February 13, 2025

The Honorable Terry L. Austin
Ranking Member
House Appropriations Committee
Virginia House of Delegates
General Assembly Building
201 North 9th Street, Room 908
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Ranking Member Austin,

Fishing Point Healthcare (Fishing Point) is a healthcare provider founded by the Nansemond Indian Nation in 2023 to serve both Medicaid recipients and Tribal citizens across Virginia. We wish to express our concern regarding Senate Budget Amendment (Item 288 #1s). Although we understand the challenging fiscal situation the Medicaid Program now finds itself in and understand the need to find cost savings, Item 288 #1s violates Federal Law and established Medicaid Procedures.

Under Virginia's Current, Federally Approved State Plan **(**Virginia Medicaid State Plan, SPA 21-0007, "A. Reimbursement for Tribal Health Clinics,") the following key provisions apply to protect Tribal Providers:

1. Services provided by or through facilities of the Indian Health Services (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization (Tribal 638 facilities), are paid at the applicable IHS Office of Management and Budget (OMB) rate published in the annual Federal Register.
2. The most current published IHS OMB outpatient per visit rate—also known as the outpatient all-inclusive rate (AIR)—is paid for up to five (5) outpatient visits per beneficiary per calendar day for professional services. An outpatient visit is defined as a face-to-face or telemedicine contact between any healthcare professional, at or through the IHS facility as described above, authorized to provide services under the State Plan, and a beneficiary for the provision of Title XIX-defined services.
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These provisions ensure that Tribal clinics are reimbursed at the all-inclusive rate for a broad range of services, reflecting the federal government's commitment—through the U.S. Centers for Medicare & Medicaid Services (CMS)—to support Tribal healthcare facilities.

Another important component to highlight is The Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA) which constitute the primary legal framework for Tribal healthcare operations:

- Under the ISDEAA, Tribes may enter into Title I contracts or Title V compacts to operate one or more Indian Health Service (IHS) programs, functions, services, and activities. Today, many Tribes administer more than half of IHS resources directly, reflecting Congressional intent to foster Tribal self-governance and strengthen Tribal sovereignty.
- The IHCIA acknowledges the federal government's responsibility to provide exemplary health services to American Indians, underscoring that this obligation is both moral and legal. It empowers Indian Health Care Providers (IHCPs) to deliver the highest quality care—extending beyond tribal membership to benefit non-Indian Medicaid beneficiaries as well.
- In doing so, the IHCIA envisions comprehensive and inclusive Indian health services as a national policy priority, promoting self-determination, active community participation, and expanded access to culturally attuned care.

In light of the aforementioned legal protections afforded to Tribal Providers, we are concerned the proposed Budget Amendment could diminish not only Tribal sovereignty but also Congress's longstanding policy of ensuring that AI/AN healthcare meets or exceeds national standards.

By seeking to restrict Tribal providers' use of the AIR, the proposed Budget Amendment:

- Conflicts with CMS's "one facility, one rate" policy, which obligates states to treat each Tribal facility as a single billing entity with a single reimbursement rate. See CMS FAQ #11817; cf. 42 U.S.C. § 1396a (a)(2)(C). Denying this principle effectively discriminates between AI/AN and non-AI/AN beneficiaries.
- Violates 42 C.F.R. § 431.408 and Section 1902(a)(73) of the Social Security Act, 42 U.S.C. § 1396a(a)(73), which requires states to consult with Tribes before making Medicaid policy changes that affects them.
- Undermines Virginia's CMS-approved SPA 21-0007 and the comprehensive Tribal clinic provisions already in effect.

We urge you to reject this amendment for the reasons stated above. If the Senate included this budget amendment to reduce the general fund impact of Medicaid costs for tribal health clinics, there is another option. Fishing Point is willing to pay the Commonwealth's share of the FMAP for Medicaid services. Thank you for your time and the opportunity to provide this feedback.

Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare

February 13, 2025

Delegate Robert S. Bloxom Jr.
Virginia House of Delegates
General Assembly Building
201 North 9th Street, Room 908
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Delegate Bloxom,

Fishing Point Healthcare (Fishing Point) is a healthcare provider founded by the Nansemond Indian Nation in 2023 to serve both Medicaid recipients and Tribal citizens across Virginia. We wish to express our concern regarding Senate Budget Amendment (Item 288 #1s). Although we understand the challenging fiscal situation the Medicaid Program now finds itself in and understand the need to find cost savings, Item 288 #1s violates Federal Law and established Medicaid Procedures.

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We urge you to reject this amendment for the reasons stated above. If the Senate included this budget amendment to reduce the general fund impact of Medicaid costs for tribal health clinics, there is another option. Fishing Point is willing to pay the Commonwealth's share of the FMAP for Medicaid services. Thank you for your time and the opportunity to provide this feedback.

Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare

February 13, 2025

Delegate Betsy B. Carr
Virginia House of Delegates
General Assembly Building
201 North 9th Street, Room 908
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Delegate Carr,

Fishing Point Healthcare (Fishing Point) is a healthcare provider founded by the Nansemond Indian Nation in 2023 to serve both Medicaid recipients and Tribal citizens across Virginia. We wish to express our concern regarding Senate Budget Amendment (Item 288 #1s). Although we understand the challenging fiscal situation the Medicaid Program now finds itself in and understand the need to find cost savings, Item 288 #1s violates Federal Law and established Medicaid Procedures.

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We urge you to reject this amendment for the reasons stated above. If the Senate included this budget amendment to reduce the general fund impact of Medicaid costs for tribal health clinics, there is another option. Fishing Point is willing to pay the Commonwealth's share of the FMAP for Medicaid services. Thank you for your time and the opportunity to provide this feedback.

Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare

February 13, 2025

The Honorable Mark D. Sickles
Vice Chair
House Appropriations Committee
Virginia House of Delegates
General Assembly Building
201 North 9th Street, Room 908
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Vice Chair Sickles,

Fishing Point Healthcare (Fishing Point) is a healthcare provider founded by the Nansemond Indian Nation in 2023 to serve both Medicaid recipients and Tribal citizens across Virginia. We wish to express our concern regarding Senate Budget Amendment (Item 288 #1s). Although we understand the challenging fiscal situation the Medicaid Program now finds itself in and understand the need to find cost savings, Item 288 #1s violates Federal Law and established Medicaid Procedures.

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Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare

February 13, 2025

The Honorable Luke E. Torian
Chair
House Appropriations Committee
Virginia House of Delegates
General Assembly Building
201 North 9th Street, Room 908
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Chair Torian,

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Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare

February 13, 2025

Senator R. Creigh Deeds
Senate Finance and Appropriations Committee
Senate of Virginia
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Senator Deeds,

Fishing Point Healthcare (Fishing Point) is a healthcare provider founded by the Nansemond Indian Nation in 2023 to serve both Medicaid recipients and Tribal citizens across Virginia. We wish to express our concern regarding Senate Budget Amendment (Item 288 #1s). Although we understand the challenging fiscal situation the Medicaid Program now finds itself in and understand the need to find cost savings, Item 288 #1s violates Federal Law and established Medicaid Procedures.

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Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare

February 13, 2025

Senator Mamie E. Locke
Senate Finance and Appropriations Committee
Senate of Virginia
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Senator Locke,

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Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare

February 13, 2025

The Honorable L. Louise Lucas
Chair
Senate Finance and Appropriations Committee
Senate of Virginia
Richmond, Virginia 23219

RE: Proposed Senate Budget Amendment (Item 288 #1s)

Dear Chair Lucas,

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Another important component to highlight is The Indian Self-Determination and Education Assistance Act (ISDEAA) and the Indian Health Care Improvement Act (IHCIA) which constitute the primary legal framework for Tribal healthcare operations:

- Under the ISDEAA, Tribes may enter into Title I contracts or Title V compacts to operate one or more Indian Health Service (IHS) programs, functions, services, and activities. Today, many Tribes administer more than half of IHS resources directly, reflecting Congressional intent to foster Tribal self-governance and strengthen Tribal sovereignty.
- The IHCIA acknowledges the federal government's responsibility to provide exemplary health services to American Indians, underscoring that this obligation is both moral and legal. It empowers Indian Health Care Providers (IHCPs) to deliver the highest quality care—extending beyond tribal membership to benefit non-Indian Medicaid beneficiaries as well.
- In doing so, the IHCIA envisions comprehensive and inclusive Indian health services as a national policy priority, promoting self-determination, active community participation, and expanded access to culturally attuned care.

In light of the aforementioned legal protections afforded to Tribal Providers, we are concerned the proposed Budget Amendment could diminish not only Tribal sovereignty but also Congress's longstanding policy of ensuring that AI/AN healthcare meets or exceeds national standards.

By seeking to restrict Tribal providers' use of the AIR, the proposed Budget Amendment:

- Conflicts with CMS's "one facility, one rate" policy, which obligates states to treat each Tribal facility as a single billing entity with a single reimbursement rate. See CMS FAQ #11817; cf. 42 U.S.C. § 1396a (a)(2)(C). Denying this principle effectively discriminates between AI/AN and non-AI/AN beneficiaries.
- Violates 42 C.F.R. § 431.408 and Section 1902(a)(73) of the Social Security Act, 42 U.S.C. § 1396a(a)(73), which requires states to consult with Tribes before making Medicaid policy changes that affects them.
- Undermines Virginia's CMS-approved SPA 21-0007 and the comprehensive Tribal clinic provisions already in effect.

We urge you to reject this amendment for the reasons stated above. If the Senate included this budget amendment to reduce the general fund impact of Medicaid costs for tribal health clinics, there is another option. Fishing Point is willing to pay the Commonwealth's share of the FMAP for Medicaid services. Thank you for your time and the opportunity to provide this feedback.

Sincerely,

Lance Johnson
Chief Executive Officer
Fishing Point Healthcare