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3 IN THE COURT OF APPEALS  
4 OF THE CONFEDERATED SALISH AND KOOTENAI TRIBES  
5 OF THE FLATHEAD INDIAN RESERVATION

6 J. MICHAEL DEMPSEY, M.D. ) Cause No. AP 93-213-CV  
7 Plaintiff and Appellee, )  
8 vs. )  
9 THE DEPARTMENT OF PUBLIC HEALTH ) OPINION  
10 AND HUMAN SERVICES, STATE OF )  
11 MONTANA, )  
12 Defendant and Appellant. )

13 Argued October 23, 1995

14 Decided April 30, 1996

15 James A. Manley, Manley Law Office, Polson, Montana, for J. Michael Dempsey,  
16 M.D.

17 Harley R. Harris, Assistant Attorney General, Office of the Attorney General,  
18 Justice Building, 215 North Sanders, P.O. Box 201401, Helena, Montana 59620-1401, for  
19 the Department of Public Health and Human Services of the state of Montana.

20 Daniel F. Decker, Tribal Legal Department, Confederated Salish and Kootenai  
21 Tribes, P.O. Box 278, Pablo, Montana 59855, submitted a brief amicus curiae without  
22 argument.

23 Appeal from the Tribal Court of the Confederated Salish and Kootenai Tribes,  
24 William J Moran, Tribal Judge Presiding.

25 Before: BROWN, GAUTHIER, AND WHEELIS, Associate Justices.

26 WHEELIS, Justice:

27 INTRODUCTION

28 This cause arose out of a dispute between the plaintiff and appellee, J. Michael  
Dempsey, M.D., (Dempsey) and the defendant and appellant, the department of public  
health and human services of the state of Montana (the PHHS), in its role as the  
administrator of the state's Medicaid program.

Dempsey, a physician licensed to practice medicine by the state of Montana, is an  
enrolled member of the Confederated Salish and Kootenai Tribes (the Tribes). In

1 November, 1993, Dempsey and the department of social and rehabilitation services of  
2 the state of Montana (later reorganized as part of the PHHS by an act of the Montana  
3 legislature) entered into a contract in which Dempsey agreed to be a Medicaid provider.  
4 Many of his patients were enrolled members of the Tribes. The contract, which was the  
5 usual form agreement between a provider and the PHHS, required that a provider  
6 abide by the Montana Medicaid Program as regulated by federal statutes and  
7 administrative rules and Montana statutes and administrative rules.

8 In July of 1992, the PHHS notified Dempsey that it had found errors in his past  
9 billings in the amount of \$35,719.27. After some discussion between the parties during  
10 which Dempsey generally disputed the PHHS's audit results, on July 27, 1992, the  
11 PHHS formally notified Dempsey that it considered him in arrears of the disputed  
12 amount. Dempsey requested an administrative hearing under the department's  
13 administrative rules and the state's administrative hearing statutes. In a motion  
14 addressed to the hearing officer, Dempsey moved to dismiss the overcharge claim for  
15 want of subject matter jurisdiction. The hearing officer denied the motion, and Dempsey  
16 appealed the denial to the appeals board, an internal administrative panel that reviews  
17 the decisions of hearing officers and provides the final stage of administrative review.  
18 The appeals board dismissed the appeal on December 30, 1993, having determined the  
19 hearing officer's denial of Dempsey's motion to dismiss was not an appealable order.<sup>1</sup>  
20 Dempsey then filed the instant case with the Tribal Court of the Confederated Salish  
21 and Kootenai Tribes, requesting both declaratory and injunctive relief.

