



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

Affordable Care Act/Indian Health Care Improvement Act Refresher

Elliott Milhollin, *Partner*
Elizabeth Bailey, *Government Relations Advisor*
Hobbs, Straus, Dean & Walker LLP

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IHS Tribal Self-Governance Advisory Committee
Self-Governance Communication and Education

The Affordable Care Act (ACA)

- Signed into law on March 23, 2010.
- Broadly, the ACA:
 - Overhauled the U.S. health system.
 - Expanded healthcare coverage for millions of Americans.
- Permanently reauthorized the Indian Health Care Improvement Act (IHCA).



Affordable Care Act

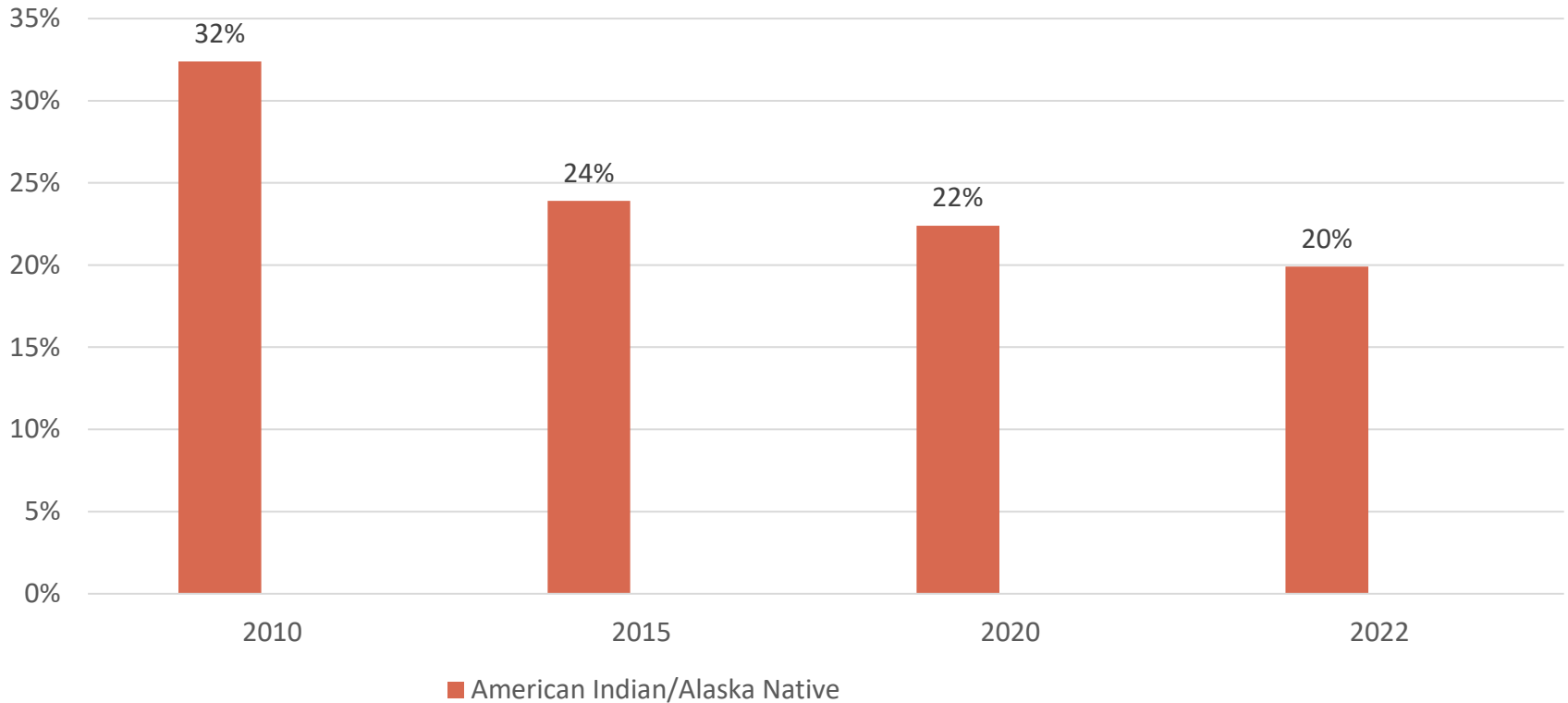
- Individual Mandate
- Health Insurance Marketplace
- Medicaid Expansion
- “Payor of Last Resort”
- Permanent Authority to bill Medicare Part B
- Tax Exemption for Health Benefits for Tribal members

