

American Indian Health System

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Oglala Lakota

OBJECTIVES

Overview of:

- Issues in Health Law & Policy
- AI Health & Resource Disparities
- Social Justice and Indian Health
- Role of ACA on Indian Health
- Policy Coordination Strategies

AMERICAN INDIAN HEALTH POLICY

Health Policy Defined:

- Do people have a legal right to healthcare in the US?
- Over \$3.1 trillion spent annually on healthcare in the US (2014, CMS)
- Over 45 million uninsured people in the US prior to ACA
- Over 18 million newly insured under ACA

Legal Basis for Federal Services to American Indians and Alaska Natives

- ✓ United States Constitution
- ✓ The Snyder Act of 1921
- ✓ The Transfer Act of 1954
- ✓ Indian Sanitation Facilities and Services Act of 1959
- ✓ The Indian Self-Determination and Education Assistance Act (enacted 1975)
- ✓ Indian Health Care Improvement Act of 1976
- ✓ The Indian Alcohol and Substance Abuse prevention and Treatment Act of 1986
- ✓ The Indian Child Protection and Family Violence Prevention Act of 1990

This is not an all-inclusive list.

TREATY WITH THE POTAWATOMI NATION, 1846.

Wichetas:

To-sa-quas, (White Tail.)
Cho-wash-ta-ha-da, (Runner.)
Kow-wah, (Shirt Tail.)
Wich-quas-sa-is, (Contrary.)
His-si-da-wah, (Stubborn.)
Towa-karroes:
Ke-chi-ko-ra-ko, (Stubborn.)
Nes-ho-chil-lash, (Traveller.)
Na-co-ah, (Dangerfield.)
Ka-ra-ko-ris, (Deceiver.)
Ha-ke-di-ad-ah, (Gallant Man.)
Wha-cha-ash-da, (Looker-on.)
Wash-le-doi-ro-ka, (Don't you do so.)
Te-ah-kur-rah, (Lightman.)
Sar-rah-de-od-a-sa, (Straight Looker.)
Wacoos:
A-quas-gosh, (Short Tail.)

(To each of the names of the Indians is affixed his mark.)

Ho-hed-orah, (Long Ways over the River.)

Chos-toch-ka-a-wah, (Charger.)
Cha-to-wait, (Ghost.)

Secretaries:

Thomas J. Wilson,
Isaac H. Du Val.

Witnesses:

Robt. S. Neighbors,
Hugh Rose,
Jno. H. Rollins,
Thomas J. Smith,
E. Morehouse.

Interpreters:

Louis Sanches,
John Conner,
Jim Shaw.

TREATY WITH THE POTAWATOMI NATION, 1846.

Whereas the various bands of the Pottowautomie Indians, known as the Chippewas, Ottawas, and Pottowautomies, the Pottowautomies of the Prairie, the Pottowautomies of the Wabash, and the Pottowautomies of Indiana, have, subsequent to the year 1828, entered into separate and distinct treaties with the United States, by which they have been separated and located in different countries, and difficulties have arisen as to the proper distribution of the stipulations under various treaties, and being the same people by kindred, by feeling, and by language, and having, in former periods, lived on and owned their lands in common; and being desirous to unite in one common country, and again become one people, and receive their annuities and other benefits in common, and to abolish all minor distinctions of bands by which they have heretofore been divided, and are anxious to be known only as the Pottowautomie Nation, thereby reinstating the national character; and

Whereas the United States are also anxious to restore and concentrate said tribes to a state so desirable and necessary for the happiness of their people, as well as to enable the Government to arrange and manage its intercourse with them:

Now, therefore, the United States and the said Indians do hereby agree that said people shall hereafter be known as a nation, to be called the Pottowautomie Nation; and to the following

Articles of a treaty made and concluded at the Agency on the Missouri River, near Council Bluffs, on the fifth day of June, and at Pottowautomie Creek, near the Osage River, south and west of the State of Missouri, on the seventeenth day of the same month, in the year of our Lord one thousand eight hundred and forty-six, between T. P. Andrews, Thomas H. Harvey, and Gideon C. Matlock, commissioners on the part of the United States, on the one part, and the various bands of the Pottowautomie, Chippewas, and Ottawas Indians on the other part:

ARTICLE 1. It is solemnly agreed that the peace and friendship which so happily exist between the people of the United States and the Pottowautomie Indians shall continue forever; the said tribes of Indians giving assurance, hereby, of fidelity and friendship to the Government and people of the United States; and the United States giving, at the same time, promise of all proper care and parental protection.

June 5 and 17, 1846.

9 Stat. 853.

Ratified, July

1846.

Proclaimed, July

1846.

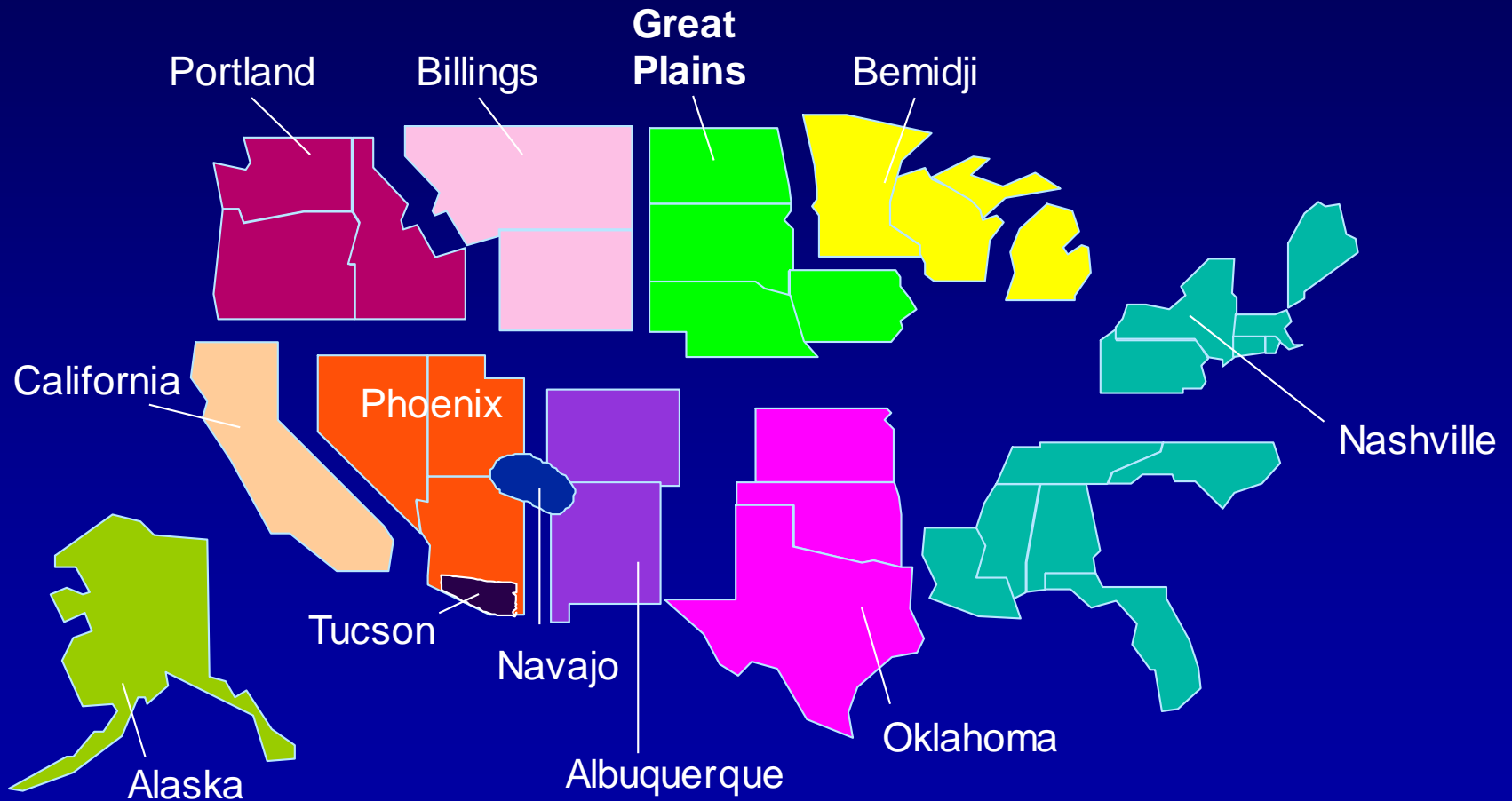
Preamble.

Peace and friendship to continue forever.

