

Rocky Mountain Tribal Leaders Government Affairs Update

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Purpose:

Provide legislative, policy, and funding updates affecting Tribal Nations; identify opportunities for advocacy and action.

AGENDA

- One Big Beautiful Bill Act
- Budget Recissions
- Priority Federal Legislation
- Consultations & Opportunities
- Calls to Action & Next Steps

**ONE BIG BEAUTIFUL BILL ACT:
IMPACTS TO TRIBES**

HEALTHCARE

Medicaid Eligibility Changes – Tribal Exemptions

(OBBA Implementation Timeline)

Work Requirement Exemption

(Effective Dec. 31, 2026)

- AI/AN, California Indians, and Urban Indians exempt from 80-hour/month work rule.
- Impact: Increased documentation burden — states must upgrade data systems to verify Indian status.

Cost-Sharing & Eligibility Redetermination Exemption

(Effective Oct. 1, 2028)

- IHS and Urban Indian Organization beneficiaries exempt from cost-sharing and 12-month redeterminations.
- Impact: Same verification challenges as work requirement exemption.

Medicaid Cuts – Provider Tax Reductions

(Effective Jan. 1, 2028)

- Provider Tax Step-Down: From 6% → 3.5% over 5 years (2028–2032)
- No New Provider Taxes: States prohibited from implementing new taxes

Impacts:

- Reduced state Medicaid match → service cuts & rural hospital closures
- AI/AN patients reliant on Purchase Referred Care (PRC) will face:
 - Longer travel for specialty care (dialysis, cancer treatments)
 - Overburdened facilities, delayed or compromised care
- Estimated \$137B rural hospital loss over 10 years
- Tribes in 27% of rural areas especially impacted

Affordable Care Act (ACA)

Federal law enacted in 2010 to expand health insurance coverage, lower costs, and improve health care quality.

Expiration of ACA Enhanced Premium Tax Credits (Dec. 2025)

- Enhanced tax credits help families afford ACA marketplace insurance
- Expiration means higher premiums for many households
- ~126,000 AI/AN expected to lose coverage ($\approx 40\%$ reduction)

AGRICULTURE AND NUTRITION

Changes to SNAP Eligibility

Exemptions (Effective as early as 2025)

- Work Requirements:
 - Raises work requirement age from 54 → 65
 - Parents with children over 14 must meet work requirements
- Exemptions:
 - American Indian, Alaska Native, California Indians, and Urban Indians
- **States will need to deploy new or enhanced data systems to verify Indian status, which could result in resource needs and delays and inconsistent implementation across states.**

**UNDERSTANDING FEDERAL BUDGET
RESCISSIONS**

WHAT IS A RESCISSION?

Definition: A rescission is the cancellation of previously appropriated federal funds by Congress or the President.

Key Points:

- Can occur after appropriations are signed into law.
- Often proposed in budget negotiations to reduce federal spending.
- Requires congressional approval by majority vote within a set time frame (generally 45 legislative days).

WHY RESCISSIONS MATTER FOR TRIBES

Threatens funding for:

- Tribal health services (IHS)
- Education & housing programs (BIE, HUD-ONAP)
- Public safety, law enforcement, and MMIP initiatives
- Agriculture & nutrition programs (FDPIR, SNAP)

Can disrupt treaty and trust obligations that are already chronically underfunded.

Potential to reverse recent wins in appropriations and advance funding efforts.

WHY RESCISSIONS MATTER FOR TRIBES

- Potential to reverse recent wins in appropriations and advance funding efforts.
- Politically, rescissions can target:
 - Unobligated balances in Tribal programs.
 - Emergency or supplemental appropriations
- OMB & Congressional committees may view Tribal allocations as “discretionary” unless firmly tied to treaty rights.
- If approved, funds are PERMANENTLY cancelled.

PRIORITY LEGISLATION

OPPORTUNITY FOR
TRIBAL TESTIMONY AND IMPACT

INDIAN HEALTH SERVICE (IHS) APPROPRIATIONS BILLS (FY25–26)

- IHS funding is typically included in annual appropriations bills, which are separate from large omnibus bills like the Big Beautiful Bill.
- IHS funding is usually passed through the Labor-HHS-Education appropriations bill each fiscal year, which Congress debates and passes independently.

CHAIRMAN MURKOWSKI'S NATIVE CHILDREN & FAMILIES DRAFT BILL

Based on The Way Forward report by the Alyce Spotted Bear & Walter Soboleff Commission on Native Children.