Indian Health Care Improvement Act

- National CHAP Expansion
- Tribal Sponsorship
- IHS-VA Cooperation and Reimbursement
- Data-Sharing with Tribal Epidemiology Centers
- Licensing Exemptions
- Authority to Provide Long-Term Care
- Right to Recover Directly from Third-Party Payors
- Access to Federal Insurance Benefits

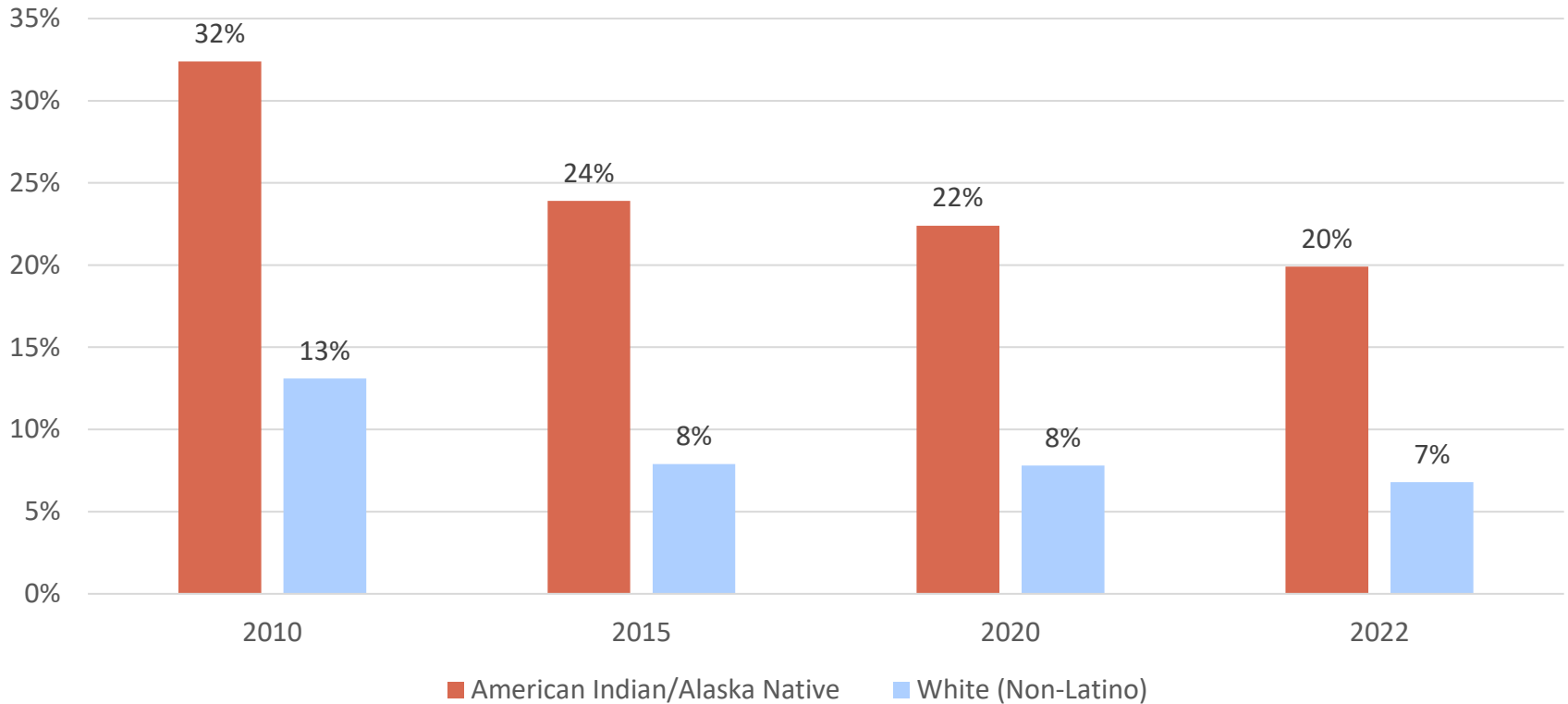
Impacts of the ACA

Uninsured Rates (Age 0-64), 2010-2022



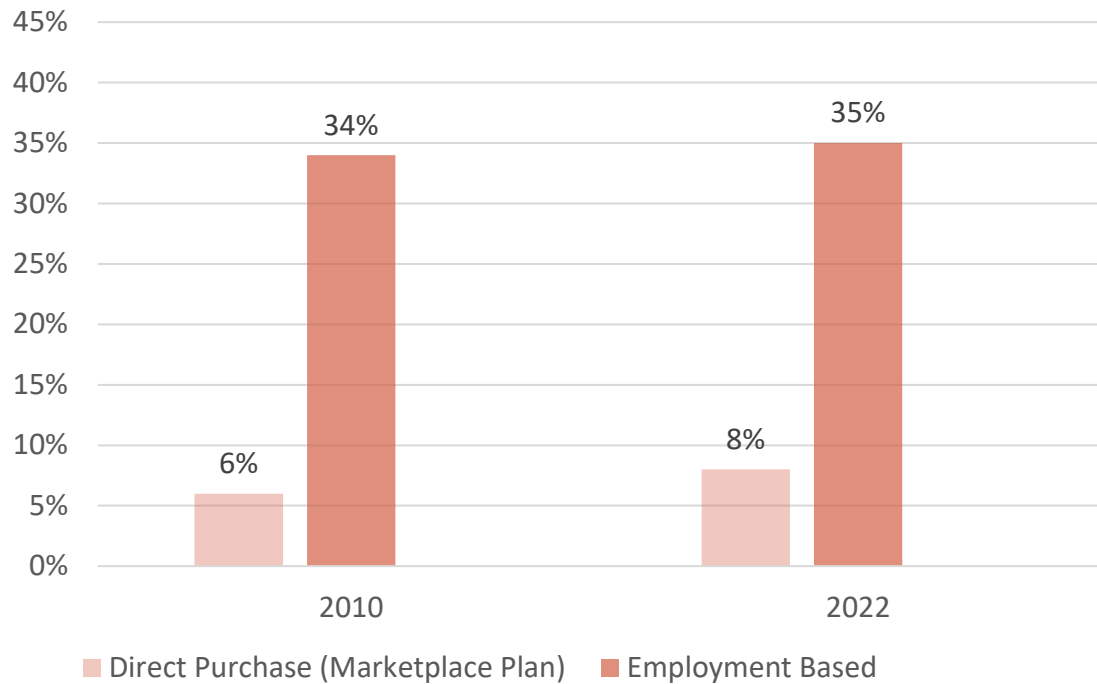
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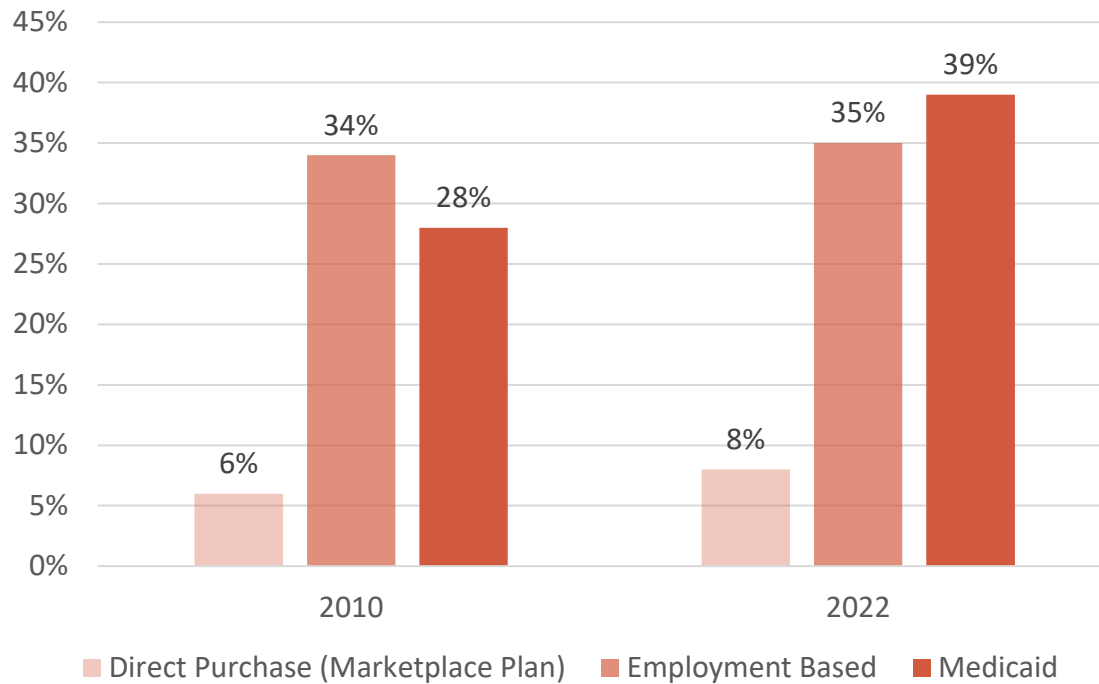
Impacts of the ACA

Health Insurance Coverage Type Among AI/ANs (Age 0-64)



