



Repealing the Affordable Care Act Would Harm American Indians and Alaska Natives

The Affordable Care Act (ACA) helps make health insurance coverage more affordable and accessible for millions of Americans. For American Indians and Alaska Natives (AI/ANs), the law addresses inequities and increases access to quality, affordable health coverage, invests in prevention and wellness, and gives AI/AN individuals and families more control over their care. Because of the ACA, hundreds of thousands of AI/ANs now have access to affordable, quality health insurance coverage and care through Marketplaces and the expansion of Medicaid. The ACA also permanently reauthorized the [Indian Health Care Improvement Act](#), providing tribes with many new opportunities to manage their health care programs and systems. A repeal of the law without a meaningful replacement plan, as promised by the new Congress and the incoming Trump administration, could reverse these gains.

- **[An estimated 650,000 AI/ANs](#) would lose coverage**
 - Through use of the [budget reconciliation](#) process, virtually all of the ACA's coverage accomplishments could be repealed. In this case, approximately 650,000 AI/ANs would lose coverage as a result of the termination of federal financial assistance and a rollback of Medicaid expansion. The uninsurance rate for AI/ANs would increase from 14 percent under the ACA to 26 percent without it. AI/ANs who face [significant physical and/or mental health problems](#), including being overweight or obese, having diabetes or cardiovascular disease and experiencing frequent mental distress or substance use disorders would have efforts to treat and prevent these conditions undermined by the loss of coverage.
- **The Indian Health Service would face dramatic funding cuts, jeopardizing care for AI/ANs.**
 - IHS is chronically underfunded to meet the health care needs of its population. Medicaid serves as a key source of additional revenue for Indian Health Service (IHS) providers. Unlike IHS funding which is limited at a fixed amount and subject to annual Congressional appropriations, Medicaid funds are available on an ongoing basis for covered services provided to AI/ANs. Indeed, since the ACA passed, as many as [440,000](#) AI/ANs who were previously uninsured are now covered by Medicaid (this includes newly eligible adults in Medicaid expansion states, as well as those who were

previously eligible but not enrolled in both expansion and non-expansion states.) In states that expanded Medicaid, especially [those with a large AI/AN population](#) (such as Alaska, Arizona, Montana, New Mexico and North Dakota), eliminating Medicaid expansion would increase financial barriers for IHS providers to cover needed operational costs, including provider payments and infrastructure development. This would impede their ability to meet demands for care and maintain care capacity.

- **A full repeal of the ACA would eliminate the Indian Health Care Improvement Act (IHCIA), resulting in further cuts to IHS funding and services.** (Note that the budget reconciliation vetoed by President Obama in early 2016 did not include IHCIA.)
 - The IHCIA reauthorization allows the IHS to use Medicare, Medicaid, the Veterans Administration and private insurance as funding sources (or third-party payers) to increase resources for Indian health programs. For the fiscal year 2017, [the IHS budget](#) includes \$1.19 billion in third-party collections, which includes \$807 million from the Medicaid program. Because the IHCIA requires that funds generated through third-party collections remain at the local clinic that generated them, this funding source is critical for the IHS, especially when appropriated dollars are not sufficient or have been exhausted for the year.
 - Additionally, an estimated [2.2. million](#) AIs/ANs would lose access to critical preventive services as a result of a rollback of the IHCIA. To meet the health care needs of AIs/ANs, the IHCIA reauthorization creates [new or expands existing programs](#) such as dental health services, mental and behavioral health treatment and prevention, long-term care services (including home health care, assisted living and community-based care) and dialysis services. Rolling back these programs would be a serious setback for the health of AIs/ANs across the country.