

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



The Problem

- **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 Similarals**
- VIII. CLASS – Community Living Assistance Services & Supports**
- IX. Revenue Measures**
- X. Harry Reid’s Manager’s Amendment**

(Section 10221. IHCI)

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

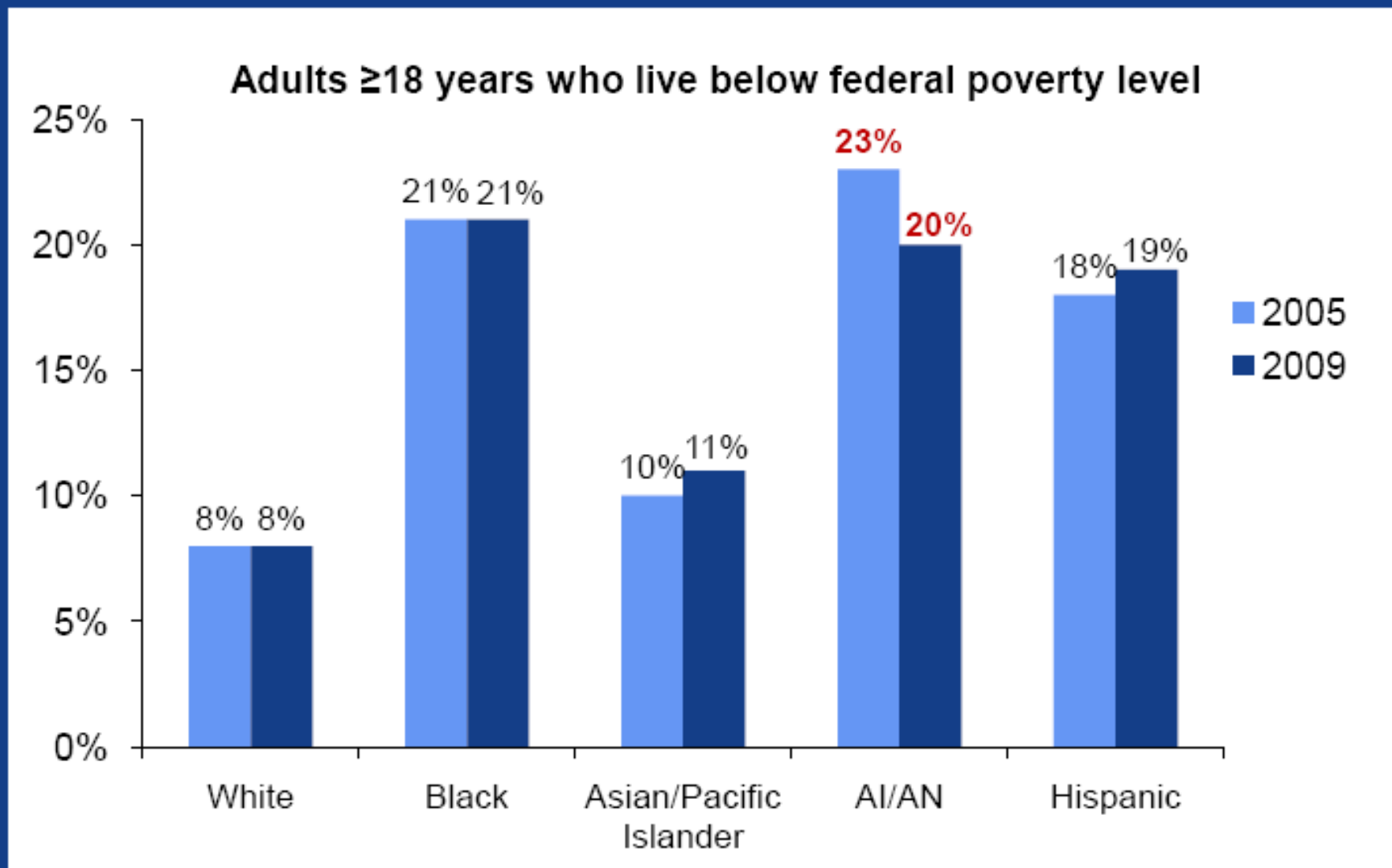
- Federal Financing 90% plus

- Uniform Eligibility and Enrollment Standards

- CHIP Extension through 2019

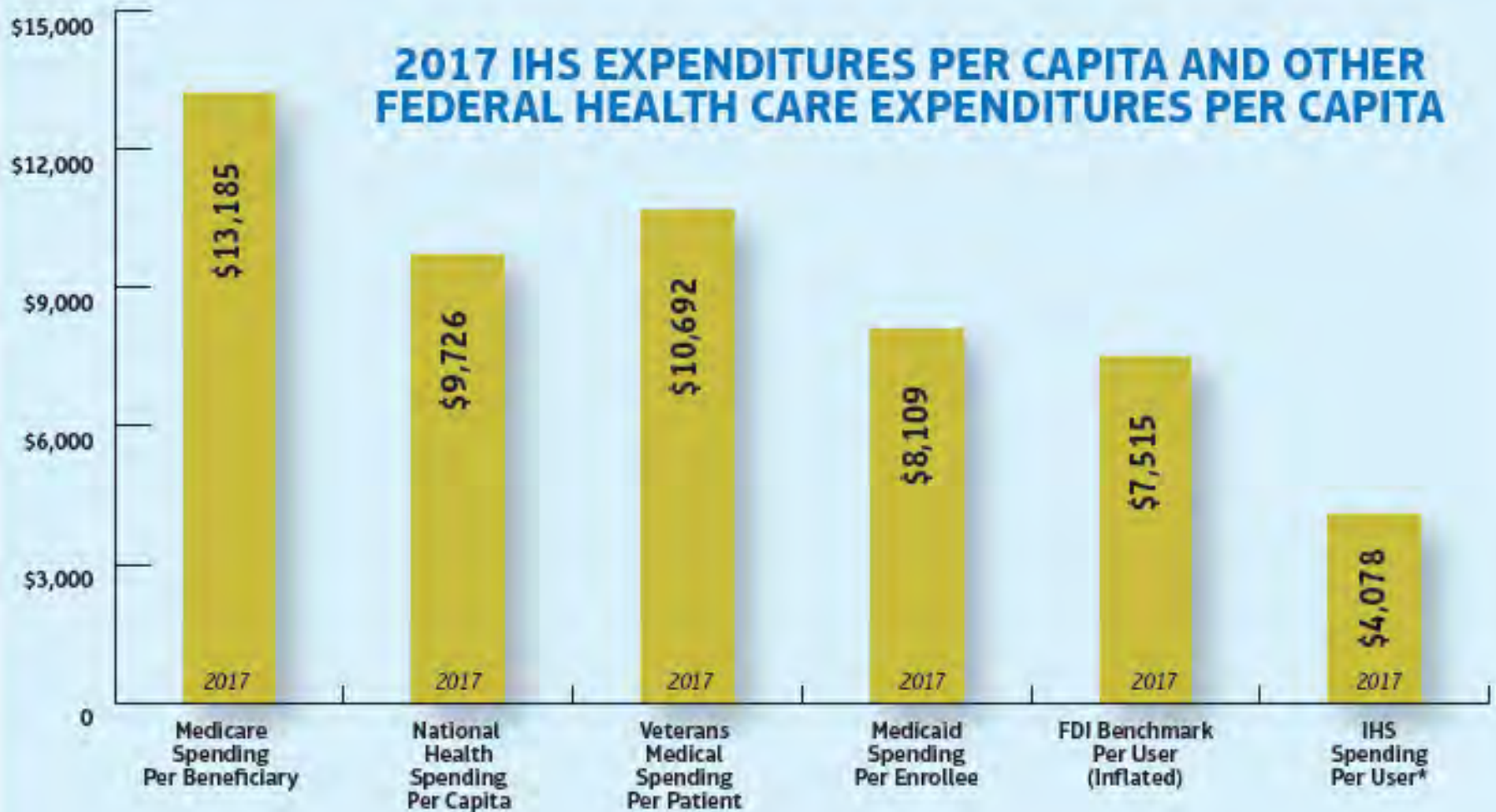


2.5 times as many AI/ANs as whites live below poverty level



Source: CDC Health Disparities and Inequalities Report 2011, MMWR, Vo. 60