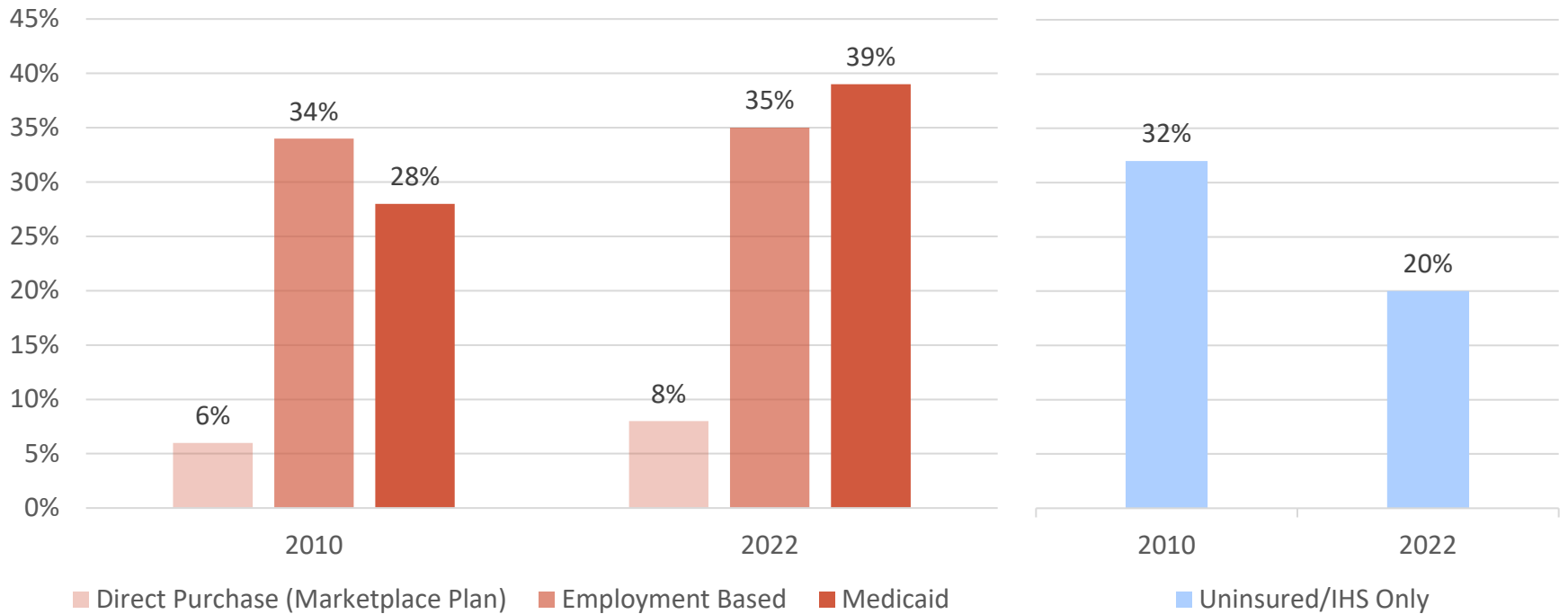
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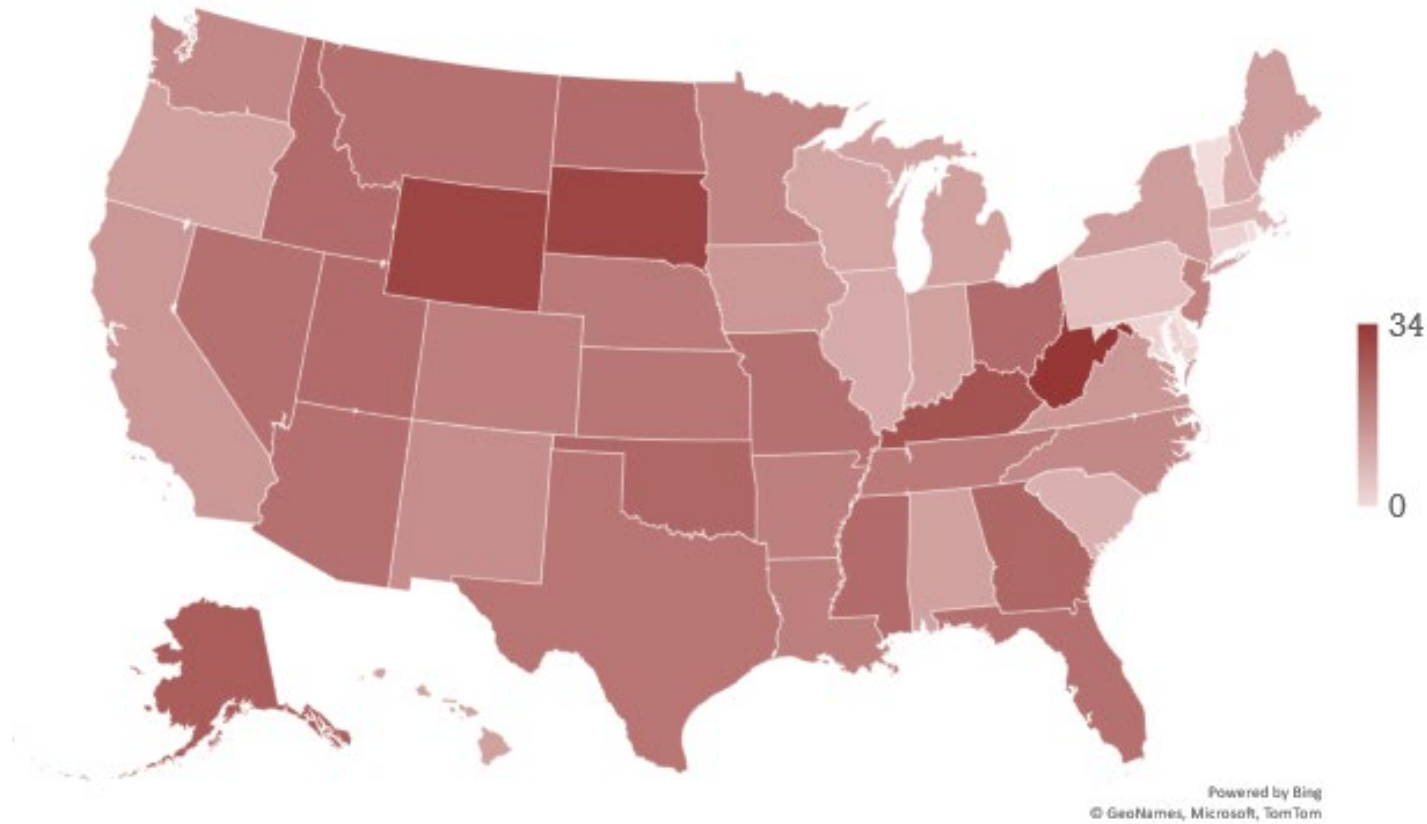