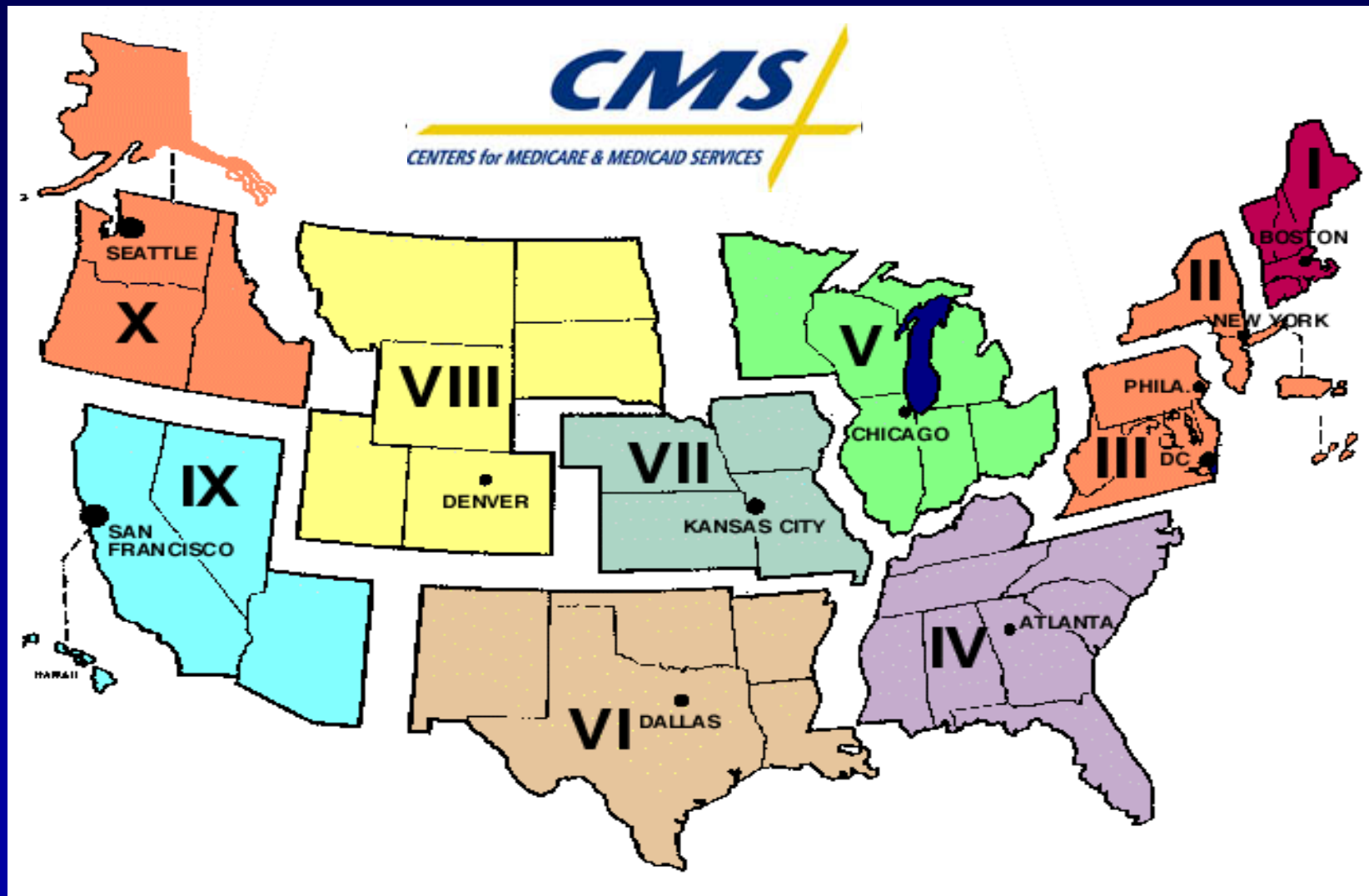
INDIAN HEALTH SERVICE

- The Indian Health Service (IHS) is the principal federal health care provider and health advocate for Indian people
- Its goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people

IHS Areas



CMS Regional Offices



CMS Role in Indian Health

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- CMS is key component of the trust responsibility
- AI/AN Medicare and Medicaid coverage impacts Purchased and Referred Care (PRC) spending
- Any changes in CMS policies and programs can make a significant difference in Indian health budgets and programs

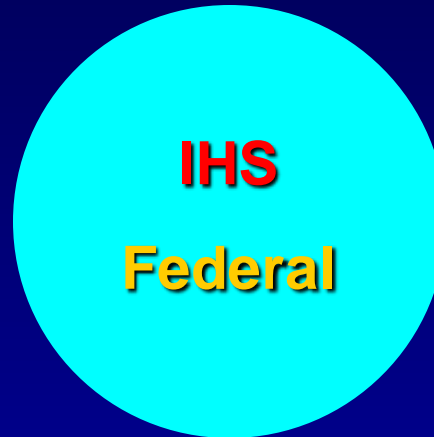
AI HEALTH POLICY ISSUES

- Complexity of Health Policy in US
- Political Relationships with Federal & State Governments
- Trust Responsibility & Entitlement
- IHS-Medicaid and Medicare Interaction
- Sovereignty & Self-Determination
(PL 93-638)

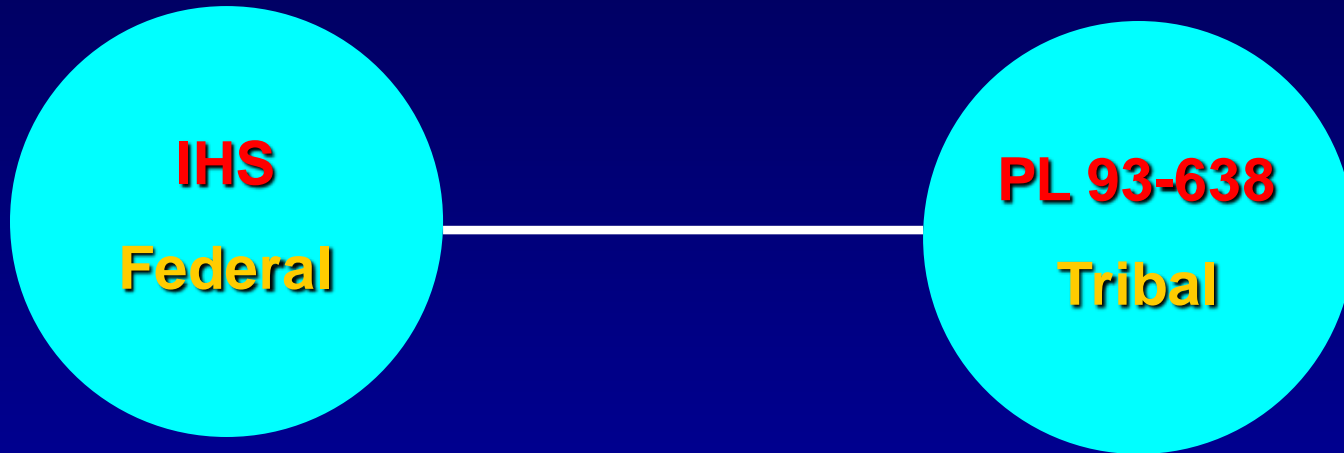
AI HEALTH POLICY ISSUES (continued)

- Unique Nature of Indian Health Service (DHHS)
- Health Disparities & Resource Disparities
- Issues in Urban Indian Health
- Indian Health Care Improvement Act (PL 94-437) and ACA
- Integrating Traditional AI Medicine
- Lack of Accurate Data & Research Issues

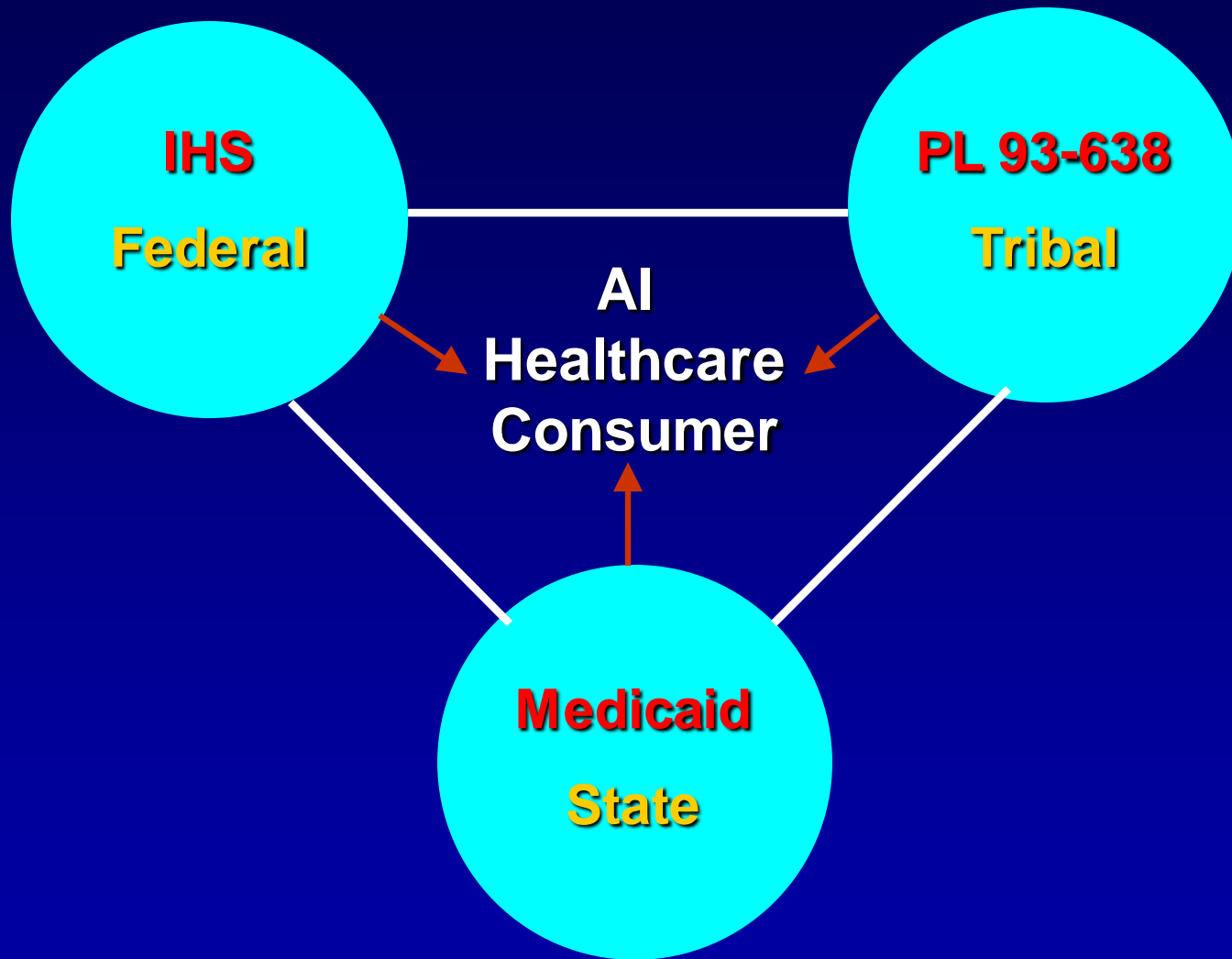
Indian Health System 1955-1975



Indian Health System 1975-1988



Indian Health System



Health Sector

AI Health Disparities

Life Expectancy in Years:

	<u>Men</u>	<u>Women</u>	<u>Total</u>
U.S.	74.1	79.5	76.9
AAIHS	63.5	71.0	67.3
<i>Disparity:</i>	10.6	8.5	9.6

Average age at death in ND (2010 – 2014):

