO CONFIRM AN ELIGIBLE PERSON'S CHANGE
20 IN FAMILY INCOME AS REPORTED UNDER SUBDIVISION (b) OF THIS PARAGRAPH AND
21 REDETERMINE THE PERSON'S ELIGIBILITY UNDER THIS ARTICLE.

22 (d) ALLOW THE ADMINISTRATION TO BAN AN ELIGIBLE PERSON FROM ENROLLMENT
23 FOR ONE YEAR IF THE ELIGIBLE PERSON KNOWINGLY FAILED TO REPORT A CHANGE IN
24 FAMILY INCOME OR MADE A FALSE STATEMENT REGARDING COMPLIANCE WITH THE
25 REQUIREMENTS OF SUBDIVISION (a) OF THIS PARAGRAPH.

26 (e) ALLOW FOR AN EXEMPTION IF A PERSON MEETS ANY OF THE FOLLOWING
27 CONDITIONS:

28 (i) IS AT LEAST NINETEEN YEARS OF AGE BUT IS STILL ATTENDING HIGH
29 SCHOOL AS A FULL-TIME STUDENT.

30 (ii) IS THE SOLE CAREGIVER OF A FAMILY MEMBER WHO IS UNDER SIX YEARS
31 OF AGE.

32 (iii) IS CURRENTLY RECEIVING TEMPORARY OR PERMANENT LONG-TERM
33 DISABILITY BENEFITS FROM A PRIVATE INSURER OR FROM THE GOVERNMENT.

34 (iv) HAS BEEN DETERMINED TO BE PHYSICALLY OR MENTALLY UNFIT FOR
35 EMPLOYMENT BY A HEALTH CARE PROFESSIONAL IN ACCORDANCE WITH RULES ADOPTED BY
36 THE ADMINISTRATION.

37 2. PLACE ON ABLE-BODIED ADULTS A LIFETIME LIMIT OF FIVE YEARS OF
38 BENEFITS UNDER THIS ARTICLE THAT BEGINS ON THE EFFECTIVE DATE OF THE WAIVER
39 OR AMENDMENT TO THE CURRENT SECTION 1115 WAIVER AND DOES NOT INCLUDE ANY
40 PREVIOUS TIME A PERSON RECEIVED BENEFITS UNDER THIS ARTICLE. THE LIFETIME
41 LIMIT UNDER THIS PARAGRAPH DOES NOT INCLUDE ANY TIME DURING WHICH THE PERSON
42 MEETS ANY OF THE FOLLOWING CONDITIONS:

43 (a) IS PREGNANT.

44 (b) IS THE SOLE CAREGIVER OF A FAMILY MEMBER WHO IS UNDER SIX YEARS OF
45 AGE.

1 (c) IS CURRENTLY RECEIVING TEMPORARY OR PERMANENT LONG-TERM DISABILITY
2 BENEFITS FROM A PRIVATE INSURER OR FROM THE GOVERNMENT.
3 (d) IS AT LEAST NINETEEN YEARS OF AGE BUT IS STILL ATTENDING HIGH
4 SCHOOL AS A FULL-TIME STUDENT.
5 (e) IS EMPLOYED FULL TIME BUT CONTINUES TO MEET THE INCOME ELIGIBILITY
6 REQUIREMENTS UNDER THIS ARTICLE.
7 (f) IS ENROLLED BEFORE REACHING NINETEEN YEARS OF AGE.
8 (g) IS AN ELIGIBLE PERSON AS DEFINED IN SECTION 36-2901, PARAGRAPH 6,
9 SUBDIVISION (a), ITEM (iii).
10 3. DEVELOP AND IMPOSE MEANINGFUL COST-SHARING REQUIREMENTS TO DETER
11 BOTH:
12 (a) THE NONEMERGENCY USE OF EMERGENCY DEPARTMENTS.
13 (b) THE USE OF AMBULANCE SERVICES FOR NONEMERGENCY TRANSPORTATION OR
14 WHEN IT IS NOT MEDICALLY NECESSARY.
15 B. IN ANY YEAR, THE DIRECTOR SHALL APPLY UNDER SUBSECTION A OF THIS
16 SECTION FOR ONLY THE WAIVERS OR AMENDMENTS TO THE CURRENT SECTION 1115 WAIVER
17 THAT HAVE NOT BEEN APPROVED AND ARE NOT IN EFFECT.
18 C. ON OR BEFORE APRIL 1 OF EACH YEAR, THE DIRECTOR SHALL SUBMIT A
19 LETTER CONFIRMING THE SUBMISSION OF THE WAIVER REQUESTS REQUIRED UNDER
20 SUBSECTION A OF THIS SECTION TO THE GOVERNOR, THE PRESIDENT OF THE SENATE AND
21 THE SPEAKER OF THE HOUSE OF REPRESENTATIVES.
22 D. FOR THE PURPOSES OF THIS SECTION:
23 1. "ABLE-BODIED" MEANS AN INDIVIDUAL WHO IS PHYSICALLY AND MENTALLY
24 CAPABLE OF WORKING.
25 2. "ADULT" MEANS AN INDIVIDUAL WHO IS AT LEAST NINETEEN YEARS OF AGE.
26 Sec. 2. Rulemaking; exemption
27 For the purposes of implementing this act, the Arizona health care cost
28 containment system administration is exempt from the rulemaking requirements
29 of title 41, chapter 6, Arizona Revised Statutes, for one year after the
30 effective date of this act.

APPROVED BY THE GOVERNOR MARCH 6, 2015.

FILED IN THE OFFICE OF THE SECRETARY OF STATE MARCH 6, 2015.



ARIZONA STATE SENATE
Fifty-Second Legislature, First Regular Session

FINAL AMENDED
FACT SHEET FOR H.B. 2075/S.B. 1092

AHCCCS; annual waiver submittals.

Purpose

Requires the Arizona Health Care Cost Containment System (AHCCCS) Director (Director) to apply to the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year for permission to institute cost-sharing requirements, work requirements and lifetime limits for adults receiving AHCCCS benefits.

Background

Laws 1981, 4th S.S., Chapter 1, created AHCCCS, Arizona's Medicaid program, to provide acute medical services to low-income Arizonans and in 1987, AHCCCS was expanded to include long-term care services through the Arizona Long Term Care System (ALTCs). Medicaid is the federal healthcare program administered by the state of Arizona and jointly funded by the federal and state governments. Within Arizona, the program operates primarily as a managed care system that entails AHCCCS contracting with health plans that coordinate and pay doctors and hospitals for medical services for eligible individuals and families.

