THE CHICKASAW NATION
OFFICE OF HEALTH POLICY

COMMUNITY OUTREACH

Volume 4, Issue 1 **January 2026**

Predatory Practices—Medicare Part D

The Centers for Medicare & Medicaid Services (CMS) report frequent complaints about predatory private sector practices enrolling recipients in unsuitable Medicare Advantage plans. Seniors are often misled with deceptive information encouraging them to change coverage. Individuals are approached through tactics such as in-store solicitations, persuasive phone calls, mailers resembling official correspondence and appealing television ads. Elders frequently receive calls that sound official, leading them to believe Medicare is contacting them directly. **Medicare never calls beneficiaries and does not market plans** (Deceptive Marketing Practices Flourish in Medicare Advantage).

Many beneficiaries are enrolled in zero-premium or otherwise affordable plans. Predatory practices weaken seniors' trust in Medicare by convincing them to switch to plans that cost more, restrict provider access and offer less coverage. **Advantage plans often require prior authorizations**, delaying or denying needed services. **Traditional Medicare (Parts A and B)** allows providers to refer for care without this process.

Impact on Tribal Citizens and Veterans

Aggressive marketing has led tribal citizens to enroll in plans excluding Indian Health Service (IHS) providers (Consumers Struggles with Native American Health Care). **Both tribal citizens and veterans are targeted** with offers of debit cards for over-the-counter supplies, promoting plans lacking pharmacy benefits since both groups already have access through Indian/Tribal/Urban (I/T/U) organizations or Veterans Administration systems. The **Tribal Technical Advisory Group (TTAG)** works to protect First Americans from these practices (CMS TTAG Tribal Health Priorities).

Protect Yourself

- **Never respond "Yes"** to unsolicited calls; recordings can be used to enroll you in unwanted plans.
- **Be cautious** with ads or helplines - Medicare does not contact beneficiaries directly.
- **Call (800) MEDICARE (623-4227)** for free counseling if you believe you were misled.

The Importance of Vitamin K

Vitamin K plays a vital role in helping blood clot and preventing excessive bleeding. While it is naturally produced in the body, newborn babies are born with low levels of vitamin K. This is because it does not pass easily through the placenta during pregnancy, and breast milk contains only small amounts.

Without enough vitamin K, newborns are at risk for a serious condition known as vitamin K deficiency bleeding (VKDB), which can cause dangerous internal bleeding in the brain or intestines. Babies do not begin producing their own sufficient levels of vitamin K until around 6 months of age, once their gut bacteria develops and their diet begins to include solid foods containing vitamin K. Until then, they rely on supplementation to maintain healthy levels necessary for blood clotting.

To prevent VKDB, the Centers for Disease Control and Prevention (CDC) recommends all newborns receive a one-time vitamin K injection within six hours after birth. This shot provides enough vitamin K to protect infants through their first months of life, when they are most vulnerable. The injection is safe, effective and has been standard practice in hospitals for decades. Parents who decline the injection should be informed that oral vitamin K is less effective. Administering the vitamin K shot is a simple, lifesaving step to ensure newborns are protected from preventable bleeding disorders as they begin life.

Visit the Office of Health Policy Webpage

Rural Health Transformation—One Big Beautiful Bill Act

The One Big Beautiful Bill Act (OBBBA), signed into law July 4, 2025, brings protections and opportunities for the future of health care. At its heart, OBBBA helps secure Medicaid for the people it was always meant to serve, including First Americans.

For First American communities, this is more than a policy update. It is a promise the care and protections already in Medicaid will remain strong. The Tribal Technical Advisory Group (TTAG) will keep working with the Centers for Medicare & Medicaid Services (CMS) to ensure these protections are respected in practice.

The OBBBA invests $50 billion through the Rural Health Transformation Program. This is especially meaningful for First Americans, as many families live in rural areas where hospitals struggle to stay open. Funding will strengthen hospitals, expand services and attract providers so care is closer to home. First American health policy experts are working with the Oklahoma Health Care Authority (OHCA) to shape how these funds are used in Oklahoma, with the goal of improving services and honoring tribal priorities. Meetings with OHCA are ongoing and we are given the opportunity to express our ideas on how the Health Transformation Program will impact First Americans. Our voice is very important in this process as we work with OHCA.

Through collaboration with the National Indian Health Board (NIHB) and CMS, tribal leaders will ensure the voices of First Americans guide how the OBBBA is carried out. This bill is not just about maintaining Medicaid. It is about honoring sovereignty, improving rural health and ensuring First American communities have a healthier future.

Tribal Blood Drive Challenge

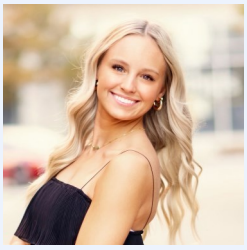
The Chickasaw Nation is participating in the fifth annual Tribal Blood Drive Challenge with Our Blood Institute (OBI) from August 2025-January 2026, alongside the Choctaw, Cherokee and Muscogee Nations. Blood donations are down while demand for O negative blood rises. Each donation can save up to three lives, and OBI provides blood for the Chickasaw Nation Medical Center. Donate at a local drive or schedule your appointment at OurBloodInstitute.org. Together, we can meet this need and save lives.

Health Policy Survey

The office of health policy is launching a survey to share information and gather input from Chickasaw citizens and stakeholders. This effort aims to keep the community informed about health programs, initiatives and resources while providing an opportunity for feedback. By engaging with partners, the office ensures citizens understand ongoing projects and services. Responses to the survey will help improve communication and provide resources that meet community needs. The office of health policy encourages stakeholders to participate and share their perspectives, as this dialogue plays a vital role in keeping the Chickasaw Nation informed.

Introduction of Interns

The office of health policy welcomed two interns for the fall period. We are pleased to introduce Ella Billings and Jaxon Holland.



Ella Billings, from Sulphur, Oklahoma, is a sophomore at the University of Oklahoma. She is majoring in pre-nursing with a minor in psychology. As a Chickasaw Nation intern with the office of health policy, she hopes to gain more insight into health care trends and First American health needs. Billings plans to pursue a career in pediatric nursing, driven by her passion for helping children and families.

Jaxon Holland is a proud Chickasaw citizen and health policy intern with the Chickasaw Nation. As a former baseball player, Holland draws on the discipline and resilience he developed through sports as he explores how policy can improve health care access and strengthen communities across Oklahoma. He would like to work for the Chickasaw Nation.

The office of health policy strives to inspire and educate young Chickasaw citizens on how health policy impacts community well-being. By engaging young people, the office helps build future leaders who understand the importance of health policy.