

Draft date: 3/12/24

2024 Spring National Meeting Phoenix, Arizona

AMERICAN INDIAN AND ALASKA NATIVE LIAISON COMMITTEE

Sunday, March 17, 2024 8:00 a.m. – 9:00 a.m. Phoenix Convention Center—101 West—Level 1

ROLL CALL

Glen Mulready, Chair	Oklahoma	Alice T. Kane	New Mexico
Trinidad Navarro, Vice Chair	Delaware	Mike Causey	North Carolina
Lori K. Wing-Heier	Alaska	Jon Godfread	North Dakota
Peni Itula Sapini Teo	American Samoa	Andrew R. Stolfi	Oregon
Barbara D. Richardson	Arizona	Larry D. Deiter	South Dakota
Dean L. Cameron	Idaho	Jon Pike	Utah
Grace Arnold	Minnesota	Mike Kreidler	Washington
Chlora Lindley-Myers	Missouri	Nathan Houdek	Wisconsin
Scott Kipper	Nevada	Jeff Rude	Wyoming

NAIC Support Staff: Lois E. Alexander

AGENDA

1. Consider Adoption of its 2023 Fall National Meeting Minutes— Commissioner Glen Mulready (OK) Attachment One

- 2. Hear a Presentation from First American Title Insurance Company on Requests by the Title Insurance Industry for Sovereign Immunity Waives from Native American Tribes—Megan Powell (Director of Underwriting, First American Title Insurance Company and Chair of the Native American Lands "Workgroup" for the American Land Title Association)
- 3. Discuss the Results of the Committee Member Survey on Topics and 2024 Deliverables—Commissioner Glen Mulready (OK)
- 4. Discuss Any Other Matters Brought Before the Liaison Committee
 —Commissioner Glen Mulready (OK)
- 5. Adjournment.

Draft: 12/13/23 rev 12/15/23

NAIC/American Indian and Alaska Native Liaison Committee Orlando, Florida December 1, 2023

The NAIC/American Indian and Alaska Native Liaison Committee met in Orlando, FL, Dec. 1, 2023. The following Liaison Committee members participated: Glen Mulready, Chair (OK); Trinidad Navarro, Vice Chair (DE); Lori K. Wing-Heier (AK); Dean L. Cameron represented by Shannon Hohl (ID); Grace Arnold represented by T.J. Patton (MN); Chlora Lindley-Myers represented by Carrie Couch (MO); Troy Downing (MT); Alice T. Kane represented by Paige Duhamel (NM); Mike Causey represented by Angela Hatchell (NC); Jon Godfread represented by Jacob Just (ND); Jon Godfread (ND); Andrew R. Stolfi (OR); Larry D. Deiter (SD); Jon Pike represented by Tanji J. Northrup (UT); and Mike Kreidler (WA).

1. Adopted its Summer National Meeting Minutes

Commissioner Downing made a motion, seconded by Commissioner Navarro, to adopt the Committee's Aug. 12 minutes (Attachment One). The motion passed unanimously.

2. Received the E-Vote Results for the Reaffirmation of the 2023 Mission Statement for 2024

Commissioner Mulready announced that the 2023 mission statement for the NAIC/American Indian and Alaska Native Liaison Committee was reaffirmed for 2024 via e-vote on Oct. 13 (Attachment Two).

3. Heard a Presentation from the Muscogee Nation Department of Health

Shawn Terry (Muscogee Nation Department of Health) discussed the history of the Muscogee Nation Department of Health, starting with the creation of the Muscogee Nation health care system. He said the Muscogee Creek Nation (MCN) is the fourth largest federally recognized tribe, with more than 100,000 citizens worldwide and 80% of its citizenship residing in Oklahoma. Terry said the MCN's impact on Oklahoma's economy is more than \$866 million and \$1.4 billion across the United States, according to a 2017 economic impact report produced by Oklahoma City University professor Dr. Kyle Dean. He said American Indian and Alaska Native (AI/AN) tribes have had a unique history with the United States, which has resulted in a complex web of federal Indian policy, treaties, and intergovernmental relationships with the services provided to Als/ANs (e.g., housing, education, health care) having been guaranteed through treaties, executive orders, and other legal bases. Terry said this makes their history a trust responsibility.