22 The Tribal Court concluded that it had subject matter jurisdiction to the extent  
23 that matters of contract were involved, because it found that the contract between the  
24 parties in which Dempsey agreed to provide medical services for the Medicaid program  
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26 <sup>1</sup>The appeals board is the final stage of Montana's administrative hearing process within the  
27 Department of Public Health and Human Services or its predecessor agencies. Appeals from the panel are  
28 taken to state district court through filing a petition for judicial review under the Montana Administrative  
Procedures Act, Montana Code Annotated § 2-4-101 *et seq.*

1 was to be performed on the Flathead Reservation. Inasmuch as Dempsey was a member  
2 of the Confederated Salish and Kootenai Tribes, the Tribal Court concluded that Tribal  
3 Ordinance 36-B gave it general civil jurisdiction. The Tribal Court determined that the  
4 issue of "regulatory authority over that portion of the State Medicaid program which  
5 provides services on the Flathead Reservation" was not before it. (Declaratory  
6 Judgment on the Issue of Subject Matter Jurisdiction, page 6.) It denied Dempsey's  
7 request for injunctive relief, finding that moot, and denied the PHHS's motion for  
8 summary judgment.

9 We reverse.

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11 DISCUSSION

12 The Tribal Court concluded that it had subject matter jurisdiction because the  
13 issue was one of contract between the state of Montana and a tribal member that was to  
14 be performed on the Flathead Reservation. Also, the Tribal Court found that the Tribes  
15 had an interest in the subject matter of the litigation because of their concern for the  
16 health of their people, many of whom would be affected by the Medicaid program.

17 On initial consideration, given that an Indian is one of the parties to a contractual  
18 transaction performed at least in part on an Indian reservation, jurisdiction would seem  
19 to lie with the Tribal Court. "Essentially, absent governing Acts of Congress, the  
20 question has always been whether the state action infringed on the right of reservation  
21 Indians to make their own laws and be ruled by them." *Williams v. Lee*, 358 U.S. 217, 220,  
22 3 L.Ed.2d, 251, 254, 79 S.Ct. 269 (1959). See also *New Mexico v. Mescalero Apache Tribe*, 462  
23 U.S. 324, 76 L.Ed.2d 611, 103 S.Ct. 2378 (1983); *White Mountain Apache Tribe v. Bracker*,  
24 448-U.S. 136, 65 L.Ed.2d 665, 100 S.Ct. 2578 (1980). A Tribal Court would have  
25 jurisdiction if "the exercise of state jurisdiction would undermine the authority of the  
26 Tribal Courts over Reservation affairs and hence would infringe on the right of the  
27 Indians to govern themselves." *Williams*, 358 U.S., at 223, 3 L.Ed.2d, at 255. Following  
28 *Williams*, the Tribal Court noted that, given the nature of the parties and the transaction



1 between them, the Tribal Court would have jurisdiction "absent a governing Act of  
2 Congress." *Williams*, 358 U.S., at 220. See also *National Farmers Union Ins. Cos. v. Crow*  
3 *Tribe*, 472 U.S. 845, 85 L.Ed.2d 818, 105 S.Ct. 2447 (1985). We disagree with the Tribal  
4 Court because we believe the federal statutes establishing the Medicaid program  
5 foreclose the Tribal Court from review of state administrative procedures within the  
6 agency that houses the Medicaid program.

7 The state has argued that it is a sovereign and hence immune from suit in Tribal  
8 Court unless its sovereignty is waived. We reach our decision without fully considering  
9 that question. The state of Montana, through the agency that administers its Medicaid  
10 program, is regularly one of the parties in administrative hearings and actions for  
11 judicial review of those administrative hearings in state court in accordance with the  
12 Montana Administrative Procedures Act, Montana Code Annotated § 2-4-101 *et seq.*  
13 Accordingly, it is at least arguable that its sovereignty has suffered a limited waiver by  
14 the state's undertaking a Medicaid program.

15 Moreover, providers may maintain a private cause of action in federal courts  
16 under the Civil Rights Act of 1871, 25 U.S.C. § 1983, which supplies both injunctive and  
17 declaratory relief as well as damages to insure compliance with federal Medicaid  
18 statutes (including the question of whether particular fee schedules are reasonable).  
19 *Wilder v. Virginia Hospital Association*, 496 U.S. 498, 110 S.Ct. 2510, 110 L.Ed.2d 455  
20 (1990).