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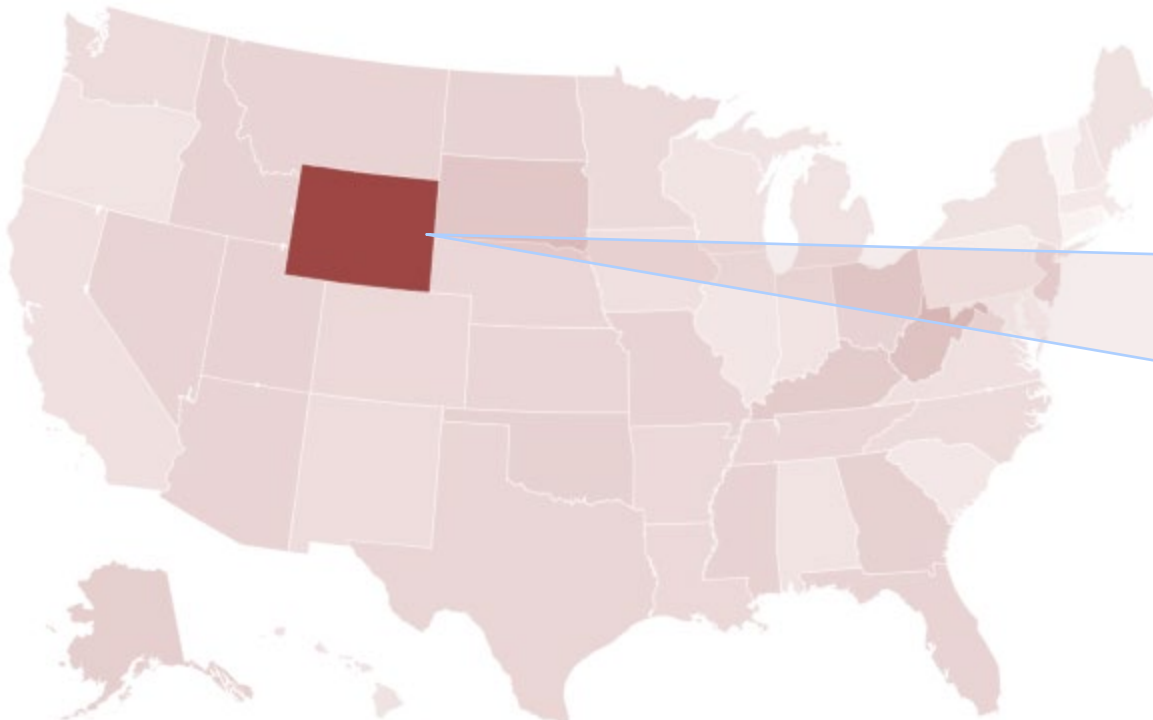


