Impact of the Affordable Care Act on Health in Indian Country

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Overview

- Overview of Patient Protection and Affordable Care Act

March 22, 2010
AI/ANs face some of the worst health disparities with significant regional differences in health disparities.

Insurance companies could discriminate against up to 129 million Americans with pre-existing conditions.

Premiums had more than doubled over the last decade, while insurance company profits were soaring.

Fifty million Americans were uninsured and tens of millions more were underinsured.

IHS does not have the resources needed to address the AI/AN cancer burden—CHS / PRC dependence.
Ten Titles:
Understanding the Affordable Care Act

“Largest Expansion of Indian Health in our Generation”
Ten Titles: the Architecture

I. Affordable and Available Coverage
II. Medicaid and CHIP
III. Delivery System Reform – Medicare plus
IV. Prevention and Wellness
V. Workforce Initiatives
VI. Fraud, Abuse and Transparency
VII. Pathway for Biological Similars
VIII. CLASS – Community Living Assistance Services & Supports
IX. Revenue Measures
X. Harry Reid’s Manager’s Amendment

(Section 10221. IHCIA)
Title I and II

• **I: Affordable and Available Coverage**
  – The Three-Legged Stool
    • Insurance Market Reform
    • Individual Mandate/Responsibility
    • Premium & Cost Sharing Subsidies
  – State Insurance Exchanges, “Marketplace”
  – Employer Responsibility

• **II: Medicaid & CHIP**
  – National Eligibility floor of 133% FPL
  – Federal Financing 90% plus
  – Uniform Eligibility and Enrollment Standards
  – CHIP Extension through 2019
2.5 times as many AI/ANs as whites live below poverty level

Adults ≥18 years who live below federal poverty level

- White: 8% (2005), 8% (2009)
- Black: 21% (2005), 21% (2009)
- Asian/Pacific Islander: 10% (2005), 11% (2009)
- AI/AN: 23% (2005), 20% (2009)
- Hispanic: 18% (2005), 19% (2009)

Source: CDC Health Disparities and Inequalities Report 2011, MMWR, Vo. 60
Status of State Medicaid Expansion Decisions, 2020

NOTES: Current status for each state is based on KFF tracking and analysis of state activity. *Expansion is adopted but not yet implemented in NE. (See link below for additional state-specific notes).

2017 IHS EXPENDITURES PER CAPITA AND OTHER FEDERAL HEALTH CARE EXPENDITURES PER CAPITA

- Medicare Spending Per Beneficiary: $13,185
- National Health Spending Per Capita: $9,726
- Veterans Medical Spending Per Patient: $10,692
- Medicaid Spending Per Enrollee: $8,109
- FDI Benchmark Per User (Inflated): $7,515
- IHS Spending Per User*: $4,078

*Payments by other sources for medical services provided to AIANs outside IHS is unknown.

3/29/2019
Treaties and Trust Responsibility

Federal Budget for Health Services

> $1T

~ $5B

DHHS Budget

IHS Budget
Indian Health System 1955-1975

IHS
Federal
Indian Health System 1975-1985

IHS
Federal

PL 93-638
Tribal
Contract Health Services (Purchased and Referred Care)

Before the law, Purchased/Referred Care (PRC) dollars ran out too soon.

Now, with additional options for health insurance, more PRC funds are available to meet the health care needs of Indian Country.
American Indians and Alaska Natives as a Share of the Total Population, by State, 2009-2011

Total: 2.5 million = 1% of U.S. Population

- Less than 1% (36 states)
- 1-3% (8 states)
- More than 3% (7 states)

American Indian and Alaska Native includes people of Hispanic origin.

SOURCE: KCMU analysis of 2009 - 2011 ACS.

States Ranked by AI/AN Percentage of Total Medicaid Population

- Alaska: 35.61%
- South Dakota: 33.09%
- Montana: 21.72%
- North Dakota: 21.29%
- New Mexico: 13.09%
- Oklahoma: 12.35%
- Arizona: 10.62%
- Wyoming: 6.14%
- Minnesota: 3.48%
- Utah: 2.76%
- Washington: 2.51%
- Idaho: 2.23%
- Oregon: 2.19%
- Wisconsin: 1.57%
- Nevada: 1.41%
- Colorado: 0.84%
- Michigan: 0.50%
- New York: 0.45%
- California: 0.38%
- Massachusetts: 0.20%
The Affordable Care Act benefits American Indians and Alaska Natives

1. Permanent Reauthorization of the Indian Health Care Improvement Act

2. Strengthening the Indian Health Service

3. Greater Access to Health Insurance Coverage
The Law Increases Access to Affordable Care

Insurance companies must now pay the cost of many preventive services:

- Cancer screenings such as mammograms & colonoscopies
- Vaccinations such as flu, mumps & measles
- Blood pressure screening
- Cholesterol screening
- Tobacco cessation counseling and interventions
- Birth control
- Depression screening
- And more...