The Section 1115 Waiver refers to section 1115 of the federal Social Security Act (SSA). States are required to comply with Title XIX (Medicaid) and Title XXI (Children's Health Insurance Program) of the SSA. Since Arizona has been providing Medicaid services, AHCCCS has been operating under an 1115 Research and Demonstration Waiver that exempts AHCCCS from certain provisions of the SSA. Any modification to the waiver must be submitted and approved by CMS. A recent waiver amendment approved by CMS allows AHCCCS to use Safety Net Care Pool funding for Phoenix Children's Hospital and to continue uncompensated care payments through December 31, 2014. Current pending waiver amendments include: 1) imposing mandatory cost sharing on the expansion population; 2) expanding integrated health services to individuals with serious mental illness; and 3) authority to support a medical home program for the fee-for-service population (azahcccs.gov).

Assuming CMS approves an amendment to Arizona's Section 1115 Waiver related to a lifetime limits or copayments, there would be a positive impact to the state General Fund.

Provisions

1. Requires the Director, by March 30 of each year, to apply to CMS for waivers or amendments to Arizona's Section 1115 Waiver to allow Arizona to:
 - a) institute a work requirement for all able-bodied adults receiving AHCCCS services, excluding long term care, and stipulates the work requirement must:

- i. require an eligible person to become employed, actively seek employment, attend school or a job training program, or both at least 20 hours a week, and to verify compliance with this requirement and any change in family income;
 - ii. require AHCCCS to verify when a person is seeking employment and to confirm changes of family income and redetermine eligibility for services;
 - iii. allow AHCCCS to ban an eligible person for one year if the individual knowingly fails to report family income changes or makes a false statement regarding work-related requirements; and
 - iv. allow for an exemption if a person is:
 - at least 19 years of age and still a full-time student in high school;
 - the sole caregiver of a family member who is under six years of age;
 - currently receiving long-term disability benefits from the government or a private insurer; or
 - determined to be physically or mentally unfit for employment by a health care professional in accordance with AHCCCS' rules;
 - b) place a five-year lifetime limit of benefits on able-bodied adults that begins on the effective date of the waiver or amendment to the current waiver, excluding any previous time a person received AHCCCS benefits;
 - c) states the lifetime limit of benefits on able-bodied adults does not include any time during which a person is:
 - i. pregnant;
 - ii. the sole caregiver of a family member who is under six years of age;
 - iii. currently receiving long-term disability benefits from the government or a private insurer;
 - iv. at least 19 years of age and still a full-time student in high school;
 - v. employed full-time but continues to be eligible for AHCCCS;
 - vi. enrolled before reaching 19 years of age; or
 - vii. under 26 years of age and who was in the custody of the Department of Child Safety when the person became 18 years of age;
 - d) develop and impose meaningful cost-sharing requirements to deter:
 - i. the nonemergency use of emergency departments; and
 - ii. the use of ambulance services for nonemergency transportation or when it is not medically necessary.
2. Limits the Director to only apply for waivers or amendments to the current waiver that have not been approved and are not in effect.
3. Requires the Director, by April 1 of each year, to submit a letter confirming the submission of the waiver requests to the Governor and the Legislature.
4. Exempts AHCCCS from rulemaking requirements for one year.
5. Defines *able-bodied* and *adult*.
6. Becomes effective on the general effective date.

Amendments Adopted by Committee

1. Allows eligible persons to attend school to meet the work requirement.
2. Allows an exemption for people who have been determined to be physically or mentally unfit for employment.
3. Adds to the list of exemptions concerning the lifetime limit on benefits.
4. Replaces copayments with cost-sharing.
5. Exempts AHCCCS from rulemaking requirements for one year.
6. Limits the Director's ability to apply for waivers.
7. Increases the age of individuals considered adults from 18 to 19 years of age.
8. Increases the maximum age of family members in the care of a sole caregiver from five to six years of age.

Senate Action

HHS	2/11/15	DPA	4-3-0
3 rd Read	2/23/15		17-12-1

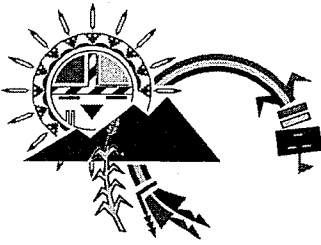
House Action

CFA	2/16/15	DPA	6-3-0
3 rd Read	2/16/15		35-24-1

(S.B. 1092 was substituted for H.B. 2075 on 3rd Read)

Signed by Governor 3/6/15
Chapter 7

Prepared by Senate Research
March 9, 2015
EM/lis



TUBA CITY REGIONAL HEALTH CARE CORPORATION

167 North Main Street, P.O. Box 600

Tuba City, Arizona 86045-600

(928) 283-2784

RESOLUTION OF THE TUBA CITY REGIONAL HEALTH CARE CORPORATION

EXHIBIT

tabbies

B

OPPOSING ARIZONA SENATE BILL 1092 WHICH GREATLY, DISPROPORTIONATELY, AND NEGATIVELY AFFECTS NATIVE AMERICANS, NATIVE AMERICANS' ABILITY TO OBTAIN HEALTH CARE AND THE HEALTH CARE ENTITIES SERVING NATIVE AMERICANS

WHEREAS:

1. Tuba City Regional Health Care Corporation (TCRHCC), is a 501(c)3, Navajo Nation, Non-Profit corporation; *and*
2. Pursuant to Navajo Nation Council Resolutions, CJN-35-05 and CJY-33-10, TCRHCC is authorized and designated as a "Tribal Organization" for the purpose of managing and operating contracts with the Indian Health Service Under Public Law 93-638; *and*
3. TCRHCC, as a Tribal Organization, operates the former Tuba City Indian Medical Center pursuant to the Indian Self-Determination Act, Public Law 93-638; *and*
4. The TCRHCC Board of Directors (BOD), the governing body of TCRHCC, is strongly committed to the Mission of providing accessible, quality, compassionate health care, and promoting healthy lifestyles; *and*
5. On Friday, March 6, 2015, Arizona Governor Doug Ducey signed legislation (SB 1092) (hereinafter "SB 1092") requiring the State of Arizona to request federal permission every year, forever, to among other things, impose work requirements on Medicaid recipients and remove them from the health care program after five years; *and*
6. In vetoing similar legislation last year, former Governor Jan Brewer, stated that removing a half million people from the Medicaid program would not only harm them, but bring the state's health-care system "to a breaking point;" that statement remains true today and applies to SB 1092; *and*
7. SB 1092 has a particularly harmful impact on the unemployed and lower income producing population in the State of Arizona; *and*
8. Unemployment on the Navajo Nation, by conservative estimate, is in excess of 40% of the Navajo population (compared to 5% - 7% state-wide) and an even larger percentage of the population is below the poverty level; *and*
9. Due to the foregoing, the impact of the Legislation is far greater on Navajo's and the medical providers on the Navajo Nation serving that population; *and*
10. This burden imposed by SB 1092 will greatly impact TCRHCC and its ability to provide health care services to the Navajo, Hopi and Southern Paiute Native Americans which it serves; *and*