77.4 Years in the White Population

56.6 Years in the AI Population

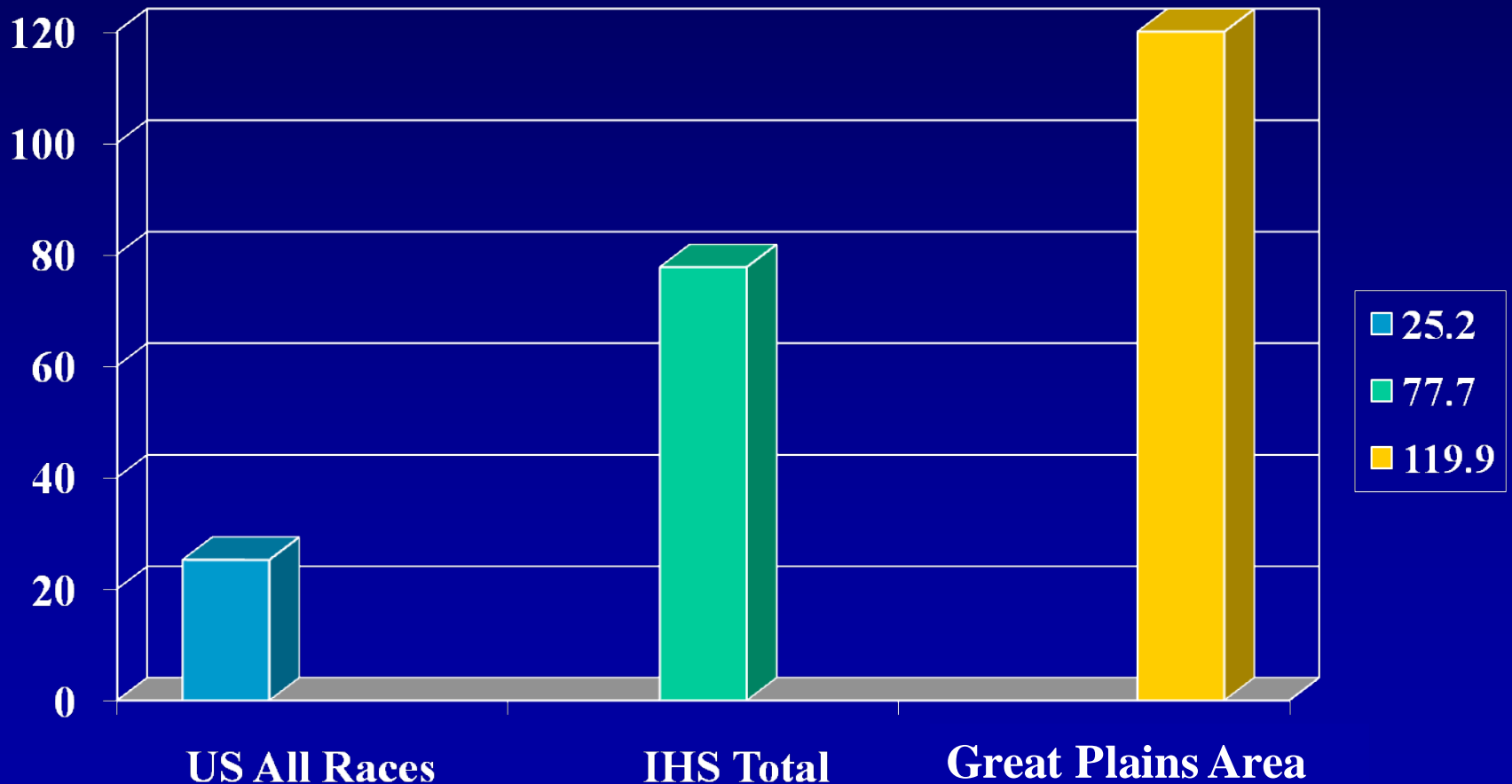
AI Health Disparities

Death rates from preventable diseases among AIs are significantly higher than among non-Indians:

- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater

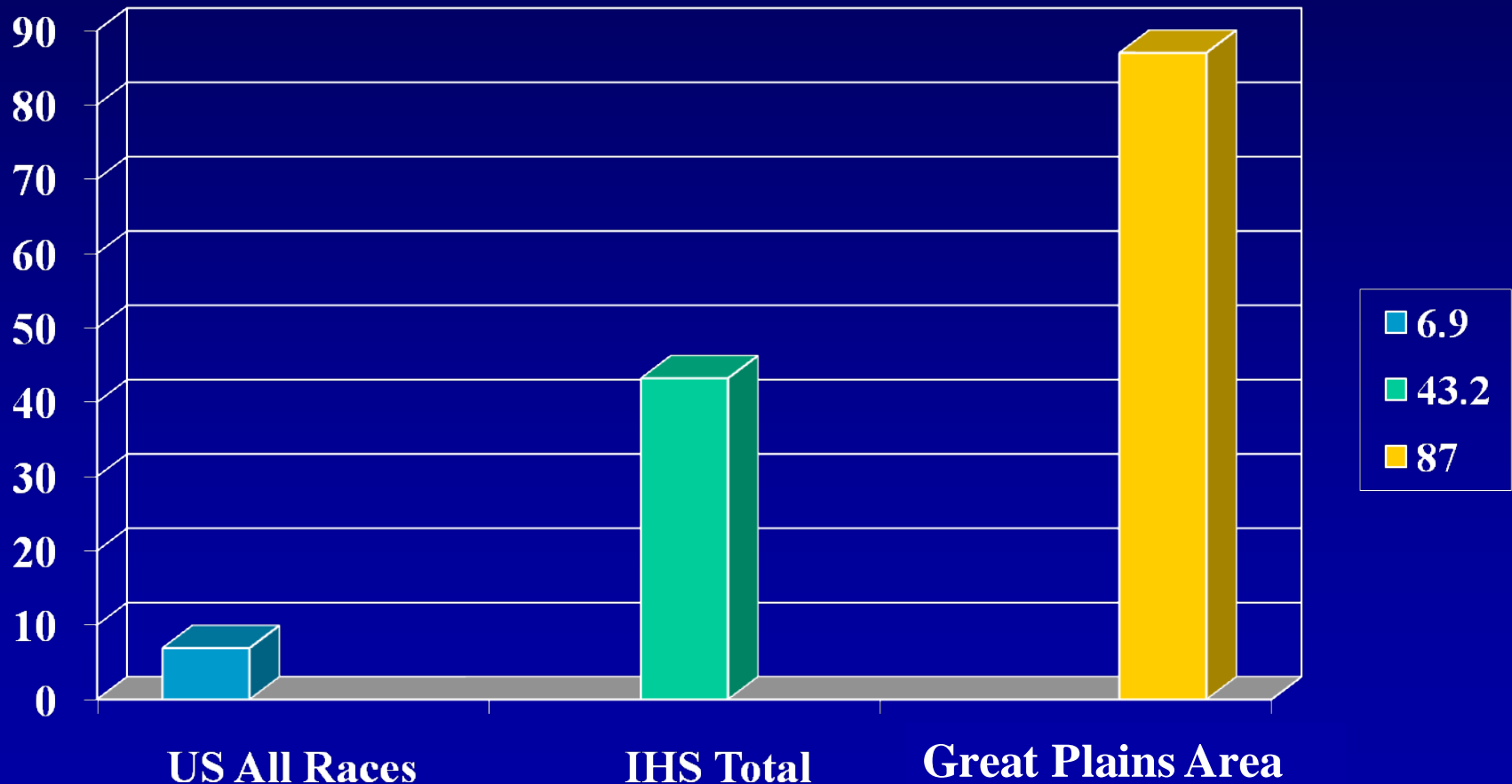
Diabetes Death Rates

(Rate/Per 100,000 Population)



Alcohol Related Death Rates

(Rate/Per 100,000 Population)



Cancer Death Rates

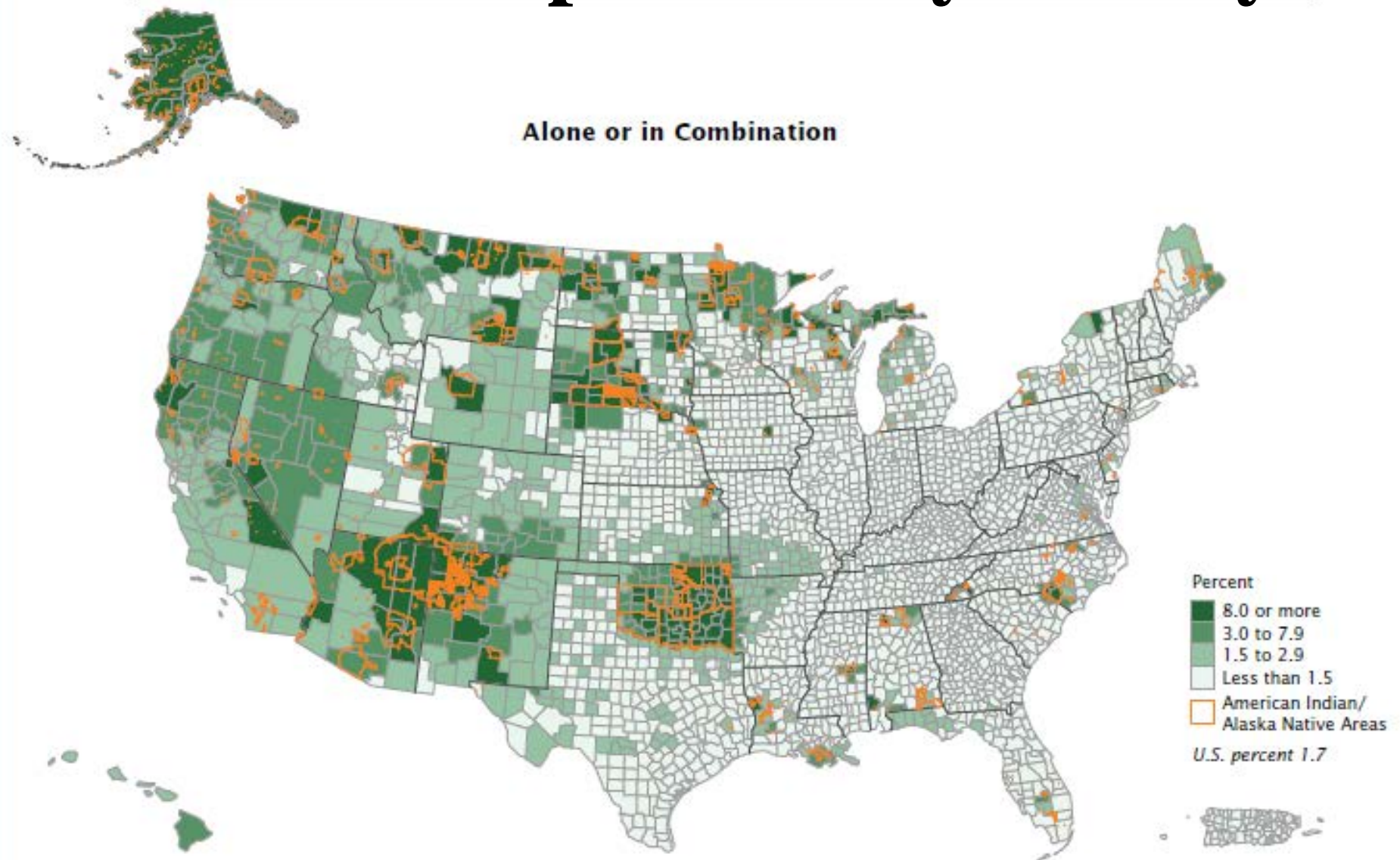
(Rate per 100,000 population)



