

COLORADO RIVER INDIAN TRIBES

Colorado River Indian Reservation

26600 MOHAVE RD.
PARKER, ARIZONA 85344
TELEPHONE (928) 669-9211
FAX (928) 669-1216

January 20, 2012

Secretary of Health and Human Services
Office of the Secretary, United States Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW, Room 120F
Washington, DC 20201

Dear Secretary Sebelius,

On behalf of the Colorado River Indian Tribes (CRIT), I write to strongly urge your approval of the tribal amendment of Arizona's Section 1115 waiver.

This waiver was developed from the combined efforts of hard work, negotiation, and consultation between the Arizona Health Care Cost Containment System, Centers on Medicare and Medicaid Services (CMS), American Indian Tribes of Arizona, 638 tribal health care facilities of Arizona, and the Inter-Tribal Council of Arizona.

Through consultation, a consensus of support for the waiver was established and the stakeholders have ensured the waiver that is budget neutral, in compliance with Office of Management and Budget requirements, and demonstrated that failure to approve this waiver would potentially cost the federal government hundreds of millions of dollars annually.

We can all agree that if our American Indian patient populations and American Indian health services continue to be categorically denied Medicaid coverage, as is currently the case in Arizona, two outcomes are certain: 1) people's illnesses or conditions will become more serious due to the delay of their medical care; and 2) it will cost more to treat them later, when their condition is more acute.

With regard to economic demographics, CRIT members can be considered highly disadvantaged in the aggregate with a 60-70% unemployment rate and an even higher percentage of uninsured members. These members have only the limited IHS benefits to rely upon without additional healthcare coverage. Imposing such severe limitations over coverage upon such individuals would greatly impact their ability to obtain quality healthcare absent catastrophic circumstances.

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At CRIT, the high percentage of poverty and unemployment is indicative that the likely impact upon our members will be disproportionately greater than upon the general public at large. Lacking health insurance, many CRIT members will be left without the resources to acquire adequate healthcare or healthcare related transportation. The unreimbursed burden on the IHS system will increase substantially but without improving the present standard of care. The healthcare needs of CRIT members without insurance, unless considered "catastrophic," would go untreated, resulting in a more costly burden (in terms of both human factors and actual financial costs) at a later date.

For the foregoing reasons, CRIT urges your prompt approval of the waiver of eligibility changes effecting American Indians, as requested b the State of Arizona.

Sincerely,

COLORADO RIVER INDIAN TRIBES
TRIBAL COUNCIL



Eldred Enas
Chairman

cc: Tribal Council