THE CHICKASAW NATION
OFFICE OF HEALTH POLICY

COMMUNITY OUTREACH

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Dr. Mehmet Oz Confirmed as CMS Administrator

Dr. Mehmet Oz is now the 17th Administrator of the Centers for Medicare & Medicaid Services (CMS). Oz is a cardiothoracic surgeon and brings years of health and wellness experience. His experience and research have focused on improving heart health, surgery and health policy. CMS is a federal agency that oversees the health coverage for millions of Americans through Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplace. Consequently, CMS has an impact on the health of First Americans, as much of our health care is funded through these resources. CMS works to improve health outcomes, coordinate care and reduce costs through a variety of programs. Mehmet Oz Shares Vision for CMS | CMS

The Chickasaw Nation has had a relationship with Oz through HealthCorps. HealthCorps is a service program providing health education for high school students. Oz and his wife established this program more than 20 years ago with a vision to improve health for young people. The areas they cover include leadership, service training and community engagement, along with improved health information education. HealthCorps partners alongside schools to help students address health behaviors leading to improved health outcomes and productivity across their lifespans. In the Chickasaw Nation, HealthCorps has worked with five colleges and 11 different schools to improve the health of our citizens. Chickasaw Nation | HealthCorps

Oz outlined goals for Americans to better navigate the health care system. His plans include shifting health care efforts to prevention, wellness and chronic disease management and away from a sick-care focus. Led by Dr. Susan Karol, the Tribal Technical Advisory Group works with CMS through the Division of Tribal Affairs. Karol is a surgeon with years of experience with Indian Health Service (IHS). With the collaboration of these health care leaders, we will continue to improve health care for First Americans through CMS programs and services.

Indian Self-Determination and Education Assistance Act

The Indian Self-Determination and Education Assistance Act (ISDEAA), commonly known as Public Law 93-638, returned operational control of tribal programs and services to tribal governments. PL 93-638 focused on tribes entering into compacts and contracts to manage their health care systems. Contracts were for the management of a program. An example of a contract could be managing public health nursing or housekeeping services. Tribes might choose to do this rather than taking on the management of an entire system. Compacts are more extensive and allowed First Americans to manage all of the system.

Presidential policies can have far-reaching effects. The self-determination movement started under the administration of President Richard Nixon and became law under President Gerald Ford. U.S. Department of the Interior Indian Affairs.

Under PL 93-638, many tribes have decided to manage their own health care systems. The Chickasaw Nation began managing our health care system in 1994, and the success we have experienced speaks to the importance of the ISDEAA. Under our own governance, we have not only increased and improved the programs and services we offer, but have made decisions about how to best serve the needs of our people, based on our own culture, traditions and values. With self-determination, we can ensure we are always honoring our mission to enhance the overall quality of life of the Chickasaw people.

Historically, the act was a landmark piece of legislation and allowed tribes to have greater autonomy and opportunity to manage the health care for First Americans. The act reversed an effort at termination policies and allowed for the self governance that was instrumental in improving overall health for Chickasaw citizens.

NIHB—Protecting Indian Health Programs

The National Indian Health Board (NIHB) represents more than 574 federally recognized First American Tribes, advocating for health equity and supporting tribal efforts to restore their legacy of wellness. On Feb. 28, 2025, NIHB Interim CEO, A.C. Locklear, testified before the House Appropriations Subcommittee on Interior, Environment and Related Agencies, highlighting the urgent need for stronger federal investment in Tribal health care.

NIHB's key advocacy priorities included:

- **$63 billion in FY2026 Indian Health Service (IHS) funding** to meet the growing health care needs of tribal communities
- **Modernizing IHS facilities**, which are more than three times older than the national average
- **Addressing a 30% provider vacancy rate** through investments in recruitment and retention
- **Protecting IHS funding** from federal workforce cuts that disproportionately affect Indian Country
- **Classifying Contract Support Costs and 105(l) leases as mandatory spending** for program stability
- **Securing advance appropriations for IHS** to ensure uninterrupted health care services

NIHB urges Congress to fully fund the IHS and protect tribal health programs from harmful cuts, especially amid shifting political dynamics. The federal government's trust and treaty obligations to tribal nations are binding commitments that legally must be honored, not compromised.

Traditional Medicine

First Americans developed a wide array of groundbreaking innovations, many of which continue to influence even the most advanced modern practices today. A notable example is early use of natural oral contraceptives. Oral contraceptives are substances taken by mouth to prevent pregnancy.

Long before the advent of pharmaceutical birth control developed by Western medicine in the 20th century, Indigenous communities had identified and utilized plant-based methods for fertility control. Historical accounts suggest that as early as the 1700s, various First American tribes were using specific herbs thought to have contraceptive properties. For instance, the Shoshone people used the stone seed plant for its birth control effects, while the Potawatomi tribe turned to the herb known as dogbane. These practices not only demonstrate the extensive botanical knowledge held by Indigenous healers, but also highlight the sophistication and efficacy of traditional medicine long before modern science formally recognized such methods. By recognizing and respecting these contributions, we not only honor the ingenuity of Indigenous cultures but also broaden our understanding of medical history and its diverse origins.

Have questions or suggestions for the office of health policy?

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Measles

Public health professionals watch for outbreaks of communicable diseases and help to keep our communities healthy. By reporting these infections, we are doing our part to protect those who are at risk for diseases such as measles. Measles can spread through the air through coughing or sneezing and remain in the air for up to two hours, making it a serious public health risk.

It was first recognized in 1912, with about 6,000 related deaths each year during its early years. A measles vaccine was introduced in 1963 using a virus derived from a 13-year-old patient. By 1968, it was improved and combined with vaccines for mumps and rubella, forming the MMR vaccine. A version called MMRV also protects against chickenpox - also known as varicella. Children should receive two doses of MMR or MMRV for long-term immunity.

While protection against measles and rubella typically lasts for life, immunity to mumps may fade. Measles was declared eliminated in the U.S. in 2000, but has since returned. COVID-19 caused a disruption in health care which might have caused a decline in vaccination rates.

It takes about 14 days to build immunity after vaccination. Symptoms usually appear 7–14 days after exposure, starting with fever, cough, and red eyes, followed by white mouth spots and a spreading rash. Fever may reach over 104°F.