Terry said the Indian Health Care Improvement Act, along with the Snyder Act of 1921, forms the statutory basis for the delivery of federally funded health care and the direct delivery of care to Als/ANs. He said the Indian health care provision underwent a gradual evolution, and on Aug. 5, 1954, the Transfer Act was passed through Congress. This saw the responsibility for Indian health care pass from the Department of the Interior to the newly founded Division of Indian Health, which would later be renamed the Indian Health Service (IHS) as part of the U.S. Public Health Service (USPHS). Terry said the 1960s saw an increased demand for community control of the care provided within the IHS, which yielded an increase in the employment of Native American health care professionals, the establishment of community health boards, and the process of decentralization. He said this continued into the 1970s with the passing of the Indian Self-Determination and Education Assistance Act in 1975, thereby "strengthening the Indian's sense of autonomy without threatening his sense of community."

Terry said the MCN entered a pilot health care program with the federal government in the 1970s, which allowed the MCN to operate its own hospital after the local community hospital was on the brink of closure under the

municipality. He said the hospital was a critical access hospital located in Okemah, OK, and was named Creek Nation Community Hospital. It has since been relocated and completed new construction in 2017. Since 1977, Terry said MCN Health has grown to be one of the largest tribal health systems in Oklahoma, providing more than 201,000 visits annually. He said the MCN Health facilities include two community hospitals located in Okmulgee and Okemah; one specialty hospital, Council Oak Comprehensive Healthcare, located in Tulsa; and seven outpatient primary care clinics. In addition to the hospitals and primary care facilities, he said the Muscogee Creek Nation Department of Health (MCNDH) operates many other services, grants, and programs, such as behavioral health; a special diabetes program; contract health, aka purchased/referred care; public health nursing, including mobile immunizations; a sexual assault nurse examiner program for adults and pediatrics; and pain management.

Terry continued by describing the development and growth of its programs and services that led to improving the health and well-being of not only the Creek Nation but also communities throughout Oklahoma. As a direct response to the effect of the COVID-19 pandemic, Terry said the nation purchased the former Cancer Treatment Centers of America facility in Tulsa in August 2021 and renamed it Council Oak Comprehensive Healthcare. He said this expansion helps ensure that citizens have health care access during a pandemic or bed-shortage crisis with seven ICU beds; 27 medical surgical beds; primary care; numerous specialty services, including endocrinology, neurology, pulmonology, addiction medicine, HIV, and hep clinic, among others; state-of-the-art radiology; 156 hotel rooms; and Da Vinci surgical devices. Terry said Council Oak also enables MCN to expand health care for native people and strengthen its services for the greater Tulsa community. In September 2022, it also added a new campus that provides inpatient services, bringing much-needed specialty care closer to MCN citizens.

Terry said native health care services are: 1) not an entitlement program, as the federal trust responsibility forms the federal government's duty to provide health services to tribes; therefore, health care for Native Americans and Alaska Natives is not an entitlement; and 2) not an insurance program. He said Native Blue is a product designed in conjunction with Blue Cross Blue Shield (BCBS) to cover native and non-native employees with 100% benefit for in-network providers; zero out-of-pocket costs for MCN employees when using in-network services; and pharmacy covered at 100% if prescriptions are filled within MCN Health facilities, and only a \$10 copay when using pharmacies outside of MCN Health. Terry said MCN has seen significant cost savings with this program because it streamlines the "Medicare-like" payments allowed to the tribes without any provider or citizen abrasion.

He said the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 mandates that the Medicare-like payment rate constitutes payment in full to Medicare-participating hospitals that deliver services to Als/ANs referred through IHS-funded programs. He said the final rule includes all IHS-funded health care programs, regardless of whether the programs are operated by the IHS, tribes, tribal organizations, or Urban Indian organizations. He also said the Medicare-like rates regulations will reduce contract health expenses for hospital services and will enable Indian health programs to use the resulting savings to increase services to their beneficiaries.

Terry concluded with the future goals of the Muscogee Nation Department of Health and suggestions for state insurance regulators to consider using as best practices when determining how they might help facilitate state participation with tribal nations.