11. Medicaid comprises more than half of TCRHCC's revenue. It is estimated that SB 1092 will result in a substantial and detrimental revenue loss to TCRHCC which will drastically diminish the level and quality of health care TCRHCC can provide to its population; *and*
12. The Arizona Medicaid program (AHCCCS) is funded by a straight pass through of federal funds without cost, matching funding or other assessments against the State of Arizona. The State of Arizona actually receives an administrative fee for said transactions. The federal pass through funding for health care for Native Americans is part of the Federal Government's fulfillment of its trust responsibility to all Native Americans established by treaty and subsequent legislation. SB 1092 blocks the Federal Government from fulfilling this trust obligation; *and*
13. The Federal Government has a unique trust obligation to provide for the health care of American Indians and Medicaid is a necessary component of its delivery of health care in meeting this unique trust obligation. The Federal Government pays 100% reimbursement for said Native American beneficiaries and the state budget is irrelevant to that. SB 1092 reveals a complete lack of substantive and procedural understanding of federal health care financing for Native American beneficiaries and this imprudent action will actually create greater expense to the State of Arizona and the hospitals that will now be required to care for these people; *and*
14. The Navajo Nation has previously passed legislation, Legislation No.: 0102-15, which TCRHCC supports and adopts and incorporates herein as Exhibit A.

NOW THEREFORE BE IT RESOLVED THAT:

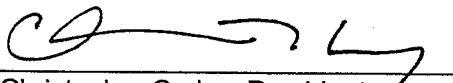
1. TCRHCC opposes SB 1092 and CMS's consideration of any waiver request submitted thereunder.
2. TCRHCC requests and encourages the Arizona Legislature to revoke and rescind SB 1092.
3. TCRHCC encourages the State of Arizona and all of its departments and entities to consult with Native American tribes and tribal organizations concerning SB 1092, any waiver requests developed or submitted to CMS relative to SB 1092 or in any way relative to Native American health care, and to allow meaningful participation by Native American tribes and tribal organizations in developing a responsible health care plan for all Arizonians.

CERTIFICATION

We, hereby, certify that the foregoing resolution was duly considered at duly called meeting of the Tuba City Regional Health Care Corporation Board of Director's at Tuba City (Arizona) at which a quorum was present and that the same was passed by a vote of 8 in favor, 0 opposed, and 0 abstained, this 16th day of April, 2015.

Motion by: Dr. Alan Numkena

Second by: Tincer Nez, Sr.



Christopher Curley, President
TCRHCC Board of Directors



NABIAP-23-15

RESOLUTION OF THE
NAABIK'ÍYÁTI' COMMITTEE OF THE
NAVAJO NATION COUNCIL

23rd NAVAJO NATION COUNCIL—FIRST YEAR, 2015

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI'; OPPOSING SB 1092 IN THE ARIZONA STATE LEGISLATURE
THAT WILL ADVERSELY IMPACT HEALTH CARE SERVICE TO INDIAN PEOPLE

BE IT ENACTED:

WHEREAS:

A. The Navajo Nation established the Health, Education and Human Services Committee (HEHSC) as a Navajo Nation Council standing committee and as such empowered HEHSC to review and recommend resolutions regarding certain matters, including health, education and social services. 2 N.N.C. §§ 164 (A)(9), 400 (A), 401 (B)(6)(a) (2012); see also CO-45-12.

B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to coordinate all state programs, including those of the state of Arizona. 2 N.N.C. §§ 164 (A)(9), 700 (A), 701 (A)(4) (2012); see also CO-45-12.

C. The Navajo Nation has a government-to-government relationship with the state of Arizona.

D. Federal Medicaid and Children's Health Insurance Program (CHIP) provide health coverage to nearly 60 million Americans, including children, pregnant women, parents, seniors and individuals with disabilities. *Medicaid.gov*. In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives them (the states) the flexibility to cover other population groups (optional eligibility groups). *Id.* States set individual eligibility criteria within federal minimum standards. States can apply to Centers for Medicare and Medicaid Service (CMS) for a waiver of federal law to expand health coverage beyond these groups. *Id.*

E. Arizona ranks high among states with Indians living below the poverty level. See, *2013 American Indian Population and Labor Force Report*, U.S. Department of the Interior, Office of the Secretary Office of the Assistant Secretary. Indians are among the poorest citizens in the state of Arizona. As such, adequate health care to Indian people is a major concern.

F. The Arizona Health Care Cost Containment System (AHCCCS) is the Medicaid program in the state of the Arizona. AHCCCS serves the low-income; the four programs under AHCCCS are Medicaid, KidsCare, Arizona Long Term System, and Medicare Cost Sharing. Due to lack of funding appropriated by the Arizona Legislature the Kids Care Program froze enrollment into the program in January 1, 2010. Then in February 2014 the Kids Care Program ended.

G. Section 1115 of the Social Security Act gives the Secretary of the Health and Human Services authority to waive certain requirements of federal Medicaid state and regulation. Under the authority, the Secretary can permit a state to receive federal matching funds to operate its Medicaid program in ways not otherwise allowed under the federal rules so long as the state's proposal promotes the key objectives of the Medicaid program. States are given flexibility in managing, designing and improving their programs. Waivers allow states to test new or existing ways to deliver and pay for health care services in Medicaid and the Children's Health Insurance Program (CHIP). Through waivers, eligibility for health care services can be expanded to vulnerable individuals who are not otherwise eligible (for Medicaid or CHIP); services not typically covered by Medicaid can be provided; and innovative service delivery systems can be used that improve care, increase efficiency and reduce costs.

