

How the Affordable Care Act Impacts American Indian and Alaska Native Communities

Brief Overview

With more than five million American Indians and Alaska Natives (AI/ANs) living in the United States today,¹ the Affordable Care Act holds the potential for monumental impacts on coverage and access to health care. The benefits of the ACA to AI/ANs are numerous, with nine out of every ten AI/ANs qualifying for financial assistance to purchase coverage, cost-sharing reductions to eliminate out of pocket costs, or expanded Medicaid coverage.² While the ACA provides millions of people with access to affordable health coverage, getting this coverage to AI/ANs remains a challenge, especially for the more than half of uninsured AI/ANs between the ages of 18-64 who live in states opting not to expand Medicaid.³

This brief discusses the interactions between the ACA and Indian Health Services, opportunities the ACA affords, and strategies for serving as an ally organization in outreach, education, and enrollment efforts as enrollment for AI/ANs continues year-round.

ACA and Indian Health Services

Approximately 2.2 million AI/ANs currently receive health and prevention services through Indian Health Services (IHS) clinics. Before the ACA, IHS limited its services to members and descendants of members of federally recognized tribes living on or near federal reservations. With the ACA, IHS can now offer services to AI/ANs, regardless of insurance status, meeting any of the following criteria: live near IHS facilities, are eligible for IHS services and are covered by Medicaid or private insurance.⁴ The ACA permanently reauthorized the Indian Health Care Improvement Act, providing tribes with many opportunities to manage their health care programs and systems. These opportunities enable Indian health programs and providers to serve patients more effectively and offer health care services to AI/ANs regardless of insurance status. The ACA also strengthens Tribal Contract Health Centers and Urban Indian Health Centers through increased third party revenue and authorizes IHS to act as a payer of last resort for AI/ANs living near IHS facilities.⁵ Likewise, the ACA now provides AI/ANs with alternative options to receive health care by gaining private insurance coverage outside of IHS through state- based and federally-facilitated marketplaces.

However, IHS clinics remain limited in capacity because of the amount of discretionary funds appropriated annually by Congress.⁶ IHS is funded at about 54 percent of the actual need, limiting the availability of services provided within its facilities and potentially leaving beneficiaries unable to access critically needed services unavailable within the IHS system. While the ACA does open up new and strengthened opportunities for coverage, it has not substantially altered the number of clinics run by IHS and the services they provide.

Community Catalyst works to ensure consumer interests are represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill. www.communitycatalyst.org Nonetheless, the ACA includes special provisions for AI/AN consumers and numerous opportunities for advocates to think about how these additional consumer protections and implementation efforts benefit AI/ANs.

Coverage Options

The ACA includes consumer protection provisions specific to AI/ANs and members of federally recognized tribes. These special protections include:

- **Ongoing and Special Enrollment:** Members of federally recognized tribes can enroll in Marketplace plans at any point during the year and access special enrollment periods outside the annual open enrollment period.⁷⁸ Special monthly enrollment periods allow tribal members to enroll in and/or change their Qualified Health Plans (QHPs) each month;
- Exemptions from cost-sharing: *Regardless of income*, tribal members who purchase a plan through the Marketplace are eligible for a limited cost-sharing exemption when receiving services from or through an Indian health provider.⁹¹⁰ Tribal members who are otherwise eligible to purchase a plan through the Marketplace and *are below 300 percent* of the Federal Poverty level are exempt from cost-sharing, including copayments and deductibles;
- Exemption from Minimal Essential Coverage: In order to avoid being fined for not complying with the individual mandate, AI/ANs who are eligible for IHS *must* apply for the exemption from the requirement to have minimum essential coverage under the ACA.¹¹
- **Tax Credits**: About one-third of American Indian and Alaska Natives qualify for tax credit subsidies to help purchase qualifying health plans in the Marketplaces.
- **Essential Community Providers**: All QHPs must meet "Essential Community Providers" standards that include Indian health providers in their networks. Despite these protections, AI/ANs, including those living in rural areas and on reservations, continue to face network adequacy concerns such as shortages of participating providers and long travel times to providers.¹²

Implementing ACA Promotes Health Access for American Indians and Alaska Natives

By permanently reauthorizing the Indian Health Care Improvement Act, the ACA significantly impacts how AI/ANs can meet their health care needs. Now, more AI/ANs have multiple options to access affordable health care through the Marketplace, Medicaid, public programs and improved IHS services. AI/ANs can visit additional doctors, receive care at modernized medical facilities, experience improved delivery systems and benefit from an expanded health care workforce. Under ACA, many AI/ANs qualify for consumer protections, including cost-sharing reductions and opportunities to apply for individual mandate exemptions.

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¹ https://www.census.gov/newsroom/releases/pdf/cb13ff-26_aian.pdf

² http://marketplace.cms.gov/getofficialresources/publications-and-articles/aca-and-american-indian-alaska-native-people.pdf 3 <u>http://kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-american-indians-and-alaska-natives/</u>

⁴ http://kff.org/disparities-policy/issue-brief/health-coverage-and-care-for-american-indians-and-alaska-natives/

⁵ https://www.healthcare.gov/if-im-an-american-indian-or-alaska-native-what-do-i-need-to-know-about-the-marketplace/

⁶ http://kaiserfamilyfoundation.files.wordpress.com/2013/10/8502-health-coverage-and-care-for-american-indians-and-alaska-natives.pdf

⁷ https://www.healthcare.gov/if-im-an-american-indian-or-alaska-native-what-do-i-need-to-know-about-the-marketplace/ ⁸ https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/

⁹ http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx

¹⁰ http://www.statenetwork.org/resource/consumer-assistance-resource-guide-american-indians-and-alaska-natives/
¹¹ http://www.ihs.gov/aca/faq

¹² http://kaiserfamilyfoundation.files.wordpress.com/2013/10/8502-health-coverage-and-care-for-american-indians-and-alaska-natives.pdf