21 The more persuasive argument by the PHHS is that the federal statutes creating  
22 the Medicaid program envision a single state agency for the administration of Medicaid  
23 in any state that establishes such a program. In short, under *Williams*, there is "a  
24 governing Act of Congress" that serves to defeat Tribal Court jurisdiction in this  
25 instance. Congress, in creating the Medicaid program, established a system that  
26 depends upon *state* administration. Although a state is not required to provide  
27 Medicaid, if it elects to do so a large body of federal statutory and regulatory law comes  
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1 into play. At the heart of that statutory scheme is 42 U.S.C. § 1396a, and subsection (a)(5)  
2 requires that a participating state “provide for the establishment or designation of a  
3 single State agency to administer or to supervise the administration of the plan....”  
4 To comply with this Congressional statutory requirement, Montana has enacted an  
5 array of statutes and regulations, including those establishing a hearings process.

6 Both Dempsey and the Tribes argue that creating an administrative hearing  
7 procedure for the grievances of providers is not *required* under 42 U.S.C. § 1396a: the  
8 states *must* provide only *recipients* of medical assistance with an administrative hearing  
9 in the event of an unfavorable determination. 42 U.S.C. § 1396a(a)(3). No authority or  
10 persuasive argument, however, has been brought to bear that would require us to  
11 conclude that the procedure followed here was invalid. *See Kelly Kare, Ltd. v. O’Rourke*,  
12 930 F.2d 170 (2nd Cir. 1991), *cert. denied*, 112 S.Ct. 300; *Shady Acres Nursing Home, Inc., v.*  
13 *Canary*, 39 Ohio App.2d 47, 68 Ohio Ops.2d 210, 316 N.E.2d 481 (1973).

14 We agree with the PHHS that 42 U.S.C. §1396a explicitly requires a single-agency  
15 administration of Medicaid within a state. Its statutory intent is sufficiently clear to  
16 qualify as an expression of Congressional will that the states have sole jurisdiction of  
17 administrative questions in their Medicaid programs. In administering the program,  
18 disputes will inevitably arise on eligibility, extent of coverage, and other matters—the  
19 list of possible questions would be very long if not actually limitless.

20 When he became a medical services provider with reimbursement rights under  
21 the program, Dempsey signed a contract with the state that included an agreement to  
22 abide by federal law, state law, and state administrative rules, including those rules that  
23 govern coverage, eligibility, fees, and other obligations and rights afforded providers  
24 and recipients. The question about whether Dempsey indeed owes money to the PHHS  
25 cannot be viewed solely as an isolated contract dispute between two parties.  
26 Determining such issues is simply one portion of a complex administrative and  
27 statutory scheme that Congress has required for the administration of the Medicaid  
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1 program. From the language of the statutes enacted by Congress, it is evident that  
2 Congress intended that there would be only one Medicaid program in each state—to be  
3 administered by the state. Had Congress intended that Indian tribes participate,  
4 Congress would have made that intent obvious. Consider, for example, the Clean Water  
5 Act, 33 U.S.C. §§ 1251-1387 (1987 & 1995 Cum. Supp.). The Clean Water Act was enacted  
6 by Congress to restore and maintain the quality of water in the United States. It was  
7 amended by the Water Quality Act of 1987, which added a new provision, section 518,  
8 allowing the Environmental Protection Agency to treat Indian tribes as states for certain  
9 purposes of the Act. 33 U.S.C. § 1377(e). See *Brendale v. Confederated Tribes and Bands of*  
10 *the Yakima Nation*, 492 U.S. 480 (1989).