Commissioner Mulready asked Terry if the Medicare-like rates charged for 100% of Medicare had caused any friction. Terry said if a specialist in Tulsa does not want to accept 100% of Medicare, MCN wanted to be able to negotiate an acceptable rate, which MCN does individually with all specialists. He said with \$5 million spent on cardiology, MCN wanted to decide whether to do its own or pay/contract out. He said at Aetna Hillcrest Hospital, 25% of patients are under Medicaid; 30% have private insurance; 35% register as having Aetna; and 10% of the population goes through a contract/purchase referral system. He said 100% of MCN have something, so 0% are indigent.

Commissioner Mulready asked if non-natives are seen at MCN facilities. Terry said the state-of-the-art Cancer Treatment Centers of America in Schaumberg, IL, does not have a state license. He said the center has a compact agreement to see non-native citizens. He said some parts of the facility are not open to the public normally, but during the pandemic, it became the center for infusion care for COVID-19 and treated all of Tulsa, OK. He said the county of Tulsa gave the center \$500,000 to do this.

4. Heard an Update from Washington State Regarding SNI

Charles Malone (Washington State Office of the Insurance Commissioner) said three federally recognized tribes based in Utah—the Shivwits Band of Paiutes, Kanosh Band of Paiutes, and Confederated Tribes of the Goshute Reservation—formed the Sovereign Nations Health Consortium (SNHC), which governs two subsidiaries: 1) Sovereign Nations Insurance LLC (SNI) and 2) Native American Restoration Association (NARA), which is a membership association for non-Indians to receive tribal insurance benefits.

Todd Dixon (Washington State Office of the Insurance Commissioner) said in March 2022, the Office of the Insurance Commissioner (OIC) learned from other states that SNI was operating in other states. On May 25, 2022, he said the OIC opened an internal investigation. Then, on Sept. 23, 2022, SNI contacted Commissioner Kreidler to describe its consortium, insurance products, and legal authority to proceed with its operations. Dixon said the OIC held its first tribal consultation with state tribal leaders on Nov. 7, 2022, sharing with tribal leaders that the products offered by SNI did not meet the minimum requirements of the Affordable Care Act (ACA), were missing essential health benefits (EHBs), yet included non-compliant pre-existing condition limitations and other illegal restrictions. He said maternity coverage was subject to a \$5,000 deductible that is separate from the plan deductible plus 20% coinsurance for normal delivery and that the expected due date for delivery must be at least 300 days after the plan effective date for bills to be covered. Dixon said the plan covered three mental health visits annually followed by chatbot care thereafter. He said there was an additional \$1,500 copay for emergency room care with the copay being waived upon admission and an additional \$1,500 copay for ambulance services.

Malone said the plan had a graduated preexisting condition exclusion with no coverage for the first 12 months, \$15,000 coverage for months 13-24, \$30,000 coverage for months 25-36, and full coverage for months 37 and over. He said there was also a 24-month look-back period for preexisting conditions except for cancer, which had a five-year look-back period. Malone said the annual deductible for the plan was \$5,000 and three times that for families, and 20% coinsurance with a \$5,000 maximum coinsurance with a total out-of-pocket of \$10,000 which did not include office visits or prescriptions. He said the annual coverage maximum was \$100,000 and a lifetime coverage maximum of \$500,000.

Commissioner Kreidler said Washington state law, under RCW 43.376.020(1), requires the OIC to "make reasonable efforts to collaborate with Indian tribes in the development of policies, agreements, and program implementation that directly affect Indian tribes and develop a consultation process that is used by the agency for issues involving specific Indian tribes." He said Policy 5, OIC Tribal Consultation and Collaborative Process (Attachment Five), is posted on Washington state's <u>tribal relations page</u>.

Commissioner Kreidler said the Governor's Indian Health Advisory Council (GIHAC), which was created under RCW 43.71B.020, exists to address issues with managed care in the state's Medicaid system. He said the GIHAC includes: 1) one representative from each tribe, designated by the tribal council; 2) the American Indian Health Commission (AIHC), which represents 29 federally recognized tribes; 3) an executive director; 4) a Medicaid director; 5) the governor's office; 6) Commissioner Kreidler; and 7) many other interested parties. In addition, he said three Urban Indian programs provide health care in the Spokane, Seattle, and Portland areas. Commissioner Kreidler said WAC 284-170-310 requires insurers in Washington to offer contracts to all Indian health care providers in their service

area and encourages following the Washington State Indian Health Care Provider Addendum while serving 313,600 Als/ANs, 29 federally recognized tribes, and 54% of Als/ANs live off reservation.

