

Tribal Technical Advisory Group

to the Centers for Medicare and Medicaid Services

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July 25, 2006

Mark McClellan, M.D., Ph.D.
Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., S.W., Room 314G
Washington, D.C. 20201

Subject: Native American Coordinators

Dear Dr. McClellan:

At the Tribal Technical Advisory Group (TTAG) meeting on June 8-9, 2006 in Washington D.C., we identified the need for full-time Native American Coordinators (NACs) in the Chicago Region (V) and Dallas Region (VI) of the Department of Health and Human Services.

Those Regions with full-time NACs have more consistency and a stronger working relationship with the Tribal governments in their Regions than those who have part-time NACs. The geographic area of Region V is Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; the home to 34 federally recognized tribes. According to the 2000 U.S. Census, this region has an American Indian/Alaska Native (AI/AN) population of 510,669. Region VI, which covers Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 67 federally recognized tribes, has an AI/AN population of 913,077.

Through the work of the Centers for Medicare and Medicaid Services and TTAG, consultation between the federal government and tribal governments has improved greatly over the past few years. Combined, Region V and Region VI Offices serve as the agency's initial point of contact for 101 federally recognized tribes and 1.4 million AI/ANs. Thus, having full-time NACs in Region V and VI would significantly improve tribal consultation at these regional levels.

Tribal staff have made these requests to the Regional Directors in the past. We ask that you take an active role in placing full-time NACs in Regions V and VI.

Sincerely,



Valerie Davidson, Chair
Tribal Technical Advisory Group