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

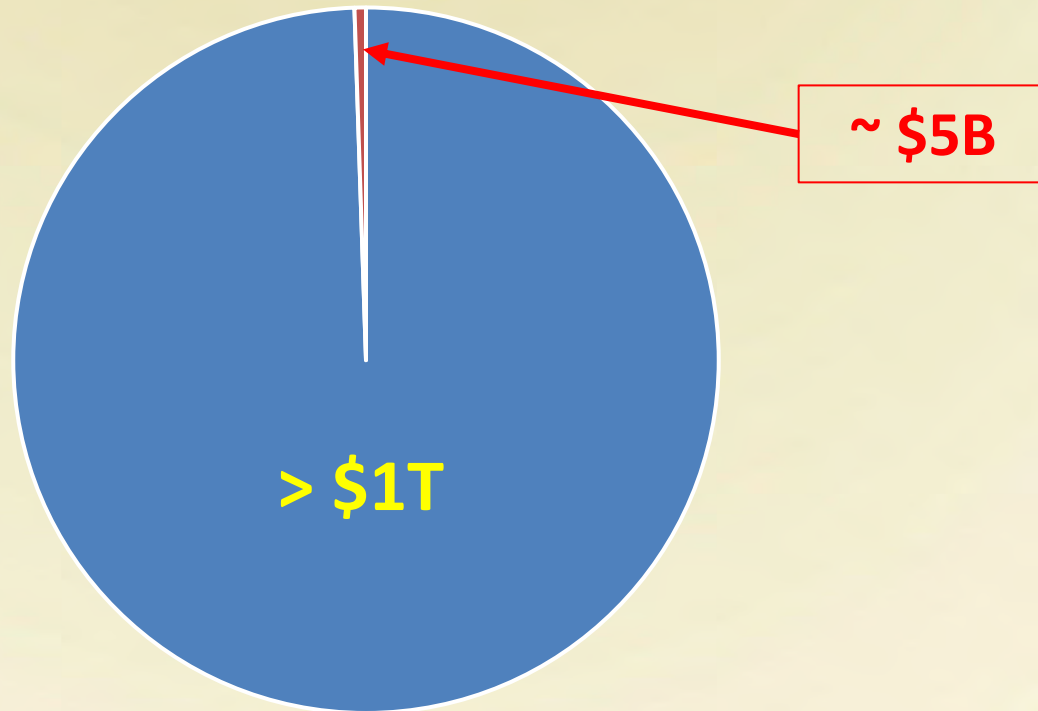


**Payments by other sources for medical services provided to AIANs outside IHS is unknown.*

3/29/2019

Treaties and Trust Responsibility

Federal Budget for Health Services



■ DHHS Budget ■ IHS Budget

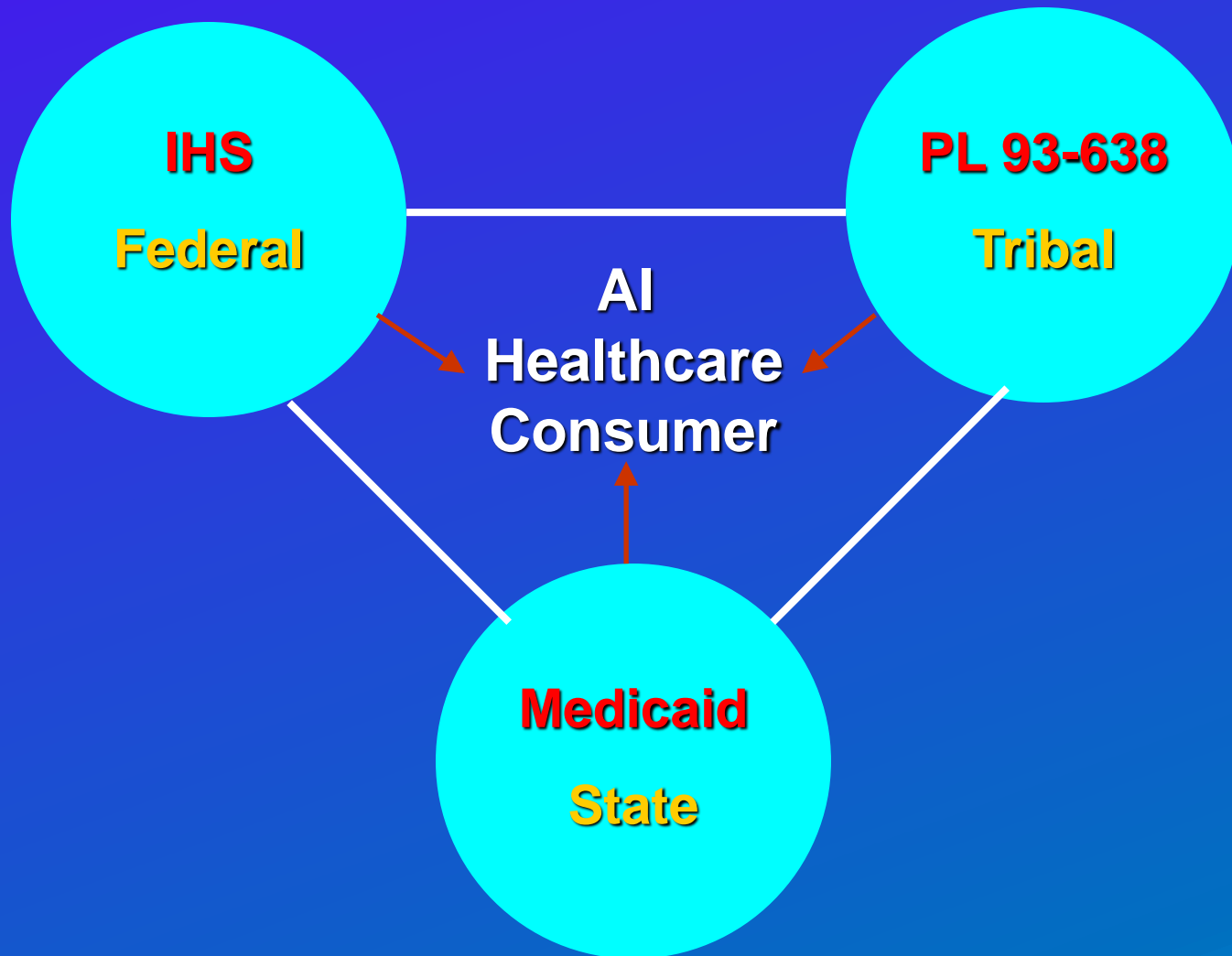
Indian Health System 1955-1975



Indian Health System 1975-1985



Indian Health System



Health Sector

Contract Health Services (Purchased and Referred Care)

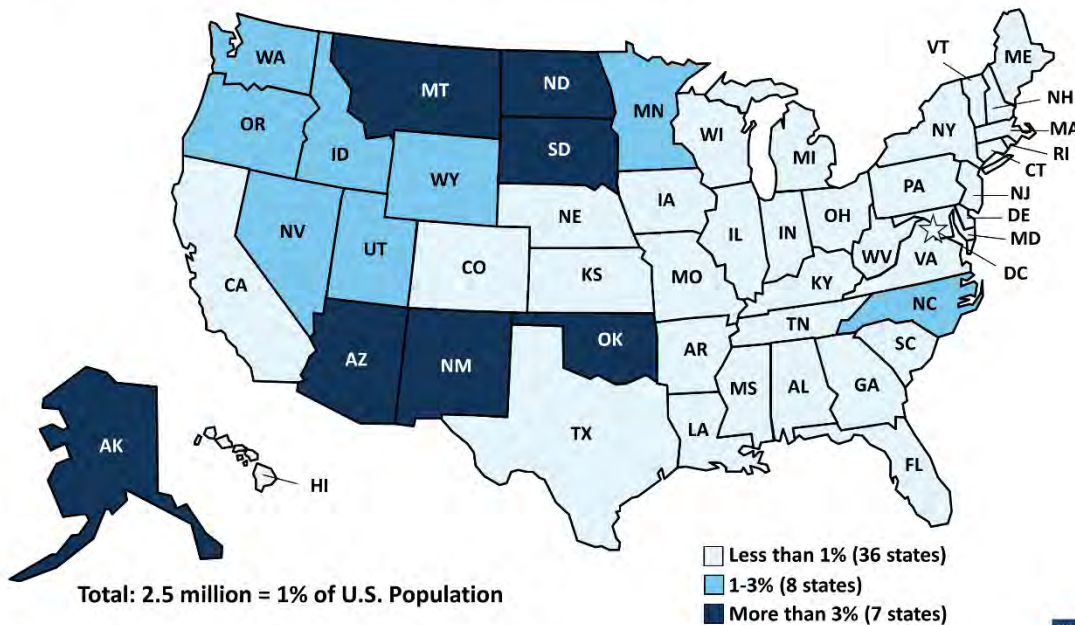
Before the law, Purchased/Referred Care (PRC) dollars ran out too soon.