Impacts of the ACA

Uninsured Rate for AI/ANs (Age 0-64), 2022



Impacts of the ACA

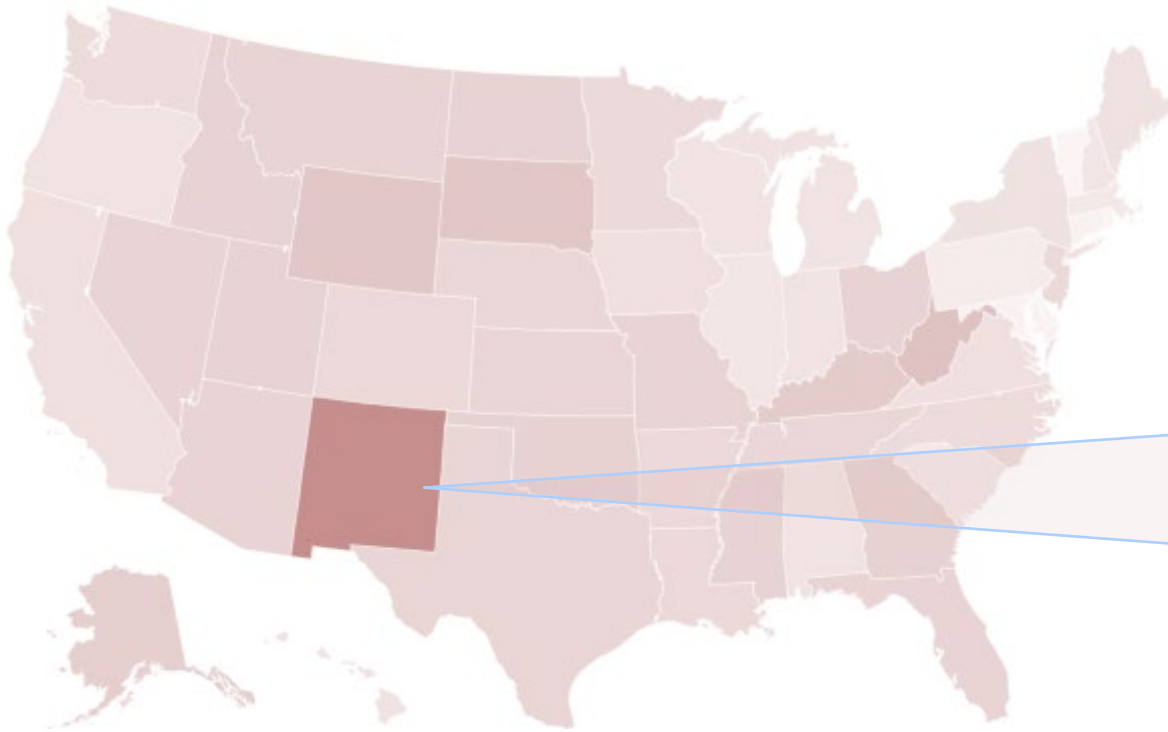


Wyoming

- Uninsured Rate: 30.9%
- One of the highest in the country
- No Medicaid expansion