Commissioner Kreidler described the steps taken in educating tribal leadership and getting them on the same page to progress in protecting the vulnerable from health insurance benefit plans that were not compliant with federal ACA requirements nor minimum requirements. What the OIC heard from tribal leaders was: 1) do not allow these plans to be sold on our reservations; 2) do not allow these plans to be sold to Native Americans living off reservation; 3) address false marketing concerns of the plan to tribal members; and 4) for Washington state to use its 106 tribal assisters working for the state exchange to assist tribal leaders in opposing the plan. This revelation by tribal leaders led to the SNI leadership meeting with Commissioner Kreidler on Nov. 14, 2022, in Olympia, WA.

Malone said the OIC held a second tribal consultation with state tribal leaders on Dec. 6, 2022, and the OIC issued a cease-and-desist order to SNI on Dec. 20, 2022. The SNI then filed a demand for hearing on March 20, 2023. The third tribal consultation with state tribal leaders was held on May 8, 2023, which led to a settlement agreement being signed with SNI on Oct. 31, 2023. As part of the agreement, SNI agreed to end all insurance business in Washington; SNI agreed not to re-enter the market; OIC rescinded the cease-and-desist order and agreed to no fine; and the settlement agreement resolved the cease-and-desist order.

Commissioner Downing asked if Washington state had had conversations with any other states or tribes about SNI. Malone said there were some conversations in process, but the conversations had been a little contentious, and so they were not ready to be wrapped up yet.

Commissioner Mulready said it sounded like SNI does not want to have any legal action taken against it. He asked if Washington got the impression that SNI was looking for a legal fight. Malone said it was not evident from their conversations. Commissioner Mulready asked if any local tribe was part of SNI. Dixon said the state was not aware of any and that Washington state has incredibly good ties with all the local tribes that have been developed over the years. Commissioner Kreidler said he personally had close working relationships with the tribes prior to becoming the insurance commissioner.

Having no further business, the NAIC/American Indian and Alaska Native Liaison Committee adjourned.

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Title Insurance Industry Requests for Sovereign Immunity Waivers from Native American Tribes

3.17.2024

Megan Powell,

Director of Underwriting – Direct Division, First American Title Insurance Co.

Chair, ALTA Native American Lands Workgroup

Chair, Washington Land Title Association Native American Lands Committee



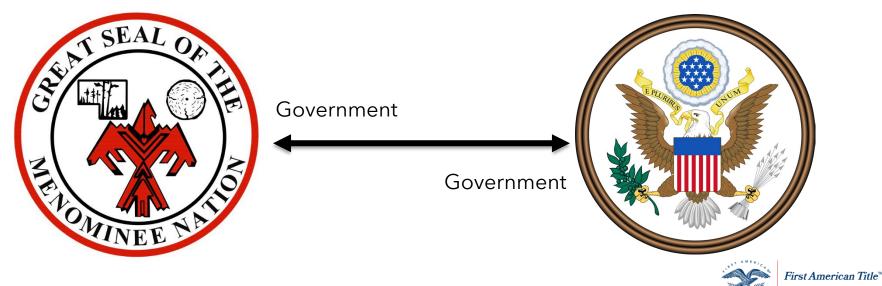
Federally Recognized Tribes

- There are currently 574 tribes recognized by the United States federal government.
 - 347 within the contiguous 48 states
 - 227 within the state of Alaska
- Non-recognized tribes can petition for federal recognition under 25 CFR Part 83.
 - Requires a review by the Office of Federal Acknowledgement (OFA) within the Department of the Interior.
 - Uses anthropological, genealogical and historical research methods to evaluate petition.
- The list of federally recognized tribes can be found in the Federal Register published by the BIA.



Governmental Relationship

- Each federally recognized tribe is an independent sovereign nation.
- A federally recognized tribe has a government to government relationship with the United States.
- As sovereign nations, tribes have inherent tribal powers. This includes
 the ability to form their own government, create their own laws,
 regulate land use, and create their own tribal court system.



Sovereign Immunity



- As sovereign nations, tribes enjoy the benefit of sovereign immunity, which means they cannot be made a party to a lawsuit filed in state or federal court without their consent.
- Their consent is provided through a waiver of their sovereign immunity.