Now, with additional options for health insurance, more PRC funds are available to meet the health care needs of Indian Country.



ACA & AI/AN Populations

American Indians and Alaska Natives as a Share of the Total Population, by State, 2009-2011



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

State	AI/AN % of 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

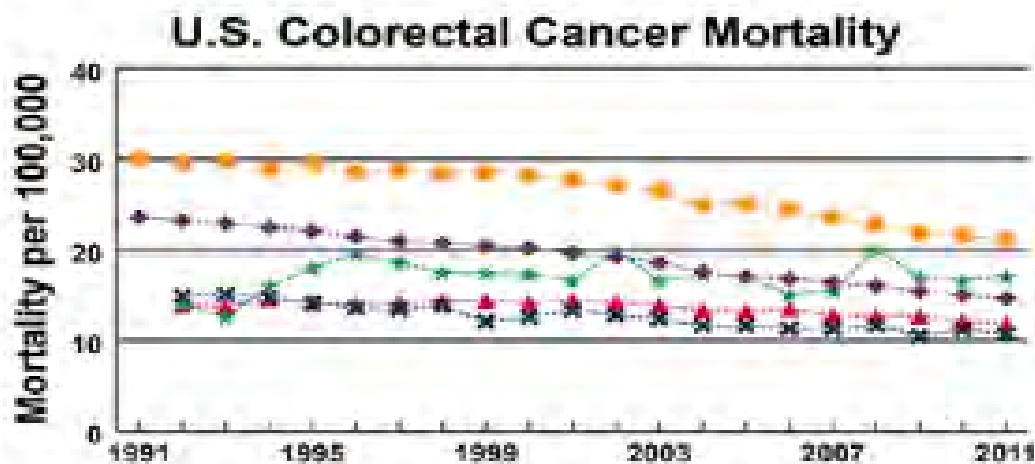
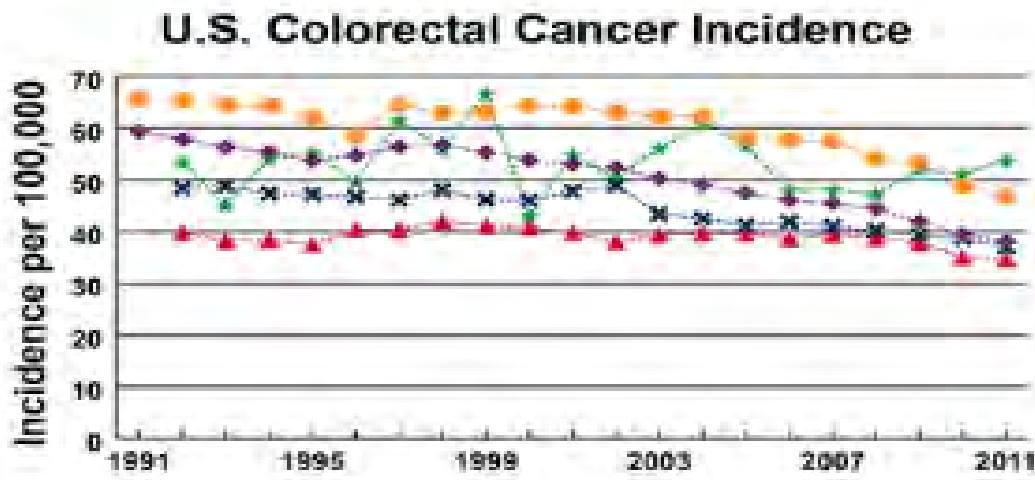
Insurance companies must now pay the cost of many preventive services:

- ✓ ***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

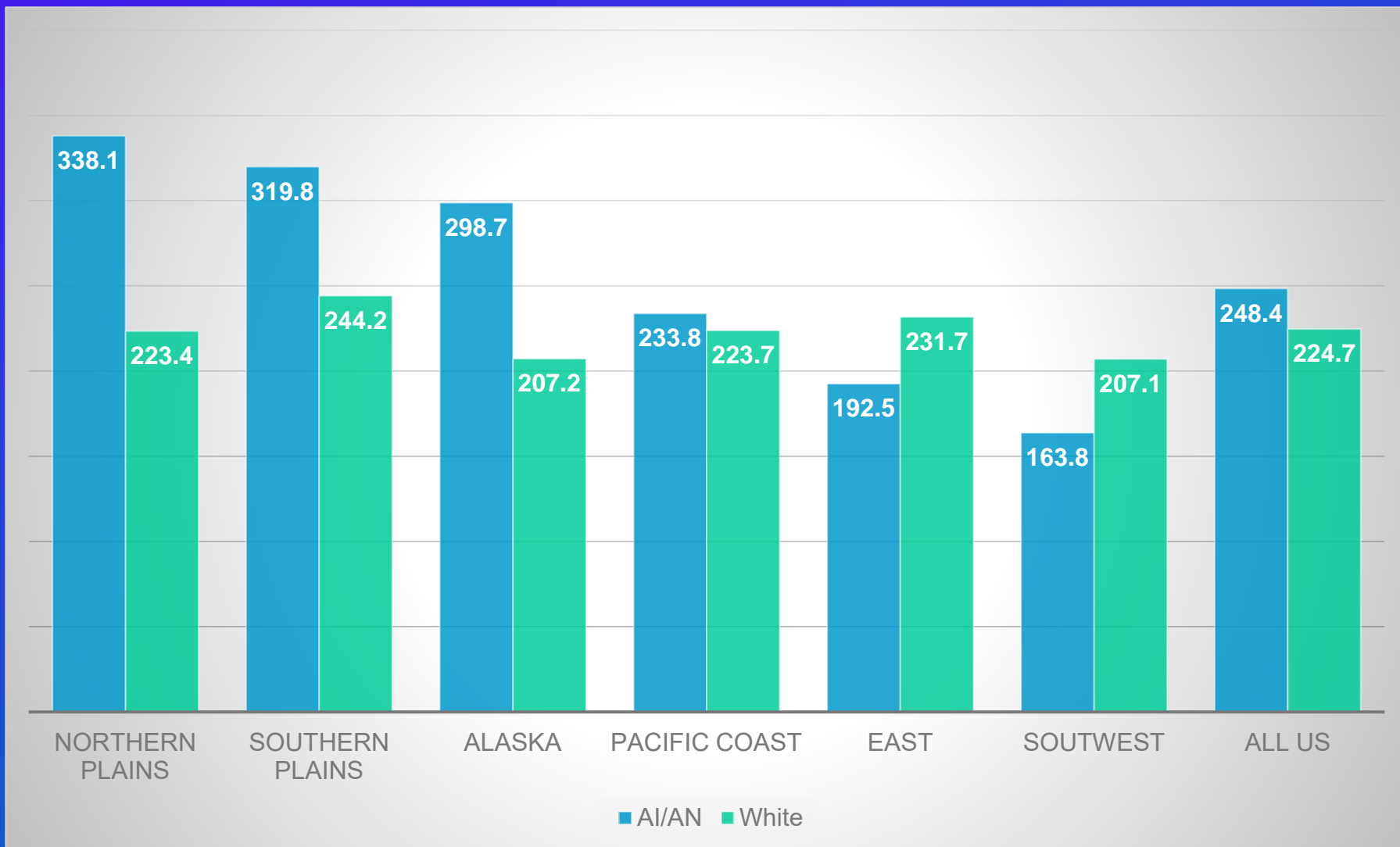


◆ Whites ● African Americans ▲ Hispanics*
× Asians/Pacific Islanders* ★ American Indians/Alaska Natives*

*Incidence and mortality data not available before 1992.

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.