AI Demographics

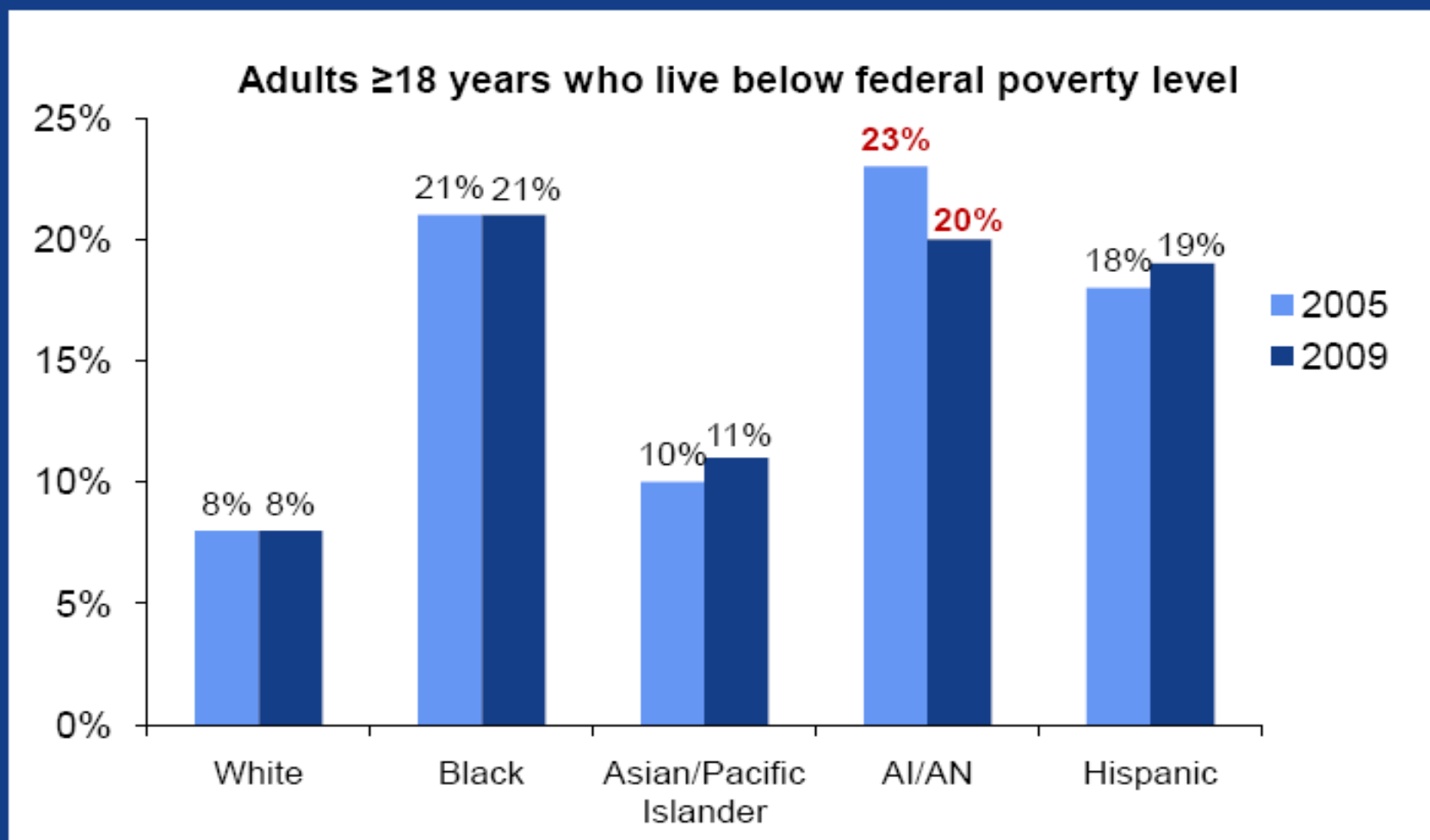
- Over 3 million *American Indian Only* in 2010 Census
- Over 5 million *AI and 'other'* in 2010 Census
- >60% of AI people live in urban areas
- Over 560 federally recognized AI/AN tribes
- Nine AI Tribes in SD, Four in ND
- Significant poverty & Social Determinants of Health

AI/AN Population by County



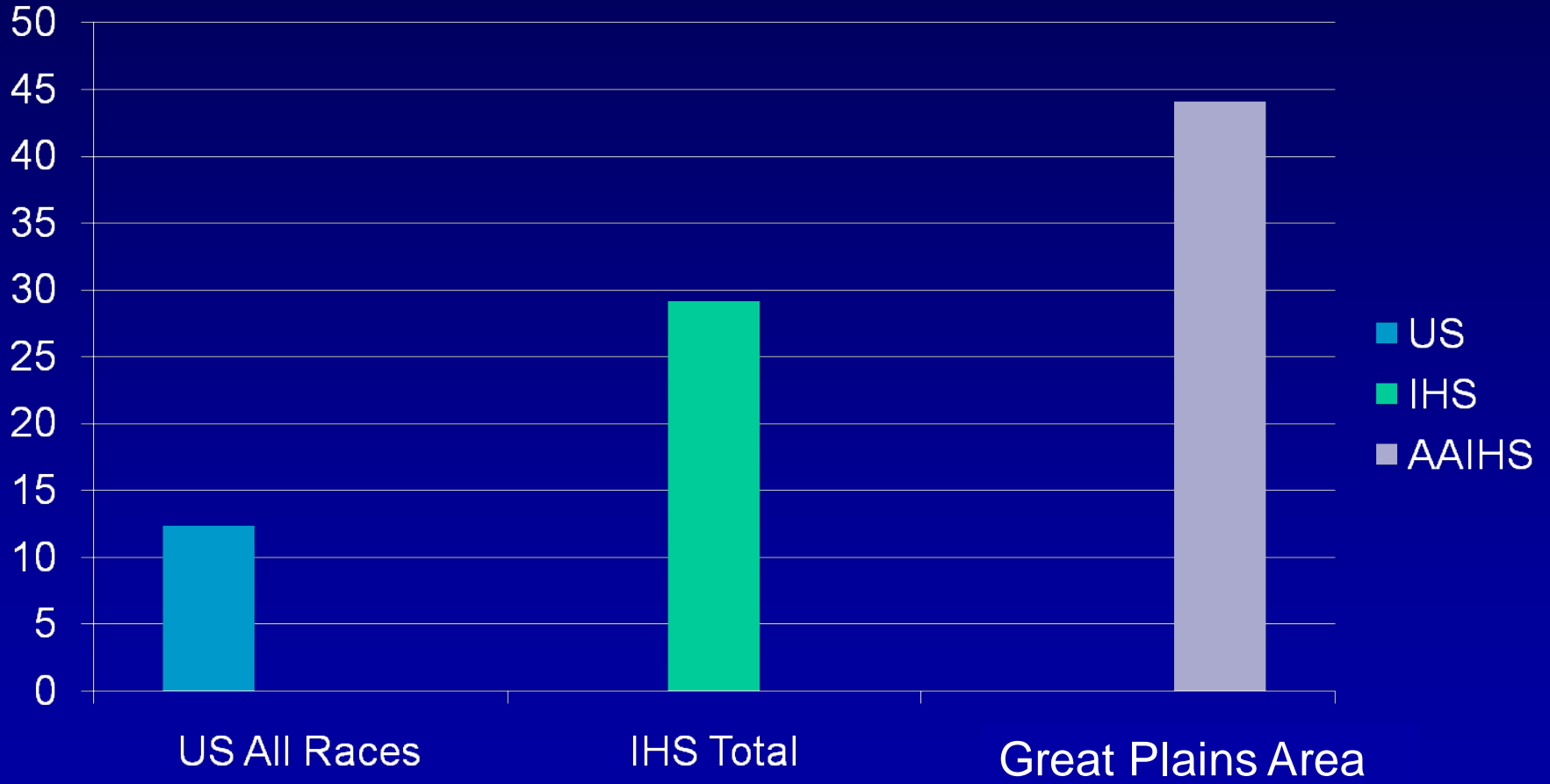
Source: U.S. Census Bureau, 2010 Census Redistricting Data (Public Law 94-171) Summary File, Table P1.