- **Key Focus Areas:**
 - Child welfare & Justice Reform
 - Physical, Behavioral, and Environmental Health
 - Housing & Homelessness
 - Education & Child Care
 - Research & Data Capacity
- **Why It Matters for Tribes: Opportunity to shape comprehensive, culturally relevant policy for Native youth and families.**
- **Next Step: Submit input by Sept. 12, 2025 →
Murkowski_Outreach@Indian.Senate.Gov**

NATIVE AMERICAN HOUSING ASSISTANCE AND SELF-DETERMINATION ACT (NAHASDA) REAUTHORIZATION

Current Status in Congress

- Included as Senate Amendment 3120 to S. 2296 (FY 2026 National Defense Authorization Act)
- Amendment adds NAHASDA reauthorization provisions to the broader defense bill
- Senate floor approval pending; must pass Senate and House to become law

Key Provisions in Reauthorization

- Extends funding authorization through FY 2026–2032
- Streamlines environmental review for housing projects
- Expands eligible activities to include college housing assistance for Native students
- Increases procurement exemption threshold from \$5K to \$7K
- Adjusts development cost limits allowing 20% increase without prior approval
- Clarifies lease and tenant selection rules
- Adds authority to suspend grant funds during emergencies
- Reauthorizes housing assistance for Native Hawaiians through FY 2032

FDPIR ACT OF 2025 (H.R. 3956 – LUCAS/DAVIDS)

Purpose: Allow Tribes to directly administer FDPIR through self-determination and self-governance agreements.

- Key Provisions:
 - Tribal control over food procurement & distribution
 - Domestic, culturally significant foods
 - Annual USDA report to Congress
 - Ends 2018 Farm Bill demo projects
- Impact: Increases food sovereignty, reduces delivery delays, honors trust obligations.
- Status: Introduced – House Agriculture Committee

HEALTH AND HUMAN SERVICES & INDIAN HEALTH SERVICES

HHS STRATEGIC REALIGNMENT

Overview of HHS Strategic Realignment

- Announced March 2025 by HHS Secretary Robert F. Kennedy Jr.
- Broad reorganization across entire department
- Creation of Administration for a Healthy America
- Restructuring of program offices
- Significant workforce reductions (~20,000 positions)
- Elimination of 45% of the Administration for Children and Families

HEALTH AND HUMAN SERVICES & INDIAN HEALTH SERVICES

HHS STRATEGIC REALIGNMENT

Consultation Concerns

- Announcement made without advance meaningful Tribal consultation
- Compressed consultation timelines
- Lack of detailed impact analysis specific to Tribal communities
- Unclear transition plan for essential Tribal-serving programs

HEALTH AND HUMAN SERVICES & INDIAN HEALTH SERVICES

HHS STRATEGIC REALIGNMENT

Direct Impacts on Tribal Nations

- Loss of over \$6M in Tribal grants (health & human services programs)
- Shutdown of some Tribal advisory committees
- Reduced operational and technical support to Tribal programs
- Disruption to service delivery for health, behavioral health, and social services
- Potential violation of federal trust responsibility

DEPARTMENT

HEALTH AND HUMAN SERVICES & INDIAN HEALTH SERVICES

UPDATES

IHS STRATEGIC REALIGNMENT

Goal: Improve delivery of direct care, operational management, and support for self-determination.

- The DTTL identifies three critical areas that the Indian Health Service is targeting through its Strategic Realignment initiative:
 - Delivery of Direct Patient Care
 - Enterprise / Operational Management
 - Supporting Tribal Self-Determination
- Comment Deadline: Aug. 28, 2025
- Submit to: consultation@ihs.gov – Subject: “IHS Strategic Realignment”

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UPDATES

HEALTH AND HUMAN SERVICES & INDIAN HEALTH SERVICES

ACF TRIBAL CONSULTATION ON SUPPORTING AMERICA'S CHILDREN & FAMILIES ACT

Topic Areas:

- ICWA
- Title IV-B funding
- Court Improvement Program & remote hearings
- Prevention Services Clearinghouse

First Consultation: Aug. 25, 2025 – Minnesota

- Comment Deadline: Jan. 9, 2026

Contact: TribalConsultationACYF@acf.hhs.gov

DEPARTMENT

UPDATES

HEALTH AND HUMAN SERVICES & INDIAN HEALTH SERVICES

HRSA TRIBAL ADVISORY COUNCIL NOMINATIONS

- Open Seats: 8 IHS Areas (including Billings)
- Eligibility: Elected Tribal officials
- Deadline: Aug. 29, 2025
- Contact: TribalAffairs@hrsa.gov

ADVOCACY STRATEGIES- CONGRESS

Goal: Prevent approval of rescission proposals affecting Tribal programs.

- Educate lawmakers that these are legal obligations, not discretionary spending.
- Engage key members of Appropriations Committees and relevant subcommittees.
- Use committee hearing testimony and Congressional Record statements to oppose rescission language.
- Include protective clauses in continuing resolutions or appropriations to block rescission impacts on Tribal funds.

ACTIONS FOR THE ADMINISTRATION

Goal: Influence OMB, White House, and agency positions before rescission reaches Congress.