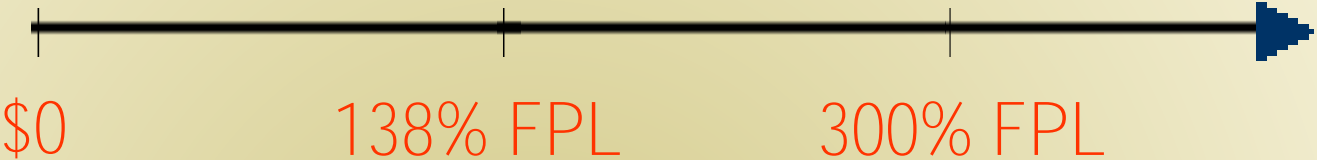
Tribal Sponsorship

- 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/>

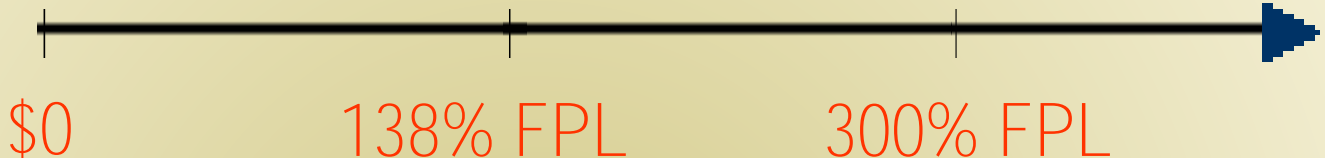
A Path Forward for Indian Health in North Dakota