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

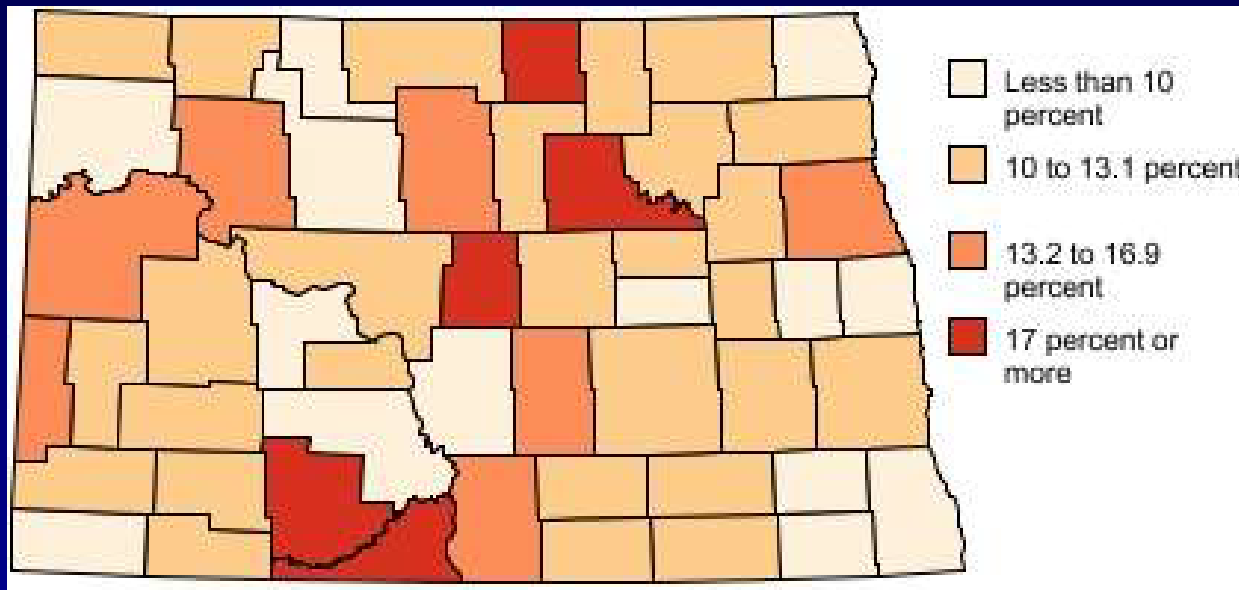


Source: CDC Health Disparities and Inequalities Report 2011, MMWR, Vo. 60

Percent At or Below FPL

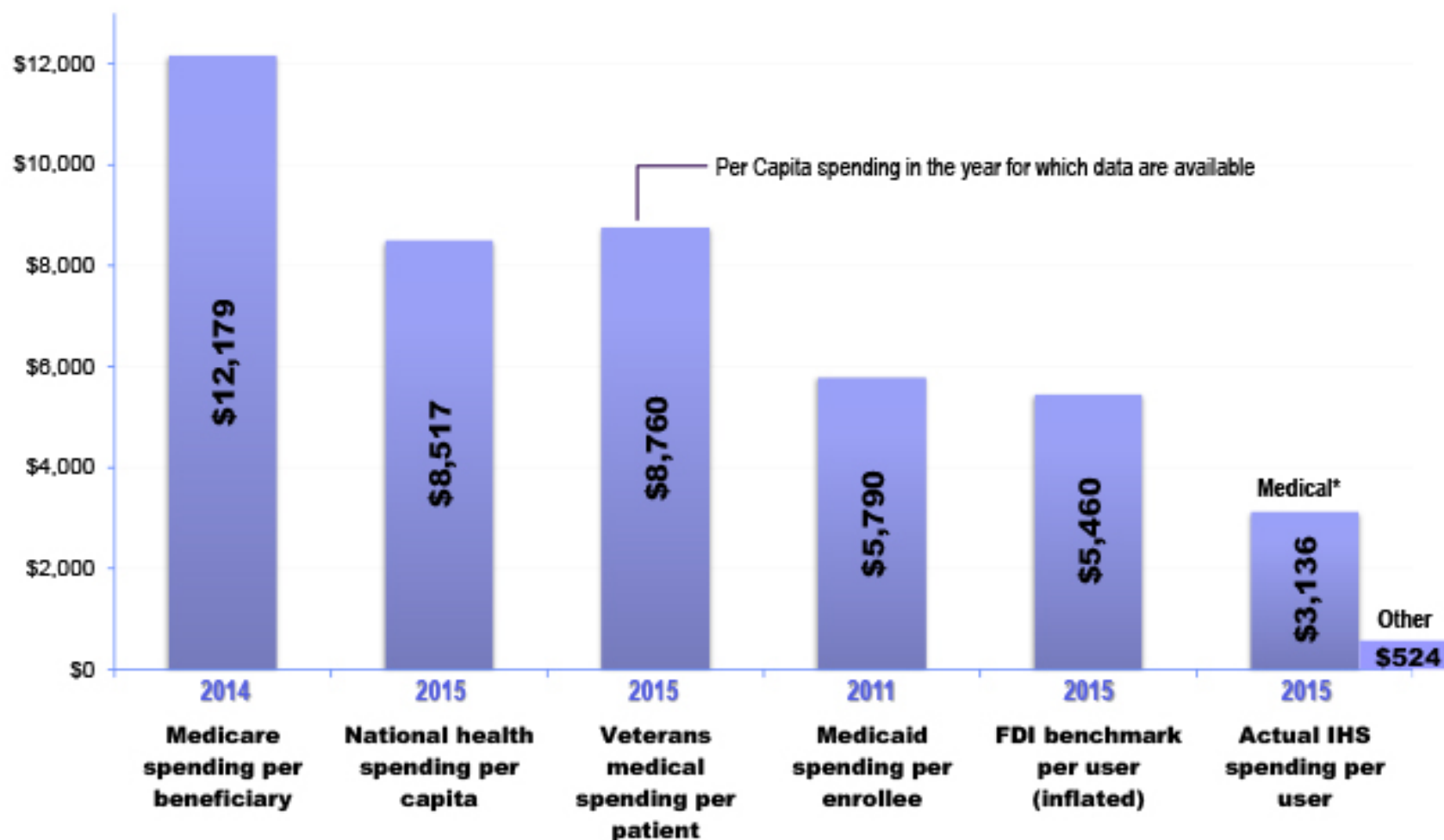


Poverty in North Dakota





2015 IHS Expenditures Per Capita and Other Federal Health Care Expenditures Per Capita

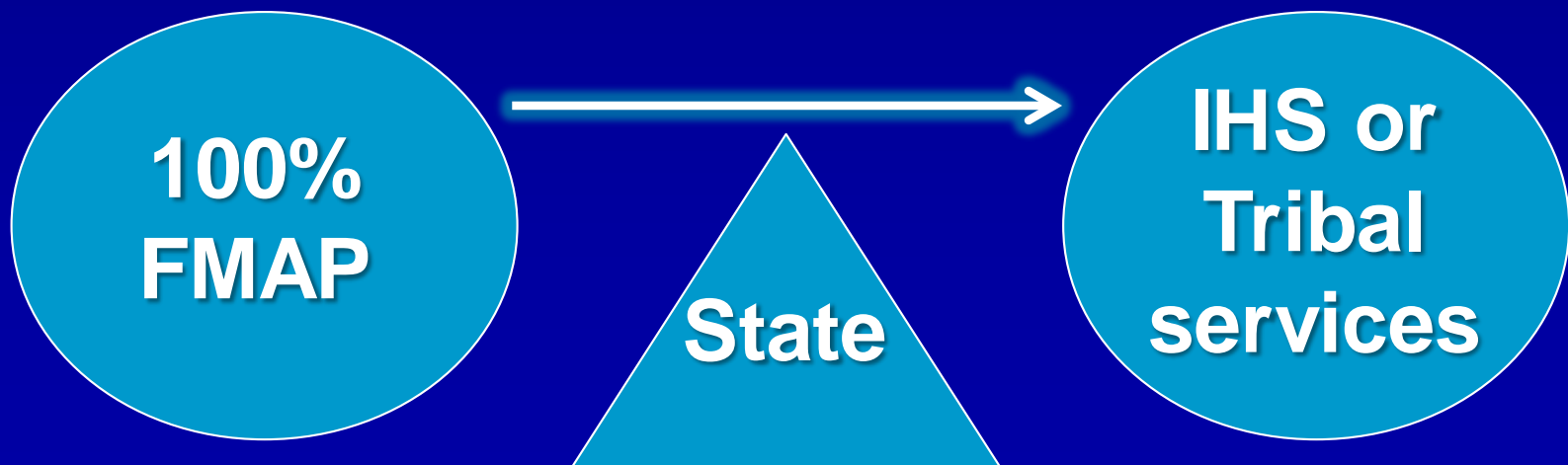


See page 2 notes on reverse for sources. *Payments by other sources for medical services provided to AIANs outside IHS is unknown.

12/29/2015

Medicaid Considerations

- “Tri-Citizenship”
- States determine Medicaid Plan—even for services covered by 100% FMAP
 - (e.g. TCM in ND v SD)
- States control number of Encounter Rates billed per day (100% FMAP)
 - (e.g. 1/day in SD—changed!)

