

**WHITE EARTH RESERVATION BUSINESS COMMITTEE
WHITE EARTH BAND OF CHIPPEWA INDIANS**

Resolution No. 001-24-023

- WHEREAS,** the White Earth Reservation Business Committee is the duly elected governing body of the White Earth Reservation pursuant to Article VI, Section 1, of the revised constitution of the Minnesota Chippewa Tribe, as amended, and organized under Section 16, of the Act of June 18, 1934 (48 Stat. 984), and
- WHEREAS,** the White Earth Reservation Business Committee is the duly authorized governing body of the White Earth Band, and
- WHEREAS,** the White Earth Reservation Business Committee is charged with the responsibility of protecting and advocating for the health and welfare of White Earth Band members within the White Earth Reservation boundaries, and
- WHEREAS,** the Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services, bears the responsibility of providing healthcare to American Indians and Alaska Natives (AI/AN) as a federal trust responsibility and in fulfillment of treaty obligations with AI/AN Tribes and Villages, and
- WHEREAS,** the IHS faces persistent underfunding in comparison to other federal health programs, resulting in per capita healthcare expenditures of \$4,078 for I.H.S recipients, significantly lower than \$8,109 for Medicaid recipients and \$13,185 for Medicare recipients, and
- WHEREAS,** the IHS functions as the payor of last resort, only utilized when other eligible reimbursement sources from federal, state, local, or private entities have been exhausted, including but not limited to Medicare Part A and B, State Medicaid, other federal health programs (e.g., Veterans Health Administration), private insurance, and Tribal health programs, and
- WHEREAS,** third-party collections have become increasingly vital to I.H.S. and tribal providers, representing a significant portion of the budget for IHS, Tribal, and Urban Indian Health Programs, in order to provide healthcare for AI/AN patients, and
- WHEREAS,** the IHS endeavors to ensure the availability and accessibility of culturally appropriate healthcare services for AI/AN patients by offering Western medicine alongside traditional healing services, and
- WHEREAS,** traditional medicine encompasses the collective knowledge, skills, and practices grounded in AI/AN traditional health practices, enabling the maintenance of health and the prevention, improvement, and treatment of physical and mental illness, and

- WHEREAS,** traditional healing methods have been shown to have a positive impact on the spiritual and physical health of AI/AN populations while reducing rates of chronic disease, and
- WHEREAS,** the IHS is currently unable to seek reimbursement for traditional healing services from private insurance and state Medicaid programs, thereby limiting the financial support and implementation of traditional healing services at IHS, Tribal, and Urban Indian health facilities, and
- WHEREAS,** traditional healing practices and knowledge are often considered sacred and reserved for sharing within AI/AN communities, impeding outside healthcare practitioners from incorporating or benefiting from these practices, and
- WHEREAS,** the Indian Health Care Improvement Act, (IHCA, PL 94-437), while having acknowledged and respected AI/AN traditional healing services, does not explicitly define or authorize the IHS to provide payment for traditional healing services, and
- WHEREAS,** it is essential to address these gaps and limitations in reimbursement to truly support and integrate traditional healing services within the IHS, Tribal, and Urban Indian health programs, reflecting a commitment to the well-being and cultural heritage of AI/AN communities, and
- WHEREAS,** recognizing the persistent health inequities experienced by American Indians/Alaska Natives (AI/AN) in the United States, which have resulted in lower healthcare access, poorer health outcomes, and disparities in traditional healing options, and
- WHEREAS,** acknowledging the historical and cultural significance of traditional healing practices among AI/AN communities, which have been integral to their health and well-being for generations, and
- WHEREAS,** understanding that the current lack of Medicaid reimbursement for Traditional Healing Services provided in, at, or through facilities operated by the Indian Health Service, a Tribe or Tribal organization, or an Urban Indian health program (I/T/U) compounds the existing health disparities faced by AI/AN individuals, and
- WHEREAS,** recognizing the importance of culturally appropriate and holistic healthcare delivery for AI/AN individuals, which includes access to traditional healing practices that have proven effectiveness in improving physical, mental, and spiritual well-being, and

Support for Third Party Billing for Traditional Healing

WHEREAS, acknowledging the vital role of I/T/U facilities in providing comprehensive healthcare services to AI/AN individuals, and the need to ensure that reimbursement for Traditional Healing Services is available to Medicaid eligible AI/AN individuals who have expressed a desire to receive such services through these facilities, and

WHEREAS, emphasizing the need for equitable access to healthcare services and the elimination of disparities in AI/AN communities, including the inclusion of Traditional Healing Services as reimbursable options under Medicaid, and

WHEREAS, recognizing that traditional healing practices have been recognized by many AI/AN communities as effective and culturally appropriate interventions, which can contribute to overall health improvement and well-being, and

WHEREAS, acknowledging the potential for Traditional Healing Services to complement and enhance existing Western healthcare practices, fostering a more integrated and holistic healthcare approach for AI/AN individuals, and

WHEREAS, understanding the importance of promoting cultural preservation and revitalization of traditional healing practices among AI/AN communities, and the positive impact such recognition can have on their identity, self-worth, and healing journey, and

WHEREAS, recognizing that the inclusion of Traditional Healing Services as reimbursable options under Medicaid for AI/AN individuals aligns with CMS's commitment to health equity, cultural competency, and person-centered care, and addresses the unique healthcare needs of AI/AN communities, and

WHEREAS, the Tribal Executive Committee ("TEC") of the Minnesota Chippewa Tribe has the authority to make final interpretations of the Constitution of the Minnesota Chippewa Tribe, and

WHEREAS, the TEC interprets the language of the Constitution to mean that the delegation of authority is given to the Reservation Business Committee (also known as the Tribal Council), and

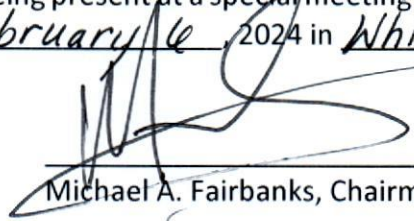
WHEREAS, the Minnesota Chippewa Tribe Constitution, Tribal Interpretation 8-94, states in Article VI: Section 1. Each of the Reservation Business Committee shall, in accordance with applicable laws or regulations of the Department of the Interior, have the following powers:

- (e) To delegate to committees, officers, employees or cooperative associations Any of the foregoing authorities, reserving the right to review any action Taken by virtue of such delegated authorities.

THEREFORE, BE IT RESOLVED, that the White Earth Reservation Business Committee hereby supports third party billing under the Medicaid all inclusive encounter rate for traditional healing services provided by I.H.S. and tribal facilities, now

BE IT FURHTER RESOLVED that the White Earth Reservation Business Committee hereby authorizes elected leadership or their designate to testify on their behalf for the above stated purpose.

We do hereby certify that the foregoing resolution was adopted by a vote of 4 for, 0 against, 0 silent, a quorum being present at a special meeting of the White Earth Reservation Business Committee held on February 16, 2024 in White Earth, Minnesota.



Michael A. Fairbanks, Chairman



Michael Laroque, Secretary/Treasurer