11 The analysis by the Montana Supreme Court in another administrative case is  
12 useful here. In *First v. State Dept. SRS ex rel. LaRoche*, 247 Mont. 465, 471-472, 808 P.2d  
13 467 (1991), the Child Support Enforcement Division (CSED), then an administrative  
14 agency within the predecessor of the PHHS, levied upon the unemployment  
15 compensation benefits of James First for his unpaid child support. Mr. First was an  
16 Indian, a member of the Fort Peck Tribes, who had earned unemployment benefits  
17 while employed on one or more Indian reservations. The CSED was established by the  
18 state of Montana in accordance with an Act of Congress. Following the requirements of  
19 federal law, it sought to intercept the employment benefits of Mr. First, who argued that  
20 the CSED and the state courts did not have subject matter jurisdiction. The Montana  
21 Supreme Court decided that the state agency, the CSED, had jurisdiction to enforce  
22 unpaid child support obligations through its unemployment compensation intercept  
23 program since collection of child support was both mandated and regulated by federal  
24 statutes. In so doing, the Court relied upon *Donovan v. Coeur d'Alene Tribal Farm*, 751  
25 F.2d 1113 (9th Cir. 1985), which established three tests to decide whether a federal  
26 statute is one of general application, governing all citizens and their property, or  
27 whether its scope excludes Indian tribes:  
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1  
2 A federal statute of general applicability that is silent on the issue of  
applicability to Indian tribes will not apply to them if:

3 (1) the law touches "exclusive rights of self-governance in purely  
4 intramural matters";

5 (2) the application of the law to the tribe would "abrogate rights  
guaranteed by Indian treaties"; or

6 (3) there is proof "by legislative history or some other means that  
Congress intended [the law] not to apply to Indians on their  
7 reservations ...." [Citations omitted.]

*Donovan*, 751 F.2d, at 1116.

8 None of the three *Donovan* tests applies to the case at bar.

9 Although the Tribes have an interest in the welfare of their people who are  
10 affected by the program, they have not shown developed intent to assume the operation  
11 of the program. Indeed, under existing federal law, as interpreted by this Court, the  
12 Tribes could not assert control or management of the Medicaid program through some  
13 mechanism analogous to that provided, for example, by the Indian Self-Determination  
14 and Education Assistance Act, 25 U.S.C. § 450a. *See also California v. Cabazon Band of*  
15 *Mission Indians*, 480 U.S. 202, 943 L.Ed.2d 244, 107 S.Ct. 1083 (1987); *Rice v. Rehner*, 463  
16 U.S. 713, 77 L.Ed.2d 961, 103 S.Ct. 3291 (1983). We reject, therefore, the argument that  
17 the Tribes have asserted an interest in the administration of the Medicaid program.

18 We conclude that the Tribal Court does not have subject matter jurisdiction over  
19 the adjudicatory proceedings with the Medicaid program under its administrative rules.  
20 Our holding is limited to this narrow issue, however. Were the PHHS to attempt  
21 collection of any obligation occasioned by a judgment in state court, execution against  
22 the property of a tribal member would be governed by other authority. *Williams v. Lee*,  
23 *supra*; *Iron Bear v. District Court*, 162 Mont. 335, 512 P.2d 1292 (1973).

24 The declaratory judgment issued by the Tribal Court is vacated, and the matter is  
25 remanded with instructions to grant summary judgment to the Defendant and  
26 Appellant. Each party will bear its own costs.

1 REVERSED AND REMANDED FOR FURTHER PROCEEDINGS CONSISTENT  
2 WITH THIS OPINION.

3 IT IS SO ORDERED THIS 30th DAY OF APRIL, 1996.

4  
5 James Wheelis

6 James Wheelis  
Associate Justice

7 We concur:

8 Margery Brown

9 Margery Brown  
Associate Justice



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Robert Gauthier

Robert Gauthier  
Associate Justice



CERTIFICATE OF MAILING

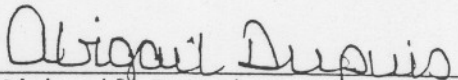
I, Abigail Dupuis, Appellate Court Administrator, do hereby certify that I mailed true and correct copies of the OPINION to the persons first named therein at the addresses shown below by depositing same in the U.S. Mail, postage prepaid at Pablo, Montana, or hand-delivered this 7th day of May, 1996.

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