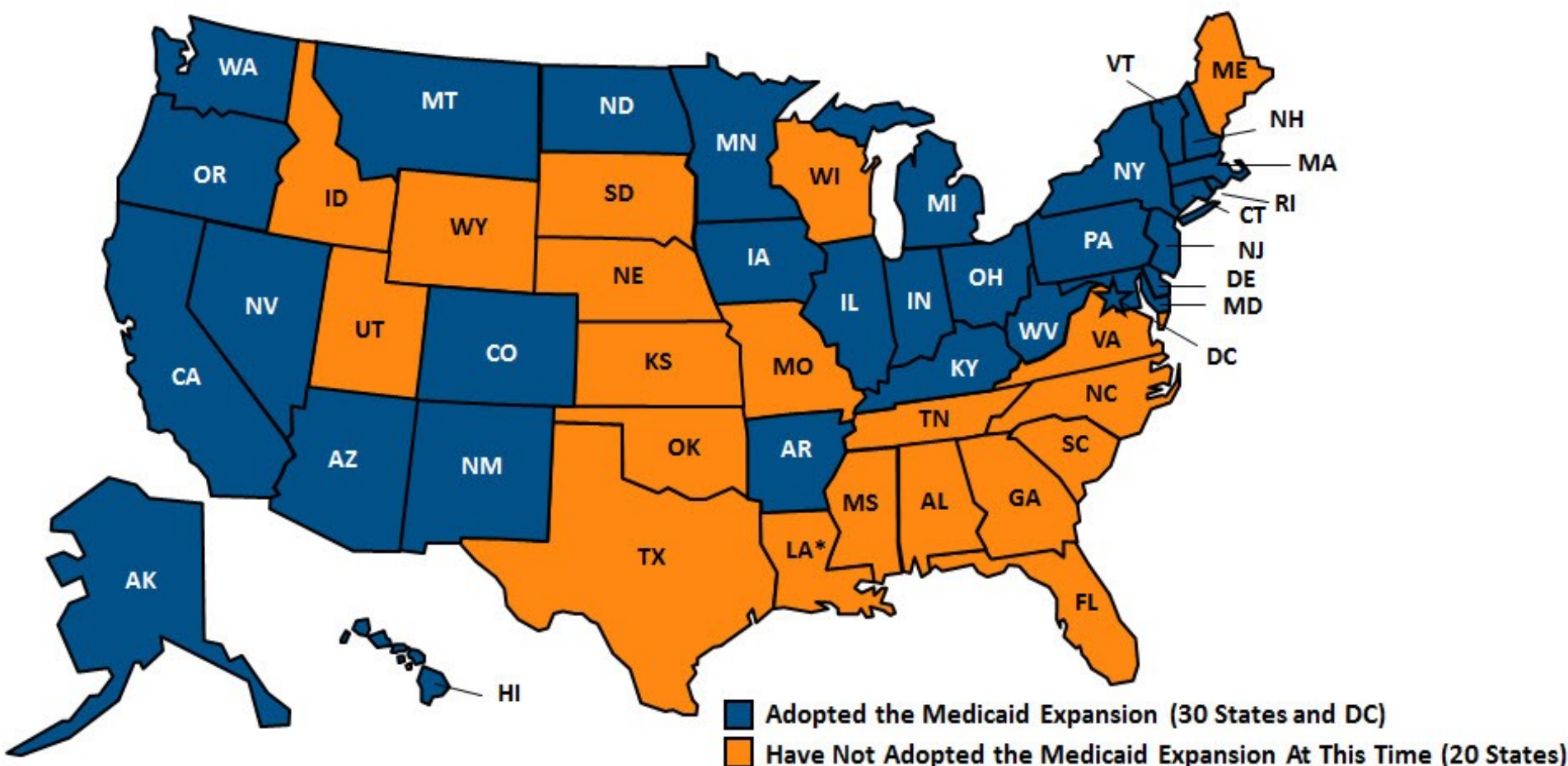


Patient Protection & Affordable Care Act

- PPACA—March 23, 2010, includes IHCIA
- Health Insurance Reform—PEC, Prev Svs, etc
- “Government Takeover of Health Care”
- No Single Payer
- “Obamacare”
- No Public Option
- Individual Mandate
- Employer Mandate
- Impact on AI/ANs?



Status of Medicaid Expansion Decisions, January 15, 2016



NOTE: *Louisiana's Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/2016, but coverage under the expansion is not yet in effect.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

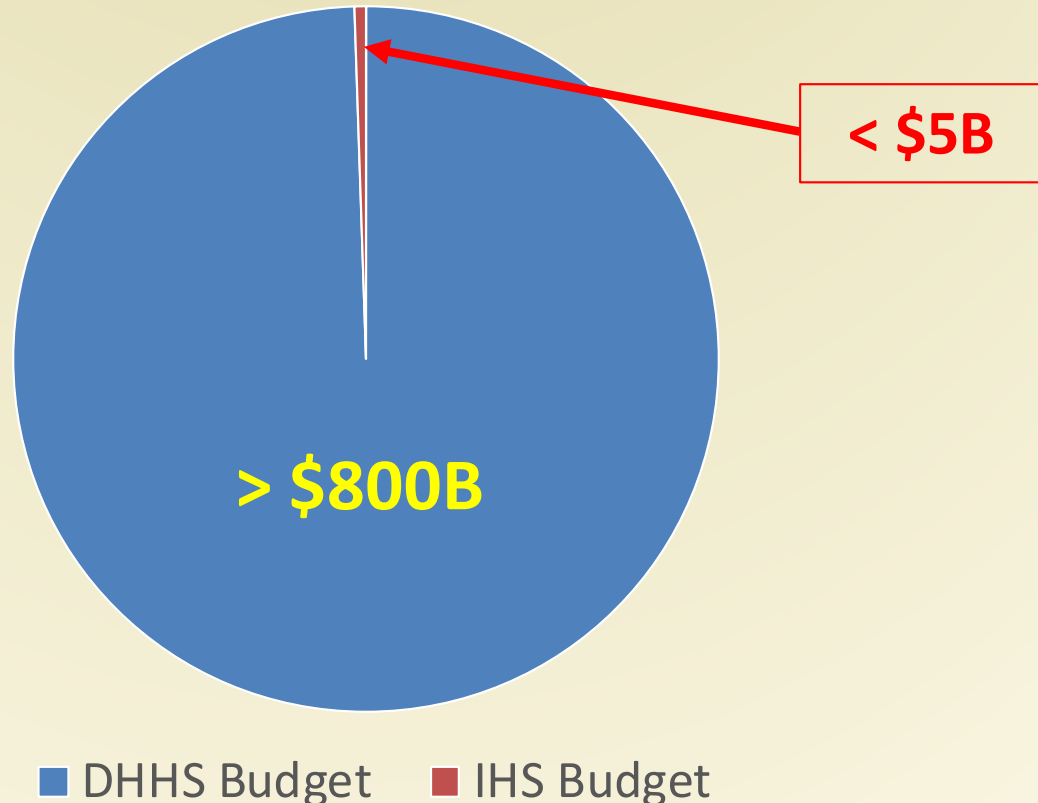
Treaties and Trust Responsibility

“I don’t have a treaty with CMS”

Treaties and Trust Responsibility

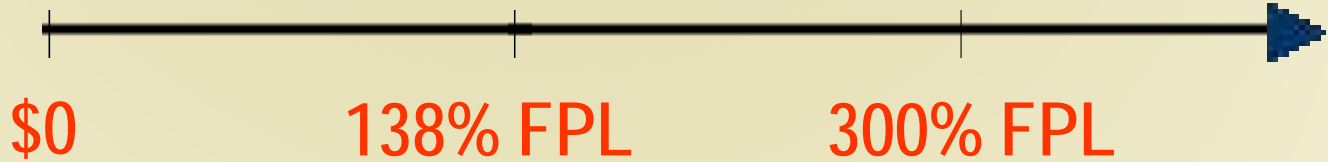
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Federal Budget for Health Services