H. Bill SB 1092 requires the Arizona Health Care Cost Containment System (AHCCCS) Director to apply to the Centers for Medicare and Medicaid Services (CMS) for a Waiver or amendments to the current Section 1115 Wavier. See attached Exhibit "A," a summary of the bill. The amendment will institute a work verification requirement for all able-bodied adults (19+) receiving AHCCCS covered services. It stipulates that an individual is required to become employed, actively seek employment or attend school or job training at least 20 hours per week. AHCCCS is allowed to ban the eligible person for 1 year if the person fails to report family income or makes false

statements about the work requirement. It places a lifetime limit of 5 years for Medicaid eligibility for able bodied adults. Some exceptions to the lifetime cap were included in an amendment.

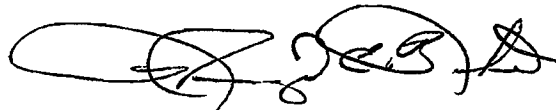
I. SB 1092 impacts the most vulnerable and economically challenged people in our state up to 133% of the Federal Poverty Level (i.e., 1 person with an annual income up to \$15,654 or 4 persons with an annual income up to \$32,253) and therefore affects a significant portion of the Navajo Nation population in Arizona. See attached Exhibit "B," *Advisory Council on Indian Health Care*, March 5, 2015.

NOW THEREFOR BE IT RESOLVED THAT:

The Navajo Nation hereby opposes SB 1092, unnecessary legislation that will significantly impact health services to Indian people in Arizona.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Naabik'iyáti' Committee of the 23rd Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 8 in favor and 1 opposed (Two from each Standing Committee pursuant to 2 N.N.C. § 700 (D)), this 16th day of April, 2015.

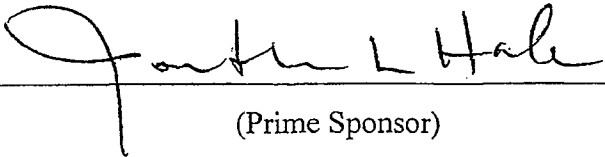


LoRenzo C. Bates, Chairperson
Naabik'iyáti' Committee

Motion: Honorable Benjamin Bennett
Second: Honorable Seth Damon

5-DAY BILL HOLD PERIOD: None
Website Posting Time/Date: 11:45am 3/24/15
Posting End Date: 3/30/2015
Eligible for Action: 3/31/2015

PROPOSED STANDING COMMITTEE RESOLUTION
23rd NAVAJO NATION COUNCIL -- First Year, 2015
INTRODUCED BY


(Prime Sponsor)

TRACKING NO. D102-15

AN ACTION
RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND
NAABIK'ÍYÁTI'; OPPOSING SB 1092 IN THE ARIZONA STATE LEGISLATURE
THAT WILL ADVERSELY IMPACT HEALTH CARE SERVICE TO INDIAN
PEOPLE

BE IT ENACTED:

WHEREAS:

A. The Navajo Nation established the Health, Education and Human Services Committee (HEHSC) as a Navajo Nation Council standing committee and as such empowered HEHSC to review and recommend resolutions regarding certain matters, including health, education and social services. 2 N.N.C. §§ 164 (A)(9), 400 (A), 401 (B)(6)(a) (2012); *see also* CO-45-12.

B. The Navajo Nation established the Naabik'íyáti' Committee as a Navajo Nation Council standing committee and as such empowered Naabik'íyáti' Committee to coordinate all state programs, including those of the state of Arizona. 2 N.N.C. §§ 164 (A)(9), 700 (A), 701 (A)(4) (2012); *see also* CO-45-12.

C. The Navajo Nation has a government-to-government relationship with the state of Arizona.

D. Federal Medicaid and Children's Health Insurance Program (CHIP) provide health coverage to nearly 60 million Americans, including children, pregnant women, parents,

1 seniors and individuals with disabilities. *Medicaid.gov*. In order to participate in
2 Medicaid, federal law requires states to cover certain population groups (mandatory
3 eligibility groups) and gives them (the states) the flexibility to cover other population
4 groups (optional eligibility groups). *Id.* States set individual eligibility criteria within
5 federal minimum standards. States can apply to Centers for Medicare and Medicaid
6 Service (CMS) for a waiver of federal law to expand health coverage beyond these
7 groups. *Id.*

8 E. Arizona ranks high among states with Indians living below the poverty level. See,
9 *2013 American Indian Population and Labor Force Report, U.S. Department of the*
10 *Interior, Office of the Secretary Office of the Assistant Secretary*. Indians are among the
11 poorest citizens in the state of Arizona. As such, adequate health care to Indian people is
12 a major concern.

13
14 F. The Arizona Health Care Cost Containment System (AHCCCS) is the Medicaid
15 program in the state of the Arizona. AHCCCS serves the low-income; the four programs
16 under AHCCCS are Medicaid, KidsCare, Arizona Long Term System, and Medicare
17 Cost Sharing. Due to lack of funding appropriated by the Arizona Legislature the Kids
18 Care Program froze enrollment into the program in January 1, 2010. Then in February
19 2014 the Kids Care Program ended.

20 G. Section 1115 of the Social Security Act gives the Secretary of the Health and
21 Human Services authority to waive certain requirements of federal Medicaid state and
22 regulation. Under the authority, the Secretary can permit a state to receive federal
23 matching funds to operate its Medicaid program in ways not otherwise allowed under the
24 federal rules so long as the state's proposal promotes the key objectives of the Medicaid
25 program. States are given flexibility in managing, designing and improving their
26 programs. Waivers allow states to test new or existing ways to deliver and pay for health
27 care services in Medicaid and the Children's Health Insurance Program (CHIP). Through
28 waivers, eligibility for health care services can be expanded to vulnerable individuals
29 who are not otherwise eligible (for Medicaid or CHIP); services not typically covered by
30

1 Medicaid can be provided; and innovative service delivery systems can be used that
2 improve care, increase efficiency and reduce costs.

3 H. Bill SB 1092 requires the Arizona Health Care Cost Containment System
4 (AHCCCS) Director to apply to the Centers for Medicare and Medicaid Services (CMS)
5 for a Waiver or amendments to the current Section 1115 Wavier. See attached Exhibit
6 "A," a summary of the bill. The amendment will institute a work verification
7 requirement for all able-bodied adults (19+) receiving AHCCCS covered services. It
8 stipulates that an individual is required to become employed, actively seek employment
9 or attend school or job training at least 20 hours per week. AHCCCS is allowed to ban
10 the eligible person for 1 year if the person fails to report family income or makes false
11 statements about the work requirement. It places a lifetime limit of 5 years for Medicaid
12 eligibility for able bodied adults. Some exceptions to the lifetime cap were included in an
13 amendment.

