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Congress of the United States House of Representatives

May XX, 2006

HOUSE PERMANENT SELECT COMMITTEE ON INTELLIGENCE SUBCOMMITTEE ON HUMAN INTELLIGENCE, ANALYSIS AND COUNTERINTELLIGENCE

SUBCOMMITTEE ON INTELLIGENCE POLICY
SUBCOMMITTEE ON OVERSIGHT

FINANCIAL SERVICES COMMITTEE
SUBCOMMITTEE ON CAPITAL MARKETS, INSURANCE,
AND GOVERNMENT SPONSORED ENTERPRISES

SUBCOMMITTEE ON FINANCIAL INSTITUTIONS AND CONSUMER CREDIT

SUBCOMMITTEE ON HOUSING AND COMMUNITY OPPORTUNITY

RESOURCES COMMITTEE
SUBCOMMITTEE ON FORESTS AND FOREST HEALTH

The Honorable Michael Leavitt Secretary U.S. Department of Health and Human Services 200 Independence Avenue, SW Washington, DC 20201

Dear Secretary Leavitt:

We are writing to share our significant concerns about a section of the Deficit Reduction Act (DRA, P.L. 109-171), specifically, Section 6036. This provision requires Medicaid applicants to produce "satisfactory documentary evidence" of U.S. citizenship or nationality to qualify for benefits. While the statute cites acceptable documents such as a U.S. passport, U.S. Certificate of Naturalization, or Certificate of U.S. Citizenship, it also permits the Secretary to specify, by regulation, other documents that can reliably prove U.S. citizenship. This requirement will be made effective July 1, 2006.

While we agree that a policy needs to be developed to satisfy the DRA requirement, we are also very concerned about people who may be unable to verify citizenship. For example, Native Americans do not generally have paper records of their births. Others, such as many older Americans, do not have birth certificates because they were born at home and their births were never "officially" registered. Under this section of the DRA, these types of individuals, without proper documentation, may be ineligible for Medicaid benefits or terminated from the program.

Any policy developed needs to have maximum flexibility in order to minimize any negative impact on Medicaid beneficiaries and the ability of states and health care providers to enroll patients in the program.

We ask that you include a "grandfather" provision to allow for presumptive eligibility for people who do not have the capabilities to obtain proper identification documents. Some examples include Native American populations, Alzheimer's patients, those who are homeless, mentally impaired, the elderly who never had documentation of their birth, and patients involved in emergency situations who may have lost their identification documents. We have concerns about the policy moving forward narrowly defined, as that could create enrollment barriers for millions of low-income citizens who otherwise meet all Medicaid eligibility requirements. We must avoid an environment where

SHOW LOW OFFICE: 1151 EAST DUECE OF CLUBS SUITE A SHOW LOW, AZ 85901 (928) 537–2800 TOLL FREE: (866) 537–2800 FAX: (928) 532–5088 PRESCOTT OFFICE: 107 NORTH CORTEZ SUITE 20B PRESCOTT, AZ 86301 (928) 708–9120 FAX: (928) 708–9121 CASA GRANDE OFFICE: 501 N. FLORENCE ST. SUITE 101 CASA GRANDE, AZ 85222 (520) 876-0929 FAX: (520) 876-9374 WINDOW ROCK OFFICE: DNA LEGAL SERVICES BUILDING HIGHWAY 264 & ROUTE 12 P.O. BOX 4673 WINDOW ROCK, AZ 86515 CELL: (928) 607–0792 FAX: (928) 871–4879 SAN CARLOS OFFICE: EPA BUILDING 10 WEST TONTO P.O. BOX 0 SAN CARLOS, AZ 85550 (928) 853-3750 FAX: (928) 428-7005 Whiteriver Office: Apache Veteran's Center 201 East Walnut Whiteriver, AZ 85941 Cell: (928) 853-3750 Fax: (928) 213-5447 SAFFORD OFFICE: 1420 S. 1ST AVENUE SUITE 100 SAFFORD, AZ 85546 (928) 428–8194 FAX: (928) 428–5005 individuals may not seek needed care because they lack appropriate documents. Such a result ultimately could have a negative impact on our public health system.

Medicaid plays a vital role in assuring access to health care for our nation's uninsured patients. While we appreciate the need to ensure Medicaid's integrity, we also believe that limiting access to Medicaid with an inflexible documentation policy would be a great disservice to those we have committed to protect serve and protect.

We look forward to working with you to develop an acceptable policy that preserves the Medicaid safety net for America's most needy populations.

	Sincerely,			
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