



2017 TRIBAL SELF-GOVERNANCE ANNUAL CONSULTATION CONFERENCE

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PROGRESSIVE PARTNERSHIPS: INVESTING IN TRIBAL NATION BUILDING

Recorder Form

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Recorder: Jackie Eagle

Date: 4/27/17

Session Title: Part 1 of 2: Health Reform Legislation and Impact on the Indian Health System

Panelists:

Jim Roberts, Sr. Executive, Intergovernmental Affairs, Alaska Native Tribal Health Consortium

Doneg McDonough, President, Health System Analytics and Technical Advisor, TSGAC

Elliott Milhollin, Partner, Hobbs, Straus, Dean & Walker

Summary of Issues and Items Discussed:

Jim Roberts (PowerPoint Presentation): Mr. Roberts began by overviewing the strategies for repeal/replace of the Affordable Care Act (ACA). He then discussed the effect the AHCA would have had and the major changes it would have created. The American Healthcare Act (AHCA) would have changed Medicaid from an open-ended entitlement to a per capita based program. Mr. Roberts discussed what the Tribal priorities were throughout the repeal/replace process, some of these include maintaining permanent reauthorization of the Indian Healthcare Improvement Act (IHCA) and maintaining monthly enrollment options. Finally, he discussed some of the legislative opportunities including a legislative fix for the four walls issue, provider based regulations, etc.

Doneg McDonough (PowerPoint Presentation): Mr. McDonough began his presentation is a quick overview of the impacts of the ACA, one of which has been a major drop in the number of American Indians and Alaska Natives (AI/AN) who are uninsured. There has also been a financial relief to employers because some of their employees qualify and can be moved over to Medicaid. Regarding the employer mandate, there seems to be growing bi-partisan support to repeal that mandate. Medicaid enrollment growth is dependent on a State's action to implement the ACA's Medicaid Expansion, which means that where you live determines your level of access to coverage. Mr. McDonough gave an overview of the timeline for administration/congressional action. One important thing to note is that if Congress decides to offset raising the debt ceiling with cuts, Medicaid expansion alone is \$883 Billion dollars, which puts it at great risk. Finally, he discussed a life cycle analysis, which compared the ACA to the House Health Plan. The House Health Plan allows for premiums for younger and older people to be much higher than they are now.

Elliott Milhollin (PowerPoint Presentation): Mr. Milhollin's presentation focuses on the Administration's changes to Medicaid. He began by discussing the Price/Verma letter that was sent to all State governors in March. Some the priorities outlined in the letter include streamlining State Plan Amendment (SPA) approval process, fast-tracking approval of waiver and demonstration project approvals, and aligning Medicaid with private insurance. These priorities are inconsistent with Congress's intent that Medicaid was to be used to help the Indian Health Service. CRS conducted a report on a Judicial review of the work requirement and they found that you could, but there would have to be significant reason as to why it would need to be removed. Mr.

Milhollin then discussed some of the States' responses and ideas on how to meet requirements from the Price/Verma letter. The overall idea behind many of these proposals is that those they believe are capable adults should learn to take care of themselves and invest more in their own health care and be punished if they don't in the form of being kicked off Medicaid. Mr. Milhollin discussed some next steps beginning with why AI/AN should be exempt from these requirements. TTAG has drafted a letter outlining why the Work Requirements wouldn't work in Tribal communities and why it is important that AI/AN should be exempt. Finally, Mr. Milhollin discussed some strategies for Tribes on addressing these issues, some of which are understanding State priorities, engaging with States to preserve Tribal Rights, and engaging directly with CMS. It's important that Tribes engage early and often through meetings, comments, and other form of engagement.

Questions from the Audience:

Jim:

1. With the ACA, New Mexico and Tribes faced many difficulties. Is there a general rule that should be followed by Tribes and States when working through the different options? Medicaid is a State by State process, which means the states have a lot of flexibility when designing their marketplace; however, there is less consistency. CMS has changed their consultation policies and require States to engage in consultation; however, there is opportunity to go into consultation with CMS directly if the process with the State isn't working.

Doneg:

1. Have we considered moving forward with the 51st state concept to help alleviate the inconsistency that exists based on where you live? It could be an opportunity to lock in an existing mandate that, currently, is fully funded and will cover all AI/AN. The real threats come from the possibility of a per capita or block grant and the decisions the States make regarding how they manage and apply those.
2. Do Tribal businesses have any advantages or are they subjected to the same mandate requirements, especially when it comes to section 107 corporations? Currently, any Tribal business that has more than 50 employees is subject to the mandate; however, there are efforts to come up with a solution to change or lessen that burden.

Follow Materials, Documents, Websites for Reference:

Self-Governance Communication & Education website: tribalsegov.org.