Income



A Path Forward for Indian Health in North Dakota

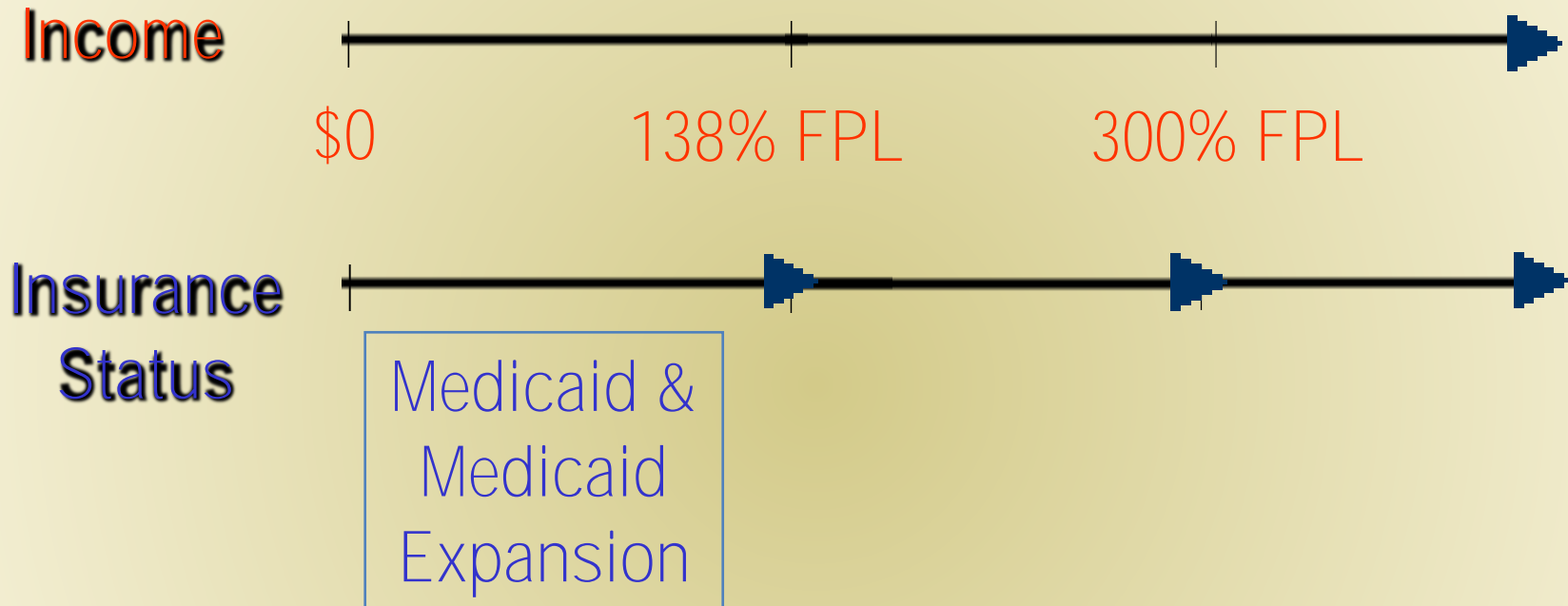
Income



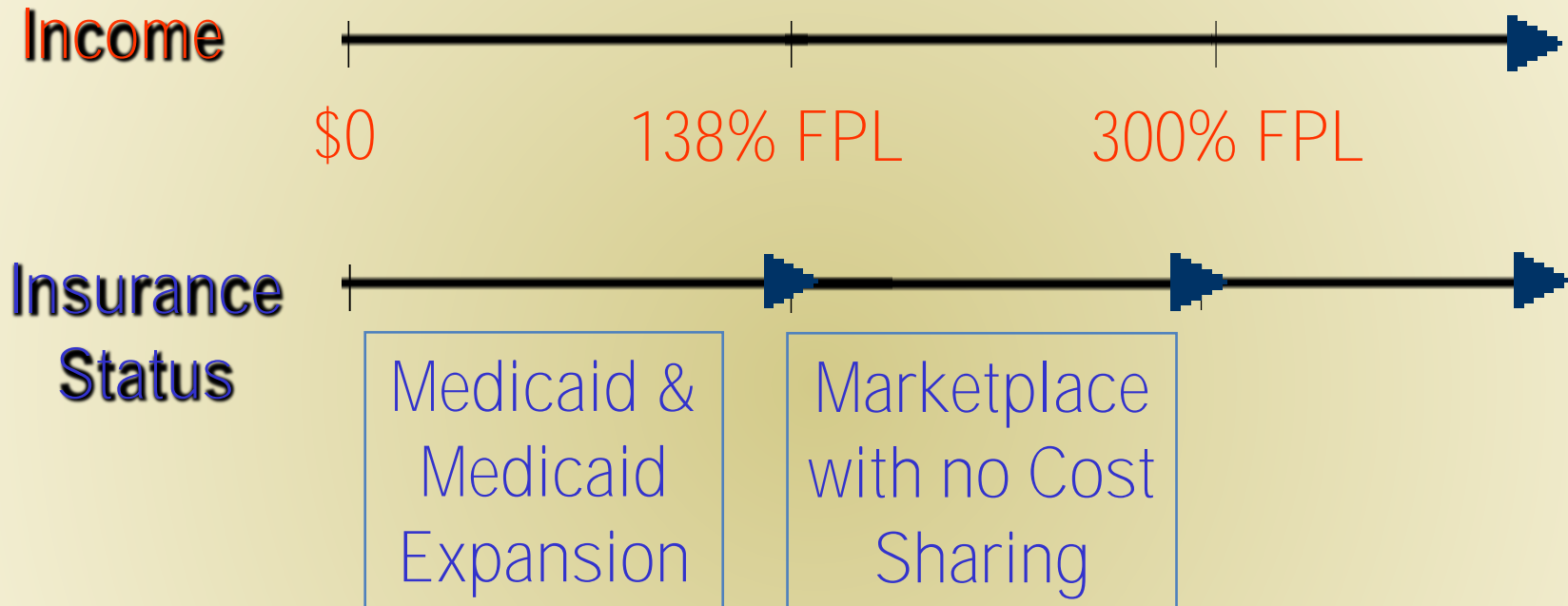
**Insurance
Status**



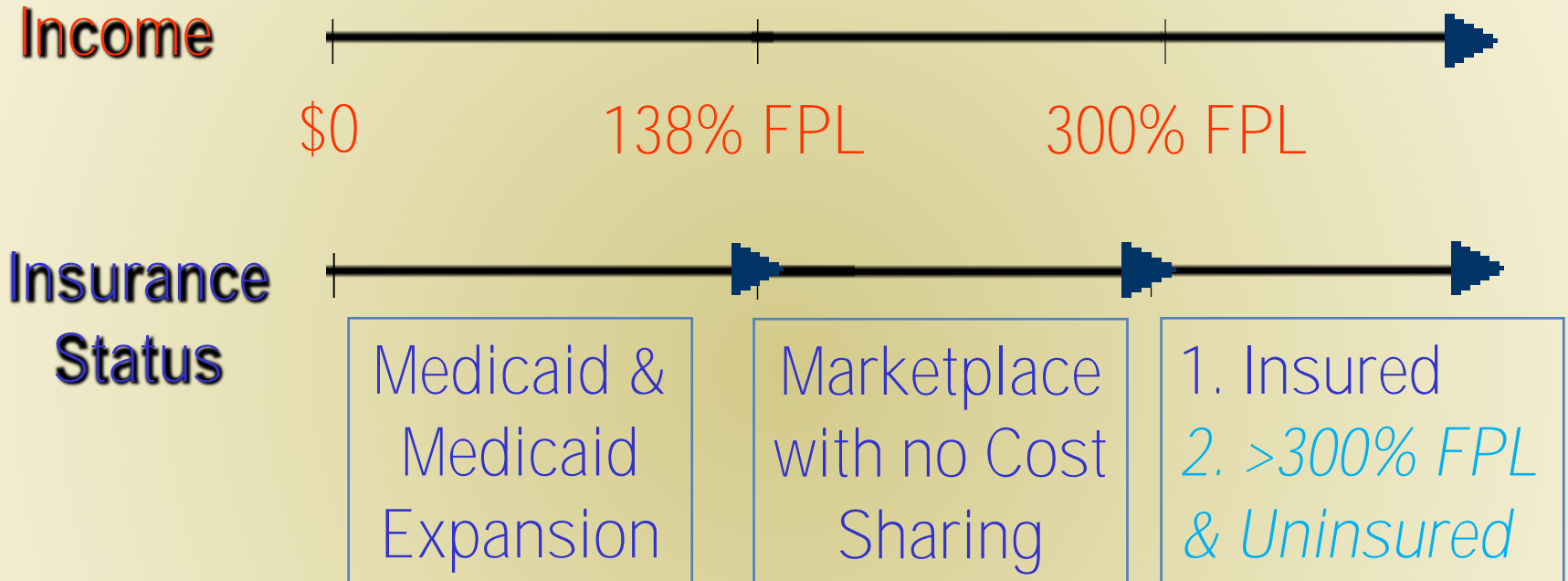
