



# Health Care Reform in Indian Country

Self-Governance Communication & Education

*Self-Governance Tribes Striving Towards Excellence in Health Care*

## Substantial Increases in AI/AN Enrollment in Medicaid Expansion States and Ongoing Potential for Additional Increases in AI/AN Enrollment, Particularly in Non-Medicaid Expansion States<sup>1</sup>

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This brief seeks to provide guidance to Tribes on the impact of the Affordable Care Act's (ACA's) Medicaid expansion option on the number of uninsured American Indians and Alaska Natives (AI/ANs), by state.

- Data are provided on the change in the number of AI/ANs enrolled in Medicaid since passage of the ACA, as well as the remaining number of uninsured AI/ANs who have household income at or below 138% of the federal poverty level (FPL), the eligibility threshold for the ACA's Medicaid expansion.
- Data are tabulated to indicate the enrollment increases in states that have implemented the Medicaid expansion and the number of uninsured AI/ANs who would gain Medicaid eligibility in states that have not yet implemented an expansion of Medicaid eligibility.

**These data serve to indicate what the impact would be on AI/ANs if Congress repealed the ACA Medicaid expansion authority.<sup>2</sup> It is recommended that Tribal leaders share this information with members of Congress, congressional staff and other policymakers to communicate the critical importance that maintaining the Medicaid expansion option is to the health of as many as 530,000 AI/ANs.**

### Background

The ACA provided states with the option, beginning in 2014,<sup>3</sup> of expanding their Medicaid programs to cover all residents with household incomes at or less than 138% FPL, including many AI/ANs, with the federal government covering 100% of program expenditures on health care services through 2016 and the rate gradually decreasing to a fixed level of 90% in 2020 and subsequent years. As of January 1, 2017, 31 states, including 19 with at least one federally-recognized Tribe, and the District of Columbia have adopted the Medicaid expansion.

### Potential AI/AN Medicaid Eligibility in Non-Expansion States

Table A below provides data on uninsured AI/ANs in the 16 states that have at least one federally-recognized Tribe and have not yet adopted the Medicaid expansion. For each state, the table shows the total number of uninsured AI/ANs, as well as the estimated number of these individuals who have an income at or less than 138% FPL. As of 2015, more than 130,000 uninsured AI/ANs would qualify for

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<sup>1</sup> This brief is for informational purposes only and is not intended as legal advice. For questions on this brief, please contact Doneg McDonough, TSGAC Technical Advisor, at DonegMcD@Outlook.com.

<sup>2</sup> Data are provided for states with at least one federally-recognized Tribe.

<sup>3</sup> Under the ACA, states could expand Medicaid prior to 2014 through a State Plan Amendment (SPA), a section 1115 waiver, or a combination of the two. Four states with substantial AI/AN populations—California, Connecticut, Colorado, and Minnesota—expanded their Medicaid programs prior to 2014.

Medicaid if these states adopted the expansion. For example, more than 12,000 uninsured AI/ANs in South Dakota, more than 18,000 in Texas, and more than 40,000 in Oklahoma have household income at or less than 138% FPL and would become eligible for comprehensive coverage under Medicaid if their state exercised its Medicaid expansion authority. Additional AI/ANs who have health insurance through an employer-based plan would become eligible to transition to coverage through Medicaid.

State	All Uninsured AI/ANs <sup>1</sup>	0-138% FPL <sup>2</sup>	
		Number of Uninsured AI/ANs	Percentage of Total Uninsured AI/ANs
Alabama	8,242	4,152	50.4%
Florida	32,010	7,281	22.7%
Idaho	9,866	3,719	37.7%
Kansas	8,796	4,235	48.2%
Maine	3,774	1,795	47.6%
Mississippi	4,780	2,052	42.9%
Nebraska	6,045	2,591	42.9%
North Carolina	32,138	14,085	43.8%
Oklahoma	129,366	42,636	33.0%
South Carolina	7,591	2,199	29.0%
South Dakota	31,195	12,676	40.6%
Texas	60,329	18,760	31.1%
Utah	17,080	3,850	22.5%
Virginia	9,976	3,682	36.9%
Wisconsin	14,185	5,346	37.7%
Wyoming	5,259	1,711	32.5%
<b>TOTAL</b>	<b>380,632</b>	<b>130,771</b>	<b>34.2%</b>

<sup>1</sup> Census Bureau, 2015 American Community Survey, 1-Year Estimates.