Sovereign Immunity Waivers

 Title insurance policies are a contract between the Insurer and the Insured.

 When a policy is issued to a Native American tribe as the Insured, we ask them to waive their sovereign immunity for that contract. American Land Title Association

Owner's Policy of Title Insurance [2021 v. 01.00 (07-01-2021)]

ALTA OWNER'S POLICY OF TITLE INSURANCE issued by BLANK TITLE INSURANCE COMPANY

This policy, when issued by the Company with a Policy Number and the Date of Policy, is valid even if this policy or any endorsement to this policy is issued electronically or lacks any signature.

Any notice of claim and any other notice or statement in writing required to be given to the Company under this policy must be given to the Company at the address shown in Condition 17.

COVERED RISKS

SUBJECT TO THE EXCLUSIONS FROM COVERAGE, THE EXCEPTIONS FROM COVERAGE CONTAINED IN SCHEDULE B, AND THE CONDITIONS, (Blank Title Insurance Company), a (Blank) corporation (the "Company"), insures as of the Date of Policy and, to the extent stated in Covered Risks 9 and 10, after the Date of Policy, against loss or damage, not exceeding the Amount of Insurance, sustained or incurred by the Insured by reason of:

- 1. The Title being vested other than as stated in Schedule A.
- Any defect in or lien or encumbrance on the Title. Covered Risk 2 includes, but is not limited to, insurance against loss from:
 - a. a defect in the Title caused by:
 - i. forgery, fraud, undue influence, duress, incompetency, incapacity, or impersonation;
 - the failure of a person or Entity to have authorized a transfer or conveyance;
 - a document affecting the Title not properly authorized, created, executed, witnessed, sealed, acknowledged, notarized (including by remote online notarization), or delivered;
 - iv. a failure to perform those acts necessary to create a document by electronic means authorized by law;
 - v. a document executed under a falsified, expired, or otherwise invalid power of attorney;
 - a document not properly filed, recorded, or indexed in the Public Records, including the failure to have performed those acts by electronic means authorized by law;
 - vii. a defective judicial or administrative proceeding; or
 - viii. the repudiation of an electronic signature by a person that executed a document because the electronic signature on the document was not valid under applicable electronic transactions law.
 - the lien of real estate taxes or assessments imposed on the Title by a governmental authority due or payable, but unpaid.
 - c. the effect on the Title of an encumbrance, violation, variation, adverse circumstance, boundary line overlap, or encroachment (including an encroachment of an improvement across the boundary lines of the Land), but only if the encumbrance, violation, variation, adverse circumstance, boundary line overlap, or encroachment would have been disclosed by an accurate and complete land title survey of the Land.
- 3. Unmarketable Title
- 4. No right of access to and from the Land.

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ALTA 48 Endorsement

The Conditions of the policy state:

This policy together with all endorsements, if any, issued by the Company, is the entire policy and contract between the Insured and the Company.

- Through their execution of an ALTA 48 Tribal Waivers and Consents Endorsement, the tribe waives sovereign immunity.
- Additionally, the tribe waives exhaustion of defenses in tribal court, and consents to jurisdiction and venue in state or federal court.