14 I. SB 1092 impacts the most vulnerable and economically challenged people in our
15 state up to 133% of the Federal Poverty Level (*i.e.*, 1 person with an annual income up to
16 \$15,654 or 4 persons with an annual income up to \$32,253) and therefore affects a
17 significant portion of the Navajo Nation population in Arizona. See attached Exhibit
18 "B," *Advisory Council on Indian Health Care*, March 5, 2015.

19
20 **NOW THEREFOR BE IT RESOLVED THAT:**

21 The Navajo Nation hereby opposes SB 1092, unnecessary legislation that will
22 significantly impact health services to Indian people in Arizona.
23
24
25
26
27
28
29
30



HOUSE OF REPRESENTATIVES

SB 1092/HB 2075
AHCCCS; annual waiver submittals.
Sponsors: Senator Barto



DPA Committee on Children and Family Affairs

DPA Caucus and COW

X As Transmitted to the Governor

OVERVIEW

HB 2075 requires the Director (Director) of the Arizona Health Care Cost Containment System (AHCCCS) to apply the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year for waivers or amendments to the current Section 1115 Waiver.

HISTORY

Laws 1981, Chapter 1, established AHCCCS. AHCCCS is Arizona's Medicaid program that oversees contracted health plans for the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs. Through contracted health plans across the state, AHCCCS delivers health care to qualifying individuals including low-income adults, their children or people with certain disabilities.

AHCCCS provides medical assistance programs for acute care, long term care and contracts with the Arizona Department of Health Services Division of Behavioral Health Services to bring behavioral health services to its acute care members. The Arizona Long Term Care System program is for individuals over the age of 65, are blind, disabled or need continuing assistance at a nursing facility level of care. As of February 2015 there are approximately 1.6 million individuals enrolled in the AHCCCS program.

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot or demonstration projects that promote the objectives of the Medicaid and Children's Health Insurance programs. The purpose of these demonstrations, give states additional flexibility to design and improve their programs Hyperlink.

PROVISIONS

- 1) Requires on or before March 30 of each year, the Director of AHCCCS to apply to CMS for waivers or amendments to the current Section 1115 Waiver to allow the State to:
 - a) Institute a work requirement for all able-bodied adults receiving Medicaid services. The work requirement must:
 - i) Require an eligible person to either become employed, actively seek employment to be verified by AHCCCS or attend school or a job training program, or both, at least 20 hours per week.
 - ii) Require an eligible person to verify on a monthly basis compliance with requirements directly noted above and any change in family income.
 - iii) Require AHCCCS to confirm an eligible person's change in family income and re-determine the person's eligibility.
 - iv) Allow AHCCCS to ban an eligible person from enrollment for one year if the eligible person knowingly failed to report a change in family income or made a false

- statement regarding compliance related to becoming employed, actively seeking employment or attending a job training program.
- v) Allow for an exemption if a person meets any of the following conditions:
 - (1) Is at least 19 years of age but is still attending high school as a full-time student.
 - (2) Is the sole caregiver of a family member who is under six years of age.
 - (3) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - (4) Has been determined to be physically or mentally unfit for employment by a health care professional in accordance with rules adopted by AHCCCS.
 - b) Restrict benefits for able-bodied adults to a lifetime limit of five years that begins on the effective date of the waiver or amendment to the current Section 1115 Waiver and does not include any previous time a person received benefits. The lifetime limit does not include any time during which the person meets any of the following conditions:
 - i) Is pregnant.
 - ii) Is the sole caregiver of a family member who is under six years of age.
 - iii) Is currently receiving temporary or permanent long-term disability benefits from a private insurer or from the government.
 - iv) Is at least 19 years of age but is still attending high school as a full-time student.
 - v) Is employed full time but continues to meet the income eligibility requirements under this article.
 - vi) Is enrolled before reaching 19 years of age.
 - vii) Is defined as an eligible person.
 - c) Develop and impose meaningful cost-sharing requirements to deter both:
 - i) The nonemergency use of emergency departments; and
 - ii) The use of ambulance services for nonemergency transportation or when it is not medically necessary.
- 2) Mandates that the Director apply for only the waivers or amendments to the current Section 1115 Waiver that have not been approved and are not in effect.
 - 3) Requires the Director on or before April 1 of each year to submit a letter confirming the submission of the waiver requests to the governor and the legislature.
 - 4) Contains a rule making exemption for one year after the effective date of this act for purposes of implementing the act.
 - 5) Defines *able-bodied* and *adult*.

Douglas Ducey
Governor



Kim Russell
Executive Director

ADVISORY COUNCIL ON INDIAN HEALTH CARE

March 5, 2015

The Honorable Doug Ducey
Arizona State Capitol
Capitol Complex
1700 West Washington
Phoenix, AZ 85007-2890

RE: SB 1092

Dear Governor,

The Advisory Council on Indian Health Care's (ACOIHC) mission is to advocate for increasing access to high quality health care programs for all American Indians in Arizona. Per ARS 36-2902.01 and ARS 36-2902.02 the duty of the ACOIHC is to develop a comprehensive health care delivery and financing system for American Indians, specific to each Arizona Indian tribe, with a focus on creating Indian health care demonstration projects pursuant to title XIX of the Social Security Act.

The ACOIHC is concerned about SB 1092. This legislation would require the Director of the Arizona Health Care Cost Containment System (AHCCCS) to apply to the Centers for Medicare and Medicaid Services (CMS) by March 30 of each year for waivers or amendments to the current Section 1115 Waiver. This legislation if signed will have significant detrimental impacts on tribal members that are served through the Indian Health Service and Tribally-operated health care programs.

The purpose of the Section 1115 Waiver and the resulting demonstration projects, are to give States additional flexibility to manage, design and improve their programs, so they may demonstrate and evaluate policy approaches such as:

- Expanding eligibility to vulnerable individuals who are not otherwise Medicaid or CHIP eligible
- Providing services not typically covered by Medicaid and
- Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

By placing a lifetime limit of 5 years for Medicaid eligibility it achieves none of these important results for our poorest citizens of Arizona. Rather it will impact the most vulnerable and economically challenged people in our state up to 133% of the Federal Poverty Level (i.e., 1 person with an annual income up to \$15,654 or 4 persons with an annual income up to \$32,253) and therefore affect one third of the American Indian population in Arizona.