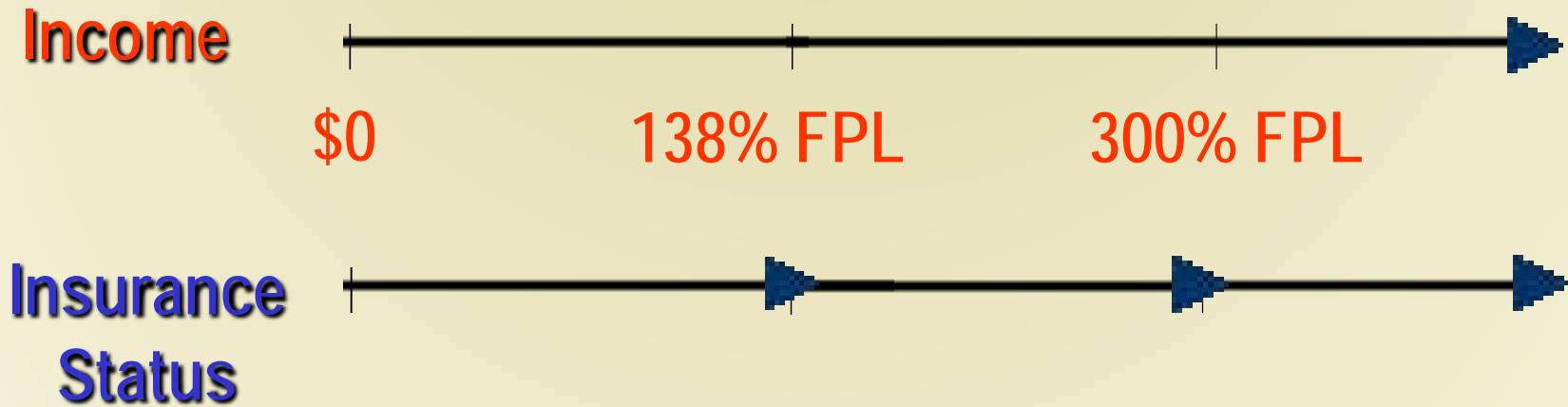


A Path Forward for Indian Health in North Dakota

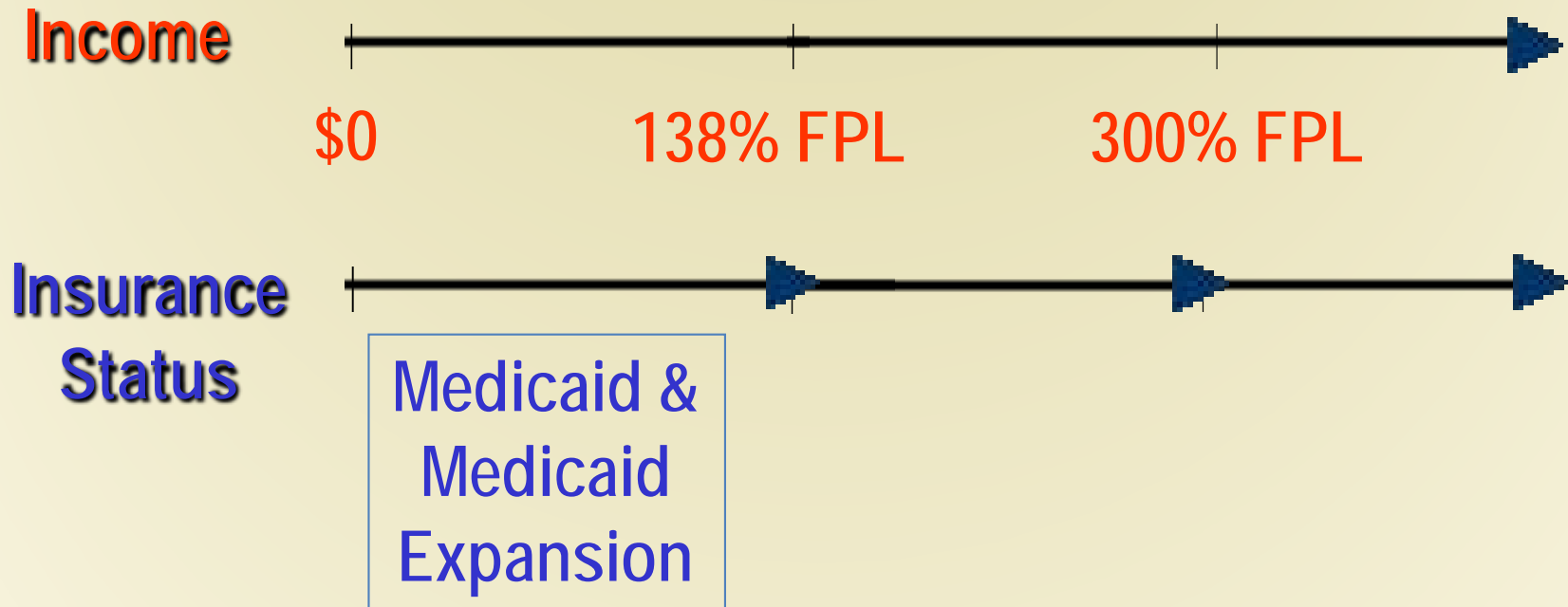
Income



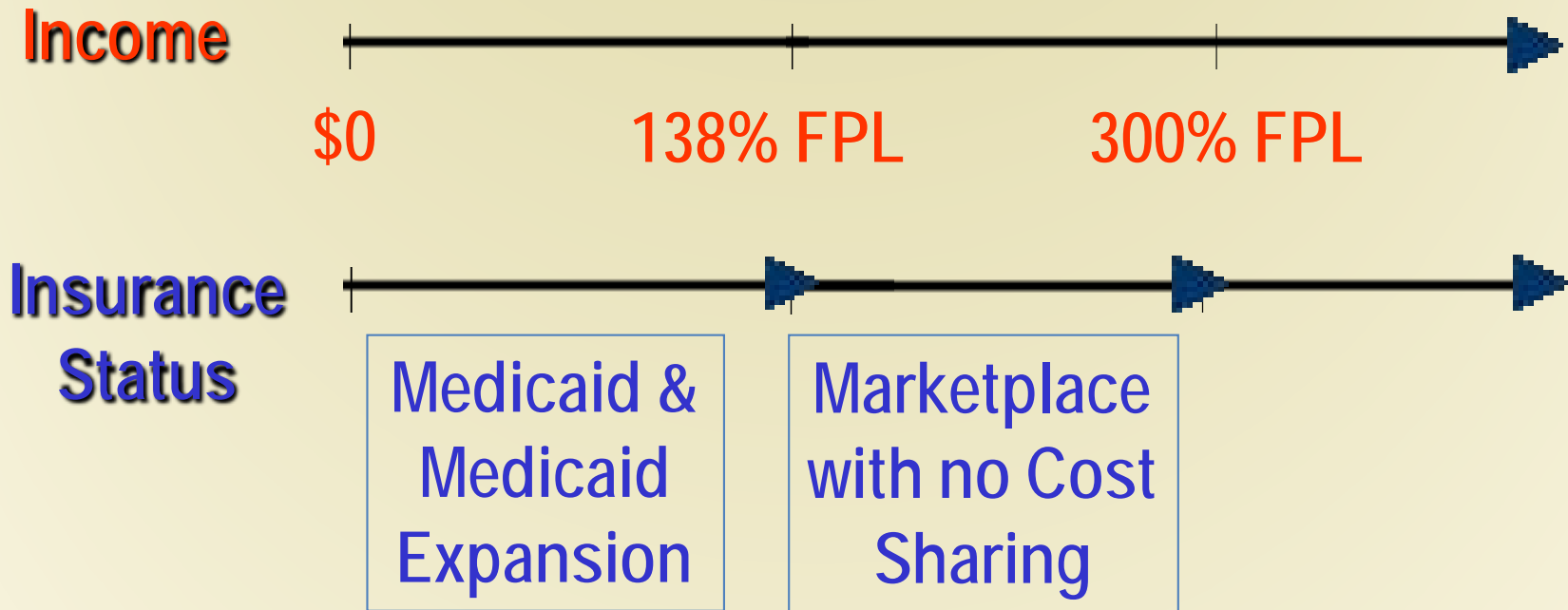
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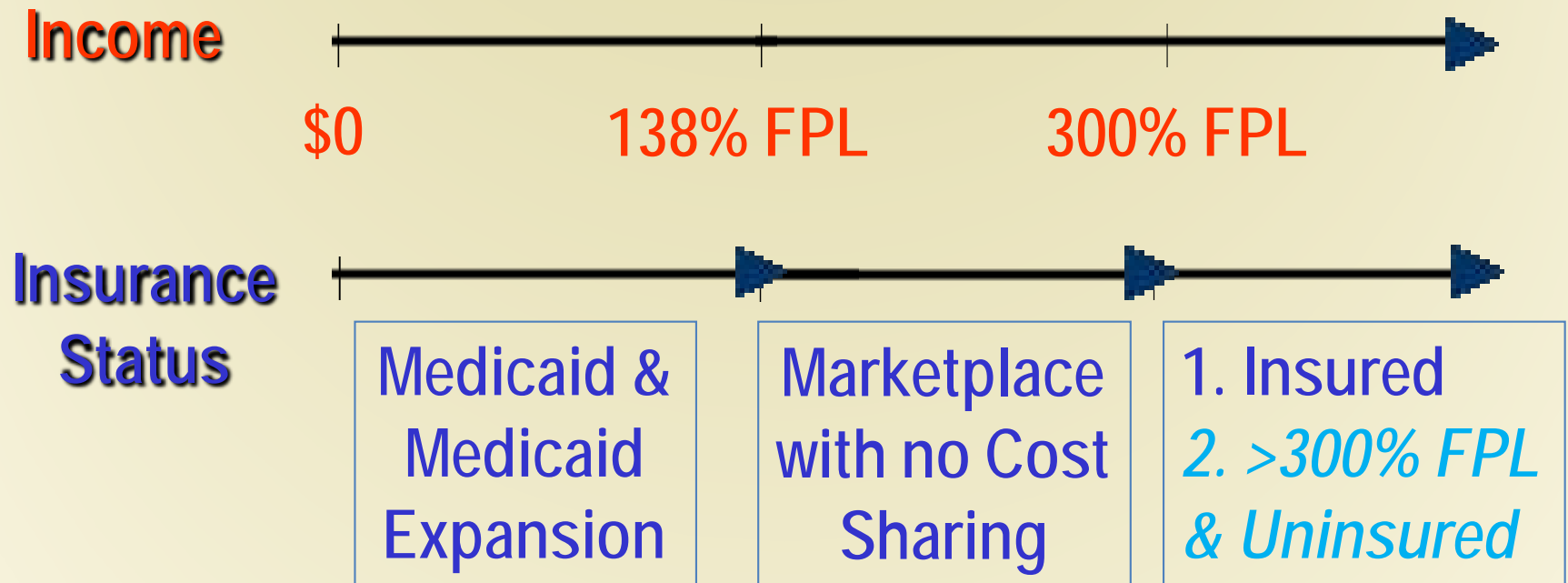
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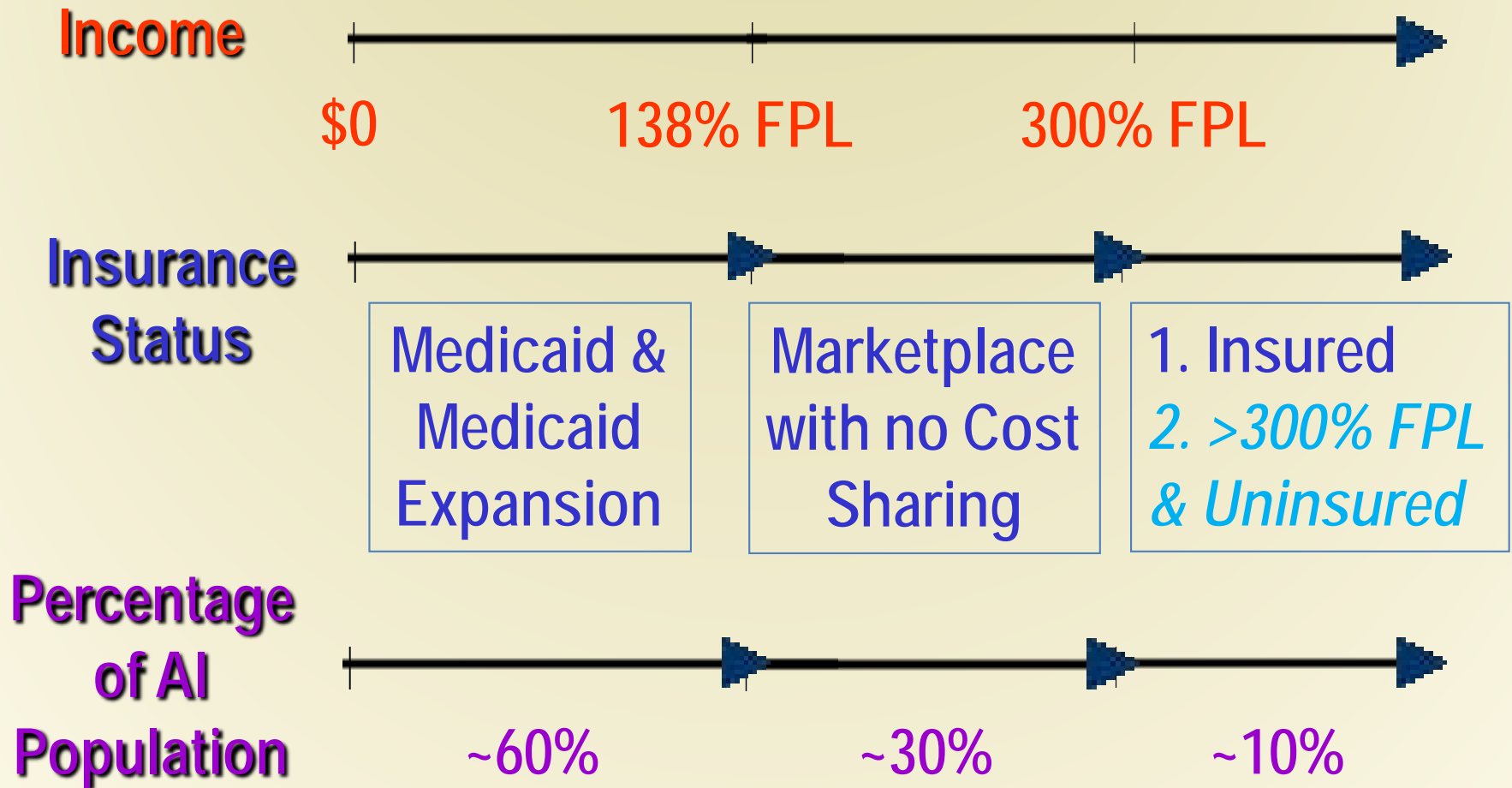
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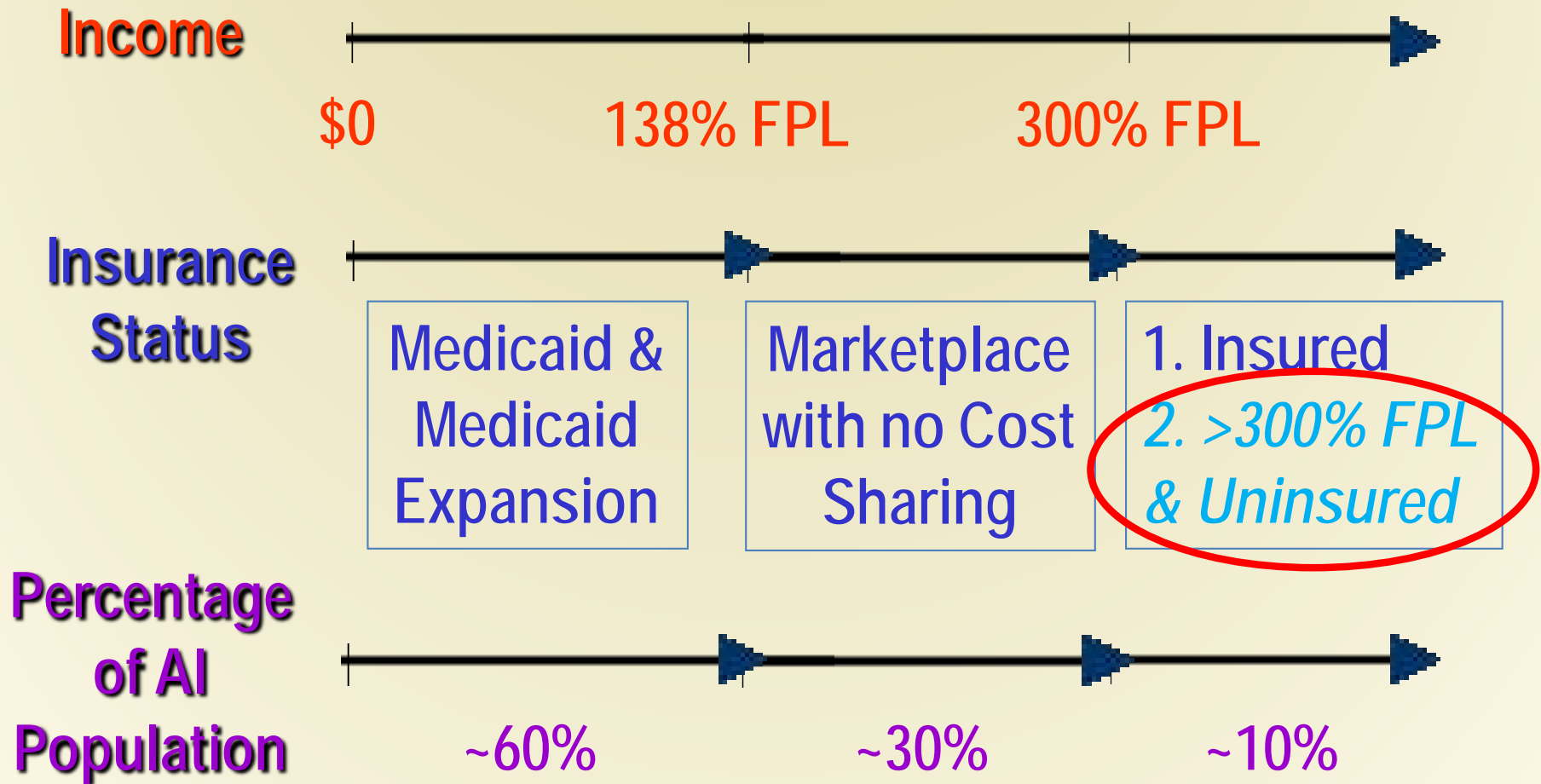
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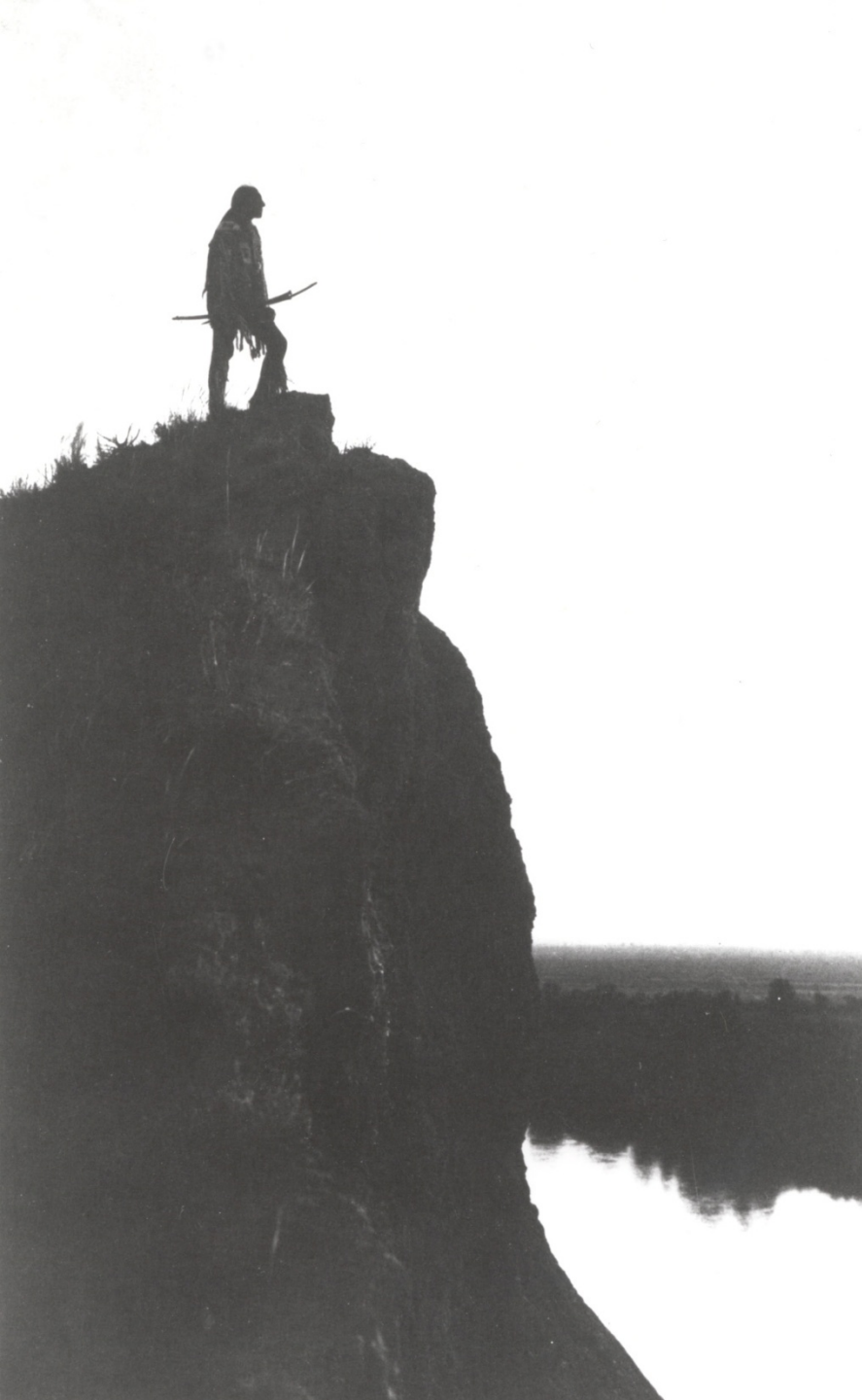
Tribes can “638” PRC funds to pay for cost sharing—eliminating the need for PRC in the State of ND

Medical Priorities

- **Level I** —Emergent/Acutely Urgent Care Services
- **Level II** —Acute Primary and Preventative Care Services
- **Level III** —Chronic Primary and Secondary Care Services
- **Level IV** —Chronic Tertiary Care Services
- **Level V** —Excluded Care Services

Impact of ACA Repeal on AI/ANs

- Loss of Medicaid Expansion
- Loss of Marketplace
- Loss of IHClA
 - **Statement of Policy:** “to provide the resources, processes, and structure to eradicate health disparities between American Indians and Alaska Natives”
 - Licensing reciprocity
 - CHEF Funds
 - FEHB Access
 - Collection of reimbursements from Medicaid, Medicare, CHIP
 - Coordination with VA
 - Confer with UIHOs
 - NHSC Placements
 - Many, many other provisions...



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