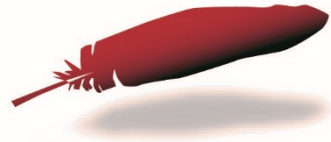


National Indian
Health Board



Health Legislation in the 115th Congress

Presented by
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National Indian Health Board

National Indian Health Board

Purpose: To advocate on behalf of all federally recognized American Indian and Alaska Native Tribes to ensure the fulfillment of the trust responsibility to deliver health and public health services as assured through treaties, and reaffirmed in legislation, executive orders and Supreme Court cases.

Mission Statement: One Voice affirming and empowering American Indian and Alaska Native Peoples to protect and improve health and reduce health disparities.



Affordable Care Act Repeal/Replace

- President Trump and Republicans in Congress have vowed to repeal and replace the Affordable Care Act – aka “Obamacare”
- Republicans have said that they will keep Indian Healthcare Improvement Act intact, as well as other provisions relating directly to Indian Health
 - IHS as Payor of Last Resort (Section 2901)
 - Permanent authority to bill Medicaid Part B (Sec 2902)
 - Tax Exemption for Tribal health benefits (Section 9021)
- American Health Care Act (AHCA) (H.R. 1628) introduced on February 7, 2017, pulled from floor consideration on March 24... but...



American Health Care Act

AHCA Likely to be future underlying bill:

- Restructures Obamacare with a system that would be mostly based on tax incentives to purchase insurance
 - 30% penalty assessed to someone buying new insurance if they have not have coverage for 63 days or more previously
 - IHS access is considered coverage for this purpose
- Decrease and modify premium tax credits by 2020
- Increase the ratio that insurance companies can charge older enrollees for premiums compared to younger enrollees.
- Ends Medicaid expansion after 2020, moves to per capita allocation for states and Medicaid
 - Establishes a \$10 billion (5 years) fund for states that didn't expand Medicaid
- Encourages the use of Health Savings Accounts



American Health Care Act

Here's the good parts:

- Keeps IHCAA and other Indian-specific provisions intact
- Ends the Employer Mandate and Individual Mandate by reducing payment to zero
- Keeps 100% FMAP for Tribes in Medicaid



Tribal Concerns – AHCA

Some of BAD Things:

- Ends cost sharing subsidies
 - Major Concern for AI/ANs – will have impact on IHS revenues
- End of Medicaid Expansion will mean major losses for Tribal health programs
- Medicaid Per Capita system to states will mean less services from states, and will impact tribes
 - States will be encouraged to be innovative and could impact services and eligibility to Tribes
- Ends the Prevention and Public Health Fund
- Provides tax incentives for health insurance, rather than subsidies
- Far less benefit than cost-sharing subsidies and premium subsidies



Tribal Concerns – AHCA

NIHB / NCAI sent a letter to Speaker Ryan asking for Tribal Concerns to be address on March 22, 2017

- Preserve Medicaid Expansion for all Americans and especially for individuals receiving Medicaid through an Indian Health Service (IHS) or Tribally operated health facility
- Clarify that AI/ANs should not be subject to state-imposed work requirements under the Medicaid program
- Continue the cost sharing protections for AI/ANs contained in section 1402(d) of the Affordable Care Act



American Health Care Act

New leaked Amendment – Tom MacArthur (R-NJ):

- Reinstate Essential Health Benefits as the federal standard
- Maintain the following provisions of the AHCA:
 - Prohibition on denying coverage due to preexisting medical conditions
 - Prohibition on discrimination based on gender
 - Guaranteed issue of coverage to all applicants
 - Guaranteed renewability of coverage o Coverage of dependents on parents' plan up to age 26
 - Community Rating Rules, except for limited waivers
- Option for states to obtain Limited Waivers from certain federal standards, in the interest of lowering premium costs and expanding the number of insured persons. States could seek Limited Waivers for
 - Essential Health Benefits
 - Community rating rules, except for Gender, Age, Health Status (unless the state has established a high risk pool or is participating in a federal high risk pool)
- States must attest the purpose of waiver is to reduce premium costs, increase the number of persons with healthcare coverage, or advance another benefit to the public interest in the state, including the guarantee of coverage for persons with pre-existing medical conditions.



American Health Care Act – What's Next?

- Final version being worked by just a few select Congressmen at Tuesday Group (Moderates) and Freedom Caucus (Conservatives) and GOP Leadership
- Likely to see final bill by end of week, Floor consideration next week
- Senate consideration -- ??
- Votes in Senate will be tight – please reach out to your Senators!!
 - View NIHB/NCAI letter at:
http://nihb.org/legislative/ihcia_and_aca.php



Legislative Outlook for SDPI

- SDPI Expires on September 30, 2017
- Typical Legislative Vehicle not available
 - Possible on CHIP?
- S. 747 - Special Diabetes Program for Indians Reauthorization Act of 2017 introduced on March 28 by Senator Tom Udall (D-NM)
- NIHB asking for long-term support; increase in funding.
- Popular with Lawmakers:
 - SDP/SDPI Support Letter – September 2016
 - 356 House Members; 75 Senators



How You Can Help!

- Host a Site Visit!
 - Fact Sheets and Site Visit Tool kit: www.nihb.org/sdpi
 - Have them speak with health directors, administrators, patients, employees
- Collect Success Stories – with data!
- Write to your Member of Congress
 - Share why the funding is critical to be renewed early
 - Why do you need an increase?
 - Postcards forthcoming.



Thank you!

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