PO Box 25520, Mail Drop 7700
Phoenix, AZ 85002

2830 W. Glendale Avenue, Suite #1
Phoenix, AZ 85051

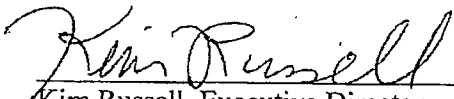
Phone (602) 374-2575 Fax: (602) 626-7217

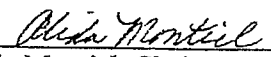
In addition, SB 1092 would allow Arizona to institute a work verification requirement for all able-bodied adults (19+) receiving AHCCCS covered services which requires the individual to become employed, actively seek employment or attend job training. Arizona's unemployment rate although slowly recovering is still above the national average (5.6% vs 6.7%) and for Tribal reservations in Arizona the average unemployment rate is 5 times the State average at 24.4%. Tribal reservations experience severe rates of unemployment due to a lack of economic infrastructure and job opportunities. Tribal members in Arizona are at a severe disadvantage when it comes to the negative repercussions of SB 1092.

Again, we urge your careful consideration of SB 1092. We look forward to working with you to assure that American Indians within the state of Arizona are not negatively impacted by this measure or other policy changes of concern to the Tribes in Arizona.

Please contact me at 602-374-2575 or Kim.Russell@azahcccs.gov or Ms. Alida Montiel, Chairperson of the ACOIHC at (602) 258-4822 or Alida.Montiel@itcaonline.com if you have any questions or seek clarification.

Sincerely,


Kim Russell, Executive Director
Advisory Council on Indian Health Care


Alida Montiel, Chairperson
Advisory Council on Indian Health Care

PO Box 25520, Mail Drop 7700
Phoenix, AZ 85002

2830 W. Glendale Avenue, Suite #1
Phoenix, AZ 85051

Phone (602) 374-2575 Fax: (602) 626-7217

PRESS RELEASE



Native American Caucus

Representative Sally Ann Gonzales, D-Tucson (District 3)

Representative Albert Hale, D-St. Michaels (District 7)

Representative Jennifer Benally, D-Tuba City (District 7)

Representative Victoria Steele, D-Tucson (District 9)

Representative Mark G. Ganado (District 7)

FOR IMMEDIATE RELEASE

April 28, 2015

Contact: Keely Varvel

602-926-5848

kvarvel@azleg.gov

Native American... *Join* ...ederal Government: Reject proposed AHCCCS changes

STATE CAPITOL, PHOENIX – Members of the Arizona State Legislature's Native American Caucus recently sent a letter to U.S. Health and Human Services Secretary Sylvia Mathews Burwell urging her to deny Arizona's request for a waiver of certain requirements for the Arizona Health Care Cost Containment System, the state's Medicaid program. That request was sent pursuant to the recent passage of SB 1092. If the waiver is approved, the state would be allowed to place significant limitations on AHCCCS recipients.

SB 1092 would require that AHCCCS recipients be employed, participating in job training or actively seeking employment, and it would impose a 5-year lifetime enrollment limit on Medicaid benefits. With unemployment rates on Indian reservations at record levels, Native American legislators are concerned that these proposed restrictions would have a devastating impact.

"SB 1092 would put an unbearable stress on Native American communities in Arizona and would represent a continuation of centuries of oppressive treatment of indigenous people," said Rep. Victoria Steele, D-Tucson (District 9).

Rep. Sally Ann Gonzales, D-Tucson (District 3), added that SB 1092 is also problematic because it sets employment requirements but does not provide any funding for employment resources.

"I strongly oppose SB 1092 because it will harm hundreds of thousands of Arizonans. It provides no money for job training programs, which are desperately needed on Indian nations. And the 5-year limit on benefits does not provide people with long-term healthcare," Gonzales said.

Moreover, SB 1092 will reduce revenue to health care facilities on Indian nations, further harming Native American communities.

"SB 1092 will negatively impact Arizona Native American health care facilities by reducing the amount of revenue they receive. This may result in a decreased quality of care to all Native American children, families and the elderly. All Arizonans should be concerned about this legislation," said Rep. Jennifer Benally, D-Tuba City (District 7).

Arizona House of Representatives
1700 W. Washington St.
Phoenix, Arizona 85007

PRESS RELEASE

Sen. Carlyle Begay, D-Ganado (District 7), agreed that SB 1092 will affect health services and that the consequences of the law would disproportionately burden Native Americans.

“SB 1092 would have enormous consequences for Native Americans, as well as the Indian Health Service and tribal and urban Indian providers from whom many Native Americans receive health services. Placing a lifetime limit on Medicaid eligibility and instituting a work verification requirement disproportionately hurts Native American families,” Begay said. “It would also impair critical preventive measures intended to lessen the effects of chronic stress and social marginalization, which remain serious challenges in Native American communities.”

Rep. Albert Hale, D-St. Michaels (District 7), acknowledged moving people off government assistance and toward self-sufficiency is an admirable goal, but not if the process leaves people without the care they need.

“As legislators, we sometimes fail to see or understand the unintended and often very complex consequences of our actions. We affect the lives of every person in Arizona. SB 1092 is an example of the legislature not acknowledging the many consequences of its actions. Self-sufficiency for all Arizonans is an admirable goal, but when the tools by which people move toward that goal are lacking, we only exacerbate the problems faced by many people in this state. Without job training and economic development programs on Indian nations, the proposed employment requirements for AHCCCS will be impossible for many people to meet. I am hopeful that the federal government will see these unintended consequences and reject Arizona’s request for a waiver and thereby not breach its trust responsibility to Native American people.”

All five members of the Native American Caucus voted against passage of SB 1092. The letter to Secretary Burwell can be found below.