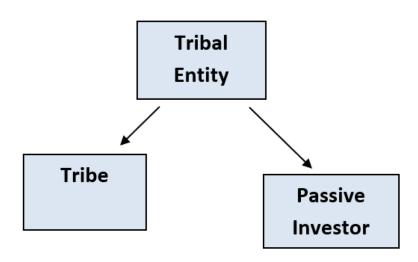
Tribal Waivers and Consents [2021 v. 01.00 (04-02-2022)] ALTA 48 TRIBAL WAIVERS AND CONSENTS ENDORSEMENT This endorsement is issued as part of Policy Number _ BLANK TITLE INSURANCE COMPANY For purposes of this endorsement only, "Tribe" means (DRAFTING INSTRUCTIONS: insert exact name of the tribe as published in the Federal Register) Exclusively with regard to any action or proceeding arising out of or related to the policy, and not Waives any sovereign immunity from suit (and any defense based thereon); and Waives any defense due to failure to exhaust remedies in the courts of the Tribe; and Consents to jurisdiction in the federal courts of the United States of America and the courts of the state(s) where the Land is located [or: ___(insert state)___]; and Consents to venue in the federal courts of the United States of America and the courts of the state(s) where the Land is located [or: ___(insert state)__] Exclusively with regard to any action or proceeding arising out of or related to the policy, and not otherwise, if the Insured is an Entity in which the Tribe has an ownership interest, the Insured: Waives any sovereign immunity from suit (and any defense based thereon) that the Insured Waives any defense due to failure to exhaust remedies in the courts of the Tribe that the Insured may possess; and Consents to jurisdiction over the Insured in the federal courts of the United States of America and the courts of the state(s) where the Land is located [or: ___(insert state) __]; and Consents to venue for the Insured in the federal courts of the United States of America and the courts of the state(s) where the Land is located [or: __(insert state) __] The Company reserves, as to any successor Insured, all rights and defenses that it would have against, and any waivers and consents by, any predecessor Insured. This endorsement is issued as part of the policy. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements. [Witness Clause] AGREED AND CONSENTED TO (Insert name of Insured) (Insert name of Tribe, if different from the Insured) Authorized Representative of the Tribe Authorized Representative of the Insured Copyright 2022 American Land Title Association. All rights reserved. The use of this Form (or any derivative thereof) is restricted to ALTA licensees and ALTA members in good standing as of the date of use. All other uses are prohibited Reprinted under license from the American Land Title Association

American Land Title Association



Waivers From Tribal Entities

- A sovereign immunity waiver is also required from an entity that is owned or controlled by the tribe, even if they were not organized under tribal law.
- This is because the tribal entity may claim that they are an extension of the tribe, and therefore entitled to the benefit of the tribe's sovereign immunity.





Why is the waiver needed?

- A tribe cannot be sued in state or federal court unless they waive their sovereign immunity.
- If there is a need to clarify coverage obligations under the policy (regardless of who the Insured is) the Insurer will typically accept coverage with a reservation of rights, then file a declaratory relief action in state court asking the court to clarify coverage obligations under the policy.
- This requires naming the Insured as a party in the litigation.
- If a tribe is named as a defendant in such an action, but they
 have not consented to be sued in state court, they can file a
 motion asking to be dismissed from the litigation.



Tribal Court Litigation

Why not just litigate the coverage obligations in tribal court?

- 574 federally recognized tribes means many different tribal courts applying different tribal laws.
- Title insurance policies (and the defined terms within them) are based on state real property laws, and those laws are the basis of the policy underwriting and fee structure.
- Title industry lacks experience and knowledge pertaining to tribal court rules and precedents.
- There is a lack of tribal case law interpreting title insurance policy forms.
- A lack of certainty increases risk for policyholders and shareholders.

What if the tribe refuses to give a waiver?

- A title insurer may decline to insure without a waiver, or may decide to assume the risk of not having the ability to seek a judicial determination of coverage obligations.
- If the Insurer truly believes they do not have a coverage obligation, they may deny the claim. The litigation pertaining to the coverage obligation would have to be forced by the tribe as a Plaintiff through a bad faith action.
- While that is being litigated, the tribe would have to provide their own defense of the title issue in dispute.
- If the Insurer has a waiver of sovereign immunity and accepts the claim with a reservation of rights, they will provide a defense until the coverage obligation is clarified by the court.



Is consent to jurisdiction and venue enough?

- Sometimes tribes are willing to consent to state courts for jurisdiction and venue, but they do not want to waive sovereign immunity.
- This still prevents the Insurer from being able to file an action in state court.
- Potential modifications to ALTA 48 Endorsement
 - 1. Clarifying that the waiver pertains to determining coverage obligations and establishing title as insured only.
 - Clarifying that the waiver does not extend to any action for monetary damages against the tribe.



Other Sovereign Immunity Waivers

- If the named Insured in a policy is not the tribe, but an entity that the tribe is contracting with (such as a lender in a mortgage or a lessee in a lease) it is common to require that the document being insured contain a waiver of sovereign immunity.
- In these examples, we would want to see a sovereign immunity waiver in the mortgage and a sovereign immunity waiver in the lease.
- A title insurance policy insures the validity and enforceability of the document creating the insured interest.
- If the insurer must litigate validity or enforceability on behalf of our Insured, we want that litigation to take place in state or federal court.



Questions?

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