- Demand nation-to-nation consultation before rescission proposals are submitted.
- Encourage IHS, BIA, BIE, HUD-ONAP, USDA, and DOJ to provide internal justification against rescissions.
- Provide data to agencies on how funds are obligated and the consequences of losing them.
- Request use of unobligated funds for quick-start projects before rescission deadlines.

COORDINATED TRIBAL EFFORTS

Goal: Present a unified, rapid, and persuasive Tribal voice.

- Share draft letters, talking points, and media releases within 24–48 hours.
- Partner with NCAI, COLT, regional consortia, and non-Tribal allies (rural health, ag groups).
- Unified Messaging:
 - Treaty rights are non-discretionary
 - Cuts to Tribal programs increase long-term federal costs

HAVE ANY QUESTIONS?

If you have any questions, suggestions, or need assistance, please don't hesitate to reach out.

EMAIL

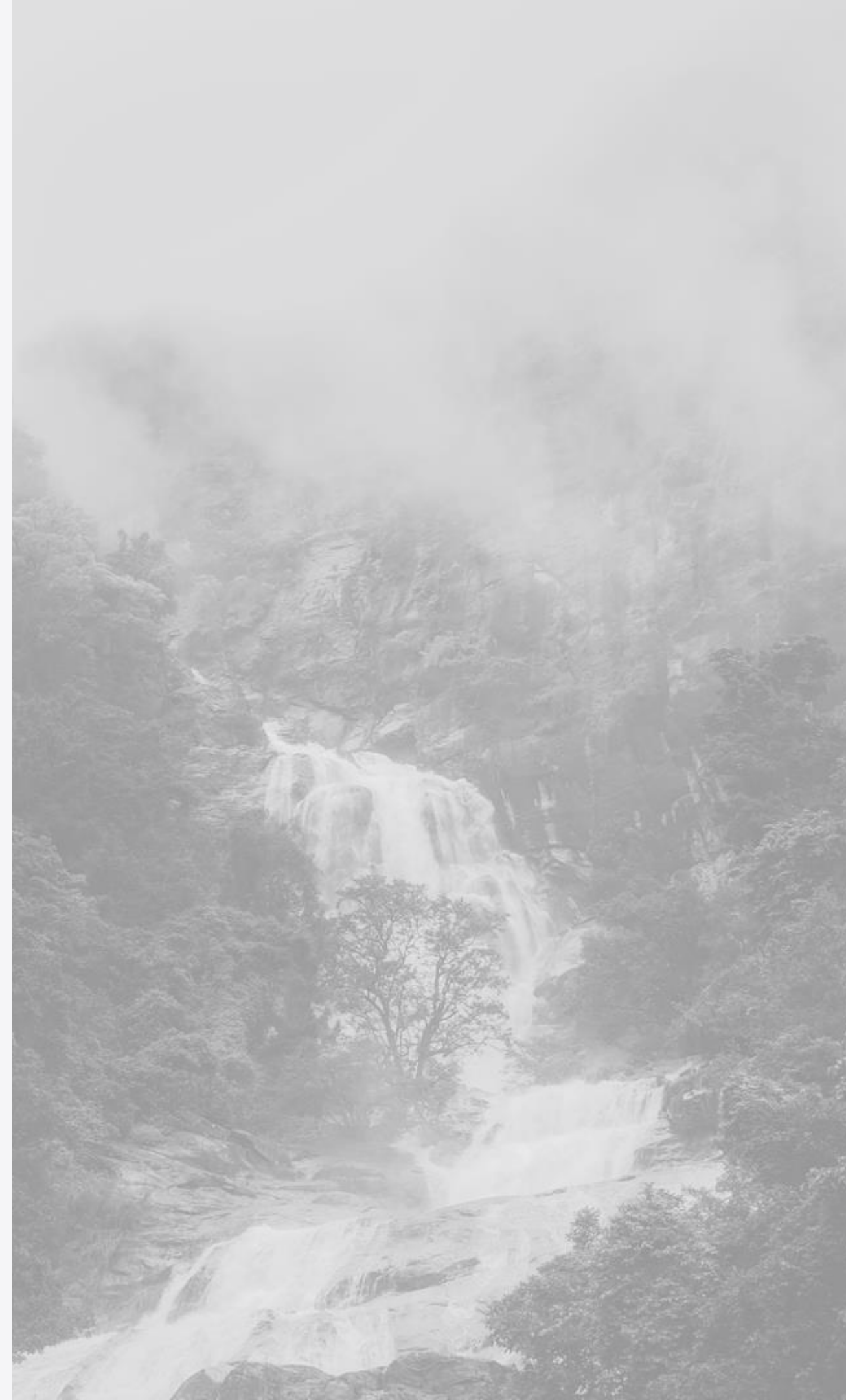
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THANK YOU