-30-

SENATOR
CARLYLE BEGAY
OFFICE (602) 926-5862

REPRESENTATIVE
ALBERT A. HALE, Esq
OFFICE (602) 926-4323

STATE OF ARIZONA



REPRESENTATIVE
SALLY ANN GONZALES
OFFICE (602) 926-3278

REPRESENTATIVE
JENNIFER D. BENALLY
OFFICE (602) 926-3079

REPRESENTATIVE
VICTORIA STEELE
OFFICE (602) 926-5683

ARIZONA STATE LEGISLATURE

Arizona Legislative Native American Caucus

April 28, 2015

VIA ELECTRONIC MAIL: sylvia.burwell@hhs.gov

Honorable Secretary Sylvia Mathews Burwell
United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Opposing the waiver requested by the State of Arizona

Dear Secretary Burwell:

The state of Arizona, pursuant to passage of SB 1092, has submitted to your office a request for a waiver to allow imposition of certain requirements for the Arizona Health Care Cost Containment System (AHCCCS). The Native American Caucus of the Arizona State Legislature joins the Navajo Nation, the Tuba City Regional Health Care Corporation, the Arizona Advisory Council on Indian Health Care, and the Winslow Indian Health Care Center in urging you to deny Arizona's waiver request.

The requested waiver will allow the requirements contained in SB 1092 to be imposed. These requirements will have lasting negative and devastating impacts on the impoverished people in our state. It will especially hit our Indian nations/Tribal communities the hardest. The Inter-Tribal Council of Arizona estimates that more than one-third of the approximately 100,000 Tribal members now enrolled in AHCCCS would be adversely affected.

Letter to Secretary Burwell
April 28, 2015
Page Two

SB 1092 requires AHCCCS recipients to become employed, participate in job training or actively seek employment to maintain program eligibility and imposes a 5-year lifetime enrollment limit on Medicaid benefits. These requirements simply do not work on Indian reservations. There are no job opportunities. There is only a hand-full of employment sources on Arizona's Indian reservations. Consequently, the unemployment rate on Indian reservations is anywhere from 55% to 85% of the work force. An Executive Summary of SB 1092 is attached thereto for your information and reference.

Further, no funding was added to the legislation to provide employment services or job training opportunities, creating a significant barrier to compliance. This legislation appears to be modeled after the Temporary Assistance to Needy Family (TANF) program's work requirement and time-limited eligibility. But the resources that have been invested in the TANF program to provide employment support services to TANF recipients are not included in this bill. Those on AHCCCS will be subject to the same punitive requirements but will be denied the support needed to meet those requirements.

Imposing these requirements on **the most impoverished areas in the country** only compounds the hopelessness and lack of adequate health care that prevail. Medical services to citizens who are in dire need of preventive health care for diseases such as diabetes will terminate. Access to needed medical services will not be available and will worsen existing medical conditions. The State will still be required to pay higher costs for emergency medical care and long term care of the uninsured when their conditions become severe enough to require hospitalization. Federal reimbursement will also no longer be available.

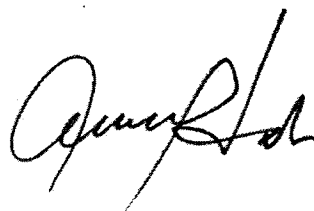
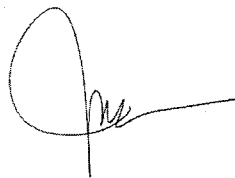
The better solution is for the state of Arizona to put money into helping Indian nations with their economic development efforts. Inclusion of Indian nations in the Transaction Privilege Tax (TPT) revenues sharing formula would accomplish that. Amending state law to include the Indian nations to share in TPT revenues could easily establish an economic development fund for Indian nations where none now exist. As well, the United States government should do any and all things necessary and proper to assist Indian nations' economic development efforts and to find ways to create and foster more employment opportunities on Indian reservations.

If Arizona's request is honored, the United States government would become complicit in breach of its trust responsibilities to Native American peoples and Indian nations. The passing of federal funds through states can affect the federal government's trust responsibility to Indian nations as demonstrated by SB 1092. We therefore urge the federal government to consider terminating pass through of federal funds through states to avoid breach of trust responsibility.

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SENATOR
CARLYLE BEGAY
OFFICE (602) 926-5862

STATE OF ARIZONA

REPRESENTATIVE
ALBERT A. HALE, Esq
OFFICE (602) 926-4323

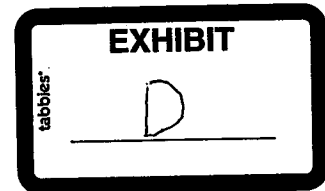
REPRESENTATIVE
SALLY ANN GONZALES
OFFICE (602) 926-3278



REPRESENTATIVE
JENNIFER D. BENALLY
OFFICE (602) 926-3079

REPRESENTATIVE
VICTORIA STEELE
OFFICE (602) 926-5683

ARIZONA STATE LEGISLATURE



Arizona Legislative Native American Caucus

April 28, 2015

VIA ELECTRONIC MAIL: sylvia.burwell@hhs.gov

Honorable Secretary Sylvia Mathews Burwell
United States Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

RE: Opposing the waiver requested by the State of Arizona

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Letter to Secretary Burwell
April 28, 2015
Page Two

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Imposing these requirements on **the most impoverished areas in the country** only compounds the hopelessness and lack of adequate health care that prevail. Medical services to citizens who are in dire need of preventive health care for diseases such as diabetes will terminate. Access to needed medical services will not be available and will worsen existing medical conditions. The State will still be required to pay higher costs for emergency medical care and long term care of the uninsured when their conditions become severe enough to require hospitalization. Federal reimbursement will also no longer be available.

The better solution is for the state of Arizona to put money into helping Indian nations with their economic development efforts. Inclusion of Indian nations in the Transaction Privilege Tax (TPT) revenues sharing formula would accomplish that. Amending state law to include the Indian nations to share in TPT revenues could easily establish an economic development fund for Indian nations where none now exist. As well, the United States government should do any and all things necessary and proper to assist Indian nations' economic development efforts and to find ways to create and foster more employment opportunities on Indian reservations.

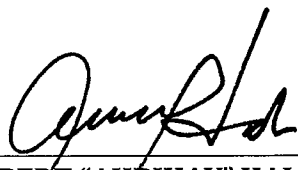
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Letter to Secretary Burwell
April 28, 2015
Page Three

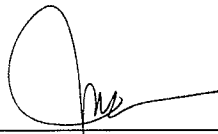
For reasons stated above, **we urge you to deny Arizona's state waiver request.** AHCCCS is a model for the nation. The minimal savings that SB 1092 represents should not be used to dismantle this exemplary model.