<sup>2</sup> Analysis of Census Bureau, 2015 American Community Survey, 1-Year Estimates.

#### AI/AN Medicaid Enrollment Since Enactment of the ACA

Table B below provides data on AI/AN Medicaid enrollment in the 35 states that have at least one federally-recognized Tribe over the period of 2010 to 2015. For each state, the table shows Medicaid expansion status, AI/AN enrollment by year, the change in enrollment during the six-year period, and the remaining number of uninsured AI/ANs with a household income at or less than 138% FPL. Among these states, AI/AN Medicaid enrollment rose by about 265,000 from 2010 to 2015, with expansion states accounting for almost 238,000 of the increase.

These health insurance expansions—and the corresponding drop in the number of uninsured—would be reversed if Congress defunded the Medicaid expansion option. For example, the vast majority of the 75,144 newly-eligible AI/ANs that gained Medicaid coverage in California since 2010 would lose that coverage. In New Mexico, 38,934 AI/ANs would be at risk of losing Medicaid coverage. And in Colorado, the nearly 50%

increase in AI/ANs with Medicaid coverage—from 25,340 to 37,358—would be lost if Congress repealed the Medicaid expansion authority.

Census data are not yet available for 2016. Additional substantial increases in Medicaid enrollment of AI/ANs—and reductions in the number of uninsured AI/ANs—are expected to have occurred in 2016 in Medicaid expansion states. In particular, Alaska and Montana are likely to show additional significant Medicaid enrollment growth among AI/ANs, as the Medicaid expansions in these states began in September 2015 and January 2016, respectively.

