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Health Care Reform and Native Americans

The Patient Protection and Affordable Care Act (PPACA) strengthens and improves health care for Native Americans by permanently reauthorizing the Indian Health Care Improvement Act, among other things.

(1) Improvements Made to the Indian Health Care Improvement Act

- The PPACA permanently reauthorizes the Indian Health Care Improvement Act, beginning fiscal year 2010 and each year thereafter.
- The following items outline the improvements made to the Indian Health Care Improvement Act.

Improved Access to Public Programs

- American Indians are under-enrolled in public programs, such as Medicaid, particularly on reservations.
- For many, it is difficult to obtain services because most tribal communities are in rural or remote areas.
- The Indian Health Care Improvement Act updates the current authority for Indian Health Services (IHS) to issue grants or contracts to tribes, tribal organizations and urban Indian organizations so that they can conduct outreach to enroll Indians in Medicare, Medicaid and CHIP.
- CMS is required to submit an annual report to Congress regarding the enrollment and health status of Indians receiving services.
- The Act also updates the current law regarding collection of reimbursement from Medicare, Medicaid and CHIP by Indian health facilities and revises the procedures that allow tribally-operated programs to directly collect such reimbursement for the services they provide.
- Authorizes tribes or tribal organizations carrying out a program under the Indian Self-Determination and Education Assistance Act and an urban Indian organization carrying out a program under Title V of IHCIA to purchase coverage for its employees from the Federal Employees Health Benefits Program.

Increased Workforce

- Most Indian health care facilities are located in rural areas on or near reservations. As a result, many Indian health programs have historically experienced difficulty recruiting and retaining staff.
- The Act strengthens scholarship and loan programs to attract health professionals to, and to retain them at, IHS facilities and tribal sites.
- It also strengthens scholarship programs to recruit American Indian students into psychology and behavioral health professions, and establishes a Community Health Representative program for urban Indian organizations to train and employ individuals to provide health care services.
- Specifically, requires the Secretary to develop a plan to increase Indian Health Service health care staff by at least 500 positions within 5 years, of which at least 200 positions must be devoted to child, adolescent and family services.

Improved Health Care Facilities

- IHS often does not have the necessary resources to update health care facilities or maintain up-to-date Medical equipment.
- The Act allows IHS and tribal health facilities to come up with innovative ways to address deficiencies in health care facilities, sanitation systems and construction backlogs.
- Authorization is also given for the development of new health programs that provide care in alternative settings or outside of regular clinic operating hours.

Expansion of Services Offered in the Indian Health System

- IHS and tribal facilities currently lack the authority to provide cancer screenings (with the exception of mammograms). The Act expands IHS and tribal facilities' capacity to provide preventive services, including cancer screenings, in addition to mammograms.
- The Act also reauthorizes diabetes screenings and prevention programs and permits funding for dialysis.
- The Act permits tribal facilities to create elder care programs that focus on behavioral health and allows hospice, assisted living, long term care and home and community based services to be established.
- Directs the IHS to enter into an MOA with the Secretary of the Interior to develop a comprehensive strategy for addressing Indian alcohol and substance abuse and mental health issues no later than 1 year after the date of enactment. Also directs the IHS to establish comprehensive behavioral health, prevention and treatment programs for Indians.
- Establishes a demonstration program to provide funding to consortia of two or more service units to purchase a mobile health station to provide specialty health care services such as dentistry, mammography and dialysis.

(2) Other Patient Protection and Affordable Care Act Improvements

Medicaid Expansion and Eligibility

- Starting January 1, 2014, the PPACA expands Medicaid eligibility to 133 percent of the federal poverty level for children, parents and caretakers and childless adults.
- In Wisconsin this means that all childless adults below 133 percent of the poverty level, who meet necessary eligibility requirements, will be able to enroll in Medicaid, beginning in 2014.
- Also, facilities operated by the IHS and Indian, Tribal and Urban Indian Facilities will be added to the list of agencies that could serve as an "Express Lane" agency able to determine Medicaid and CHIP eligibility.

The Health Benefits Exchange

- The PPACA creates state-based exchanges by 2014, through which individuals and small businesses can purchase health insurance coverage. This will give families and small businesses the ability to comparison shop and choose the quality affordable insurance option that is right for them.
- Federal subsidies will be made available to individuals between 133 and 400 percent of the federal poverty level to help them purchase health insurance through the exchange.
- American Indians who purchase health insurance on the individual market through an exchange are exempt from paying copays or other cost-sharing if their income does not exceed 300 percent of the poverty level.
- No cost-sharing can be assessed for any services provided by an IHS, tribal or urban Indian program, or through referral to contract health services for any Indian enrolled in an exchange health plan.
- HHS is responsible for paying the exchange plan the additional actuarial cost that results from cost-sharing protections
- The exchange is required to provide for special monthly enrollment periods for Indians.

Minimum Essential Coverage Requirement

- Members of Indian tribes are exempt from the shared responsibility penalty for failure to comply with the requirement to maintain minimum essential coverage.

Medicare

- For individuals who have Medicare drug coverage (Part D coverage), IHS, Indian tribe or tribal organization, or urban Indian organization spending will count toward the annual out-of-pocket threshold in the donut hole, as of January 1, 2011.
- The PPACA also removes the sunset provision, allowing IHS and I/T/U services to continue to be reimbursed by Medicare Part B.

Funding for the National Health Services Corps and Community Health Centers

- The PPACA increases and extends the authorization of appropriations for the National Health Services Corps scholarship and loan repayment program for FY10-15.
- Increases mandatory funding for community health centers to $11 billion over 5 years (FY11-15).

Grant Opportunities

- Enhancements to the Center for Quality Improvement and Patient Safety - makes available grants to identify, develop, evaluate, disseminate and provide training in innovative strategies for quality improvement practices in the delivery of health care services. Eligible entities include Federal Indian Health Service programs and health programs operated by tribes and tribal organizations.

- Authorizes three program awards to qualified IHS, tribal and urban Indian trauma centers to assist in defraying substantial uncompensated care costs and to further the core missions of such trauma centers.
- Provides grants to establish community health teams to establish patient-centered medical homes. Indian tribes and tribal organizations are eligible entities.
- Authorizes community transformation grants for implementation, evaluation and dissemination of evidence-based community preventive health activities to reduce chronic disease rates, address health disparities and develop a stronger evidence-base of effective prevention programs. Indian tribes are eligible entities for these grants.
- Provides grants to eligible entities (including Indian tribes and tribal organizations) to carry out activities that provide greater protections for individuals seeking care in long-term care facilities and supports and provides greater incentives for individuals to train and seek employment in such facilities.
- Authorizes the CDC to provide grants to States, large local health departments or tribes to conduct pilot programs for the pre-Medicare population (ages 55-64) to evaluate chronic disease risk factors, conduct evidence-based public health interventions, and ensure that individuals identified with chronic disease or at-risk for chronic disease receive clinical treatment to reduce risk.
- Establishes a national diabetes prevention program targeted at adults at high risk for diabetes. HHS will award grants (tribal organizations are eligible applicants) to community-based diabetes prevention program model sites and provide training and outreach for lifestyle intervention instructors.
- Establishes an oral healthcare prevention education campaign at CDC focusing on preventive measures and targeted towards key populations including children and pregnant women (as well as American Indians). I/T/Us are eligible for grants for dental programs, and requires grants to be awarded to I/T/U providers.