Impacts of the ACA

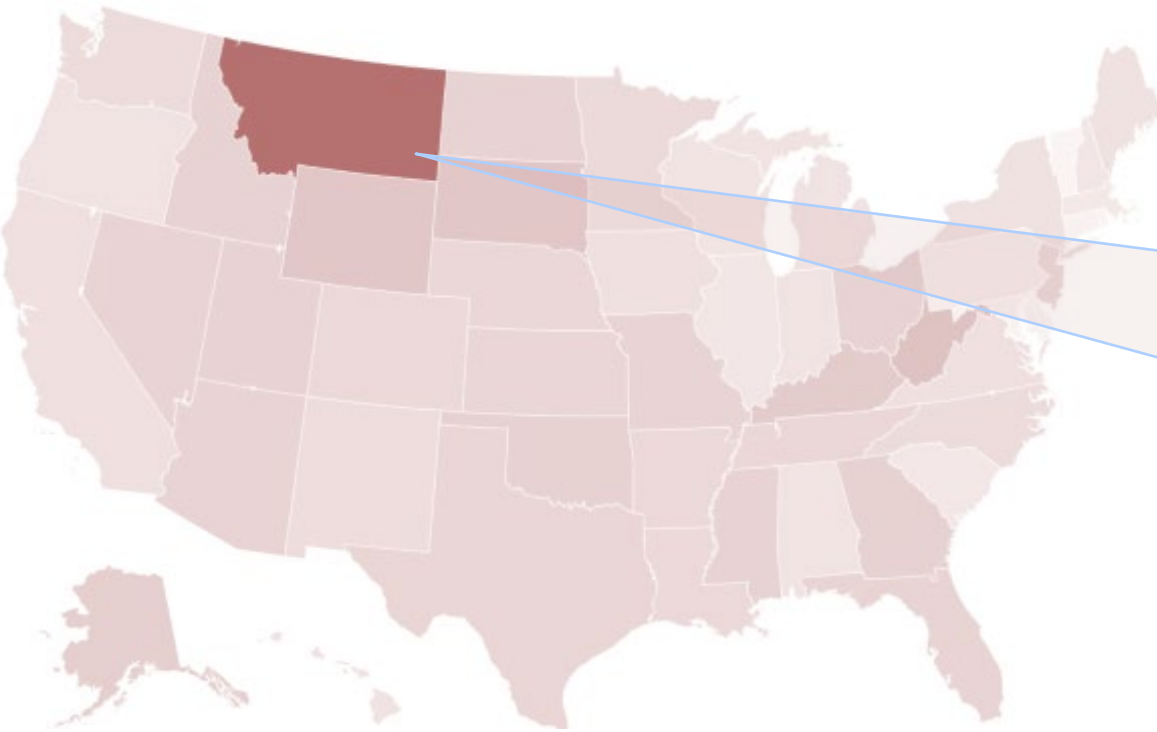


New Mexico

- Uninsured rate: 15.9%
- One of the biggest drops since 2010 (30%)
- Implemented Medicaid expansion in Jan. 2014



Impacts of the ACA

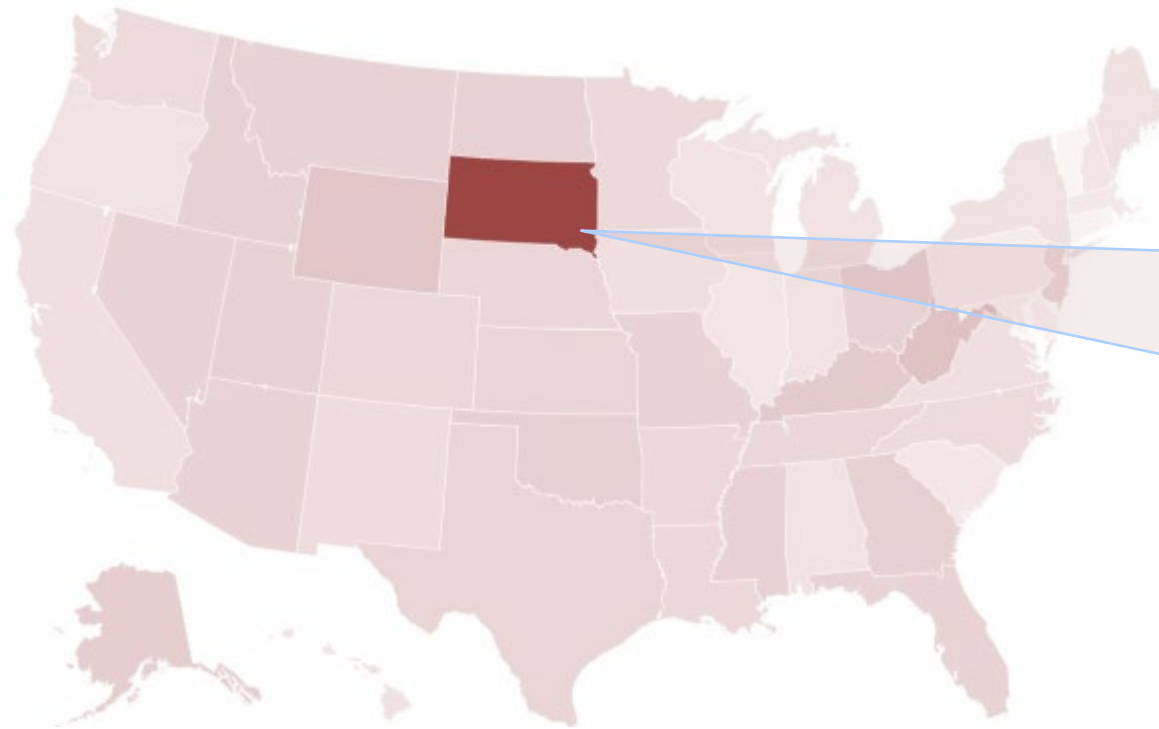


Montana

- Uninsured rate: 21.6%
- Dropped from 45% in 2010 to 25% in 2020
- Implemented Medicaid expansion in 2016