Visit www.healthcare.gov/prevention for a full list.
The Law Increases Access to Affordable Cancer Care

U.S. Colorectal Cancer Incidence

U.S. Colorectal Cancer Mortality

Cancer Death Rates
(Rate per 100,000 population)

What is an Exchange?

• **Exchange / Marketplace** was set up to create a more organized and competitive market for buying health insurance. They offer a choice of different health plans, certifying plans that participate and providing information to help consumers better understand their options.

• Enrollment began October 1, 2013

• Coverage began January 1, 2014
Subsidies

• 2 Kinds
  – Premium tax credits
  – Cost sharing subsidies

* No premiums for AI/ANs up to 300% FPL (~$70K)
Cost Sharing Subsidies

• Reduces deductibles, co-pays, co-insurance and sets limits on out of pocket spending
• For incomes at or below 250% FPL (~$63K)
Protections for Indian Country in the Marketplace

• **Special monthly enrollment option:** Members of federally recognized tribes can change their enrollment status in any plan through the Marketplace once a month.

• **No limited enrollment period:** AI/ANs can enroll any time.

• **No requirement to have insurance:** Exempts AI/ANs eligible for IHS from having to obtain any health insurance.
Tribal Sponsorship

• Tribes can purchase on behalf of Tribal members
• They will have to work directly with plans
• Tribes can decide which plan they wish to sponsor

https://www.tribalhealthcare.org/tribal-leaders/tribal-sponsorship/
A Path Forward for Indian Health in North Dakota

Income

$0  138% FPL  300% FPL
A Path Forward for Indian Health in North Dakota

Income

$0
138% FPL
300% FPL

Insurance Status
A Path Forward for Indian Health in North Dakota

Income:
- $0
- 138% FPL
- 300% FPL

Insurance Status:
- Medicaid & Medicaid Expansion
A Path Forward for Indian Health in North Dakota

Income

$0  138% FPL  300% FPL

Insurance Status

Medicaid & Medicaid Expansion  Marketplace with no Cost Sharing
A Path Forward for Indian Health in North Dakota

Income

$0  138% FPL  300% FPL

Insurance Status

Medicaid & Medicaid Expansion
Marketplace with no Cost Sharing
1. Insured
2. >300% FPL & Uninsured
A Path Forward for Indian Health in North Dakota

Income

$0  138% FPL  300% FPL

Insurance Status

Medicaid & Medicaid Expansion

Marketplace with no Cost Sharing

1. Insured
2. >300% FPL & Uninsured

Percentage of AI Population

~60%  ~30%  ~10%
A Path Forward for Indian Health in North Dakota

**Income**

- $0
- 138% FPL
- 300% FPL

**Insurance Status**

- Medicaid & Medicaid Expansion
- Marketplace with no Cost Sharing
- 1. Insured
- 2. >300% FPL & Uninsured

**Percentage of AI Population**

- ~60%
- ~30%
- ~10%

Tribes can “638” PRC funds to pay for cost sharing—eliminating the need for PRC in the State of ND.
The graph shows the percentage of AI/AN individuals without IHS insurance from 2008 to 2015. The percentages are as follows:

- **Without any Insurance**
  - 2008: 19.2%
  - 2009: 22.7%
  - 2010: 22.4%
  - 2011: 24.0%
  - 2012: 25.0%
  - 2013: 24.0%
  - 2014: 23.5%
  - 2015: 19.2%

- **Public Insurance**
  - 2008: 31.7%
  - 2009: 30.3%
  - 2010: 30.3%
  - 2011: 29.3%
  - 2012: 28.0%
  - 2013: 28.4%
  - 2014: 27.0%
  - 2015: 28.1%

- **Private Insurance**
  - 2008: 49.1%
  - 2009: 47.0%
  - 2010: 47.4%
  - 2011: 46.7%
  - 2012: 46.9%
  - 2013: 47.5%
  - 2014: 49.5%
  - 2015: 52.7%
Unadjusted percentage-point changes from 2013 to 2017 in the American Indian and Alaska Native (AI and AN) and non-Hispanic white populations with any health insurance coverage, by Indian Health Service region.
Unadjusted percentage-point changes from 2013 to 2017 in the American Indian and Alaska Native (AI and AN) and white populations with public health insurance coverage, by Indian Health Service region

**PUBLIC INSURANCE**

- Tucson/Phoenix/Navajo
- Portland
- Oklahoma
- Nashville
- Great Plains
- California
- Billings
- Bemidji
- Albuquerque
- Alaska

Percentage-point change
Unadjusted percentage-point changes from 2013 to 2017 in the American Indian and Alaska Native (AI and AN) and white populations with private health insurance coverage, by Indian Health Service region.

**PRIVATE INSURANCE**

- Tucson/Phoenix/Navajo
- Portland
- Oklahoma
- Nashville
- Great Plains
- California
- Billings
- Bemidji
- Albuquerque
- Alaska

**Al and AN White**
## South Dakota American Indian Insurance Enrollment 2012 - 2017

<table>
<thead>
<tr>
<th>Summary Tables</th>
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