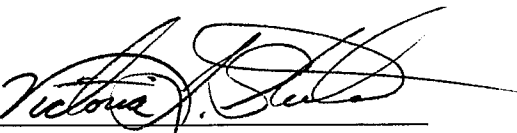
Sincerely,


CARLYLE BEGAY
State Senator – LD 7
Arizona State Senate


ALBERT "AH-BIHAY" HALE, Esq.
State Representative – LD 7
Arizona House of Representatives


SALLY ANN GONZALES
State Representative – LD 3
Arizona House of Representatives


JENNIFER D. BENALLY
State Representative – LD 7
Arizona House of Representatives

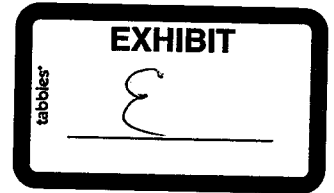

VICTORIA STEELE
State Representative – LD 9
Arizona House of Representatives

COPY TO (VIA ELECTRONIC MAIL):

Sally Pete, Executive Director, WIHCC (sally.pete@wihcc.org)
Honorable NN President-Elected Russell Begay (russellbegave@navajo-nsn.gov)
Honorable NN Vice-President-Elected Jonathan Nez (jonmnez@yahoo.com)
Honorable Jonathan Hale, Chairman, NNC-HEHSC (jonzcomet@yahoo.com)
Andrew Slavitt, Acting Administrator, CMS (andy.slavitt@cms.hhs.gov)
Kitty Marx, Director, CMCS Division of Tribal Affairs (kitty.marx@cms.hhs.gov)
Robert McSwain, Acting Director, Indian Health Service (robert.mcswain@ihs.gov)
Douglas Ducey, Governor, State of Arizona (kfirethunder@az.gov / gmartinez@az.gov)
Kim Russell, Executive Director, Arizona Advisory Council on Indian Health Care (kim.russell@azahcccs.gov)
Tom Betlach, Director, AHCCCS (thomas.betlach@azahcccs.gov)
Bonnie Talakte, Tribal Relations Liaison, AHCCCS (bonnie.talakte@azahcccs.gov)
Maria Dadgar, Executive Director, ITCA (maria.dadgar@itcaonline.com)
Christopher Curley, President, TCRHCC Board of Directors (ccurley07@hotmail.com)
Lynette Bonar, CEO, TCRHCC (lynette.bonar@tchealth.org)



RESOLUTION OF THE WINSLOW INDIAN HEALTH CARE CENTER



A RESOLUTION OPPOSING ARIZONA SENATE BILL 1092, THAT REQUIRES THE DIRECTOR OF THE ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS) TO APPLY TO THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) FOR A WAIVER THAT WOULD NEGATIVELY IMPACT ACCESS TO HEALTH CARE SERVICES FOR THE AMERICAN INDIAN POPULATION IN ARIZONA

WHEREAS:

1. The Winslow Indian Health Care Center ("WIHCC") is a non-profit corporation chartered under Navajo Nation law and sanctioned and authorized by the Navajo Nation Council as a "Tribal Organization" in Resolution No. CJY-33-10 to operate the federally funded health care programs, services, functions and activities in and near the eight chapters of Leupp, Bird Springs, Teesto, White Cone, Dilkon, Tolani Lake, Jeddito and Indian Wells; and
2. The WIHCC has successfully provided health care programs, services, functions and activities since September 1, 2002; and
3. The WIHCC Board of Directors has reviewed Arizona SB 1092, and determined that SB 1092 would require the Director of AHCCCS to apply to CMS for a Section 1115 waiver that would allow the State of Arizona to:
 - a. Institute a work verification requirement for all able-bodied adults receiving services that would require an eligible person to either become employed, actively seek employment or attend a job training program;
 - b. Place a lifetime limit of five (5) years of benefits; and
 - c. Impose other restrictions on Medicaid eligibility; and
4. The purpose of the Section 1115 waiver and associated demonstration projects is to give states the flexibility to design and manage their Medicaid programs to improve care, increase efficiency and reduce costs; and
5. SB 1092 would not further the purposes of the Section 1115 Waiver but instead would negatively impact the most economically challenged citizens within the State of Arizona, and therefore would affect approximately one third of the American Indian population in Arizona; and
6. SB 1092 would disproportionately adversely affect residents of tribal reservations within Arizona state borders, where the average unemployment rate is approximately 24.4%, compared with 5-7% statewide; and





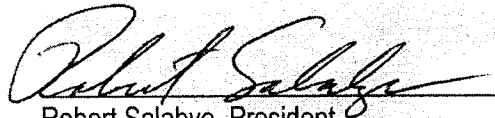
NOW THEREFORE BE IT RESOLVED:

1. The WIHCC opposes SB 1092 and CMS's consideration of any waiver request submitted thereunder; and
2. The WIHCC supports and encourages the State of Arizona AHCCCS and CMS to consult with Indian tribes and tribal organizations concerning SB 1092 and any waiver request developed or submitted to CMS pursuant to SB 1092.

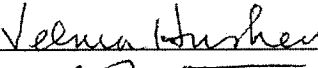
CERTIFICATION

I, hereby certify that the foregoing resolution of the WIHCC BOD was duly considered at a duly called meeting of the BOD at Winslow Indian Health Care Center where a quorum was present and the same was passed with a vote of 6 in favor; 0 opposed and 0 abstained on this 3rd Day of April, 2015.

WINSLOW INDIAN HEALTH CARE CENTER, INC.



Robert Salabye, President

Motioned by: Velma Huskey 

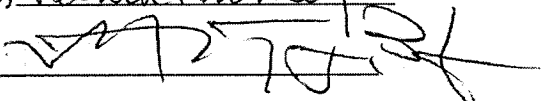
Seconded by: Martin Bahe 



EXHIBIT A

COMMITTEE REPORT

THE HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE OF THE NAVAJO NATION COUNCIL to whom has been assigned;

LEGISLATION NO. 0102-15

AN ACTION RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND NAABIK'IYATI; OPPOSING SB 1092 IN THE ARIZONA STATE LEGISLATURE THAT WILL ADVERSELY IMPACT HEALTH CARE SERVICE TO INDIAN PEOPLE

Has had under consideration and report the same with the recommendation that it **PASS** with no amendment and no directive;

And therefore referred the same to the NAABIK'IYATI COMMITTEE OF THE NAVAJO NATION COUNCIL

N - M B
Honorable Norman M. Begay, Vice-Chairperson
Health, Education and Human Services Committee

Dated: April 1, 2015

Main Motion

Motion: by: Honorable Nelson BeGaye

Seconded by: Honorable Tuchoney Slim, Jr.

Vote: 3 in favor: 0 Opposed and 0 Abstain