State	Medicaid Expansion Status	AI/AN Medicaid Enrollment, by Year <sup>1</sup> (Shading Indicates Year Medicaid Expansion Took Effect, if Implemented)						Change (2010-2015)	Remaining Uninsured <sup>2</sup> (0-138% FPL)
		2010	2011	2012	2013	2014	2015		
Alabama	No	10,451	11,694	14,565	10,327	15,518	12,578	2,127	4,152
Alaska	Yes	43,518	35,726	48,369	45,853	43,340	49,519	6,001	9,753
Arizona	Yes	132,452	138,926	128,442	128,848	151,966	149,385	16,933	31,191
California	Yes	180,674	191,251	191,206	202,205	232,548	255,818	75,144	19,575
Colorado	Yes	25,340	34,218	26,648	28,246	46,316	37,358	12,018	5,191
Connecticut	Yes	10,087	7,324	8,684	9,839	12,308	15,192	5,105	1,042
Florida	No	32,714	39,488	29,370	28,462	34,315	33,765	1,051	7,281
Idaho	No	11,097	8,711	8,112	8,986	8,782	11,803	706	3,719
Indiana	Yes	8,844	15,271	13,723	12,231	16,758	11,507	2,663	2,166
Iowa	Yes	10,076	14,454	12,294	10,289	8,629	10,730	654	1,835
Kansas	No	18,806	15,660	16,530	11,621	12,037	12,702	-6,104	4,235
Louisiana	Yes	15,065	18,449	13,858	16,544	12,635	15,327	262	2,590
Maine	No	8,706	10,160	11,721	11,514	13,159	10,939	2,233	1,795
Massachusetts	Yes	16,649	14,354	15,304	19,554	18,221	22,404	5,755	492
Michigan	Yes	40,308	49,410	42,664	48,482	49,535	52,375	12,067	3,896
Minnesota	Yes	45,042	40,178	37,895	42,488	41,235	36,799	-8,243	4,525
Mississippi	No	7,132	4,463	5,688	5,983	6,464	8,791	1,659	2,052
Montana	Yes	24,948	20,652	31,656	29,960	26,359	28,997	4,049	11,146
Nebraska	No	11,908	11,376	9,998	8,827	9,478	9,367	-2,541	2,591
Nevada	Yes	8,879	9,370	12,017	12,906	14,066	19,102	10,223	1,977
New Mexico	Yes	66,751	77,379	70,986	82,033	91,111	105,685	38,934	16,760
New York	Yes	50,667	55,019	65,073	63,492	78,738	69,794	19,127	6,658
North Carolina	No	58,308	53,437	56,316	57,495	57,499	57,779	-529	14,085
North Dakota	Yes	12,692	13,091	12,045	16,608	18,409	17,061	4,369	6,695
Oklahoma	No	118,600	117,557	125,494	123,202	116,748	121,030	2,430	42,636
Oregon	Yes	31,377	32,991	36,673	33,917	53,749	47,524	16,147	2,699
Rhode Island	Yes	5,732	4,117	4,907	2,985	5,995	7,129	1,397	188
South Carolina	No	7,749	12,875	7,775	9,309	11,088	9,132	1,383	2,199
South Dakota	No	33,561	38,137	39,819	37,552	36,519	36,255	2,694	12,676
Texas	No	48,106	60,854	66,109	59,001	54,785	71,885	23,779	18,760
Utah	No	15,984	12,826	13,237	12,273	13,045	12,832	-3,152	3,850
Virginia	No	8,318	12,970	17,609	12,852	9,640	13,925	5,607	3,682
Washington	Yes	58,987	60,702	56,778	58,575	75,442	73,879	14,892	4,857
Wisconsin	No	32,976	26,014	35,115	31,731	29,653	33,191	215	5,346
Wyoming	No	7,951	7,432	7,357	6,552	6,156	3,906	-4,045	1,711
<b>TOTAL (Expansion States)</b>		<b>788,088</b>	<b>832,882</b>	<b>829,222</b>	<b>865,055</b>	<b>997,360</b>	<b>1,025,585</b>	<b>237,497</b>	<b>133,236</b>
<b>TOTAL (Non-Expansion States)</b>		<b>432,367</b>	<b>443,654</b>	<b>464,815</b>	<b>435,687</b>	<b>434,886</b>	<b>459,880</b>	<b>27,513</b>	<b>130,771</b>
<b>GRAND TOTAL</b>		<b>1,220,455</b>	<b>1,276,536</b>	<b>1,294,037</b>	<b>1,300,742</b>	<b>1,432,246</b>	<b>1,485,465</b>	<b>265,010</b>	<b>264,007</b>

<sup>1</sup> Census Bureau, 2010-2015 American Community Survey, 1-Year Estimates. Alaska, Montana, and Louisiana implemented the Medicaid expansion in September 2015, January 2016, and July 2016, respectively.

<sup>2</sup> Analysis of Census Bureau, 2015 American Community Survey, 1-Year Estimates.

## Conclusion

The ACA Medicaid expansion gives millions of lower-income residents, including many AI/ANs, the opportunity to secure comprehensive health insurance coverage, with the federal government bearing almost all of the cost.

- In the 19 states with at least one federally-recognized Tribe that have implemented the Medicaid expansion, AI/AN Medicaid enrollment has increased by almost 238,000. Further, additional enrollment of AI/ANs is occurring in these states as the Medicaid expansion is fully implemented.
- In the remaining 16 states that have not yet adopted the Medicaid expansion, 130,000 uninsured AI/ANs would be able to enroll in Medicaid if, and when, the state acts to implement this option.

If Congress were to repeal the ACA Medicaid expansion option, the health insurance expansions—and the corresponding drop in the number of uninsured—would be reversed. And the potential for future expansions in the remaining states would be eliminated.

***Continuation of the ACA Medicaid expansion is key*** to protecting these gains and further reducing the number of uninsured AI/ANs in order to secure the resources needed to meet the health care needs of hundreds of thousands of low-income AI/ANs.