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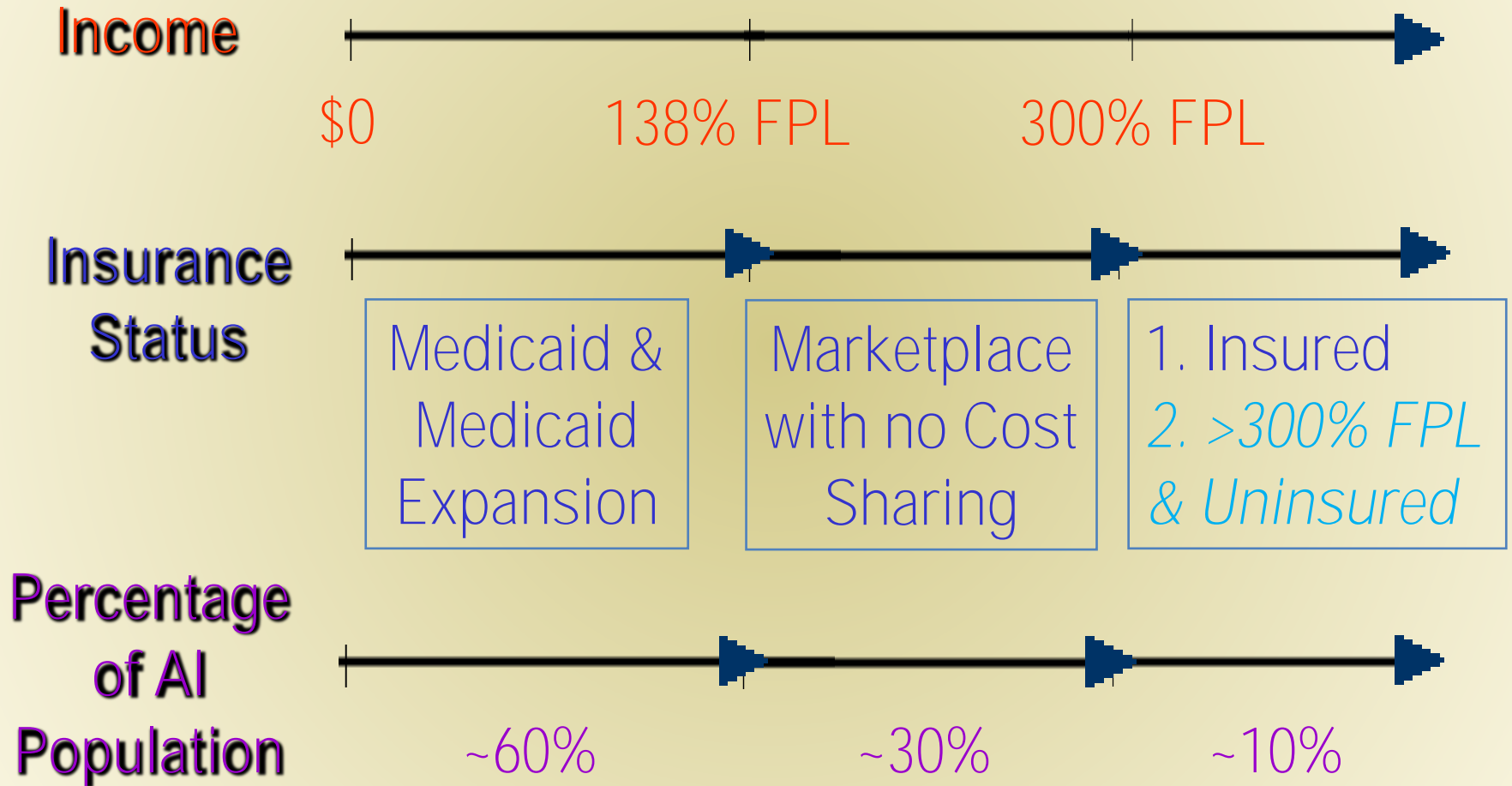
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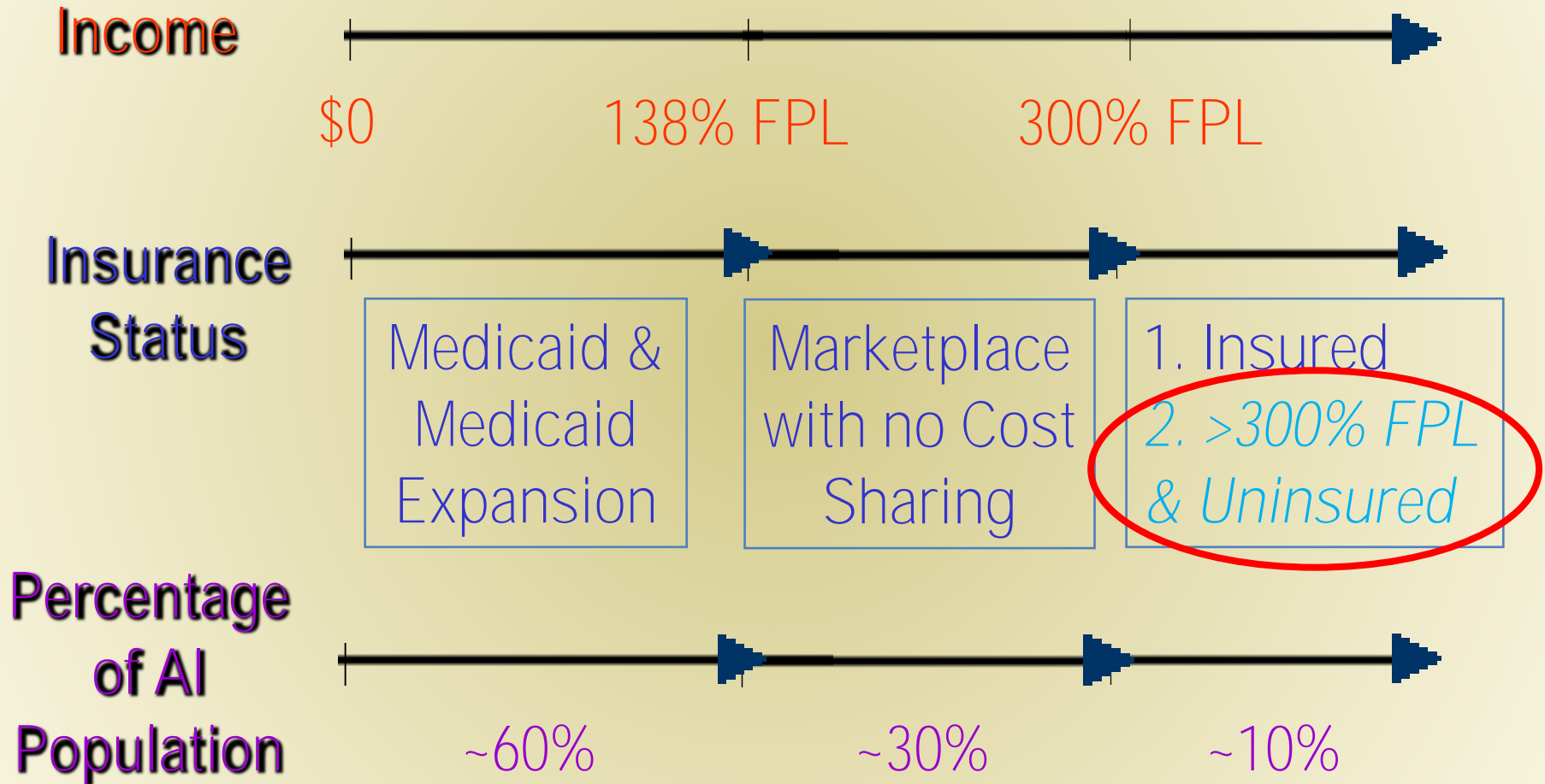
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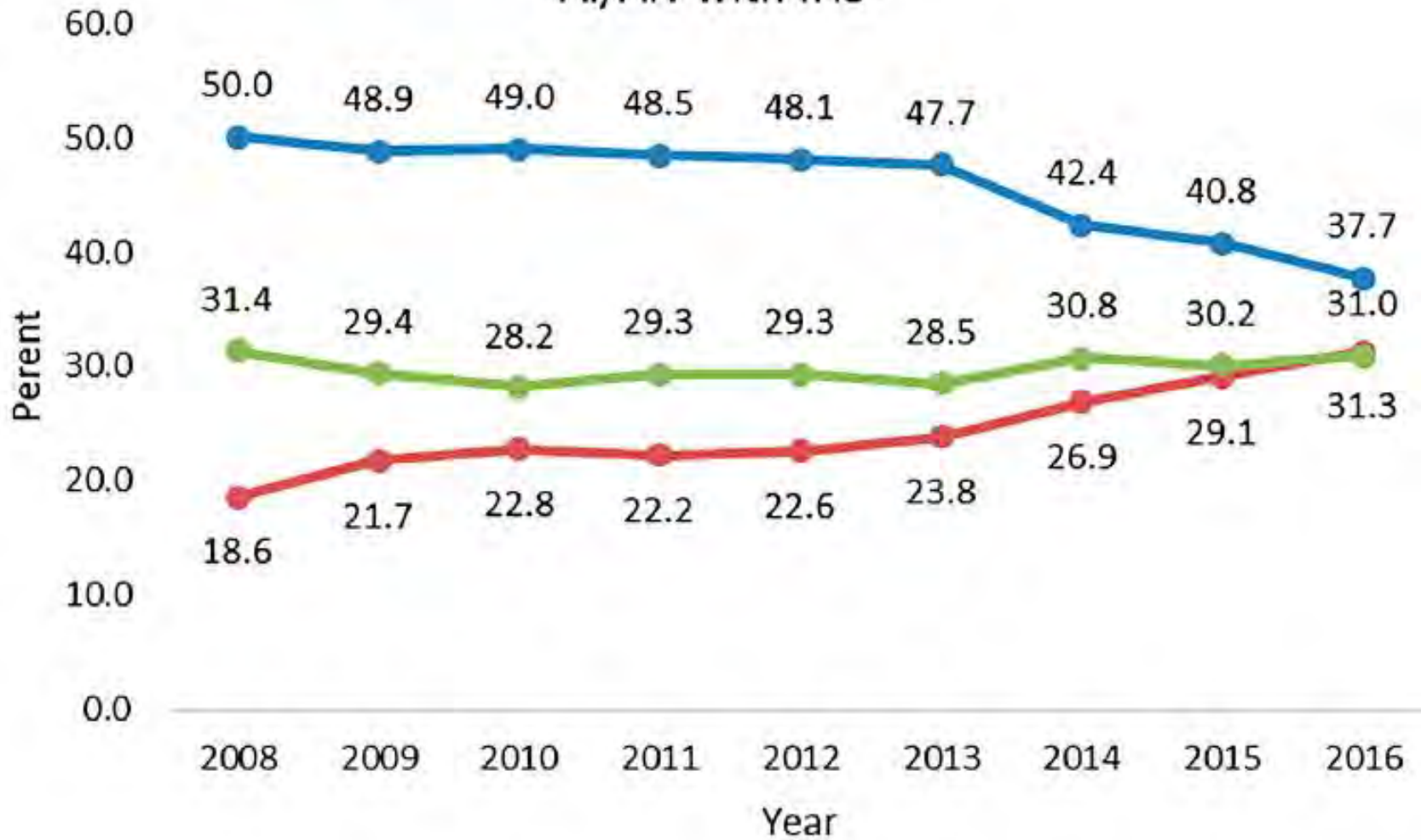