Impacts of the ACA



South Dakota

- Uninsured Rate: 31.1%
- South Dakota began implementing Medicaid expansion in 2023



Key Terms and Acronyms

- **Authorize v. appropriate:** Just because a program has been authorized does not mean it can be established. Funding must also be appropriated to the program.
- **I/T/U:** IHS, Tribal, and Urban Indian Programs.
- **FPL:** Federal Poverty Level



Affordable Care Act



Health Insurance Marketplace

Description

- Creates a marketplace of Qualified Health Plans.
- Includes subsidies on a sliding scale for individuals between 100% and 400% of FPL.

Impact

- Tribal members are eligible for limited to no cost-sharing plans depending on income level.
 - 0-100% of FPL: no cost-sharing from any I/T/U provider or with a referral from an I/T/U provider
 - 100-300% of FPL: eligible for no cost-sharing from any provider
 - 400%+ of FPL: no cost-sharing from any I/T/U provider or with a referral from an I/T/U provider.



Medicaid Expansion

Description

- Expands Medicaid to cover individuals up to 133% of the federal poverty level.

Impact

- *National Federation of Independent Business v. Sebelius*, 567 U.S. 519 (2012), made Medicaid expansion optional for states.

Payor of Last Resort

Description

- Makes the IHS, Tribal, and urban programs the payor of last resort for persons eligible for services through those programs

Impact

- The payor of last resort rule means that the IHS pays only after Medicare, Medicaid, VA, CHIP and private insurance pay.



Medicare Part B

Description

- Permanent authority for I/T to collect Medicare Part B.

Impact

- Increases third party revenue

Tax Exemption for Health Benefits

Description

- Excludes from gross income the value of health benefits provided by an IHS and Tribal program to its members.

Impact

- Protects Tribal members from being taxed for health benefits owed by trust and treaty responsibility



Indian Health Care Improvement Act



Community Health Aide Program (CHAP)

Description	Impact
<ul style="list-style-type: none">• Authorizes a national CHAP program.• Prohibits lower-48 states from including DHAT services except when permitted by state law.	<ul style="list-style-type: none">• Congress has not provided proper funding.• An additional \$5 million was appropriated in FY 2024.• IHS is still working on implementing the program.

Long Term Care

Description	Impact
<ul style="list-style-type: none">• Authorizes hospice care, long-term care, and home- and community-based care.	<ul style="list-style-type: none">• Congress has not yet provided funding for these programs.

Veterans

Description	Impact
<ul style="list-style-type: none">• Requires VA and DOD to reimburse IHS and tribal programs for services to native veterans	<ul style="list-style-type: none">• Reduces financial burden on I/T/U



Tribal Sponsorship

Description	Impact
<ul style="list-style-type: none">Allows T/U to use federal funds to purchase health benefits for beneficiaries.	<ul style="list-style-type: none">Gives Tribal members portable coverageIncreases third-party revenue

Right to Recovery from Third Party Payors

Description	Impact
<ul style="list-style-type: none">I/T have the right to recover from third-party payers for "the reasonable charges billed ... or, if higher, the highest amount the third party would pay for care and services furnished by providers other than governmental entities"	<ul style="list-style-type: none">Increases third party revenue

Direct Collection

Description	Impact
<ul style="list-style-type: none">All reimbursements must be credited directly to the I/T/U program that provided the service	<ul style="list-style-type: none">Makes third-party billing more efficient and effective



Licensing Exemptions

Description	Impact
<ul style="list-style-type: none">I/T/U is eligible to participate in Federal healthcare programs without a state license so long as they meet the requirements for licensureA Tribal provider is not required to be licensed by the state in which the Tribal program is located as long as they are licensed in any state.	<ul style="list-style-type: none">Reduces administrative overhead.Provides more flexibility to I/T/U.Better honors Tribal sovereignty.

Federal Health Insurance

Description	Impact
<ul style="list-style-type: none">Tribal programs operating any ISDEAA program may purchase insurance coverage for all employees (not just of the ISDEAA program) through the Federal employee health benefits program	<ul style="list-style-type: none">Allows Tribal programs to offer better benefits to their employees

