



THE INDIAN HEALTH PERSPECTIVE IN HEALTH CARE REFORM

INDIAN HEALTH SPECIFIC KEY POINTS FOR DEVELOPMENT OF HEALTH CARE REFORM LEGISLATION:

- Health care reform legislation must support and strengthen the current Indian health care delivery system, a comprehensive system that provides culturally competent health care to 1.9 million American Indians and Alaska Natives (AI/ANs), especially those in remote areas not served by the mainstream health care system.
- Such legislation must include Indian-specific provisions to assure that reform options can work in the unique Indian health delivery system.
- Health care reform legislation must acknowledge and take into account the multiple roles of Indian Tribes as providers, payors, employers, and governmental entities.
- Legislation that expands public or private health care coverage programs to the uninsured must ensure that AI/ANs have a meaningful opportunity to enroll and access their health care through Indian health providers.
- Because of the importance of Medicare, Medicaid and SCHIP to AI/AN and the complexity of impacts even minor changes have on the Indian health system, legislation should require tribal consultation during the development and implementation of federal and state regulations.
- Health care reform legislation must address the chronic underfunding of the Indian health system and must include full funding and/or mechanisms to achieve full funding.
- National reform and stimulus package initiatives that include new health funding must, in a meaningful way, explicitly include Tribes as governments and Indian health providers as eligible recipients.
- Health care reform legislation that proposes premiums or cost sharing requirements should include an exemption or 100% subsidy for AI/ANs.

INDIAN HEALTH SYSTEM GUIDING PRINCIPLES:

Indian Country has articulated guiding principles for the new Administration and Congress to follow in the development of any health care reform:

- **Trust Responsibility:** Health care reform initiatives must be consistent with the federal government's trust responsibility to Indian Tribes, acknowledged in treaties, statutes, court decisions and Executive Orders.
- **Government-to-Government Relationship:** Indian Tribes are not simply another interest group. They are recognized in law as sovereign entities that have the power to govern their internal affairs. Based on the government-to-government relationship with the federal government, Tribes need to be at the table in any discussions on health care reform initiatives that affect the delivery of health services to AI/AN people.

- **Special Legal Obligations:** It is the policy of the United States, in fulfillment of its legal obligation to Tribes, to meet the national goal of achieving the highest possible health status for AI/ANs and to provide the resources necessary for the existing health services to affect that policy.
- **Tribal Control and Management:** The legal authority of Tribal governments to determine their own health care delivery systems, whether through the Indian Health Service (IHS) or Tribally-operated programs, must be honored.
- **Distinctive Needs of AI/AN People:** A community-based and culturally appropriate approach to health care is essential to preserve Indian cultures and eliminate health disparities. The extremely poor health status of Indian people demands specific legislative provisions to increase funding in order to break the cycle of illness and addiction that began with the destruction of a balanced Tribal lifestyle.
- **Access to Care:** Indian health care services are not simply an extension of the mainstream health system in America. Through the IHS, the federal government has developed a unique system based on a public health model designed to serve Indian people in remote reservation communities and in key urban areas. The Indian health delivery system must be supported and strengthened to enhance access to health care for AI/ANs.
- **Private Insurance Plans:** Because of the location, small size and poor populations, private insurance plans often refuse to contract with Indian health providers. Some Indian providers cannot meet health plan contracting terms. Whether through public or private health coverage programs, Indian health providers need special mechanisms to receive reimbursement for services and AI/AN must be guaranteed plan options or exemptions to make sure they are allowed to use their IHS, tribal and urban providers without financial penalty.

LONG STANDING PROBLEMS THAT REDUCE ACCESS TO HEALTH CARE FOR AI/AN MUST BE RESOLVED:

- Underfunding of Indian Health Service must be corrected. Currently IHS is funded at about 50% of what is needed. I/T/Us need adequate resources to:
 - Build administrative and business office capacity
 - Modernize facilities
 - Correct contract health services shortfalls
 - Employ effective information technologies
- The glaring health disparities in AI/AN populations must be addressed in the cultural context of each tribal population. Specific Indian allocations, like the special diabetes initiative, have yielded promising results.
- Technical legislative changes need to be adopted to fix Medicare and Medicaid access problems.
 - Part D TROOP
 - Medicaid Citizenship Documentation
 - “Medicare Like Rates” for non-hospital participating providers
 - Reauthorization of the Indian Health Care Improvement Act
- Adequate resources are necessary for the successful interaction between Tribes and the Centers for Medicare and Medicaid Services.

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