A Path Forward for Indian Health in North Dakota



Tribes can "638" PRC funds to pay for cost sharing—eliminating the need for PRC in the State of ND

AI/AN with IHS

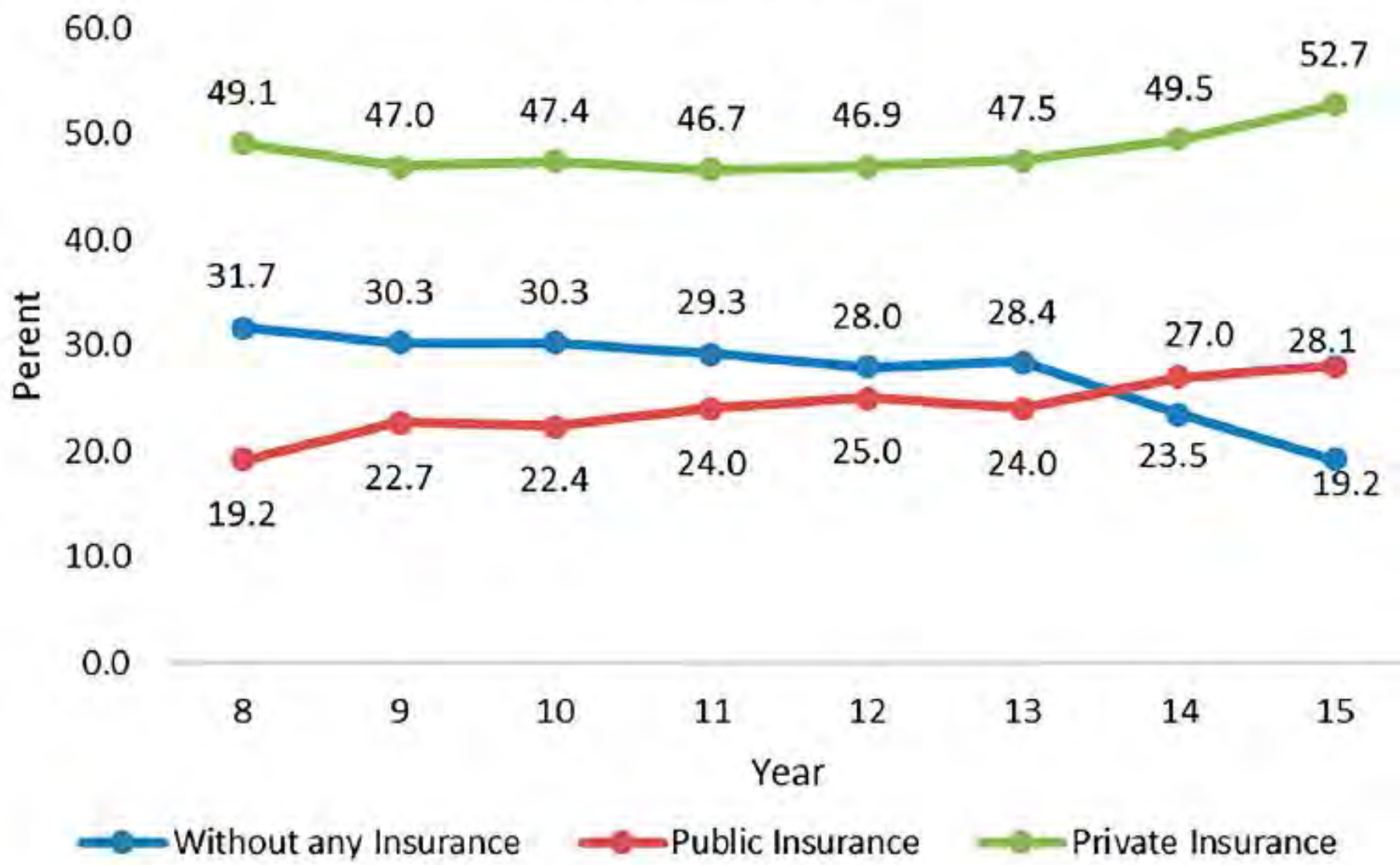


Without any Insurance

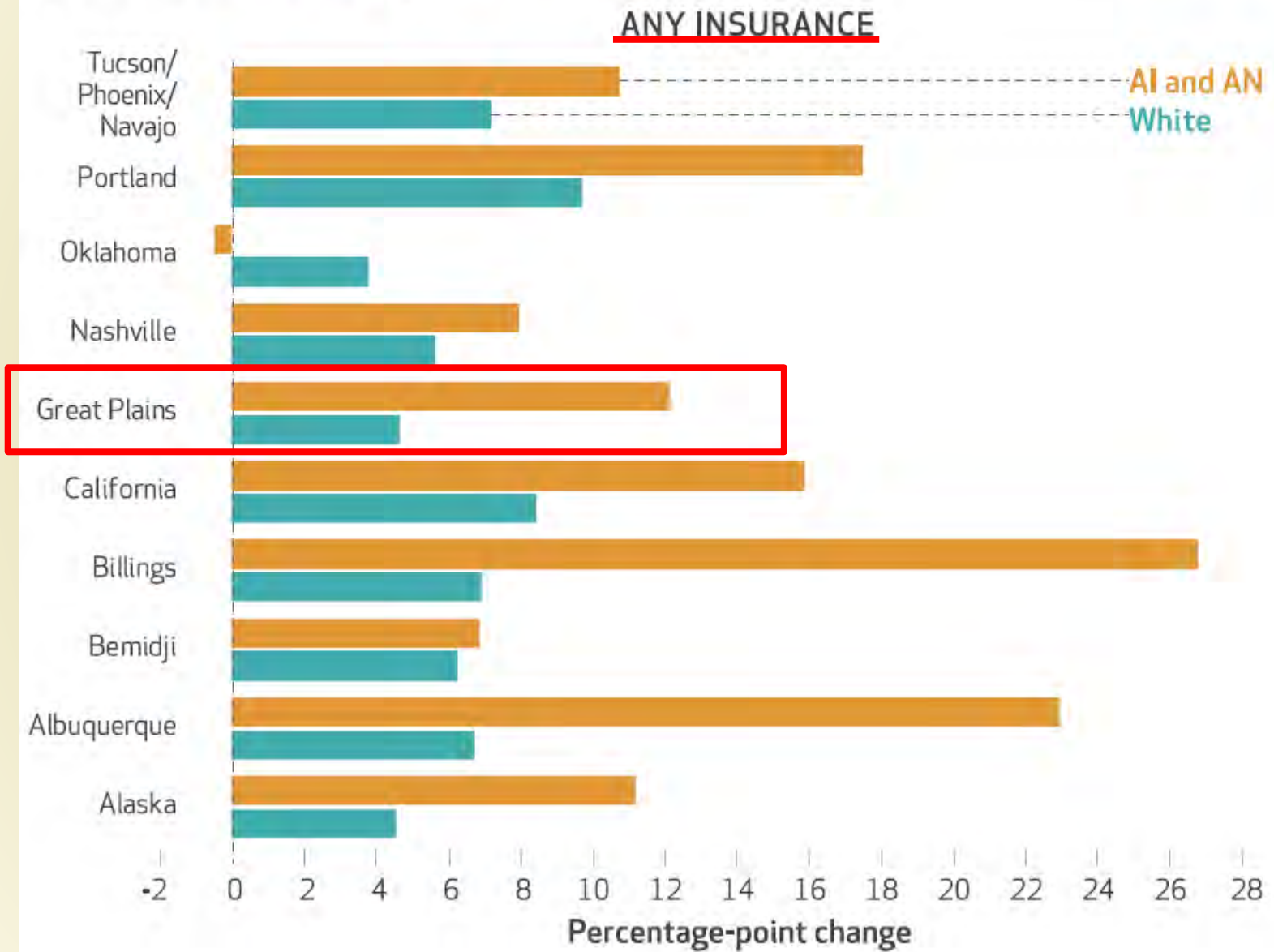
Public Insurance

Private Insurance

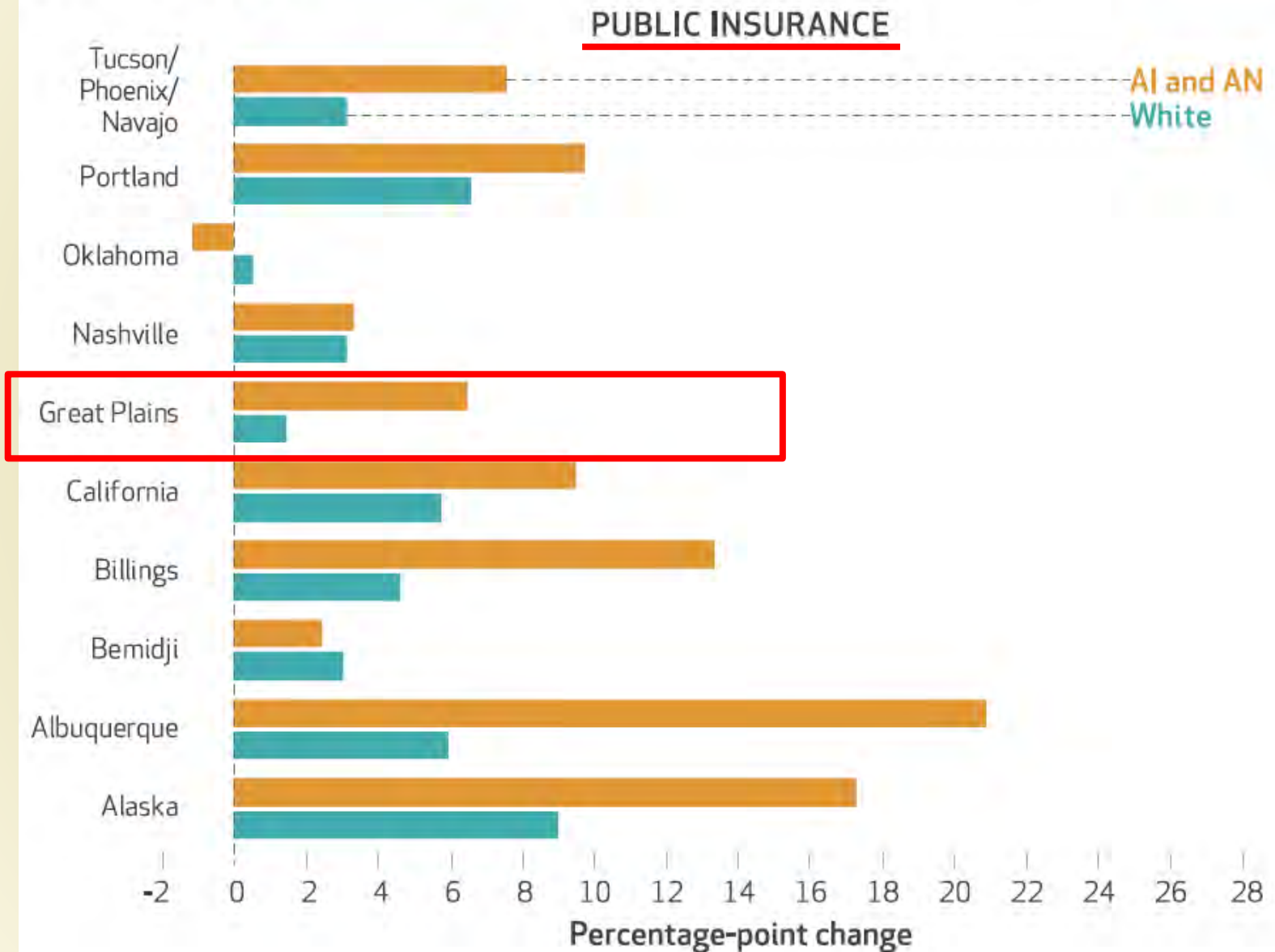
AI/AN without IHS



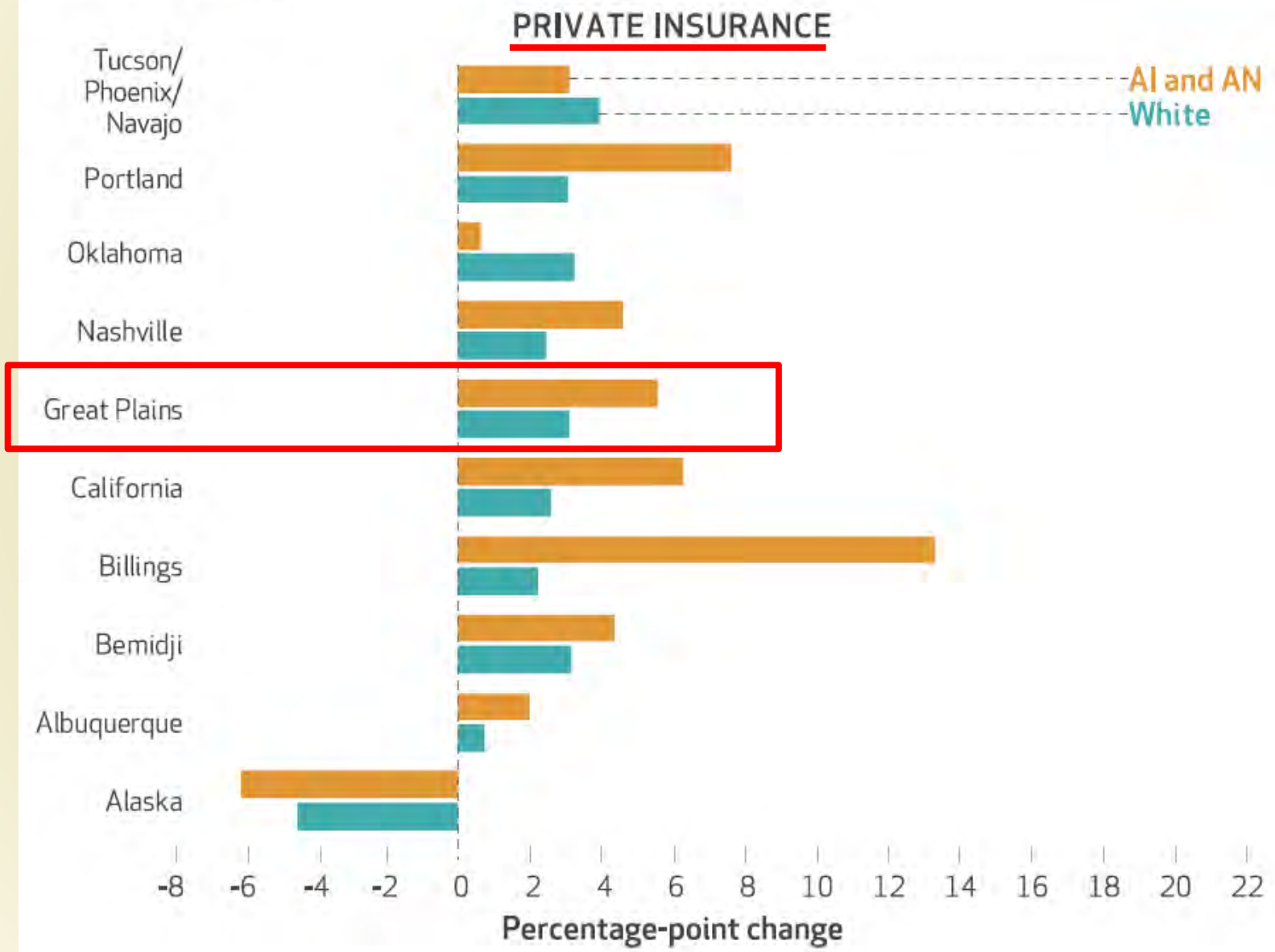
Unadjusted percentage-point changes from 2013 to 2017 in the American Indian and Alaska Native (AI and AN) and non-Hispanic white populations with any health insurance coverage, by Indian Health Service region



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



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



***South Dakota* American Indian Insurance Enrollment**

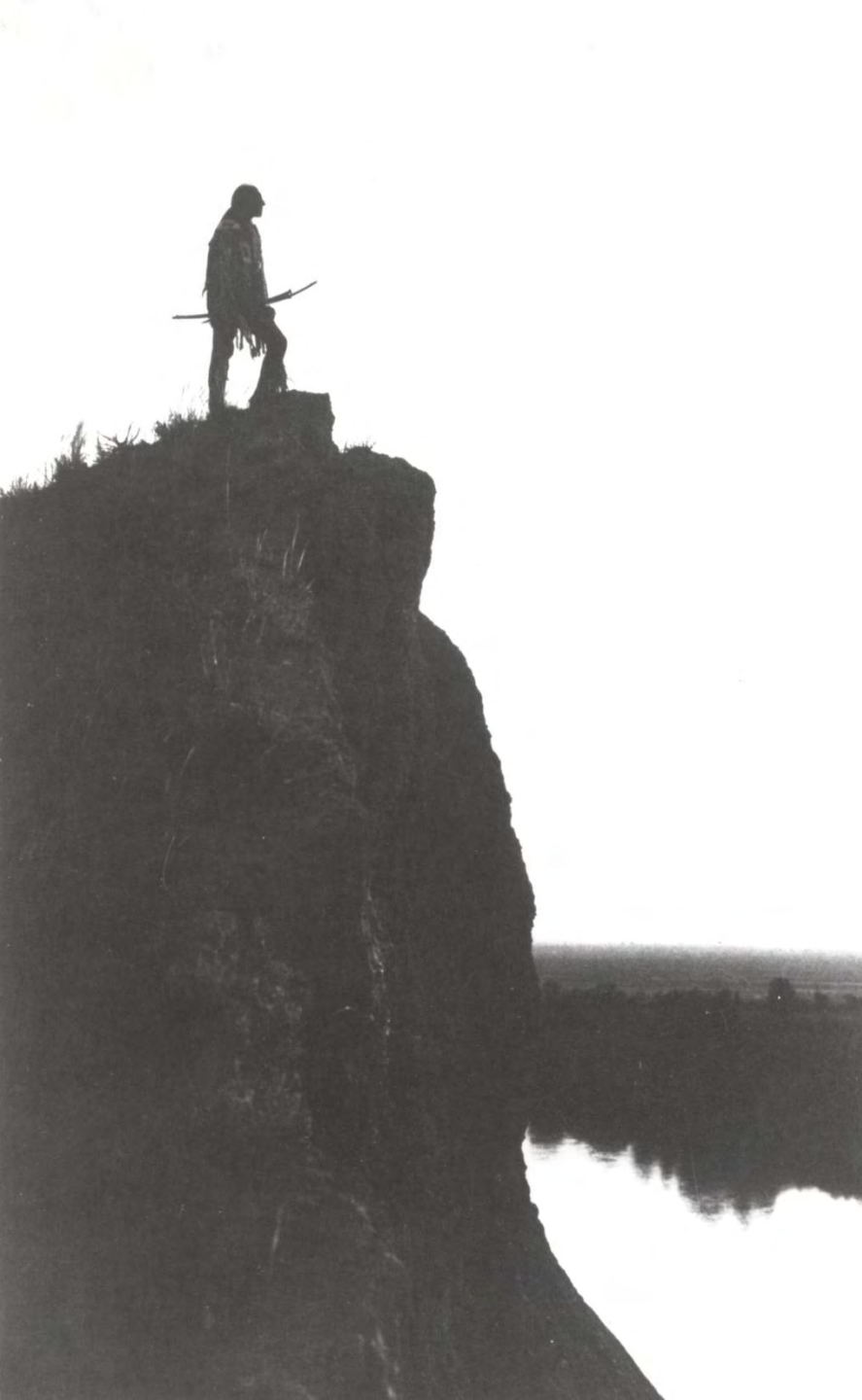
2012 - 2017

Summary Tables:	South Dakota
American Indian and Alaska Native Population 2012 and 2017	
2012	2017
84,281	90,148
American Indian and Alaska Native Uninsured 2012 and 2017	
2012	2017
24,396	25,931
Uninsured Rate 2012 and 2017	
2012	2017
29%	29%
Medicaid Enrollment 2012 and 2017	
2012	2017
39,819	39,922
Percent with Medicaid 2012 and 2017	
2012	2017
47%	44%

***North Dakota* American Indian Insurance Enrollment**

2012 - 2017

Summary Tables:	North Dakota
American Indian and Alaska Native Population 2012 and 2017	
2012	2017
42,347	50,768
American Indian and Alaska Native Uninsured 2012 and 2017	
2012	2017
14,716	12,724
Uninsured Rate 2012 and 2017	
2012	2017
35%	25%
Medicaid Enrollment 2012 and 2017	
2012	2017
12,045	17,037
Percent with Medicaid 2012 and 2017	
2012	2017
28%	34%



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